

*Seventh National Conference on Rural Health
Boulder, Colorado
March, 1952*

Farm magazines have made many contributions to the field of public health over a long period of years. Like everything else that contributes to the prosperity and welfare of our people, public health begins on the farm. The best way to describe what the farm press can do for further progress is to review some of the things that have been done.

When we mention public 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. Public 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. Farm magazines have discussed this subject very 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, the farm press has followed the leadership of the scientists and doctors in making it generally 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}~~Albright~~, Professor of Soils at the University of Missouri, called this natural ability of livestock to seek out plants which contain minerals and other elements they need in their diets "buffalo sense".

A few days ago I was talking with a prominent dairyman, who observed that sometime in the future we would 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. Probably

the same kind of standard eventually will be applied to more of our food products.

In a current publication, Lederle Laboratories 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 significant, 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 Perdue 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. I mention these because articles dealing with all phases of these subjects are the stock in trade of farm magazines. I doubt if any of the major state or national publications ever go to press without several stories dealing with various angles of these basic factors of public health.

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 accidents. 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 the death of several farmers and aerial applicators last season. It is a new kind of hazard that enters into the picture, and along with many other new chemicals and farming methods, points up the need for greater attention to rural health in the future than we have given it in the past. Thus, the farmer and his family are seriously affected by the health problem in every way, and it is easy to see that rural people have great need of all the health facilities that can be provided.

Pioneers settling this part of the world 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, born of necessity, has made rural people 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 material and facilities needed to attract and hold doctors capable of serving the people in the surrounding areas.

In two states, Oklahoma and Texas, our publication has helped in several hundred communities during the past five years to call attention to ways and means of improving rural health facilities. We have sponsored what we call a 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. I could spend

considerable time describing the projects that are undertaken in this connection, and they have done much to help improve rural health. Other publications have taken the lead in sponsoring health and hospital programs in other sections.

Even with all these things, 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, recently brought out some of these things in an address he delivered at a meeting of the Tulsa Medical Association.

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.
2. Indifference of some doctors to patients who can not pay maximum fees. We still have 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.
3. Prepaid medical insurance is not a complete solution, because of the attitude of doctors and hospitals to regard it simply as a collection agency for which they provide only the minimum attention and service.
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.

The American Medical Association has spent hundreds of thousands of dollars, and perhaps millions, in lobbying to prevent the adoption of various forms of socialized medicine. I believe that most agricultural leaders who have given the matter any thought agree that socialized medicine is not the solution to our rural and public health problems. However, I am also of the opinion that lobbying in Washington is not the way to prevent 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 areas, it came into existence over the protest of the utilities. 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 to me the most effective lobbying that 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.