> Acceptance of this answer calls for a democratic team of professional equals. . . . It immediately becomes obvious and essential that many other professions with many other skills and knowledges must be integrated into scientific public health to obtain a diagnosis and plan of treatment for the body politic.
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> To diagnose community ills we must have knowledge of community economy—the distinctive skills of the economist, a knowledge of the social structure of the community, and the impact upon their health practices of nutritional, . . .of recreational, religious, moral, and ethical patterns. . . .
>
> We must have knowledge and techniques of community organization, of the power structure of that community, of the political structure, of health laws and regulations, of attitudes that determine acceptance or rejection of change and development. We must have sophisticated knowledge of education and educational methods, of mores and morals that affect the growth and development of community consciousness and community action.
>
> We must have knowledge of community measurements, of the demographic characteristics of our patient—the age, sex, racial distribution, and the intricate ways in which this affects our patient's health; the biostatistical techniques of collection and analysis of the data that can determine mass phenomena of disease and health; the geographical base that determines isolation, transportation, and resources.
>
> We must have knowledge of sanitary science, the technical skills that can determine oxygen demand or biologic balance under widely varying circumstances. We must know the epidemiology of our patient, the community, and develop techniques to assess the symptoms of community illness, physical or mental. . . .
>
> All of this is nothing more or less than a scientific approach to the diagnosis and treatment of the body politic—the history, the physical examination, the tests, the analysis, the clinical judgment, and the prescription for treatment.[40]

It was bad enough that the medical profession, political leaders, and the general public misunderstood the role of public health, but McGavran also felt that the school's faculty lacked a clear sense of the movement's purpose. As a result the faculty spent the better part of the 1953 winter quarter discussing questions relating to the role of the school. "Before we can have a better understanding and appreciation among others," McGavran told his colleagues, "we must set our own