CHAPTER VI
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During the last half century most of the great plagues which have devastated nations have disappeared from all civilized communities. The general death rate, with its accompaniment of suffering and crippling and economic waste, has been strikingly reduced—by nearly one-half in the large cities of this country. Such simple forms of magic as the filtration of water and the pasteurization of milk have exorcised the demons of cholera and typhoid fever. Malaria and hookworm disease are steadily giving ground, and the fear of diphtheria has been largely allayed. New knowledge of nutrition is yielding remarkable results in the treatment and prevention of many deficiency diseases.

Yet, as we survey the whole battle-field of the war between man and disease, we are struck by the fact that our victories have been attained only in certain sectors, while in others the enemy is holding his own or is even advancing. While reductions in the death rates from infant diseases, diphtheria, tuberculosis, typhoid fever, and other causes have resulted in an increase in the length of life, there remain many thousands of persons with uncorrected defects, a large proportion of illnesses that are uncared for, and a vast amount of preventable disease that is not prevented. Our failures result not only from insufficient scientific knowledge and from human weaknesses, but also from our failure to utilize existing knowledge, techniques, equipment, and personnel.

The successes of modern medicine have been achieved for the most part in those fields in which knowledge, techniques, equipment, and personnel have been organized under community leadership. Thus we have made concerted efforts to control infant mortality, tuberculosis, and the acute communicable diseases, and in large measure we have succeeded. Some disorders, on the other hand, have been left to the initiative of the private practitioner and the individual citizen with disappointing and sometimes negligible results. In our day it seems incredible that man studied the human body many thousands of years before he discovered what seems to

us so obvious a phenomenon as the circulation of blood, but future ages may be equally astonished over our failure to utilize existing knowledge and facilities for a determined attack upon disease.

There is abundant evidence that the people of the United States are ready to enlist in such a warfare. Newspapers and magazines are contributing a vast amount of subject matter on the promotion of health. Commercial enterprises are exploiting the interest of the people in the improvement of their health. Women's clubs and business men's organizations have assumed leadership in the attack on various disease problems. As one result of their work, thousands of crippled children have been provided with corrective treatment. More particularly, hundreds of universities and industries have taken the initiative in providing organized medical services for a small proportion of the people.

The outstanding need is for effective leadership. Wars are not won without it. In each local community, a representative body is needed to conduct a militant program over a period of years. This body in most instances may well be a local coordinating agency, such as the Committee has recommended. A few communities may prefer to increase the responsibility of health departments and accept their leadership. Each community must decide for itself what type of leadership promises

to be most effective.

Whatever may be the nature of the group which the local community accepts for leadership, its effectiveness will depend largely upon an extensive knowledge and an unbiased attitude in regard to the existing situation. Obviously, there must be continued study of the diseases and conditions which are responsible for sickness and disability as well as a survey of all of the agencies, groups, and individuals which provide medical service. Private medical practice and public health work are so closely related that, in such a survey, it is folly to deal with them separately. If the community is to organize an effective attack on disease, all the facts must be systematically set forth in relation to all the other facts.*

^{*} The survey may be conducted by a national organization, or by a local group representing not only the various agencies and persons engaged in providing medical care but also the consuming public. In either case, local agencies should participate in the survey.

With the necessary information available, the local community is ready for action. The agency which assumes leadership in the development of a program will consider carefully, it is hoped, the recommendations of the Committee on the

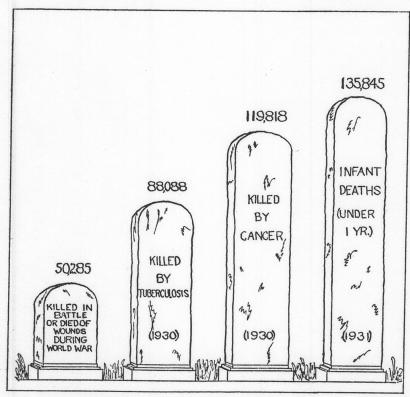


FIG. 18. "HUMAN LIFE IN THE UNITED STATES IS BEING WASTED AS RECKLESSLY, AS SURELY, IN TIMES OF PEACE AS IN TIMES OF WAR"

The graph shows the number of deaths in the United States, in years indicated, due to certain largely preventable causes, and the number of United States soldiers killed in battle or by wounds during the World War.

Costs of Medical Care. These recommendations are flexible and adaptable. But they do not exhaust the possibilities. The future is pregnant with opportunity. The local community must determine through careful study what kind of program is best adapted to its own particular needs.

In the various states, as in local communities, leadership may be assumed by a militant, state coordinating agency, by the state medical society, by the state department of health, or by some other agency. Here, also, the facts are essential as a basis for intelligent action. The state will not find a detailed program in the recommendations of the Committee, but must work out its own plan based on its own needs.

The cooperation of the professional groups in community or state leadership is essential. Their stake in these issues is very large; their interest is continuing. They should instigate as well as guide. The crucial point in the generalship of the forces at work is, perhaps, the development of a proper relation between the professional and the lay groups. The public should recognize the central place of the professional groups in determining standards and methods. The professions should recognize their ultimate responsibilities to the public. The control of undesirable commercial enterprises in this field will depend largely on the watchfulness of the professional bodies, on their ability to enlist lay cooperation, and on the development of sound and successfully operating non-commercial plans.

Continued study of the complex problems of medical economics is of the first importance. The Committee's investigations have opened a way. Fortunately, professional societies are establishing bureaus and committees on medical economics. Because a university has the unique advantage of having both medical and social scientists in one organization, the Committee has formally recommended to the universities of the country that they conduct research in this field.

Whatever means may be employed the time has come for action. European countries may not have proceeded with the greatest wisdom, but they have acted. Most of them have developed organized systems of medical care. We in the United States, above all other countries, are now in a position to go forward intelligently. With European experience available, and with the results of the five year program of study carried on by this Committee and collaborating agencies, a body of data is at hand which will enable each community and each state to take wise and adequate action.

Delay can no longer be tolerated. The death rates from cancer, diabetes, and appendicitis are rising threateningly. More babies are dying each year, many of them needlessly, than there were American soldiers killed in the World War. Every year tuberculosis kills its thousands and costs the country more than half a billion dollars. By early application of our knowledge we could double the cured cases of cancer. The venereal diseases still levy a heavy toll of blindness and mental disorders upon the nation. A great army of rheumatics remains untreated without hope of alleviation or cure. Many diabetics still remain without insulin or receive it too late. Human life in the United States is being wasted, as recklessly, as surely, in times of peace as in times of war. Thousands of people are sick and dying daily in this country because the knowledge and facilities that we have are inadequately applied. We must promptly put this knowledge and these facilities to work.