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ORGANIZATION AND ADMINISTRATION OF PUBLIC HEALTH  
IN TIME OF NATIONAL EMERGENCY

4 May 1948

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Publication Number L48-133  
THE INDUSTRIAL COLLEGE OF THE ARMED FORCES  
WASHINGTON, D. C.

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## ORGANIZATION AND ADMINISTRATION OF PUBLIC HEALTH

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COLONEL STAMM: Gentlemen, as we all know, the fundamental strength of a nation is dependent upon the health of its people, and the health of all of its people, not just a part of them. If the general health of a nation declines, so will its ability to provide for its national security decline; if the general health improves, so will its ability to provide for national security improve.

One thing that must be taken into account is that national security is dependent upon, not only the maintenance, but on the improvement of the health of the Nation, because the national health of other countries will improve, and so must ours if we are going to maintain our relative position in the race for national security. For that reason, we have with us this morning, Dr. J.W. Mountin, whose subject is "Organization and Administration of Public Health in Time of National Emergency."

Dr. Mountin has spent many years in the Public Health Service. He has not only studied organization and administration for public health, but he has also worked in this field. It has been his responsibility to organize and administer various Public Health programs in the United States, and I believe we are particularly fortunate to have with us this morning a man who can speak not only from theoretical knowledge but also from practical experience. Gentlemen, Dr. Mountin of the Public Health Service.

DR. MOUNTIN: I hope you are not expecting a formal or documented lecture. I don't have that for two reasons: First of all, I am not exactly clear as to just what you are expecting of me; secondly, perhaps I will serve you best if I briefly introduce my subject and then let your particular interests and necessities come out in questions. So with your indulgence, I shall follow such a course.

I do not come before you as an expert on health organization in preparation for a national emergency, although I am not altogether without some competence and experience either. Let me elaborate these points so that in the period of questioning you will have some idea as to where I might be of help to you and where my information will probably be rather weak.

I have been with the Public Health Service slightly more than thirty years. In that period of time my assignments have been almost entirely in the field of what is usually termed public health work, and more specifically in connection with our cooperative activities with State and local health departments. It has been my good fortune from the standpoint of this occasion to have been assigned on emergency health and sanitation activities around military establishments during World War I and to have primary responsibility for that activity during World War II.

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Many of the industrial processes incident to carrying on a military effort are no different from those used in connection with civilian activities. So the plants that exist in many communities are merely converted into the manufacture of war products or of their regular products that are put to war uses. Under those circumstances, little or nothing unusual needs to be done. The community turns from the manufacturing of one product to another, nobody moves, and no great number of new skills are involved.

On the other hand, new plants may be established in communities that literally spring up overnight--we saw that during the late war in particular. These communities may have little or nothing in the way of facilities for carrying on the ordinary functions of life. Unless these facilities are established, no end of health problems will arise. Take housing, for example. Unless housing is looked after in connection with the establishment of a plant where none existed before or where there needs to be material enlargement of accommodations, the situation can become something terrible. This undermines health, it affects morale, and it certainly will interfere with industrial production.

In addition to housing, there may be need for a water supply, for sewage disposal, for the collection of garbage and refuse, for keeping down insects and rodents, for providing recreation, and the ordinary amenities of life. Unless these things are thought of and provided for in community planning, they will not develop in keeping with the primary installation which is the industrial plant, the plant will not function, and no end of trouble will occur.

Another aspect of industrial mobilization which has a distinct health component is that of industrial hygiene itself. In the establishment of new plants and in the development of new processes, industrial hazards will occur if they are not anticipated and guarded against. And unless these safety and sanitation measures are built into the plant itself, mobilization will be handicapped by an industrial force that has an unusually high illness experience, excessive absenteeism, and dissatisfaction in general. These might give rise to industrial discontent and labor disturbances.

Also in connection with a total manpower mobilization will be the necessity of bringing into the labor force a great many who have not been in before because it has not been necessary for them to support themselves or contribute to the family budget. That is particularly true of women, but it will also be true of older and retired workers, and to a certain extent, of the younger people who because of age or disability have not been drawn into the military forces.

These people for some time, at least during their early employment, will need to learn a great deal about their own health and safety in connection with the job. Many of them will need to learn new skills or to brush up on the old skills which they have almost lost because of lack of usage.

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plagues the forces most is venereal disease. Previous experience with control has been gratifying but by no means as good as we would like it to be and perhaps as can be in future periods of mobilization because of the newer remedies that have come into being, together with other measures not known previously.

Now, let us consider the general civilian population, as contrasted with the industrial worker and the military, during the period of mobilization, but more particularly during the period of hostilities. It will be necessary to maintain essential health services in all civilian communities. These are difficult to list categorically, but in a very broad way we need to maintain a reasonable nucleus of health personnel. I have in mind such people as the health officer, health nurses, a reasonable quota of physicians, technicians, and others who may look after the health of the civilian population. They cannot be depleted to the point where civilian health breaks down. So we have the problem of sharing such personnel with the military forces.

If the war or hostilities are particularly prolonged, or if we have to make great contributions to other nations who are allied with us, the food supply may fall short of what we are normally accustomed to. Hence, the question of rationing will come into being.

In order that rationing may be carried on satisfactorily and realistically, we must get some agreement on what are the basic requirements of diet and impose rationing restrictions as best we can so that essential ingredients are provided to all people. We shall have the problem of maintaining reasonable mental equilibrium. That is not at all easy under the stress of war because loved ones are away, there is disruption of families, even for industrial purposes, and there are many ordinary amenities of life that individuals cannot have provided as under normal circumstances.

We must control epidemics, although, with present methods of control, epidemics are not the great hazards they were in times gone by. We know--at least in this country--how to control malaria; actually we have it pretty well eradicated, although the mosquitoes that transmit it are still here. Neither can yellow fever perpetuate itself in this country. It might get a start, but I believe it could be quickly brought under control.

Unless the authorities should be so foolish as to deny water supplies, necessary equipment, and supplies of chlorine and other commodities essential in the purification processes, there is no occasion for typhoid fever breaking out, particularly in those communities where there

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Practically any urban community will have at least one hospital. That hospital represents something far beyond just brick and mortar. It represents a staff of varying complexity and degrees of competence. But it is the nucleus around which the medical service of the community centers. Even if that hospital should be destroyed--unless the people are killed--its staff still is a framework of organization that can quickly be moved into some other building or even into another city, if it is necessary to call upon the members for emergency service. That organization can function best if it retains its normal pattern of operation.

The average community will have a welfare organization which can look after many of the needs of the people who temporarily are destitute. To do this the welfare department doesn't have to change its organization materially. It just takes on those new clients because they are temporarily made dependent upon public resources.

Of course, there is the police department, which I need only mention. Then you have various other civic bodies, luncheon clubs, civic clubs of all types that can be made to function in this new responsibility. They are accustomed to dealing with each other. They have picked out their leaders already for other purposes and who can very well function in this new capacity. That briefly is what exists locally and how it might be used.

In the State Government, you find essentially the counterpart of these local services that function in an over-all relationship to the localities and which can be called upon to help out in spots as circumstances require. I should also mention the great professional organizations we have in this country; the American Medical Association; American Dental Association; American Nursing Association; American Public Health Association; American Public Welfare Association; and American Hospital Association. Practically all of these are federations of State and local societies. These organizations constitute a great framework that can serve in the selection of personnel to man various establishments; they can and should be utilized in helping to carry on various emergency activities for their localities.

Then, I should mention my own organization, the United States Public Health Service. We are a body consisting of some 2500 commissioned officers and some 17,000 civilian employees. We have functions which are carried on in the way of direct health services to beneficiaries designated by acts of Congress, foreign quarantine and the operation of large research establishments, such as the National Institute of Health at Bethesda. But more than that, we have developed a pattern of operation with States and localities through the assignment of personnel on a temporary basis, through financial grants-in-aid to assist these communities in carrying on their health programs. Financial grants-in-aid also are made to various educational and other types of establishments that carry on research enterprises.

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DR. MOUNTIN: So far as I know at the present moment there has been no assignment of responsibility. I am not too well informed on the new defense setup, but I would assume that the health agencies of the country would be given that responsibility. The whole mechanism, as I understand it, has not yet been developed, but conferences are being arranged under the new civilian defense setup. I have not participated in them so I can't answer your question definitively, but I would think that the health agencies of the country, the Public Health Service at the top, State and local health departments lower down, would be the agencies that should serve in that capacity. That is just my notion, please understand.

We will need to have some exchange of information. One of our problems is the extent to which information must be kept secret. On the other hand, the extent to which it is also necessary to acquaint responsible individuals with the elements of protection is something that should be worked out pretty quickly in my opinion.

COLONEL McCULLOCH: May I push this one more point? One of the most dangerous elements of bacteriological warfare, as I understand it, is the possibility of killing off the meat supply in a relatively short time with hoof and mouth disease. Which agency, for example, has been fighting the hoof and mouth disease in Mexico in this last epidemic.

DR. MOUNTIN: I was referring to human health, but when it comes to the protection of animals, that is under the Department of Agriculture.

COLONEL McCULLOCH: If you don't get any meat, you are not going to be very healthy.

DR. MOUNTIN: That is correct. You are absolutely right.

I think those are the points we ought to bring up here, not with the idea of settling them here this morning, but to think of the various problems that may occur, and if provisions haven't been made for meeting these situations, let the groups come together and exchange such information as seems appropriate, then get an organization right down at the grass roots, so to speak, that can function.

COLONEL STAMM: Dr. Mountin, you spoke of all the various organizations--American Medical Association, American Hospital Association, and so forth. There are a lot of people who expect the next war to come with a large boom by dropping atomic bombs on New York, Philadelphia, and Washington. Is anybody doing anything to coordinate the efforts of those various organizations that you were referring to?

DR. MOUNTIN: I am not a member of the group that is working on it. The American Medical Association has a committee, and it has had several

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At the Federal level the principal health agency is my own organization, the United States Public Health Service. We do not have direct authority or responsibility in localities. We work indirectly through the State or the local health departments. We function in two ways with that State or local health department. The principal way is through what we call the grant-in-aid scheme. Money is appropriated by the Congress, which in turn is allocated to the States through the Public Health Service for the support of their various public health programs.

In addition to that, we maintain personnel which can be loaned to States, either for developing new functions or to meet certain emergencies that might occur, and to piece out deficiencies in their organization. These people may either continue on our pay roll or we can even give them leave of absence and they then go on the State pay roll. The arrangement is very flexible.

That is the basic scheme of organization. In addition, there is a provision in our law for the organization of a Reserve, very much as the Army and Navy have. So we can bring into our organization quickly people through the Reserve Corps--physicians, engineers, nurses, and in very short order can expand the organization several times beyond its normal strength--of course, assuming that Congress sees fit to make the appropriation and gives us the specific authority to meet particular situations.

Our relationship with the States and with the localities is very cordial, very informal, and there is a complete understanding between us. We are also developing somewhat the same relationship--but not so well perfected--with the hospitals of this country. Under the Hospital Survey and Construction Act which was passed two or three years ago--known as the Hill-Burton Act--those were the two senators who sponsored it, Hill from Alabama and Burton from Ohio--we now may make available to communities funds for the construction of hospitals. A third comes from the Federal Government and two-thirds must come from the State or locality. Our relationship with hospitals does not at the present moment go beyond grants for construction. We have no funds for maintenance and no continuing operating relationship at the present time.

With respect to medical education, there are no grants we can make available at the present time except for strengthening the training in psychiatry and cancer. Bills have been introduced to develop a grant-in-aid scheme for medical and related educational institutions, but nothing as yet has been passed by the Congress.

However, in research we have a comprehensive set of mechanisms and relationships. The main institution is the National Institute of Health, which many of you probably know, out in Bethesda. It heretofore has been concerned in great measure with research on sanitation and control of

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I mean the political channel necessarily would have to be from the State to the mayor in trying to effect any control?

DR. MOUNTAIN: Of course, the mayor is the over-all city authority, but after proper clearance continuing arrangements can usually be carried out directly with the operating agencies.

QUESTION: Can he tell the public health people what the requirements are and what the necessities are?

DR. MOUNTAIN: I wouldn't think so. These communities will pretty much run their own affairs. Let us take the water supply. It is run entirely as a local enterprise. I would say the State usually has nothing to do with it except perhaps the review of initial plans and exercise very general oversight as to standards of operation.

QUESTION: If there were a national organization, such as Colonel Stamm asked about, for the over-all top control for planning an organization for controlling public health measures during an emergency, the direct channel from a national level to a local level couldn't be through public health channels but would have to be through a political channel which could direct them to what activities should go on lower down.

DR. MOUNTAIN: Well, if it had to do with the operation of the plant, yes, you would have to work with the superintendent of the water supply.

QUESTION: So some type of organization would have to be set up, some political type organization or at least an over-all type of organization rather than a public health organization having control of public health in an emergency.

DR. MOUNTAIN: If it came to protecting the water supply, I think you could set up the requirements through the public health agency, but to put something into effect, you have to deal with the superintendent of the water supply, the director of public works, or whoever it is that has responsibility for operating that particular water supply.

Some water supplies are set up as public corporations, somewhat independent of the city. Some of them are set up as improvement areas outside of the city government itself because they may serve not one city alone, but they may serve several cities and surrounding suburban areas. There is a variety of setups, but I would think nobody from outside, the governor or anybody else, could very well go in and run the water supply. You would have to work through the setup in the community. I think probably I am not answering your question directly?

QUESTIONER: No. What I wanted to get was an idea of the type of organization and structure that would have to be set up for running an over-all

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DR. MOUNTIN: No, not unless the laws were changed which would give us direct local authority that we do not have at the present moment. Anything we do now, with the exception of certain research which we might carry on directly, must be done through the State and local health departments. Actually, we don't find that cumbersome. Maybe it is because we have become accustomed to it and don't think differently. When confronted with a task, you must have a local organization to carry it out, and it is much easier to take what exists and strengthen it than it is to set up something new. We follow the principle of giving those organizations what they need insofar as our resources will permit.

We have grants-in-aid (financial) to give, also we can make a temporary loan of personnel. States and localities will even give our officers local status so that they can function with the backing of local law. It works out quite well--I think much better than if it were entirely operated under Federal law. In this way you work into the community setup and take full advantage of whatever occurs there locally.

Now, that may seem cumbersome and inefficient and impossible to people who think in terms of direct line of authority, but it has sort of become a part of our mental framework and it is not so bad. I think it is much better to work through what is there, with people who know each other and who are accustomed to working together rather than to bring in somebody who knows nothing of the locality and who has a fixed pattern of his own which he tries to impose on people. His plan may even be contrary to their best judgment. It is remarkable the extent to which the American people will respond to situations if we respect their wisdom and judgment--and even their peculiarities--they are always willing to accept good ideas if the proponent has a reasonable amount of patience and tact in presenting them, and is persistent--not to the point of being obnoxious--they will accept them.

QUESTION: From your discussion I understood that your organization consists of a 2,500-officer corps and approximately 17,000 civilian employees.

DR. MOUNTIN: Something of that order.

QUESTION: Is that an active, actual force in being?

DR. MOUNTIN: Yes, that is what I am speaking of.

Moreover, I should say that by working through the States and localities we in effect multiply our resources many times, because we can thus effect accomplishments through other agencies. Also we have the authority to bring people into our reserve corps.

COLONEL STAMM: Dr. Mountin, on behalf of the Commandant and the students, I thank you very much for a most interesting lecture.

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