What was the impact of war on public health in the 20th century?

Introduction
In the past hundred years attitudes to public health in Britain, and the role of the state in improving the health of the population, have changed dramatically. One of the principal forces that led to this change was warfare. In this resource, we will explore the impact of three conflicts on the provision of health care and your key question will be:

**Which war had the biggest impact on developing public health in Britain in the 20th Century?**

The three wars were:
- The Boer War 1899-1902
- World War One 1914-1918
- World War Two 1939-1945

**The Boer War and public health**

Between 1899 and 1902 Britain fought a long and costly war in South Africa against the Dutch settler farmers (Boers). The British had assumed that the lightly armed Boers would be easy to defeat but the conflict was far more difficult than anticipated. One perceived cause of British weakness at the time was the poor state of physical fitness of new recruits to the army. 40-60% of volunteers to the army, mainly from working class backgrounds, were rejected on medical grounds. In some towns nearly all young men were turned away.

In the aftermath of the war, newspapers and writers associated the problems of the British Empire with the poor health of many British people, arguing that a malnourished and unhealthy nation could not rule the biggest empire in the world.

The Committee on Physical Deterioration was set up in 1903 and recommended that the government introduce:

- compulsory medical inspections of children in schools
- free school meals for the very poor
- training in mothering skills for working class women.

These recommendations represented a significant increase in the role of the state in public health. Both the Conservative and Liberal parties in Britain at the time of the war agreed that the state should have a limited role in the lives of ordinary British people. The findings of the committee were therefore a step towards a new kind of government. In 1906 the Liberal Party was elected on a mandate of social reform which had a significant impact on public health.
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Between 1906 and 1911 the following pieces of legislation were passed:

<table>
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<tr>
<th>Reform</th>
<th>Effect on public health</th>
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<tr>
<td>1906 <strong>The Education (Provision of Meals) Act</strong></td>
<td>Free school meals were provided for working class children by local authorities (though this provision was not always available and by the eve of the Second World War only half of all authorities provided school meals).</td>
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<tr>
<td>1906 <strong>Workers Compensation Act</strong></td>
<td>Workers were now insured if they were injured at work.</td>
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<td>1907 <strong>Education Act</strong></td>
<td>School medical inspections were introduced.</td>
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<td>1910 <strong>Merchant Shipping Act</strong></td>
<td>This made sure that living standards and access to medical treatment for sailors improved.</td>
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<td>1911 <strong>National Insurance Act</strong></td>
<td>For the first time workers were enrolled into a compulsory insurance scheme (though it only covered a minority of the workforce). It provided free medical treatment and sick pay of 10s a week for 26 weeks as long as workers made a payment of 4d a week.</td>
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**The First World War and public health**

The demands placed upon Britain were vastly increased by the pressures of the First World War that lasted from 1914 to 1918. By 1916 a policy of conscription had been introduced, but even before this, millions of men volunteered to fight on the Western Front. Similar recruitment problems faced the British army to those that had emerged during the Boer War. Medical examinations for conscripted soldiers between 1916 and 1918 produced alarming results. The Ministry of National Service Health Boards examined 2.5 million men, which was thought to be a representative sample of the nation’s health overall. Men were graded I, II or III for fitness and in 1918 a quarter of all men were graded II or III, a statistic Prime Minister David Lloyd George described as ‘appalling’. He said in 1919 that ‘you cannot conduct an A1 empire with a C3 population’.

In the immediate aftermath of the war a Ministry of Health was set up under Dr Christopher Addison. When he spoke in the House of Commons on the creation of the Ministry he directly related it to the problems of public health that were identified during the war. The Ministry took over many of the responsibilities for public health that local authorities had previously held. These included:

- training doctors
- sanitation
- hospital funding and organisation.
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What the First World War had shown many people in Britain was that when the state became fully involved in organising and directing the economy, massive change could quickly occur. Some politicians and thinkers believed that there was no excuse after the end of the war for the state not to organise the confused and patchwork provision of hospitals across Britain.

The Second World War and public health

By the time the Second World War began in 1939, the Ministry of Health had improved public health in Britain considerably. Specialist clinics that treated common illnesses and also advised families on nutrition and fitness had begun to be established. The most famous of these was set up in Bermondsey in 1936. In 1938, as fears of war with Germany grew, the Emergency Health Service was established to deal with the aftermath of mass bombing of British cities. The EMS gave central government the right to control the voluntary and municipal hospitals. Previously hospitals had not had to work together, share staff and resources or think of themselves as a bigger organisation. The EMS showed the British government that working on a large scale meant that major challenges such as the Blitz or the aftermath of Dunkirk could be dealt with effectively.

These insights steered the thinking of politicians, health care specialists and the general public towards the provision of a national health system after the war. From 1940 onwards Britain experienced mass bombing of her cities and mass evacuation of civilians to the countryside, once again showing that the state had a powerful role to play in organising and coordinating the population in a crisis. This led many to conclude that it could also be used to provide services like health care after the war.

The Beveridge Report and the NHS

In 1942 a senior civil servant, Sir William Beveridge created a report that laid the foundation for Britain after the end of the war. In the Beveridge Report five ‘giant evils’ were identified that blighted the lives of British people - ‘Want, Disease, Ignorance, Squallor and Idleness’. Many new institutions of a ‘welfare state’ were established after the end of the Second World War by a new radical Labour Government, partly as a result of the report. One of the key institutions was the National Health Service. The NHS was paid for out of National Insurance contributions and was free at the point of use.

The NHS provided three tiers of service (known as the tripartite system):

- Hospital services: accident and emergency services and in-patient treatment for serious illnesses
- Primary care: GPs, dentists, opticians and pharmacists all operated as independent contractors (private businesses, not run by the NHS but who sold their services for a profit)
- Community services: health visitors, vaccination services, health education, midwives and ambulances were all managed by local authorities, not directly by the NHS
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The new service was a huge expansion in health coverage in the lives of many ordinary people in Britain and the combination of better health care and increased affluence meant life expectancy increased from 65.8 years for men and 70.1 years for women in 1948 to 71 years for men and 77 years for women in 1979.

Sources

Look at the sources below then answer the questions which follow.

Source A

The Report of the Committee on Physical Deterioration 1903, referring to the state of working class people in Britain

‘A population reared in the sunless slums of our smoke-enveloped cities, unless reinforced by marriage with men and women born and reared in God's fresh air, deteriorate quickly to such an extent that the third generation is either sterile, or at best capable of giving birth to an infirm and rickety posterity.’
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Source B

Are YOU in this? First World War recruitment poster by Baden Powell showing helpers on the home front giving backup to fighting soldiers and sailors
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Source C

General view of one of the wards at Seacroft Hospital in Leeds, with patients lying in their beds and nurses in attendance. 1st May 1964
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Tasks

1. What does the author of source A suggest will happen to working class people in future generations unless the government acts? Was this based on sound scientific knowledge?

2. Look at Source B. Why do you think the British government was so concerned with the health of the nation during the First World War? Did this change after 1918?

3. What does Source C tell historians about the achievements of the NHS in the post war decades?

4. Using all the sources and your own knowledge, how did ideas about public health change as a result of warfare in the 20th Century?

Summary diagram

- Failings in the Boer War were alarming to many Britons → 1903: the Committee on Physical Deterioration → Created climate for 1906 Liberal reforms to public health
- Conscription in 1916 revealed poor levels of health across Britain → 1919: Post war Ministry of Health established → Interwar improvements in health care provision
- Emergency Health Service 1938 → Beveridge Report 1942 → 1948: Establishment of the NHS