

than medical,' whatever that may mean.

"Nor am I impressed by the suggestion that the Government ought not to be replanning the nation's health services in time of war. Was this an obstacle to the construction of our educational system? I should have been reluctant to have had to say that the Government had decided not to try to get anything ready in this field for the return of all our young men and women from the Forces, and particularly that we were going to let all our serving doctors come back to a period of confusion and uncertainty as to what their post-war professional opportunities were likely to be."

Nor was it very helpful or fair, he continued, to imply that the public was being misled into believing that health is simply a matter of hospitals and doctors and bottles of medicine, and that it has not occurred to the Government that healthy living depends largely on health education, on good environment, on prevention as much as cure. All these things and a lot of other things—good employment, economic security, nutrition, the whole field of social organization and progress—have to be the related parts of a single reconstruction policy. The

country has no cause to be ashamed of the strides made before the war in housing and public hygiene and the betterment of living standards, of the millions spent on improving nutrition and food standards and the knowledge of ways of healthier living generally. After the war there will be every cause to be proud of further advances in all these fields.

The British Medical Association has produced in this new document, the Minister said, "a mass of good and fair criticism, a mass of practical points and proposals on the shaping of the new service . . . The doctors have some genuine and important anxieties in all this. They fear that, however good our intentions may be, the new arrangements might unintentionally turn out to have the effect of reducing professional life to some kind of dull uniformity, of discouraging some of the variety of enterprise and individualism, which is, as I know well, the life-blood of a vigorous profession; that the door might be opened to monotony and regimentation and interference with the doctor's primary allegiance to his patients. But I agree assurances are not enough. The way to safeguard these things is not by verbal assurance, nor, I think, by loose phrases

about 'bureaucracy,' but by us all sitting down together to thrash out a detailed scheme in which these things will not arise.

"The spirit and intention of the White Paper are far removed from any notion of regimentation and control. But it is possible that the form of administration which the White Paper proposes can be altered and improved to give even surer effect to this intention. If so, I am waiting with a welcome for anybody's constructive suggestions to that end, and I assure you that I shall be anxious to accept anything that can be shown to be a genuine and practical improvement. All that matters is that the new health service, on the need for which all responsible opinion is agreed, shall be so framed as to give the best possible service to the public who use it, and to the people who provide it a fair deal and a career of stimulus and interest.

"I want this to be a service of individual people for individual people. It must be a willing, enthusiastic service. I believe that we are on the threshold of the biggest single advance in the opportunity of health that this or any other country has had the opportunity of making. We want, and expect, the help and good will of all."

The Public Health Service Act, 1944

By Alanson W. Willcox*

ON JULY 1 the President approved the Public Health Service Act (Public Law No. 410), to consolidate and revise the laws relating to the Public Health Service. While the act makes a number of changes in the law, its basic purpose is to bring together into a single and consistent enactment virtually all of the statutes relating to the Service—a body of law which had accumulated over a century and a half, with little system or consistency, with many duplications and a few important gaps, and with an abundance of ambiguity. Since the founding in 1798 of a seamen's health insurance system, there had previously been no comprehensive legislative treatment of the Public Health Service or its

predecessors, except as enactment of the Revised Statutes had brought together the applicable provisions as of 1878.

The Surgeon General's Statement

In commenting on the act at the time of its approval by the President, the Surgeon General expressed his gratification "that the House and the Senate have passed the Public Health Service Act without a dissenting vote. We are conscious of the large obligations imposed by the public trust invested in the Service. This law facilitates the discharge of this responsibility under both wartime pressures and the continuing demands of peacetime."

Dr. Parran continued, "The act again confirms the approval by Congress and the President of a closely

knit, highly trained commissioned corps of officers, who are specialists in public health, medicine, scientific research, and related specialists, as the best type of administrative structure to deal with national and international health problems. To this structure has been added the commissioning of nurses, who play such an important part in the war.

"Through its research branch, the National Institute of Health, the Public Health Service has made important contributions to the great advances in medical and public health science during the twentieth century. But knowledge of many diseases remains incomplete; and control of such ailments as mental and nervous disease, heart diseases, and other chronic conditions demands coordinated plans of painstaking and laborious research. The Public Health Service Act gives the National Institute of Health the authority to develop such programs, in the same way that cancer research has been developed in our National

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Cancer Institute, with Federal grants-in-aid to responsible public and private research institutions.

"One of its most significant and far-reaching provisions enables the Public Health Service to extend its leadership and assistance to the States in a Nation-wide attack on tuberculosis. Scientific advances now make it possible for us to rid the country of this unnecessary cause of death through coordinating national, State, and local resources, both public and private.

"The law also confirms the broad powers and duties of the Public Health Service with respect to foreign and interstate quarantine, as well as its first and oldest obligation—medical and hospital care of the Nation's merchant seamen—and its medical service to the Coast Guard.

"Finally, the new law will facilitate the smooth operation of the Federal-State public health programs and will make it possible to expand State and local health services to the people. With a minimum of Federal administrative control to insure efficient and economical expenditure of Federal funds, State health authorities develop, organize, and administer their own programs; but on technical problems, planning and administration of comprehensive programs, and training of personnel they look to the Public Health Service for leadership and expert advice."

Legislative Provisions

Perhaps the most important changes effected by the act, as indicated by the Surgeon General, are the establishment of the new grant-in-aid program for the prevention, treatment, and control of tuberculosis, and the increase to \$20 million of the authorized annual appropriations for grants for general public health work heretofore made under title VI of the Social Security Act. The authority of the Service to conduct research has been clarified, and its authority to employ consultants and to make grants for research has been very considerably expanded. Its powers in matters of foreign quarantine, and more especially of interstate quarantine, are strengthened in several respects, and the extension of quarantine measures to aviation is specifically authorized. Several changes are made in the organization and structure of the commissioned corps, the most significant

of which is the addition of authority to commission nurses. The many earlier statutes dealing with the functions and authority of the Public Health Service, including title VI of the Social Security Act, are expressly repealed.

The Public Health Service Act is divided into five titles. The first contains the short title and definitions, and the second deals with the organization, administration, and personnel of the Public Health Service. The third title contains the basic operating authority of the Service, and is subdivided into seven parts, dealing, respectively, with research and investigations, Federal-State cooperation, hospitals and medical examinations and medical care, lepers, narcotic addicts, biological products, and quarantine and inspection. The fourth title continues the existence and functions of the National Cancer Institute. Title V contains miscellaneous provisions of a permanent nature. A sixth title of Public Law No. 410, which is not a part of the Public Health Service Act, contains a number of wartime or other temporary provisions and the repeal of the preexisting body of law.

Under title II the Public Health Service continues to be a constituent unit of the Federal Security Agency and to be headed by the Surgeon General, who is assisted by one Deputy Surgeon General and six Assistant Surgeons General. The Service, in accordance with a reorganization effected in 1943 and continued by the present act, consists of the Office of the Surgeon General, which is the central administrative unit, the National Institute of Health, which performs the research functions of the Service, the Bureau of Medical Services, and the Bureau of State Services.

The Commissioned Corps of the Service will continue to be composed of a Regular Corps and a Reserve Corps. While the Reserve is created for duty in time of national emergency, its members are subject to call to active duty at any time. The act enlarges eligibility for the Regular Corps by the inclusion not only of nurses, but also of scientists in such fields as biology and zoology. The act clarifies the rights of commissioned officers in many respects, such as promotion and retirement, and somewhat enlarges the authority to

detail such officers to Federal, State, and private nonprofit agencies for the conduct of research and other public health functions.

The Act continues in existence the National Advisory Health Council and the National Advisory Cancer Council, composed principally of persons not otherwise connected with the Government, who are outstanding authorities in the respective fields.

Title III of the act contains the basic operating authority of the Public Health Service, which has heretofore been scattered through many laws and has frequently been implied rather than clearly expressed.

Part A gives the Service authority, within the limits of applicable appropriations, to engage in any sort of research or investigational or experimental work bearing on the physical and mental well-being of man. It specifically authorizes the publication of the results of such research, the making available of research facilities of the Service to scientists engaged in special study, the establishment of research fellowships, the making of grants to universities and hospitals and other institutions for research projects, and the employment of scholars and consultants from the United States or abroad.

Part B of this title deals with Federal-State cooperation. It authorizes the Surgeon General to accept from States and local authorities, and directs him to give them, assistance in the enforcement of the respective quarantine and health regulations; provides for the holding of an annual conference of the State health authorities; and directs the Surgeon General to prepare and distribute forms for the collection and compilation of mortality, morbidity, and vital statistics, and to publish weekly reports of health conditions in the United States.

This part also deals with grants-in-aid to the States. The grants formerly made under title VI of the Social Security Act and under the Venereal Disease Control Act of 1938, and the new grants for tuberculosis control, are set forth as separate items in a single section and are subjected to uniform administrative and procedural provisions which are somewhat more flexible than those hereto-

fore existing. In each case the funds available for distribution to the States are to be allotted on the basis of the population, the size of the health problem in question, and the financial need, in the respective States. Like all regulations under this section, the actual formula, including the extent of required matching from State funds, is to be prescribed only after consultation with a conference of State health authorities and, so far as practicable, after obtaining their agreement.

Part C of title III relates to the functions of the Public Health Service in furnishing medical and hospital care and making medical examinations. The Service provides what amounts to a medical corps for the Coast Guard and renders a similar service to the Coast and Geodetic Survey. In addition, it is charged with the duty of furnishing medical, surgical, and dental treatment and hospitalization to merchant seamen—as indicated above, the oldest function of the Service. The Service is also charged with the care of persons detained under immigration or quarantine laws, as well as inmates of Federal prisons. It renders like services to beneficiaries of the United States Employees' Compensation Act and makes medical examinations of present and prospective employees of the Federal Government and of prospective immigrants into the United States.

Parts D and E of this title relate, respectively, to the care and treatment of lepers and the care and treatment of narcotic addicts. In neither respect does the new act depart materially from preexisting law.

Part F continues the authority of the Public Health Service to license and supervise the manufacture and

distribution of viruses, sera, and toxins, and other biological and related products. Here again, the Public Health Service Act effects no substantial change in law.

Part G of title III deals with quarantine and inspection and supersedes several complex, outmoded, and inadequate statutes on the subject. It gives the Surgeon General, with the approval of the Federal Security Administrator, a broad authority to make regulations necessary to prevent the introduction of disease into the country or its spread from State to State. In addition to the traditional authority to detain infected persons at points of entry into the United States, it gives a similar power, the existence of which had previously been in doubt, to apprehend, detain, and examine certain infected persons who are peculiarly likely to cause the interstate spread of disease or, in time of war, to infect the military forces or war workers. This power, which is similar to the familiar quarantine authority of State and local health officers, will not at present be exercised with respect to diseases other than the venereal diseases; but it furnishes a potentially important weapon against new infections which may be brought into the United States in the post-war period.

The act continues the authority of the President to curtail or suspend immigration and importation from places in foreign countries where there may be serious epidemics; in conformity with the general administrative pattern of the act, however, the authority is placed in the Surgeon General, to be exercised under Presidential regulations. The act consolidates and simplifies the provisions governing the establishment and operation of quarantine sta-

tions. It continues the requirement of bills of health, subject to relaxation or discontinuance of the requirement if, for example, international agreements to this effect should be reached. As stated above, it permits extension of quarantine controls to aircraft. Finally, it clarifies and strengthens the penal sanctions applicable to the quarantine laws and regulations.

Title IV continues the existence and functions of the National Cancer Institute and makes it a part of the National Institute of Health. The functions of the National Cancer Institute and the National Cancer Advisory Council have chiefly to do with conduct and fostering of research. The law preserves the identity of the Institute, in recognition of its function in centralizing and unifying the attack upon this disease.

Title V, in addition to authorizing the acceptance of gifts, consists of a number of miscellaneous administrative provisions. Title VI, which is not a part of the Public Health Service Act, contains temporary and transitional provisions and repeals. One of these authorizes, during the war and the period of demobilization, continuance of appropriations for health and sanitation activities, carried out directly or through State health authorities, in and around war plants and in areas adjoining military and naval reservations.

While the act does not, except in the few respects noted, alter the basic organization or functions of the Public Health Service, it should serve to facilitate the discharge of the present responsibilities of the Service and to provide a sounder legislative base for any future developments.