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# WELCOME AND INTRODUCTION - STUDENTS

5 September 1977

It is my pleasure to welcome you today to the Johns Hopkins School of Hygiene and Public Health and a particular pleasure to welcome the first entering class since I assumed my role as Dean of the School.

It is an auspicious time in history for in this country and, no less, throughout the world - we are on the threshhold of major changes in our systems of health care. This is not a guess, but a certainty. In the United States, the costs of health care have risen dramatically from $10 billion in 1950 to $140 billion in 1976 - $638 per person. This is more than 2½ times, in real dollars, what we spent only 25 years ago. And still, some 20% of the population are grossly underserved. At the same time, there are proposals and demands on all sides for some form of national health insurance. But can we as a nation afford it, and, if so, what form should it take? In the developing countries, there is an increasingly vocal disenchantment with their own systems of health care and training, so many of which are patterned after those of the industrialized countries. So many of which consist of magnificent sickness care facilities in the principal cities and towns with minimal or no health care available to the 80% or more who live in villages.

It is a time of crisis for our health systems as they now exist but, coincidentally, a time of opportunity for in a bureaucracy, significant change is rarely possible without crisis.

During the past 10 to 15 years, the belief was prevalent that with more physicians, more hospitals and sickness care facilities that inevitably, satisfactory health care systems would evolve. But this has proved wrong.

Clearly, the answers lie elsewhere and today new directions are being explored, some rigorously, some more tentatively, but all are of central concern and interest to this School. Arbitrarily, I would group these into three categories:

1. Alternate Systems of Sickness Care

Recognizing that all patients need not be seen and treated one-by-one by a highly trained physician, the concept of health care teams has begun to gain momentum in this country. In the developing countries, the "barefoot doctors" in China have been widely publicized but other approaches utilizing non-physician staff in primary health care is increasingly emphasized. The various possible models are as numerous as the different socio-economic, health and educational systems. However, the principle is increasingly widely accepted that satisfactory, even improved primary care, might better and less expensively be rendered by incorporating non-physicians in a health care team. Implicit in the concept is that more accessible, early care could reduce hospitalization. But at this stage, this is little more than a concept - definitive models need to be developed and appraised.

2. Second Direction - Improved Systems of Management

The need to limit costs, the need to avoid duplication of increasingly complex and expensive instrumentation, the need to make optimum use of existing facilities and personnel, all have emphasized the need for far better management systems in the field of health care than we now have. The need is no less in the developing countries as witness the fact that smallpox vaccination in a well-organized program in Africa

cost from $.07 to $.11 per person. In India, a study in 1967 showed that the cost per vaccination ranged from $.25 to $1.50 per person. Courses in management training have been added to the curriculum of all schools of all types across this country. And more are emerging. Training in the techniques and principles of management is essential, I feel, for anyone working in the health care field today. Recognition of this need has been slow to come. Still not appreciated, I'm afraid, is that formal training in the basic principles of epidemiology and biostatistics provide an invaluable added dimension to such management training. Although you will receive such training here, regrettably few management training programs are able to provide this.

3. Lastly - There is a Nascent Renewed Interest in Prevention

As we learn more about man and his environment, we appreciate increasingly that there are a great many patterns of living, environmental carcinogens and other hazards which strongly influence the probability of sickness occurring. The costs involved whenever a patient enters the sickness care system are considerable. Thus, preventive measures, even moderately expensive ones can be cost-effective. To the policy makers, I believe this is only partially apparent. At the same time, the important developments in basic biomedical research over the past decade provide us with an incredible array of potential tools for exploring causal factors in disease and possible methods for prevention. Effective application of preventive measures poses yet another challenge. Far superior to any other approach in limiting health care costs is prevention but this is an area which, I feel, we really have only begun to explore.

In brief, we are, I feel, at the threshhold of a new era in health care. It is impossible to anticipate what even the next decade will bring. However, we can be certain that change will be the theme. What you learn here regarding the state of the art today will almost certainly be outmoded within a matter of years. Of key importance, therefore, are the techniques and approaches for addressing new and continually emerging problems and this is and must be the emphasis in our curriculum.

This is a School in which we all take pride and in which we hope you too will share our feeling. Johns Hopkins was the first school of public health in this country. From the time of its founding in 1916 and its first dean, William Welch, it has numbered among its faculty and members today many of the most distinguished names in the health field. By tradition, it has sustained an interest in the health problems of other countries - in fact, more than 20% of all graduates have come from other countries.

This year, over 800 students are enrolled - 353 are new students of whom 98 (28%) come from 42 countries outside the United States. The number of applicants this year was the greatest in history - in fact, 80% greater than only 3 years ago. Not surprisingly, our ratio of acceptances this year was also the lowest. The bottom line, if you will, is that we believe this to be the finest group of new students we have ever enrolled. Among the 353 new students, 83 of you are physicians but represented are some 50 other professional categories. The median age of the class is 29.

I cite these figures not as so much interesting data but to say that you represent a more mature group with more diverse experience than one might find in almost any other graduate school. This, in itself, generates a productive fervent of ideas. But I would note to you that because of the extent of our research activities, the faculty-student ratio is only 3 to 1.

During the coming months, you have a unique opportunity to explore the frontiers of your respective fields of interest with internationally known faculty and visiting lecturers and student colleagues, many of whom you will discover have themselves achieved distinction in special fields.

I hope to have the opportunity through the year to meet and talk with each of you. On behalf of the faculty, I want to say that we will do all we possibly can to make this the most stimulating and productive experience you have ever had. Your ideas - your problems are ours. Please feel free to approach us as friends and colleagues. None of us pretend to have all the answers nor, for that matter, more than a sense of the future and what may be able to be developed. Thus, I welcome you all as fellow students at Johns Hopkins.