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## STATE HEALTH ORGANIZATION \*

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The purpose of this paper is to discuss the general principles which are likely to be most useful in planning legislation, or mapping the sphere of the state's share in the preservation of the public health.

The first essential for efficient state health organization is a strong executive. A board, or committee, is almost never successful in executive work. What is needed is one person clothed with full executive power. It makes no difference whether he is called commissioner, health officer or director. He alone should appoint subordinates, control the finances and define policies. His term of service should be at the pleasure of the appointing power. His salary should be adequate. He should devote his entire time to the service. He should be trained in public health work.

The difficulty is to get such a man. The greatest hindrance is politics. How to eliminate politics is the great problem. In some states at present it seems to be hopeless. The citizens seem to be perfectly willing that their executives should work for the party instead of the state. Most persons agree, however, that the degree of political prostitution depends, to some extent, on the form of organization.

One plan to avoid political entanglements, which has been tried in several states, is to give the medical societies a share in the management of the health department. It is dangerous and unwise to give to nonrepresentative bodies a share in the government. Moreover, medical men as a body are not skilled in preventive medicine. Only great benefits, not to be otherwise secured, would warrant such a delegation of authority. It must be remembered that medical politics and medical log rolling are at times as pernicious as any other form of partisanship. There are four states in which the state medical society, or societies, control the department, or a majority of the board, and one in which the society elects a minority of the board. Most excellent work has been done in some of these states, but equally good work has been done under other forms of organization in states in which other conditions are no more favorable.

Most reformers think that much can be accomplished by fixing responsibility. One man, they say, should make appointments. Hence the tendency is to provide that the governor shall appoint the heads of all departments. At present the governor appoints the executive

of the state health department in less than a third of the states. In a number of these the department is overturned every time there is a new governor, and the public funds are wasted by an inefficient department. On the other hand, in many states which have attained the highest rank in sanitary affairs, and in many in which the executive has to his credit long years of efficient service, he obtains his position in another way.

In every state in the Union it has, for one reason or another, been thought desirable to have a board of health, and in all but one it is prescribed by law. The older plan for the selection of a state health officer is by election by this board. This prevails, practically, in thirty states. This seems to me to be at present by far the best way to secure and keep an efficient executive, provided the board is constituted in such a way that its membership is likely to change slowly, and provided it has no other executive power. It will probably be objected that it is illogical to give the board of health this one executive duty of such very great importance and to grant it no other. So it is; but some of the most useful governmental institutions are illogical and the result of compromise. A continuous board seems, in the light of experience, to be less likely to inject politics into its selection than is the governor, and it is still less likely to do so if it has no other direct executive authority. Moreover, if the board has no direct authority in the selection of employees and in the expenditure of funds, the governor is less likely to use appointments on the board to reward political workers who are looking for a place with something in it. Of course the selection of the state health officer by the board will not certainly save the office from politics, but it will render it far less likely to become a part of the spoils system. Another safeguard is to provide that the board shall not elect one of its own members as executive officer. This not only tends to eliminate politics, but it also prevents the development of jealousies and friction within the board.

The executive officer should be skilled in sanitary science and have had administrative experience, and it is perhaps well enough so to provide by statute; but this of itself will not secure a good choice. It is important that the selection should not be confined to residents of the state as it is now in some states by statute and, in one at least, by the constitution. Generally it is unwise to prescribe qualifications, because these, if specific, are rarely helpful, and conditions may arise under which they hamper.

After the selection of the executive comes the important matter of rule making. Here the question of constitutionality arises, and lawyers and courts are not in entire agreement. Decisions vary in different states, and local conditions must be considered before framing

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any legislation. While in some states the courts have sustained a very broad grant of legislative power to the state department of health, in others the authority to do this has been denied. It is generally admitted that it is unwise, if not unconstitutional, to confer on a single commissioner legislative authority, or even much rule making power. This, then is an important reason for the establishment of a board of health, or, as it is called in its newer form, a public health council. Many of our leading health officials believe that rule making and advising should be its sole functions. I think that no harm and much good will come from having it choose the health commissioner. That such a board may be of great value in advising the commissioner and by supporting him throughout the state is shown by experience, but this will depend on the character of the board and can scarcely be provided for by statute.

Such a board may well consist of seven, or six if the commissioner is to be a member, one to be appointed each year. The exact number is not important, but the complexion of the board should not be easily changed. It does not seem to be important whether the commissioner is, or is not, a member. *Ex officio* members are not usually of much value. It does not seem wise to prescribe qualifications of members. They should be men of character, interested in public health, but not experts. If they are experts they are likely to interfere with the real executive. To appoint an engineer, or an attorney, for the purpose of getting advice free, for which the state ought to pay, is reprehensible. It is unusual for the members to receive compensation, and this seems the wiser plan.

While there is some doubt about the wisdom, and in some states about the constitutionality, of granting to the state board of health practically unlimited power in sanitary legislation, practically all health officials are agreed that there is a large body of administrative rules relating to notification, isolation, disinfection, milk, food, water, sewerage and the like, which it is absurd to expect that the legislature is competent to enact properly as law. The legislature has neither the time nor the knowledge, and unless it accepts, without amendment, a code drawn up by experts, the results are likely to be crude and unsatisfactory. The best way is to give to some small body, like the state board of health, this rule-making power, and this board will, in its deliberations, be guided by the expert advice of its executive officer. It is only by means of rules that sufficient flexibility of legislation can be obtained. Delays in the proceedings of the legislature are often numerous and extended, and statute law cannot be relied on to keep legislation abreast of scientific progress.

Whether the board is to be given full legislative authority by some such phrase as "said board is authorized to adopt a code for the preservation of health," or whether certain subjects, such as those previously mentioned, are to be specified, concerning which it may make rules, depends on the constitutional provisions and the court decisions of the state in which the matter is under consideration. This rule-making power is regarded as one of the most important functions of the department of health.

If the decision is that broad legislative power cannot be granted to the department, the greatest care should be taken in drawing up the statute which is to specify the subjects on which the board may make administrative rules. As many subjects as possible

should be included, and the act should be so worded as to give to the board the greatest possible latitude under the constitution as interpreted by the courts.

The principal functions of the department of health are indicated by the divisions, or bureaus, which are found in the department in the larger states. Sometimes these divisions are provided for in the organic law, especially in the newer enactments. More often they have developed naturally with the gradual growth of the department. It is perhaps well enough to provide for them in the organic law, but if this is done, provision should also be made that the executive of the department may modify, rearrange, add to or subtract from them. It is most unwise to provide rigidly for such matters, for, within a very brief time, functions which now receive little attention may become of the greatest importance. Who knows how soon a special bureau will be needed for cancer, for the venereal diseases, or for circulatory and renal diseases? Who knows how soon local laboratories will be so generally established that the diagnostic work of the state laboratory may safely be neglected?

#### FUNCTIONS OF THE HEALTH DEPARTMENT

1. The first duty of the department is to secure the complete registration of vital statistics. It is no mere academic expression to say that this is the foundation of all public health work. Vital statistics are of the utmost practical importance. How is it possible to know how much attention to give to tuberculosis, how much to typhoid fever, how much to the distribution of antitoxin for diphtheria, unless it is known how prevalent these diseases are? How can we be certain what towns have a safe water supply unless we know how many people die of typhoid fever? Statistics alone can show whether the most attention should be devoted to the city water supply, or the country privy. What is the infant death rate? Is the case fatality of diphtheria too high? Is tuberculosis decreasing as fast as it should? These vital questions, vital in every sense of the word, can be answered only by an accurate registration of births and deaths. Only twenty-five states are in the registration area for deaths, and ten in the provisional area for births—a poor showing, but indicating great recent progress.

2. The control of communicable diseases is still the chief function of the health department. Under present conditions little will be done except in the largest cities unless the state department takes the initiative. All but three, or four, of the smallest states need an epidemiologist, a real epidemiologist. The large majority of the states need more than this. They need a well organized, well financed division of communicable diseases. Few states are thus provided. Most of them are content to rush out their executive officer to hurry calls for smallpox outbreaks. Little systematic routine work is done. Perhaps a dozen states are trying properly to keep the run of communicable diseases, and most of them are not too successful. The first requisite for control is notification. Notification is much better in the cities. It is the duty of the state officials to make it equally good all over the state.

The Public Health Service in 1914 attempted to utilize reports of communicable diseases from only thirty states. An examination of the case fatality shows that in less than a dozen is it likely that diphtheria is reported with sufficient accuracy to make

returns of any use for either statistical or administrative purposes. The reports of typhoid fever and tuberculosis are far less satisfactory than for diphtheria. The number of communicable diseases is so large and the amount of work to be done is so great that some have thought it best to have separate and coordinate divisions in the health department for certain diseases, as tuberculosis or hookworm infection. The trouble with this arrangement is that the disease thus honored receives more than its due attention. The communicable disease work ought to be well balanced, and at first thought it would seem best to have one man in charge of all communicable diseases. If this makes the bureau too unwieldy, and separate divisions seem to be necessary, the executive should see that they are properly balanced. This is no easy task, as the legislature is quite likely to decide matters under pressure from enthusiasts who can see nothing but tuberculosis, or trachoma, or hookworm or venereal disease.

The diagnostic laboratory is at present an important part of the state health department. It, too, may well be a subordinate portion of the epidemiologic division. If coordinate with the latter, the executive has another task in seeing that the two really are coordinate and work together effectively. The time ought to come when the state laboratory will be able to abandon its diagnostic work to local laboratories scattered over the state, and will be free to devote itself to the administrative and research problems of the central department.

It is only by the proper development of epidemiologic work that the enormous value of antitoxins and vaccines can be secured to the people of the state. These must be distributed free and freely, and must at times be administered. Whether it would be better for the free distribution to be by the state or by the local governments is perhaps a local question. In some instances the state appears to do it with advantage. In others, the towns or counties seem to do their share well. If it is left to the local government, the state department should see that there is a good law and that the local governments do their duty.

3. Child hygiene is a subject which has been much neglected. In most of the larger Northern cities it has been shown that infant mortality can be markedly reduced by proper efforts. Infant mortality has been excessive, not only in the large cities, but fully as much so in the smaller urban communities, and conditions in villages are often equally as bad. Over large sections of the country, in the absence of statistics, it is not even known what the infant mortality is. That there is scarcely a place where it is not possible to reduce it greatly is improbable. The saving of babies' lives is one of the most effective and certain lines of public health work. It gives quick returns. The death rate is reduced the first year. While the actual work of baby saving is essentially local, the state can set the wheels in motion, as has recently been well illustrated in New York. No state can longer afford to neglect this field.

The medical inspection of schools does not yield such brilliant results. Not many lives are directly and immediately saved. The improvement of countless minor evils, even if they were such as to cause further trouble, is not spectacular. Both city and the state health departments have allowed school officials to take the initiative in school inspection. This is unfor-

tunate, as school inspection is essentially a health function of the state. It is very desirable that all the health work of a city, or state, be centered in one department. School inspection is medical work, and the medical work of the state and its municipalities is certain to increase. It will be unfortunate to have it scattered among different departments. The health department should be the controlling factor in all state medical work.

4. The supervision of water and sewerage is a most important function of the state. This requires the services of one or more engineers, chemists and bacteriologists. Other matters, such as schoolhouse and institution construction, offensive trades and other nuisances, and land drainage often require the services of this division, though the promotion of the purity of water supplies is its most important duty. Some of the smaller states find an engineer with chemical and bacteriologic training sufficient to do most of the needed work, but all the larger states require a well organized division, sometimes with many employees. At present about half of the state health departments have no engineer in their employ.

5. Public health education is rightly considered of very great importance. It should occupy a good part of the attention of every department. Almost all health officials imagine that they are particularly qualified for carrying on educational work. While a great many health officials have the knack of writing catchy paragraphs and of interesting hearers at a lecture, few are really well fitted to have charge of the educational division. Such a person should first of all have sound judgment. It is necessary to select the wheat from the chaff. It is impossible to teach everybody everything. Attention should be focused on what is most important. Essentials should be adhered to rather than every new slogan repeated that is sounded by some enthusiast. The choice of method, too, is as important as the choice of subject. Novelty is not always to be sought. What is necessary is to make knowledge sink in. To catch the ear or the eye of the populace for a moment does not always do this. What the department needs is a teacher, not an advertiser.

6. In sixteen states the health department is charged with the administration of the pure food laws, though in some of these practically nothing is done by the department. The prevention of adulteration is the chief purpose of most of these laws, and this phase of the subject embraces most of the food work. The prevention of adulteration, except in a few instances, is an economic, not a health problem. It is true that the sanitary handling of food does, in some directions, and to some extent, affect the public health; and practically all of the state departments of health engaged in the prevention of adulteration do attempt to secure greater cleanliness in the handling of foods, though how effective this is, at times, is open to question. There is a difference of opinion as to whether or not there should be a food division in the health department. As this is a matter which no more affects health than a thousand and one other things, and as it diverts energy and money from purely health work, and as it is likely to arouse opposition to the health department on the part of powerful interests, it would seem better on the whole not to undertake this line of effort. Still, as some departments have long and successfully carried on food work without detriment, it is perhaps safe to allow the decision to depend on local

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conditions. The sanitary control of milk is of much more importance, but here again there is difference of opinion as to what should be done, or how much should be done. The attempt of the state really to control the entire milk supply has never been very successful. Perhaps the best work for the state is to educate, to secure legislation to permit of efficient local control, and to assist local officials, especially those in the smaller communities.

7. In the last analysis, the success of most public health measures depends on the man on the spot. In other words, there must be local health officials to carry out the details of many of the most important measures of disease prevention. This is by far the weakest point in the whole public health system. The larger cities are doing fairly well. Most of the small towns are not. Most of the rural portion of the country is doing nothing. Health administration cannot be left to work out its own salvation. Some outside agency must at least point out the way. This is properly the business of the state. It is the duty of the state health department to strive to make health work efficient all over the state.

All sorts of schemes have been suggested, and some of them have been put in effect. None have been in successful operation long enough to show that an ideal has been found. A number of states last winter had carefully prepared bills to improve local health administration, but they did not receive favor at the hands of the legislators. Conditions vary a good deal, as to prevailing diseases, wealth, density of population, political customs and ideals. What may prove to be the best plan in Massachusetts probably would not be the best in California or Mississippi. As regards methods of local health work we are still in the experimental stage.

Where the township form of government is well developed, township health officers have very generally been provided for by law. In many states it would be difficult to get away from the township idea. The attempt to do so has been unsuccessful in some states. Is it not the wisest course, in such states, to accept frankly the township health officer? Of course in most townships there is not enough work for a full time officer. The part time health officer cannot be left to himself. He must be under continuous supervision by the state, thus becoming practically a deputy under a district supervisor. This is the Massachusetts plan, and seems to me to be the best solution of the problem for the present in a number of states. The combination of townships, or of towns, with a full time health officer, which has been successfully accomplished in a few instances, ought to be brought about in many more.

In some parts of the country, as in the South and some parts of the middle West, the county is thought to be the proper unit for efficient health work. In most instances a full time health officer is necessary for successful county work, and many who are most conversant with the conditions believe that they warrant the employment of a full time man. In some counties, even with a full time health officer, deputies also might be needed.

In other parts of the country, where the population is not so dense and where for other reasons not so much work per square mile needs to be done, artificial districts, consisting of combinations of counties, are suggested. In these districts, and indeed in some of

the large counties found in the Mountain and Coast states, deputies are necessary, though on account of the great area rather than because of the number of people to be cared for.

The local health officers and deputy health officers who do the bulk of the routine work must be good men. The manner of selecting them is of great importance. Most state officials believe that they ought to be appointed by the state. This is the practice in only a very few states. There are decided objections to the plan, the most important of which is the danger, almost a certainty under present condition of morals, of building up a political machine. Whatever our theories may be about this, there is great popular as well as political objection. Popular regard for home rule makes it an impossible measure, probably, in most states. The bills presented last year in Indiana, Kansas, Michigan and Ohio, I believe, all provided for local election. All of these bills did, however, provide for some sort of control of qualifications. This would seem to be a legitimate, useful and acceptable means of state control.

It is also recognized that even good men will not work and should not be asked to work without adequate compensation. In Florida and in a good part of Pennsylvania the state pays, as well as appoints, the local health officer. It seems to be impracticable, and I believe it to be unwise, to do this in most states. Instead of this the compensation which is to be paid by the local governments may be fixed by the state. This attempt, too, has not been very successful; but it gives better promise than the plan of having the state carry on all local administrative work at its own cost.

Whether there are county health officers, township health officers, or district and deputy health officers, in order to have an efficient local administration there must be an effective supervision by the state department of health. All health officers need, and most desire, help from without. The state department of health should be prepared to give this help. It should also have authority to compel action. Even with a full time health officer in every county, supervision by the state would be necessary. Even without authority, and without any reorganization of local health institutions, in probably nearly every state, great improvement could be brought about by the continued efforts of even one skilled administrator who should devote his time to the stimulation of local health officers and of the communities in which they work. To do this requires no novel legislation and no radical change in policy. One such unofficial advisor may be appointed this year and another next year, or the year after. It is a promising field open now to every state department of health.

Most health officers believe it is a great help if the state has some means of coercion. Many communities can be persuaded to do right; others cannot. Some people will listen to reason only when they know that they must. It is wise to give executive power to the state department of health. If it is known that the state can step in and abate nuisances and control communicable diseases, it may compel local officials to act. Often local officials are glad of this pressure, which to them is a help. The pressure is greater, if, when the state acts, the cost becomes a charge on the local government. If this authority is exercised with discretion, it will be wholly for good. Believing that it will be so exercised, legislators have not been markedly

adverse to conferring such power on the state department of health, and it has been done in almost half of the states.

There is one other point which ought to be emphasized, and that is the desirability of having as much as possible of the health work of the state centered in the health department. To have a number of commissions and boards, as well as the state university, working independently in the field of preventive medicine is bad. It does not make for economy or efficiency, and it prevents solidarity in education and administration. The public is annoyed and rendered skeptical by a multiplicity of inspections, rules and precepts. It is highly desirable to utilize the scientific knowledge of the university and infuse its scientific spirit into public health work; but I am old fashioned enough to believe that it is not desirable for the university to take on administrative functions, and it is not desirable for it to engage in any kind of public health work except under the direction of the health department.

### SOME ESSENTIALS TO THE DEVELOPMENT OF EFFICIENT HEALTH ORGANIZATION \*

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With the beginning of the present public health movement several years ago, comparative analyses were made by me of the state and territorial laws relating to health organization. More recently, on request of their respective authorities, investigations of the health organizations of ten states and certain cities have been made by officers of the Public Health Service. In consequence of these studies, and the relations with state and local authorities in health work, a clearer idea has been gained, not only of the immediate needs of these agencies, but also of certain principles that should be utilized in their further development.

Certain of these needs are fundamental, and are like some of those with which the federal health agency has to contend. Among the needs referred to, in the order of their importance, may be mentioned: (1) awakened interest and support on the part of the public; (2) adequate personnel and appropriations; (3) cooperation of health agencies with each other.

These fundamentals are emphasized here because, regardless of character of organization, no health agency can be efficient without one or more of them, and because their absence has undoubtedly been largely responsible for the lack of growth of health organization and health work heretofore.

#### ACTIVE INTEREST OF THE PUBLIC IN ITS HEALTH AGENCIES

Lack of public interest in health matters in the past may be attributed to numerous causes. In an early day the need of common defense against other dangers took precedence over the defense against sickness. The country was sparsely settled, and there was no rapid means of communication. In consequence, such health agencies as existed were local, and established primarily to meet emergencies.

In a later day, economic advantage was evaluated above health possession. As a result, growth of health organization was stimulated for the most part only by the danger of epidemics. Following the epidemics of the thirties, fifties, seventies and nineties, many new laws were placed on our statute books; but between epidemics, by reason of our political system, little or no interest was taken by the public in health matters. The enforcement of sanitary laws was accordingly left largely to political appointees. As a result, with few exceptions, health boards did not have the full confidence or support of the public generally.

When in recent years interest in health matters did begin to manifest itself (and this was only one manifestation of a general desire on the part of the public to insure to individuals their social rights in greater degree), it was oftentimes through private agencies newly organized for specific purposes that the work was carried on, and not through already organized health agencies. One of the striking signs of the times is the increasingly large number of these associations and societies aiming at a common object, few of them properly correlated with each other or with official organizations. In consequence, there has undoubtedly been duplication of effort as well as lack of uniformity, and existing health authorities have not been supported or relied on as they should have been in furthering public health organization and public health work. In part at least this had had a deterrent effect on growth of these health agencies.

In those countries in which local health work is well advanced, as in England and Germany, dependence has been placed largely on duly constituted agencies, and respect for the enforcement of law encouraged. If these agencies in our country had been given equal public support to enable them to discharge their full duty, many of the additional functions and facilities would have been provided long ago. Too often with us reorganization of a health department has simply meant some unessential revision in the laws in order that a change of personnel might follow a change of political parties in such manner as not to offend the sensibilities of the public.

#### ADEQUATE APPROPRIATIONS AND PERSONNEL

The absolute essential for the conduct of public health work, however, is adequate appropriations. An examination of the laws will show in many instances that ample authority has already been provided; in fact, one is led to suspect sometimes that it is ample simply because at the time the law was enacted it was known that funds for its enforcement would not also be provided. Some very good state health laws might be cited as impossible of enforcement purely by reason of lack of adequate appropriations.

Fox states that not less than 2 per cent. of the total revenues of a state should be set aside for health work, and has made the same estimate in the case of counties. Only one state in the Union approximates this arbitrary standard. Had they all done so, the most powerful factor in the solution of the problem of public health organization would have been provided. This amount of appropriation should be attained, however, by gradual annual increases, as assurance is had that the funds are being well spent and that adequate results in disease prevention are being secured.

The percentage estimated above for states would not apply in the case of cities, as their expenditures are based on somewhat different requirements; but

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