

Public Health: A Profession at the Crossroads

By REGINALD M. ATWATER¹

OF ALL the things that might be said today about our American public health situation, it seems to me that a phrase from Victor Hugo is perhaps the most appropriate. Said he: "Nothing in this world is so powerful as an idea whose hour has come."

Even the younger ones in this company will readily recall days when the hour of public health had not come. Public health was not a specialty in medicine, in engineering, in nursing, or in the other sciences. The universities and the medical schools had given very inadequate attention to public health subjects. The methods of public health were not well established scientifically. The Government was giving little recognition to the field of sanitation and public health.

My own memory now carries me back more than two decades in public health, and I can readily remember when professional training in the subject was rare and unappreciated. We have seen a steady increase in the competence of our professional groups and, very important, a substantial increase in the appreciation of that competence, which now has a market value.

This increase in systematic training has been really astounding. During the last four years the annual output has been in a volume that represents about 250 qualified medical health officers, and systematic training in graduate courses has been extended to more than 20 percent of the entire staff of public health nurses employed by official agencies. Similar beneficial results have been produced in the class of public health engineers, sanitation officers, laboratory workers, industrial hygienists, statisticians, etc. Not only has there been an increase in the number of professional people trained in our field, but also a marked expansion in the construction of sanitary facilities. We talk now in terms of several million sanitary privies on the mainland—12,000 in Puerto Rico last year—of modern sewer systems, and of water supply facilities where they never existed before. In not a few of the states there is now more than double the sanitary equipment those communities possessed eight years ago. One of the few constructive effects of the recent ten-year depression

1. Executive Secretary of the American Public Health Association. This paper was presented at the organization meeting of the Puerto Rico Public Health Association, San Juan, September 23, 1941.

has been the increase in sanitary facilities, and new hospitals, new health centers, and new construction of recreational facilities as well.

Likewise, there have been expansions in funds for general administration, in funds for maternal and child health, for the control of syphilis, for the advancement of industrial hygiene, and in other important directions, such as cancer control. Most significant of all, it seems to me, is the natural emphasis which has been placed on public health during the expansion which has been brought by the defense program. Public health no longer has to urge its own claims; it is now naturally accepted as a most essential part of the modern program.

So, whether one looks at it from the angle of personnel, from the angle of sanitation achievement, or from the angle of governmental appreciation, the hour of public health *has* struck, and here we are, approaching the end of the year 1941 with new resources, fresh opportunities, and wide-open doors ahead. Some way, that open door seems to me a good symbol of our health program in these days ahead.

Victor Hugo was right; nothing in this world is so powerful as an idea whose hour has come.

This rapid expansion of which we have been speaking has found the public health group unorganized. To be sure, there has been a professional society of public health workers in North America since 1872, but only recently have the rank and file of the workers in our field developed sufficient professional consciousness to vitalize this movement. However effective a central, international public health association may be, it can never reach its full effectiveness without well-organized and closely knit state and insular and branch associations, closely affiliated with the parent group. It is gratifying to report a wholesome expansion in the number of state and local societies affiliated with the American Public Health Association. There are now twenty-one state associations, including the northern and the southern California Public Health Association. There is also the Public Health Association of New York City; and there are two branches, the Western and Southern branches, which are formally identified with the Association—twenty-four associations in all. At the coming Seventieth Annual Meeting of the Association at least one additional state association will apply for fellowship in the A.P.H.A. and we look forward also to welcoming the Puerto Rico Public Health Association.

Nevertheless, the profession does need organization, and it is

essential that this organization should be of a true professional type, not a labor union. We should be grateful, I think, that from the very outset the policy of the American Public Health Association has been broad and that it has been constantly maintained as an organization to promote the public health and to provide a professional society for persons engaged in public health and for those interested in the subject. So long as state and local associations follow this pattern they are on sound ground and eligible, in general, for affiliation with the parent society.

It is a good framework which the American Public Health Association provides for its affiliated societies. They are free and autonomous agents, differing quite widely from each other, but all having a common purpose and a common identity, able to meet the needs of this new day with greater facility than could possibly be the case without such an organization.

I wonder if those of you who are becoming charter members of the Puerto Rico Public Health Association have thought of yourselves in the role of "founding fathers"? After all, that is what you are, and some day your children's children will honor you for what you have done. Have you thought, perhaps, that this was a modest beginning with limited resources and a group much smaller than it will be one of these days? Well then, think, if you will, of the limited resources which Dr. Stephen Smith and his colleagues had in 1872 when they founded the American Public Health Association. Stop to think that that was in the prebacterial age, with no such thing as a public health laboratory, no scientific epidemiology, no really adequate environmental sanitation. To be sure, they had smallpox vaccination and they knew of certain quarantine methods. They were aware, in general, of some of the public health aspects of social welfare, as, for example, the tremendous social significance of tuberculosis in a community, but to a notable degree their means of meeting these problems were limited and undeveloped. Nevertheless, they did have such men as Drs. Stephen Smith, Joseph M. Toner, Edwin M. Snow, Elisha Harris, John S. Billings, Henry P. Walcott, and George M. Sternberg. Men like that endowed the movement with a soul.

Have you stopped to think that someday your names, as "founding fathers," will be mentioned by posterity in appreciation of what you have done? I congratulate you for the distinguished position that you occupy on this Island, and I predict that, as the years go on, the day when the Puerto Rico Public Health Association was estab-

lished will be remembered with gratitude and appreciation. For my own part, I am glad to have been here, to have shared in the founding of this Association which I hope can speedily be identified as an affiliated society with the American Public Health Association, thus taking its true part in the public health defense of the Western Hemisphere.

Someone said the other day of Winston Churchill that he had "an enterprising and organizing audacity." It seems to me that the public health movement could well take that slogan and develop, both individually and collectively within the group, *an enterprising and organizing audacity*. Rightly used, this Puerto Rico Public Health Association can become a tremendously useful agency in accomplishing our common purpose. Something new that has not existed here before is now to be reckoned with. At its best your Association may transform the life of the public health profession in this Island. If you have felt professional isolation, this ought to be a means of overcoming that serious difficulty. If you have sought opportunities to know your fellow workers better, to share with them the problems that each day brings, to look with them toward the future and recognize its significance, then this Public Health Association can serve you individually. Have you felt a need for expressing your views professionally? Have you wanted to report informal pieces of research, better methods, new administrative procedures, and have you felt restricted in your opportunities? Then see to it that the Puerto Rico Public Health Association affords you the opportunity that you seek.

In this day—when never before have there been so many of us professionally engaged in public health, when never before have there been so many dollars placed behind this movement, or more public acceptance, or more consciousness within our group of our own destiny—in such a day we need an organization like this one. I think it a most suitable plan for the Puerto Rico Public Health Association to gather at least annually to review its progress, reorient itself to the insular and national issues, and plan for fruitful work in the months ahead. Through this insular public health association you can do for your group what the American Public Health Association attempts to do through its annual meeting and through its publications for the entire profession. Something really important would be missing from the picture of American life if there were not an annual gathering of the workers in public health to exchange scientific information, to share enthusiasm and knowledge, to promote

acquaintance and mutual understanding, and together to build our program for the new day in public health.

As we think of the ways in which you will be using the Puerto Rico Public Health Association, I am reminded that one day, not so long ago, I was crossing the state of Montana on a transcontinental train when, because of a breakdown in the locomotive, I had a chance to see some human nature in the rough. In this Montana community were half a dozen men of the cowpuncher type who were operating a huge tractor-driven contrivance which was lifting off a layer of top soil almost a foot in thickness, over a wide swath. The resulting soil was taken by the machine over a moving belt and discharged in a constant stream into a huge wagon alongside, capable of holding five or more cubic yards of soil, separately hauled by a tractor. It was no mean job to keep the large machine and this receiving wagon in correct alignment and at equal speed hour after hour. Nevertheless, even under these primitive conditions, coördination had been achieved. These men were facing that problem with splendid human resources and they had achieved magnificent teamwork. I was proud of the human stuff which I saw there, but it made me wonder why we in public health sometimes have difficulty in achieving a corresponding quality of fine teamwork in our professional life. It is because I believe that the Puerto Rico Public Health Association can make a definite contribution in that direction that I am happy to be here today and to have a part in these meetings.

This teamwork, by the way, is an excellent criterion by which to judge effective performance in a health department. To be sure, it is one of the intangible values, but it is a good one even though it does not lend itself easily to quantitative measurement.

Let me tell you what I mean by teamwork. Not long ago I was present in a county department of health in a rural area on a certain Saturday morning when the usual rush of the half-day session was under way and everyone was preparing for an enjoyable spring week end. The water technician in the county laboratory was looking over the water specimens completed the day before from samples obtained by the sanitary inspector in the field. She noted that the specimen from a small factory supply was showing gas in all nine tubes examined. Recognizing the unusual character of this finding in this supply, she communicated at once with the laboratory director, who checked the finding and called both the health officer and the sanitary engineer, reporting the occurrence, and arranging

for the usual steps for confirmation of the organism that had produced the gas.

The health officer appreciated the significance of this matter, and he called an immediate conference in his office with the laboratory director and the sanitary engineer. At the conference, which I attended, it was brought out that this factory supply came from a series of shallow driven wells and that the plant was cross-connected with the village supply for mutual protection. In this particular state such cross-connections were allowable if systematic sampling showed the plant supply to be at all times potable. Previous samples, it was brought out, had given findings satisfactory under the Treasury standard in both the plant and village systems. The disturbing laboratory discovery of this gas-producing organism, though not yet confirmed as to organisms of the coliform group, was nevertheless highly significant and was taken seriously by this team of health officer, sanitary engineer, and laboratory director working together.

The health officer called the plant superintendent by long-distance telephone and explained the situation to him. He was not highly impressed, however, believing that the matter was probably inconsequential but, on the insistence of the health officer, he was persuaded to call his superior in a large city and get his authority for suitable protection. This authorization was forthcoming, but the manager pointed out that it was then the middle of a Saturday morning, that the plant employees left at noon, and that there was little prospect of getting anything done immediately in view of the fact that Monday was a holiday in the plant and their engineer did not want to work. The health officer, however, emphasized the emergency nature of the situation for both the plant and the village and offered to take responsibility for getting the job done in spite of the week-end holiday. The plant manager gave his authorization and, within an hour of the time when the unusual water test was discovered in the laboratory, a truck with an emergency chlorinator had left the district warehouse on its way to this plant.

At the plant the tank was met by the sanitary engineer, who had arrived in time to go over the system, to inspect the well, and to close the village cross-connections. The local plumbers and steamfitters preferred not to work Saturday afternoon, so the sanitary engineer himself installed the chlorinator, and by four o'clock that same day chlorine began flowing in the lines of the plant, with resulting protection to all concerned.

Meanwhile, the health officer had arranged for a public health nurse to make a house-to-house canvass of a sample of the homes in the village to ascertain whether there was any enteritis present. A sample of persons employed in the plant was included. By the end of the day the health officer was able to telegraph his state department of health the complete story, including the discovery of apparent pollution, the means used to control the situation, and the result of the nurse's canvass, which showed that no enteritis was present. The state health officer was naturally pleased with the result, and he very properly sent a message of cordial approval of such teamwork, which in this instance had performed so well in the public interest. Messages of approval, by the way, are a great encouragement to teamwork.

At its best, teamwork works like that. We all know that the usual run of the mill job affords less striking opportunity to exhibit teamwork, but when it actually occurs in dramatic fashion, as it did in this case, we acknowledge that teamwork is indeed the essence which redeems from decay an otherwise dull experience in routine public health.

As I come back to Puerto Rico in years to come, I shall be watching to see what quality of teamwork you people here build into the program and I shall be asking you how you have used the Puerto Rico Public Health Association to help you in this and other ways. I have an idea you will say that you have no regrets that in the year 1941 we organized the Puerto Rico Public Health Association and that the relationships with the parent society on the mainland have been fruitful.

I must congratulate the Puerto Rico Public Health Association on the purposes already accomplished and the evidence of all that has been achieved in this place during these last years under distinguished leadership. For all this, I salute you. I look forward with confidence toward the future and what you are going to do with this new device that you have set up. Use it to the full.

Believing that we have the knowledge, the techniques, and the administrative capacity to do a much better job in making available today's resources in public health, I say, let's take off our hats to the past and our coats to the future.