VIEWS FROM THE FIELD
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GRANTMAKERS IN HEALTH

A Healthy Public Needs More Than Public Health: Lessons for Addressing Substance Use

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Few people know the name Mary Brown, and perhaps even fewer know Mary Mallon; but Typhoid Mary? Everyone has likely heard a piece of her story. Her story has always intrigued me as a case study in how public health, justice, and human rights are often at odds. I work in substance use disorder (SUD) and drug policy, and this field seeks to find individual and public health responses to drug use. My work seeks to shift the frame of substance use from a criminal justice perspective to one that includes health, social, and community systems.

Practitioners are now using the words *public health* as a code name for change. There are burgeoning "public health" approaches to education, policing, justice, and health reforms. There is a belief that a public health approach will create systemic changes leading to a more cost-effective way of doing business, which will reap great savings and reprogram federal, state, and local funding. This is a lot for public health to deliver. Due to lack of funding and embracement, the discipline has not revolutionized the way we think of community health, much less education and policing. We need to focus our energies on clearly articulating the change we wish to see instead of putting all responsibility on the concept of public health.

Let us return to Typhoid Mary to explain why I, a black woman and public health practitioner, came to this conclusion. For the best description of Typhoid Mary, I suggest reading "Typhoid Mary: The Sad Story of a Woman Responsible for Several Typhoid Outbreaks."[1] Mary, an unwed Irish immigrant, became a domestic cook because it was a relatively high-paying job. In 1906, she worked in the Long Island vacation home of a wealthy banker's family. During her tenure, though she was not ill, 6 of the 11 people living in the house developed typhoid fever. Mary initially refused to provide a stool sample, but eventually health officials and the police gained a sample, which tested positive. Without the right to a hearing or her consent, Mary was deemed a danger to society and sent to an isolated cottage.

Mary elicited some public sympathy, but no one had explained the healthy-carrier concept to her. Feeling unjustly held, Mary sued the New York City Health Department, but the judge sided with health officials. After Mary had spent three years in isolation, a new commissioner offered her freedom in exchange for promising to never cook again due to the fecal-oral spread of typhoid. Five years later, a typhoid fever outbreak in the Sloane Maternity Hospital was traced back to Mary Brown, aka Mary Mallon. Mary had tried other domestic jobs, but they did not pay enough, so she returned to cooking. There was no public sympathy the second time. Mary lived the rest of her days in the isolated cottage on North Brother Island.

This story holds many lessons for those seeking to increase community access to SUD services and holds lessons for all who are calling for a public health approach to drugs and society. Many themes from Mary's story mirror issues related to drug use today:

➤ Social Determinants of Health

- Mary felt she had to cook because she had few job opportunities and chose the one with higher wages.
- Individuals sell small quantities of drugs because communities offer few job opportunities. Some use drugs based on social determinant realities, such as addiction and poverty.

➤ Police Intervention

- When the health department was unable to capture Mary, they called in the police.
- A lack of appropriate health and social responses to drug use causes police to initiate criminal justice–based interventions.

➤ Justice System

- Mary did not feel ill, so she fiercely protected her privacy. A sample provided by force proved her infectiousness. With no right to due process or the

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[1] Jennifer Rosenberg, "Typhoid Mary: The Sad Story of a Woman Responsible for Several Typhoid Outbreaks," October 30, 2015, http://history1900s.about.com/od/1900s/a/typhoidmary.htm

ability to defend herself, she was forced to a solitary cottage. Due to public anger, her second "sentence" was harsher.

- Many drug users do not feel ill, and many are not addicted. However, some are forced against their will to give samples that prove guilt; for instance, people on probation or parole supervision. And if poor, they often are imprisoned with harsher sentences the second time.

➤ Stigma

- Society either embraces, sympathizes with, or vilifies people deemed public health risks. Society has mixed feelings depending on the race, economic status, and gender of the person. For instance, others had spread typhoid and caused more deaths, but they were not isolated like Mary.
- While some drug users have access to services, a disproportionate number of low-income people and people of color are instead exposed to the justice system and its ramifications.

➤ Funding

- The authorities needed a space to isolate Mary, so they found a place they already owned. They used what was available, but it was not outfitted to care for a person holistically.
- Authorities often use jails to isolate drug users. Jails are not designed to holistically care for a person, but must take whoever comes in. Once a person is released, the combination of a record and lack of skills training means that individual will have difficulty finding employment, housing, and more.

➤ Private Health

- There was no discussion of Mary's personal doctor stepping in to alleviate the situation, and it's unlikely she even had a physician.
- Individuals rarely have access to a doctor or private health care system that provides services in the community.

So, what do we do? The passage of the Affordable Care Act (ACA), which includes substance use disorder services as an essential benefit at parity to physical health services, can be used as a tool to offer comprehensive holistic services and as a way to bring together siloes. ACA requirements have caused health systems to search for evidence-based and cost-effective means of SUD care as they would for other diseases. How can we all capitalize?

- Bring together physical health, social determinants, and behavioral health providers, advocates, and funders to develop health models, quality measures, and outcomes that include behavioral health. We must develop benefit packages that include the full range of SUD services, including but not limited to: prevention, harm reduction, specialty treatment inclusive of medication assistance, recovery services, and physical health services for active users.
- Use the ACA to develop and test patient-centered integrated services that include full SUD services, not just for opioids, and in all types of health homes, Accountable Care Organizations, and other pay-for-performance systems of care.

The ACA offers an opportunity to bring non-health systems to the table to improve community health; one example is the justice system.

- Society has deemed police as first responders for many drug users, but instead of bringing people to jail, police could bring them to culturally effective person-centered services. Programs such as Seattle's Law Enforcement Assisted Diversion, where people receive harm-reduction services instead of incarceration, could be made more sustainable using other state and local health and social service funding.
- Justice and health system education on Medicaid enrollment and effective care models to promote the well-being of those who are about to enter, are currently in, or are about to leave jail or prison can be a way to ensure continuity of care for chronic diseases and also demonstrate the efficacy of community-based services as an alternative to justice involvement.

Finally, as public health dollars from federal and state governments are dwindling, the ACA challenges us to think differently about funding. Substance use must be a part of projects that develop bundled payments to care for people while decreasing health costs.

- Bundled payments, and pay-for-performance measures in overall health care, can be used to address behavioral health, one of the major drivers of emergency department utilization. However, health systems and advocates must work to design such integrated benefits, which have not previously existed on a large scale.
- Consider the larger picture: Could your governor, who must balance health, corrections, and education budgets, start to look at bundles of care, or can your state's corrections dollars and insurance regulations be used to create a holistic package inclusive of behavioral health services?

Mary's story plays out over and over again in many communities. The longstanding invisibility of substance use disorders simply cannot continue if we truly want to improve communities. We have a window of opportunity to make great strides if physical and behavioral health policymakers, advocates, and foundations work together. Let us use it!

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