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RURAL HEALTH

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LIKE EVERYTHING ELSE that contributes to the prosperity and welfare of our people, public health begins on the farm.

When we mention health we ordinarily think first of doctors, hospitals, and medicines. From the standpoint of the farm, public health has some aspects that are even more fundamental than these things. Health begins with proper nutrition and adequate diet.

Yardsticks have been established to measure nutrition levels of city and rural groups alike. Due to the widespread publicity given this subject in farm magazines and through the general acceptance of these teachings through farm groups, it is doubtful if any segment of our population is more conscious of the importance of good diet than our rural homemakers. Articles in the Farmer-Stockman have discussed this subject thoroughly down through the years, all the way from planning and planting of the family garden to the preparation and serving of the food after it has been grown, processed, and preserved.

Beyond this, we have followed the leadership of scientists and doctors in making it known that vegetables and meats of any variety do not necessarily contain adequate food values. This is due to the soil

and its content. It is due to plant nutrients supplied through the fertilizers and soil improving crops grown. Animals have a lot of natural sense along this line, and there is some indication that we humans may acquire some of the same knowledge. Dr. W. A. Albrecht, Professor of Soils at the University of Missouri, gave a name to this natural ability of livestock to seek out plants which contain minerals and other elements they need in their diets. He called it "buffalo sense".

Recently, a prominent Oklahoma dairyman observed that sometime in the future we will discuss the production of our dairy cows according to a standard of digestive nutrients rather than the total volume of milk produced. He pointed out that we have a lot of so-called food production which actually isn't that at all. He cited the instance of one dairyman who had a fine cow that produced more than 10 tons of milk in a year. However, this milk tested only 2.7% butterfat, which according to dairy standards is not milk at all. Perhaps the same kind of standard eventually will be applied to more of our food products.

In a current publication, an independent commercial laboratory devotes a great deal of attention to the role of domestic livestock in public health. In this publication, this statement is made:

"The object of this discussion is not to engender alarm, but rather to point out certain facts pertaining to the transmission of some infections common to animals and man, and to emphasize methods now adopted in

many communities to protect the health of the public from such infections. It is clearly evident that the elimination of reservoirs of animal infection that endanger human health will require the combined support and effort of educators, farmers, livestock producers, veterinarians and public health officials.

"The role of domestic livestock in public health is signficant, not only in regard to those conditions in which both man and animals show disease symptoms, but also regarding those conditions which affect man only, but in which domestic livestock may harbor the causative agent. Most of these diseases (brucellosis, tuberculosis, anthrax, rabies and equine encephalomyelitis), although they are serious public health hazards, merit eradication on their economic importance to the livestock industry alone."

Similarly, much attention was given to the subject of livestock and public health at the National Institute of Animal Agriculture held at Purdue University last year. Agricultural leaders are conscious of the importance that agricultural production holds in connection with our public health.

It is a fact that these things affect not only the nation's health, and the farm family's health, but they also have a direct influence on the farmer's pocketbook. Therefore, these factors affect our national prosperity and everything related to it.

Health from a disease and nutritional point of view is not the only angle that constitutes a problem in the rural areas. Farming is also one of the most hazardous occupations. Although the National Farm Safety Council carries on a continuous battle to reduce the number and severity of farm accidents, we still have a frightful toll of injury and death. For example, we have recently begun general application of a new chemical known as parathion. It is useful in controlling greenbugs, tiny insects that cause serious damage in our winter wheat fields. This chemical, however, caused death or serious injury to several farmers and aerial applicators in Oklahoma last season. It is a new hazard. Along with many other new chemicals and farming methods, it points up the need for greater attention to health education and prevention of illness. The farmer and his family have many and varied health problems, and it is easy to see that rural people have great need of all the health facilities that can be provided.

"The farther farmers live from the city, the lower their level of living is likely to be. This is one of the main conclusions of a recent study of the Bureau of Agricultural Economics. It was made to find out just how adequately the needs of farm families with respect to health, education, household facilities, and living conditions generally were met in the 3,071 counties of the United States.

"The availability of modern services and conveniences in rural communities determines to a large extent the level of living of farm families in those communities, regardless of their income," said a summary of the report. "For example, for each 100,000 population in the most rural counties of the country in 1946 - those in which farm people made up 90 percent or more of the population - there were only 29 physicians, 6 dentists and 20 hospital beds. One hundred counties in the United States did not have a single medical doctor while 897 did not have a general hospital.

"In the most urban counties, on the other hand, there were 120 physicians per 100,000 population, 64 dentists and 396 hospital beds. Of the 120 physicians in these counties, 53 were specialists. There were no specialists in the most rural counties.

"Clearly, farm families living in counties where the number of physicians, dentists, and hospital beds is low are definitely limited in the improvement which they can make in their health situation even though they greatly increase their incomes."

Pioneers settling the southwestern states had to be self-reliant. They nearly always lived in isolated locations, without access to doctors. There were no hospitals. Roads were poor and transportation was slow. The result was they had to depend on many home remedies and even superstitions to diagnose and treat their ailments.

This situation, born of necessity, has made rural poeple in many sections of the country first class suckers for many sorts of quack medical schemes, fake insurance, and useless remedies. It probably has contributed materially to their poor health. It may have been a big factor in the high percentage of farm boys rejected in the military draft during the war for reasons of poor health.

Rural people are now more conscious of the need for proper medical and hospital facilities than ever before. Public health units are being set up, and these services are making worthwhile contributions in helping rural people to better health. Through their farm organizations rural people are turning in a big way to prepaid hospital and medical insurance. But even these things are not meeting the needs where there are no doctors and no hospitals.

As a result, many rural groups are forming associations to build hospitals, and they are taking aggressive steps to provide the facilities needed to attract and hold doctors capable of serving the people in the surrounding areas.

Dr. John W. Cline of San Francisco, president of the American Medical Association, said recently that farm health programs must go beyond efforts to attract doctors into rural areas or to provide more and better medical care to farm people. Dr. Cline detailed other aspects such as:

(1) Education of farm people concerning proper dietary facts;

(2) improved sanitation; (3) immunization against preventable diseases such as smallpox, diphtheria and typhoid; (4) construction of more and better hospitals where needed and in areas able to support them; (5) home nursing and first aid training.

"Americans always have believed that the individual must help himself to the limits of his capacity," Dr. Cline said. "By following this principle, and the broader concept of self-help through voluntary organizations of neighbors to help solve community problems, we have grown strong as a nation. This is the only method by which we can bring our rural health problems to adequate and satisfactory solution."

Any community in the country can have the health services it needs if its professional and voluntary health organizations will team up with citizen groups to support the local health department or to get one started.

That was the unanimous agreement of 52 representatives of national health, civic and fraternal groups at the 4th annual meeting of the National Advisory Committee on Local Health Units of the National Health Council, in New York, December 6, 1951.

The best machinery, it was agreed, for bringing together these allies---the doctor, nurse, teacher, housewife, businessman, farmer, worker---is the local health council or committee on which all groups are represented.

More than 1,200 communities already have such councils in operation, the Committee was told, and more are being added very month.

In two states, Oklahoma and Texas, the Farmer-Stockman has helped

in several hundred communities during the past five years to call attention to ways and means of improving rural health facilities. In co-operation with A&M College extension service we have sponsored the Rural Neighborhood Progress Contest, which features community-wide action to tackle all sorts of problems ranging from soil conservation and livestock improvement to religious, educational and other general community problems. One of the twenty points given major treatment in this community-wide program is progress in improving the health of the people in the community.

Some of the projects include water testing; providing sickroom supplies; arranging for nurses' training; Red Cross First Aid training; X-ray and other clinics.

The projects that are undertaken in this connection have done much to help improve rural health in the communities which planned them.

Along another line, we still have great need for further attention and greater co-operation on the part of the physicians and hospital owners. The Governor of Oklahoma, Johnston Murray, brought out some of these things in an address he delivered at a meeting of the Tulsa Medical Association early in 1952. He said, in part:

"Let us come now to a discussion of the ills and trials of the medical profession and the continuing attempts to subsidize and socialize one of the finest and noblest of all the arts and sciences.

"You will pardon me if at times I speak harshly, or so it may seem--I am going to attempt, in a constructive way, to give you a view of the modern

medical age through a layman's eyes. I could confine this speech to platitudes and flattery and completely hide some cruel and harsh truths, but from it you would gain nothing and I would lose my self respect. So, let us be frank, candid and honest. I lay down this flat proposition to begin with. 'During the last thirty-five years or thereabouts, the medical profession has lost an immeasurable amount of the public esteem, reverence and respect that it formerly enjoyed.' Why is this true? There are many answers but I shall confine myself to a few of the more patent reasons. The true test of a man's standing in time of crisis is--will his neighbors rally to his cause and help him fight his battles for love and affection and not for pelf or gain, political or otherwise.

"During the last decade your profession has spent millions of dollars in its fight against socialization. You have been able to scare the very britches off the politicians and to date able to fend off the advances of the socialistic trend, but you and I both know you haven't stopped it by any means. It has merely been arrested, and like a dormant disease, may break out again in all of its death producing fury at any time.

"Why, some of you will ask, do you think this is true? How can you justify this conclusion? My candid answer is--that during all of this fight and throughout its bitterest debates, you have failed completely to rally a militant public opinion to your support."

Rural health is not a problem that can be solved by rural people alone. Here are some of the factors that need greater attention and co-operation from all groups concerned.

1. The steadily increasing cost of hospital and medical services. Much talk is given to the plight of the person who can't pay for medical service. The person who can pay also has his difficulties. He must go from one specialist to another, and not one of them gets a complete picture of the entire individual. The effectiveness of medical service is in this way diminished, because the body must be considered as a whole, not in parts. Good, general practitioners would both increase the quality of service and reduce the cost for paying patients.

2. Indifference of some doctors to patients who can not pay maximum fees. We still see stories appearing in newspapers about patients who have died because they could not pay for medical services and could not get the attention of a doctor in time.

3. Prepaid medical insurance is not a complete solution, because of the attitude of some doctors and hospitals to regard it simply as a collection agency for which they provide only the minimum attention and service.

Rural people may build hospitals and install the finest of equipment, but how can they be sure of having a doctor when there aren't enough doctors to go around?

Let's not suggest that standards of training be lowered. But some of

the lobbying funds might well be spent to induce greater appropriations for medical schools so that larger numbers of doctors can be trained. Adequate facilities should be provided so that ALL young men and women who wish to enter medical school may do so. If they have passed - not excelled - in pre-med work, they should be allowed to enter medical school. Some of them, of course, won't be able to do the work, and their money and efforts will be to some extent wasted. But such waste is not so great as the waste of health and life of many because there are too few doctors. And the doctor who barely makes the grade through medical school may be a better doctor than some who make A's.

4. The inclination of doctors to provide services only at specified hours and by appointments which they themselves do not observe as closely as they should is not to their credit.

Not only do doctors specify the hours; they also insist that patients come to the office. Taking a sick child to an office may endanger not only the health of the child, but may also endanger others. He may have communicable disease to give to others in the waiting room or on the streets. A person who is sick enough to have the services of a doctor usually is sick enough to stay in bed, at least until the doctor has come to the home and made a diagnosis.

Doctors often insist on putting many people in the hospital who could be cared for at home. It is easier for the doctor, and he can see more people, but it is harder on the patient and his family. This increases the cost and it

fills the hospitals so that beds may not be available for more needy cases.

The American Medical Association has spent hundreds of thousands of dollars in lobbying to prevent the adoption of various forms of socialized medicine. Most agricultural leaders who have given the matter thought agree that socialized medicine is not the solution to our rural and public health problems.

But lobbying in Washington will not stop the spread of propaganda that it is a solution.

An example of this kind is the experience of public utilities in regard to rural electrification. The public utilities in general were not providing electric service to rural customers. They maintained that line costs and other factors were too great to make it an economical operation. So the REA was proposed.

The public utilities fought it very boldly, but because the demand for electricity existed in the rural ares, REA came into existence over their protests. After it became a reality, the public utilities in many cases found that they, too, could deliver electricity to farms, and they entered into competition with the co-operatives which were set up to meet the farmers' needs.

It seems that the most effective lobbying the doctors could do would be to take steps to meet the rural health needs and thus eliminate the necessity for any sort of socialized medicine.

Rural people are self-reliant and independent. If these services are not made available through normal channels, there is a good chance that they will find other ways of solving their problems.

Much progress has been made. It has also been pointed out that solving the rural health problem is a slow process. It must be accelerated. Twenty years ago we had no REA, no SCS and no PMA but the need was there. Legislation went through Congress and today these things probably are here to stay.

Solution of the rural health problem is a two-way deal. The communities must act, but the medical profession also must come out of its ivory tower and meet the people with mud on their shoes. More doctors, better doctors for a more prosperous rural people is the answer. Our editorials may help, but one doctor is worth a thousand editorials when the farmer's wife gets sick.