

The Metropolitan Story

The Health and Welfare Work of The Metropolitan Life Insurance Company, New York

By LOUIS I. DUBLIN, Ph.D.,

Second Vice-President and Statistician, Metropolitan Life Insurance Company

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IN JANUARY 1909 an event of great significance occurred both for life insurance and for the public health. It was then that the Metropolitan Life Insurance Company launched its program of life conservation with Dr. Lee K. Frankel, a distinguished social worker, to direct it. This extraordinarily gifted man had for many years concerned himself with the problem of poverty and its prevention. Sent by the Russell Sage Foundation in 1908 to study the various systems of social insurance which had developed in Western Europe, he came back to America with a wealth of ideas as to how life insurance, and particularly industrial life insurance, could become a force in the life of wage-earning families. He saw in such insurance, not only a means for promoting economic security, but also a powerful aid to advance the health of the insured. He had learned, as the director of a relief agency, the important role which disease and premature death play in the life of the industrial population.

A fortunate chance meeting with the then chief officer of the Metropolitan, Haley Fiske, resulted in an invitation to put his ideas to work in an organization with millions of policyholders to be served. Never before was a plan launched with as much enthusiasm. Dr. Frankel saw his work grow from year to year until his untimely death in July 1931. He lived long enough, however to see the campaign against unnecessary sickness and death developed on a huge scale among an increasing number of industrial policyholders in the Metropolitan. He laid such solid foundations as to assure the continuation of the program with equal enthusiasm after his death. The benefits of his influence reached far beyond and contributed to the welfare of the people of the entire American continent.

Public Health in 1909

Let us see what the condition of the public health was at the time of the launching of the Welfare Division. Medical science had made

great advances in the decades immediately prior. The establishment of the germ theory by Pasteur was soon followed by the identification of the causes of the more important diseases such as tuberculosis, typhoid fever, diphtheria, and pneumonia. The important role of insects in the spread of disease had been shown. Surgery was progressing rapidly. The potentialities of public health efforts had been spectacularly demonstrated by the transformation of the Panama Canal Zone from a "white man's grave" to a healthy district. Health officers everywhere were learning that it was possible to control disease.

Nevertheless, there were wide gaps between what was known of preventive medicine and the actual state of the public health. Tuberculosis was very common among the working class families. The infectious diseases of children were widespread, and together with infantile diarrhea, accounted for a huge loss of child life. Maternal mortality was high. These and other factors made the time ripe for a widespread attack on public health problems. It is significant that a business organization should have felt the urge to contribute toward their solution. Through its large network of District Offices in Canada and the United States, and its field men, the company had facilities for reaching a great number of people. It had a financial stake in better public health. It was motivated also by a high ideal of service as expressed by Mr. Fiske when he informed the policyholders about the new Welfare Division with these words: "Today the Metropolitan is launched upon a new era—an era in which it joins the forces in battle against disease, and in which it hopes to lead the world in preserving lives from the ravages of mankind's insidious foes."

Dr. Frankel's first step in the company's health campaign was to

plan and create a number of health pamphlets. They were designed primarily for mothers in industrial families and were, therefore, simply and attractively written. The first of the series was called "War on Consumption." This was the first job in my service with the company. This pamphlet, under steady revision, has reached the amazing total of nearly 34 million copies. Another early publication which had great success was the beautifully illustrated "The Child." Later, there appeared various leaflets, each concerned with one of the commoner communicable diseases. As the years passed, new pamphlets were added until they constituted a well balanced and popular library on the everyday problems of health which became a guide to health in the homes of millions of people in the United States and Canada.

It should be pointed out that even in those early days the company already had about 10,000 agents who enjoyed friendly and regular contacts, often weekly, with millions of policyholders. These men had the unique opportunity to spread health knowledge, and they became the backbone of the company's health education program. It is also important to record that as these pamphlets became available they were sought by health officers and school authorities everywhere because of their attractiveness, their simplicity, and their authority. As a result, their circulation grew by leaps and bounds, and over the 40-odd years the total circulation of the company's health literature has reached a billion and a half copies. Last year alone more than 33 million publications were distributed. It would be very difficult indeed to estimate the total effect of this single step in educating the American and Canadian people in the facts of personal and community hygiene.

Equally important was the next

move in the health program which Dr. Frankel launched. This was to make available a bedside nursing service to the industrial policyholders of the company without charge to them. This step was taken at the suggestion of Miss Lillian D. Wald, then head of New York City's famous Henry Street Settlement. On June 9, 1909, the first Henry Street public health nurse visited a sick policyholder. The first moves were tentative and were limited to a trial period of three months in one section of Manhattan. The service proved so valuable it was soon extended throughout the city. Managers, agents, and policyholders in other places, hearing of the service, were soon asking urgently for similar arrangements, and, by the end of the year, bedside nursing had been extended to five more cities in the United States. Early in 1910, Metropolitan nursing service was extended to Montreal. This was the first affiliation with the Victorian Order of Nurses, which has conducted the Metropolitan's nursing work for English-speaking policyholders in Canada for more than 40 years.

It was an example of Frankel's genius for wise decisions that from the beginning the company adopted the policy of affiliating with existing public health nursing organizations wherever they performed a good professional job. Where such associations were lacking to meet the demand of policyholders for nursing, Dr. Frankel and his associates helped citizen groups to establish local organizations. I can well recall that Dr. Frankel would be away for weeks at a time addressing interested leaders in various communities on the necessity of organizing such services, holding out the promise of affiliation with the company which would help in financing the service. In this way, Dr. Frankel helped to spread public health nursing which

now covers the length and breadth of the United States and Canada.

But his influence extended beyond financial help. From the beginning he pointed out that in addition to good bedside nursing it was necessary to have adequate nursing records, adequate supervision, and simple and accurate accounting systems. Wherever the affiliation was made, the policyholders of the company, the local nursing organization and the people at large benefited from it. I believe that in the list of Dr. Frankel's contributions to American public health, the effectiveness of public health nursing in the United States and Canada today is his chief monument.

Early in the welfare program, the company found it necessary to organize a staff of Metropolitan salaried nurses to serve communities which had no visiting nurse agencies or where no such voluntary agency could be readily established. Thus, a Metropolitan nurse was appointed in St. Paul, Minnesota, in 1910. In the following year the first salaried nurse was engaged in Toronto. As the years passed, the services grew in number—both by affiliation and by Metropolitan salaried staffs. At the height of this development, more than 7,000 cities and towns in Canada and the United States were served, and in the course of the 42 years more than 105,000,000 visits have been made to almost 20,000-000 sick people, at a cost to the company of over \$105,000,000.

The changing needs of the times have influenced the direction and content of the nursing service. The main emphasis from the beginning has been on skilled bedside care for acute illness and maternity care for women before and after childbirth. But with the years, health teaching became as much a part of the Metropolitan nurse's work as was nursing care. Such teaching has included how to avoid the spread of

infection, how to plan for better nutrition, and how to prevent accidents. The nurse's knowledge of community resources has often helped families under her care to obtain necessary treatment or other service. In emergencies and disaster, Metropolitan nurses have always been among the first to offer aid. The company's records in Canada and the United States contain many reports covering such emergencies with statements like these: "On duty practically 24 hours every day". . . "I gave 1,500 inoculations against typhoid". . . "No doctor to help me, but an accurate check shows that most of my patients are safe."

From the beginning, the company spared no effort to keep standards for the service at a high level. Only well-trained, professionally qualified nurses were employed. They were encouraged to keep up with developments in their field by a staff education program and by company-sponsored scholarships for post graduate public health nursing study. The Metropolitan has not only encouraged additional training for its own nurses, but has often joined with other interested agencies to sponsor projects for the improvement of public health nursing as a whole. In Canada, for example, to meet the pressing need for qualified French-speaking nurses, the company helped to finance a public health nursing course at Montreal University. In cooperation with the National Organization for Public Health Nursing, the Metropolitan prepared a *Manual of Instructions for Public Health Nurses*. The company has made many studies which have stimulated better all-round performances by nursing agencies.

An important Metropolitan contribution has been the development of accurate nursing records. These data have helped nursing agencies to operate on sound business princi-

ples. They have also helped in determining how nursing service could best serve the needs of the community, and some studies have proved to be valuable material in medical and public health research.

Growth of Public Health Nursing

The company's financial support in paying for visits to policyholders has also greatly influenced the growth of public health nursing organizations in Canada and the United States, particularly in the earlier days. Many of the newer nursing agencies now available to the general public were founded because of Metropolitan's encouragement and financing.

In 1950, after 41 years, the company felt that the value and permanence of public health nursing was well established all over the United States and Canada and that the time had come for the company to direct its main public health effort into new and unexplored channels. To provide a period of adjustment, the company, on June 30, 1950, announced its plans to terminate its Nursing Service as of January 1, 1953. In the meanwhile the company is concentrating its efforts to help organize visiting nurse associations where none exist and to help strengthen others. This outcome was foreseen even in the beginning; Dr. Frankel told Metropolitan nurses on many occasions: "We must all cooperate in order to work ourselves out of a job; then we shall know that our efforts have been constructive and results accomplished." Public health nursing has been called the greatest contribution of America to public health achievement in the 20th century. The Metropolitan can well be proud of having played an important part in the development of this movement.

Supplementing the health pamphlets and the friendly advices of the

nurses and agents, the company has over the years developed a number of other media in its program of health education. Of prime importance has been the long series of health films. In 1924, the company's first film, "One Scar or Many" was prepared and distributed. It played an important role in pointing up the necessity for universal vaccination as a preventive of smallpox. A long series of professionally prepared films followed, dealing interestingly with such health problems as street and highway safety, diphtheria immunization, nutrition, heart disease, and overweight. They have enjoyed a remarkable success, having been shown in theatres and other public places, and now on television, throughout Canada and the United States to audiences totaling more than 150 million people. A new color film on weight control, "Losing to Win", will soon be released.

The Metropolitan has also developed a unique advertising program in the national magazines which over many years has brought important health messages to millions of readers in Canada and the United States. These advertisements appear monthly and cover a wide range of topics, but in a general way three themes have been stressed: the importance of keeping fit; the danger of neglecting even minor illnesses and injuries; and the benefits of periodic medical examinations. In recent years, the company has geared many of its advertisements to support the campaigns of the great national voluntary health agencies, such as the National Tuberculosis Association, the American Cancer Society, etc. The company has also launched a similar program on national radio hook-ups. Each of these broadcasts mentions a particular booklet in the company's health library which listeners are invited to send for. Fifty thousand requests for

such booklets have been received in a single month.

One of the most dramatic and effective tools for advancing public health has been the local health demonstration. Through this device the attention of an entire continent can be focused on one community, which serves as a proving ground for demonstrating the efficiency of public health measures. The company's first major undertaking of this type was carried on in Framingham, Mass., between 1916 and 1923. The 17,000 citizens of the town and the National Tuberculosis Association joined the company in demonstrating how a typical American community could bring the disease under control. Fortunately, this effort was under the able leadership of Dr. Donald B. Armstrong, who directed the experiment throughout the entire period. By the end of the seven year period, the tuberculosis death rate in Framingham had been cut 68 percent. But the improvement in the health of this community was not limited to tuberculosis. There was also a sharp decrease in infant mortality and in the general death rate. Fortunately, Framingham learned that public health work was thoroughly practical and worthwhile. The services, supported by the Metropolitan during the period of the demonstration, were taken over by the community itself and have, in fact, been augmented over the years. Today, Framingham has succeeded in bringing its death rate from all of the infections to extremely low levels. It has also enjoyed the distinction of having shown to other American communities how similar results could be obtained, provided the necessary organization and resources were put to work.⁵

Thetford Mines, Quebec, was the scene of another far-reaching demonstration. This community was chosen at the suggestion of an official

of the Church because of the high infant and maternal death rate, and the substandard health conditions existing there. The demonstration lasted from 1921 to 1924, and received the enthusiastic support of the town officials, the clergy and the medical profession. During the three-year period, the infant mortality rate had dropped from about 300 per 1,000 to 96 per 1,000, a reduction of 68 percent.

The community of Thetford Mines carried on the work after the demonstration ended, but its influence was much more far reaching. The provincial government of Quebec was so impressed by the effectiveness of this demonstration that it appropriated \$500,000 for similar efforts throughout the whole province. The province has since taken step after step to further public health work. It has established health units throughout the province, has sent promising young physicians to the Schools of Public Health in the United States and in Toronto for special training, has encouraged the training of public health nurses and has in every way moved forward to establish an effective health service for the people.

The Metropolitan's health and welfare work throughout the years has been carried on in cooperation with other groups, official and voluntary, working toward better public health and safety. Health departments, medical societies, parents' associations, school administrators, and dozens of other groups have been active participants in Metropolitan campaigns. These have been directed at various times against tuberculosis, diphtheria, typhoid fever, influenza and pneumonia, appendicitis, accidents rheumatic fever and heart disease.

Aid to Medical Research

Through its Welfare Division, the Metropolitan has also conducted or

given financial support to much important medical research. An outstanding example is the work of its Influenza-Pneumonia Commission, established in 1919. This commission of leading scientists, financed by the company, helped greatly to develop pneumonia sera, at one time the only weapon against pneumonia, and later contributed to the wide use of the sulfa drugs and antibiotics which have helped to bring pneumonia under control. Since 1930, the Metropolitan has cooperated with Dr. Elliott P. Joslin and his associates at the George F. Baker Clinic in Boston, Mass., in an intensive study of diabetes and in spreading knowledge on how to control the disease.

Recognition of the tremendous value of coordinated research finally led to the establishment in 1945 of the Life Insurance Medical Research Fund supported by some 149 life insurance companies in Canada and the United States, including the Metropolitan. Through this program, about \$600,000 is granted annually for long-term research projects. Currently, the emphasis is on diseases of the heart and allied conditions, which are now the foremost cause of death in North America. The fund is supervised by a board of directors composed of company presidents and an advisory council of distinguished physicians.

The company for many years has had an active interest in the field of industrial hygiene. The growth of group insurance has stimulated these activities. Since 1916, the Metropolitan has had an industrial hygiene service which works with employers to solve health problems in their particular industries. Studies have been made of silicosis, asbestosis, and hazards in the ceramic, leather, and other industries in Canada and the United States. These studies have not only meant

life-saving service to group policyholders, but have also been used by health officers and others in the field of preventive medicine.

The Statistical Bureau was launched early as an arm of the Welfare Division. Dr. Frankel considered accurate record-keeping and sound analysis of the experience essential to his program. The first function of the bureau was to study intensively the mortality experience of the company's policyholders and to determine the opportunities for service by the Welfare Division to prevent unnecessary sickness and death. Later, the Statistical Bureau expanded its functions in connection with the many business activities of the company, including the study of hazards of occupation, and the risks involved in certain types of physical impairment. In this way, the bureau has served as a bridge between the welfare activities on the one hand and the business operations of the company on the other.

The bureau's records have proved a rich mine of information on the health and longevity of the American people. Much statistical research has been conducted for the guidance of health officers and private agencies engaged in public welfare service. Every important phase of public health has been covered, but emphasis has been placed especially on tuberculosis, infant mortality, children's diseases, maternal mortality, cancer, diabetes and heart disease and allied conditions.

The bureau has cooperated with health officers and registrars all over the country to improve birth and death registration. It has also served as a consultant to many health officers, registrars, directors of nursing services, and other private health organizations, in the preparation of their reports and in the organization of their research work.

It is obviously impossible in this brief sketch to cover the wide range of activities which were initiated by the company under its health and welfare program. I have attempted here to touch only the high spots of this operation, and more particularly those which would be of particular interest to Canadian readers. Enough has already been recounted to indicate the scope of this activity. It will now be of interest to see, at the close of 42 years, what has been the effect of the Metropolitan's health conservation program on the life of the company's industrial policyholders. This is, after all, the acid test of the wisdom and worthwhileness of the plans which were carried on over the years at considerable cost to the company. Perhaps the best single measure of the results is in terms of life expectation. In 1911, at the time the Welfare Division was launched, industrial policyholders had a life expectancy at birth of 46.6 years. By 1950, that figure had risen to 68.21 years. The gain in the past four decades thus amounts to more than 21½ years. At the beginning of the experiment, the average length of life for industrial policyholders was 6½ years below the average for the population. Today, the averages for the two groups are practically the same. This is the measure of what has been achieved.

Interest also centers in some of the details of this achievement. The mortality rate has declined almost continuously over the period and has now reached the extremely low figure of 6.37 deaths per 1,000 policyholders, which is practically half the death rate of 12.53 per 1,000 recorded in 1911. Under the mortality then prevailing, the mean number of industrial policyholders in 1950 would have experienced 300,000 deaths in place of the 119,000 which were actually recorded. This represents a saving of 181,000 lives in one

year alone. Such is the nature of this accomplishment.

The value and the effectiveness of the program are further indicated by the very striking reductions in mortality from specific causes. Thus, tuberculosis has been reduced 91 percent, pneumonia and influenza 87 percent, the communicable diseases of childhood 99 percent, syphilis 55 percent, and accidents more than 50 percent. It is in these areas that our efforts have been concentrated, and it is here that the greatest gains have been achieved.

Similar progress has been made in reducing mortality among Canadian policyholders during the past four decades. Even during the last 20 years the death rate in this insured group has declined 40 percent. The success achieved against some items in the mortality picture is nothing short of spectacular. For example, diarrhea and enteritis two decades ago were leading causes of death in some of the provinces. In 1931, the rate was about as high as that for pneumonia or cancer. The death rate from diarrhea and enteritis has since been reduced 90 percent. In the same period, the mortality from typhoid fever and other conditions prevalent in parts of Canada have been practically eliminated. Perhaps the most striking demonstration of the development of good public health service in Canada is offered by the marked improvement in the mortality of French-Canadian policyholders. In the 1920's, there was a considerable difference in the death rates of policyholders in Quebec and in Ontario. As the years passed, this

divergence was continuously reduced, and now there is very little, if any, difference in the rates for the two provinces. Here again we see the direct effect of concentrated effort by voluntary and official agencies to control the preventable causes of mortality.

These extraordinary gains reflect the character of men and women who have directed the company's welfare activities. It was indeed a fortunate circumstance which brought Lee K. Frankel into the field of life insurance at the particular time when his genius and resourcefulness were so much needed. On his death in 1931, the company turned to his colleague, Dr. Donald B. Armstrong, who had made a reputation for himself as the director of the Framingham Demonstration, to carry on the administrative work of the Welfare Division with which he had been associated since the discontinuance of that demonstration in 1923. How well the mantle fitted is best indicated by the continued progress of the division and by the high esteem in which he is held by the entire medical and public health profession. Dr. Armstrong, I am confident, will wish to share this esteem and recognition with the fine group of associates he has had in the administration of the many activities of the company's health and welfare work. Under his direction, the company's resources for health conservation will continue to be applied to old and new problems to the best advantage of the policyholders and the people at large.