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National Union of

Great Britain and Ireland.

President: MRS. OGILVIE GORDON, D.Sc., Ph.D., F.L.S.

The Proposed Ministry of Health for England and Wales.

THE Council of this body, on which 153 nationally-organised women's societies are represented, at its annual meeting in October passed resolutions which urged the establishment of a Ministry of Health, and emphasised the need for the participation of women in the control of such Ministry; and confirmed various decisions that had been arrived at throughout the past year by the Executive Committee.

The National Health Insurance Committee of the Union who are now following the present proposals for a Bill in Parliament, having regard to the difficulty of passing any but the most urgent legislation involving the minimum disturbance in public departments, support the view that:—

- (1) The Local Government Board or some other office determined by Parliament should continue to carry on the functions of
 - (a) Poor-Law Administration, until time shall permit of transferring the constituent portions of the Poor-Law to the various departments to which they are related;
 - (b) Certain of the financial and general administrative functions in connection with local authorities.
- (2) *The Ministry of Health should be established as a new Department, to assume from its start the functions of:—*
 - (a) *The National Health Insurance Commissions for England and Wales.*
 - (b) The functions of the *Local Government Board*, relating to Public Health and Housing, including those relating to Medical Officers of Health under the Public Health Acts; the ordering of inquiries in cases of excessive sickness; inspection of the boarding-out of children, and all other aspects of the Public Health services under the Board; also those functions of the Board which deal with the Notification of Births Acts of 1907 and 1915, along with the Regulations under which Grants are paid by the Local Government Board in aid of Maternity and Child Welfare work, and the making of arrangements for such work.

(c) *The Privy Council Office*, in respect of the Midwives Act, 1902.

- (3) That in any Bill establishing a Ministry of Health, Clauses should be incorporated giving powers by Orders in Council to transfer to such Ministry various other aspects of public health which cannot at present be conveniently removed from the various Government Departments dealing with them, such as the medical inspection and treatment of school children, certain functions of health and welfare now carried on by the Home Office, the Ministry of Munitions, the Board of Agriculture, and so forth.

The establishment of a Ministry of Health for England and Wales on the above lines would not add another Ministry to the existing number, since there would no longer need to be a separate Minister to answer in Parliament for the National Health Insurance Commissions of England and Wales, those Commissions being absorbed in the new Ministry of Health. In the case of Scotland and Ireland, the Commissions would there be dealt with in relation to National Ministries of Health, and the particular conditions of local and national government.

PROPOSALS THAT THE LOCAL GOVERNMENT BOARD BE THE BASIS OF THE NEW MINISTRY OF HEALTH.

We have no confidence in the proposals which seek to meet the public demand for a Ministry of Health by offering to add National Health Insurance to the functions of the existing Local Government Board, and re-christen the Board by the name of Ministry of Health. We desire the definite detachment of the Poor Law administration, the disencumbrance of a number of the existing functions of the Board which have no direct bearing on public health and we particularly desire that the Ministry of Health shall enter upon its services to the nation as a new Department untrammelled by traditions.

We especially deprecate the proposal that additional powers be given to any existing Department in relation to maternity and infant welfare, as we believe that this might tend to postpone the establishment of a Ministry of Health, and would at the same time, in about 700 rural areas, place those important functions in the hands of bodies which act both as Boards of Guardians and Local Sanitary Authorities.

The Local Government Board has for over forty years had an opportunity to do its best for the public health of the country, and has rendered signal service, but the time has come for a complete re-adjustment of system and method, and a re-direction of public interest towards two preponderant factors in the health of a nation—the personal care of the health of the individual, and the safeguarding of the home and its environment from sources of pollution and disease.

We urge that the new Ministry should have a fresh field and be in a position to draw new vitality from the alliance between

the National Health Insurance and Public Health services and should have power to extend its care to all sections of the community whether insured or uninsured in so far as public care is called for. What we ask for is nothing less than a specialised Health Department at the centre of affairs, with a Minister of Cabinet rank at the head.

The care of the individual, the administration of Health Insurance benefits, the dealing with suffering humanity in the homes of the people and in the hospitals, the medical and therapeutic problems of prevention and treatment of disease, the part of the nursing, midwifery, and medical services in the whole scheme of public health, the campaign against tuberculosis, against venereal diseases, the treatment of the heavy increase of disablement thrown upon the nation by the ravages of the war, the infinite care that must be extended to mothers and babies—do these not constitute a group of functions of the first rank of importance to the nation?

We are convinced that a Ministry of Health established for these specific purposes, together with the Public Health services akin to them, if it could be established at this moment when interest is keen, would call forth a new spirit of response throughout the country, and that the nation stands to lose nothing, and to gain much, by urging the Government to deal with it in Parliament at the *first possible moment*.

PRESENT DUAL CONTROL OF SICKNESS AMONG WOMEN.

The clear demand we make as women is that one and the same Ministry shall deal with sickness (its prevention, its alleviation, and its cure) in the case both of unmarried women members of the community and the mothers and young children.

We deprecate the present disconnected methods, under which insured girls and unmarried women are brought under the panel medical service of the National Health Insurance system, but the mothers and children are invited to attend the consultation centres conducted under the Local Government Authorities, where they are provided with the services of doctors, midwives, nurses, health-visitors—all appointed by those authorities, without any proper co-ordination, locally or centrally, between these two sets of services. Meantime, employed mothers can use either or both of these services, but the expressed intention in some quarters is to bring them entirely under the system of consultation clinics and the services of officials as provided there.

The insured unmarried girl of to-day is the married woman of the future, and, in our opinion, should have the same liberty after marriage as before marriage to choose her own doctor and be treated in her own home.

SCOPE OF THE MINISTRY OF HEALTH.

As the scope of the Ministry would be the health of the nation, including alike the insured and the uninsured persons of the nation, it would be in a position to guard against overlapping agencies

in local administration. The question of the constitution of the *local* Health body, working under the Central Ministry of Health, does not necessarily emerge until Parliament shall have determined the scope of the new Ministry, but we deprecate the suggestion made in some quarters that certain of the representatives of approved societies have "vested" interests and are not suitable persons to serve, either on any Central Committee associated with the Ministry of Health, or on local correlated bodies. After all, in what are the interests "vested," if not in safeguarding the health and reducing the sickness rate among insured persons? Are these "vested" interests not preferable to the interests that have been represented in too many of the Local Sanitary Authorities and have blocked the way to active measures in housing and other reforms?

We are strongly of opinion that the co-operation of large numbers of men and women in the administration of the Approved Societies and local Insurance Committees under the Insurance Acts during the past five years has done more to educate the people to take a living interest in health questions than could have been achieved by the administration of the Public Health Acts for half a century by the limited personnel of Local Sanitary Authorities. This live influence among the people is one of the most valuable "vested" interests we have in the country, and ought not to be excluded from suitable participation in the responsibilities of the proposed Ministry of Health, or from membership of any correlated local bodies that may be established.

Copies of this leaflet may be obtained gratis from Miss Norah E. Green, Secretary of the National Union of Women Workers, Parliament Mansions, Victoria Street, London, S.W. 1.



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