THE STATE OF PUBLIC HEALTH

Centennial Symposium - June 1989

Donald A. Henderson, M.D., M.P.H.

Dean

The Johns Hopkins University

School of Hygiene and Public Health

We celebrate this week 100 years of medicine at Johns Hopkins - to be precise, 100 years since the Hospital received its first patients. This set in motion a series of extraordinary events which eventually led to the revolution of medical education and, later, the creation of a new academic entity called "a School of Public Health" - more precisely "A School of Hygiene and Public Health." Johns Hopkins became the template for other schools of public health in this and other countries, although no other American school chose to bear the "Hygiene" label.

One hundred years ago, none visualized the definition which would be given to a Hospital and a School of Medicine just a century later. But, just for fun, let us turn the clock back only 30 years - to 1959 - when the Hospital celebrated its 70th anniversary - just as now, the School of Hygiene is celebrating its 70th birthday. I remember that time well, as I was then a medical resident. To our children, it is a sort of prehistoric era - at least, it antedated our first television set. Most of our patients were still housed on open wards, organ transplantation was unknown, ICUs had not yet been invented - Medicare and Medicaid were unknown words, the house staff still rode the ambulance, marriage while

in medical school or residency had only recently been condoned - and, five years out of medical school, I still had not met a contemporary whose career interest was public health. Changes in medicine during the past 30 years have been many times more dramatic than those occurring over the whole of preceding history. Changes in public health during this period have been less dramatic, but I would now confidently predict that 30 years hence, as we at Hygiene celebrate our hundredth birthday, this year could resemble as much a prehistoric era as 1959 now seems for medicine.

My charge in this symposium panel is a simple one - to summarize for you in the next 20 minutes the "State of Public Health" today. The fact that the present state of public health is allotted only 20 minutes whereas the past and the future are assigned at least twice this amount of time states the case most eloquently. Both the past and the future portray more exciting vistas than does the immediate, more confused landscape. There is truth in this observation. The opening statement of the Institute of Medicine's recent report on the "Future of Public Health" echoes this sentiment.

"There has been a growing sense that public health, as a profession, as a governmental activity, and as a commitment of society is neither clearly defined, adequately supported, nor fully understood." In explanation, the report points out that "An impossible responsibility has been placed on America's public health agencies: to serve as steward of the basic health needs of entire populations, but at the same time averting impending disasters and providing personal health care to

those rejected by the health system. The wonder is not that American public health has problems, but that so much has been done so well and with so little."

The report concludes with what it calls an urgent message to the American people. "Public health is a vital function that is in trouble. Immediate public concern and support are called for in order to fulfill society's interest in assuring the conditions in which people can be healthy. History teaches us that an organized community effort to prevent disease and promote health is both valuable and effective. Yet public health in the U.S. has been taken for granted, many public health issues have become inappropriately politicized, and public health responsibilities have become so fragmented that deliberate action is often difficult if not impossible." This clarion call and lament then concludes. "The committee intends not to prescribe one best way of rescuing public health, but to admonish the readers to get involved in their communities." Seriously, that's how it ends. I felt like I had read an Agatha Christie mystery from which the last chapter had been torn out - or more apropos - an analysis of the problems in pre-World War II Europe with a conclusion by Neville Chamberlain.

The conclusion that public health has experienced an extended period of malaise is indisputable. By the 1950s, the dramatic advances in public health of the first half century had been institutionalized, at least in the industrialized countries - chlorination of water, a regulated food and drug supply, iodinated salt and vitamin fortification of foods, pasteurization of milk - to note but a few. With these advances behind

us, the health agenda shifted to a medical one to capitalize on the curative and diagnostic miracles of the biomedical research revolution. Our focus of attention shifted from concern for the health of the community to the provision of curative care to those who presented themselves to the extensive and magnificent sickness care system on which we lavished unprecedented sums of money.

Miracles were promised and much has been delivered, but within the past decade a distinct sense of unease, now translating into open concern, has emerged. We now identify an agenda of problems with which existing institutions and programs are ill-equipped to deal. Among these are the proliferating array of chemicals of uncertain toxicity which permeate our environment, teen-age pregnancy, substance abuse and, more recently - AIDS. The costs of medical care have captured the attention of the private industrial sector as it had not before. A whole battery of entities have suddenly emerged which question the method of organization, the utilization and quality of care. How useful they are may be questioned, but the mountains of paper which have been generated are very real. At the same time, biomedical research has begun to offer powerful new tools to public health just as it has to curative medicine - among these, vaccines and screening devices. We discover, however, that we are yet poorly organized and ill-equipped to apply them well.

There is a more fundamental problem relating specifically to the nation's health which concerns me even more. This is the growing disparity between rich and poor. History teaches us that the stability

of a society is, in significant measure, a function of the disparity between rich and poor. As we pause to take stock of nearly a decade of supply-side economics and diminished government participation in social programs, we find a growing concentration of wealth among the very rich and diminishing resources among the poor. Here, in the world's wealthiest economy which spends a larger proportion of its GNP on health than any other country, more than 35 million of our citizens are without health insurance and find themselves dependent on whatever "catch as catch can" services they can identify. A common barometer of health status is infant and maternal mortality. Among the nations of the world, the U.S. ranks 22nd in infant mortality and 10th in maternal mortality. Our urban ghettos breed drug addiction and AIDS but, just like smallpox, polio and other infections of a past era, these problems spread, as they are now doing, to periurban and suburban communities and, indeed, to rural areas as well. Our principal response to date with regard to drug addiction has been more police, more convictions and more prisons. Does anyone honestly believe that this will ameliorate the problem - any more successfully than police and guns have restored peace in countries as diverse as Salvador and China? And AIDS education still has more to do with Victorian prudery than effective health communication.

The President reflects an emerging, more broad-based concern in calling for a kinder, gentler nation - a more humane society. How this may translate into practical programs is still to be defined. But it is past time that we addressed seriously the problems of the disadvantaged and high on the agenda of needs are those pertaining to health.

There is no question but that the health and medical establishment is being severely stressed. Indeed, there is reason to believe that we are on the threshold of major structural changes - changes which, to be effective, must once again address the question of the health of the community. Continuation of the *status quo* is patently impossible and of as little utility as the Institute of Medicine's feeble prescription that there is a need "to get involved in your community." What role will public health play? It depends on how we respond. In this regard, Erich Fromm's observation is most appropriate. "The history of man is a graveyard of great cultures that came to catastrophic ends because of their incapability for planned, rational, voluntary reaction to change." I would hope this would not be said of public health.

How do we measure a community's health? In truth, we have made little effort in the past to do so. Our curative care system, magnificent though it is, is not a health system. Our principal measurements of success have focused on the response of patients to curative interventions. We know little about the health of the community. It is difficult enough to get reasonably accurate data on numbers of deaths by cause, let alone less serious problems such as AIDS or hepatitis or drug addiction. Could current data be regularly obtained, say by census tract or urban community? Of course they could <u>if</u> they were really needed in the development of policy and were employed in the allocation of resources. But, at this moment, we do not have comprehensive community-based programs to deal with such problems or, to the extent that health departments are given this charge, the resources are so limited that band-aids, at best, are all that are available to deal with

gaping wounds. There is little motivation to seek more accurate measurements when there is so little to allocate.

But perhaps this is changing. The establishment of health goals for the Nation represents an important first step. We've taken the first tentative steps in defining what we want to achieve in community health, in defining where the most important problem areas are and in charting trends in our progress toward achieving them. If these are used well, we may effectively involve politicians and community leaders alike in deciding strategies, in allocating resources and indeed, in expressing outrage when progress is lacking.

This cannot and must not be a coldly, dispassionately analytical planning and evaluation process. Nehru, the late Prime Minister of India, said it best: "Planning would be meaningless unless behind the plan there was a passion - passion with a tinge of anger at delays, anger at anybody not doing his part, anger at not having achieved where achieving is possible."

The practice of public health must not and cannot be a bland, workaday drudgery of eight-hour days, counting the months or years to retirement. We need to return to it the passion, concern, excitement and caring of its earlier heritage. But, herein lies a problem and a contradiction as public health measures are now implemented and responsibilities seen. Many lament the comparative dearth of leaders, of shakers and of doers in the public sector. For you who have not worked in the public sector, let me say that few political systems welcome into their ranks, those

who tackle their responsibilities aggressively and endeavor to change systems, to strip away barnacles, to alter the venerable and elaborate procedures and forms. Of those who try, a rare few succeed; some are expelled from the structure like a foreign body; and most learn that it is easier and less traumatic to get along than to get results.

It is an old and well-known axiom that health is too important to be entrusted to physicians alone. I believe it is equally important that public health be seen as sufficiently important to warrant a far more active involvement of other organizations and other sectors of our economy with a special responsibility devolving upon those in academia.

We look back with admiration to the many advances in public health during the 1920s and 1930s and to those who played such notable roles both in research and in advocacy. It is difficult to identify comparable figures today. Perhaps they will stand out more clearly when the mists of history have been permitted to settle or perhaps we are so much more timorous that few, in fact, exist. I tend to think the latter is the more likely explanation. But why?

In part, I believe, is that we have ignored or have forgotten the vision, especially prominent in the 1930s of a professional school of public health whose faculty and students regularly and meaningfully engaged themselves with colleagues in dealing with the practical problems of health in the community. Recall that Welch himself presided for decades over the State Board of Public Health and personally concerned himself with the solution of many public health problems on a

national scale. Recall that Wade Hampton Frost served as professor on detail from the Public Health Service and was regularly called upon by the PHS to participate in field studies. Recall Abel Wolman's involvement in the design and development of water systems in cities around the world. Recall E.V. McCollum's public involvement in advocacy of a better diet and in fortification of foods. Recall the School's partnership with Baltimore City in the Eastern Health District and in establishing the Washington County site.

For those in public service, it is far easier to undertake with passion the necessary bold initiatives when supported and stimulated by colleagues who, if not protected by tenure, are responsible at least to a different organizational structure.

Public health today still continues a too timorous, stodgy and traditional agenda to play an appropriate and meaningful role in the expanding agenda before us. In my view, that could change and change quickly. Leadership and passion are two vital elements and the essential building blocks. A partnership of programs and professionals in academia and the public sector could be a powerful coalition for needed change. This is the milieu from which the giants of an earlier era arose to create new standards of health and health care for the 20s and 30s. This milieu could be as relevant today.

DAH/dm