A New Mandate for Public Health

Beginning in April 1942 and culminating in July 1944, the efforts of a handful of Federal officials gave coherence and shape to the Public Health Service (PHS).

Two Acts of Congress wove a legal framework out of the varied assortment of PHS programs and authorities, creating a new structure that has flourished in the post-World War II era.

The first Act (Public Law 78-184), signed in November 1943, fostered the organization of the Commissioned Corps along military lines and gathered PHS functions into four subdivisions: the Office of the Surgeon General, the National Institute of Health, a new Bureau of Medical Services, and a new Bureau of State Services.

The second, (Public Law 78-410), signed into law on July 3, 1944, codified all of PHS' responsibilities and strengthened the role of the Surgeon General in public health policy making. Together, the two acts put an accumulated 144 years of experience on a systematic basis. At the same time, they presented a mandate for public health in the years following World War II.

Surgeon General Thomas Parran was an architect of the Public Health Service Act of July 5, 1944. (courtesy, NLM)

Origins of the 1944 Act. The Public Health Service began as the Marine Hospital Service in the Department of the Treasury, created by an Act of Congress in 1798 as a network of hospitals to provide care to merchant seamen. In 1912, the agency was renamed the Public Health Service, to reflect a growing number and more diverse set of responsibilities, including research at the Hygienic Laboratory (predecessor of the National Institute of Health), field epidemiology, and the quarantine and inspection of immigrants.

Leadership of the Public Health Service was restricted to medical officers of the Commissioned Corps, although the Corps comprised only about one-third of the agency's workforce during the 1930s. The dual personnel system was a legacy of the 19th century, begun in 1871 with the reorganization of the Service, formalized in 1889 with the creation of a Regular Corps of physicians, and expanded in 1918 with the creation of a Reserve Corps for temporary, peace-time duty.

In 1930, passage of the Parker Act allowed for greater numbers of Regular and Reserve officers to be commissioned and made dentists, pharmacists, and sanitary engineers eligible for the Regular Corps. While Commissioned Corps officers received pay, rank, and promotions similar to those of the Army Medical Corps, the PHS was considered a civilian agency.

During the 1930s, the growth of Federal involvement in health care delivery and biomedical research pressed the issue of reform, and in particular, the identity and role of PHS. The 1935 Social Security Act's provision for grants-in-aid to State and local health departments allowed PHS to advise on new programs in maternal and child health, industrial hygiene, oral health and, with the passage of the Venereal Disease Control Act in 1937, the control of syphilis and gonorrhea.

In 1937, the enactment of the National Cancer Institute Act expanded PHS involvement in laboratory and field research and introduced a new approach to improving the health of the general public—the funding of research at nongovernmental institutions through the awarding of extramural grants-in-aid.

While the issue of national health insurance was not addressed in the 1935 Social Security Act, an Interdepartmental Committee established by President Franklin D. Roosevelt generated a series of proposals that called for PHS to take on yet another role—

A public relations campaign to support chest X-ray screenings in Los Angeles, circa 1950. The 1944 Act included a provision for a new Division of Tuberculosis Control, devoted to screenings for the general public. (courtesy, OASH Technical Services)

administering health care delivery for the general public.

The need for reassessing PHS' mission and organization became clear when in the spring of 1939 the agency was transferred from the Treasury Department to a new Federal Security Agency (FSA), predecessor to the Department of Health, Education, and Welfare.

On the eve of World War II, the PHS consisted of eight separate divisions, with functions ranging from administrative oversight of direct care given at the hospitals and relief stations to technical assistance given to State health department officials. Each division head reported directly to the Surgeon General.

The outbreak of World War II added new duties and logistical challenges. PHS stepped up its environmental sanitation and venereal disease activities, began new programs to control the spread of typhus and malaria, and treated ever greater numbers of Federal beneficiaries in its hospitals and clinics.

PHS officials responded by recruiting thousands of Reserve Commissioned Corps officers to provide temporary support to Regular Corps and Civil Service employees, both for inactive commissions with the Office of Civilian Defense and for active commissions within PHS. But Surgeon General Thomas Parran and others reported difficulty in competing with the Armed Forces for officers.

In the spring of 1942, staff members in Parran's office drafted legislation that would afford the Surgeon General greater control over the activities and structure of PHS, improve the efficiency of administration, and bring Commissioned Corps officers' benefits in line with those given to officers of the Army and Navy Medical Corps.

The drafting of the 1944 Act. The 1944 Act had its origins in Parran's proposal for reform, although the call to codify PHS' legal bases was not issued until the following spring. After negotiations with the Bureau of the Budget, a modified version of Parran's bill was introduced in September 1942 and again in January 1943 in the House by Rep. Alfred Bulwinkle, and by Sen. Elbert Thomas in the Senate. Although both House and Senate health subcommittees agreed that the need for reform grew urgent, Bulwinkle's group called for a redrafting of the bill to include a "code," or clarification of PHS responsibilities.

The request underlined Congressional concerns that the fragmented approach to making appropriations, through a half-dozen subcommittees and transfers of funds from other agencies, meant disjointed policy making.

A second motivation was articulated most clearly by Sen. Claude Pepper during his subcommittee's hearings on wartime labor shortages and the large number of Selective Service registrants rejected on health grounds. According to Pepper, reorganization was an opportunity to redefine the agency's mission in terms of service to the general public and to ensure that PHS would be the government's central authority on matters of health.

As well, many believed that imminent legislation for national health insurance, such as the Wagner-Murray-Dingell proposal introduced in June 1943, would introduce controversy over health care financing that would further hinder the development of a shared understanding of the PHS mission.

Bulwinkle's request for codification halted the progress of Parran's reform bill. Over the summer of 1943 a small group of PHS officials, Assistant General Counsels Alanson Willcox and Leonard Calhoun from FSA, and Congressional staff members sifted through more than 100 years' worth of material—earmarked acts, appropriations measures, Presidential Executive Orders, and regulations. Pho-

tostats of relevant provisions were prepared, sorted according to subject, and used as the basis for drafting narratives about each area of PHS operations. The Surgeon General and his staff reviewed each step in the codification process, crafting a statute that would build on the successes of 1930s legislation.

In October 1943, Bulwinkle introduced the codification bill. Title 2 established the Commissioned Corps as the leadership cadre of PHS. Titles 3 and 4 laid out a framework for the agency. Key points included financial, technical, and advisory support to State and local health departments, the funding of extramural research through grants-in-aid, the provision of construction funds for hospitals and other facilities, and continued clinical services for a wide range of Federal beneficiaries.

Although hearings on the new measure were planned for the following spring, Surgeon General Parran convinced Bulwinkle in late October to revive the Thomas Senate bill as an emergency measure for the purpose of administering wartime programs. The bill was signed into law (Public Law 78-184) on November 11, 1943. Its provisions were largely incorporated into the codification bill, with additions such as the eligibility of nurses for commissions.

After 2 weeks of hearings in March 1944, a fresh draft of the codification bill was introduced that passed without controversy through both Houses of Congress. The only significant amendment was the attachment of a provision that had been considered as a separate bill during the spring of 1944. It expanded the PHS tuberculosis program to include support to State and local health departments. The tuberculosis proposal enjoyed strong backing from the National Tuberculosis Association and other public and private organizations, support that boosted passage of the combined legislation. On July 5, 1944, President Roosevelt signed the codification bill into law.

Significance of the 1944 Act. The effects of the Act were felt almost immediately. Days after its passage, Surgeon General Parran established a new Division of Tuberculosis Control under the direction of Dr. Herman Hilleboe. Within the year, President Harry Truman drew on a provision of Title 2 to issue an Executive Order declaring the Commissioned Corps to be a military force. The order allowed PHS to grant pensions, burial and survivors' stipends, and other benefits commensurate with service in the Army or Navy.

Over the following decade, the 1944 Act's provisions allowed Surgeon General Parran, his successor, Dr. Leonard Scheele, and other officials to articulate a practical vision for the role of PHS in postwar public health and for science policy.

Heated debates over the form and extent of compulsory national health insurance left PHS relatively untouched, as agency officials pursued what became known as a categorical approach to public health, one organized around research into and prevention of diseases rather than about the financing of health care delivery. Sections of the Act that allowed PHS to conduct research and award grants-in-aid fostered the tremendous growth of the National Institute of Health.

The 1944 Act set the course for PHS policy making for decades to come. The four-bureau structure, personnel reforms, and administrative authorities granted to the Surgeon General, first introduced with the 1943 Act, remained in force until reorganizations mandated by the Lyndon B. Johnson Administration became effective in 1967 and 1968.

The 1944 Act's provisions made PHS a vehicle for a new approach to public health in the United States, one organized around State-level planning, a commitment to a quasi-public system of health care financing, and the development of preventive measures through the subsidy of scientific research, health professions education, and facilities construction.

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