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NATIONAL HEALTH AND NATIONAL EMERGENCY MEDICAL SERVICE

21 April 1948

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COLONEL BEGGS: As Mr. McNutt told us last week, the record of Selective Service rejections in World War II proved that improvement of the general health can pay real dividends in more effective manpower utilization. Closely allied to this, and made more urgent by the atomic bomb, is the provision of emergency medical service in time of national disaster. Since the United States Public Health service is charged with the protection and improvement of the public health, it is fitting that we have as our lecturer on National Health and National Emergency Medical Service a key officer of the Public Health Service, Dr. W. Palmer Dearing. Dr. Dearing.

DR. DEARING: Thank you, Colonel Beggs. Brother officers, it is a privilege to come down here from the technical health service of the Federal Government and talk to you. In the 40 minutes allotted to me I shall try to give you a few high lights on a subject with which you are all personally and officially concerned and which is of interest to us really from the day we are born until the day we die. It is not a problem to find things to talk about in this field. The real problem is to pick out what is important and pertinent in such a short time.

I would like, I believe, to leave three ideas with you in my somewhat hurried scamper over the field: First, very trite, is that health is important in any activity--it is important in industrial mobilization; it is important in any type of operations; secondly, to give you some idea of the health resources and organization of the Nation; and, thirdly, to remind you that, in the final analysis, the responsibility for health and health protection belongs in the local community and local society.

Health protection cannot be superimposed on a community or a social group from above, from a Federal Government or from a State Government organization. They can help, but they cannot do the job. Unless and until the community takes responsibility for its own health, not very much happens. In that sense, then, we in the Federal Government are really superstructure and overhead. Only as we can render service to the community and to the individual does it become effective.

I would like to give you the United Nations' definition of health, which is perhaps the most forward-looking, progressive, and all inclusive that we have had. This was adopted at the Congress which drew up the protocol for the World Health Organization in New York two years ago this summer, and it is that "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." In other words, it is a positive definition rather than a negative one. We usually are only conscious of health problems when something goes wrong with us and when we are under par. The significance of this definition,

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unknown causes. In other words, their statistics are not comparable with ours so we don't know what they mean.

Our best guess is that, except for New Zealand, we perhaps do have as good a health record as any nation in the world, but that does not mean that we have done all we can. The Selective Service figures show that, and you all know of the disparity in health conditions between various parts of the country. For instance, the infant mortality rate in South Carolina is three times that in Connecticut. The negro death rate from tuberculosis is four times that of the whites. In the cities, approximately two percent of the births are unattended by physicians; in rural areas 13 percent--that is six times. Our tuberculosis people tell us that only 13 to 15 percent of the tuberculosis cases are discovered and brought to treatment in the early stages when there is a good prognosis, a good chance of cure. The remaining 85 percent are uncovered in advanced stages when there is much less chance to bring the individual back to a full life.

Another health index is the matter of life expectancy, which has increased very remarkably since 1900. At that time a baby had an average chance of living to about 40 years of age. Now he has a chance of living up to about 65. But realize that that change has resulted largely from the control of the diseases of infancy and childhood--measles, diphtheria, whooping cough; we have specific vaccines against them--and by the improvement of sanitation, by good food, and by good milk, and good water supplies. We have done little or nothing really to improve the life expectancy of people like you and me. When we get to this age, our life expectancy is no better than it was 30 or 40 years ago. The youngster has a better chance, but we have done very little, made very little progress in connection with the diseases of middle and old age--cancer, heart disease, diabetes, the so-called degenerative, that is a somewhat uncomplimentary term--group of diseases.

Realize also that those diseases are ones which are, at least up to the present, not susceptible to mass methods of control. You can cut the infant death rate of a community maybe 75 percent simply by cleaning it up and giving it a good water supply. It may be cut another 15 percent by having a good milk supply, but that types of measure which improves the health of thousands overnight is not available for control of high blood pressure, or cancer. We have no means at hand of approaching those on a mass basis.

Another problem, which is somewhat inherent in the data I gave you about the disparity among health conditions, is the effect of economic status on illness. I don't have to remind you that illness is unpredictable, that we may go along for several years in good health, and then by accident, or by pneumonia, or by some condition that requires a surgical operation suddenly get hit pretty hard, have a pretty sizable hospital and medical

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Take the situation with regard to hospital beds. About four and one-half beds per thousand population is considered an adequate standard for general hospital beds, (not for tuberculosis and mental diseases) to treat illnesses. In the Middle West we find 3.7; New England, 4.8, which is good adequacy; the South has 2.5, which is well below adequacy.

A national step has been taken to meet this deficiency by the enactment two years ago of the Hospital Survey and Construction Act, which appropriates to the Public Health Service funds for grants to the States to make surveys of their hospital needs and to draw up plans for meeting them, to give a balanced program. When those surveys are made and the plans approved, there is an authorization of 375 million dollars to be expended over five years for grants to States on the basis of one dollar for every two local dollars for construction. That is the beginning of a program. The results of the surveys indicate that that will meet about 15 percent of the need, but it marks the beginning of a national policy to see that hospital beds and facilities are provided on the basis of need and up to a minimum standard the country over.

Public Health Services.--Our local health organizations have been spotty in this country for a good many years, although for 12 years there has been, under the Social Security Act, a National policy of providing Federal funds for grants by the Public Health Service and the Children's Bureau to aid in the development and the strengthening of local health services. We have still about a third of the population, 40 million people, who are not living in areas covered by the local health service. That means there is no preventive medicine expert organization in the community. They may have a school nurse who looks at a few youngsters and decides whether or not they shall be sent home from school. There is undoubtedly, if it is a municipality, some supervision of the water supply by the State Health Department. But the community does not have any health organization staffed by technically trained people, and experience shows us that in the development and the bringing to the people of any new advance, where there would be a new method of diagnosing cancer, or a method of helping to pay medical bills, it is dependent on having adequate funds and a sound and responsible local organization.

There is in the Congress at the present time a bill, which is supported by civic groups, such as the PTA, and so on, to establish as a national policy the development and extension of full-time, trained health organizations to all parts of the country to cover communities which are not covered, and to guarantee Federal support at a definite ratio to these local organizations as they are developed.

With respect to the President's third point, education and research, the President's Commission on Higher Education recently proposed a rather ambitious recommendation for aid to higher education to the tune of--I think it ran up to some billions of dollars to meet the goals which they

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I think none of the solutions proposed would be ideal, but I do believe that there is an increasing pressure for some action to meet these deficiencies and disparities, not only geographically, but as regards various groups, economic, racial, and so on, of the population to the end that we move in the direction of getting as good as we can be and not be satisfied with being just as good or a little better than somebody else.

Well, what is the organization through which this functions and operates? I mentioned the Public Health Service and addressed you as brother officers when I first took the stand. Let me outline very briefly the three levels, Federal, State, and local of the health organization in the U.S.A.

There is at the national level the Federal Security Agency in which is the Public Health Service. Also in the Federal Security Agency, which was created by Executive order in 1939, are the Children's Bureau and the Social Security Administration, the Bureau of Employees' Compensation, and some other activities. But in general the Federal Security Agency is the organization which deals with services for people as individuals as distinguished from the other departments of the Government.

The Social Security programs for Old Age and Survivor's Insurance, and Public Assistance--which is a polite term for welfare services--you are familiar with. The Public Health Service, until its reorganization in 1939, was a part of the Treasury Department, where it had been since its creation in 1798 as the Marine Hospital Service. The Marine Hospital Service was established to take care of merchant seamen who were unkind enough to get sick away from home ports and were often a public charge. The local communities felt it was not their responsibility. In 1798 the Marine Hospital Service was created to provide on a national basis care for merchant seamen.

In 1879, the Public Health Service, then called the Marine Hospital Service, was created as a Commissioned Corps, with officers commissioned by the President on the same basis as officers in the Army and Navy, and we have retained that status down through the years. The name was changed first to Marine Hospital and Public Health Service, and in 1912 to the Public Health Service. We have a group of about 900 Regular officers, all technical people--physicians, dentists, sanitary engineers, scientists--who are members of the Regular Corps. In addition there are on duty now about 1,100 Reserve Corps officers. In the recent war we were ordered into uniform two days after Pearl Harbor and served in various capacities.

This Service is rather unique in Government Health Services because of its separate status. The commissioned status, based on the principle of a career officer, has given us a unity which I feel sure would be difficult to achieve under any other conditions. We thereby have been able to serve more truly as the Federal Health Service than we otherwise would.

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getting decent housing, and protecting yourself from malaria, mosquitoes, and so forth.

Well, the development in knowledge between the two World Wars resulted in a substantially greater activity in that regard during World War II than was possible in World War I. For instance, we had established a malaria control enterprise which expended about ten million dollars a year at its peak in the protection of each contonment in industrial areas. The result was that the malaria rate of troops in training in the United States in this war rose practically none at all, whereas in World War I there was a substantial rise and loss of effectiveness as a result of malaria. We recruited, trained, and assigned physicians, nurses and sanitation personnel to health departments in these boom areas all over the country and that was, as I say, perhaps the major job that we did as a Service. Of course, we provided for venereal disease and other technical consultations, not only in the States but in the Armed Services.

The other enterprise, then, was in providing the technical staff of the medical division for the Office of Civilian Defense, and that group was made up of 70-odd Public Service officers who were detailed to the Office of Civilian Defense to serve at headquarters, regional, and in a few cases large local city areas. The thing that became important to recognize there--and the OCD did actually start getting off on the wrong foot--was the primary responsibility on the part of the local official agency. Under the pressure of war psychology there was a drive and a tendency to "Quick! move! set up an emergency committee and let us do something!" Well, people are people, and emergency committees, or any new organization, immediately does want to do something. They feel that they have a new mandate, and they are very apt to look down a little bit, feel themselves in competition with the established local government groups. As a result, a substantial amount of chaos and confusion obtains.

The National Office of Civilian Defense made one early mistake in trying to bypass the States and go directly to the communities. It is hard enough to deal with 48 states from a national office; it is just impossible to deal with the thousands of local governments directly, and as soon as you bypass an organization, then the organization immediately drops responsibility and says, "All right, you go ahead and do it." They was their hands of it.

In building the emergency medical service we worked very hard to maintain the policy of going through official agencies. In the majority of states' communities the health officer was appointed Chief of Emergency Medical Service. The state health officers in coastal states were commissioned in the Public Health Service in order to carry on the operation as Federal officers if we had really been attacked.

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self-protection and self-improvement, if you will; the other is public, because no profession operates or exists indefinitely if it doesn't have a social purpose.

A lawyer friend of mine, in discussing some of the vagaries of the various health and professional groups, was fond of saying, "No profession has ever been known to clean its own house completely. They do things about improving standards, seeing that poor individuals who bring discredit on the profession are kicked out, or are not allowed to practice the profession, but the selfish, the group interest, always tends to hold down any very great missionary enterprise on the part of the profession."

Every profession tends to be somewhat clannish. Whether it is engineering, medical, psychologists, personnel experts, it is always, "We, and then the layman." I don't think in that respect that the medical, dental, and nursing professions are any different from any other group, and you will find all shades of opinion among them. Some have, as individuals, a completely social interest, which is an almost missionary approach; others are protective, some, frankly, for the sake of being protective and others sort of rationalize it, put it on the basis of "We must protect ourselves so we can protect the public."

One serious criticism that can be leveled at all these groups, particularly in the health profession, is their inclination to insist that they are the only experts in the field of health services, that they should have the entire voice as to how medical service should be rendered, how it should be paid for, how it should be organized, and so on. They are quite defensive about the consumer interest.

The profession does not exist unto itself, and the consumer feels, and I certainly must agree with him, that he has a real stake in health services and he wants to have something to say about them. Time and again you will find the organized professions taking a stand, "Well, we should have the majority, or the exclusive on control boards of health insurance plans, hospitals, and health organizations; and we are the only ones who have anything to say; the social and economic matters are also ours to control." That is where, by and large, I think we come into conflict and that outside pressures are necessary to make them move ahead. That is pretty philosophical, but it is about the best I can do.

QUESTION: Dr. Dearing, I wonder if there is not some misapprehension on the incidence of defects that were found among out people that were examined at the time of Selective Service. The figure looks alarming when you see that there were some four or five million people--that was the incidence of defects that applied against certain standards that we as humans set up. Yet many of those people who had defects were able to be taken into the Armed Forces or were available for the labor force. What is your opinion of those statistics? Do you think they are misconstrued or used incorrectly in the presentation of legislation, and so on?

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question that the disparity exists, but I think it is economic, and, as I say, due to some extent to ignorance, and the Federal approach seems to us the one way to correct it.

COLONEL BAISH: In the case of an atomic bomb dropping on Pittuburgh and Chicago what agency would be responsible right now for rendering relief immediately, and is there anything being done in peacetime to plan for such an attack? For instance, I see where Colonel Jim Cooney, in the Army Medical Corps, is saying more people would die from panic than from actual effects of the bomb.

DR. DEARING: Well, you are, I presume, familiar with the Civil Defense Report, which by the way, I feel, and I think the medical people who have had some Civilian Defense experience feel, leaves a pretty big blank in regard to that phase. The Emergency Medical Service is mentioned, but the need for organization and the need for building it upon the existing health medical organization of the State and community is not recognized. In the first place, this report recommended that organization-wise planning and the development of information in peacetime be in the Department of National Defense, but with the expectation that if we do have an emergency, the operation would be transferred possibly directly to the President.

To your explicit question as to what organization there is to function today, at least from the national level, the answer is "very little." Mr. Hopley has just been appointed and is starting to develop a staff. He has, I believe, on a temporary basis at least, a physician from the National Emergency Medical Service Committee of the American Medical Association. The Public Health Service is offering such resources as it has in its experience to help in the planning, but the first responsibility is, of course, on the people in the area.

Now, the simple magnitude of the atomic explosion comparable to the saturation raids on Hamburg requires outside assistance to a much greater degree than was necessary in the British blitz or than was contemplated in our World War II Civilian Defense organization. That was one thing the strategic bombing survey learned in Germany, that even with an ordinary chemical explosion it is possible to so knock out a community that they are practically helpless. Of course, that was the story at Hiroshima. The organization they had was completely disabled. So it would depend, as we understand the situation, pretty largely, on bringing in help from outside. If the incident occurred today, it would literally, I would suspect, be decided at the White House and then between the White House and the General Staff how and what to mobilize.

QUESTION: Do you believe that socialized medicine would improve the health of the Nation?