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UNITY OF EFFORT:

THE GOAL OF SOCIAL WORKERS AND PUBLIC HEALTH WORKERS

Gail V. Grebe

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and Public Health Workers

This is a period of consolidation rather than expansion. All agencies at the present time are working for unification of theory and purpose; and upon this conclusion of a unity of effort is based this paper.

Whether it be in sickness or in health, it is the duty and the endeavor of all people engaged in the effort to help others, to bring about to the best of their ability, a cooperation and equality which stresses not one field isolated unto itself--but a collaboration of both or all types for the good of the individual as he lives in this society which we call modern civilization.

Since the earliest beginning there has been mutual aid--why then, in two such closely-linked fields as Social Work and Public Health Nursing should there be hostility.

It is due, no doubt, as in all conflict, to the lack of understanding upon the parts of those comprising the opposing sides.

In order that those in the field of Public Health might better understand their co-workers in a field so closely allied to their own, may we then consider the purposes, the problems, the theories, the hopes, the aims, the ideals of the

Social Workers from their earliest beginning.

To fully appreciate this work, there must be considered several preliminary factors.

First of all, social work has existed from earliest times--not titled as such perhaps, but surely a vital thing, squirming and wriggling to gain a foot hold to come into its own. There are few habits as deeply imbedded in the race as that of mutual aid: the assistance given the sick, the abandoned, and the poor in all ages, and in all places.

The practices of social work have been born under constant fire, so to speak. The needy could not wait too long for food, nor is a community particularly patient while a person is learning his job. Those who have undertaken it have had little time to stop and take stock either of the nature or the efficiency of their methods. Only at long intervals, and very few such times, have individuals attempted an interpretation of the field--one such person was Miss Mary Richmond, who in her text, Social Diagnosis, lays down the basic laws governing this practice. For the most part, conditions have existed constantly which have prevented thorough investigation by social workers in their undertakings.

However, what has been lacking in scholarly consideration, has surely been balanced by actual practice. If anyone had a theory as to how

a certain thing should be done, he was given his chance to try it out. If it worked, others took it up; if it did not, it was just too bad.

Experiments in social work, like in all other fields of human relationships, give only approximate answers; for is it not true that any individual undertaking an inquiry will direct his investigation into limited channels. Therefore, there can be no absolutely unbiased research, for the student will according to his educational habits, his cultural set, his philosophy, his selection of material limit his research. This can easily be demonstrated in the results of research in human relations. From Buckle, for instance, we would get an interpretation of history in the cost of wheat; and from Freud, we get it in the repressed sex urges. Therefore, it is pointed out that there can be no general scientific or philosophical basis for social work. It is a field of endeavor for the purpose of enlightening the hardships of human beings through the means of any group of workers at any given time at any given place.

Let us now turn to this group and see how it functions.

There are schools of philanthropy which offer opportunities for training in social work. True, not all workers have had the chance to attend

such courses, but it is also a fact that theory given before actual experience enhances one's abilities.

There are many regular training schools for social and civic work. The School of Philanthropy of New York City, the Chicago School of Civics and Philanthropy, the Boston School of Social Workers, the Pennsylvania School for Social Service, and the School of Social Economy of St. Louis are among the oldest.

Taking the New York School as representative of the group, an official account of their purposes, requirements, courses and so forth can be secured.

The regular training course occupies two academic years. All the class room work of the first year is prescribed, but there is opportunity for elective courses in Field Work, which is given in the second year and is vocational and given according to choice. It is so planned that the transition from theory into actual service is greatly facilitated.. Training by participation in research, administration or case work, is the most outstanding feature of this last half of the curriculum.

At the beginning of the second year each student selects his particular department of social endeavor from among the several fields in which expert direction and valuable training is available.

The responsibility for supervision of this specialized field work remains with the staff of the School and is entrusted to the instructor who is most familiar from practical experience with the kind of work the student is doing.

The actual courses include in the first year, Social Work, Individuals and Families, Modern Industrial Conditions, Standards and Problems, Workers and the Law, Statistics in Social Work, Types of Social Work, Hygiene and Preventable Disease, Field Work, and Excursions and Interviews.

The second year consists of Classes in Social Work, Enforcement of Social Legislation, Administration of Social Agencies, and Seminar with Thesis and field work in one relative subject.

In order to gain admission the students are expected to have the mental maturity and general education which may be assumed of college graduates. A bachelor's degree, however, is not consistently required for admission, since it is recognized that there are other ways of attaining mental maturity and securing a good general education than by following a college course; but all candidates are required to present evidence of adequate preparation for serious professional study.

A knowledge of certain subjects is essential in order to do the work, but what is especially desirable is a trained and receptive intelligence and a capacity to use the mind.

The basic subjects are History, Civics, and Economics, and a knowledge of elementary physiology, biology and psychology is very desirable.

Each candidate for admission is requested and required to pass an entrance examination.

Beyond these basic requirements, one may take special courses in such fields as Medical Social work for which there is a great demand. In this particular field in New York City, the student is affiliated with Bellevue Hospital where he enrolls for a two year course in nursing education, and in such a way familiarizes himself with medical knowledge. In addition to the regular courses offered in hygiene, many of the schools are now offering classes in Public Health.

This again brings to the foreground, the recognition for understanding and intelligent cooperation between the two fields.

Let us now look to the setting of Social Work-- If the problem confronting social research were comparable with those dealing with physical facts, then obviously, comparable results might be

expected. This, however, is not the case. In the words of John Dewey:

"Attention may be directly called to one outstanding difference between physical and social facts. The ideal of the knowledge dealing with the former is the elimination of all factors dependent upon distinctly human response. 'Fact', physically speaking, is the ultimate residue after human purposes, desires, emotions, ideas, and ideals have been systematically excluded. A social 'fact', on the other hand, is a concretion in external form of precisely these human factors".*

The chief objective is just this; by eliminating psychological factors from physical research, an investigator gets closer to the ultimate reality he is trying to study; however, in social inquiry this is not so. Human beings love to indulge in imaginary situations; in other words, they engage in non-logical actions, then invent good reasons for having done so.

Here then is one large obstacle to be taken into consideration. But this is not all. Even granting that scholars can learn to study social

*

Dewey, John, "Social Science and Social Control", The New Republic; July 29, 1931

facts with their many subjective, intangible elements in the same detached and significant way that the amoeba is studied; still there remains the fact that an amoeba has nothing to say about the study, while human beings have everything to say about social control.

There can be no cut and dried method for carrying on social research. Even a procedure that was eminently successful in one study may not work well when employed under different circumstances. Nothing can take the place of imagination, initiative, common sense, and actual experience.

The three great watchwords of social work are Health, Vocation, and Recreation. The worker must firmly fix his attention upon the latest development of knowledge in these fields. They constitute the great light and power among people.

A very important part of the progress being made in the last years is in the application of medical science, including nursing, and in the dissemination of hygienic knowledge by organized and exhaustive methods among all the less resourceful classes in the community. The way in which effort beginning in slight experiments soon attains broad and general effect is shown in the work of medical inspection in the public schools. As the system spreads, a great hopper through which the entire new generation shall

pass, results in the clearing of many incipient physical handicaps which would otherwise entail large physical and moral damage. The best of such work cannot be done, however, by institutional methods. The health campaign must be dependent upon each individual home and it lays the responsibility on each individual mother.

The second watchword is vocation, which brings the problem of providing boys and girls in broad and substantial fashion, the opportunities for useful and progressive careers. It is necessary to realize what an extreme restriction of privilege the educated classes have, and what a vast reinforcement it would be to general human well-being as well as to the economic progress of the nation, if the children of working people could be intelligently trained and launched upon occupations, which their abilities would indicate.

Recreation under responsible direction, which has so often been looked at as a mere meaningless alternative for evil pursuits, is to-day recognized as a matter of the most positive and far-reaching value to the whole rising generation. It has, of course, its preventive significance; and in this way for many cities it is physically and morally a matter of life and death to children and young people.

Play is assumed to have been a function of the community rather than of the family because of its value in socializing its participants; and to have been a function of the community rather than of some specialized institution because it is an activity in which all persons living in an area of face to face contacts participate. In addition, play is a community function, and it would need to have something of spontaneity and self-direction much like the play of young animals, and to be independent of leadership from the outside group. Dr. Plant has suggested that even in difficult circumstances in which play is undertaken at present, some play time should be left free from all supervision and direction.*

Play has three aspects. Most simply, there is the physiological significance--coordination and precision of muscular movements as promoted by play.

The second aspect is psychological--the recreational side of it. The one thing which cannot be dissociated from play, if it is to be play at all, is the emotional satisfaction which we call pleasure.

*Plant, James S. "Personality and the Culture Pattern"; N.Y., 1935

The third aspect--and by the extreme physical culturists, it is looked on with disfavor, concerns the social aspect of play. It is the hypothesis that in any game involving more than one person, each player goes through what are essentially simple disciplines in social adjustment and in the acceptance of social responsibility. The player must learn the rules, he must play with others as well as against others, and therefore he must merge his personality into the entire group by accepting a place of little honor but of much importance.

From the phases of recreation, let us turn to one of the major problems of to-day which is confronting the great industrial population; it is that of adequate housing. While practically every article of use has decreased in cost so as to bring even such mechanisms as the radio and the automobile within the means of almost every family, building costs have not diminished and people cannot afford to live in adequate dwellings.

Before the Industrial Revolution, houses lasted for generations. They were handed down

from parent to child. The building of a new house was a new event, and was shared as such by the entire community.

The birth of the industrial city is very simple. When the machine was invented, factories were built; this location was determined by the situation of power, raw-material, or by the position of the market in which the product was to be sold. In any event, where the factory was, was where the workers had to be. For living quarters, temporary structures were erected often by the employer himself. The first employees did not look upon the factory job as permanent occupation. Usually they were farm workers lured by the idea of earning money. Often times these families went to the factory only when they could be spared from their farms. Under such circumstances, housing was merely an incident to either the employer or the employee.

This shows the historical setting of the factory town. In its construction, no thought was given to community life, no provision was made for schools, churches, grass, and recreation.

Soon it became apparent that the workers were leaving rural life and becoming permanent dwellers in the cities. To the capitalists there then came the possibility of investments in housing; hence the tenements began. Buildings pushed tight

together, six stories high, each floor housing four families--two in front and two in back. Usually this meant only one or two rooms having access to light and air.

The social cost of this sort of housing is apparent in this way. The first is the death rate. Deaths from tuberculosis occur almost wholly among dwellers in what is called ~~slum~~ houses. The statistics in infant mortality show as high a death rate in tenement districts as does the tuberculosis death rate. It is from two to five percent as high as it is among the general population.

We must also take into consideration that the families living in these less desirable neighborhoods suffer from the results of economic insufficiency. They have less nourishing food. It is probable on the whole, that in spite of free clinics, etc. that they have inadequate medical supervision. Contagious diseases are increased due to the very closeness of the people, as well as poor sanitation.

When examining the tuberculosis question, it is found to be a fact that this disease is a house disease. Animals living in the open do not have it. It is also known that the best germicide for the tubercle bacillus is sunlight, and that without sunlight, it may live for a length of time outside the human body in the

dried sputum.

As the case now stands, there is a fairly general agreement that overcrowding and tuberculosis go hand in hand and are related; but it is also clear that the chief causal agent is poverty, not overcrowding.

Except that the Federal Government in 1934 entered the field encouraging home building by loans on easy terms, very little has been done in this country to provide good housing for the worker with low income. Socially, speaking, until each participant in industry receives enough from his work to house, feed and clothe himself decently there is not any justifiable surplus for luxuries. Centering around this important problem arises others of an adequate wage for the industrial worker, of the chance of employment, of the use of child labor, and of the unique disease of industrial society, unemployment, and the remedial care for such.

Perhaps as we approach this point, the question arises about the relative value of social work and social reform; and to be frank, there is no satisfactory answer to this inquiry.

There are as many ways of answering the problems as there are individuals engaged in social work. Some feel that it would be better to shift the major emphasis from matters of adjustment

and reeducation to efforts of re-creating a new social order, or at least to eradicate some of the evils of the present time, so that less adjustment would be necessary. Others feel that only those specialized to make such a change in social structure should have the privilege of doing so; and the workers of the profession should be limited to perfecting and practicing the ways of understanding persons and groups in their adjustment and reeducation as their wisdom and special abilities would indicate. However, it impossible to decide such a question.

The individual social worker is more than a professional; he knows as no one else does, just what part of the huge machine that we call civilization is in need of repair, and he knows the price men are paying because they are exposed to social and economic hazards.

How can any such man be understood, and to what factors can his present condition be responsible. Obviously, an effort is made to catch the outstanding factors in hope that some among them will give the solution to help him recover his lost social status. Every person or family or community is constantly passing through vital experiences; they are at some stage of this when the social worker contacts them. The unemployed man has just

had the bitter experience of a hopeless economic situation; he is at the beginning. There is a chance he may get no further, for he may have the strength of character and a favorable environment to enable him to find some outlet to social and personal usefulness. However, if he does not, then it is the duty of the social worker to provide him with the activity and interest which will give him courage and stimulate self-confidence. The essential duty of the social worker then is to make possible for a person suffering from circumstances he cannot control the development as far as possible of his various capacities.

Social work is an art, not a science. Most are trained as scientists, and it is difficult to develop the technic of art. But all practice in human relations calls for insight, for the capacity to seize and capitalize the important element in a situation. Perhaps the most difficult to understand, and the only significant thing in the study of personalities, is their uniqueness.

Civilization as it is constituted to-day is a vast complex network of human activities carried on under established but changing methods and standards. In order to maintain a proper state of civilization it is necessary to educate each individual as to how to perform his part in

whatever as to what procedure should be followed when they come in contact; and procedure, itself, consists of every custom, tradition, law and attitude of mind that has grown up in the experience of mankind and has become lodged in the minds of two or more people. After a useful organization is once demonstrated, it multiplies by imitation.

The three main processes in social work are as follows: Case work, Group Work, and Organization Work, the latter being equal to community.

The smallest scale units involved are those represented by individual case work. In this process in its most elemental stage, there is only the interaction of the worker and his client; but the family relationship of the client comes up and then the study of his relationship to his employer, his grocer, his landlord, etc. comes along; and it becomes apparent that handling of the case involves adjustments with many individuals and groups and requires a knowledge of all sorts of procedures in society.

The next larger unit can be selected as that of the family. Here the process leads almost immediately to larger groups which affect the family and finally again to the general structure of society.

After the family, the next larger unit to receive consideration is usually the club, or class, or society. Here lies the range of what

is usually called group work.

In one sense, the whole volume of things being done by social workers comprise social work. In this aspect, it is a movement. It is not only interesting to determine what kind of things make up social work, but also to trace the effects on human welfare it has had.

Let us now see just how health is interwoven into the picture. In the first place, and surely of primary importance is the fact that there would be no society or even an individual to consider, if at first there was not health; but at the same time, there must be an intelligent understanding among those who are going to help others in order to facilitate helping themselves. Both Public Health Nurses and Social Workers have national organizations, and both were established for the unselfish reason of drawing up principles and purposes and standards so that those people in each field would better understand what they were striving for and how, in the most efficient manner, to reach that goal.

The chief aim has always been to help those in need--whether this be in need of social adjustment or in need of health supervision or care of the sick--it is a profoundly unselfish desire on the part of the person striving to give that aid.

Why then, should there be petty jealousy, and unwarranted rivalry, and lack of respect between the two fields?

Cooperation and coordination of effort should be a basic function of all agencies. It is well enough to state--know your agencies--use your community resources--but it is another thing to actually experience the doing of such a procedure. Knowing what is right theoretically is one thing, but carrying out an act diplomatically and tactfully, and intelligently is quite another.

Therefore, it is again stated, that "repore" mutual understanding, common ground--call it what you will, must be the interwoven principle of Public Health Nursing and Social Work.

Let there be no back-biting, no treading on tender toes; rather let there be mutual aid among workers in all fields before they attempt to apply it to the society which they shall endeavor to guide.

When we feed our children spinach, codliver oil, and orange juice, or find ourselves developing a new taste for liver, we are showing whether we know it or not, the results of the health education which accompanies modern public health work. The immediate suggestion may have come from the family physician, the school or visiting nurse, life insurance advertising, a newspaper health article or radio broadcast; but behind the suggestion

are facts it may have taken years to accumulate by public and private health organizations alert to translate the results of research into health for the public.

Perhaps we find ourselves avoiding crowds, and being careful of little colds. Diphtheria deaths of children in one city are wiped out--why? because of an education campaign for immunization which has been carried on.

Health education has been defined as the "act of making health information public by techniques which arouse and stimulate and produce motivation in regard to healthy living," and includes all conscious efforts to spread protective knowledge against disease and disseminate information regarding healthy habits of living. The acceptance of responsibility for arousing this personal interest in health and supplementing the individual's knowledge represents a development of the past thirty years, and especially of the last fifteen years. It was only eighty years ago that the first department of health was established in the state of Louisiana. American public health was said to have been founded upon epidemics, for many of the early boards were the results of emergency committees which became permanent. Health supervision by cities and states in 1900 was concerned with the problems of sewage, prevention

of nuisances, quarantine regulations and attention to environmental hygiene.

In order that the first departments of health could be organized and have for themselves adequate powers, the public had to be aroused to act for themselves against the existing evils. The improvements needed first, those concerned with cholera and typhoid, were beyond individual power to achieve.

The popular and intensive movement for the education of the public in regard to health began about 1900, and was chiefly given over to spreading information concerning preventable diseases, especially tuberculosis. The leaders of the tuberculosis movement, themselves laymen and doctors, are said, in Lavina Dock's "A Half Century of Public Health," to have been the first to recognize the value of the nurse as a teacher of hygiene and sanitation. The National Organization of Public Health Nursing, which is now influential in all public health work, was organized in 1912 with this theory as a basic part of their foundation. Much of the pioneer work for arousing the public to action was due to the efforts put forth by the National Tuberculosis Association, whose plans were the corner stones for later private and public agencies. The challenge for tuberculosis prevention and the results which began to appear in the early days of aggressive attack brought

medical leaders and laymen together in the support of service and education.

The committee on the Costs of Medical Care has estimated that there are now one million persons engaged on a whole time basis in curing and preventing disease in this country; included in this number, however, are doctors, health officers, private duty and public health nurses, laboratory technicians, administrators, research workers and so forth. Very few of the million can we say actually are engaged exclusively in health education, but it is true that the great majority find that health education is a basic part of their job and fundamental to its effectiveness.

There are hundreds of public and private public health organizations, which engage in health education or assist others in it. In addition to the work of the public health authorities, there is a vast amount of commercial and institutional propaganda and education that has reached the public. Chief among these are the insurance companies. First to incorporate health education into their services and advertising was the Metropolitan Life Insurance Company. This company goes to the extent of offering nursing service to its group and industrial policy holders, and publishes a wealth of excellent educational material in booklet form which is offered to the public through its magazine advertising.

Health education may have as its objective the stimulation of individual action on behalf of personal health, or public action on behalf of community health. It may take the form of giving health information incidental to the care of the sick, health propaganda organized to secure widespread community or neighborhood attention at a particular time, or health education, individually or in groups, of the child or of the adult. The most satisfactory health education from the point of view of known and permanent results is the definite instruction which can be provided for children as part of their elementary school work; by the public health nurses in home visits and clinics, by the special group conferences in connection to pre-natal and child-health clinics.

The subject matter of both individual and mass health education includes instruction about the value of rest, fresh air, sunshine, foods needed for different ages and activities, recreation, exercise, the need for regular health examinations, and information concerning public services needed for health protection. It also includes information needed for self-protection against disease which can be prevented through personal habits and precautions or whose cure depends upon early discovery of symptoms which can be recognized by laymen. The well-known campaign against tuberculosis is an outstanding example of this type

of health education. It has included facts as to how tuberculosis is spread, its symptoms, repetition of the information that tuberculosis can be prevented and cured, information concerning the methods of diagnosis and cure, resources available for free care for those unable to pay and facts concerning the racial and industrial groups especially susceptible. The tuberculosis educational work has also included special instruction of patients and their families.

Vaccination against smallpox and immunization against diphtheria are examples of the success of getting the public to understand that one specific measure will prevent a given disease. The educational campaign against cancer is an example of educational propaganda having as its object the spreading of information as to the importance of bringing symptoms immediately to medical attention.

The widespread publicity and propaganda regarding the pasteurization of milk and the value of milk are now directed toward health building as well as disease prevention. The value of milk is now so well understood in New York City that in the first year of the depression the consumption of milk actually increased two per cent. The United States Children Bureau 1932 report states:

Popular education as to the importance of breast feeding, the proper care of milk, the preparation of simple formulas, the introduction into the infant's dietary of the right foods at the right time, as well as the value of sunshine fresh air, and good routine in the care of the baby, explain a large reduction in death due to gastrointestinal causes. Unquestionably this popular education has proved its value and should be continued.

Practically every channel through which information reaches the public is being utilized to carry health messages. The news columns in practically every daily paper carry material obtained from releases issued by the United States Public Health Service, or by state and local commissioners carrying work of good health conditions or advice concerning the voiding of contagion, or health practices suitable to various seasons. The foundations and scientific organizations from time to time release news of scientific discoveries. Most all state and city departments of health issue monthly or weekly or even daily bulletins to physicians, public health workers, teachers, and others specifically interested. Regular health columns aided by health authorities are also being carried in the house organs of thousands of national and local business concerns. Most of the radio stations have regular periods devoted to health talks and the doctors who speak receive hundreds of letters from all over the country. The United States Public Health Service and many state departments of health have regular radio time.

Whenever the occasion offers the movie newsreel is utilized. Recently in one of the large cities, newsreels carried X-Ray pictures of tuberculosis suspects being photographed with a new type of film. During the intensive diphtheria campaign, pictures were frequently shown in the newsreels of children receiving immunization and smiling. Motion pictures entirely devoted to health subjects are also used at schools, clubs, settlements, and in summer showings in parks. Carcards are used to carry health messages and advertise specific services. Leaflets, talks, and exhibits are all utilized.

In the past years , the American Child Health Association has sponsored the May Day Child Health Celebration in which widespread publicity is given to the so-called Child's Bill of Rights, including among others the following "rights":

For every child full preparation for his birth, his mother receiving prenatal, natal and postnatal care, and the establishment of such protective measures as will make child-bearing safer.

For every child health protection from birth through adolescence, including periodical health examination, and where needed, care of specialists and hospital treatment, regular dental examinations and care of teeth, protective and preventive measures against communicable diseases, the insuring of pure food, pure milk and pure water.

For every child a dwelling place safe, sanitary and wholesome with reasonable provisions for privacy, free from conditions which tend to thwart his development, and a home environment harmonious and enriching.

For every child a school, community which recognizes and plans for his needs, protects him against physical dangers, moral hazards, and disease; provides him with safe and wholesome places for play and recreation, and makes provisions for his cultural and social needs.

As you may see in this program is embodied a great deal of that ^{which} not only public health nurses , but also

social workers are still striving for. It also makes clearer, the community's responsibility to its children and graphically pictures why the workers in all fields must work side by side in order to accomplish a common purpose. Thus they will together do remedial and constructive work on the one hand, and start the preventive on the other. Some of them will lay the foundations for a scientific method of procedure and at the same time begin the movement for training which later workers will help to perfect. And the results of their united effort cannot but help be appreciated in proportion to the growth of the community's understanding.

Undoubtedly the outstanding characteristic of modern social work when contrasted with much earlier practice is the importance it places upon physical well-being and its reliance upon medical resources. The records of the last generation are eloquent in their description of efforts to promote economic welfare and to develop sound moral, or should it be called, social virtues. The prevalence of ill-health was known, and deplored; but with rare exception social workers failed to attack it. In the light of present practice this failure seems almost unbelievable, and yet not only the records, but the memories of those whose services reach back more than a quarter of a century, give clear evidence of it. The rise of interest in physical conditions was inevitable in view of the interests and methods of social work. A quarter of a century ago Devine, in his Misery and its Causes,

said that no one knew more intimately or more accurately the great prevalence of illness among the poor than the social workers who day after day climbed the stairs of dark tenements.

A primary factor in this gradual recognition of the importance of ill-health in the phenomena of social inadequacy is found in the traditions of the medical profession itself. The physician, especially the general practitioner, has always been a social worker incidentally; that is to say, he has always been interested in the social setting of his patient as it conditioned his physical welfare, and has felt it within his province to undertake such social treatment as he believed the situation warranted; composing the strained relations between husband and wife; instructing the mother on the behavior of her child; taking steps to discount the dangers of social dependency involved in the convalescent stage of illness; and by many other acts, primarily social in character, demonstrating his faith that the physical body of the individual and the social relations of the person are mutually related and dependent.

The code of the physician also requires him to give his services where they are needed, regardless of the financial ability of the patient. Consequently every physician gives some of his time and skill to the poor without charge. In smaller communities such practice is taken as an incident in the day's

work. The physician gives his labor simply, if sometimes under considerable protest; his professional standard of ethics leads him to expect public demands upon his energies, and the result fulfils his expectations. In the larger places such free services are organized as well as incidental, and certain physicians give definite parts of their time to free clinics and free patients in hospitals. There is practically no organization for the provision of the poor in their homes except through the public health organizations. In certain large cities private as well as official agencies endeavor to handle this demand for medical and nursing care in the homes; but too often even here as well as in the rural areas the staff is inadequate to meet the huge demand for the service.

The free clinic and the free patients in the hospitals are very old institutions. The possibilities and the dangers of such services have been explored thoroughly, and through the hospital in particular the average physician has a lively sense both of the great amount of illness which requests and, in general needs free care, and of the complexities involved in attempts to regulate, examine and control it. Many methods now used in social work have arisen out of the suggestions for solving the problems which cluster about the free clinic medical services. The administration of a free clinic dispenses relief in the form of services, and therefore in large cities faces problems associated with economic inadequacy identical with those against which the pioneers of social work

had to struggle.

In view of the close association of physician, nurse and social worker, brought about by this double point of contact, interest in the same groups of persons and similar administrative problems in the discriminating treatment of them-- it followed naturally that the technic and philosophy of one had some influence upon the other. As medicine was the older of the professions, better established scientifically in its knowledge of causes and methods, it was inevitable that as it came to demand of its patients stricter conformity to its regulations, it should impose the same condition in its relations with social workers. It had been possible at times, even at the beginning of the present century, for a child to be left to die of pneumonia because its parents did not accept the plan of the social agency for its care. Today any social plan would be swept aside, or at least held in abeyance, in favor of the medical advice regarding the child. Less extreme cases were those in which relief was withheld because the father would not work, even though such action meant that the children were left hungry. Now, the determination to obtain or preserve soundness of body is a basic principle, and very few considerations are permitted to stand in the way of its realization.

The rise of scientific medicine, introduced by the discovery of , and the application of the germ theory of disease, on the one hand made medicine

a far more effective agent for the understanding and combating of disease, and on the other hand emphasized the social character of many of our illnesses. This new importance of the art of healing has widened the contacts between physician and patients. Hospitals are larger and more expensively equipped; the education of the physician has become the most exacting and thorough of any professional training; the authority of the well-equipped physician in the matter of private and public health is gaining an acceptance before which even the authority of ancient religion and the hard-won rights of freedom alike are effectively subordinated. This is a phenomenon peculiar to contemporary society, like nothing in the past. It is not confined to Western Europe and America, where the scientific discoveries were made and where their practical application in the art of decreasing human suffering and saving human lives were elaborated; it is found in all its aspects in every nation in the world which can afford so much regard for the health of its members or has the chance to secure it as a token of international good will.

This new therapy provides striking evidence of the control which the mastery of science places in the hands of its possessors. Medicine has obtained a control which is not equaled by any other contemporary activity except the researches in the physical sciences and the economic production dependent upon them.

Comparisons usually miss the point, but it is at least safe to say that the results of the advance in scientific knowledge and of the increased skill

in scientific knowledge and of the increased skill in the practice of medicine are in no way less significant than the vast revolution brought about by the mastery of the physical sciences and the application to industry.

When the whole world was adjusting itself to the new order of things created by the development in medical research, it is no surprising fact that social work itself should have been profoundly affected, and that it swung its forces promptly into line. There were certain identical elements in the methods and philosophies of each field which made it impossible to avoid close relationship. Each was concerned with people who needed help. Each followed experimental and scientific methods. The traditions of the past were not allowed to hamper experimentation or to determine values. Each asked rigidly, "Does it work?" The doctor with the sensitive reaction to living tissue to guide him in the narrow path between endless failures to ultimate success, could depend on the experimental method more safely than the social worker, for whom short-time incidents of success or failure, even when they exist, have obvious limitations. This difference might lead the doctor and the social worker to conflict on details as for instance, in school feeding, but there was no real basis for vital division between them. Both would have the school children fed; disagreement centered only upon the question of the means. Was it better to feed the children in the school, the easiest way--or to follow the longer and less certain method of the education and economic

improvement of the families from which the children came?

Medical science influenced social work in still another way. By shifting the attention from social to physical causes of behavior it introduced into social work the first realistic elements in the study of social causation. The value of this has not been adequately recognized either in social theory or in practice. Previously, social theory and practice sought for the causes of prevalent evils almost exclusively in social conditions, as if social phenomena were something apart from the world of physical matter and emotional stresses with which they were surrounded.

The study of the person from the point of view of medicine reintroduced the concept of the sound body as the basis for the sane mind--a concept that was recognized by the ancient philosophers but never followed out. In fact, during the Victorian era, as at certain other periods of history, sickness took on somewhat of a virtue, and robust health was looked upon as coarse. Medicine with its more hopeful outlook on disease, and with its realistic understanding of what disease means to most sick people, saw in it one of the great evils which handicapped the race in its struggle to secure happiness and economic security. As this point of view influenced the thinking that lay behind social work, it altered the concept of causation, breaking down once and for all the theory naively held, that success or failure is a single phenomenon to be

explained on a unilateral hypothesis. It demonstrated that behavior is dependent not only on good or evil, whatever they may be, but may be influenced by the state of infection or the toxic condition of the body, by fatigue or chronic physiological conditions. It opened the way for what may be considered the truly scientific approach to the understanding of human behavior by its thorough explorations of the various manners in which behavior is affected by bodily conditions and influenced by the physical mechanisms associated with pain, disease, and fear. All this has very greatly complicated the theory of social relationships and sobered any simple enthusiasms; but the result has been effective in that there has been established a better foundation for social practice.

At the present time there is developing a very significant mutual understanding between the medical and social workers which holds promise of valuable results. Doctors and nurses are recognizing with new insight the importance of the social factors in disease and are studying these factors in the situation of each patient. They know that family life, occupation, recreation, social relations profoundly affect physical condition, even though the obvious cause of disease may be a microbic infection. Similarly social workers see the way in which human life is handicapped and made unhappy by illness, although they recognize that low wages, uncertain employment, child labor, and unsatisfactory housing will not be remedied by

curing disease. But the medical people are sure that they will be able to cure the disease more easily and that the patient will be less likely to have a relapse if the social factors are adjusted; and the social worker knows that if disease were no more frequent and the rate of mortality no higher among the socially inadequate than among the general population, he would be more successful in combating the evils of their environment. This is not a vicious circle. It is the definition of teamwork. Each group stands ready to break into the circle at its own particular point.

Neither the concept of health nor the concept of disease is simple, nor has either been satisfactorily defined. Health, apparently, is the successful functioning of the body in its physical environment. Disease is anything that interferes with such functioning. Health is not a single factor, but a thing as complicated as the human body with its elaborate functional coordination. If the inherent structure is well-balanced, if the functional coordination of its different elements is maintained with reasonable adequacy and regularity, if it has suffered no mutilations, no invasion of infectious organisms, then it is healthy. The classic engineering proverb is especially true when applied to the human body: A chain is no stronger than its weakest link.

The medical approach to disease is by two main avenues: attack upon its microbic cause, and education of the public in general and of the patient in particular. The microbe-borne disease constitutes

the field of activity of institutions of public health; and public health in the modern sense dates from the discovery of the germ as the source of epidemics; that is from 1870. There was one inoculation at least--vaccination against smallpox--which had been applied to control of that disease before the single germ had been seen under the microscope. It had apparently been used as a family remedy before the days of Jenner. But before the discovery of the microbe measures of public health were for the most part based on partial knowledge and were notoriously ineffectual in the face of epidemics.

So completely has the mind of the average citizen of today become adjusted to the control of contagious diseases in cities that he has forgotten that but a short while ago cities were dangerous places in which to live, that the death rate in urban areas was swollen by epidemics of smallpox, yellow fever, typhoid, and other less common diseases to such an extent that the average life of an urban family was popularly conceived to be only three generations. If it had not been for the endless supply of population coming from the rural areas, the population of towns would have been nil.

Among the questions faced by a social worker few are more difficult to contend with than the refusal of his client on ethical or religious grounds to observe certain prescribed sanitary measures. The primary object of social work is to build up strongly integrated personality, of which moral standards and

religious faith are essential elements. It is a heavy handicap to any future socialization of the client, and to the relationship between the client and the social worker, if the social worker has to begin by breaking down the standards of faith and conduct of the person who has come to him for advice. Fortunately there are usually various ways in which such difficulties may be met. The client is usually a member of a group holding similar views, and the group may often have had to make some sort of adjustment to the prevailing public health regulations of the city. The leader of the group may often be won to aid the social worker in showing the client how he can at the same time obey the law and save his conscience. But at the best it is tricky business; yet in any such situation the guiding principle is that it is the task of social work to help the client to live successfully in the world; that is to say, the social worker is the representative of the community--correcting, reforming the community to be sure, when necessary, but simply giving advice in such a manner as to enable the client to adjust himself to the demands of his social environment. In one respect this is most easily done in matters of public health, for in them the social worker has little doubt as to the merit of his methods. In economic affairs or even in family relationships, he never finds conditions so simple that he himself is not in some doubt as to what is best in the circumstances.

animal life, their strain thus being kept fit. Even our ancestors did not suffer from our diseases; they were robust, healthy, and capable of enduring much that would kill the modern man. This we are told, was because the weak among them died; their frail, puny children could not stand the severity of life, and consequently only the fittest survived. Since a good deal of this sort of thing is proclaimed responsibly by authorities as well as by cheap publicists, it is well to examine the basis of this argument.

There is evidence that there was a good deal of killing earlier in the history of society which does not take place today. Deformed children were often left to die; under certain circumstances female babies, and more seldom male infants, were killed, or in rarer times sacrificed to the gods. Old folks were and still are in certain places after their years of usefulness are past. Disease killed great numbers; at those times probably a whole people perished from epidemics; wars and the results of wars were a constant drain on the population; and finally, famines swept away countless thousands before mankind learned how to use the land profitably and to exchange its products over wide distances. On careful examination it is difficult to see how any of these events had much selective value either physical or social. On the physical side, the deformed infants were probably congenitally accounted for as at present, and their deformity therefore, had no genetic significance. The children killed or sacrificed were probably put to death because of lack of food supply,

especially as girls were usually chosen for this doom; for by destroying a certain percentage of females the defensive strength of the group could be maintained even though the total number mouths to be fed were decreased. But girls would not be the sole carriers of the hypothetical degenerate strain. Sickness would sweep away the less immune, leaving the more immune if any, to survive and so to become parents of the next generations. But the only sort of superiority that the survivors possessed was immunity from a particular disease.

Immunity from a disease when racially established consists merely of an altered phagocytic action, which has no other correlated physical, intellectual or social value. This part of the argument for natural survival of the fittest comes to mean that the wasteful process of nature by which immunity is gained through the wholesale destruction of life is good, while the scientific methods developed by bacteriologists for increasing immunity without destroying life are bad. If that is true, then the whole struggle of the human race to master its environment has been a horrible mistake. But the survivors are not, because of the selective action of disease, any stronger physically or mentally, and there is no evidence of any correlation between the capacity to resist disease and social fitness.

Famine would have greater eugenic significance if the food supply were free; but as food is always in the possession of a person or of a group who will

defend their control of it with increased vigor as it becomes more scarce, those who die of starvation are those whose social situation places them at a disadvantage in relation to the food supply, not those who lack strength in a free struggle to get it. Otherwise all women and children would perish, which is obviously so suicidal an end socially and biologically that social institutions to control food supplies are necessary for the survival of the group. In cases where famine has been so severe as to destroy the whole group, cases which there is every reason to believe occurred, it is hard to find any eugenic significance, except of an intellectual sort. Another later group living in the same region which hit upon the method of stopping and preventing famines by irrigation, by storage during years of plenty, by selection of crops, or other methods, would survive where those who had gone before them had perished.

So as we come to the conclusion of this investigation of the coordination of efforts needed in the fields of Public Health Nursing and Social Work, may we state that it is not a process of passing-the-buck, or even a vicious circle, but a determined desire for teamwork which is needed.

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