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Roscoe C. Brown

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THE HEALTH OF THE NATION— PROBLEMS AND PROPOSALS

By Roscoe C. Brown, D.D.S., F.A.P.H.A.

Health Education Specialist, United States Public Health Service;
Chairman, Public Health Committee, National Dental Association;
Director, National Negro Health Movement.

TO PARAPHRASE a cogent observation of the ancient writer, Terence, "I am Dentistry, a specialized colleague of Medicine, and whatever is destined to affect the health and life of the people is of vital concern to me as it is to my ally in scientific and humanitarian service."

Another observer said, "There is nothing permanent but change." True for the many processes which have transformed a crude world into a highly complex civilization, it is even more true for social transitions which have so widely and variously affected the life of the people who are the beneficiaries—and, sometime the victims—of material and scientific advancement.

THE CHALLENGE

In this progression from early days and simple ways, there has been constantly recurring maladjustment. The idealism of the altruist, who would effect a Utopian state, wherein every man, woman, and child would be free from all ills, and the pragmatism of the realist, who would accept the status quo of human weal and woe as the inevitable pattern of society, alike are challenged by new determinations in social consciousness. The most optimistic crusader now must concede that perfection is not attainable and resolve to translate high purpose into concrete achievement; the most practical adherent to the present order must respond to the people's appeal for revision and improvement of the social and economic systems whose inequitable operation bless some while blighting others.

Certainly, then, in consonance with the profound declaration that "health is the first wealth of a nation," the first procedure for the correction of the prevailing maladjustment should be for the provision of adequate health service and medical care. And while this objective is specifically referable to scientific ministrations of the professions of medicine, dentistry, and nursing, and effective administration of the public health agencies, there are many corollaries which vitally influence the well-being and competency of the

individual; and only by correlation of the contributory and regulatory factors can the professional services of doctors and nurses and the salutary functions of public health workers achieve the maximum possibilities of their respective obligations.

Surgeon General Thomas Parran, of the United States Public Health Service, in a lecture prepared in 1934 for a public health series,¹ extended this challenge to make available to each family of the nation a larger measure of the benefits now inherent in medical science, public health knowledge, and social and economic potentialities:

"If, as a nation, we chose to save life and avoid disease as effectively as it is proven this may be done, then we must first provide for each family the decent living and working conditions which are our present national objectives. We must next make available for each family and each individual good medical, dental, nursing, and hospital care. Persons who cannot individually provide such care for themselves must be provided with it by the people collectively through their governments—local, state, and federal.

"After wholesome working and living conditions and adequate medical care have been provided, there are certain public health services which, for their nature, the individual cannot secure for himself. Examples are: Water and milk supplies protected against contamination; the scientific treatment and disposal of sewage; the enforcement of pure food regulations; and the control of epidemic diseases. Certain other services must be furnished in larger or smaller measure to a varying proportion of the population which is able to bear the ordinary costs of illness, but is overwhelmed by extraordinary emergencies. Examples are the services available by public tuberculosis sanatoria, the reconstruction work for crippled children, and the hospitals for mental illness.

"Beyond these technical and contingent services, much of the work now done by health departments would be unnecessary, had we an income at the comfort level for all; had we in every community the necessary hospital and diagnostic facilities for good medical care; had we a system of health, or more properly sickness, insurance, through which everyone might budget against the emergency costs of sickness and by means of which the family physician would be paid an assured income for all preventive and corrective services to the individual."

The Challenge Accepted

An explanatory statement from the bulletin, "A National Health Program," issued by the Interdepartmental Committee to Co-ordinate Health and Welfare Activities² orients the events which are now culminating in proposed legislation. It reads:

"In the fall of 1937, the President's Interdepartmental Committee to Co-ordinate Health and Welfare Activities charged the Technical Committee on Medical Care to survey the health and medical care work of the United States Government.

"As the study progressed, two facts became increasingly clear to the Technical Committee: First, that existing services for the conservation of national health are inadequate to secure to the citizens of the United States such health of body and mind as they should have; second, that nothing less than a national, comprehensive health program can lay the basis for action adequate to the Nation's need.

These facts were impressed upon the Committee from a general review of current health and medical services, from the substantial bodies of information available to various branches of the Government, and from recent surveys conducted by governmental and nongovernmental agencies. The Committee records its indebtedness to the numerous groups which have generously supplied information."

The Health of the Negro

"The results of surveys in four cities—Atlanta, Georgia; Cincinnati, Ohio, Dallas, Texas; and Newark, New Jersey—are interpreted in the following paragraphs:³

1. In the twelve-month survey period, the amount of disability per person due to illnesses which incapacitated for a week or longer was 43 per cent higher in the Negro than in the white population.

2. The higher disability rate for Negroes is due chiefly to the chronic diseases, which disabled the average Negro eight days per year, compared with five days for the average white person.

3. Among Negro children under fifteen years of age, the frequency of disabling illness was lower than among white children, due to the average lower incidence of infectious and acute respiratory diseases among Negro children. However, Negro children exposed to certain acute communicable diseases in epidemic form in two of the surveyed cities showed

disabling illness rates approximating those for white children.

4. Among adults, consistently higher disabling illness rates for Negroes were observed for all disease groups. Considering specific causes of illness, pneumonia was found to be almost twice as frequent among Negroes as among whites; and Negro rates for certain chronic diseases—the cardio-vascular-renal group, rheumatism, asthma and hay fever, non-malignant tumors—were notably higher than the white.

5. The improvement in standard of living which is associated with a rising income increased the health status of the Negro as measured by the various indices of illness, the average Negro in the nonrelief class experience only one-half as much disability per year as the average Negro on relief. Low economic status, rather than inherent racial characteristics in the reaction to disease, thus appears to account in large measure for the high disability rate observed among Negroes. From this fact it follows that health problems of Negroes are more serious than those of the average white population, since they represent in the mass a low-income group, un-leavened, as in the white population by any considerable number in the higher income range.

The Proposed Remedy

Here, too, only a brief statement of the proposals for expansion of health services and the provision of essential facilities is possible. A recent bulletin, "The Nation's Health,"⁴ gives the following capitulation of recommendations for a comprehensive national health program. Under the title, "What is Proposed for a National Health Program," the Technical Committee on Medical Care states:

"In the summary introducing its report, the Technical Committee on Medical Care states its conviction that for the United States the coming decade can see a major reduction in needless suffering and death—an 'increasing prospect of longer years of productive self-supporting life in our population.' But this will come only, 'as progress is made toward the control of various diseases and conditions, as facilities and services commensurate with the high standards of American medical practice are made more generally available under a national health program.'"

The plan proposed to meet these requirements may be summarized in brief.

RECOMMENDATION I-A. Expansion of the existing Federal-State co-operative program under title VI of the Social Security Act.

RECOMMENDATION I-B. Expansion of the existing Federal-State co-operative program for maternal and child welfare services under title V, parts 1 and 2, of the Social Security Act.

RECOMMENDATION II. Federal grants-in-aid for the construction of needed hospitals and similar facilities, and special grants on a diminishing basis towards defraying the operating costs of these new institutions in the first three years of their existence.

RECOMMENDATION III. Federal grants-in-aid to the States toward the cost of a medical care program for recipients of public assistance and other medically needy persons.

RECOMMENDATION IV. Federal grants-in-aid to the States toward the costs of a more general medical care program.

RECOMMENDATION V. Federal action toward the development of programs of disability compensation.

Legislation

A message from the President of the United States on Health Security, dated January 23, 1939, addressed to the Congress of the United States, transmitting the report of recommendations on national health prepared by the Interdepartmental Committee was referred to the Committee on Ways and Means and ordered to be printed with accompanying papers.⁵ It is a comprehensive document which should be reviewed by all professional persons interested in pending legislation.

On February 28 (legislative day, February 27), 1929, Senator Robert F. Wagner, of New York, introduced a bill.⁶

"To provide for the general welfare by enabling the several States to make more adequate provision for public health, prevention and control of disease, maternal and child health services, construction and maintenance of needed hospitals and health centers, care of the sick, disability insurance, and training of personnel; to amend the Social Security Act; and for other purposes."

Reference is made to accomplished Congressional legislation and appropriations of the Social Security Act, through which the United States Public Health Service is authorized and enabled further to improve the public health:

(1)⁷ (a) Strengthening State and Territorial health departments; (b) through State and Territorial health departments, strengthening or aiding in the development of district, county, and city health services; (c) the training of personnel employed, or to be employed, in the State and local health depart-

ments. (Authority was granted for annual appropriation not to exceed \$8,000,000 for allocation of States, and not to exceed \$2,000,000 for research and expense of co-operation for administration.)

(2)^{8 9} Assisting States, counties, health districts, and other political subdivisions in establishing and maintaining adequate measures for the prevention, treatment, and control of venereal diseases, including the training of personnel; (Authority was granted for appropriation not to exceed \$3,000,000 for fiscal year 1939; \$5,000,000 for 1940; \$7,000,000 for 1941; and such sums as may be deemed necessary thereafter.)

(3)⁸ Conducting researches, investigations, experiments, and studies relating to the cause, diagnosis, and treatment of cancer; (Authority was granted for appropriation not to exceed \$750,000 for the erection and equipment of a suitable and adequate building and facilities for the use of the institute in carrying out the provisions of the Act, and \$700,000 for each fiscal year ending June 30, 1938, for the purpose of carrying out the provisions of this Act. Donations also are permitted by the Act.)

The Doctor's Opportunity

Tradition and custom too long have confined the service of the family doctor to emergency calls, consideration of acute and chronic ills, and casual contacts in his civil life. In this restricted sphere of influence and service, he has witnessed the advent of a new social order without the guidance of medical men whose many talents might have guarded against trial and error in experimental courses and guaranteed earlier and more satisfactory results.

However, it is not too late—though past experience has been confusing and costly—for the family doctor to render aid, discretion, and direction to the unfolding panorama of a healthy people in a healthy nation. But he must be articulate in all that so vitally affects himself as an individual and his profession as a group member of society. Makers of material things of life maintain and promote their institutions by obedience to the law of supply and demand, disseminate facts of their products and services, improve their methods, discern and adopt logical and necessary trends, and cultivate the public's good will. Within the code of reasonable ethics—certainly in the justifiable self-interest, the public welfare, and the appreciation of change as the eternal law of life—the family doctor can and will find the right answer to the questions

which perplex him in the throes of transition and a rightful place in his chosen field.

Those who apply for and should wisely and justly receive public care cannot and should not be denied. All people who reside in a complex community must have that protection which only a public agency can render. But in that large number who may pay in full or in part, the family doctor and the medical profession have their great opportunity for remunerative and meritorious service. The doctor-patient relationship can and should be maintained, but the doctor must no longer wait for emergency or extremity to call him to the homes of his patients. Nor can he leave to other agencies the full responsibility for the health and security of the community which is his own as it is that of his patients.

On the one hand, he must educate his patients—and the public—in ways of health, the importance of regular inventory of their well-being, the wisdom of early attention to incipient and minor ills, lest they become grave and, sometimes, fatal; the justice of seeking private care when able to pay for and secure it and not exploiting of financial assistance where immediacy of payment and not capacity to pay the family doctor is the attendant problem.

On the other hand, he should join his training and experience and the influence of his professional organization with the efforts of all other community agencies, official and voluntary, to secure proper perspective of the need, consider proposals, and decide upon the most equitable means of providing health care sufficient for all people. Out of such community-wide interest and participation, he would be prepared to understand what kind and measure of public service are necessary and what opportunity there is for him to serve the more fortunate individual and family with the modern equipment, physical and mental, which he possesses as a private practitioner.

In this approach to the solution of community health problems, the Negro doctor has a challenging opportunity to relieve the greater burden of preventable illness and death borne by his people, not because of inherent physiological differences, but chiefly as the result of social and economic conditions affecting a mass of wage-earners unable to secure a sufficient share of food, raiment, shelter, and necessary medical care and health services essential to physical well-being and attainable life expectancy. Possessed of superior training and understanding of causative fac-

tors, his interest should extend beyond the ministration of remedies for those who seek his care to the related problems of community-wide significance. Thus, through social consciousness and civic responsibility, he may become active in those affairs of the community which require his talents for interpretation of the difficulties and direction of the forces which tend to promote the general welfare of his own group and, consequently, the community at large. The laws of supply and demand and survival of the fittest, persistent even in cherished human relations of modern civilization, can be mitigated in large measure by the doctor's appreciation of the humanitarian implications of his chosen career and the altruism of his professional code.

Dental Participation

An editorial, "Dentistry and Socialized Health Service," in the December 1938, issue of the Journal of the American Dental Association clarifies the discussion as it pertains to the Association and its members. It reads in part:

On the whole, dentistry has been inclined to follow the lead of medicine in its attitude toward socialization of health service, recognizing the fact that dentistry would necessarily be included in any plan of nationalized medical service, even though dental practice differs widely from medical practice. We have, however, in some respects adopted a more cooperative attitude toward efforts to change the character of dental practice, not with any more sympathetic attitude toward socialized dentistry, but with a more sympathetic attitude in the matter of helping the health authorities in determining the relation which dentistry should bear toward a revolutionary change in health service. And on the several occasions when representatives of the American Dental Association have met with the governmental representatives who are directing social security health service, the former have been assured that dentistry would be extended every inherent privileged prerogative in designing any health service program.

To be reassured of this prerogative, however, a special committee of the American Dental Association, still acting in collaborative spirit with medicine, considered the recommendation of the Technical Committee on Medical Care made to the National Health Conference and presented a declaration of principles to be offered by the Association to the Federal Government for its guidance in planning the dental phase of a general health program. The principles involved and the

recommendations relating to them are published in full in the present issue in another department.

We are in full accord with the spirit of the principles and recommendations relating thereto, and we are most hopeful that the recommendation of the Committee, soliciting special attention to developing ways and means of aiding the dental profession in its search for the cause of dental caries, may receive favorable consideration on the part of the Government.

The dental profession and all others who have come in contact with this al-pervasive disease have long since concluded that the problem of caries etiology cannot be solved by dentistry alone, but that it must be solved by a cooperative effort on the part of scientific workers in practically every biologic field. And it would seem that, in the consideration probably the most effective and wide-spread results could be attained in the solution of the cause of the most wide-spread disease of mankind—dental caries.

If that one desideratum can be brought about as the result of governmental study and interest in public health, a notable health benefaction will have been conferred upon suffering humanity.

Early in the agitation for socialized medicine, organized dentistry declared itself opposed to any form of socialized dentistry, and we believe the profession as a whole is still opposed to it; but, in the light of later developments, mainly the apparent determination of the government to institute a system of socialized health service, dentistry has modified somewhat its position and has assumed a more cooperative attitude toward the whole question.

The principles laid down by the Technical Committee of the National Health Conference are in essence those long approved by both the medical and dental professions, the one serious difference being the attitude toward compulsory health insurance. The professions see in this the potentiality of political domination and influence in the administration of general health service, and the experience of other countries proves that we are warranted in viewing with alarm the adoption of such a system.

In an effort to safeguard the interests of medicine and assure its administration free from political influence, the House of Delegates of the American Medical Association has declared itself as insisting that the service be administered by a health department established by the Government and under the supervision of a medical man who shall be a member of the President's Cabinet. The American Dental Association, through its House of Delegates, approves and supports the action of the American Medical Association, with

the added modest and reasonable provision that the secretary or one of the secretaries of the chief administrator shall be a dentist. The medical profession also insists that the personal relationship of physician and patient, a feature of medical practice that has contributed largely to its success in the past, be not disturbed by any changes in the character of medical practice. The dental profession is equally insistent upon this condition, as the successful practice of dentistry is equally, if not more, dependent upon this important relationship.

These few demands from two of the leading health professions appear to us to be quite modest in view of the revolutionary changes possible and predicted in the application of health security as a part of social security, and we are confident that those in authority will see the wisdom of including these provisions as the basis of united health service.

For our part, we do not feel any great anxiety as to the outcome of this issue. We have an abiding faith in the integrity and honesty of purpose of the great American body politic, and we look forward confidently to the solving of this problem in the same satisfactory manner as numerous equally serious problems of American social life have been met and solved since the days of the Pilgrim Fathers.

Racial Participation

A special Committee of the National Medical Association appeared before the Interdepartmental Committee in Washington, D. C., November 22, 1938, to discuss the problem of Negro health and to present a statement of the Negro professional man's and woman's position and expectation in relation to the proposed national health program.

Dr. Peter Marshall Murray of New York City, speaking for the National Medical Association committee, said in his summary:¹²

"All of the above we have spoken as citizens of the United States, but our mission would be worthless and even false did we not consider the racial aspect of this great subject.

We note in one of your reports that a reasonably large number of white families have been surveyed. If no survey was made of Negro families, you may consider their plight from 50% to 100% more unfavorable than that of the whites.

Our racial plea is that, whatever form this National Health Program shall take, its administration will be without any dis-

criminary practices and that this provision will be made one of the Federal conditions of subsidy. We are forced to inject this issue because in some sections of the country this high, altruistic attitude does not exist.

The National Medical Association and the National Dental Association, representing as they do around five thousand Negro physicians and two thousand Negro dentists, are anxious to have a part in this great humanitarian program for the reason that the health problems of 13,000,000 American citizens rest squarely upon our shoulders."

The Executive Committee of the National Dental Association meeting in midwinter session in New York City, February 25, 1939, after considering the report of its Committee on Public Relations which had studied the current literature on the national health program proposals and collaborated with designated members of the National Dental Association. Three paramount sections are quoted:

1. Endorsement of the general objectives of the National Health Program.

The National Dental Association, composed of Negro dentists who observe and treat the millions of Negro men, women, and children, is cognizant of the great need for adequate and efficient dental care and, therefore, subscribes to the proposal, based on reliable data of pertinent surveys, that ways and means should be provided for the benefits that dental science and dental education have made possible, but which the constituted authorities and agencies in the related fields of health, economics, and social welfare have not made available to the people who need them.

2. Endorsement of the American Dental Association's qualifications of the provisions of the National Health Program.

The National Dental Association has maintained intelligence of the discussions, resolutions, and editorial comments of the American Dental Association, qualifying the provisions of the National Health Program with the view of protecting the proper rights and interests of the American dentists while agreeing to reasonable and judicious participation in the plan, and it is the sense of the National Dental Association that the recommendations of the American Dental Association are clearly and wisely stated.

3. Qualifications proposed by the National Dental Association.

Formerly, many unfavorable, unwise, and some times unfair attitudes and practices in the provision of public bene-

fits have denied both the Negro doctors and their patients, actual or potential, an equitable share of the public funds and professional opportunities.

Therefore, the National Dental Association is constrained to petition the administrators of both the Federal and the State phases of the proposed National Health Program to consciously consider and justly provide for the Negro dentists and the Negro people in the operation of the National Health Program if and when it becomes effective.

Fulfillment of the Challenge

Surgeon General Parran speaks:¹³

"Among the many technical findings (from health demonstrations among Negro groups in the South) two simple human facts stood out like lighted candles against the grim background of disease and the misery which caused it, and was caused by it. First is the fact that the Negro wants to be helped to help himself. When he understands how and why, he cooperates more cheerfully and actively on case finding and treatment programs than does any white group at a similar economic level. Second, there emerged clearly the fact that the well-qualified Negro nurse and physician are much more successful in caring for their own people than are the well-qualified and well-intentioned white nurse and physician.

"It is a curious anomaly that with all our alibis for not doing much about it, only recently have we begun to think in terms of giving him an opportunity to do more of the job himself. This involves three factors: first, making sure that able Negro men and women can get first-rate professional training; second, that the Negro physician and nurse have facilities for life-saving which are commensurate with the methods that they have been trained to use; and third, training and using for the great task of prevention among their own people the best Negro brains that can be found.

"The Negro nurse and doctor have almost been left out of this picture, to our cost. It has been uphill work for the ablest among them to get good professional training and to find a place to use that training, either in private practice or in the great work of prevention that must be done among their people. Yet they are sorely needed for education, leadership, and care of their tenth of the population."

America listens:

Thus America faces the many complex problems which challenge the responsible authorities and administrators and the competent professions in the care and control of health and disease. Somewhere between the ultra-conservatism of yesterday and the ultra-liberalism of today is a common meeting ground, upon which a rational consensus of opinion may obtain, and whence might ensue the adequate medical care and health service, the security of life and well-being, which, without exception on account of race or social and economic status, should be the rightful heritage and experience of every man, woman, and child.

The solution is difficult, but immediately desirable and certainly possible. Reason attended by wholesome altruism soon should compose conflicting views and purposes and hasten the day when the health of the people will be a worthy testimonial to American genius and integrity and a benediction to the Nation.

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If it weren't for the little men the great men would never be noticed.