PUBLIC HEALTH

Denver, Colorado
April 18, 1945.

Honorable John C. Vivian
Governor of Colorado
State Capitol
Denver, Colorado

Dear Governor Vivian:

I should deeply regret that this report so stresses the deficiencies of our Public Health Services, were I not assured that your interest will change these conditions.

It has become clear that Colorado is backward in regard to public health -- Evidence of this is seen in the official figures of the percentage of rejections of those "not physically fit for the Armed Services" obtained from General Hershey and published recently in the Rocky Mountain News:

	Percentage		Percentage		Percentage
Oregon	24.4	California	35.6	NAT'L. AVERAGE	39.2
Kansas	25.4	Minnesota	35.7	New Mexico	40.1
Utah	26.1	Ohio	35.8	Oklahoma	40.6
Washington	28.2	Indiana	36.2	Texas	42.9
Wyoming	29.1	Montana	36.5	COLORADO	43.1
Idaho	29.3	Missouri	37.2	Tennessee	44.7
Connecticut	31.0	Rhode Island	37.3	Mississippi	45.0
South Dakota	31.1	Maryland	37.4	Dist. of Col.	45.4
Nebraska	31.6	Michigan	37.4	Kentucky	45.4
Pennsylvania	31.8	Maine	37.5	Vermont	45.7
Delaware	31.9	Massachusetts	37.7	Alabama	49.0
Illinois	32.9	New York	37.7	Georgia	51.5
Nevada	32.9	West Virginia	37.7	Virginia	52.2
New Jersey	33.0	New Hampshire	38.9	Louisiana	52.6
Iowa	33.1	Wisconsin	38.9	Florida	53.2
North Dakota	33.8	Arizona	39.0	Arkansas	55.9
				South Carolina	55.9
				North Carolina	56.8

It will be noted that eleven out of sixteen in the best third of our states are western but Colorado is not among them. Rather Colorado is in the worst third. Moreover, the poorest third has such high rates of rejections that the National Average is pulled out of the middle group. Colorado's percentage of rejection - 43.1%, is above the national average of 39.2%, and the list shows that our state belongs with the Southern states in regard to physical fitness. Until these figures are analyzed, we do not have the data to know how much of this deficiency is the responsibility of the Public Health Services and how much is due to lack of medical and surgical care.

Concerning our civilian records we have more adequate data. We shall define a backward state as one that does not use available medical knowledge for the

prevention of disease. This is the specific function of the Public Health Services. We have a high diphtheria rate, high typhoid and high dysentery rates, high maternal and high infant mortality and we are one of the six worst states in regard to smallpox. Smallpox was the first disease which we learned how to conquer; the knowledge of vaccination against smallpox has been available for centuries and we have not yet made full use of it in Colorado.

Concerning diphtheria, in 1915 Dr. William A. Park, in charge of the Public Health Laboratories of New York City, started and accomplished active immunization of the children of that great city. We have now highly perfected and safe methods for the protecting of children against diphtheria. We know how and when to use them. In communities with efficient health departments outbreaks of diphtheria are practically unknown. For 1943 we had in Denver 162 cases of diphtheria with 3 deaths and for the entire state (including the Denver figures) 380 cases. For 1944, the Denver figure is 94 and the state 250.

During the first two decades of the present century, intestinal infections, typhoid fever and dysenteries were shown to be preventable by controlling the purity of the water supply, by pasteurizing milk, by proper disposal of sewage and by the control of carriers. Colorado is 20 years behind progressive states in using this knowledge. We have twice as many deaths, in proportion to our population, from intestinal infections as the United States as a whole.

Concerning infant mortality, there are only fifteen states with a rate worse than ours and those states include the Southern ones with their large negro populations. Our maternal mortality is also higher than the national average and no public health measures are more widely known than those for the instruction and care of expectant mothers. In connection with maternal mortality, it should be stated that our figures are influenced by the large Spanish-American group in the Southern counties. In summary, for thirteen of the twenty leading causes of death, our rate is higher than the national average.

It should be made perfectly clear that we are not arraigning our public health services except for delinquency in regard to those diseases which have been proved preventable. We are not asking for any such advances in methods for public health as those contributed by Dr. William A. Park.

Concerning tuberculosis, our record is not out of line with the rest of the country and we have the efficient service of the Colorado Branch of the National Tuberculosis Association. Moreover, we shall have full advantage of the special studies now being made on minimal lesions both in the Army and especially in nurses.

It has recently become known that we have a high incidence and the highest death rate of any state from the damage to the heart incurred in acute articular rheumatism. Indeed 26% of the men in our armed forces with rheumatic fever acquired that condition in Colorado. We are not responsible for this because the medical profession is not yet sure of the cause of this infection.

possibly a hemolytic streptococcus, nor have we yet mastered the methods of its prevention. We do know, however, that the real danger from this disease is a damage to the heart during a recurrent attack. At our medical school a study of children who have had this disease is being made by Dr. Ward Darley and his associates - Dr. Arnold Wedum and Dr. Bernice Wedum, which may well prove to be the most outstanding clinical study ever made in Colorado. We are proud of this work.

One of the important needs of our state is the strengthening of our medical school. This is vital to every physician in the state as well as to all of our citizens. It is now estimated that one medical school is needed for each 2,000,000 people, so our school should be developed to cover the Rocky Mountain Region. The school needs more full time clinical teachers in key positions. The time has gone by when all of the clinical teaching can be carried by busy practitioners of medicine. Of course, no school expects to have all of its clinical teachers on full time. The school needs more space for offices and laboratories for its doctors and more beds in its hospital. The original plans for allocating patients only from the state and not from the city for the teaching of medical students are archaic and should be revised. They tend to limit the cases available for teaching to chronic diseases, and cut the students off from seeing acute diseases and from accident surgery. These changes are important if our school is to make its full contribution to our region as an advanced teaching and diagnostic center and is to have its share in one of the most outstanding and characteristic achievements of our time, namely; the advance of medical knowledge.

All of our medical schools are now being asked to help in the re-education of the doctors who will return from the army, the navy and the air corp. Many of these returning doctors will have much to contribute to the schools, perhaps outstandingly in matters of Public Health but many of them will need refresher courses before they resume civilian practice. The University of Colorado School of Medicine will take great pride in this work and it will serve to introduce post-graduate teaching and research in Medicine in our community.

As a nation we are becoming conscious of the need of adequate hospitals for the care of the sick and of convalescent homes for chronic illness. These hospitals should be spaced so as to give rural as well as urban patients access to them. We need a survey of the hospitals of our state made either by the U. S. Public Health Service or a competent private organization for in this regard we have a chance to become a progressive instead of a backward state. The need for such a survey is endorsed by the Colorado State Medical Society, the Colorado Hospital Association, the Colorado Tuberculosis Association and the Colorado Public Health Association.

These are some of our problems — To the last legislature were submitted health bills in the hope of laying a foundation for better public health services in Colorado. We failed because we did not keep our eye on the ball,

preventable illness. Since the diseases now preventable are largely infections of early life, our children will continue to pay the price. Since we failed in the first attempt we must now try new plans. We must tell our people what diseases are preventable, how a modern health service secures the skill of the entire medical profession for preventive medicine, and uses the help of an adequate number of Public Health Nurses for the education of parents. The prime need is an aroused public opinion fully expressed to the Governor of the State and to the Mayors of all of our cities in favor of a modern, progressive and efficient Public Health Service.

RECOMMENDATIONS:

1. The education of our citizens on the functions of Public Health Services.

2. A survey of our Public Health Services to be made by the American Public Health Association. This is a private organization which has rendered efficient aid to other communities.

3. Strengthening our medical school.

4. A survey of our hospitals.

5. Further study of the type of laws which have proved basic in other states for the proper functioning of the Public Health Services. These studies should be made by the State Medical Society, the Public Health Services and the Colorado Public Health Association.

Respectfully submitted,

Florence R. Sabin.