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Folks, Homer, 1867-1963.
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Publication/Creation

[New York] : [Tuberculosis committee, State charities aid association], [1914]

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A seven years' camp

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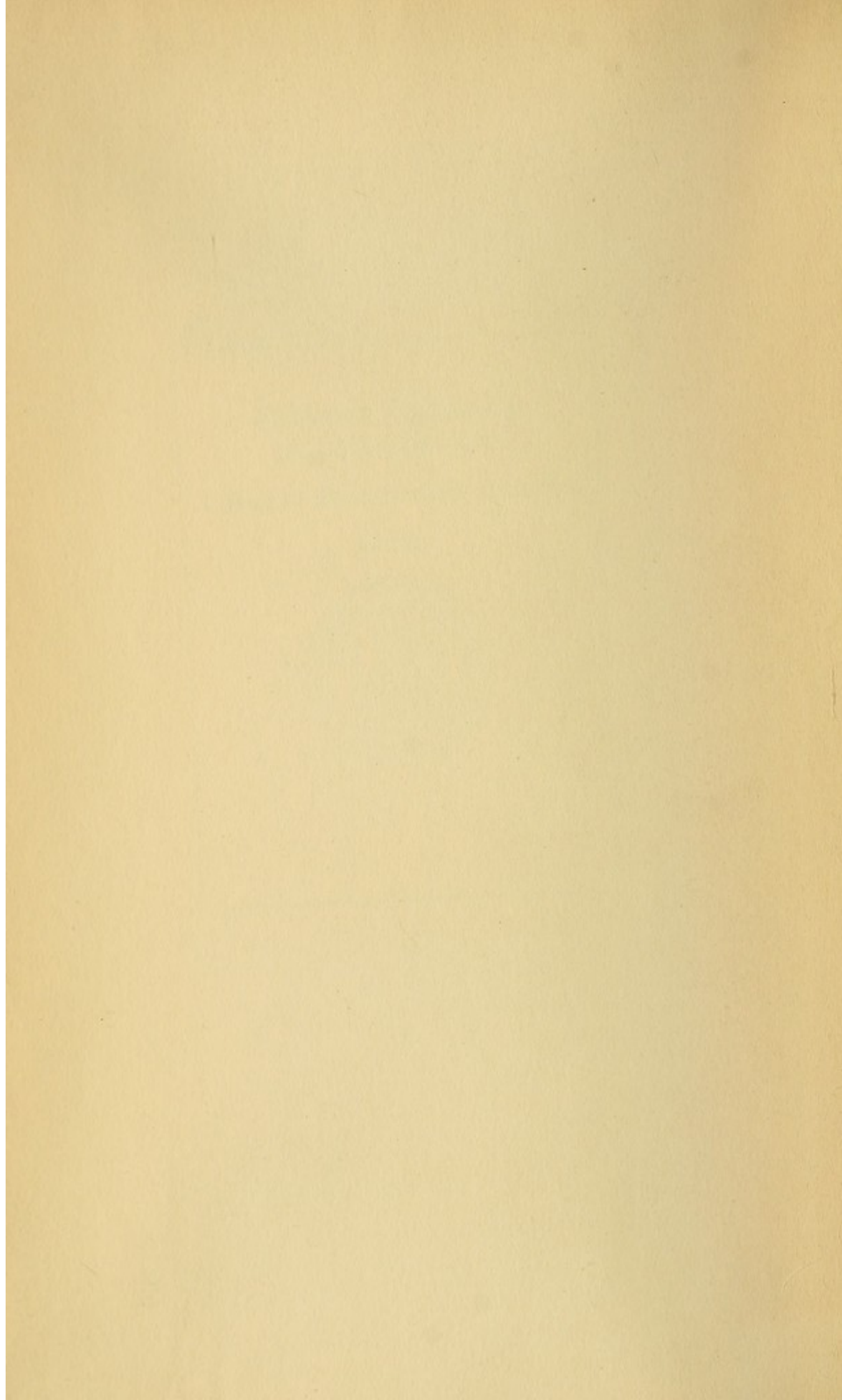
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A Seven Years' Campaign

Review of Manoeuvres and Statement of Results
of the Tuberculosis movement in
New York State outside of
New York City

By Homer Folks

Secretary of the State Charities Aid Association

Published by
Tuberculosis Committee
State Charities Aid Association

F71

RESULTS OF THE SEVEN YEARS' CAMPAIGN AGAINST TUBERCULOSIS IN NEW YORK STATE OUTSIDE OF NEW YORK CITY.

*Address delivered at opening sessions, State Conference of Tuberculosis
Workers, Syracuse, November 11th and 12th, 1914.*

MR. HOMER FOLKS,
Secretary, State Charities Aid Association.

It happens to be just seven years ago that the Committee on Tuberculosis of the State Charities Aid Association was formed, and a representative of the staff went to Utica to make a tuberculosis survey. Now a good many things have happened since that time. In summing them up I am not in the slightest degree concerned, nor is the State Charities Aid Association, with who is responsible for what has been brought to pass. We are far too busy to undertake to apportion the credit for what has happened even if any one wanted it done. I am not speaking of what the State Charities Aid Association any more than anybody else has accomplished. They are the accomplishments of the entire people of the State of New York. If any class, more than another, were to be commended, it is public officials, the state officers, the legislature, members of boards of supervisors and health officers, one and all. If ever there has been co-operative effort, it has been in this tuberculosis movement. My only object, however, is to try to show how far, working all together, we have got.

When we set out we did not undertake to lay out any detailed program of what to do, because we did not know what would develop and did not know what chiefly needed to be done. We hoped, however, to learn by doing and to begin by finding out the facts in a particular locality and proceed from that to shape our course.

LEGISLATION.

We had not a single item of legislation in mind at the outset. It developed, however, within the first year that it was the judgment of those concerned, and particularly of the local authorities and health officers of the different cities visited, that certain new laws were necessary. I wish first very hastily to recall what has been done in the matter of legislation since the fall of 1907.

Those of you who have to do with the law making will recognize at once that there is nothing more uncertain, few things more difficult than legislation. Looking back over these seven years, to the best of our recollection and our records, there is not a single bill which the tuberculosis workers of the State have framed to present at Albany which has not become a law. I think there has not been a year, certainly not more than one year, in which we have not had occasion to present one or more and often five or six bills. It is also equally true that during that period of seven years not a single bill which the Committee has seriously opposed has reached the statute books.

Now I attribute that to two things, Firstly, to the widespread interest in the

subject which has been aroused and to the recognition of that fact on the part of the Legislature. There are few things which secure a more immediate response and recognition at Albany than anything pertaining to tuberculosis. Secondly, to the fact that the Committee has tried to be extremely careful and thorough in the preparation of its measures, taking always every step into account and especially recognizing the experience of other States.

Let me give a brief summary of the legislative work of the Committee. The following bills drafted by the tuberculosis committee have become law.

1908—Providing for the Registration of Cases and Their Sanitary Supervision in Their Homes.

1909—Authorizing Counties to Establish Tuberculosis Hospitals (Law has been a Model for 7 States.)

1913—The Committee Took a Leading Part in Getting Most Important and Far-reaching Changes Made in the Public Health Law and in the State Health Department.

1914—Referendum to Voters of Initial Appropriation for Establishment of Country Hospitals.

Authorizing County Hospital Managers to Erect Additional Buildings Needed Instead of Board of Supervisors.

Restoring to County Hospital Managers Authority to Fix Salaries of Employees.

Authorizing County Hospitals to Employ Visiting Nurses and to Take Such Steps as They Deem Necessary to Prevent the Disease.

Authorizing the Laity to Report Apparent Cases of Tuberculosis to the Health Officer for Investigation.

Bills Drafted that Became Law—9; Failed—None.

Bills Supported that Became Law—7; Failed—2.

Bills Opposed that Became Law—None; Failed—16.

The first two, enacted in 1908 and 1909 respectively, have been amended occasionally to meet the growing needs of the movement, but I think it is greatly to the credit of the tuberculosis workers of the state that during the entire period that those laws have been on the statute books there has never been, to my knowledge, a single suggestion in any quarter by any individual however obscure or however celebrated that either should be repealed. On the contrary every year they have been made more enforceable and more effective.

The latest amendments to the tuberculosis law included a provision which would have been utterly beyond the wildest dreams of any one in 1907, namely the authorization of the commitment by magistrates of dangerous cases of tuberculosis. This

bill, we had been repeatedly told, could never be passed in the State of New York, but it did pass substantially without opposition.

HOSPITAL PROVISION.

The next subject that I wish to review in general is that of hospital provision. At the outset in 1907 the matter of hospital care did not assume great proportions as a feature of prevention. I think it is fair to say that none of us were in the least degree aware of the importance which that matter was to assume. We were thinking of sanatoria and of the care of curable cases, but only to a very slight degree of the segregation of moderately advanced and advanced cases as a matter of public protection.

It was the International Tuberculosis Congress in 1908 in Washington which brought together from many countries and from many different groups of workers, isolated facts which when put together unmistakably spelled segregation as the great feature in the campaign. That was quite as unforeseen and quite as unexpected by those who went to the Congress as any one result of that gathering. The things that were there set forth and the facts that were made known diminished our faith in dispensaries, nurses and supervision as preventative measures of largest significance. That is, their limitations were disclosed as they had not been disclosed before, and the Congress correspondingly emphasized the necessity of hospital care of advanced cases. Furthermore, it emphasized the necessity for local hospital care for advanced cases. All of us would gladly have gone on with easier things, that did not involve large expenditures of money for establishment and maintenance, but we felt that we could not in justice to the cause and with self-respect and intellectual consistency do otherwise than undertake to secure hospital provision on a comprehensive scale throughout the State. No matter how difficult and no matter what the obstacles to be overcome, that was the big thing and of all other things it was the most important to work for. Thus it came about that the county tuberculosis hospital law was enacted in the winter of 1909. Not that that was to be the only type of tuberculosis hospital, but that it was a type which could be established in any given county.

Now as time has passed it has become in a way increasingly difficult to secure the establishment of these hospitals. It was much easier in 1910 and 1911 than it was in 1913 and 1914, because of the fact that since 1909 a great many other large expenditures have been forced upon the counties. The tax rates have been increased, and they are more and more loath to add to their expenditure. Those expenses included the cost of maintenance of armories, the enormous cost of the new election and primary laws, the local share of the cost of good roads; their maintenance and the interest on the sums expended and several other large sums.

The result in general terms in spite of these drawbacks, however, has been most encouraging, and results, in a way, is the crucible test of whether we have been going ahead or not. In 1907 there were three hospitals in the State of New York

outside of New York City, with a capacity of 178 beds. To-day there are 24 hospitals in actual operation and one soon to be opened. These 25 hospitals have a total bed capacity of 1,673. In other words the bed provision has multiplied by nine in that period of seven years. And besides those actually in operation there are 13 additional local hospitals definitely authorized and assured. For five of those sites have been secured, and for eight others the authorities are now engaged in the selection of sites. Those 13 hospitals are planned to have a bed capacity of 1,296. There is in more or less immediate prospect, therefore, hospital provision for nearly 3,000 patients.

One thing we have learned, is that it is a long way from the desire for a hospital to the opening of it; that the number of obstacles that can arise in securing a site and in getting plans and in the appointment of a Board of Managers are simply legion; and that they are often serious and exceedingly baffling and embarrassing. But nevertheless it has taught us that patience and perseverance can dissolve those difficulties in almost every case. Notwithstanding all those difficulties however, I have no hesitation in submitting to the scrutiny of any authority whatsoever, the hospitals that are now operating. In the main I believe they will stand careful analysis from every point of view. Of course they were not primarily intended for cure. The main point was not the treatment of curable patients at the outset or even now, but the protection of the community by means of segregating those in a dangerous condition. That object at least is secured irrespective of anything else.

DISPENSARIES.

When the work began the dispensary was put very much in the foreground. Our primary purpose, substantially, in going to any locality was to urge the establishment of a tuberculosis dispensary. I am inclined to think that as the years have passed the importance of that, in and of itself and as distinguished from certain other things that have been added to it, has rather diminished. It hasn't proven to be as essential a factor in the situation as we had thought it might. Nevertheless in 1907 where there were two dispensaries in the State outside of New York City, there are to-day 27, a good many of which are carried on by municipalities and some by tuberculosis committees.

THE VISITING NURSE.

Much was said at the outset about visiting nurses. Insofar as they were thought of as an important part of the situation, it was as appendages to the tuberculosis dispensaries for the purpose of visiting and supervising the patients registered at the dispensaries. Now, when seven years have gone by, the visiting nurse has steadily increased in importance as a factor in the situation, entirely aside from or in addition to her relation to the dispensary and to the dispensary patients. We have come to realize—when I say that I speak broadly in the sense of all of us—that we might have known at the outset if we had thought that far about it, that

the great majority of tuberculosis patients are not under any oversight at all. They are unrecognized cases. A great many of them do not know that there is anything the matter with them. A still greater number do recognize that they are not in first-class condition but haven't the remotest idea of what is the matter and are not seeking medical attention. Of the relatively small number who do seek medical attention only a comparatively small proportion are recognized as being cases of tuberculosis.

The most valuable function which the trained nurse has come to perform in the general state-wide movement is that of finding out where the tuberculosis patients are while they are still alive. Heretofore in an overwhelming majority of instances they only came into notice when the death certificate was filed. The trained nurse has proved to be the most effective agency, I was about to say the only agency, for finding them while they are still alive, while they can be helped and while their families can still be protected from the danger of infection. The visiting nurse has proved to be a most important factor—(a) in finding out where cases are; (b) in bringing them to the notice of physicians; (c) in bringing to the knowledge of the community and of its public authorities an actual picture of the conditions that exist; (d) in putting before them a definite knowledge in place of an indefinite statement; (e) in putting it in terms of human beings having a legal habitation and a name; (f) in bringing home to the community a concrete knowledge of the situation as compared with the general knowledge of the situation.

In 1907 there were 2 visiting tuberculosis nurses outside of New York City, now there are 66. Except for hospital provision, I think that is distinctly the most important result that has been obtained. It is gratifying and suggestive that of those sixty-six nurses, thirty are employed by cities as part of their municipal machinery, and two are employed by counties. A majority of the nurses, therefore, are part of the organized community action for dealing with tuberculosis in a broad and comprehensive manner. I predict that as time goes on the visiting nurse will more and more be a part of the protective side of municipal government.

RELIEF OF FAMILIES.

It was also early seen that an essential supplement to hospital provision was special charitable relief for families. I very well remember along about 1907, hearing one of the leading clergymen of Rochester express a good deal of gratification at the splendid development of the relief system of the city. He said that they suffered most in Rochester from poverty of ideals and not poverty of the material resources of life. I differed from him a bit, and he asked me how they could improve things further. I suggested that if he consulted the death records he would get a very good text from which to preach.

He was disposed to think everything was done substantially that had to be done, and I mentioned tuberculosis, as a possible field in which much remained to be done.

I thought people did not go to hospitals or did not stay there because they were too poor and the families were not looked after. "Why,!" he said, "that might be so. Come to think of it right here in this street, which is perhaps the wealthiest street in Rochester, there is a man going in and out of a certain house every day tending to fires who just came out of our municipal tuberculosis hospital. Now that I think of it he came out because he got worried about his family; he was afraid that his children and his wife were not being looked after suitably."

That is a very fair picture of the situation as it existed. The entire relief business needed to be overhauled so far as it concerned the tuberculosis families. It had to be not simply adequate for the maintenance of existence, but adequate to satisfy the tuberculosis patient that his family was well cared for while he remained away. Special relief for families in which there was tuberculosis was, therefore, one of the problems. There were two cities in the beginning that made special effort for the relief of tuberculosis families. Now there are 41.

REPORTING AND REGISTER OF CASES

Reporting of cases of tuberculosis by physicians and their registration and supervision was one of the important objects to be attained. The importance, of the reporting the cases by physicians, has somewhat diminished. Even if they reported all that came to their knowledge it would only be a small part of the number. Even this has not yet been done. But the reports by physicians beginning in 1907 were 2,500, and they have increased reasonably steadily from year to year. In 1909 the reported cases exceeded the number of deaths for the first time. In 1913 there were 8,449 reported cases, one and one-half times the number of deaths. I am not disposed to emphasize the value of these figures, because I believe that up to this time there is no means of eliminating duplicates. The same patient may be reported by his private physician, by the dispensary if he goes to one, by the hospital to which he may be admitted and again by the same locality to which he may return—and he may count for four. But the figure does show a very substantial increase in the number of cases reported.

SUPERVISION OF CASES IN THEIR HOMES.

The plan contemplated a supervision. Of course reporting is just a means to an end. If nothing is done about the case reported, it isn't worth while to have it reported. The law outlined a procedure of sanitary supervision of each household in which there was a case, by the physician reporting it if he desired to do it, or by the health officer if the physician preferred to turn it over to him.

On the whole that has been the least enforced of all the provisions of the Law. I have not at all lost faith in its effectiveness and its possibility. It was a concession to the private physician that he was given the first opportunity to perform this duty, and I think that a survey would show that there is not very much happening in a good many localities. In some localities it is being done, but there has never been the

follow up work that was necessary to make that provision of the law effective.

In the nature of the things, tuberculosis cases could only be followed up effectively by the health officers. He was not likely to do it effectively unless he were followed up in turn by his superior, the State Health Department. The State Health Department until lately had neither the disposition nor the facilities wherewith to follow up the health officer in observance of this law. We may look for a great improvement in the near future.

POPULAR EDUCATION.

Another aspect of the movement was what we called popular education, efforts to bring home to the community the facts that were known to the medical profession in regard to tuberculosis. Now it isn't very easy to make any definite statement to measure that result. You can only occasionally see straws which show the way the wind blows, and you can keep more or less of a record of what has been done. You are all familiar with the fact that tuberculosis as a *cause* has been "put on the map." Leaflets have been distributed, not only by the hundreds of thousands but by millions. The newspapers have decided that the subject is news. You can hardly pick up a paper anywhere in the State without finding something in it about tuberculosis. I should suppose that as good a measure of the result of that as we can get is the recent referendum on the establishment of tuberculosis hospitals in four counties of the State. The County hospital law was amended last winter, authorizing the board of supervisors to submit the question of establishing a hospital to the vote of the electorate, the proposition submitted providing for a direct appropriation. I should suppose that there could hardly have been a more unfortunate year than this for testing the effectiveness of our educational campaign. The stock exchange is closed, business is more or less at a standstill, and the election of state officers was pending. Everybody was feeling in a general way that it was time to slow down.

In viewing the results of the campaign it must be recalled that an educational campaign is most difficult in rural counties. Those four counties are perhaps as rural as four counties as could be found. There are no large cities. In three there are no cities at all and the fourth one has a city of 8,000 inhabitants.

The following table shows the results in the four counties and makes an interesting and significant comparison of the vote on the hospital with the total vote for Governor:

Name of County	Population (Federal Census 1910)	Total Vote on Hospital	Total Vote on Governor	Vote for Hospital	Vote against Hospital	Majority for Hospital
Suffolk	96,138	16,751	18,651	9,525	7,226	2,299
Chenango ...	35,575	7,868	7,958	4,919	2,949	1,970
Lewis	24,849	4,960	4,992	2,803	2,157	646
Nassau	83,930	13,439	16,299	6,798	6,641	157

It will be seen that almost as many persons voted for the hospital as voted for Governor. In as much as a minority of the voters many times decide important questions submitted to them, this result is significant of the effect of our educational efforts. People know that tuberculosis is preventable and are willing to tax themselves to prevent it.

THE NEW HEALTH LAW.

There are some bi-products of any such movement as this running over a period of years which could not be foreseen at the beginning. One of the bi-products of the tuberculosis movement as a whole, is undoubtedly of greater importance than any direct results that we aimed at. You never know the strength and adaptability of a tool until you try to use it; until you measure it up against a good-sized job. The English people did not realize the weakness of their army until they had to fight the Boers. The Russians did not know their weakness until they fought the Japanese. The state did not know the effectiveness of its entire health machinery, including the health law, the local health officers, the local health board and the State Department until it was measured up against a good big job. The glaring inconsistencies in the law, the enormous gap between the local health officer and the State Department became apparent only when the whole apparatus was measured up against as big a job as the prevention of tuberculosis.

Now in no spirit whatever of criticism, and merely for the purpose of utilizing the fact that the term of office of the health commissioner was coming to a close for an improvement instead of a retrograde in the situation, those primarily interested in the tuberculosis work sought and secured the appointment of a special health commission a year ago last winter. That Commission would have been unable to operate effectively except for the aid given it by our tuberculosis committee. We cast our bread upon the political waters of the State, confident that in due season it would return. We placed our staff, or a portion of it, and our time and our means, such as they were, at the service of that Commission. We can properly say, speaking broadly, that whatever of change has occurred in the State Health Department, in the Public Health Law, in the last two years, is a bi-product of the tuberculosis movement.

How great that change is and what it forecasts for the future of the State, not only as to tuberculosis, but as to all sorts of things, I am not sure we, any of us, fully realize. I suppose the health officers realize it more than the people generally. It seems to me impossible that it was only a year ago that the health officers of the State were in conference in the city of Utica; that the chief authorities of the Department were openly ridiculing the work of the Public Health Commission, throwing all kinds of doubt on the new public health law and recommending the abolition of the Public Health Council. Now we have a Department with a commissioner of the highest authority. He has brought from Washington the best vital statistician in the country, and you can accept statistics that come from that office exactly at their face value. The diagnosis from the state's laboratory can now be relied on and human life can safely be staked on their results; communicable diseases are

handled by the safest men in the State of New York, the educational work of the Department is in the hands of a man who knows public health education as few men in the country know it. The sanitary supervisors for the State have been appointed as the result of a competitive examination. It seems impossible that only one year has passed since last November, and that all these things could have been accomplished in that short time.

If nothing else had happened except that, I for one should be more than satisfied with results of all the effort devoted to the tuberculosis campaign for the last seven years.

Much more than that, however, has resulted in the way of bi-products. One of the extremely important things is the public health efforts of the organized farmers of the State. For a number of years there has been no more effective supporter of advanced health legislation and of hospitals and dispensaries and nurses than the State Grange. They rank their health work as equal in importance with their advocacy of the parcels post and good roads. That is a force that counts enormously when you get to Albany. The labor unions and the women's clubs are also active in their support of health legislation and represent intelligent public opinion when they speak to the legislature.

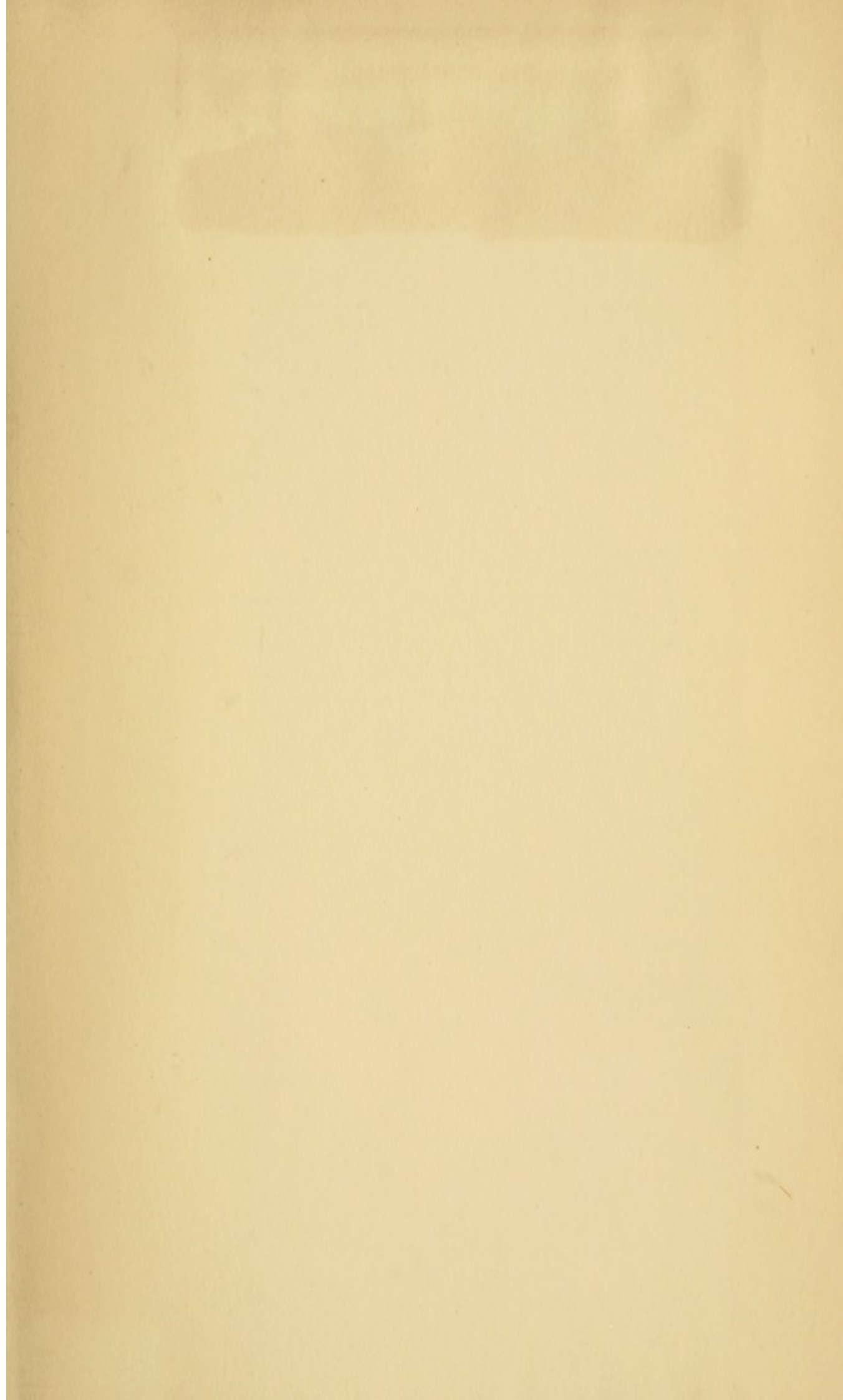
Other groups have not responded in a large organized way that you might think would have responded. I haven't heard of any bar associations doing anything about it. The clergymen help in meetings and in talking about it; but not in organized pushing. But the women's clubs, the farmers and the labor unions can be counted on every time, and without their aid we could not have gotten anything like as far as we have.

I am not going to stop to talk about the results as shown in the mortality figures, because I do not believe that it does show yet in any large way. While the death rate from tuberculosis has diminished—while it averaged 137 per 100,000 population in the seven years prior to 1907, and since then it has been 131, 130, 125, 123, 126, 114, 115—I would not claim at all that those figures measured the direct result of what has been done. I do not believe that the statistics are sufficiently reliable or that diagnosis is sufficiently uniform to give the figures much meaning. They do show, however, that there has been an effect, and that we may look for an increasing effect in the future. That it has been due directly to what has been done in the movement in which we have all been so engrossed in the last seven years I should express some doubt, particularly by reason of the fact that the death rate was decreasing to a certain extent, before the campaign began.

One or two other indirect results are worth noting. The effect upon the communities of the State of addressing themselves to this subject has been of incalculable value. President Cleveland once called attention to the value to the individual of doing something for somebody. That is quite as applicable to a

community. I do not think that any one thing has done the governments of the counties, cities, towns and villages of the State so much good in the last seven years as to be brought face to face with this loss of human life, and to be asked what they were going to do about it. The local government and the local citizenship of the State of New York have learned a lesson in these seven years that is an inestimable asset in all our community life for the future. It has learned to deal with tuberculosis. It has come to see a public duty in saving human life, in protecting individuals from infection. It has learned a lesson that will be applied in countless other ways, and never again will the person interested in his fellow human beings meet such a dead wall of uninformed indifference as was met in a great many cases at the beginning of these seven years. I would be disposed to put that result very high in the scale of the ultimate value of things accomplished by the tuberculosis movement.

In closing I wish to express a word of gratitude to the people who have really stood behind this thing and have preferred to be substantially unknown. Nothing happens without some backing. It takes money to carry on any sort of an organized movement. Promotion is difficult and expensive. Into the work of unifying and coordinating and promoting this tuberculosis work there has been put, beginning in 1907, with \$10,000, sums which at the largest have been \$31,000 and recently not less than \$26,000. Roughly speaking about \$180,000 has been put into what might be called the central organization in promoting the work. All that has been made possible by the far-sightedness of the trustees of the Russell Sage Foundation, who from the beginning have financed the work of the tuberculosis committee of the State Charities Aid Association.



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