

POLICIES OF
NATIONAL HEALTH ORGANIZATIONS
TOWARD MORE INCLUSIVE FEDERATION*

by
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I think I should state that the subject assigned to me is somewhat misleading. I cannot undertake to speak for all national health agencies, nor do I wish to speak on behalf of the American Heart Association, although I am president of the Illinois Heart Association, its affiliate. Therefore, I speak only as a private citizen interested in better health for more people.

However, from my own general knowledge of the policies of national health agencies, I think it would be only fair to say that these policies are not aimed toward "more inclusive federation" as stated in the topic, but that, in general, national health agencies are against more inclusive federation. I think you should know some of the reasons which voluntary health organizations give for their opposition.

First, they say that givers should be permitted freedom of choice as to which health and welfare causes they will support and that, in the face of pressure toward government financing out of taxes of all health and welfare services, we must maintain individual, voluntary responsibility for public health and welfare financing. They say that progress in health and welfare will be dependent upon the free exercise of individual initiative as it is exercised in the business world.

The second reason given by national health agencies is that federated appeals, by controlling their budgets, control their programs. There are other agencies set up, such as the National Information Bureau, the National Budget Committee, and local appeals review committees, to protect givers against inflated and unsound programs. With these safeguards, every agency should have the right to go to the public with its program and to ask the public to support it or reject it on its merits.

The third reason presented against federated drives is that by entering into combinations whereby they lose their identity, agencies also lose the opportunity to perform valuable educational services for the public. There is no doubt that an important part of the educational effort of health agencies takes place during their annual campaign. During this time they distribute thousands of pieces of literature, and I know that in the case of the Heart Association this literature contains important educational messages which would not otherwise be distributed.

Fourth, the agencies point out that federation takes away one of their most important assets, which is the army of volunteers interested in doing something about the particular problem for which the agency was formed.

The fifth point which I should mention is probably the most important of all since we are talking principally of a fund-raising technique. The agencies say that their share out of federated appeals will be less than they could raise separately. I think that we need to recognize that there are facts which support this argument.

The national office of the American Heart Association informs me that individual drives generally produce from 3 to 6 cents more per capita than the amounts which the Heart Fund receives from united drives in comparable communities. As an indication of the magnitude of the problem, we know that community chests in 1951 raised 213 million dollars. The Red Cross and five health drives, Cancer, Heart, Polio, TB, Crippled Children, raised 158 million more. In other words, to superimpose these agencies on the chest would require that the federated appeals raise almost double the amount of money that the chest raised previously.

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The health agencies alone without the Red Cross would require an addition of 81 million dollars more to equal their 1951 total, and if we look back we find that they are raising \$9,000,000 more than they did two years ago, with the probability that this growth will continue.

There was some appreciation of this fact in my own community, when we organized the Champaign-Urbana fund, and it is probably for this reason that we decided to have two drives rather than one – a community chest drive and a health and welfare drive. You have already heard about this campaign from Mr. Vance.

Aside from the fact that the two campaigns should raise more money than one, there are other important reasons why it may be better to separate the health and welfare drive from the community chest drive. Principally, health problems are not susceptible to the same kind of budgeting or fund-raising treatment as are local welfare problems. Much more medical control must be exercised over the allotment of health funds, and most of the health agencies have national research commitments and long-term program obligations which are of a different nature from those of the general welfare fund.

Our campaign in Champaign-Urbana was successful in raising its goal but, even with this success, there are certain things which we still want to know about the future and certain assurances which we need to give to the participating agencies.

First, after the fervor and community interest of the first campaign wears off, will we in succeeding years be able to keep up with the present high level of giving? Second, will we be able to increase, where necessary, to meet the needs of growing causes such as the Heart Association? I give the Heart Association as an example because that is the Association with which I am most intimately concerned. In 1949 the national organization raised 2 ½ million dollars. Within the next five years it is reasonable to expect that they will raise as much as 15 million dollars. This sort of growth is natural and important to a cause of this stature, and it must be provided for. Third, I think that participating agencies should have adequate representation on the committees and boards of directors of United Funds. Fourth, every effort should be made to keep the agencies before the public as individual causes. We succeeded in the first year by saying “Give, in order to get rid of campaigns.” But in the future we must sell the services of the separate agencies.

As you know, this meeting is being sponsored by the Illinois State Chamber of Commerce. The Chamber of Commerce is organized to help businessmen with their problems. Therefore, it might help to look at this problem for a minute from the standpoint of businessmen. Certainly, business firms have a great deal of justice to their complaint that multiple solicitations interfere with the conduct of their business. Obviously, repeated employee solicitations cost actual money in addition to the contributions made, not only in plant time but in cash outlay. This is one important point on which at least three principal national agencies seem to agree. These are Red Cross, Cancer Society and the Heart Association. I believe these agencies have provided specifically in their policies that they are in favor of plant-level federation. In other words, if your business firm decides to hold one campaign and then distribute the amount collected to the participating agencies, the three agencies I have named are in favor of that sort of giving. This is some evidence of the fact that the problems which are peculiar to business firms can be solved without all-inclusive federation. Plant level federation is not a new form of approach. It has been used successfully in a number of places, notably in Cleveland and Minneapolis. The General Electric Corporation is one of several large companies which have been using this technique for a number of years. One important argument in favor of this plan is that it does not require setting up an overall agency to administer and conduct the campaign. For example, the health agencies could combine and go to each plant singly for an employee solicitation in that plant. Businessmen are very much interested in the costs of fund-raising, and they should certainly be influenced by the argument that a plant-by-plant campaign costs nothing whereas the united campaign entails the fund-raising and administrative costs of the united group.

Finally, I should like to suggest to the businessmen present that in recent years we have seen a great change in giving trends. The place of wealthy individuals as trustees of the nation's philanthropy has now been taken by Corporation. Corporation management cannot divest itself of responsibility for the development of voluntary health services merely by lumping these services in a once-for-all drive. It is the corporations' responsibility to see that health services are adequately supported; and, since these services are somewhat different from community welfare services, they should be given treatment appropriate to health problems.

All of these are factors which need to be taken into consideration by you businessmen who have inherited this great responsibility.

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