

THE NATIONAL HOUSING ASSOCIATION AND ITS RELATION TO PUBLIC HEALTH.*

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Before discussing the work of the National Housing Association, I want to pay tribute to the far-sighted vision of your President in inviting to this Convention the representatives of the different organizations who are working along somewhat cognate lines. It is something the American Public Health Association may be proud of in having taken the first step in correlating these different forces. It is indicative of a changed attitude that has come to the medical profession. I am sure all members of this Association are conscious of that change from the past type of practitioner, who used to throw a veil of mystery about the practice of medicine and used terms that the ordinary plain citizen could not understand. That veil has been withdrawn gradually. The old attitude of some practitioners was similar to the attitude of the foreman of a gang of section laborers working in a railroad cut whom I heard of the other day: Approached by a tall "green" Irishman who had climbed out of the ditch where he had been working and had started to take up a wheelbarrow, the foreman said to him, "What are you going to do with that wheelbarrow? Go down into the ditch where you belong; how dare you touch that wheelbarrow? What do you know about machinery?" Have not a good many members of the medical profession assumed that attitude in the past and asked the public what it knows about machinery,—meaning medicine and sanitary science? I, for one, rejoice that the veil of mystery has been lifted.

Dr. Farrand has said that his organization and all the organizations invited to participate in this meeting are helping to popularize sanitary knowledge. That is exactly our function.

The prevention of tuberculosis, the prevention of blindness, the abolition of child labor, the doing away with the fly nuisance,—all of these are important, but the importance of preventing bad housing conditions should not be overlooked.

Seriously, I am surprised to find how rapidly the belief is spreading throughout the United States that the matter of improving living environ-

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ment is fundamental. It is not strange that it should be so. There is not very much use in taking people from a hospital, apparently restored to health, and sending them back to some slum, putting them into a dark room where they never see daylight, or letting them live over an open sewer; we all know that in two or three weeks we shall have them back in the hospital, in as bad a condition physically as they were before. The view that the improvement of home conditions and of all environment is fundamental, is not confined to the medical profession, but is spreading throughout the country.

The National Housing Association is a young organization, a group of public spirited citizens supported by voluntary contributions, seeking to accomplish certain definite reforms. It was organized less than a year ago, but some of its members have been working at housing reform for many years. It is evident that this closely touches not only the work of this Association, but more particularly the work of its individual members—the work of those of our members who are local health officers and members of boards of health.

The housing problem is a social one; it is an architectural one; and it is a moral one; but chiefly, and nearly always, it is a sanitary one. It is a great health problem to be solved along hygienic lines rather than architectural or moral lines. The problem, briefly stated, is to secure in the habitations of all classes of people, especially the poorer members of society, proper light and ventilation, adequate sanitation, and general cleanliness; to do away with nuisances, with alleys, and to solve the great and perplexing problems of the outdoor privy.

It may be of interest to the members of this Association to know how the National Housing Association does its work. We are a national body, not a local one. We go to localities, therefore, upon the invitation of those localities. We never thrust ourselves in. We do not go there to teach them how they ought to do their work, but we go there to advise and counsel with them when they wish it. We seek always to build up a strong local organization, either as a branch of our national organization or affiliated with it; we do not necessarily seek to form a separate and new local body. If we find a group of citizens affiliated with the Chamber of Commerce we seek to make that movement permanent, to develop it. If we find a similar group of people working along lines of charitable or philanthropic activity we work through them. When we visit a locality we always insist on seeing the local conditions at first hand. We are not willing to take other people's impressions of a city's slums. Our own investigations always disclose some conditions that people were not aware of. In a quick way we

make an examination of the slums of the city and get a first-hand impression of what the housing conditions are. We go into cellars and alleys. We look at the plumbing. We go on the roofs.

Now, what happens after we have made a visit of this kind? We nearly always find that the main evils are those I have stated. Often sanitary conditions are neglected. Alleys are piled high with rubbish, filth, and refuse of every kind. Privies are neglected. Cellars are foul and rooms are overcrowded and poorly ventilated. Often we find that the local health department is not aware of these conditions; more frequently, however, we discover that the local health officer is doing everything he can to overcome these evils but is working and has for years been working without a sufficient appropriation to enable him to overcome them. We always assume that to be the attitude of the local health officer, even sometimes when we know it to be the contrary. Thus, sympathetically, we work with the local health department. It always strikes me anew as strange each time I encounter it, that so many good citizens seem instinctively to regard the local health officials and, in fact, all public officials as either incompetent or corrupt. Too frequently it happens that they have never taken the pains to familiarize themselves with the particular problems that the health officers have to face, have never looked into the difficulties he has to encounter—the limitations of the statute, the inadequate force and inadequate funds with which he has to carry on his work. Our chief function is to break down that feeling of antagonism towards the public official. We always assume that the health officer is as anxious to improve the conditions as we are. And we ask the good citizens with whom we are working locally to put themselves in the place of the health officer and stand behind him in his work. To such a body of citizens we say: "Bring to the support of your health officials your authority and standing in the community, make evident through the public press, through meetings, through letters, through personal relations with the finance committee, the council or aldermen, the needs of the health department and the public sentiment there is behind such work." To the local health officer we say: "Take such citizens around and show them the bad conditions in your slums; let them realize that these conditions are allowed to exist because the health department has not sufficient money to pay for inspectors to stop them, and that you cannot stop them unless you have the money." Your local committee thus becomes your strongest aid, and instead of condemning you as in the past, now aids you in getting what you need.

One other word. I should like to ask the members of this Association who are health officers, to consider frankly whether their methods of san-

itary work have kept pace with the changed conditions which have developed in this country in our cities in the last twenty-five years. If they do ask themselves this question they will find, I think, that they are working under the methods of procedure which obtained twenty-five years ago. But these methods will not do today. Twenty-five years ago we had a homogenous American population; today we are dealing with numerous colonies of a foreign-born population, and it won't do for us to sit down and wait for citizens to send to us complaints of sanitary abuses. This is a relic of a pre-glacial sanitary period. Let us substitute for that antiquated method a system of complete, thorough, and frequent sanitary inspection of every tenement house, upon the initiative of our health authorities.