

The National Tuberculosis Association

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A SIGNIFICANT page in the history of public health in the United States was written on June 6, 1904, when a group of medical and nonmedical citizens formed the National Association for the Study and Prevention of Tuberculosis. The first national voluntary health agency devoted to the control of a specific public health problem, its stated purposes were the study of tuberculosis in all its forms and relations; the dissemination of knowledge about the causes, treatment, and prevention of tuberculosis; and the encouragement of the prevention and scientific treatment of tuberculosis.

The people who met on that date in Atlantic City represented every section of the country. They carried back to their own localities the determination to put into action tuberculosis control programs at home. Through specific programs determined in each locality to meet the most pressing needs of that locality, they envisioned a vast network of aroused citizens who would carry on a nationwide fight.

Many of the outstanding medical men of that day had part in the founding of the National

Tuberculosis Association. Among these were William Osler, William H. Welch, Hermann M. Biggs, and Edward L. Trudeau. The actual establishment and the organizational structure, however, were brought about chiefly by Lawrence F. Flick (1856–1938) of Philadelphia. He was somewhat stubborn, farsighted, and a devoted crusader. He had established in 1892 in Pennsylvania the first local tuberculosis association and had been mainly responsible for the establishment in Philadelphia of the Henry Phipps Institute for the study, treatment, and prevention of tuberculosis in 1903.

The decision to establish the national society was made at an earlier meeting held in Philadelphia on March 28, 1904, in connection with the initiation by the Phipps Institute of a series of lectures on tuberculosis by distinguished physicians from foreign countries. NTA and the Phipps Institute have been closely allied ever since.

A meeting of the committee appointed to work out the details for the establishment of the new association was held on April 22, 1904, in the Manhattan home of Biggs (1859–1923), then commissioner of the New York City Health Department and later commissioner of the New York State Department of Health. At this meeting the concept of the association's function was broadened to provide for education and social measures and to include non-medical as well as medical men in its direction. This broadening of concept apparently was a response to criticism by Edward T. Devine, general secretary of the Charity Organization Society of New York City, who had complained that the March 28 meeting had been attended only by physicians and also that the discussions indicated the new society might not

Dr. Perkins, formerly deputy commissioner of the New York State Department of Health, has been managing director of the National Tuberculosis Association since January 1948. He has been an active participant in many overseas health task forces, a member of the United States delegation to the first World Health Assembly, and serves on the executive committee of the International Union Against Tuberculosis. He writes here on the occasion of NTA's fiftieth anniversary, giving some of its history, its problems and accomplishments, and then stresses the challenge it faces in the future.

concern itself with stimulating community action but would confine its activities solely to scientific research.

The first president of NTA was Trudeau (1848–1915), who, through his own successful struggle against tuberculosis and his sanatorium and research activities at Saranac Lake, had brought new hope to tuberculosis victims throughout the country. In his presidential address, he stressed the fact that the first and greatest need is education of the people, and through them, education of the state—a basic philosophy of NTA and its affiliated State and local associations ever since. The medical section of the association is named the American Trudeau Society in his honor.

Development of NTA

The development of NTA can be briefly summarized by reviewing the work of four previous managing directors. The first, appointed on January 15, 1905, was Livingston Farrand (1867–1939) who came from a chair in anthropology at Columbia University. He guided the association through its struggling infancy to a healthy and flourishing existence. When Farrand began his activities, the association had 500 members. In the year 1914, when he resigned to become president of the University of Colorado, the association had grown to 2,256. There were 1,200 local associations, 400 dispensaries, 550 sanatoriums and special hospitals, and 250 open-air schools. The NTA budget had increased from around \$3,400 to \$34,000. Subsequently, he served many years as the president of Cornell University, during which time he was an active member of the Public Health Council of the State of New York.

Farrand was succeeded in 1914 by Charles J. Hatfield (1867–1951), director of the Henry Phipps Institute, who served as managing director on a part-time basis for 8 years. His era has been described as that of the expansion of NTA and development of its affiliated associations. With Phillip P. Jacobs and Frederick D. Hopkins, Hatfield, by the end of his term, had seen to it that there was a State association in every State in the Nation to serve as the liaison and coordinating organization be-

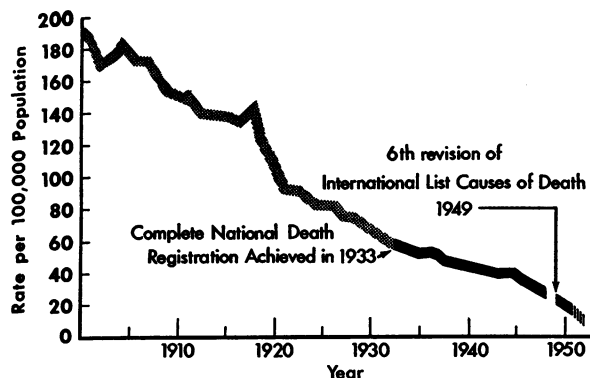
tween the national office and the hundreds of tuberculosis associations which were springing up in local communities throughout the Nation.

The Christmas Seal sale, shared with the Red Cross from 1910 to 1919, and wholly NTA's from then on, climbed from a mere \$3,000 in 1907 to more than \$3½ million by 1920. The contractual basis on which the sale is operated by State and local associations (NTA getting only a small percentage) spurred this growth in revenue.

In 1922, Linsly R. Williams (1875–1934), a deputy commissioner of the New York State Department of Health, succeeded Hatfield. During his directorship, an intense application of business principles resulted in continued growth of the Association. An itemized budget for NTA, budget and report forms for State and local associations, and a separate supply service under the direction of the administrative service to finance the manufacture and distribution of supplies were factors in this growth. As the tuberculosis problem became less acute and the funds through the Christmas Seal sale continued to climb, affiliated tuberculosis associations meeting certain criteria were permitted to include campaigns against other diseases.

In 1928, Kendall Emerson, a distinguished orthopedic surgeon, became managing director and served until his retirement in 1947. During his directorship, the Division of Tuberculosis (only recently made part of the Special Health Services Division) was established in the United States Public Health Service, another event of significance in the history of tuberculosis control in the United States. Vast educational and mass X-ray surveys, evaluation of programs of affiliated associations, conferences of tuberculosis workers and conferences on health in colleges, and school press projects initiated under Dr. Emerson's direction are being carried on today. Three thousand local tuberculosis associations with hundreds of thousands of volunteers and over a thousand paid workers, approximately \$24 million per year from the Christmas Seal sale, and over half a billion dollars a year expended for official programs of tuberculosis control exclusive of hospital construction have helped to topple the tuberculosis death rate.

Tuberculosis death rates since 1900 in the United States. Complete national death registration achieved in 1933.



NTA and the Official Health Agency

One of the distinctive features of the National Tuberculosis Association has been its close relationship to the official health agencies.

Tuberculosis is a communicable disease, and the control of communicable diseases has always been the legal responsibility and one of the basic functions of the official health agency. The education of the state, stressed by the first president of NTA, has meant primarily the education of the citizen as to the nature and extent of tuberculosis, the measures which can and must be applied to solve this important problem, and the necessity for him to support the establishment of adequate health departments, properly staffed, to carry on the innumerable activities involved in the control of tuberculosis.

Education of the state also has meant experiments or demonstrations conducted in the various communities throughout the country by the tuberculosis associations. These have been demonstrations of programs which seemed to be particularly needed at the time in the given community. They were conducted with the objective being to transfer them to the official agency as soon as it had developed to the point where the function could be assumed.

Thus, tuberculosis associations have engaged legitimately in all aspects of the tuberculosis control program which should be, and in most instances ultimately have been, taken over by the official agency. These activities include the operation of tuberculosis clinics, establishment of public health nursing programs, the purchas-

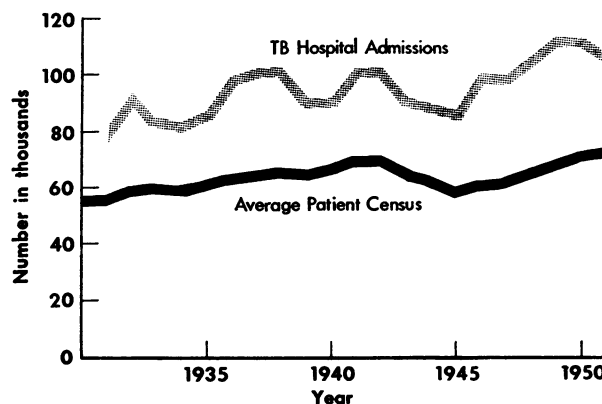
ing and scheduling of mobile X-ray units, the establishment of programs for routinely X-raying all patients admitted to general hospitals, development of social work, vocational guidance, training and placement programs, and many others.

The nature of tuberculosis has also caused the tuberculosis associations from the very beginning to take a broad interest in all of the health and welfare problems of society. Since the prevalence of tuberculosis is related to low living standards, NTA and its affiliates have been concerned with and have attempted to help solve such problems as malnutrition, substandard housing, and inadequate welfare assistance programs.

If NTA is considered more gregarious than some of its fellow national health agencies, these broad interests are responsible. NTA works actively with groups devoted to improving school and college health programs, nursing, medical education, rehabilitation, social welfare, social work, and world health. It is one of the founders of, and has continuously supported, the National Health Council.

No sharp line of demarcation exists between the activities of the voluntary tuberculosis association and those of the official agencies. Both are concerned with the basic programs of tuberculosis control: case finding; case supervision; treatment; rehabilitation; prevention—the building up of resistance to tuberculosis through specific measures, such as BCG immunization of persons undergoing unusual exposure to tuberculosis, and nonspecific means,

Admissions to tuberculosis hospitals and average patient census, continental United States, 1930-51.



such as through improving nutrition; and finally, research. Among the various tools needed to implement each one of these basic programs, education is one of the most important. Education is particularly the function of the voluntary association, especially in the important matter of gaining citizen support for official health and welfare programs.

Since tuberculosis associations engage in all aspects of the tuberculosis control program, the necessity for close working relationships with the official agency is obvious. On the national level, periodic joint staff conferences of NTA and the personnel administering the tuberculosis control program of the Public Health Service provide for this collaboration. In addition, specialists on the staffs of both agencies are directed to keep in close contact with their counterparts in the other agency. Furthermore, the director of the Public Health Service tuberculosis program routinely attends meetings of the executive committee and board of directors of NTA, as does the director of the tuberculosis program of the Veterans Administration. Comparable arrangements for effective liaison between the tuberculosis associations and the official agencies have been established at the State and local levels.

Functions of NTA

NTA maintains the necessary liaison with other national agencies involved directly or indirectly in the program of the control of tuberculosis and promotes international tuberculosis control activities. The national office serves the State and local associations by providing expert consultation service in the various specialized aspects of the program, and the health education and publicity materials needed in their work. To facilitate this function, the national office has the following divisions: health education, public relations, social research, personnel and training, business management, program development, rehabilitation, and Christmas Seal sale. There is, in addition, the Joint Tuberculosis Nursing Advisory Service, administered by the National League for Nursing, but financed entirely by NTA. The two staff members of this service function as staff members of NTA.

A major segment of the work of NTA is that conducted by its medical section—the American Trudeau Society. The society is an integral part of NTA although it has its own constitution, elected officers, executive committee and council, as provided for in NTA bylaws. Over 5,000 physicians belong to the American Trudeau Society, which provides the medical guidance to NTA, is responsible for an extensive medical research program, conducts a program of education of physicians, both undergraduate and postgraduate, and publishes monthly the *American Review of Tuberculosis*. The American Trudeau Society's diagnostic standards are widely accepted as the criteria for classification of tuberculosis patients.

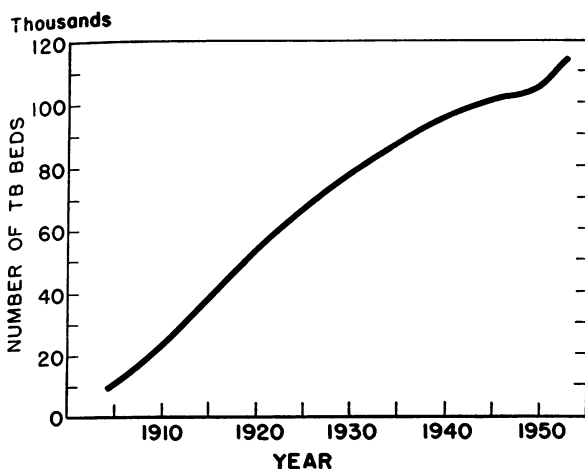
Interrelationships

Coordination of NTA with its affiliated associations is achieved principally through two devices: the composition of the NTA board of directors and the Christmas Seal sale contract. The board of directors consists of a representative director from each constituent association, that is, from each State association plus representative directors from the few city associations (District of Columbia, New York City, and Chicago), which are directly affiliated with NTA and not included in State associations, and from the associations in Alaska, Hawaii, and Puerto Rico. In addition, there are 50 directors at large.

No association can sell the Christmas Seals printed by NTA unless it has a contract with the national association. This contract broadly outlines the fields of tuberculosis control work in which the constituent association may engage and provides in turn that a comparable contract must be in effect between the constituent association and its local associations. The actual Christmas Seal sale is conducted for the most part by the local tuberculosis associations, with State sales being conducted only in areas not covered by local associations. Ninety-four percent of the funds raised from the Christmas Seal sale remain in the States and local communities in which the sales are conducted. The national office itself does not collect funds.

The annual meeting of NTA and annual re-

Estimated number of tuberculosis beds, United States and Territories, 1904-53.



gional conferences provide for further coordination of activities between the national, State, and local tuberculosis associations. Coordination is facilitated further through the National Conference of Tuberculosis Workers, an association of employees of tuberculosis associations. Although independent, NCTW works closely with NTA and its medical section. Its full-time executive secretary has his office in the national office of NTA. His salary and the expenses of NCTW committees are paid by NTA. The annual meeting of NCTW is held at the same time and as a part of the annual meeting of NTA and ATS.

Association Services

It is difficult to list services from tuberculosis associations which are uniformly available throughout the country, because of the variations among them in financial resources, staff, and local needs. If proper relationships exist between the official agency and the tuberculosis association, the official agency will be fully aware of what services are available. In fact, the official agency should act to influence and encourage the tuberculosis association to fulfill its local function and the tuberculosis association should see to it that the official agency meets its responsibilities.

Services, generally available, which may be of special interest to the health officer are the following:

1. Supplying health education materials, sta-

tistically and medically accurate, designed for specific age and school groups, and in all types of media.

2. Offering current recommendations by American Trudeau Society committees on medical matters such as evaluation of therapeutic procedures in tuberculosis, use of BCG, and diagnostic standards.

3. Providing consultant services on adequate programs of teaching chest diseases in medical schools and teaching tuberculosis nursing in schools of nursing; suitability of a given tuberculosis hospital for affiliation with a school of nursing; case-finding programs including X-raying of admissions to general hospitals, industrial X-ray survey programs, and mass surveys of the adult population of the community; the various component parts of a rehabilitation program; intramural programs of patient education; adequate school health programs (not confined to tuberculosis); programs of public education.

4. Offering limited number of fellowships in the fields of teaching chest diseases in medical schools, tuberculosis research, postgraduate training in public health, training in social work, occupational therapy, and vocational counseling. These NTA fellowships are usually cosponsored by State or local associations.

5. Arranging conferences which bring together various resource groups in the community to plan jointly for the solution of tuberculosis or related problems, or to make available to them most recent additions to knowledge in the field under consideration.

6. Taking effective educational action in problems of legislation and appropriation affecting tuberculosis control.

The Challenge

Now in its 50th year, the association can with some pride mark the anniversary with emphasis on the major accomplishments of the past:

The establishment of over 3,000 local tuberculosis associations throughout the entire country, involving hundreds of thousands of volunteers and over a thousand paid workers.

The expansion of the Christmas Seal sale from a few thousand dollars to approximately

\$24,000,000 per year, a revenue that has made possible greater treatment facilities and expanded research, both of which have helped to bring about an accelerated decline in the tuberculosis death rate.

Stimulating the establishment of official programs of tuberculosis control throughout the country which represent an expenditure of over half a billion dollars annually, exclusive of hospital construction.

These pleasant reflections on accomplishments are no signal to relax. NTA is much more interested in the challenge of the present and future problems. NTA is keenly aware that each year there still occur over 100,000 new active cases of tuberculosis; that there are a total of some 400,000 active cases, of which about 150,000 are unknown to health departments; that there are about 1,200,000 cases, both inactive and active, needing supervision; and that there are millions of people who react to tuberculin, indicating past infection and potential activation of frank disease.

The association is also keenly aware of the challenge confronting it in curtailment in appropriations and staff at all levels, which has resulted in serious reduction in case-finding activities. NTA is convinced that the availability of superior methods of treatment makes the finding of cases all the more important from the standpoint of both the patient's welfare and protection of the public.

On the research front there continues the need to find even better drugs and to determine the best combination of known drugs. The important challenge of developing a vaccine without the limitations of BCG is still pressing.

In the administrative field, there are challenges to be met, such as the adjustment in

administrative practices to conform with, and take advantage of, current trends. The reduction in the average duration of stay in the hospital by tuberculosis patients presents a particular challenge in adjustment, for now there is the need to revamp our estimation of numbers of tuberculosis hospital beds required in a given community and the types and locations of new facilities. Also we must cope with problems resulting from the shift of a substantial portion of the tuberculosis load from services in the tuberculosis hospital to extramural community health and welfare services—services of public health nurses, social workers, vocational guidance and training workers, and of outpatient departments and clinics.

The inevitable, and in many respects desirable, prospect of actively bringing back the general practitioner into the tuberculosis picture to a greater extent than has been the case also presents some challenging aspects.

A nationwide system of intelligence, involving repeated tuberculin testing of an adequate cross section of the population, is urgently needed as a means of keeping currently informed as to progress in the control program and to reveal areas needing special attention.

Finally, every effort must be made to maintain and strengthen further those factors which result in an hygienic environment and a high standard of living—education in proper nutrition, elimination of exposure to industrial silicious dusts, and so on—since in the absence of a universally applicable vaccine comparable with vaccines against smallpox and diphtheria, these factors are the ones responsible for bodily resistance to tuberculosis disease and serve as the barrier to a recrudescence of the tuberculosis scourges of the past.

