



Letters to the Editor

On Miller and Pickett Commentaries Thrust from Mason

I was interested in reading the two commentaries in the December, 1975 Journal: the first by our recent President, Dr. C. A. Miller and the second by Dr. George Pickett, Director of the San Mateo County Department of Health and Welfare, California.

I felt that Dr. Miller was reaching almost nostalgically for a golden period of public health which I am not sure ever existed, or will ever exist in the way he pictures it. More specifically, he refers to one large city's health department, then to a few landmark public health programs of a traditional character and telescopes all this into an imaginary period sometime during the first half of this century, as though there was once a time in this country when all of the state, county and city health departments were everything that they should have been. Establishment and support of public health departments in the U.S. has been a constant struggle—if anything, that is the legacy.

While health departments have been time and again demonstrating their inflexibility and leadership void, trained public health professionals have been attracted to newer programs especially designed to deal with current health problems confronting the nation. In the process, interests and commitments of health workers have become diverse, and allegiance or loyalty to public health departments has evaporated. The new organization for public health as spelled out in the National Health Planning and Resources (Development) Act of 1974 prevails as the rallying point for public health professionals; and the sooner this is accepted, the sooner will APHA appear to coalesce.

With this observation, I hasten to comment on Dr. George Pickett's treatise which may be described as a pessimist's view of the Planning Act. Without evidence or convincing proof, certain of the major objectives of the Act are verbalized into failure. In essence, Dr. Pickett shows little faith in community planning and zero confidence in the health systems agency (HSA) as the instrument for coordinating health services in U.S. communities.

*Henry R. Mason, MPH
Research Associate
American Medical Association
Chicago, IL*

Reposte from Miller

Mr. Mason and I agree that support of local health departments in the United States has been a constant struggle. I reject his characterization of my thinking, "as though there was once a time in this country when all the state, county, and city health departments were everything they should have been." Evidence is all too abundant that the struggle was abandoned in many places; and in many others it seems never to have been joined at all. These circumstances caused me to observe: "The great differences in the scope of the responsibility that has been assumed by local government in matters of health invite careful attention." That attention is appropriately directed to constraints on vigor in health departments which may well be designed for failure by special interests that fear the force of public authority.

Although grateful that public health embraces a range of concerns and agencies far beyond those of local government, I am persuaded that the powers of government for regulation and enforcement are indispensable to

public health and too little exercised. In this nation those powers are mostly vested in state and local government, although we may now require firm federal initiatives to help local authorities see their duty and exercise it. More than money and planning are required; in some regions a governmental organization different from health departments as we have known them may be necessary.

Mr. Mason regards the new Planning Act as the rallying point for all public health professionals. That Act is now law and we should work diligently to assure it all possible success. In my view it will need all the help it can get. Its flimsy provision for public accountability invites takeover of planning processes by special interest groups. If that storm is weathered there may follow the awful calms that are associated with lack of power to regulate, enforce, or implement plans. Was this another design for failure? State and local health departments received only polite attention in the new Planning Act, not because of their impotence, but because of their potential to exercise power. The Planning Act was written to circumvent that potential, too far for my taste and not far enough for certain others.

Lack of hard data about local health departments invites excessive speculation about them. Perhaps Mr. Mason will join me in urging that we need to know more about their effective use of the powers of enforcement and regulation. New York City represents one good case study for that purpose.

*C. Arden Miller, MD
Professor
Department of Maternal
and Child Health
School of Public Health
University of North Carolina
Chapel Hill, NC 27514*