

The People Win for Public Health in Colorado*

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TWO years ago the State Government in Colorado had only one interest in its Division of Public Health; namely, that it was one more place in which to try to force political appointments. Moreover, the Denver city machine had had a remarkably successful record in defeating health bills in the legislature. The machine had only to pass the word down the line to kill health bills, and they were killed.

Now, what a change! There is a new Governor, Lee Knous, who campaigned for good government and specifically for a health program, and is enthusiastically carrying out his pledges. On May 20, 1947, an election in Denver brought into office a new Mayor-elect, Quigg Newton, a young man who ran, without benefit of party, against government by political machines. He won more votes than all four other candidates together. He understands the fundamental principles of the movement; he wants, just as eagerly as informed citizens, a modern, professionally staffed health department, and a strengthened medical school for training physicians for both curative and preventive medicine—indeed a true medical center for the Rocky Mountain region. No wonder Coloradoans walk on air and talk of health to match their mountains! They have won the decisive battles of their campaign and now have only to get on with the business of pub-

lic health in Colorado. As a matter of fact, recent history has even more significance than any one cause, however vital, for it has shown that under our American form of government whenever our people really want good government they can have it.

The story of the health program is as follows: In 1945 the Governor of Colorado appointed a Health Committee as part of a post-war planning program and was then persuaded by this committee, by the State Division of Public Health, and the Colorado Public Health Association, to ask for a health survey of the state. By great good fortune, the American Public Health Association was able to undertake a survey through a grant from the Commonwealth Fund, and its Field Director, Dr. Carl E. Buck, came to study conditions.

Dr. Buck made a masterly report. He studied the vital statistics of the State Health Division, analyzed and arranged the data until they told a vivid story of the state's health deficiencies. He found that the State Health Division was badly placed in the government, being a division under the Governor instead of a department, and that it had been subject to repeated attempts at political control. He found that the division had an able director and a small but well chosen professional staff; however, state appropriations were pitifully small—less than 10 cents per person per year—so that the division would have had almost nothing had it not been

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for generous federal grants; that the City of Denver, by a curious archaic charter, was a so-called "Home Rule City" beyond the reach of modernizing influences from the state; and that of the 63 counties only 4 had full-time health services. Dr. Buck's report revealed the short-comings, pointed out the reasons for them, and made what proved to be expert recommendations for their correction.

Two different types of work were then started, both closely correlated with each other; first, the organization of an executive committee for intensive study of the report and for drawing up the bills to be presented to the legislature; and second, the carrying of Dr. Buck's report and of all the Health Committee's plans as they developed directly to the people of the state.

An executive committee, authorized by the large general committee, had many long conferences. Most of them were at dinner meetings. At each meeting were invited guests who were either representatives of groups that would be affected by the proposed development of health services, or experts who could help with special knowledge and advice. Thus opposition was forestalled in advance. Civil Service Commissioners were also invited to discuss common interests.

One of the outstanding achievements of the program was the full cooperation between the State Medical Society, reaching all the doctors in the state, and the various public health agencies. Two members of the Public Policy Committee of the State Medical Society became members of the Health Committee and made a liaison between the two groups. Common bills were presented to the legislature, jointly drawn and jointly sponsored. Indeed the Medical Society gave up its tax-exempt status and increased its dues that it might support an active lobby.

Another important success in the

health program is that support of the dairy industry was won for health inspection. Like the dairy group in some other states, the group in this state had long feared and fought health inspection of its industry. Many conferences were held with them which were indeed initiated at a luncheon to which they invited the Health Chairman. She was bumptious enough to ask them why they fought the program, and invited them to have a representative on the Health Committee. He gave much help and arranged conferences with members of the Dairy Association, and with all the experts on the subject of milk in Colorado, both from the federal and state groups. Full agreement was reached on the need for higher standards and improved practices for production and for processing of milk and milk products, but the dairy industry wanted to have it designated by law that a dairyman must be on the Board of Health to represent the industry. The Health Committee refused to accept the principle of representation of any group by law. The point was won in the legislature, much to the committee's surprise. The committee was not opposed to the choice of a dairyman for the Board of Health—indeed the Governor appointed both a producer and a processor. Now the State Department of Health and the dairy industry will work together with good will to a common purpose. This is an interesting example of a method of dealing with a controversial issue of long standing; namely, extended discussions to separate the many details on which adjustments can be made from the very few principles, or perhaps only one, too critical for compromise.

When the committee had completed the study of the report and its recommendations, it started to formulate the proposed bills. Fortunately able and experienced legislators and attorneys were members of the committee. It also had the invaluable aid of an attorney.

Hubert Henry, Chairman on Health of the Interim Committee of the Legislature, together with the help of the able secretary of the Legislative Reference Bureau, Clair Sippel. The bills were drawn in advance so that preliminary copies could be sent to the county chairmen and so that they could be introduced early in the session.

The winning of popular support for the program was crucial to its success. Since this was a state program, popular education was started in the counties. Dr. Buck helped to organize the first inter-county meeting. Indeed, every county meeting drew its audience from at least two or more counties. This was always highlighted by definite identification of each county group. It will be remembered that distances are great in Colorado; people drove 75 to 100 miles to meetings. They had been shocked by the complete defeat of the health bills in the last session of the legislature and so were ready to listen. At the early meetings, Dr. Buck with the help of a blackboard, let the facts about the appalling death rates from preventable and controllable disease sink in as the audience listened to the speakers. He showed how essential participation by the audience was to a program.

The committee had no state appropriation for its work but the Division of Health received the approval of Dr. Fred T. Foard, Regional Director of the U. S. Public Health Service, to use federal funds. This, together with a grant from the Colorado State Tuberculosis Association, enabled the committee to have an executive secretary. Herbert Moe organized the meetings and was always able to attract an audience eager to hear the story of Colorado's public health. One member of the committee had wide acquaintance all over the state and was able to find local citizens who could lead their communities. Persons were chosen as individuals rather than as representatives of organizations. At

first each name had to be submitted to the Governor, but he was finally persuaded to give the committee a free hand. Teams recruited from the State Division of Public Health, the medical school, the public health physicians of the public schools, and other groups were provided for each meeting. Dr. Roy L. Cleere, Director of the State Division, took to each county data concerning the local problems, and showed how close should be the coöperation between state and county health services. There were no prepared speeches but new data as developed in the executive committee, were taken to each meeting. A second meeting in a given place always brought the comment, "How your program is growing."

The committee did not itself organize action in any group but merely presented data on conditions, local and state, and showed what public health services could accomplish. Initiation for action was left to the people themselves. As a method, it is the exact opposite to the building of a political machine; it leaves one less sure of results, but with a more lasting foundation. Each local group took up some problem of its own. The first response was in a town where the raw sewage was going into the river and the Mayor soon started a fund for a disposal plant.

In one town the women said that they could see so much dirt in the milk that they did not use it at all. Within a few days the very efficient Supervisor of Nurses and the City Manager of the town with ten women met with the committee in Colorado Springs. El Paso County has an exceptionally efficient milk inspector, really a public health educator—and had developed there a milk supply that is both clean and safe. The group saw a perfectly run dairy—run by a woman, I am pleased to say—and a pasteurizing plant that is the last word in excellence. As a result, the town in question now has good pasteurized

milk shipped in by two companies and a local dairy is putting in a pasteurizing plant. The dairy industry might take notice that public health services are good unpaid advertising agencies, when milk is made both clean and safe. None of the groups did just the same type of work, but all supported the state program and all enjoyed the prestige of working as a Governor's Committee. One group worked politically and reported that all candidates who were against the health movement were defeated and all who were for it elected.

Another phase of the work that has aroused great enthusiasm and rivalry in the state is the federal hospital program. Dr. Foard assigned two members of his staff, Dr. Le Grand Byington and Dr. H. T. Wagner, to make a survey of the hospitals; a medical social worker from the State Division of Public Health, Helen Cannon, visited every hospital to aid in making out the schedules for the Commission on Hospital Care.

As evidence of the interest of the people of Colorado in the health movement, it is now many months since the committee has itself organized a meeting. Rather, every meeting has been on invitation, and speakers have gone to clubs and other groups all over the state. Committee members have spoken, it would seem, to almost every club in the state, both men's clubs and women's clubs. Many of the women's clubs have made the health program their special work for the year; for example, the American Association of University Women and the Parent-Teachers Association in every town where they are organized. In addition, the Women's City Clubs, political clubs, the League of Women Voters, and the Federation of Women's Clubs have all given skilled help. The Chambers of Commerce of the cities have heard about the health program, as well as many Kiwanis and Rotary groups. The Junior Chamber of

Commerce and the Isaac Walton League have actively worked for the program. Groups of lawyers, ministers, college, university, and church groups have been addressed. During the weeks before election the author spoke about twice a day, occasionally three times.

Nor has Denver been neglected, nor have the people of Denver failed to hear of the deficiencies of their so-called Health Department. Both newspapers in Denver, as well as the county papers, and the radio gave unstinted support to the new era in health. After election it was planned to let every legislator hear of the health bills in his home town. The result was summed up in one sentence by one of the prominent legislators who said, "We all knew in advance that this time we had to pass the health bills." The people of Colorado had willed it so.

What bills were introduced? Eight bills in all were presented, each one introduced to the legislature under sponsorship of the committee. There were two groups of bills, five bills setting up services for health and appropriations for them, and three bills for controlling special diseases. The first two bills concerned public health services.

The State Reorganization Bill created a new Department of Public Health, with a Board of Health and an Executive Division. The Board of Health was to be of nine members appointed by the Governor in such manner that no business or professional group would constitute a majority. This concession was made by the doctors. The bill gave to the new department powers adequate to meet its responsibilities in improving the health of the state. Some opposition to this bill developed in the Senate, but only from a certain group of the healing arts, who did not so much oppose the bill, but sought to place riders on it to gain advantages or escape restrictions for their cult. Hard work defeated these proposed amendments. The second

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health bill was permissive legislation for facilitating setting up county, city-county and multiple-county health units. Both of these bills passed early in the session. They were well drawn and are worthy of study.

The third bill for appropriations and, as is customary, was presented late in the session with appropriations for all divisions of government. The requests were in two parts—one for the State Department and the other for aiding county units. These bills were given intensive study by the appropriations committee and, though no group obtained all it asked for, the Health Department received funds adequate for great improvement of its services. The grant for state aid to the counties was raised from nothing to \$150,000 for the biennium.

The fourth bill was an enabling act to meet the federal requirements for participating in the new hospital construction program. The fifth bill was an appropriation bill for the medical school. Under the new Dean, Dr. Ward Darley, plans have been developed to stress public health and the training of more general practitioners, rather than specialists. Dr. Darley also plans to have a two or three year residency with the last six months to be taken in the new county hospitals. These plans are an important advance in medical education and the committee was glad to endorse this program.

The three special bills were as follows: two were to lessen incidence of tuberculosis, the third was to decrease Bang's disease in dairy cattle. The bills in regard to tuberculosis were drawn by the State and Denver Tuberculosis Associations and endorsed by the Health Committee. An increase in the per diem allotment to hospitals of from \$4 to \$6 for the care of indigent cases was obtained. It was hoped to obtain money for the construction of a new wing of 100 beds at the Colorado Gen-

eral Hospital under the direction of the Medical School, but support was won for a 30 bed ward only. This will, however, aid in the development of chest surgery in the state, place a number of tuberculosis patients in a general hospital, and help with the training of medical students in this disease. It is a minor gain, to be sure, and indicates hard work ahead during the next session of the legislature.

The so-called Cow Health Bill was the only complete defeat of the committee. It was drawn by a veterinarian on the committee to check the sale of dairy cows that are reactors to Bang's disease. It did not include compulsory testing nor require slaughter, but simply the quarantining and reporting of infected cows. The bill was killed by the livestock interests by having it referred to the Livestock Committee where it was permanently buried. Colorado's important beef and dairy cattle industries make the eradication of Bang's disease unusually difficult. The inter- as well as intra-state shipment and sale of infected animals complicates control measures. This disease is a national problem. Obviously much study must be given to the type of legislation needed, and much research is necessary. How do you account for the fact that a cow may react negatively to the agglutination test and at the same time show a positive blood culture? How effective is calf vaccination? These are some of the questions needing investigation.

The legislature adjourned in April. Already the new State Department of Public Health has been reorganized and strengthened in accordance with modern practices. The department has been asked to help four groups of counties to plan new district health units. This is entirely on the initiative of the counties themselves. These are the first fruits of the program giving the people themselves scope for exercising their own initiative.

One of the meetings was especially interesting. The new law provides that the units are to be set up by vote of the county commissioners. The commissioners of five counties were present. All of those who came from counties where there had been any public health nursing were enthusiastically for the unit. A commissioner from the county that had never had any service said that temperamentally he had to express some opposition against such unanimity of opinion and for his part he was fearfully worried lest swarms of public health workers descend on his county and ask

for jobs. He never knew how funny he was, since the real worry was to find even one public health worker for his county. Personnel is now the major problem in this state as it is everywhere.

All during the war years the now Ex-Governor refused to authorize the use of federal grants allotted to the Division of Health to aid in training public health workers. Thus we have no backlog of personnel; we are developing a training program, but the need is to set up new services now. The people of Colorado are enthusiastically for adequate public health services.