


# The Ethos of Public Health

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## GUEST EDITORIAL

Y message is really rather simple and comes in the form of an admonishment: Do not forget the public health ethos; do not forget public health's essential and distinguishing character; do not forget public health's tone and guiding beliefs. What, then, is the public health ethos? It is, I trust, something which brought you to Yale in the first place.

When the first chairman of this school, C.-E.A. Winslow, was a high school student in Boston, he sought admission to the Institute of Technology, known commonly as "Boston Tech," now known, of course, as M.I.T. Winslow was interviewed by William Thompson Sedgwick, then the leading sanitary scientist of his day and chairman and professor of the newly established department of biology. Sedgwick showed Winslow the laboratories and lecture halls, discussed with him the great significance of the public health crusade, and told Winslow of the opportunities available for those wishing to enter the field of public health. After their discussion, Sedgwick looked over his spectacles, smoothed down his walrus mustache, and said: "Well, Winslow, I think you can be a useful man" (1).

When recounting this story in 1942, at the occasion of his receipt of the Sedgwick Award, the highest honor bestowed by the American Public Health Association, Winslow reminded those present that Sedgwick

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EDITOR'S NOTE: Arthur Viseltear, the outstanding public health historian, gave this Commencement Address at the Yale University School of Epidemiology and Public Health some months before his untimely death on January 7, 1990. The address is testament to his enduring devotion to the ethos of public health. In his words, "It was man's duty to strive, to leave the world better and happier than he had found it, to be useful, to advance always with hope and courage: that was the motive for a life of service in the cause of humanity." Arthur Viseltear led such a life.

had said only that he could be useful: not wealthy, not even happy, but someone who would contribute, who would add to the sum total of the common good.

And this became Winslow's and the Yale School's fundamental credo: to do good, to be useful, to be civically constructive.

Can you imagine a more useful profession than public health; a profession which has such an incredible array of critically important responsibilities; a profession which has been programmed to do so much good? There is none.

When Winslow entered the profession at the turn of the century, he had already understood that society was undergoing changes that needed to be addressed by a new, a more dynamic public health. Water had been made potable, food and drugs unadulterated, children immunized, women and laborers protected, factories made safe, and homes made habitable, but public health had simply not lived up to its full potential.

No matter how well the public health profession managed its affairs, personal health services—the way we in this country organized, administered and financed medical care—remained incoherent and desultory. Sickness was found to be inversely proportional to income; chronic disease remained uncontrolled; immunization rates were low; medical care had become costly, creating a financial barrier between physicians and patients; and medical services were not preventive but alleviation after the event.

Public health soon became more than an engineering or sanitary science; more than a clinical or medical science. Instead, public health became a social science, one which would lead to an emergent profession, pushing its boundaries ever outward—extending from environmental hazards to tuberculosis and venereal disease control, from maternal and infant welfare to the prevention of cancer, from immunization to national health insurance(2).

Public health soon spoke for the weak, disenfranchised and sickly; for societal coherence; for programmatic approaches to national issues; for using national resources to remove economic barriers to good medical care by sharing costs; for fundamental research to determine the etiology of the infectious and chronic diseases; for epidemiologic investigations to discover the physical and social determinants of disease in society.

And while this was going on, where were the physicians? Well, at first, the professions of medicine and public health were closely aligned in these endeavors, for many of our foremost public health educators—in-

cluding Sedgwick, Rosenau, Welch, Biggs, Winslow, and Emerson—believed that both professions needed each other to fulfill their primary responsibility to protect and maintain health.

It soon became evident, however, that there were fundamental differences between the two professions, differences which would result in there being constructed an impenetrable barrier between medicine and public health. One difference was based on an economic imperative which held that, as the medical profession was concerned primarily with cure and reimbursed on a fee-for-service basis, the public health profession perforce must be relegated entirely to providing those services in which the private physician had no interest; and the second was the rise of the basic sciences, which led to the emergence of the medical specialties and the enthronement of reductionist medicine, upon which the medical schools and the medical profession justified as their primary mission sickness and not health, the patient and not the community, cure and not prevention—all principles which are at variance with the public health ethos.

We come now to a new concern, the rise of the private sector in the health care field. Schools of public health, and this appears true for medical schools as well, are in a state of transition. A society which now finds it convenient to refer to physicians as providers and patients as consumers will not be surprised to learn that more and more of our public health graduates are seeking employment in the private sector. There is certainly much that can be learned in a school of public health that will benefit those students who choose to enter private-sector jobs; but how vastly different such employment is from the positions sought by those who entered the public health profession in the early decades of this century.

Where is the public health, or social, ethos to be found in corporate America? Our job is to educate the next generation of leaders for public health, those who will take their places in the public sector at all levels of government, leaders for the voluntary sector, for international health, for philanthropic foundations, for the community, for the health sciences, for academe. It is for these areas that the profession of public health was established in the first place, and fiscal exigency or crises of faith should not be permitted to change our constituency or modify our historical and fundamental mission, which is to educate the next generation of public health elite: the public health scientists, academic researchers, and executive-authority practitioners.

And so the third component of the public health ethos—the guiding principle itself—must be public service, social utility, usefulness, and altruism.

In 1945, Winslow was invited to deliver the commencement address at the Yale School of Medicine. In this address, his Yale valedictory, Winslow told the students that one of his favorite books was H. G. Wells' fantasy, *The Food of the Gods*, in which a youthful giant who has been raised in ignorance of the world about him escapes to London where he stands towering above the frightened crowds. Amazed at their number and activities, the youth cries out in wonder: "What are all you people doing with yourselves? What is it all for and where do I come in?" In his commencement address, Winslow asks the students: "What are you all for anyway?" And his answer—and his message—was a quote from Matthew Arnold's essay "Culture and Anarchy." Arnold wrote:

. . . there is of culture another view in which not solely the scientific passion. . . appears as the ground of it. There is a view in which all the love of our neighbor, the impulse toward action, help, and beneficence, the desire for removing human error, clearing human confusion, and diminishing human misery, the noble aspiration to leave the world better and happier than we found it—motives eminently such as are called social—come in as part of the grounds of culture. . . (3)

It was man's duty to strive, to leave the world better and happier than he had found it, to be useful, to advance always with hope and courage: that was the motive for a life of service in the cause of humanity. And it is also what I mean when I implore you not to forget the public health ethos.

Your future—our collective future—has recently been called into doubt. I believe that we shall weather that storm and be stronger for the experience, that we shall not only endure but prevail, and I present you with a series of questions which I ask you to consider as you leave Yale to enter your life's work (4).

You have evolved from sanitary scientists and go forth today as graduates of a modern school of public health; can you adapt to our rapidly changing environment and maintain your integrity? You are ambitious; will you let your ambition overwhelm your compassion? You are concerned with instability of government's commitment to social justice; will you help determine government's proper role in our complex

society as the pendulum swings away from desperately needed social programs to sterile efficiency? You shall be working in a crazy-quilt system which relies on all categories of health professionals, including the physicians; will you be able to work collaboratively and productively with this new amalgam to assure societal health and well-being? You are now organizational, evaluative, numerical, laboratory, and policy wizards; will you be able to utilize your special talents and creative energies and look beyond your narrow spheres of expertise to address societal concerns? The world is changing rapidly; will you do your share to influence the future? Economic reality is closing in upon you; will you remember and hold dear the public health ethos?

Members of the Class of 1989: You have fulfilled the responsibilities that the Yale School of Epidemiology and Public Health has imposed upon you; are you willing to establish your own place in the flow of events which leads you to this moment and beyond?

All of us who are here today, who love and embrace you and now let you go, have a stake in how you answer these questions.

We wish you well; good luck and Godspeed!

*Acknowledgment:* This Commencement Address, delivered on May 29, 1989, is reprinted from *Connecticut Medicine* 53 (August 1989): 467-69, with the publisher's permission.

## REFERENCES

1. See "Sedgwick Memorial Medal Awarded to Dr. C.-E.A. Winslow," *Am. J. Public Health* 32 (1942): 1416-17.
2. C.-E.A. Winslow, "The Untilled Fields of Public Health," *Science* 51 (1920): 23-33.
3. C.-E.A. Winslow, "Yale Valedictory, 1945," *Yale J. Biol. Med.* 18 (1945): 1-5.
4. The statements and questions which follow have been adapted and modified from Henry Steel Commager, *The American Mind: An Interpretation of American Thought and Character Since the 1880's*. New Haven, 1959, pp. 441-3.