The American Heart Association as a National Voluntary Public Health Agency

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The role of the voluntary health agencies in this country is well understood. Tuberculosis, blindness, venereal disease, cancer, and other major public health problems have been attacked by them with notable success, some for as long as 50 years. There is a well established pattern of cooperation with official health agencies and with organized medicine.

In its newly added role as a voluntary public health agency, it is important for the American Heart Association to understand these principles and patterns that are discussed here briefly with special emphasis on partnership with nonmedical community leaders, the relationship with the official agencies, including the National Institutes of Health, and on socialized medicine. Good public health work by voluntary organizations is a manifest of the concern of the medical profession with the health of the public and our first bulwark against compulsory government controlled medicine.

The role of the voluntary health agencies in this country is well understood. They have played a unique and valuable part in the health progress of the nation, some for nearly 50 years. They have attacked tuberculosis, blindness, venereal disease, cancer, and other major public health problems with notable success. A pattern of cooperation with official health agencies, local and national, has been developed which has proved mutually advantageous. Good relations with organized medicine have prevailed.

In June 1946, the American Heart Association voted to become a national voluntary health agency. It has proceeded to raise funds in considerable amounts for that purpose. For many years it had been largely a scientific group whose major interests were research and in-service education of practicing physicians. In its newly added role as a public health agency, it is important to study and apply the time tested principles which have made the other great voluntary health agencies so successful. We may thus avoid mistakes, organizational and administrative, and meet more promptly the public trust bestowed by our millions of new donors. The purpose of this discussion is to help speed the stated objectives of the American Heart Association and to help us profit from the lessons often learned the hard way by our older colleagues in the voluntary public health field.

Role of the Voluntary Health Agency

The voluntary health agency stems from a fundamental philosophy characteristic of this nation; namely, to help those in trouble. It is an important type of philanthropy “and is as inalterably woven into the fabric of American life as freedom of speech and religious liberty. These freedoms are established by law. American philanthropy is established by tradition—by the free and generous spirit of our people.

“Democracy presupposes a willingness of the average citizen to bear his share of responsibility for the conduct of government. Philanthropy is a test of democracy. It tests the willingness of our people to bear their share of activities through which man expresses his individual responsibility for the well-being of his fellow man.”

Briefly, the purpose of the voluntary health agency includes the following components: (1) to organize to help each other, especially the unfortunate; (2) to study health problems common to many and devise remedies through research, experiment and demonstration; (3) to sponsor legislation designed to provide permanent remedy of the problem at hand through official tax supported health agencies or otherwise; (4) to become guardian of the official

health agencies, criticizing, defending, supporting, increasing public understanding and seeing that they do the job right.

**Characteristics Common to All Successful Voluntary Health Agencies**

The following are some of the characteristics which appear to be common to all successful voluntary health agencies: (1) they are nonpolitical, that is nonpartisan, joining together with remarkable success members of all political parties, members of all religious faiths, people of differing social strata, and people of widespread geographic location. (2) They are guided by people who are natural leaders in their community and generally recognized as such. They are people of prestige and influence within their circle and their community. Their motives are unquestioned. No elected official can long oppose the principles for which they stand. (3) The voluntary health agencies obtain an amazing amount of time, skill, and services, given generously by these key people in their respective communities. (4) If the agency is successful, it practically always consists of a partnership between medical and nonmedical leaders.

**Importance of the Voluntary Health Agencies**

Private contributions from individuals for noncapital purposes donated to the health agencies of the country are well over $100,000,000 a year. These agencies have been constantly increasing in size and numbers as have the donations made to them. For example, donations for the control of infantile paralysis have increased from $1,400,000 to $25,728,000; to cancer agencies, from $850,000 to $13,000,000; to tuberculosis campaigns, from $3,900,000 to $17,000,000.

It is estimated that there are in the neighborhood of 10,000 more or less specially trained people employed full time by the voluntary health agencies of this nation. There are somewhere in the neighborhood of 500,000 people who serve as officers or board members of these agencies, both national and local, and there are somewhere between 5,000,000 and 10,000,000 people who serve on committees of one sort or another in behalf of one or more of the voluntary health agencies.

This is indeed big business! The American Heart Association is the newest of the large national voluntary health agencies. It must do its job well.

**Items of Current Importance to the American Heart Association**

There would seem to be three items of special interest to the American Heart Association at this juncture: partnership with lay people, relationship with the official agencies, and the relationship of this type of activity to what is commonly called socialized medicine.

**Partnership with Nonmedical Staff and Board**

A close working relationship, a partnership in fact as well as in name, between medical and nonmedical community leaders is characteristic of the voluntary health agencies and would almost seem a *sine qua non*. The voluntary health agencies, nationally and locally, have usually been started through the initiative of farseeing and socially minded physicians. This has been true of the National Tuberculosis Association, the American Cancer Society, the American Diabetes Association, the National Committee for Mental Hygiene, the American Child Health Association, and others.

Once physicians discern the need for community effort of some sort to solve a common health problem, they are next confronted with the problem of fund raising. Here they invariably need the help of other community leaders; and because these leaders help them raise funds they have a perfect right to have a voice in planning the program. Thus the partnership starts, joint efforts in fund raising and joint efforts in planning the program. Before long the physicians learn that it is wise for them to suggest what to do and to depend on their nonmedical partners and their staffs concerning how to do it.

Whatever the relationship may be there can be no question about the value of nonmedical board members and staffs. The board members furnish integrity beyond question, prestige, leadership, influence, and sound business judgment. They are often able to be much more generous with their time than are the physician and they know much better than phy-
Physicians how to interpret medical facts to the public, how to obtain public support, and how to influence public officials.

Few physicians are good administrators, though strangely enough we nearly all aspire to be. Few physicians are good educators, that is teachers, though we think we are because the nature of our profession makes us an authority and thus we seldom escape an authoritarian manner. Authoritarianism is not good teaching as the professional educators well know. Few physicians are good community organizers or propagandists. Few physicians are good fund raisers or understand its intricacies. The physicians who specialize in public health work are frequently an exception to these rules, but they are few and far between. It is estimated that there are about 2,000 vacancies for qualified physicians in public health in the nation today.

By necessity, therefore, we have developed a sizable corps of nonmedical administrators who play a very important part as staff members in the voluntary as well as the official health agencies. The Medical Administrative Corps of the Army is well known by those physicians who served therein, as are the Hospital Corps men of the Navy. The United States Public Health Service uses a considerable number of these nonmedical administrators. The National Tuberculosis Association has about 1,000 more or less specially trained people who serve in the national and the numerous local offices as executive secretaries, program expediters, statisticians, social workers, nurses, accountants, field secretaries, and so forth. The other voluntary health agencies probably employ another one or two thousand such people.

These staff members are likewise our partners. They form a professional group in themselves, professional with respect to experience and training as well as in their daily activities. Their educational qualifications are well recognized and are published in a pamphlet on that subject by the National Tuberculosis Association. Such qualifications have also been analyzed and agreed upon by the American Public Health Association and are published in a report entitled Educational Qualifications of Executives of Voluntary Health Associations. Briefly, these people are expected to have a background education leading to at least the bachelor’s degree in which they have majored in sociology, psychology, political science, and some of the biologic sciences. They are then expected to have postgraduate training to the extent of at least one year in an accredited school of public health. Here they learn the principles of public health administration, vital statistics, health education and community organizations, and epidemiology. To be sure, not all presently serving have had these academic qualifications, but those who have not have already qualified by long and successful experience in this type of work.

It would seem extremely important for the American Heart Association to adopt a set of recommended educational qualifications for the executive secretaries of its various local organizations as quickly as possible.

These people are partners, not servants. They must be free of the dictatorial attitude so commonly assumed by the physician in hospitals, clinics, and with private patients. They are engaged with us in a worthy nationwide enterprise in which their skills supplement ours, and our knowledge guides them in constructing and executing a program which is medically sound. Again, I repeat, we guide them in what to do and they guide us in how to do it. Their value can be seriously impaired by physicians assuming an authoritarian attitude outside their own field of competence.

Relationship with the Official Health Agencies

Time and experience have shown that the voluntary health agency is almost essential to the complete success of the official health agency. The health department cannot operate without public support and understanding. The voluntary agency is best equipped to provide this public support and understanding.

The wheels of government move slowly. The voluntary agency can be prompt and timely. The official health agency needs contact with the people to avoid at least some of the evils of bureaucracy, and there is no agency to which it can turn which is better equipped to keep it in step with public opinion than the volun-
tary health agency. Thus the voluntary agencies, local, state, and national, become valuable advisors to the official agency, such as the U. S. Public Health Service and its National Heart Institute, state health departments and city and county health departments.

Moreover, the official agency is peculiarly handicapped in obtaining funds. The lone voice of the health officer or even of the Surgeon General is not enough. It is too often suspected by the appropriating body that the official director of health has an ax to grind when he asks for more money to give him more staff or to increase his own importance. The voluntary agencies speak for people, both professional and lay. They have no ax to grind; they have no selfish motives; they make a unique impression on elected officials for this very reason. They speak for the people who need help and have facts based on careful studies to support their demands.

They act as a public forum for gathering and disseminating facts, coming to an agreement on what should be done and obtaining support for getting it done. They therefore implement the official agency, acting as its supporter, critic, guardian, and advisor.

It has become apparent over the last 50 years that the voluntary agency is here to stay in our form of democracy, that it will never replace the official health agency, nor will the official health agency ever be able to replace the voluntary. The two work hand in hand, each supporting the other.

*Are We Encouraging Socialized Medicine?*

This is a question which is currently disturbing many physicians. It arises from a confusion of terms which is most unfortunate. To many, socialized medicine means medical practice regulated by Socialists; they regard Socialists in much the same way as they regard Communists and they confuse these two with the threat of government controlled compulsory health insurance. There are great differences among all of these.

Medicine has always had large social aspects and implications. This has been true down through the centuries starting with Aesculapius, who was no less than the son of Apollo, known and revered for his healing powers.

From the beginning, those claiming the skill to heal lived on a superior social plane and were given special privileges, whether priests of a well organized religious group or tribal medicine men of the aborigines. They sat at the right hand of the ruler. No other profession, but perhaps religion, has had the respect and privileges accorded medicine for this reason. And medicine has always responded to the expectations of the state from the days of the Temples of Cos to the modern charity hospital where all may come to be healed. There is no escaping the social aspects, implications, and responsibilities of medicine.

Because humanity has always carried the burden of pain, illness, bereavement and sorrow, it has a right to expect relief from those who can help and that such relief be equally available to all. Medicine has labored with the devotion of a priesthood to make that possible.

Hence, medicine has always been socialized to a considerable extent as we see today in charity hospitals and clinics, care for the armed forces and its veterans, aid to disaster victims and efforts to prevent premature deaths and unnecessary illness. In truth these efforts increase with democracy and are truly democratic, having nothing to do with socialism or communism or government control of the practice of medicine.

With the advent of scientific preventive medicine, the public came to expect preventive services likewise available to all. Many are readily available today in the practicing physician’s office. But many preventive services hinge on controlling hazards in the environment or on educating the individual to do something at the appropriate time. Both environmental control and educating individuals en masse require community effort beyond the scope of the practicing physician. He cannot ethically exhort the multitudes even on matters so important to their health as a safe food and water supply, or proper immunization for their children.

The physician can, however, lend his support to voluntary groups of citizens who organize for such purposes. And organize they will in a democracy, especially in the United States. We could not stop them if we would. Here the
physician’s guidance is indispensable. Without his counsel we might see continuous turmoil with organizations devoted to unscientific fallacies, such as discouraging milk drinking because it causes cancer, swabbing the nasal membranes with caustic to prevent polio, using turtle serum to prevent tuberculosis. It is a remarkable tribute to the respect with which the public holds the medical profession and to the generosity with which the medical profession has supported and guided the health agencies of this country that we do not have more eccentric organizations, such as those who would prohibit the use of animals for scientific study.

This is not a new question. Repeatedly over the years when a new community health program was started there were some physicians who feared it would encroach upon the private practice of medicine. The reverse has proved true. The great movement for the control of tuberculosis has resulted in sending more patients to physicians rather than less. Even the minifilm case-finding surveys have increased the business of roentgenologists. Organized efforts to control the venereal diseases have increased rather than decreased the business of urologists and syphilologists. The cancer control program has brought hundreds of thousands of well people, and a few people with early cancer, into their doctors’ offices who would not otherwise have gone.

This brings us down to our own problem: cardiovascular-renal diseases are killing more people than any other group of diseases. The public wants something done about it. We have encouraged the public to think that something can be done about it and have accepted their voluntary contributions to show them the way. We cannot do it alone as private physicians or even through our own medical societies. We need the help of the public. That is what the American Heart Association set out to do in June 1946 when it voted to become a voluntary health agency.

So long as physicians discern the health needs of the public and take the initiative in supplying them through joining with community leaders as we do in the voluntary health agencies, we have little to fear in socialized medicine.

It has always been socialized to a certain extent, and always will be. But the private physician need never be brought under government control providing we can maintain a truly democratic government, and providing physicians keep attuned to the health needs of the public. Our scientific knowledge is so increasingly recognized and so highly respected that we shall have no difficulty in being heard and our counsel will be heeded as it always has been.

Is it not really compulsory government-controlled health insurance that we oppose? If so, let us call it that and not socialized medicine. If that is our enemy, we would do well to recognize it clearly so that the aim of our attack may not be faulty. Some feel that there has been too much jousting at windmills in our opposition to government-controlled practice of medicine. Some think that we are so frightened that we see an Indian behind every bush. If so, preventive medicine and the voluntary health agencies are not Indians and they are not behind bushes. They are our strongest allies!

Service to and education of the public through health departments and voluntary health agencies are, in fact, our best answer to any demand for free medical care administered by the government. They are a bulwark against the mounting clamor for free medical care at government expense. When supported and led by physicians they are a manifest of our sincere concern with the health of the public. They are a proof positive of our success in giving the public the world’s finest health care. Moreover, they keep us in touch with public opinion. We may know all about the pulse in our patient’s body, but we know less than we think we do about the pulse of the body politic.

Our private patients are a highly selected group, strongly flavored by the well-to-do. Even they in this day of specialization are not as firmly attached to us as their parents were to the old family physician. Our public patients in clinics and hospitals are already recipients of free medical care paid for by the tax payer. They are often interested in more and better free care to a greater extent than they are
interested in helping us escape the bonds of bureaucracy.

We need, therefore, friends and allies in our present struggle and the best of these are the health agencies, both official and voluntary. Few health officers are in favor of government control of the medical profession. They are excellent spokesmen, they command public respect, they know how to reach the public, and they understand the health problems of their public as well as the intricacies of the practice of medicine. The voluntary health agencies through their staffs, officers, and boards of directors, are likewise key people in their communities, natural leaders whose influence and prestige will help our cause if we assume our rightful place as their partners in endeavors to promote the health of the public.

It would seem wise, therefore, to recognize friends and allies. It would certainly be foolish to shoot a friend because our vision was too blurred to distinguish him from an enemy.

SUMMARY

The American Heart Association is prepared to become and well on the way to becoming an important and valuable national voluntary health agency.

We can avoid the delays and earlier mistakes made by our older colleagues if we recognize the ingredients which account for their present success. Among these are:

1. A close partnership with nonmedical leaders locally and nationally.
2. Recognition that fund raising, administration, community organization and health education are generally beyond the physician's field of competence and that we shall have to depend on skilled and well-trained staff for these, that such staff should be our partners, not our servants.

3. Early adoption of reasonably high qualifications for the education and training of staff members.
4. Acceptance of the fact that the voluntary health agencies are here to stay and that they will persist in their respective worthy causes with or without our help; that they will never be replaced by the official health agency and that both are essential to each other.
5. Clarification in our minds of just what we oppose in the further socialization of medicine; namely, government control of medical practice; aiming our attack at that one enemy rather than condemning all phases of the social aspects of medicine.
6. Realizing that we have a rightful and important place in all voluntary efforts to improve the health of the public, a place that is always open to us and in which our counsel is of primary importance.
7. Welcoming our medical and nonmedical colleagues in the public health and preventive medicine field as valued and important allies in our struggle against bureaucratic government control of practice of medicine, by supporting them and giving them an opportunity to support us.

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