



# Health Security\*

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IT is in the research laboratory that great events in medicine and public health usually are born. Just two weeks ago, however, there occurred in Washington one of the most significant events in the history of public health in this nation when President Roosevelt signed a bill appropriating money to launch the Social Security program.

Most people think of social security in terms of unemployment insurance and old age pensions, yet the law includes provisions through which, for the first time, we get a start on a national program to protect and promote the health of the people.

This is entirely appropriate, for the destitution arising from sickness or death of the wage earner is a prime factor among those circumstances which contribute to the insecurity of people. Yet much of this is preventable, as you have observed in your tuberculosis work where children become dependent and delinquent as the direct result of the death of a parent. Any national effort, therefore, to promote social security must include a serious attempt to prevent unnecessary disease and death.

The Social Security Act authorizes 10 million dollars to the U. S. Public Health Service, of which 2 million is for research to develop improved methods of disease control. Eight million will be allotted to the states for

public health work, allotments being made on the basis of population, special health problems, and the financial needs of the states.

The Act also authorizes nearly 7 million dollars to the U. S. Children's Bureau for the health of mothers and children and for the care of crippled children. Grants from these funds are made on the basis of the number of live births in each state, the number of crippled children, the health needs and the financial status of the state, preference being given to the needs of rural areas. In general, it is contemplated that state and local appropriations will match the federal funds and that proper standards of service will be required for a coöperative attack upon those conditions which undermine the health of the people and contribute to insecurity.

Though it falls short of the millennium the good health officer longs for, this program reasonably may be expected to advance the health of this country to new and higher levels. Moreover, as in the past, a good and useful act frequently is useful far beyond its occasion. For example, when Sir Humphrey Davy in 1810 first discovered a greenish-yellow gas which he called chlorine, little did he dream that through its use today in sterilizing 85 per cent of the public water supplies in this country, typhoid fever would become a rare disease. Further, this same chlorine was used to cure wounds in the World War, and it bleached the

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paper on which my remarks are typed.

Neither was the new order in public health, which has resulted from their charitable endeavors, foreseen by the founders of the State Charities Aid Association and the Charity Organization Society, through which the tuberculosis and public health movement of our state and city have come into being. These fine citizens saw misery about them. They sought to relieve it. As they inquired further into its causes, they were appalled to discover how vast and how vicious was the part played by tuberculosis. The term social security had not been coined; but in order to reduce the number of children made orphans and the number of families needing alms because of the illness or death of the wage earner, the group set out to fight tuberculosis. Then, as now, there was no specific either for prevention or cure of the disease; so education was used as a weapon against it. Through skillful political organization, the Legislature was induced to provide for the institutional care of patients. Indeed the "charity lobby" as it is known at Albany, led by Homer Folks, that devoted champion of the downtrodden and the sick, through more than 30 years, session by session, has built up a powerful body of supporters not only for tuberculosis work but for all good public health measures.

This citizen fight against tuberculosis, which you started, had a significance far beyond the 65 per cent reduction in deaths from tuberculosis, great as that accomplishment has been. Its greatest significance lay in the demonstration of a new weapon for use against *all* preventable disease—the fact that scientific knowledge of disease *could* be interpreted to the people; that public health action could be organized as a result of this education; and that an enlightened citizenship was of more value than quarantine laws in disease

control. Before that time public health effort had been largely restrictive, legalistic, concerned primarily with the cleaning up of filth and the use of police powers by health officers. You made possible a new bi-partisan partnership of the people and their governmental agencies, state and local, which has been more valuable in reducing the incidence of tuberculosis than all the police powers of health officers ever on the statute books.

It seems clear, then, that from the efforts of just such groups as yours there has arisen in the American mind the desire not only to relieve misery due to sickness, death, and destitution, but also wherever and however possible, to ward it off entirely. This is not a transitory emotion born in the panic of economic disaster. Its roots go deep. As Sir Arthur Newsholme has said, "We all agree that no civilized community is justified in permitting any of its members to suffer, much less to die, for lack of food, clothing, shelter, or medical aid when sick. This obligation is everywhere acknowledged, both in America and Great Britain, however imperfectly it is met." What Sir Arthur elsewhere calls the "growth in the sentiment against suffering," expressed in your movement beginning a generation ago, was the first step in the modern method of meeting this obligation of a "civilized community." In the years since the beginning of your movement we have come into an economic life permanently altered from a self-sufficient rural and agrarian system into an interdependent urban, industrial system. In addition, education has become more general and medical science has advanced tremendously. The whole composite is a people not only in need of good public health service but a people who are increasingly aware that through good health there is available a large degree of that security which is their deep desire.

Since a population increasingly aware of its needs tends to require an increasing amount of health service at public expense, there are those who look upon this manifestation of representative government as an unreasonable burden upon the tax payer and an unwarranted interference with the right of the individual to be sick if he wishes. Chief Justice Hughes, who, as Governor of New York, sponsored actively the first tuberculosis control movement, has said:

The settlement and consequent contraction of our landed domain, the pressure of a constantly increasing density of population, the interrelation of the activities of our people, and the complexity of our economic interests have inevitably led to *an increased use of the organization of society in order to protect the very bases of individual opportunity.*

Note that, "in order to protect the very bases of individual opportunity." According to the Chief Justice, then, and many of us feel that your work here in New York has been a first class demonstration of the theory, one must use social legislation in order to protect and advance individualism.

It matters little what party may be in power or what may be the current political slogan, the public when awakened to the saving of life and relief from suffering which is possible, will continue to provide for itself an increasing amount of tuberculosis and other health service as one means of security. Fortunately the cost is well within our ability to pay, as has been the cost of our campaigns against tuberculosis itself, against diphtheria, which your organization has sponsored since 1926, against typhoid, against yellow fever, against smallpox. In fact, it is far more economical of the public funds to prosecute such campaigns than to neglect them.

Do not hope for too much from the health measures which can be carried

out under the present Social Security Act. They are only the first feeble steps of a people who at last are beginning to realize what they need. In public health work we stand today just about where we were in public education in the middle of the last century. I hope that in our attempt to provide good health for everyone we may avoid some of the blunders which characterized our effort to make an education available for all, through measures more generous than they were discriminating. If we do avoid such blunders, it will be largely the responsibility of people like yourselves who have been a generation ahead in your thinking about public health. You fathered the security movement originally, for you fostered the hope that for poor as well as rich, health and a healthful heritage were available, if good citizens would organize to provide them. New York has done well, though even here we barely have scratched the surface of what is possible in health protection. In many other states it seems apparent that not even the surface will be scratched without the stimulation, leadership, and help of a long-range, soundly planned national health program which it is possible to initiate under the Social Security law. I trust that you, as individuals and as an organization will guide, encourage, warn, and counsel the makers of that program, for it is built on the foundation stones you laid.

From my own point of view, it seems probable that effective health security can be achieved only through the extension of the New York method into the states where it does not now exist; which is a bi-partisan partnership of the people and the health agencies of government, state and local. In particular, I hope that you will make yourselves felt through such partnership in the prevention of three evils which may threaten the working out of social security. These evils, as I see them, are:

first, that because of our lack of vision and of experience and of health organization in many states, some funds may be spent for purposes of secondary importance; second, that in a few places, short-sighted authorities may look upon the relatively small federal grants of about 10 cents per capita as a means of relieving local budgets rather than as an opportunity of doing needed work; and third, that sometimes it may be forgotten that disease and death are non-partisan and that we may fail to place the right health official in the place because he is of the wrong political faith.

In my simple philosophy, the greatest need for health action is where the greatest saving of life and suffering can be made. I shall mention a few of the more obvious opportunities where experience has proved that the investment of public funds and citizen interest will bring a large return.

First, I would place the necessity for finishing the job in tuberculosis. The tremendous decline in the disease in this state from a death rate of 173 per 100,000 in 1905 to less than 50 in 1935, should not obscure the fact that it is still the leading cause of death in the age group between 20 and 40. Up to now we have talked and hoped for partial control. One of the most conservative of our public health authorities, Dr. Wade H. Frost of Johns Hopkins University, in a recent article advances convincing arguments that we can now begin to think about the eradication of tuberculosis. Only two factors, he says, bar this possibility. One is that in years to come the tuberculosis germ may become more virulent; the other is that we as a people may become less resistant to it. Neither contingency seems probable to him.

It is interesting to observe that a conservative scientific statement of today surpasses the most enthusiastic hopes of the last generation. Moreover, in work-

ing toward the goal of eradication, we know just where to focus our attack:

Upon first, the young woman in industry or the young mother,

Next, the worker in the dusty trades which form the background for many an unpublicized "Gauley Bridge" disaster,

Also, the Negro, the members of certain other racial groups,

And last, the man or woman who is ignorant, poorly fed and badly housed.

It is a great day for public health when we can anticipate the conquering of tuberculosis against which we have made progress. But an even greater opportunity exists for the eradication of syphilis against which we have made no progress, though its end results crowd our jails, our poorhouses, and our insane asylums. Yet there are specific methods of controlling it which are better authenticated by science than the means of controlling tuberculosis. Sweden and Denmark are two countries which have shown us how to do the job and we are well launched in a serious effort against syphilis in New York State and City.

Deaths from cancer are increasing and stand second among all causes. Yet at least 20 per cent of them could be prevented if cases could be recognized early, and if we had everywhere the facilities for proper diagnosis and treatment.

Deaths among children under 5 years of age have declined from 30 per cent to 8 per cent of the total since this organization was started, but the mortality rates of mothers in childbirth, and among babies in the first month of life, are still disgracefully high; although authorities agree that well placed effort, using proven methods, could within a few years reduce them to one-half the present level.

In addition, more children and adults alike suffer from faulty nutrition than from any other form of physical impairment except dental defects, which is one result of an improper diet. Yet

we do little but talk about correcting these conditions. It is high time we act; for our present knowledge of nutrition, as was forcefully stated at the last meeting of the American Medical Association by its president, Dr. J. W. McLester, shows definitely that the future of the race will depend upon the food we eat, to a greater degree than in the past we have profited by control of the communicable diseases.

Little is done in many of the states to restore crippled children to lives of usefulness, although New York and a few others have shown the way that much is possible. The Social Security plan to organize, assist, and raise standards of this work on a nation-wide basis is not only humanitarian but soundly economical.

In short, in each of the instances I have mentioned where the saving of life and the relief of suffering have been scientifically demonstrated to wait only upon organized effort, our national picture shows a great unevenness of performance which ranges from nothing at all to the good beginning—but not by any manner of means the full execution—of New York and some of her sister states. The first task, then, to be accomplished in a program for health security, would seem to be the leveling up of present services. The means of doing this are simple and include, first, the provision of the necessary human machinery. We need, and do not have, in every city and county, or comparable area, a well trained full-time health officer with a sufficient technical staff holding office on the basis of merit, not politics. The second need, is a minimum budget to perform essential tasks with national leadership, plus citizen backing, for the energetic prosecution of those tasks which will best repay, in human as well as financial returns, the expenditure of money and effort. But a leveling up to our present best stand-

ards alone will not achieve health security for us. The whole population, employed and unemployed alike, needs a better distribution of good medical and nursing care. For those who are destitute, all necessities of life including medical care must be provided. For the half of the population which even in the prosperous 20's had an income too small to provide for itself all necessary medical services, public funds must supplement individual effort.

There are several ways of doing this. It might be done through health insurance which would increase the availability of medical service and distribute the cost. Another proposal is State medicine which would make medical care available on the same basis as public education. A third possibility, the one toward which I myself incline, would require liberalizing of the present medical practice and coördinating it with public health and medical services. This would assist the private physician by providing for him laboratory, hospital, nursing, and other facilities for the treatment of his cases, and would relieve part of the load of catastrophic and chronic illness from the low income group. Whichever of these plans is adopted, or whatever modification of any of them, the fact remains that it must be possible for the whole population to secure medical care if we are to attain any semblance of health security.

Pneumonia, with its 12,000 deaths last year in New York State, is an example of a disease which can be fought successfully by coöperation between public health official and private physician. In the campaign now under way to reduce deaths from this cause, under the joint direction of the Medical Society of the State of New York, the State Department of Health, and the State Association of Public Health Laboratories, facilities for the best treatment of pneumonia are put into

the hands of every up-state physician; free laboratory tests are made to determine the type of pneumonia; and a new, better, concentrated serum, costing at retail from \$20 to \$100 per patient, is supplied without charge, by the State Department of Health to any physician who asks it. In addition, the State Department of Health, through its own staff of regular and W.P.A. nurses and in coöperation with the visiting nurse associations of up-state cities, volunteers to supply needed nursing service to all patients, not hospitalized. The State Medical Society volunteers to give its own members up-to-date postgraduate training in the management of pneumonia, under the direction of skilled pneumonia specialists. All agencies plan to work together for public education.

This is as yet a new venture. Its various factors are not yet in complete and perfect alignment. Nevertheless it is significant, both as an example of how public and professional agencies can work effectively together toward a public health end, and, concretely, how the private practice of medicine can be supplemented by better public facilities—in this case, laboratory, nursing, and serological service. It is too early to forecast definitely what the results will be, but conservative estimates indicate that a few years of continuous and concerted effort will cut down the deaths from pneumonia by at least one-fourth.

Nevertheless, when all these things have been done; after we have leveled up our present public health services and prevented much existing disease, and after we have provided good medical, nursing, and dental care for less easily preventable disease, we still need to control the unhealthful factors in the environment. Sanitary housing in England, and in many continental countries is considered a direct public health responsibility. Here we seem strangely oblivious to anything except its job-

making possibilities. Food of the kind and quality for good nutrition is more important than clinics for the undernourished; yet we have made the most casual attempts to improve the diet of the millions fed at public expense and no more than a gesture at improving the food habits of the rest of the population. To provide these and other factors in a healthful environment requires a job at a fair wage. We should, by now, have learned that it is better judgment to provide useful work for the unemployed, than to continue, through insistence on the cheapest possible dole, to add continuously to the ranks of the physically and mentally unemployable. I emphasize the word "useful." Frequently we have failed to provide useful work because that requires planning, and there seems to be here and there the idea among partisans that it is somehow un-American to do planning for the public benefit. However, the continuing good health record of the people in this state which, during this past year surpassed all previous records, has resulted directly from our relief and unemployment methods—faulty as they are—no less than from the direct application of medical science to disease problems.

Though I have warned you not to hope for too much from the health program possible under the Social Security Act, I think that most of us are heartened by the fact that at long last this beginning is being made. Just as a generation ago the founders of your organization broke through the apathy of state and city toward tuberculosis, which caused so much needless suffering and destitution, so today we feel that we have cracked the crust of national indifference to public health as a function of government.

In behalf of your cause you have waged war in the state and city against the unscrupulous, the ignorant, and the self-seeking. I know, therefore, that

you will understand the necessity of caution in the working out of the national health program—the effort that will be required to avoid potential evils arising from lack of experience, lack of vision, and the tendency to partisanship. It is my hope that through this and through your national organization your influence may be felt for sound policy.

Whether you agree with me or not in the detail of health action which should be initiated, will you exert to the fullest your prerogatives as citizen-partners and consider ways and means of attaining, here and elsewhere, the three objectives with which I feel confident, and will agree in intent?

First, how may we level up our existing health services? And remember this means the wards and boroughs of New York City, cities and counties of New York State, as well as the backward and the progressive states. For in this way only shall we be able to lift the load of preventable disease.

Second, how may we re-distribute medical, dental, and nursing care?

Half the population is unable to obtain sufficient care for themselves. Half the professional population has neither a living income nor a full-time task. Whether you like my way or another, some way must be found.

And third, how may we control the health factors in the environment—housing, food, work and working conditions, a living wage? For surely it seems an unscientific use of our effort and an unbusinesslike failure to order our affairs, when we struggle to control and to cure disease that could be prevented at the source.

These several considerations belong to the whole challenging field of health security in which, as you yourselves have demonstrated, citizen interest is equal if not superior to that of the health official. But in conclusion, let me remind you of our joint, special interest in health security, which requires an addition to your time-honored slogan. Let it now read: Tuberculosis is preventable; tuberculosis is curable; tuberculosis can be wiped out in our state and nation!

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“In a plea for putting science and simplicity first, and dress suits and \$5 dinners and keeping up with the Joneses last, one does not forget that formal papers and striking operations are not all that count at meetings. One close personal contact, one incidental idea from new research under way, one

informal talk within the little group in one's own particular field—all these foci of scientific infection are often worth all the rest of the show put together. Friendships and relaxations—even golf—are grand parts of annual meetings.”—Robert L. Dickinson, M.D., *J.A.M.A.*