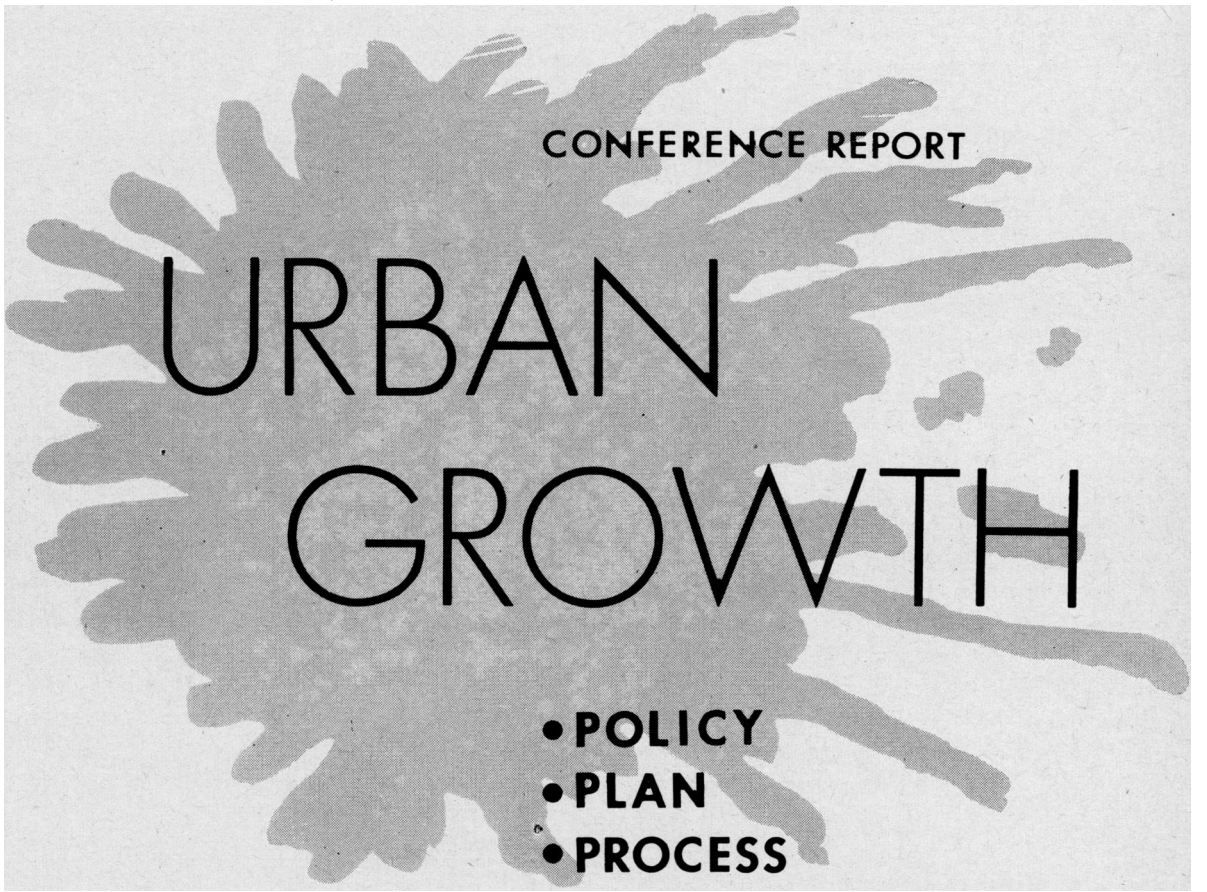

ON MARCH 18–20, 1958, the National Health Forum of the National Health Council, sponsored by 63 member associations, was held in Philadelphia in conjunction with the 10th annual meeting of the National Advisory Committee on Local Health Departments.

The meetings dealt primarily with stresses produced by increasing urbanization; the financial and organizational implications of metropolitan growth; the effects and predictable eventualities facing local health departments, the dental and nursing professions, and hospitals; and the need to revise obsolete or anachronistic jurisdictions.

Comments of 15 of the 60 speakers at the forum follow. Their full identification appears on page 796.

Major Threads

In his summary, Wolman said the forum "took up the plight of 100 million in a world not made for them." He commiserated with those speakers who were distressed "by the existence of emotions, feelings, and action contrary to the prevailing mode of professional thought." And he offered philosophical solace as he described three major threads in the fabric of the discussion.

The functions or necessities of urban life have outstripped prevailing government structure and finance. Wolman reminded his audience that this condition was historically true of the core city even before the rise of the suburbs. He said he was in a state of chronic wonder that the core city provides a hundred services as well as it does. It cannot function in theory, but it works. Bread is delivered. Traffic moves. Milk appears on the doorstep. But even so, he emphasized, the core city had frustrations before it sprawled.

People are suspicious of planners. Wolman observed that planners who conceive on a broad scale are impatient with the failure of democracy implicit in the slowness of people to recognize their views and to behave accordingly. But, he suggested, the planner is no free orbiting sputnik; he must move in a stream of human behavior and behave accordingly, "to his intense regret."

Progress is fitful in health, urban government, hospital management. Wolman ventured that events move in obedience to quantum mechanics, in bunches rather than in a smooth continuum. He also observed that progress is geological rather than chronological, that it takes two decades for an idea to bear fruit. This law, he said, is as firm as the biological period of gestation. "Most solutions are ad hoc improvisations, which the planner calls concessions to expedience. As the issues are dramatized, the solutions become concessions to human behavior."

He added that concessions to political expediency are inevitable in human society and that criticism of the politician too often is emotional rather than scientific. He advised that the politician is not to be shunned "as a bearer of contagion." To work with him, he said, is to gain his knowledge of human processes coupled with professional information, and to learn that the education of the public is not to be gained by ex cathedra professional pronouncements, not even with respect to fluoridation.

He thought it unfortunate that the scientist, having gained some knowledge of the atom, is led to the assumption that he knows everything, because his public and political influence suffers thereby. He recalled that Einstein, asked why men can diagnose the atom and yet fail to understand politics, answered, "Politics are more difficult than physics."

The total theme of the forum, he concluded, is that growth creates problems. In their specific aspects, these manifestations of growth appeared to him as:

- Countywide planning, illustrated by Cleveland's hospital service.
- Citizen participation, illustrated by events reported in Philadelphia.
- Responsibility to displaced populations, exemplified in the Eastwick hearing in Philadelphia and events in New Haven, Conn., and Nashville, Tenn.
- Consultation among planners, exemplified by the forum itself.
- Efforts to provide the entire metropolitan area with services usually found ordinarily only

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ABEL WOLMAN, DR. ENG., *chairman, 1958 National Health Forum Committee*

HON. FRANK C. MOORE, *president, Government Affairs Foundation, and co-chairman, 1958 National Health Forum Committee*

NORRIS C. ANDREWS, *planning director, New Haven City Plan Commission, Conn.*

ARTHUR W. BROMAGE, PH.D., *professor of political science, University of Michigan*

ORVIN W. CAMPBELL, *county manager, Miami-Dade County, Fla.*

ROBERT C. COOK, *director, Population Reference Bureau*

JOHN B. DIBELER, *director of education, American Cancer Society, Philadelphia Chapter*

RUDOLPH H. FREDERICH, D.D.S., *secretary, Council on Dental Health, American Dental Association*

LUTHER GULICK, PH.D., *president, Institute of Public Administration*

JACK HALDEMAN, M.D., *chief, Division of Hospital and Medical Facilities, Bureau of Medical Services, Public Health Service*

REGINALD R. ISAACS, *chairman, Department of City and Regional Planning, Harvard University*

MRS. LUCILE PETRY LEONE, *chief nurse officer, Public Health Service*

HON. ROBERT B. MEYNER, *Governor of New Jersey*

SEWALL MILLIKEN, *assistant professor, department of public health, Yale University*

DAVID E. PRICE, M.D., *chief, Bureau of State Services, Public Health Service*

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in the core city, a challenge to health agencies to make greater use of thruways and telephones, which he said are too little appreciated as great public health contributions.

• Research in planning, which he said "too often takes a turn in seeking how to curb those who persist in misunderstanding us."

He did not attempt to review all the major aspects of urban growth, but stressed Luther Gulick's admonition to recognize that the metropolitan area exists, to stop describing it and accept it as a form of behavior or misbehavior, and to revive the concept of community, with its implications for both individuals and the mass.

In conclusion, he said the fiscal basis for the urban complex needs much further consideration. He ended with, "Let us try to facilitate the transition and minimize the hurt."

Demographic Considerations

Speakers generally grasped the concept that growth of cities and populations poses a challenge of management or limitation. As a matter of policy, Isaacs declared that preoccupation with the welfare of random individuals and families was distracting attention from the common good. To illustrate public inconsistency, he observed that while health services reduce death rates, contributing to net population growth, the powers of the gods to destroy whole populations rest in the hands of a few, with the avowed objective of securing the redemption or well-being of every individual.

He predicted that "rigid governmental, economic, and social controls beyond any that we have known will be required" to protect the community interest, and that major mental stresses would result from "the reversal of almost unlimited freedom of action to strong community controls." While he conceded that regional confederation or cooperation might manage most metropolitan needs of the present, he said that in reality we have not been able to establish such instruments of government for more than a fraction of our population, and he asked, "Will we be able to solve the problems of 230 million in 20 years, or 330 million in 50 years?"

Price and others observed that the population was not only growing but moving in a pattern which outmodes established structures of government.

Descriptions of this movement were offered by Cook, Moore, and Gulick. The world's population, Cook observed, is increasing by 45 million a year, 125,000 a day. The world over, too, there is a relentless movement of rural populations to urban communities. Once there, the people do not remain static. In the United States in recent years, more than 30 million people have moved each year at least from one house to another; 10 million moved to a different county.

Moore observed that there are now 174 metropolitan areas in the Nation, and by 1970 there will probably be 10 or 20 others. These areas contain almost 100 million people at present; by 1975 it is estimated that two-thirds of the American population will reside in such areas. Thirty percent of the Nation's inhabitants now reside in the 14 metropolitan areas having more than 1 million people.

Gulick pointed out that there is now a 600-mile linear city of 29 million people on the east coast. From San Francisco south, on the west coast, there is a similar development.

Characteristic of this development, Gulick said, "is a fluidity of population and economic life. This flow changes the basic structure of family, community, social relations, employment choices, shopping, education, communication, and political associations. The new metropolitanism profoundly disturbs most of our social institutions such as churches, clubs, societies, voluntary hospitals and charities, cultural and recreational establishments, political parties, and governmental operations."

The new metropolitan community is different from what we have known generally in the past. "It is a split-level creature," Gulick commented, "with personal human relations at one level, and broad, impersonal community consciousness at the other. And most people live in both levels."

Effect on Health Services

In the face of such growth, Haldeman observed that within the past 5 years there has been little progress in revising or extending

traditional local health services. One-fourth of the counties in the United States, with nearly 10 percent of the population, are still without organized local health services. Therefore, he put these questions:

Is the local health department an effective instrument for some areas but not others?

Are there circumstances so unique in the areas still without a local health department that some entirely different mechanism for the delivery of public health services will be required? If so, what should it be?

Are other community resources already providing, in an acceptable manner, the services ordinarily supplied or arranged for by the health department?

What kind of studies should be undertaken to supply the missing links in our information?

Concern with patterns of health services for the near future is not confined to counties presently without local health departments, he added. Many, many more have only fragmentary service that in no sense meets the health needs of today.

Because of limitations in staff and financial resources, the coverage of service is thin in

Canons of Aesthetics

Some noted American planners and architects appear to me to be on the wrong track. They are so enamored of old cities that they even like "quaint" slums and can see nothing but ugliness in any modern city. So hostile to any apartment are they that they criticize any high-rise multiple dwelling; and so in love with the open land that they want nothing but cottages scattered through the countryside. All such canons of aesthetic value and beauty have the total weakness of ignoring not only relativity and the influence of the total environment, but of flying in the face of human need, denying satisfying classical illustrations, and failing to give any sanction to functional beauty.

The British *Architectural Review* group starts quite differently with the "stratified environment," that is, with relativity, and seeks the canons of beauty first by finding for each defined major type, or stratum, of land settlement its appropriate style of development and the appurtenances which will give it "unity." As they say in the December 1956 issue, "There is a 'town' way and a 'country' way and a 'wild' way of doing everything, and to confuse them is to ruin any hope of integrity from the beginning." It is this unity and integrity, type for type, which they find aesthetically right.

On the basis of British land uses and needs, they then classify all of England into five divisions, or types, for practical purposes: wild, country, arcadia, town, and metropolis; with two added special divisions, rural industry and major roadways.

For each of these types of land use these British architects and planners then seek the appropriate "way" and design, "cutting out useless verticals." The third step is to fit everything together with the minimum waste of space, a principle of economy for each type. Then finally, they say, "the residue must be camouflaged, and made one with the surrounding landscape."

With this approach, one can see why the same high building or solidly paved square will be beautiful in a city, but ugly in a rural setting; why even advertising signs may not be offensive in a business district; why large "natural" open spaces are no addition to a city center; and why a Cotswold cottage may be beautiful in the country, but absurd as a comfort station in a city park.

On the aesthetic side, it seems to me, the British, and a few American architects, like Neutra and Walker, have found the answer to the question, "What's so 'bad' about urban sprawl?" The thing that is "bad," is that in the "sprawl" regions we are mixing several incompatible types of land development, thus finding ourselves, without confinement, in a series of conflicting and unreconcilable categories each of which should be subject to its own appropriate canons of beauty.

—LUTHER GULICK, *president, Institute of Public Administration, in an address to the American Association for the Advancement of Science, December 27, 1957.*

some areas, and growing thinner each year as the population most in need of health services (the very young and very old) increases.

Staffing and financing of local health services are considerably more difficult in health departments serving populations of under 100,000 than in large cities.

In such places, either additional staff and funds, or a major realinement of duties of personnel presently employed, or a change in the basic role of the health department is needed, he said. "Which—or which combination—shall it be?" he asked. "What more functional areas can be defined as a suitable geographic base for health services?"

Jurisdictional Autonomy

Several speakers observed that the main difficulty in pursuing a governmental solution to the intensified needs of metropolitan residents is to see that federation does not in any way infringe upon the identities of existing local units. Stepping up State action, Bromage suggested, is the quickest means of making metropolitan government possible. "Metropolitan councils arising out of interstate compact and crossing State boundaries," he said, "are not beyond the realm of possibility."

One means of effective compromise was suggested by Moore: a metropolitan council that would be assigned only metropolitan matters. The local units would be responsible for their normal, nonmetropolitan activities, as in the Toronto plan.

"The first step towards determining the form of government required to meet our needs," Moore said, "is to define the kind of urban community we want." The decision on this matter, he feels, is primarily a local one. It must be appraised on the basis of the probable effects of the dispersal of industry, automation, nuclear energy, wider distribution of natural gas and oil, Federal highways, changes in marketing and distributing, standards of living, and longevity. "There is no need," he cautioned, "to seek uniformity in the forms and patterns of government in all great urban areas; diversity is still desirable."

Past attempts to solve metropolitan problems, Moore argued, have usually been directed not against the total need but to some fragment of special interest. Such efforts have generally failed to produce important results. Piecemeal attacks, moreover, have frequently resulted in the creation of public authorities and special districts. If pursued generally, he said, "this could be the route to destruction of local government and popular control as we know it."

Dibeler considered decentralization of health agency operations through the development of volunteer neighborhood organizations a means of providing solutions for some of the health problems created by urban sprawl.

The newly burgeoning communities, Dibeler pointed out, lack solidarity and suffer from absentee leadership, since many of the residents are employed in nearby cities, making it difficult for anyone to organize them into a health-conscious community.

The city health officer is in no less of a predicament. Neighborhoods catering to one class of people, structured according to a relatively stable age-sex pattern, explode and disappear. In their place is another group of people. "The problems of providing health services and health education here," Dibeler said, "are increased by the introduction of new groups whose culture is not well understood and among whom there is often little identifiable leadership. Problems of communication are increased by language barriers and varying culture."

Local Solutions

In combating the effects produced by outmoded institutions several governments, on different levels, have initiated or contemplated means of developing new methods and new institutions.

In New Haven, Conn., a regional planning organization was formed in 1948 to bring the surrounding communities closer together in function and direction. Andrews referred to the redevelopment project of the Yale University School of Medicine and its department of public health as one outcome of regional planning. Located in the first area selected for clearance and rehabilitation, the project covers 150 acres of land. Additional projects, now in

the Federal review or planning stage, are integral parts of a renewal and rehabilitation program. At the same time, the planning organization is developing plans for the protection of sound residential areas which will involve extensive housing inspection and neighborhood studies to insure that environmental conditions adversely affecting the neighborhoods do not develop. "The New Haven program," Andrews observed, "is the result of a combination of strong leadership, active citizen participation, and soundly conceived technical assistance."

In 1957, the Miami-Dade County complex adopted a charter that, according to Campbell, "for the first time in America established a legal entity designed to handle the entire metropolitan situation through an agency given full responsibility for control of local affairs."

"Where we confront problems that defy boundary lines," Governor Meyner said, "we can develop regional cooperation. And this can be done in health services as it has been done in public education."

Governor Meyner pointed out specific problems that can be best handled through cooperative efforts of different levels of government.

Septic Tank Suburbia

We seem to be on the way to creating a septic tank suburban civilization—a maze of septic tank suburbias. We are doing this because we are now repeating, at least in principle, the mistakes which we formerly permitted in our cities and which we are now spending billions of dollars to correct.

What is happening is, of course, a part of a great transformation—call it explosion—that is taking place in our living patterns.

Because our cities grew painlessly and, in any case, were unfit to handle our automobile way of life, people have been beating it out to the country. At least it once was the countryside. It isn't anymore. The green fields and the old swimming pond have been replaced by hotdog stands, filling stations, superhighways, highway intersections, airports, outdoor movies, indoor skating rinks, and shopping centers. These things have their place, but usually they are in the wrong place.

There isn't a plan, or what plans there are aren't being implemented in relation to the whole. So a few years from now we will be faced with demands for the expenditure of more dollars to straighten out the mess. And when I say "we" I mean the taxpayers.

No one can say we haven't been warned. And no one will be able to blame Uncle Sam. Uncle Sam isn't in any position to police an expanding (or exploding) metropolitan area any more than he can exercise police or zoning powers in a municipality. And no one wants him to.

What Uncle Sam can do (and has been doing), however, is to fly a warning flag about the growth of septic tank civilization and relate it to the larger problem: the grave need for planning on a metropolitan scale and for action to follow that planning.

The blunt truth is that without effective planning most human enterprises go bankrupt.

One of the tools available to us is the urban planning assistance program, otherwise known as section 701 of the Housing Act of 1954.

Section 701, among other things, authorizes Federal financial aid on a matching basis to official State, metropolitan, or regional planning agencies for the planning of metropolitan and other urban regions.

Some 40 areas are now participating. Others are applying. However, the resources available to section 701 stretch only so far; what I say on this score must not be taken as an open invitation.

What I want to underscore is that planning by itself, no matter on how big a scale, is not enough. Plans may be wonderful; they can be supported by bales of statistics and illustrated maps and charts. But something more is necessary to give them meaning.

The plans must be acted on, and the primary responsibility for this lies with the citizens of the regions involved. To put it in the bluntest terms, the money they save will be their own.

—ALBERT M. COLE, *U. S. Housing Administrator, excerpts from an address to the annual meeting of the Prefabricated Home Manufacturers' Institute, Boca Raton, Fla., March 19, 1958.*

Family care programs, community mental health services, and stream pollution control are matters for cooperation among neighboring municipalities and for action at the county level of government. On the interstate level, water and air pollution problems may be solved. At the present time, New York, Connecticut, and New Jersey have an Interstate Sanitation Commission for the control of water pollution affecting those States. On the Federal level of government, or Federal-State level, are such matters as hospital construction and the control of epidemics. The recent efforts in the Asian influenza epidemic and the Hill-Burton Act are evidence for this kind of cooperation.

"There are relatively few eventualities that do not engage the attention of more than one isolated agency," the Governor said. As an example, he showed how six State departments participated in the establishment of a program for New Jersey's senior citizens. The agencies concerned were: the New Jersey Department of Health (chronic illness and needs of the aging); Department of Institutions and Agencies (public assistance, institutional care, and hospital and nursing home supervision); Department of Labor (employment service and rehabilitation); Department of Education (adult education); Department of Conservation and Economic Development (recreation and housing); and the State Treasury (pensions and other financial needs).

Effects on Nursing

Leone reported on trends of staffing hospitals with nurses as urban centers expand. In 388 small communities that built new hospitals between 1947 and 1954, 2 out of every 5 professional nurses employed there came out of retirement. Many other nurses, Leone said, who had been working on other locations came back to live in their own hometowns when the new employment opportunities developed.

The turnover of nurses in suburban hospitals is somewhat less than in urban centers, she said. While the first problem of suburban hospitals is to recruit nurses, once they are recruited they tend to stay in their jobs longer than nurses employed in downtown hospitals. In getting to their jobs, they prefer not to travel through a downtown area each day to a suburb.

In a study of 1 suburban hospital in Arlington, Va., 2 in Maryland, and the new Washington Hospital Center in the District of Columbia, Leone found that only in Arlington was there a shortage of nurses. "Factors exerting a favorable influence on the acquisition of nurses," Leone said, "were (*a*) pay increase, (*b*) aggressive campaign for nurses, (*c*) newness of hospital and availability of parking space, and (*d*) need of married nurses to supplement their husbands' incomes. Unfavorable factors were (*a*) poor location with regard to bus service, (*b*) lack of school of nursing in the hospital, and (*c*) low pay."

In order to give adequate service to the mushrooming population, the Arlington Hospital, with its shortage of nurses, makes use of trained aides, clerks, and volunteers.

Effects on Dentistry

Frederich, citing the 1956 survey of dental practice conducted by the bureau of economic research and statistics of the American Dental Association, pointed out that dental care is significantly more available in the suburban business area than in other areas. The urban downtown area follows close behind and slightly ahead of the urban neighborhood area, and the suburban and urban residential areas drop off markedly in availability of dental care.

What are the factors influencing this distribution of dentists? "Established practitioners," Frederich said, "are reluctant to relocate their practices until the inconvenience of their location to patients who have moved away is reflected in pressures from those patients. The choice of a new location is then made between the outlying suburban business district (or neighborhood business district) and the downtown area of the city. The dentist's decision will depend on whether he will follow the family practice into localities where his patients have moved or whether he will make himself convenient to the wage earner who prefers to obtain his dental care near his business location."

"The younger dentists," Frederich said, "tend to locate their practices in newer but established surburban areas which have a higher child

population and a higher level of dental health education than other areas. The dentist is thus able to establish himself more quickly and develop a stable family dental practice, convenient to a highly desirable living environment for his family and himself."

The trends in distribution of dental specialists, he said, are consistent with the distribution of general practitioners. Orthodontists have shown a decided preference for localities with large populations of children and accessibility to good transportation. Frequency of visits and relatively short appointments are not compatible with difficulty of access to the office or inconvenience in transportation.

Oral surgeons tend to occupy central locations with easy access to large numbers of people. They also consider the accessibility of hospitals for the management of the more serious problems.

In the newer trends of distribution of dental services, Frederich observed, there are specific ramifications for those who purchase dental care through personal budget payments (purchase is made through a credit agency) and group purchase plans, and for the indigent.

The budget payment plans, which operate best through centralized administration of its professional and economic aspects, are faced with certain problems imposed by a sprawling population over a wide geographic area, sometimes reaching over State lines.

"As group purchase plans develop and expand, it is reasonable to anticipate that dentists will be attracted to the areas where people covered by such plans live. For access to these plans tends to raise the dental health education of their members and increases their desire to avail themselves of dental care," he said.

The most serious problem that can be expected to develop, according to Frederich, will be in the operation of public assistance welfare programs for dental care. It is reasonable to assume that the suburban shift contains a high percentage of the self-sustaining population, thus resulting in a concentration of lower income and indigent population in the urban area.

If the trend toward the centralization of dental practices in suburban business centers, urban downtown, and neighborhood business areas continues, there will be fewer dentists available to meet the needs of an expected expanding public assistance welfare health program. To compound this difficulty are the general lack of funds to support the costs of such programs of dental care, particularly for children, and the relatively low level of dental health education of the group. If these conditions are reversed, it seems reasonable to predict that dentists will locate their practices where the demand for care exists, he said.

The changing distribution of population will also have an effect on the special problems of providing dental care to special disease groups. "Certainly," Frederich concluded, "the expansion of the concept of the hospital as a community health center, where all aspects of health care are made available, will have an effect on dental practice."

Conclusion

In 20 short years, Price said, the health of three-fourths of the entire population of the United States will depend upon how well we manage metropolitan services. What kind of air will we be breathing in 1980? he asked. What kind of water will we drink? We are already finding it hard to produce the 200 billion gallons of acceptable water which farms, industries, and cities require daily, he said. How are we going to provide 350 billion gallons a day by 1975?

From now on, Gulick said, most Americans will be born, grow up, live, work, and die in great metropolitan complexes. From now on we are an urbanized community. And something more than the expansion or adumbration of present facilities is needed, he observed. "Improved and expanded water supplies and sewer lines, wider streets, or better housing are excellent ideas, but," Gulick pointed out, "the real things we need are brains, character, drive, organization, and leadership."

Only leadership, Milliken agreed, can reach across the lines of jurisdictions and assist in bringing about cooperative action.

To these remarks, Price added: "Imagination, creativity, minds that can cut through the cobwebs of long-established procedure and find the new method that does the job faster and cheaper—these are the keys to public health progress."