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RESPONSIBILITY OF NATION, STATE AND COUNTY FOR RURAL SANITATION *

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When this paper was written, no appropriate action had been taken to retard or prevent the rapid disorganization of public health agencies incidental to our national plan of medical preparedness. At that time, it seemed almost futile to discuss any phase of public health administration. With reliable assurance that this matter of paramount importance, to wit, the maintenance of public health agencies during the war, would be properly dealt with in Washington during the past week, I have selected a subject of national scope and importance, once the maintenance of our public health agencies is assured.

My subject, the "Responsibility of Nation, State and County for Rural Sanitation," seems to be logically divisible into three sections: (1) the size and nature of the problem of rural sanitation; (2) the relative responsibility of nation, state and county for rural sanitation, and (3) the coordinate responsibility of nation, state and county for rural sanitation.

SIZE AND NATURE OF THE PROBLEM OF RURAL SANITATION

In size, the problem of rural sanitation has to do with 60,000,000 people, comprising 53 per cent. of our population, and 99 per cent. of the area of this country. It is the larger part of the general problem of sanitation.

In nature, rural sanitation is primary and fundamental to sanitation in general; in the natural order, the country and then the city. The city is made of wood and brick and stone and men and ideas—the built and the builders—all brought in from the country. The vital current flows from the country to the city. The urban settlement, village or metropolis, the little pond or big lake, is quantitatively and qualitatively what flows into it from the woods and fields. Purify the stream at its source, and the rural influx will not muddy the water for the health department, but will make it clear.

One more word with respect to the nature of the rural health problem: It concerns a population that both in knowledge and in means is least able to care for itself and, therefore, most in need of our consideration.

* Chairman's address, read before the Section on Preventive Medicine and Public Health at the Sixty-Ninth Annual Session of the American Medical Association, Chicago, June, 1918.

RELATIVE RESPONSIBILITY FOR RURAL SANITATION

The recent invoice of the vital resources of this country, showing 33 per cent. of the healthiest age group unfit for military service, one third of our force eliminated from the struggle before they could reach the trenches, is enough at this critical period of our history to raise the question of governmental responsibility. In this question of responsibility, unfortunately, like most questions of responsibility, there are several responsible agencies or divisions of government concerned. There are three divisions of government naturally interested in, and with means and opportunity to improve, and, therefore, responsible for, rural sanitation. These three divisions of government are our primary and constitutional governments, our national, state and county governments. Here, then, the question of general responsibility shifts to one of relative responsibility. Which one of the three branches of government is most concerned, most responsible for rural sanitation, and, therefore, which one of the three divisions of the government should assume leadership in solving our rural sanitation problems?

In the first place, rural sanitation is a matter of profound interest not to one or a few, but to all of the states—it is a problem of national scope. Methods of solving this problem for one state are applicable to many, and the experiences of each state would be helpful and should be available for all the states through some central governmental agency or clearing house. The problem is not an intrastate but an interstate problem, a national problem from many angles.

Then again, the present international crisis makes the physical man power not of one or a few counties or states, but of the entire nation, a matter of national and fundamental importance. County and state lines have become almost imperceptible; our governmental powers have become united and solidified to the point at which the national government is stronger in influence, means and authority than ever; and with this greater strength goes greater relative responsibility.

Lastly, it may be said that the three governments are like partners in a firm. Their common property is the rural citizen. The national government is the largest stockholder. It owns sixty times more stock than the average state government, and three thousand times more stock than the average county government. The national partner is supposedly the best equipped in both means and understanding. If seniority, larger interests, and ability are factors in determining responsibility for leadership, then the question of greater relative responsibility rests with the national partner. The answer to this question will be the adoption and the inauguration by the

federal government of a definite, comprehensive and adequate plan of rural sanitation. Such a plan will from the very outset recognize the principles of coordinate responsibility for rural sanitation.

COORDINATE RESPONSIBILITY FOR RURAL SANITATION

This principle of coordinate responsibility recognizes the interests and the obligations of the three partners in caring for their common property—the rural citizen. This means that (1) there must be a plan of rural sanitation satisfactory to all three interests—nation, state and county, and (2) all three interests must help, contribute of their energy and means, in carrying the plan into effect.

It is not sufficient, it is not right, for one of the partners to tell or to demonstrate to the other how to take care of the common interest. Demonstration is all right so far as it goes. It doesn't go far. And then it is a bit egotistic and distant; not a friendly helper. The show-you-how-to-do-it type of mind is good in a way, but the let-me-help-you spirit is your real friend. The present policy of the federal government with reference to rural sanitation is, to use the exact terms, "for demonstration purposes." The states and counties, the majority of the people of this country, are not satisfied and are never going to be satisfied with that half-hearted policy. Measured by its interests, the United States government is not fulfilling its obligations in its present demonstration policy for dealing with the problem of rural sanitation.

Fortunately for those of us who believe that this principle of coordinate responsibility means cooperative help on the part of all three governments concerned, we have with us the state public health agencies, recorded in strong resolutions adopted at the Conference of Secretaries of State and Provincial Boards of Health in June, 1917, and also two departments of the United States government, the Department of Commerce and the Department of Agriculture, the only two departments of the federal government, the Department of the Treasury excepted, that have to do with rural living conditions. The Departments of Commerce and Agriculture have been instrumental in securing legislation based on what is generally spoken of as the federal aid extension principle, which recognizes and puts into active service for the people this principle of coordinate responsibility of the three governments for rural welfare. The federal good roads act, under the Department of Commerce, and the Smith-Hughes and Smith-Lever acts for agricultural education, under the Department of Agriculture, are of inestimable value not only to the rural citizens of our country, but also to the entire country. This form of legislation, briefly, provides a federal appropriation to be equitably apportioned among the states, each state to receive its apportionment when the state appropriates a like amount. The combined federal and state appropriation is again appropriated to the counties of a state when the county appropriates one dollar for two received from the federal and state governments, and the combined fund, the contribution of the three partners, one third from each, is spent on a plan of work approved by all three participants.

If similar legislation were enacted to care for the problem of rural sanitation, the federal government would appropriate, say, from \$1,000,000 to \$2,000,000 annually to be apportioned to the various states and territories in accordance with the rural population and the square mile area of each state and territory,

the state apportionment to be available to the state when the state appropriated a like amount to that received from the federal government; and the combined fund would be apportioned to those counties of the state that would appropriate one dollar for two of the combined federal and state apportionment. The total fund then available for the county would be expended on a plan of rural sanitation submitted by the county to the state board of health, approved by the state board of health, and then submitted to and approved by the public health agency of the United States government. Such a plan would make available, almost at once, from \$50,000 to \$100,000 for county health work for the average state. Each state board of health would become a clearing house of information for all the counties, and the federal health agency would become a clearing house for rural sanitation for all the states. The question of coordinate responsibility of the governments for rural sanitation would be wisely, justly and satisfactorily answered.

ABSTRACT OF DISCUSSION

DR. J. W. SCHERESCHEWSKY, Washington, D. C.: There is no question about the great value of rural sanitation. The plan Dr. Rankin has proposed is a practical one, if it is possible to secure the necessary legislation. We have been endeavoring to increase the appropriations given by Congress for this purpose. The general statements made with regard to rural sanitation by the Appropriations Committee are to the effect that they conceive the function of the federal government in this respect to be that of a demonstrating agency, so that demonstrations of rural sanitation in various counties to show the great value of the work should be of sufficient educational influence to create a desire on the part of the people of the state to have this work carried on continuously. Of course, if from the purely legislative standpoint a proposition is made to finance the rural portion of the United States in health work, then, municipalities and larger centers might ask that the federal government contribute to the support of public health work of any kind all over the country. That is the general attitude which has been adopted by Congress. Now, as one who is intensely interested in this problem of rural sanitation, who appreciates as well as any one else that in the municipality we have the opportunity for mass action, for collective action, whereas in rural centers sanitary principles must be applied to a greater extent by the individual, it is evident that there is some difference in the situation when comparing the rural population with the municipal population. Again, the larger centers have very much larger financial returns from taxes, thus placing much larger sums at the disposal of the municipality of which a certain amount can be set aside for public health purposes. In the rural communities this is not the case. The principle of cooperative sanitation in rural communities is susceptible of legislative defense. However, to bring this about, it is necessary to convince Congress that such action is desirable on the part of the federal government. As a public health proposition, as a means of extending public health work, such a proposal as this should appeal from the legislative standpoint. A desire for such public health work must come from the people themselves. Government agencies are especially constituted to carry out the will of the people, and when the people direct them to do a thing, then they do it. For that reason all government agencies must, to a certain extent, rely on direction from the people for the execution of certain measures, although it is clearly their function, by educational and demonstration methods, to point out the desirability and the ways to improve health protection.

The United States Public Health Service has this great system of cooperation, so far as rural agricultural methods are concerned, with the states because there has been a definite demand on the part of agriculturalists for such action, and they have been able to make representations to Congress

that such line of action was not only desirable from the economic view point, but that it had behind it the united demand of all persons from those rural sections. In similar fashion, to make progress along public health lines, if it is the desire of the people that public health measures shall be extended, then it is necessary for the people to come to the federal government with that demand. As soon as they make that demand I am convinced that the necessary funds will be forthcoming to permit the extension of public health work in any direction which it seems proper that it should take.

DR. OTTO P. GEIER, Cincinnati: I wish that in closing the discussion Dr. Rankin would say just how he has conceived of making this a permanent factor in national public health work. I concede that we might, by interesting Congress, secure such appropriations. Under their present status the U. S. Public Health Service comes into communities only by invitation. The plan proposed would cost the government tremendous sums of money. If such subsidies would be expended in cities as well as in rural communities (for I doubt if you could make such legislation stand unless it did include cities as well as communities), we would then have the basis of a forceful federal supervision of all state health work. Would not this plan call for a new constitutional arrangement since the Public Health Service would actually impose its will in health matters on the various states? As I understand it, all experimental health work and surveys, etc., are carried on in the states on invitation of the communities where the experimental work is to be done. In other words, the Public Health Service cannot initiate health work within the borders of the respective states.

DR. H. B. HEMENWAY, Springfield, Ill.: In England the Local Government Board is a national board. It exerts an influence on the local administration in this way: Every division of the state is supposed to have a health administration, and under certain conditions, practically those of agreement, the Local Government Board provides one-half of the expense for the salary of a competent health officer, but on condition that no man shall be appointed who does not have the approval of the Local Government Board, and that no man shall be removed from service without the consent of the Local Government Board. That is to insure the appointment of competent men. Arrangements may be terminated by the local health authority or by the Local Government Board at any time when they are satisfied that conditions are unsatisfactory. That scheme might possibly be worked out in this country.

DR. JOHN N. HURTY, Indianapolis: It is most desirable from certain points of view to appropriate money for the purpose of protecting public health, but we must go slow in mixing up government and state and county, and assembling and combining our appropriations for that work. It is a matter that ought to be considered thoroughly. Dr. Rankin considers county and rural sanitation as the same. Are they? Generally they are, but here is a county that has a large city in it; that city belongs to the state. Its entire powers are derived from the state. It cannot exist without the state. The same way with the county. So that that statement could be challenged, for not in all instances would we find county and country sanitation or hygiene to be exactly the same. We will have to take into account other considerations, otherwise we might be lost on that point. We must take a broad view from every point imaginable and not from only one.

DR. JAMES A. HAYNE, Columbia, S. C.: The idea that the government should do this county health work does not mean that it should come down into our counties or our states and actually build privies and make sewer connections and perform the other functions of public health service, but at present what we need is education. Even doctors need education. I find it hard in my state to teach the doctors the fundamental principles of public health—harder than to teach the general public. The doctor has the impression that when he gets his degree from some institution he is an expert in public health. He decides whether it is necessary to report disease or not. What we want from the government is an educational campaign in our counties, and that costs a lot of money. We are at present spending in some of our small counties \$9,200 on

purely educational work, counties of only thirty or forty thousand inhabitants. Educational work does not mean writing pamphlets that are sent to the community in batches. Nobody reads them. Nobody pays any attention to them. We are interested in public health work, and we feel all the people should be interested in it, but they are not. Even the Council of National Defense does not recognize that public health work is a necessity. What is necessary is the same thing that is done by the farm demonstrator. He goes out in the field and talks with the farmer and gets the farmer's point of view and tries to turn the farmer's point of view to the right point of view. That is what the demonstrators have to do in the country, and that costs money. It means a house-to-house visit. It means catching the farmer when you can and catching the farmer's wife and all his children through the schools, and so forth, and teaching them. After a while they will learn, but it takes an awful long time and an awful lot of money. Our states are poor in public health spirit. For instance, I raised \$112,000 in my county for Red Cross work. I found it impossible to get that same county to employ a two thousand dollar whole-time health officer because, they said, they were too poor. The same state that raised \$25,000,000 for Liberty Bonds refused to make an appropriation of \$20,000 for public health work because they were not educated up to it. How did we sell Liberty Bonds? Why did these people subscribe to the Red Cross? By a combined educational effort in every state and county. That is what we want the government to do.

DR. W. S. RANKIN, Raleigh, N. C.: I do not want to be understood as saying anything to discourage the U. S. Public Health Service in its demonstration work in rural sanitation. This work should be extended. However, we should recognize that the demonstration principle as followed by that service is very limited as an administrative measure as compared with the principle of governmental cooperation advocated in my paper. Just what the net result of the demonstration work in rural sanitation of the Public Health Service has amounted to I do not know. It would be interesting to know in how many counties this work had been carried on and how many of these counties had been influenced by this work in establishing permanent health departments. The question of including cities in the proposal set forth in my paper has been raised. There are two reasons for not proposing the inclusion of cities at present in this principle of governmental cooperation: (1) We have a precedent for rural work, none for urban work; (2) cities are more able financially to take care of themselves than rural districts. The per capita wealth of cities is from five to ten times greater than the per capita wealth of rural districts. The distribution of public funds by the government to those that most need help seems to be pretty well established. The question of centralization has been raised. According to the plan proposed, the initiative would always rest with the county. The county would come to the state with its plan of work. If the state approved the plan, the plan would then go to the Federal agency for consideration and approval. When approved by all three participants, the work would begin. Dr. Schereschewsky raises the question of the responsibility of governmental agencies for initiating legislation. Every county health officer, every city health officer here knows that he would be very far back in his work, comparatively speaking, if he had not undertaken to interest his people, the public, in what was needed in his field—if he himself had not taken the initiative. Dr. Schereschewsky knows that no successful state health agency nor successful city health agency sits still and waits for the public to take the initiative and leadership in the development of a health department. And if this holds true for states and cities, why should it not hold true for the Federal Government?

Illegitimacy in Norway.—National recognition of the rights of illegitimate children is for the first time afforded by the laws of Norway, according to a bulletin of the Children's Bureau. The state holds both parents equally and continuously responsible for these children in the matter of maintenance, training and education.