A PHYSICIAN LOOKS AT THE PUBLIC HEALTH PROFESSION

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I suspect that a physician’s opinion of the profession of public health may differ from a layman’s opinion in that he may be more critical but, I hope, more understanding. The physician usually is more interested in matters of personal health rather than matters which impose restrictions on people’s activities in the guise of health protection to the public. Actually, the subject of my talk is so broad that it permits me to ramble a little and offer some praises sprinkled with some criticisms of your profession.

When it comes to criticisms, remember you have asked for them and I hope that you will take them as they are meant — in a friendly constructive manner. It is easy to resent such scrutiny and criticism — even to dismiss it as unnecessary. But criticism, if informed and objective, is good for all who work to serve the public and in any case we have to expect it. In a society as ours, changing so rapidly, every franchise and every right and every dividend is to be continually re-earned.

It was my pleasure a couple of sessions ago to work closely with members of your organization in your behalf to help add some stature to your profession through creation of some requirements and licensure provisions in the Legislature. It is gratifying to note the progress you have made and I congratulate you for your efforts to maintain high standards.

I want to stress in my remarks today the importance of public relations in your job — what people think of what you are doing — your public image. I want you to sit back and pretend you are sitting on the fence watching yourself go by. My comments will be directed more to you who are representatives of public agencies; however, I trust that my viewpoints will be of interest to others also.

Probably the physician’s opinion of public health is not as important as that of the general public because there are relatively few of us. From the public standpoint, however, you are a part of the government being maintained by tax funds and anything supported by public funds deserves close scrutiny and close accounting down to the last penny.

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NEED FOR RESPONSIBLE ACTION

Sometimes I get the feeling that this is the age of the goof-off. So many of us are willing to settle for something less than the best — the age of the half done job. We seem to be stampeding away from responsibility. We find laundry men who won’t iron shirts, waiters who won’t serve, carpenters and electricians and plumbers who will come around someday — maybe, executives and professional men whose minds are on the golf course, teachers who demand a single salary schedule so that achievement cannot be rewarded or poor work punished, students who take easy snap and cinch courses because the hard ones make them think and work, spiritual delinquents of all kinds who triumphantly are enjoying their so-called leisure time in less than honorable ways.

I am hoping that our people soon become sick of this goofing off and improve their sense of responsibility. We don’t show much responsibility or stability when we have a two hour lunch period, a three-day weekend, the all day coffee break, or when we buy a $500 jeweled pill box with a built-in musical alarm to remind us that it’s time to take our tranquilizer.

It is your job and my job to teach and influence those over whom we are given responsibility and supervision that work can be fun and that the only real reward that life offers is the thrill of achieving something and that where achievement amounts to most is on the job. People must realize, regardless of whose payroll they are on, that they are still working for themselves. If we as a total population in a nation of responsible people do not assume such responsibilities and stay hard at work, a stronger nation might emerge that could put us to work.

IMPORTANCE OF A GOOD IMAGE

Many people resent your public health profession. To them your image is poor. I doubt that one could change the minds of these particular people, regardless of attempts to try. They suffer from too little knowledge, too much excitability and too little judgment. At the other extreme there is a group which is over-enthusiastic about public health. These folks suffer from too much knowledge and frenzy and from too little judgment poorly directed.
Physician Looks at Public Health Profession

Somewhere in between these two extremes is where the majority of us stand. Yet some are just luke warm about the public health program and just tolerate it while others are enthusiastic over only certain phases of it and hostile towards others. I must confess to having been less willing many years ago to accept the necessity of so many public health rules and regulations whereas I am today more knowledgeable about them. I think I am rather average in ability and understanding and I believe that your image in my eyes has improved through gaining more knowledge of the needs and how you administer to them. Most people will react the same way if you can reach them with the truth. Let the people know the truth and they will be reasonable.

The success and effectiveness of any public health program depends on the public's confidence. This is so hard earned and so easily damaged. If one were to measure the length of time it takes to earn the public's confidence it would require a calendar; but if one were to measure the length of time it takes to destroy the public's confidence it would require only the second hand of a stop watch.

I have experienced the same misunderstandings serving in the Legislature. I have given a great many talks to various groups concerning many phases of legislation. I believe without exception I could sense the chips on the shoulders of almost every member of the audience before starting to talk. However, after trying to explain the reasons, the needs, and the places for which the tax monies were to be used and perhaps after explaining that I did not agree with all that was done but this represented the best that could be accomplished under the political situation at the time, the chips seemed to fall harmlessly to the floor. I still have had many who disagreed but not so violently after proper information was given.

The only way to improve the public image of public health programs is to bring information to the people as to needs and as to how you are attempting to solve them so that they will get their money's worth. The image of an entire program can be ruined by improper dissemination of information or from a single ill-considered act by any one of the employees of any one of the county departments or the State Department of Health.

I want to call your attention to an occurrence after the horrible tornadoes last April. In an honest attempt to prevent mass illness from mass feeding, many county departments of health restricted use of foods that were home canned and home prepared. People had taken pride in giving these foods for use and their feelings were hurt because their food was turned down. Perhaps attempts were made to explain the reasons but apparently they were inadequate for it snowballed into rumors that picnics, church carry-in suppers, home baked wedding cakes, and club money-making projects such as smorgasbords and even communion wines, if home made, were to be abolished. I had numerous nasty letters, for the writers thought that the Legislature had passed laws to do away with these longstanding, pleasant customs. So, in your work, go to all kinds of trouble to get the proper information disseminated and it will save much grief and time later trying to get it straightened out.

We in Indiana and in the United States are still, in spite of many problems, a very fortunate people. On the whole we live well—in fact, better than any other nation. We have enough to take care of our health and our educational needs and still are able to afford many conveniences and luxuries. In fact, it seems even with my children that the family who doesn't have two cars, a Honda, a lake cottage, a boat and a couple of horses are underprivileged.

Sometimes I get disturbed at the image of our country when I see and hear so much about poverty in the United States. We have people arguing for aid to cover every conceivable situation and demanding all sorts of welfare type programs that involve public health. Some have good arguments and mean well but one can get the impression of an America made up largely of the poor, the sick and the illiterate, the undernourished and halfstarved, unhealthy slums and the unemployed.

Those in the field of public health need to be careful not to give the image that public assistance is the answer rather than individual initiative. The best public relations picture that can be made is to show how you are trying to help people help themselves through the various programs. Education of recipients is just as important. The one thing more expensive than such education is ignorance. It is better to be known to the public that you are there as an advisor or an encourager for the lower echelon to do things for themselves.

Carrying Out Your Responsibilities

Of all the careers, few can match yours for sheer variety; the field of public health can never grow dull for you are connected directly with problems of people who are undergoing life's greatest crises and dramas—birth, illness, epidemics, handicaps, recovery, poverty, rearing of children, marriage difficulties, broken homes, problems of the aged, the migrant worker and many others. Helping people swept up in these dramas is one of life's greatest satisfactions.

Your duties and your responsibilities are numerous. You must be responsible to your employer, the unit
of government for whom you work directly. You must also be responsible to the people who need and receive your public assistance. Let's not ever turn this around and think that the people are there to do as you say. You are a servant of the people.

In carrying out your responsibilities you have to be fair but firm, sympathetic and generous but decisive. You have to have plain common sense. You must have integrity and you must be a good investigator, fearless and able to do what is right whether it is popular at the moment or not. In short, you must have the qualities of a minister to counsel, a business man to get the most for the dollar spent, a doctor to diagnose, a district attorney to ferret out the truth and the chiseler, and a nurse to soothe and comfort. You must be a good listener and a good persuasive talker and you must also be a taxpaying citizen to understand the feelings of those who pretend not to understand.

To have all of these qualities is impossible; yet I'm sure the most of you have the majority of these attributes. We all get discouraged at times and feel that our best is not good enough. We all experience feelings of inadequacy—except for those too smug to do so. But were it not for this feeling of inadequacy, there would be no progress and no human betterment.

As the population of our state and nation grows and hours in a work week lessen, so does the activities of more individuals and groups grow. Our lives become more complex and more hectic. With this combined increase in population and activities there are in turn more problems, more crime, more juvenile delinquency, more chance for epidemics, more stream and air pollution, more aged people, more needs for recreational, educational and health facilities. All of these needs are directly or indirectly related to your field of endeavor. Our advancing technology is directed toward solving these problems and you as members of the public health profession are an integral part of this advancing technology.

WAYS AND MEANS OF GETTING THINGSDone

There is no question that one of the public health worker's problems is and always shall be a constant battle with the legislature, the county councils, county commissioners and city councils for enough money to carry on the programs that our expanding society dictates is necessary if we intend to continue to keep an ever older population healthy and happy. Yet in spite of financial handicaps, there still are ways and incentives to function properly. When problems arise that seem insurmountable at the moment, we can't make the situation more difficult by becoming a part of the problem by throwing up our hands or dragging our feet. We need to ask ourselves "Do we come with a solution or are we becoming a part of the problem?" When solutions seem elusive it's no time to become propelled into an increasing state of frustration or anxiety. No substitute has yet been found and probably never will be for the confidence engendered by a sound relationship between you and the community that you serve, whether it be at the township, city, county or state level. You have at your disposal many valuable tools, and much valuable knowledge to help society cope with these stresses of modern living.

People in the field of public health have to do a lot of inspections and are often labeled as snoopers and trouble makers. But in my book, and in anyone's book who is conscientious about the importance of public health work, the man looking for a possible violation is not necessarily a pessimist but is a man doing his duty. The inspector who is frequently a little unsatisfied and who continues to look the situation over carefully even when things are going pretty good is a man "on top of his job". He is looking for hidden faults and can ferret out weaknesses before they can do any serious harm. He knows that beneath an apparently calm surface, there can be faults that won't be uncovered without digging for them. So, when someone accuses you of being a troublemaker, calmly but effectively explain the "why" of what you're doing. When they understand the "why", even though they disagree with your answer, they not only will respect you for your conscientious attention to duty but, more important, will respect you for your courtesy of explanation. It is time consuming, it takes a little extra effort and it takes a little more patience, but it surely does a lot for your public image and builds respect for your profession.

An axiom voiced by physicians on innumerable occasions states that it is not always the illness but also the patient that is to be treated. Public health officials could do well to apply that, too. Often the fault or the illness you find that needs correction can be corrected or treated easier if you consider the feelings of the people on whom you are imposing restrictions or penalties. Finding the problem and knowing the scientific treatment or solution are only two parts of your work. Application of the corrective treatment with sympathetic understanding is just as important.

Public health activity can breed good will if it is in harmony with the community; it helps no one if it is ugly. There is always the danger of going too far too fast and, possibly by doing so, getting into areas that really should be left alone for the
time being. I had this brought home to me when a surgery patient jokingly but with some seriousness, handed me his poetic warning not to go beyond my realm of necessary duty. The note read:

I am a young man with a hernia.
I'm telling you doctor, go dernya.
When improving my middle,
Be sure you don't fiddle
With matters that don't concernya.

In spite of harassments from within and without, you members of the public health profession are respected and indispensable elements of our society and are greater contributors to the health, happiness and economy of mankind than almost any other profession. Public health is accused of cynical opportunism. It is embroiled often in legislative controversies and is the subject of attack and rebuttal, claim and counterclaim to an extent unparalleled in history. One needs only to think of such things as cigarette smoking versus cancer, fluoridation, cholesterol, air pollution, stream pollution and detergents, milk inspection, nursing homes and hospital construction and inspections, migrant worker camps, etc., etc., etc.

Now, I'm sure that your profession is not without blemish; like any other profession it too is plagued by some irresponsible members whose malfeasances have been attributed to the profession as a whole. As a result, sometimes its magnificent achievements and its monumental role in prevention, cure and treatment and alleviation of disease and lengthening of life have been obscured in the public's mind.

PUBLIC HEALTH CONTRIBUTIONS TOWARD A BETTER WORLD

There have been great strides in the field of preventive medicine and public health. An old patient of mine recalled the influenza epidemic of 1918. Today people get flu shots. The real breakthrough was in the sulfa drugs, then came penicillin and now the mycins. About three fourths of prescriptions today are for drugs that weren't even known in 1950.

Before the sulfa and antibiotic days, pneumonia used to be a big killer. Besides that it took weeks to recuperate and even then complications such as lung abscesses and empyema were common. Now, if an otherwise healthy person gets pneumonia and isn't back to work in a week or ten days, they consider the doctor no good. Twenty-five years ago New York City reported over 12,000 cases of whooping cough with 105 deaths; last year there were 212 cases and no deaths. In 1935, 70,080 Americans died of tuberculosis; in 1963, 9,311.

There are hundreds of such figures and the figures, in turn, have been plotted on hundreds of graphs to show the relationships of disease to lost work time, to gross national product, to average life span, to cost of treatment and medication. In virtually every category, the records show dramatic gains over the comparable statistics of less than a generation ago.

No one asserts that the credit belongs exclusively to the public health officials but no one denies the important part that they have played in this success story. These figures alone should tell you that the physician as well as any thinking citizen has a high opinion of public health. But, let's not get too elated and impressed with ourselves. There is still much to be done—sclerosis, heart diseases, psychological and emotional disturbances, diabetes, geriatric problems, cancer and the population explosion.

I want to dwell for a moment or two on this last mentioned problem—the population explosion. It has become increasingly evident that neither the church, voluntary service organizations, nor private philanthropies have been able to keep up with the many needs of a rapidly growing population. For this reason municipal, state and federal agencies have taken increasing responsibilities for the people's welfare. This has been all well and good but there are inherent dangers of over expansion of governmental programs to take over too many of the individual's responsibilities. There must remain a balance between governmental and private efforts.

Other than all out war, the greatest threat we face is that of unrestrained population increase on our resources and social structure. Apathy and opposition are diminishing and deep concern is being expressed by more and more people. Yet progress is too slow to avert the danger of suffocation by numbers. This is a real challenge for your leadership. As we work toward population stabilization, we still have to combat hunger, disease, and ignorance which condemn so many millions to degradation and misery and still tax a multitude of others for their support.

Frankly, I do not know if the public health profession should assert more leadership in this field, but there are other areas where there is great need. There are many problems without solutions as yet and I feel compelled to state that your work has only begun. Your profession deserves much commendation for its past accomplishments and certainly warrants encouragement for the tasks yet to be undertaken. Keep up the good work.

This brings me back to the title of my talk, "What is a physician's opinion of people in public health?" My answer is, "I think you're great."