## PiURMMA111 By the Board of Health, to Railroad and Steamboat Corporations, \&c.

Whereas, Reliable information hav been received that goods have recently been shipped to this eity from Memphis, Tenn., where yelhow fever in now prevailing as an epidemic;

Therefore be it ordered by the iBoard of Ifealth, of the City of Aurora, Indiana, that from and after this date it shall be unlawfult for any owner, conductor, or perxon in charge of a railroad carr, steamboat, or other public conveyance, to discharge within the corporate limith of the Clity of Aurora uny goods, hagqage or articlew whatever, shipped from a point south of Louisville, Ky., or any divtrict infected with yellow fever, nithout a writtem permit from the Board of Health.

It shall be unlawful for any ofiricer of a steamboat, railroad car, or any other conveyance to bring or cauve to be brought and landed within the boundary line of this city any person unwell with symptoms of yellon fever, or any perwon sick or unwell, coming from points infected with yellow fever, without written permit from the Board of Health of the City of Amrora.

Any violation of these orders will be regarded as a violation of a City Ordinance and remder the parties so violating liable to prowcention.

These ordery are made in compliance with the City Ordimamee adopted July 9 I, 1879.

CHEORGE SUTTMDN, M. D., Pres<br>R. C. BOND, M. Do, Secretary.<br>F. RECTANUS, D. D. Treas.


A mera, Indo, Jely 98, 1889.


# the first one hundred years: 

essays on the history of the american public health association

## preface



This series of essays in reportorial style chronicles both the successes and the ailures of the American Public Health ailures of the American Public Health Association over the years. In this it is
somewhat different from the usual cenennial history. In highlighting th erment that has often characterized he organization, Ms. Bernstein has, believe, made a valuable contribution to our understanding of APHA.
seldom content with the status quoeither inside or outside the Associa tion-APHA has remained vital while ther organizations, comparable in age, have stultified. The thread of creative discontent that runs throughout this history will undoubtedly continue in he second hundred years of the or anization. It is this that will continue which the Association represents.

James R. Kimmey, MD
Executive Director


The following 12 essays do not pretend to be a scholarly record of the 100 years of the American Public tealth Association. They are the very per Association. They are the very per-
sonal observations of one who knew sory little about the Association before the task was begun, and came to grow very fond of it as each chapter unfolded.
The strength of the Association, of course, has been its members. It is unfortunate that so few of the people who have shaped the character of APHA have been mentioned in these essays. It is hoped that those who are mentioned will serve as representatives f all those who have contributed.

APHA's most impressive feature, to this author, is its ability to withstand dissidence within the organization and furn it into strength. APHA has to grow stronger; its history of flexibility and change will not let it do otherwise.

## chapter 1

"So let us on this most auspicious anniversary look backward and learn the lessons of experience which it teaches before we take a step into the uncharted future."

Stephen Smith, 1921, on the
50th Anniversary of
If the miracles of modern science had allowed Stephen Smith to mark the 00th anniversary of the organization which he founded, what might be his observations on its progress?
No doubt he would be shocked at the concept of participatory democracy in ormulating association policy, and work. Probably, he would applaud work. Probably, he would applaud
APHA's movement toward activism in the health field, for Smith was one of the earliest advocates of national health legislation. Finally, he would not be surprised to find himself alive at the age of 149 , since the tremendous ad vances in medicine made during hi inetime filled him with optimism tha pletely conquered by the year 1971

Stephen Smith was born Feb. 19, 1823 before the great strides in medic progress had begun. Public health in

## birth of an association

the seventeenth and eighteenth cen uries was, for the public, largely matter of ignorance and superstition the best defense against an epidemi was believed to be fasting and praye meant little to people whose food supplies were precarious, and the lack of general education made communic tion of new advances in health difficult

1850, a man who was lucky enough osurvive past childhood could expect o live 41 years. His newborn child had 75 per cent chance of reaching his ifth birthday. In New York City alone deal 23,000 deaths each year frox pelentable disease. "Small pox, scarle fever, measles, diphtheria, were do mestic pestilences with which the people were so familiar that they regarded them as necessary features of child hood," Smith wrote. "With the imm grant came typhus and typhoid fevers, which resistlessly swept through th erty-stricken tenants." Consumption malaria, cholera, and yellow fever struck poor and rich alike.

The growth of vital statistics-first de veloped through compulsory parish
egistration in Europe-was the key to eform in public health. From the comparison of crude death rates grew he concept of preventable diseases especially as related to the totality o Statistics showed that the highest death rates existed in the filthy, overcrowded unventilated, and unsewered dwelling of the poor. Inevitably, the conclusion was drawn that "sanitation" could pre vent disease.
hysicians of the period eagerly grasped the "filth" theory of disease produc tion. Although Edward lenner had of smallpox by inoculation, the science f bacteriology had not yet been de of bacteriology had not yet been developed to destroy the beliefs that misease rather than merely carrying it, that all kinds of dirt-no merely human wastes-are dangerous and that infectious diseases are carried mysteriously through the air. Though physicians did much for human com fort and convenience and saved many for many years obscured the validity and application of the germ theory.

The theory of spontaneous generatio was laid to rest in the $1850^{\prime}$ 's and $60^{\prime}$ 's,
by Pasteur and others. Joseph Lister applied Pasteur's findings to antiseptic surgery in 1865; Robert Koch discov red and demonstrated the anthrax bacillus as the cause of anthrax in 876. Later, in 1881, Koch developed the use of solid media for the isolation of pure cultures-laying the ground-
work for modern laboratory technique

These and many other scientific ad vances accompanied the impetus for public health movement in the 1870's. The mid-point of the century had wit nessed great social reforms in such movements as women's rights and the abolition of slavery. The demand for uently religious intensity of moral feeling, particularly when diseases originating in squalor threatened the lives and health of rich and poor alike and when the health of industria workers was recognized as importan o improving productivity.

Until this period, there was a general bsence of recognition by authoritie -and citizens-of an obligation to de velop public health services. Health movements, lacking scientific evidence and public support, had begun and failed in the eighteenth and early nine teenth centuries. The Quarantine and Sanitary Convention, originated to re form U.S. quarantine laws, met anhually from 1857 to 1860 , until it was interrupted by the Civil War. Though
it never reconvened, the convention motivated the organization of new and existing health groups.

In 1872, only three states and the District of Columbia had established boards of health. Accurate registration of births, deaths, and marriages was claimed by only two states. The Ameri-
an Medical Association, organized in 846, had moved into the public health field in 1871 with formation of a com mittee on public hygiene, but no orgaization solely devoted to public ealth existed at that time.

Such was the state of public health in 872 when Stephen Smith invited group of "refined gentlemen" to discuss informally the possibility of a national sanitary, association. Smith's eputation as a physician and sanitarian was already well established. Tributes to him, although colored by the effu sive writing style of the period, charac ferize him as a man of innovation in his reform in health legislation, a humanitarian, and a charismatic leader.

He was "straight, erect, and self disciplined as an army officer," Fieldin H. Garrison, MD, said, "keen and quick of perception, yet with the genial, humorous 'twinkle.' No one could without feeling impressed with his astonishing vitality and virility,"

Smith was born on a small farm in Onondaga County, N. Y,. in 1823, descendant of an American officer in he Revolutionary Army. Ninety-nine years after his birth, Smith told the fiftieth meeting of APHA, "I had se ected medicine as my profession on the suggestion of my physicians as rence of a form of indigestion of which thad been a victim from childhood. To that advice I attribute my activities for middle life and the comparatively comfortable age to which I have attained.

Whatever his motivation, Smith a tended Cortland Academy in Home
. Y., and lectures at Geneva Medical College. In 1849-50, he was a residen medical student at the hospital of the Sisters of Charity, and then entered the College of Physicians and Surgeons of Columbia University. Following graduation in 1851, he "found himself in a practice and nobody to treat."
successfully passing a highly competiiive examination, Smith earned a place on the resident staff of Bellevue Hos


APHA founder Stephen Smith shortly before his death in 1922 at age 99.
ital. There, he was one of the few hysicians to escape an epidemic of typhus fever and, apparently immune was appointed visiting physician of the ever hospital established on Blackwell's Island.
Examining the admissions records of patients at the hospital, Smith found hat more than 100 fever patients had been admitted from one tenemen alone. He visited the house, a port of entry for many newly arrived Irish
immigrants, and found a "veritable ever nest." Sewage was strewn about, doors and windows were broken, and he house's many occupants slept on straw scattered on the floor. Smith's ttempts to close the house were unuccessful, since no legal authorit sance." Outraged, Smith contacted the itizen's Association, a civic group rganized to fight Boss Tweed, then in control of Tammany Hall.

Under the association's sponsorship, ommittee conducted a survey of New York City sanitary conditions and found hat the previous failure of efforts to official denials of the unsanitary conditions in the city, and the incompetence and ignorance of local authorities. The Board of Health existed only when the city aldermen convened as such "health wardens" were usually saloonkeepers.
In 1864, Smith and an attorney, Dorman B. Eaton, drafted a Metropolitan Health Law, a specific cluded a clause to prevent legal au public health officials. The bill en countered expected opposition, and was not passed until 1866, its final pas-
sage partly the result of a successful位 of the medical profession.
spurred by the threat of a cholera epiemic in New York, the legislatur reated a Metropolitan Health Board to nact the provisions of the law. Smit was appointed a commissioner, a post redited the achievements of the board to his "revolutionary law," particularly the "extreme power it gave health uthorities in performance of their duties."

The American Public Health Associa tion had its inception in the Metro politan Board of Health. During the hree-year struggle to secure the health tation had been created. The Board's uccess in controlling the cholera epidemic in New York prompted public support for organization of local boards of health, and Smith's correspondence as a commissioner indicated that there was great interest in establishing a na tionwide chain of communications in public health.

Smith was determined to undertake a campaign of education through the medium of a national public health association. He believed that such an association, through annual meeting and publications, would "awaken and maintain the active and permanent interest of the people in sanitary admin istration," "greatly facilitate the en
lightenment of the public" "promote the appointment of mor competent health authorities."

Smith's suggestion of an association composed of existing health officia and interested citizens was well re
ved by the six men who accepted his invitation to meet at the Mot

Street offices of the New York Board of Health on the afternoon of April 18 872. Although the passage of time has somewhat diminished the accomplishments of the meeting participants, the seven who gathered for the first lic Health Association were among the op health specialists of the era. Thre them would later head APHA.

dwin M. Snow, superintendent of health in Providence, R. I. and a prominent health statistician, presided at the first meeting. The others were John H Rauch, Chicago urban health specialist Christopher C. Cox, president of th District of Columbia Board of Healt and later, lieutenant governor of Mary physician; John Ordronaux, a specialist in military and legal aspects of medicine from Roslyn, N. Y.; Carl Pfeiffer, a New York architect who documented the relationship of good housing to good health; and Smith.

The seven men limited their discussion that afternoon to the formation of a "National Sanitary Association" and concluded that a larger, more forma meeting was necessary. Accordingly, they adjourned and reconvened late that evening at the New York Hotel ness, and three others ioined the company: Heber Smith, MD, of the Marine Hospital Service; Moreau Morris, MD New York; and Elisha Harris, a New York physician and statistician.

At the evening meeting, those presen agreed to form a Committee on Pe manent Organization. Representation from the army and navy medical staffis was also suggested, possibly Smith's first step in securing alliances in his plan to press for a national health administration. The committee called for the first organizational meeting to Branch, N. J., Sept. 12, 1872.

Elisha Harris, as committee chairman,
presided at the September meeting, at ended by 15 members. A propose plan of organization was presented and, after revision, adopted as the firs constitution of the American Public Health Association. "The advancemen of sanitary science and promotion of organizations and measures for prac ical applicaion of public hygiene, objective.

Harris turned the gavel over to Smith


New Yorker Hotel, site of first evening meeting of APHA founders in 1872
elected first president of APHA. Snow was named first vice president; C. B White, a Louisiana physician, second Harris, secretary.

The first constitution provided the basis or much of today's Association struc ure. Dues were established; the an nual fee for membership was $\$ 5.00$ Alterations in the constitution could be made at an annual meeting only after proposal at an earlier meeting did be adople ably a wote

An executive committee was named An executive committee was named icers in authorizing expenses and pay ments, and supervising Association interests. But in addition, the committee considered all applications for membership, and reviewed the titles and bstracts of all papers submitted fo he annual meeting. Furthermore, al motion from the floor, all resolutions and actions were referred without debate to the committee.

The founders had purposely granted bsolute control of all business affairs o shape and direct policy on all new questions. The autocratic powers delegated to the committee were conrowth by Smith and the others. "Great rare was taken to protect the Association] from those internal dissensions which wreck so many societies," he wrote.

1897, Smith recalled
New members often chafed under a rule that prevented them from and general discussion, some sub-
ect which would have given rise to sharp antagonisms, so productive of sible good could come. Twice, during my own occupancy of the presiing my own occupancy of the presi-
dency, the Association was saved rom rupture by a strict adherence to this feature of the constitution Professor Gross remarked at [the first meeting's] close that he never at ended a society which disposed of much scientic and so little secular matter in the same length of time.

On the other hand, records of early neetings show that several members were not happy with the lack of general participation in policy-making, and occasionally resigned in protest.

At the first annual meeting, held May -3, 1873, in Cincinnati, 70 new members, mostly physicians, were elected. med to ion at assedy pace for may years, but a large membership in itself was never the objective of the founders. "We were very careful to select the best men that could be found," Smith said. "We did not aim so much at a large membership as at squality."
Early meetings were planned with a view towards creating the greatest possble effect on the local citizenry, and deed, the first three annual meetings of the Association generated wide public and press interest. Daytime sessions were devoted to reading and disussing papers, but evenings were turned over to popular speakers.
Smith learned early the value of psychology and publicity in planning on arrangements always scheduled a
own meeting" in the host city, conlucted by local citizens and addressed local speakers. Not accidentally, the mayor of the town was usually the presiding officer at the meeting, and prominent townspeople were invited lattery evidently produced results, for the meetings did much to interest peo-ple-town by town-in health reform
Because of the structure of the Asso-ciation-and its concentration of deci-sion-making authority in the hands of a few men-the focus at the early meetings was on the scientific papers rather than on Association business. Most of the sessions were occupied with oral presentation of the papers, followed by discussion.

What was lacking in statistical and scientific evidence was compensated for in personal observation. "I had a patient who $\qquad$ often launched a man who on a health problem a lengthy exposition on a health problem che of scietific dus keeping with the state of medical knowledge at the time, these early meetings represented the first opportunity for health officials to share ex periences on a nationwide basis.
Communication of these ideas on an even wider scale was essential to Smith's objective of a truly nationa! chain of information and education. following Rauch's report of \$131 in dues collected at the first meeting, Smith appointed a committee to investigate the publication of the transactions of the meeting. Though the first volume of "Public Heath Reports 1875, the mechanisms for publication were in progress at the first meeting


In the first few years, the Association was too small to raise sufficient funds for publication of the papers in the and "in the style which the secretary, Dr. Harris, approved," according to Dr. Harris, approved," according to
Smith. "The fastidious taste of the secretary" determined that the two men publish the first journal at their own expense, a cost of over $\$ 1,000$.
Papers of that day were presented on many of the topics which are still of oncern 100 years later. Subjects in fluence of hereditary defects on health, reports on death rates and infant mortality, housing, syphilis hospitals, and state public health systems. However the papers were heavy on personal observation and quoted as liberally from the Bible as they did from scientific sources.

The information contained in these papers, if not directly contradictor, must have on occasion served to conuse the readers as much as to educate hem. in the early years, physician presented reports such as "Sewer Ga as the Cause of Scarlet Fever" and Is it Spread Only By Its Own Conta gion $z^{\prime \prime}$ Other papers, however, were ahead of their time in their presentation of scientific theories. F. A. P. Barnard of Columbia College, for ex ample, reported on "The Germ Theory of Disease and Its Relation to Hygiene in 1873, long before his colleague took the theory seriously.

The second meeting of the Association The second meeting of the Association, held in New York at the Union League
Club, Nov. 11-14, 1873, found the organization in predictable difficulties. De spite the founders' expectations of a o form a new organization. The name and basic structure were retained, but the constitution was amended to allow quorum of nine and provide for annual election of officers (except the secretary, elected for three years).
y this time, the fledgling organization had developed a respected reputation had developed a respected reputation among health and medical experts in Nightingale wrote from England that she could not gather "sanitary publicaions" to send in return that would compensate for the valuable reports of the Association. At the third meeting, Smith instructed the secretary to open orities all over the country request ing information and offering to reply on similar subjects. In addition, resoutions were passed instructing the executive committee to communicate with each state governor, urging efficient sanitary organization, and securing a representative from each state or a committee to prepare a pro

Smith's fondest dream was to see national health agency established, preferably on the cabinet level. While European countries tended to centralze their health services under state officials, American public health was based on local government, with the fined primarily to advice and financial aid. By the 1870 's, more than 200 local boards of health had been established but Smith and the Association aimed for active, vigorous, well-funded boards
other areas, meanwhile, the Association increased its pressure on the government to secure needed legislaon. Though no control of the sale nd distribution of food products xisted in the 1870's, the educational campaign conducted by APHA during part in the drafting of laws on adulteran. Another resolution passed was an appeal to study poisonous wallipapers.

The most ambitious project undertaken uring Smith's tenure as president was undoubtedly a committee survey on sanitary conditions in major cities. Remarkably detailed, the report included statistics on water supplies, drainage habitations," garbage and excreta, slaughterhouses, and health laws.
mith served as president of the Association for three terms, until 1874. At the third annual meeting, he was reelected president, but declined, pre erring to retain his voice in Associaecutive Committee. Though other trong men were to head the organization in his lifetime, Smith's influence on the Association in the first 50 years of its existence was immeasurable.
Whether urging a humane policy in esolutions on immigration quotas, or securing international cooperation in was to be heard many times in the future as the "conscience of APHA."

## chapter 2

would suggest that in cities all licensed restaurants and bars should be equired by law to close at ten o'clock, and that theatres, and other places of 'clock, so as to commence at seven at the latest. If it were possible to add ne hour each night to the sleep of the esidents of cities, I feel persuaded it would do much to elevate morals and preserve health."
loseph M. Toner, MD, APHA president 1875-76
oseph Toner did not directly imply in his inaugural address that an extra hour is inaugural address that an extra hour of sleep would ward off yellow fever,
but the suggestion would be no less seriously entertained than any other made in the next fifteen years of debate on the disease. The cause and prevenon of yellow fever-and what to do bout it-was the biggest single queson to occupy the meetings of the until Major Walter Reed settled the uestion finally at the 1900 APHA Anhual Meeting.

Yellow fever could not help but be on veryone's mind in the 1870's. Epiemics arrived as annually as New ear's, attacking the country through

## yellow fever and the early years

its southern ports. Nearly 75,000 people were stricken with the disease at its peak in 1878; 15,000 of them did not survive.

Though researchers were no closer in 1895 than in 1875 to discovering the mosquito as the carrier of the disease, these two decades. Most of it, however, was to have more political implications than scientific-a factor which would ultimately render abortive the attempt to establish a national health agency.

As early as the first APHA meeting in April, 1872, Christopher Cox, president of the District of Columbia Board of Health, introduced a bill that would place a "National Sanitary Bureau" within the Department of Interior. Encouraged by APHA President Stephen legislators to introduce the bill in too gress. There it languished possibly gress. There it languished, possibly
because health as an issue was subordinate to the problems of the Civil War aftermath.

APHA continued to press for a national board through a committee composed of representatives from each state,
working to prepare a new law for the organization of such an agency. The need for a federal board of health was not popularly recognized, however, until the great epidemic of 1878 made could not control a disease that isnored state boundaries.

In 1878, Congress passed the National Quarantine Act, giving the Surgeon General of the Marine Hospital Service the authority to enforce port quarantine. But as drafted, the bill was meaningless: the Surgeon General was given no appropriations, and could not interfere with existing state laws to en-
force the quarantines.

Many Congressmen felt that quarantine wás a matter for state and local had no powers to legislate on the subject. The debate on states' rights would occur over and over again, until it effectively stripped any national health legislation of its effectiveness.

With transportation and the end of regional isolation rapidly increasing, the Act was obviously useless in halting the spread of yellow fever.

Later that year Congress appropriated, with considerable grumbling ove
the amount, some $\$ 50,000$ for an in the amount, some $\$ 50,000$ for an indemic. A Board of Experts, headed by Surgeon General John M: Woodworth MD, was appointed to collect and assess the data and report back to Congressional committees
Simultaneously, APHA resumed its own drive for a national health agency. The Association had been focusing on the strengthening of local and state health
boards, but the 1878 epidemic mad it obvious that a national, unifyin agency was needed to control the disease. In Nov. 1878, APHA set up an advisory committee to consider plans for a national public health law. This committee would report to the Execureport to Congress.

The new advisory committee had not yet met when Sen. Lamar introduced bill in Congress that would establish a department of public health under a director-general, who would simultaneously head the Marine Hospital
Service. APHA members were instantly aroused. They believed that Wood worth would be named director, that in fact he may have drafted the bill to change the MHS into a public health service.

The animosity was both personal and professional. The Marine Hospital Service had lost much of its function vessels, and many APHA members felt vessels, and many APHA members fert head a public health agency. Though Smith called Woodworth "a man of culture, of polished manners, a good organizer, and an enthusiastic studen
of sanitary science," John S. Billings APHA vice president, was unimpressed In a letter to a friend, Billings charac terized Woodworth as "a pretty shrew politician and wirepuller-very am-bitious-not at all of any scientific or professional reputation, a very agree ble and polished gentleman, but in no manner qualified to hold the powe he seeks."

Ironically, Stephen Smith had drafted the Lamar bill, with Woodworth's ap

proval, but the senator's final version was in a form neither could approve By the time the true author was re vealed, public health leaders had been alienated from Woodworth, and the relationship between the Marine pital Service and the National Board of Health.

The APHA Executive and Advisory Committees drew up a substitute pro
osal empowering the National Acad my of Sciences to organize a Pro emy of Sciences to organize a Pro-

This commission would propose a permanent form of organization, one hat Billings and others hoped would e independent rather than placed in an existing federal department, would employ experts to conduct investiga ion of diseases, and would collec izing the overwhelming odds Recog nizing the overwhelming odds against during the current session, Billings

Unfortunately . . . protection of th citizen from preventable diseases which destroy thousands of lives annually, the cash value of which amounts o millions, seems to be no part of the national care or responsibility... The
interests of the public health have not received a corresponding and sufficient share of national aid and encouragement."

James R. Reeves, MD
APHA president, 188
oped that the board could provid he scientific evidence needed for later passage of the legislation.

In March, 1879, after much debate Congress finally passed an "act to pre vent the introduction of infectious or contagious diseases into the United Soard of Health." Seven a Nationa including four past or future APHA presidents, were appointed, plus one presidents, were appointed, plus one
representative each from the Marine Hospital Service, Army, Navy, and ustice Departments. The members received $\$ 10$ per diem plus expenses,
and their duties were to collect pub .dealth information, to advise feder and state governments on health, an都 submit to Congress a plan for permanent health organization with emphasis on quarantine It term fe was to be four years.

The National Board of Health was doomed before the ink was dry lators, recognizing the need for som form of national health control, bu unwilling to relinquish their states rights to obtain it, stripped the bill and subsequently the board, of its powers. Though one Michigan con-
gressman had pointed out that "yellow fever has an immense contempt fo states' rights," debate on the resulting act would not empower the board to legislate any meaningful national quarantine act.
Perhaps realizing the impossibility of securing such powers, the board itse did not advocate an omnipotent fed eral quarantine. Members of the board wanted to stimulate and aid scientific
research; establish an emergency fund for epidemics; and assist state and local boards in administering quar antines. They hoped to skirt the issue of states' rights by stopping ships outside the line of state jurisdiction; the vessels would then have to pass the states would eventually be satisfied with the federal inspection only.

Predictably, the bill met strong opposilion in the Senate and was subse quently weakened so that it authorized the board to "cooperate and aid the state and local boards of health to diseases." Undaunted, the board asked for $\$ 500,000$ in state aid funds, to be
given to the local boards in return for ublic health data. The appropriation was defeated; Congress felt it had no ower to appropriate money for purely al sanitary measures.

The board was then put in the uncomortable position of having to sit back nd watch states attacked by bouts o yellow fever; unless the board was o nothing to control the epidemic Ap plications, when made, had to go hrough an "absurd and very annoyin system of red tape" and were often ejected because of lack of funds.

All of this did little to build public aith in the work of the board. Whe first created, the board was well re ceived by both press and the public he board was blamed when they wer not fulfilled. Few people were aware of the wording of the law or the poliical maneuverings that created it, and could not understand why the board sat back while national epidemic raged. Among its other problems, the ensure for public and pre ensure for the remainder of its life.
embers of the board carried on with is work until 1883, when appropria ions for it were terminated During it our years of existence, the board un dertook valuable investigations into the causes of yellow fever, sanitary surveys of the country, planning of national public health agency, and aid lo state and local boards--projects that had rarely been considered previously Yet the board's administrative structur was unwieldy, its powers unduly rearouse antagonisms.

If the National Board of Health did othing else, it showed how a federal agency could encourage local health actions on a national basis, and dramatically pointed out the need to solve the question of federal-state stem was to be effective.

APHA's relationship with the National oard of Health was encouraging but less than fully supportive in all aspects. sephen Smith had served on the board, as did APHA presidents Jame Cabell, Hosmer A. Johnson, and MPHAs. The National Board regarded APHA as the leading source of realled on the Association frequently or advice. Meetings were often held conjunction with APHA meetings.
ven within APHA, voices had been aised early to protect the infringement states' rights. At the seventh annual eeting, a resolution endorsing and troduced but was weakened by states rights-conscious" members. In 881, the Association passed a resolu ion viewing "with regret" the curtail ent of the board's duties and funds, yet at the same meeting, could not wholeheartedly support a proposal to eorganize the badly crumbling board health representatives to be formed by APHA. The Association is "voluntary" member chastened, and "does not peak for state boards."

The disagreements over the National oard of Health were only symbols o deeper split among Association mem eciaion of stmintrative officers as quickly attracting laboratory and bac
teriology specialists, sanitary analysts, and chemists, and by 1885, the entir National Association of Master Plumb ers. Medicine remained predominant, cause, as Billings put it, few public health workers were paid well enough to make a living without a "sideline." By 1881, there were 700 members, the no say in Association policy. Billing no say in Association policy. Billings
like Stephen Smith before him, thought this was a good thing. He believed the Association was for scientific papers of discussion and not for consideration of local quarrels. "You must have somebody who will be responsible and shut out the mass of matter that would otherwise be put upon you," he from referring to the Advisory Committee as the "star chamber."

In 1881, the debate over the Association's structure broke into the open There were objections at the Annual Meeting to "three or four men" elect ing members, deciding business, and the entire membership. A year later the entire membership. A year later the animosities sharpened over an
amendment to divide the Association into active and associate members. both would pay identical dues, but only active members would be able to vote or hold office.

Billings and the other "Old Guard" members favored the amendment as means of keeping the Associationand its policy-professional in charac ter, thereby giving greater weight to its positions on various issues. Some worried aloud that hygiene would be come a "popular" subject, while the opposition countered that populariza-
health was the very objective of APHA
The entire discussion sparked an examnation of the purposes and goals of he organization. What was APHA to e-a force for legislative action, an ducational society, or a private club

Most of the members felt the public belonged in the Association, but no ecessarily in the management of it affairs. The strongest objection to the mendment came from those who op-

Osed giving the Executive Committee he authority to decide in which class of membership an applicant belonged of membership an applicant belonged
-a rather "clubby" aspect the general membership did not like. Those on the xecutive Committee, on the other and, believed that open election of nembers would become a "town meeting" at which professional and rivate character would be discussed ssibly ruined

The final amendment was a compro-

mise of sorts. The Executive Committe retained the right to select the mem bers and place then in "approprispecifically stated the qualifications o each of these categories. Associate members were not allowed to vote however, and paid the same dues as active members. Opposition to this policy remained high, however.
Despite the dissensions within the membership, the work of the Associa tion continued at a high pace Numa ous committees were established on such matters as communicable disease of animals, water supply, disposal the dead, and venereal disease. Thei reports were extensive, and more often than not, laid the groundwork fo statements of Association policy. Reso lutions of the period were frequently offered at every meeting on establish ment of boards of health and/or the National Board of Health; yellow fever and a national census. One resolution
'Whenever a man or woman desires
to be a permanent member of this Association the only qualification that should be required . . . is the primary qualification of professed and acknowl edged interest in sanitary work. Be yond that we can grade as we please one that wants to be and let any one that wants to be a permanen
member come in and sit here ... Now 1 am not afraid of submitting great sanitary questions to the people of this country. I do not think it is necessary to circumscribe those who are to sit here and express the opinion of this Association."

Charles N. Hewitt, MD
APHA president, 1888
might be offered at the same meeting in several versions, perhaps becaus here was no formal rewording of wished to add a point to a resolution he merely waited to introduce one of his own on the subject.

Stream pollution was one of the earliest larget areas of the Association. In 1878 C. F. Folsom, secretary of the Massachusetts Board of Health, proposed detailed law to prevent stream polluviduals and corporations know ind discharging refuse into public waters. folsom suggested an Association com mittee study the matter, though one o wo members wished to act on mmediately.

Toner was enthusiastic about the law, stating, "The principle must be ecognized by persons living among water-courses, that while they have right to use the water, they must do so in a manner not to destroy the right of cautious, however. The differences in state laws and sanitary developmen would have made enforcement difficult at best, and, as one member said We had better not be in too much haste to say we have hatched the eg .. there are various States still incubat ing." A committee was appointed to study the matter, but no records exist of any meeting or report on the law.

There were resolutions, in 1875, to petition Congress for a uniform system of registry of deaths, marriages, an dedicine and public hysiene in medical school in the country; and in he same year, "to investigate th causes of disabilities which lead to
pauperism and result from the neglect and incompetence of medical care re ceived by needy poor." Some of the esolutions were followed by specific ans, such as ander suggestion tha the National Medical Library. APHA nembers petitioned Congress on the dea, and a year later, funds were appropriated for the catalogue.

The resolutions that evoked the greatest controversy, however, were those concerned with yellow fever, particureal disease, and immigration laws.

Debate over the yellow fever question centered around two opposing principles: was the disease caused by con agion or miasma? Prevented by quarantine or cleanliness? The proponents neetings, speakers would often publicly repudiate each other, questionin heir evidence and sometimes, their professionalism. Some unusual theorie of the cause were presented, such as the belief that yellow fever came from uncleaned privy vaults; and such preention measures as the application of cold air or dry super-heated steam destroy yellow fever germs on ship ciation. Recognizing the absence of he disease in cold and dry climates, ome members thought yellow feve ould be eliminated by refrigerating the entire southern United States. What hey didn't realize, however, was that disease, and not the disease itself.

1880, another topic took the fore ront of the proceedings at Association确 inflicting venereal disease. A committee of five was appointed to study the issue and reported to the Association at the following meeting. To counter

The very objective of this resolution is to defend the sanctity of the mar riage-bed. As a father, I would in finitely prefer my daughter to live and die unmarried and pure, than wed a young man of a community in which one in every five, ten or fifteen ffected with syphilis."

Albert Gihon, MD
APHA president, 1883
communicated by "the hired bathing dresses at the seaside resort, and the costumes rented for the fancy ball, oys, barber utensils, playing cards, loaned pipes, canes and gloves," the ommittee recommended a draft of a law incorporating Sternberg's sugges health officers the same powers to prevent, detect, suppress, and treat D as they possessed for smallpox.

The proposal elicited enormous re ponse. Questions were raised on the propriety of attempting to legislate on moral issue and of introducing delicate subject matter into the public arena and the courts. One member public with vice the greater will be its spread." An Illinois clergyman cused the Association of "striking a blow against the sanctity of the mar-riage-bed," and castigated APHA for hinting at legalization of prostitution
Others opposed the proposal for diould no more ask for legistation,
punish a man for communicating venereal disease than for getting drunk." Some cautioned the committee to move more slowly on the matter. In response, Albert Gihon protested, "' have been four years trying to get this is slow enough certainly." To support his plea, Gihon presented as evidence pictures of "innocent children who are the offspring of syphilitic husbands and fathers." Finally the resolution was passed after the reference to state and municipal boards was eliminated, to he dismay of many members, includ ever see or hear of the matter now will e in our own proceedings."
Racial and ethnic prejudices did not bypass the Association discussions meetings. Some members, particularly those from southern states, frequently aired racial misconceptions in a scien ific context, but they were virtually gnored by everyone but the stenog apher. in 1883, however, a resolution was introduced asking Congress to prevent the "coming of these foreig defective and criminal people to burnember rose to support this resolution. It was left to Stephen Smith, by the one of the country's leading experts in care of the menly', filled with insane immigrants, " would seem to me impracticable th we should study the heredity of the emigrant" Smith said, "If he has an insane relative I do not know why he should not land even then as well a though his father had a leg broken. The resolution was eventually passed but somewhat modified by the removal of what Smith called "absur

By the 1880's, the annual meetings had grown considerably in size and scope Discussion on papers had to be lim ited to 10 minutes, and speakers had to sign up in advance. Members were quite outspoken in their criticism combination of courtesy and insult in the same tone of voice. Prior to the 1881 meeting, Executive and Advisory Committee members submitted sug gestions for topics, including that (yli who remarked, The tim


Our safety depends upon officia vigilance." Engraving shows official vigilance. Engraving shows ange
with shield of cleanliness at Port o New York. Harper's Weekly, 1885.
of the Association could best be occuied insociation could best be occuannounced at former meetings,"
Papers were introduced on such topic pars were introduced on such topics
he evils of school life (citing ill-fitting schoolroom chairs, inadequate sanitary Eacities, and mental arithmetic-"a ew way of torturing children"). The quality of the papers was upgraded onsiderably when Henry Lomb of Rochester, N.Y., offered prizes for esAssociation commitees reviewed the entries, and in 1885, the first APHA wards were announced. Explaining his ecision to fund the competition lomb said, I see what you want. You


Westward Bound." Harper's Weekly cover, 1883, shows doctor vaccinating or smallpox aboard immigrant train.
have an abundance of light, but you ight must be hidden under a buu ecause you have no means to disseminate it."
The meetings were not all business, The meetings were not all business,
was interspersed with musical selecons, and members later visited a local entleman's wine cellar. The following ear, members took Congressional repesentatives to an oyster roast, not purely a social occasion. In 1887, the the meetings, more for the purpose of ecoration than for any attempt to win the feminist vote.

These addresses in the 1880's were sill, by tradition, lofty discourses on health and knowledge. The early leaders felt they had a messianic duty to suide and educate men in the care of ible, and Greek mythology to prove it Though they were frequently wrong hough they were frequently wrong times elevated earlier, undeserving members to APHA sainthood, their dedication to their mission was unquestioned.

## chapter 3

"As science advances, woman gradually acquires her true position in the scale of social life, the object of universal skill, the theme of the poet's happiest inspirations."

## James E. Reeves APHA President,

lisha Harris had thought the physician o be "the natural teacher of hygiene," but he hoped that woman also "may ecome a missionary of health and of most permanently useful instruction to the ignorant poor." Though prior to
1890 women were most often seen t APHA meetings solely to accompany heir husbands, they soon began taking a more active role in Association busiess and scientific sessions, perhaps in efiance of chauvinistic sentiment uch as those voiced by Reeves and Harris. By 1893, women were joining
the discussions on APHA policy and ddressing the annual meetings on a variety of hygiene topics.
'Any one is welcome to our ranks who takes any practical and living interest in he grand objects of the prevention of disease and the raising of the standard Montizambert, MD, of Quebec, in his

## walter reed and internationalism

presidential address before the 1891 Annual Meeting. Montizambert's elec$A \mathrm{PHA}$, and the growing number of aplications for membership each year were evidence that the Association was expanding rapidly in influence outside the United States and in size within it.

By 1897, the twenty-fifth anniversary of the Association, there were $869 \mathrm{mem}-$ bers in active service, and he followng embers were public health workers rom other countries on the North American continent.

International health conferences had been held in Paris in 1851 and 1859, Constantinople in 1866, and Vienna in 1874. None of the meetings had tangiiternational collaboration alive in the minds of such men as Stephen Smith, and laid the basis for later cooperative work among the nations. Much more had to be learned about infectious diseases before any significant work could e undertaken through international cooperation.

In 1878, the Association adopted
resolution "That it is the duty of the General Government to invite foreign nations to co-operate with it in the international quarantine regulations." The following year, Elisha Harris introduced a set of proposed rules for international quarantine, first submitted to the International Conference for Reform of the Law of Nations.

The newly created National Board of Health did not ignore the expressed wishes of the Association. Recognizing the futility of seeking international cooperation on the touchy issue of quarantine, the National Board, together
with a National Academy of Sciences committee, called for a conference to consider sanitary matters other than quarantine. Congress approved th Hayes issued invitations for a Washington conference. Twenty-two foreign nations accepted the invitation, and the meeting was held in January, 1881.
The Association passed a resolution that year urging an International Saninational law to the conclusions of the conference at Washington, but such a worthy end was to be obstructed, iron-
"The influence of the Association in securing international cooperation, a least on this continent, will be ver ment of the Association, and trust that the day is not far distant when you will include other neighboring states, with a view to restricting, if not wiping out the most widely-spread epidemic dis eases. If Cuba, with all its interes were represented here, is it not proba ble that means would be devised by be eradicated from the few foci wher they perennially germinate?"

Stephen Smith, 1896 ically enough, by the conference reported that the American representa tives at the Washington meeting found themselves in the equivocal position of opposing measures of sanitary regu lation which they approved in the abstract, simply because Congress had expressly refused to sign any treaty ernational quarantine resurare

By this time, Association members wer mpatient with the lack of progress in securing some form of international cooperation in health matters. Turning to its closest neighbor, APHA invited Canada to join the Association in 1884 der Montizambe president

The active participation of Canadian members in the Association could no halt the appearance of yellow feve along the southern borders of the United States, however. In 1889, a resolution was adopted asking Mexico Cuba, and Colombia to send delegates to the next Annual Meeting. "The

Association feels that in the restriction and prevention of contagious and in fectious diseases in particular there should be a closer cooperation be tween the health authorities of the U.S. and Canada and the countries lying south of the U.S., and that b such cooperation the sanitary interest of all would be greatly enhanced, sponded, sending two delegates to the 1890 meeting in Kansas City that $y$ ear, all physicians of the Mexican republic were officially added to the list of active members.

Mexican participation in the Associa tion was quite valuable as long as lasted. In 1891, delegates from Mexic described health systems in their country, which prompted APHA members to call for a similarly well-constructed public health program in the U.S ies inherent in drawing up a unified plan for the independent states.
The following year, the annual meeting was held in Mexico City, and Domingo president The height of the intern tionalist feelings in the Association was eached in 1897, when Eduardo Liceaga, MD, president of the Supreme Board of Health of Mexico, was elected APHA president. Unable to speak a word of English, Liceaga served as Association preside tic the proceedings.
sid
AFHA members continued to pressure Congress for some affirmative action o international health matters. In 1889, he Association considered a resolution urging President Benjamin Harrison to pen negotiations with Spain for the
aquisition of Cuba, in view of the constant menace to the health of the United States from the uninterrupted presence of the most serious known contagious diseases in the island of Cuba, a dependency of a country 3,000 miles distant." Though the resolution was deemed "inexpedient" and "be yond the scope and general object of mittee, the concept was prophetic and would be realized before too many years elapsed.
here were resolutions passed in 1892 10 appoint an international commission with Felix fomento as chairman, to in vestigate yellow fever; and to alter the immigration laws of the U.S., Canada, and Mexico to provide greater safety and welfare to passengers and crews ries against the importation of diseases.

At the 1893 Annual Meeting, held in conjunction with the World's Congres Auxiliary, an international Congress of Public Health met to discuss issues o concern. A resolution was passed that to urge the represented countries to study conditions of healthy living in home and community, to form voluntary public health associations, and to ffford efficient and persistent support to the work of public health officials.

Stephen Smith, still active in Associa tion business, had long been an arden supporter of a formal cooperative matters. In 1894, he was appointed by President Cleveland as a delegate to the ninth International Sanitary Conference which adopted a code of rules to supervise the immigration of infected persons. Smith urged Cleveland to call
a similar conference with the same objective in the U.S., but though the President agreed with the idea, he tol Smith he could not take any actio on it.

By the 1890's, the stage was set for significant cooperation among nation
"No community can be healthy that has communication with a community which, by its filthy habits, affords op of contagious diseases. Our own security against epidemics depends not only upon the cleanliness of our towns, villages, and even individual families, bu even more upon the cleanliness of our neighbors, especially in such a place as Cuba, where we have yellow feve germinating and liable to be tran ferred to us. By means of internationa we might render the nations on this continent the healthiest in the world.

Stephen Smith, 189
in the advancement of public heath Still to come were a few importan achievements in the field of bacterioogy, which was to the Association's firs twenty-ive years what vital statistics which prompted APHA's founding

There had been solid advances in bac teriology in the 1870 's, with the sophis ticated development of technical meth ods for the cultivation and study of bacteria. Pasteur focused his atten tion on the prevention and treatment of contagious diseases, and in the $1880^{\prime}$ s, The development of vaccines and the study of immunology soon followed the
rapid discovery of the causative orga nisms of various diseases such as tube culosis, leprosy, malaria, and diphtheri

Most significant contributions to the development of bacteriology were made by Europeans, but American such as APHA President George M ernberg (1885) were quick to imple ment them for practical purposes. Bac teriological laboratories were set up in United States as early as 1887, and (hater, in Providence, R.I., by

Charles V. Chapin, later an APHA president, and in Michigan, by Victor C Vaughan, an Association member. The units' main function was the analysis o water and food.

Many, if not most, of these early bac eriologists were members of the Asso ciation, and quickly brought their in lerests and influence to bear on it structure. In 1884, APHA's sanitar nalysts and chemists notified the Association of their intention to remain


Sternberg
members, but asked for a "section or committee on sanitary analysis for lood, water, etc.," perhaps a warnin gists was needed.

In 1895, the APHA Executive Commit tee approved a suggestion of the com mittee on pollution of water supplies that a cooperative investigation into the bacteriology of water be launched A subcommittee met to determine organization and methods of laboratory procedures to be adopted, but found a
standard could not be established until certain questions were answered.

To answer these questions, a convention of bacteriologists was called in tion of bacteriologists was called in
New York in 1895. Most of the prominent bacteriologists in the country were present, including Professors William T. Sedgwick and Theobald Smith, and Professor William H. Welch of Johns Hopkins University, who was chairman, proclaimed it the first convocation of bacteriologists. As outstanding as the the group was simply too unwieldly to formulate a definitive program for the study of bacteriology. It was voted that a committee of nine undertake the final draft of a manual on laboratory standards, and the other members agreed to modify their own procedures

The committee had a mammoth task to accomplish. The proceedings of the New York convention, which were published in the annual report of the Association, were used to shape the standards adopted by the committee, widely in variance with each other.

Committee members were unsuc cessful in soliciting funds for their opapproached insurance companies the fisted-and the final report was largely the result of the members'contributions of their own time and effort.
The work of the committee was all the more remarkable because it repre more remarkable because it repremethods then in use. To gain uniformity and exactness of information, commit tee members refrained from insisting that a particular method be inserted in the report, though they may have used

The final report, which was presented to the Association in 1896 and ap proved for publication (with amend ments) the following year, contained
detailed information and tests neces sary for the study of bacteria, including the preparation of cultures and other criteria needed by the bacteriologists.
Never did the committee demand that only its recommended methods be used. It did ask, however, that wher new species were being studied for pubtried. Encouraged by the widesprea acceptance of the report-the forerun ner of the "Standard Methods" publi-cations-the bacteriologists pressed fo an APHA committee on laboratory work and methods. In 1899 a subcommittee proposed formation of a section topics," It would be called the Bac teriological and Chemical Section of APHA and its members would be APHA members engaged in bacteriology or chemical laboratory work.
The Association Executive Committe approved the Section's formation, and
changed the constitution accordingly New members had to be sponsored by at least three section members, ap at least three section members, ap-
proved by a two-thirds vote of the section's governing committee, and elected by a majority of the section members present. The officers-a chairman, vice-chairman, secretary, and local secretary-and four others elected ing committee, together with the retiring chairman ex officio. Meetings the section were deliberately scheduled for the day before the first session o the annual meeting, to open them to all members of the Association and to avoid conflicts with the genera meeting

The first meeting of the first APHA sec tion was held in the Pathological Lab oratory of the Central Insane Hospital in Indianapolis in 1899. Theobald Smith was elected chairman by the 38 mem bers attending, and committees were appointed on standard methods of water analysis; bacteriology of milk in colon bacillus in relation to public health; and exhibition of laborator apparatus and appliances for teaching of hygiene. Wyatt G. Johnston, a prime leader in the movement for the section, was elected secretary and later, chairman

Formation of the bacteriologists' sec tion was a symbol of the tremendous advances made in the last decades o the nineteenth century. Nearly every one of the bacteria known in 189 had been found and described in the twenty-five years since the Associatio was founded. Still to be discovered

Although yellow fever had ceased to ominate the Association meetings in he 1890 's, it continued to absorb the attention of many of the members. In 1897, an APHA committee was ap pointed to seek a government commission of expert bacteriologists to be sen o Havana and other cities for an in vestigation of the disease. The com mittee members, including Sternberg,
met with President McKinley in No vember of that year. Less than a month later, McKinley asked Congress


Theobald Smith
for such a commission, and a bill was introduced in the house to appoin four bacteriologists-one each from the Army, Navy, Marine Hospital Service and civilian life. Before Congress could act on the proposed legislation, the and ended, and Cuba became a U.S protectorate, occupied by American troops.

Under written instructions from Sternberg, the Surgeon General of the Army, a medical commission was dis
ention to questions relating to the etiology and prevention of yellow Major Walter Reed, James Carroll, A. Agramonte, and Jesse W. Lazear. Th subjects of the experiments were Arm volunteers and the commission mem bers themselves; Lazear died durin from an accidental mos uito bite.

The mosquito had been suggested as possible transmittal agent of yellow


Major Walter Reed
ever as early as 1853 by Beauperthy, and given classic formulation by Carlo Finlay in 1881 , but the evidence was inconclusive. In 1898, the cause of yellow fever was widely suspected to be the doubted it and Reed and Carroll thought it to be only a secondary cause of the disease. The same year a Marine Hospital Service investigatory team reported "bacillus icterodes is th cause of yellow fever."
In a report on "The Etiology of Yellow Fever"
ing of the Association in 1900, Reed nd Carroll proved conclusively that he suspected germ was not the sol ause of yellow fever, and concluded The mosquito serves as the intermedite host for the parasite of yellow ever." There was no discussion of the eport, and shortly afterward, APHA president Henry Horlbeck said, "There have been no other claimants that we re cognizant with during the yea cause of yellow fever."
t was not until after the meeting that he full significance of the discover was realized. Reed's team had proved that while yellow fever was transmis sable, it was not contagious, and a course of action became clear: elimirem mesquitoes and protect the sick from their bites. The Yellow Feve sions, and put the proposed measures into action in Havana in February, 1901 Eight months fater, yellow fever wa eliminated completely from the city
With this important discovery, the wentieth century began. Significant ad vances in bacteriology had change he practice of public health, and feel pressures from within and with ut on its structure. The early founder - Harris, Snow, Rauch, Hunt, Cabell, and Toner-were dead, and Stephe Smith, addressing the 1901 Association Annual Meetio, said, escaped alone to tell thee."

In 1894, the APHA Executive Commi
tee adopted new regulations for pres entation of papers:


Finlay

- All papers on topics within the provAnce of a committee would be rethe Executive Committee;
- No papers would be considered for presentation unless abstracts were submitted 20 days before the Annual Meeting;
- Papers were restricted to "strictly sanitary, climatologic, and preventive questions, all clinical, pathological, therapeutic or other strictly medical statements being excluded; nor shall any paper tending to the advertisement of special or local interests o establishments be accepted."

Since 1871, APHA had published annu-
ally a volume of "Public Health Reports and Papers of the American Pubic Health Association." In view of the more cohesive structure established for the presentation of papers, a new suggested. A quarterly iournal, it was thought, would make the work of the Association more timely and more widely known, would be cheaper to produce, and would increase the circulation through subscriptions

From 1895 to 1899, the quarterly Journal of the American Public Health Asnal of the American Public Health Association replaced the annual volume
of transactions. A publications comof transactions. A publications com-
mittee, consisting of three active Association members, directed the production of the journal. The committee had o publish those papers selected by the Executive Committee, but could exercise some discretion in selection of the others. Changes in the format included insertion of discussion of the papers of short, unsigned editorials, and ex-

In 1899, the Association reverted to the annual volume format, but retained a standing committee on publications. This committee, consisting of a chairman, the secretary and treasurer of the president, ex-officio was instructed to "make summaries of addresses not of permanent scientific value," and to formulate a scheme for establishment of a public health journal.

## chapter 4

"Doubtless all will admit that the patent medicine man, through his patent medicine man, through his friends and staunch allies, the yellow
journal, the farmer's stable, the public journal, the farmer's stable, the public
toilets, the street cars and even the parks and highways, has been more successful in commanding public attention to his wares, than has the American Public Health Association in getting its proceedings before the gen-
eral public."

John A. Kingsbury,
APHA member, 1909
Association members had good reason to be disappointed in their failure to communicate their findings to the public. The years between 1900 and 1910 were important ones-years in which significant work was accomplished by the Association's new sections and committees and a more responsive
structure was developed for the entire structure was developed for the entire
organization. Yet the Association's membership was small, its annual report was limited in distribution, and its work was known by few people out-
side APHA side APHA.
Membership growth had been slow, though some preferred to term it "stagcal discoveries reaching the U.S. shores

## the new young leaders

from Europe were having a significant impact on the quality of the membership. The old leaders were gone, and eager to apply the new discoveries to practical methods of health and sanitation. In the first decade of the twentieth century, three of these young men, later to become internationally known public health leaders, consome of their most valuable works in bacteriology.

William Thompson Sedgwick (1855 1921) was professor of biology and public health at the Massachusetts In stitute of Technology for 38 years, and ne of the founders of the School o public Health of Harvard and MIT. An Puence on sanitary ensineering was fluence on sanitary engineering was give a bacteriology course to civil en gineers, he was providing them with principles that could be previously earned only in medical schools, and doing so in a way that could not be easily forgotten.
"He would hold up a glass of water talk for an hour about what contained. He would excite us by say
g that it contained enough germs of typhoid fever to give the disease of housand people, and then go on to show how sanitary engineers could make the water safe to drink," said one of his former students, George C. Whipple.
Many of the methods Sedgwick de-vised-such as the aërobioscope to vised-such as the aerobioscope to
strain bacteria from the air, and the Strain bacteria from the air, and the today. He was president of the Society of American Bacteriologists, which he helped found, and of the American Society of Naturalists, and was a leader development of the first scientifically era, ater her in merica, at Lawrence, Mass. Later, he became internationally known for his public health, prompting a London newspaper to tag him the "Ambassador of Health."
though he cared more for general principles than mathematical details, Sedgwick knew how to use statistic to draw logical conclusions. A prolific writer, the professor published more 1883 and 1921, many of them in the Association journal, and most of them in cooperation with his students.


William T. Sedgwick

Charles-Edward Amory Winslow (1877 1957) was one of "Sedgwick's boys." membership in the Association, he presented a paper with Sedgwick on "Th Relative Importance of Public Wate Supplies in the Causation of Typhoid Fever," based on their experimenta studies in Massachusetts. Like Sedg vick, he published a number of im portant works in bacteriology durin yeyance of Bacteria by Sewer Air," and veyance of Bacteria by Sewer Air," and water bacteriology.

Sedgwick was the ambassador of health, Winslow was its statesman. A member of APHA, he held virtually every important office, including th presidency, editorship of the journal and chairmanship of two sections and numerous committees. His wide variety of interests-community health and ousing, health education, history, public health nursing, and occupa tonal health were a few-led him to make distinguished contributions in each.

Charles Value Chapin (1856-1941) wa different sort of man than his two contemporaries. Quiet and unassum ing, he was more at home in the lab ratory than on the public platform ccepting reluctantly the honors and offices urged upon him.

Where Sedgwick had sought the gen eral, Chapin sought the specific. He ook scrupulous care in the collection f information, making painstaking tabulations, asking penetrating ques as evidenced in his annual reports
ead of the Providence, R.I health de partment. His reports to the Associa1910 he published his classic work on "The Sources and Modes of Infec ion, firmly establishing the role of he human carrier in disease.
The influence of these three mer was strongly felt in the infant Sectio Section's Committee on Standard Meth ds of Water Analysis gave a summary


## Charles Chapin

in 1900 of contemporary methods, based on replies of 125 analysts to let ers of inquiry The following year, the committee made definite ng year, dations for the methods to be pursued in physical, microscopical, and quantitive bacteriological examinations, and published its final report in 1905 as upplement to the "Reports and Papers of the Association."
In the report, the first of the "Standard Methods" publications, the committee any of the old technique
were outmoded and not universally pplicable. As sanitary investigatio rew more sop satica new method up with new inventions, such as the apid biological filter, and new line f bacteriological investigation. "Stand rd Methods," with its detailed de criptions of techniques, "was no intended to stifle research," the com nittee pointed out, "but to improv eechnique of water analysis and compare current methods with those hree years, the committee began prepration of a new edition to reflect changes in the field.

Encouraged by the acceptance of the water analysis report and a similar one on bacterial milk analysis, the Sectio voted in the to on member received a list of propon member received a list of proposed he was willing to work on. Com mittees on chemical milk analysis, bac eriological diagnosis of typhoid, diph theria, tuberculosis, rabies, and syphilis, preparation of antitoxins and vaccine nd analysis of air were established by his method. "The attempt was mad to provide, in this Section, an organiza side as for its administration," B. R. Rickards, the Section's secretary re ported.

In yet another area-that of statisticshe organization of a section prove vital to the development of the field nationwide. The formation of the Statistics Section in 1908 was symp cience of vital statistics paralled by the establishment of the America on statistics
Association.

The first meeting of the new section marked thirty years since Elisha Harris of vital statistics organized and in ha monious operation contributing comparable and numerically complete results." Fulfilling Harris' charge, the Association, in 1898, had passed a reso ution urging that the Bertillion classi-
cation of causes of death be adopted by registrars of vilal statistics in the U.S., Canada, and Mexico. As revise in 1900 in Paris, the international classification system was adopted by
those countries, and carried out immediately in some states. Further efforts of the APHA Committee on Demogra phy and Statistics, in conjunction with the U.S. Census Office, resulted in extension of the country's registration area through enactment of suitab laws and enforcement procedures.


Charles- Edward Amory Winslow

The standard certificate of death was born in the Association in 1901. It wa immediately endorsed by the U.S. Cen sus Bureau and adopted, along with standard in the country. Not satisfied with these initial steps toward uniform registration, APHA statisticians tireessly continued to press for greater uniformity among the state systems, and stronger penalties for failure to comply with the registration laws.

Forty-four members attended the first provisional meeting of the section in 1907, electing J. N. Hurty as chairman and Cressy L. Wibur as secretary. The in doubt, however, while Association members debated the entire question of section function.

Arguments were raised by Association members that sections should be made distinct organizations, such as "The American Association of Registrars of Vital Statistics, organized as a Section of the American Public Health Associaproponents felt the name would carry proponents fert the name would carry
more weight and dignity than would more weight and dignity than would
the simple "Section on Vital Statistics." Besides, it was believed, something was needed to distinguish the specialist from other members of the Association in the eyes of the public, and full recognition and distinction of the spe cialty might entice neophyte organiza tions to join the Association.

Others, however, believed, "We are all public health men, no matter in what department, and all branches should be united and work together. It would

## Free schools exist in every State, orerly government prevails, the courts erywhere are pure, literature, art and science flourish, and honor and righteousness control; yet, at this time, nly fifteen States comprise the regdration area ... The vital statistics of enennially, are a failure <br> J. N. Hurty, MD <br> Statistics Section Chairman, 1908

to come to Association meetings and discuss all questions pertaining to all aspects of public health work." The uestion of section name was put beore the Association and decided in avor of "Section on Vital Statistics. e Section were evidently quieted the Section were evidently quieted
when, in 1909, Congress recognized when, in 1909, Congress recognized international classification system.

Within a few years, two other section were well on their way to formation At the 1907 meeting, a committee reported on the feasibility of establish ing a section of municipal health offiers. Such a section, it was reported would consider such subjects as the partments to the general city govern partments to the general city government, the organization of a health budgets, needed legislation, and rec rd-keeping. "Health officers need ot an abstract knowledge of sanitary science, but the ability, through such knowledge, to correct conditions endangering the community's health," he committee said. The Section wa section on sanitary engineering had also been established, along with a short-lived Sociology Section.

Accompanying the growth of specialiation was a general feeling that the Association's structure was too in exible to accommodate the varying terests of its members. Presiden . Wesbrook appoined committee issociation, The following year the ammittee submitted its suggestions, aying "IWel believe that with the doption of a more representative form of government of the Associatio hrough a satisfactorily appointed body of delegates from the various section of the countries represented . . . an with the business management of th inancial and publication affairs of the ody of long-term trustees, that the body of long-term trustees, that the he Association will be greatly stimu lated."

Acceptance of the revised Constitution ook two years to accomplish, at th insistence of Association leaders who wanted to make a thorough study the changes. The final documen adopted in 1908, detailed the qualifi cations for each type of membership more fully than ever before. Professional, recognized credentials were hough anyone with a general interest in health could become a non-votin associate member. Honorary member hip was reserved as a reward for "unusual and highly meritorious service or achievements." Though the by-law ailed to mention it, honorary member hip was also used as a political too drequenly awarded to congres men and U.S. presidents.

The new Constitution also spelled out he duties of the officers, including
ddress, not to exceed thirty minute the evening of the first day of the annual Meeting. Officers were to be elected by a vote of the Association and nominated by the Advisory Coun i, from co public helth service of the U.S., Canada, and Mexico, each tate and province in these countrie and Cuba, the U.S. Army and Navy ach section, the general officers, and the five-member board of trustees.

As scientific knowledge continued to e amassed, discussion on relevan topics at Association meetings becam increasingly sophisticated, particulary discussion on yellow fever did not end with Walter Reed's report (some hought the influence of fomites in the spread of the disease could not be discounted), it gradually shifted to how best to destroy mosquitoes. By the tim duardo Liceaga reported in 1910 that "yellow fever has disappeared from he Mexican Republic, control of the attention of the members.

In 1893, the Committee on Tubercu losis had recommended adoption o registration for tuberculosis cases, disinfection, establishment of specia reatment hospitals, organization of societies for prevention of TB, govermment inspection of dairies, and legislation against spitting in public By 1904, the committee was able to report significant acceptance of it City had adopted the system of full notification of tuberculosis cases, help ing to break down the opposition to the system in other cities and states. More health authorities were insisting
on full disinfection, and 67 sanitoria and 38 TB societies had been estab lished. Unfortunately, reported com mittee chairman Lawrence $F$. Flick, Legislation against spitting . . . ha missed the mark."
APHA committees were instrumental in focusing attention on other aspec of the newly burgeoning health fiel A committee on school hygiene was appointed in 1900 to report on the progress of measures designed for early detection of communicable diseases among school children, record mp their physical development and
mproving sanitary conditions on school premises.

The teaching of hygiene in high chools, colleges, and universities was also considered crucial by Associatio members. Upgrading of the profession the public, and more status and better pay for public health workers would not be undesirable by-products of this goal.
In 1903, a resolution was passed approving the recommendation of the that a diploma of "Doctor of Public Health" be awarded in universities, and that the government provide a pro fessorship in hygiene at Annapolis and West Point. The committee continued its work for several years, later devis ing a detailed scheme for hygiene edu cation in schools. The Association also protested, in 1909, the practice of appointing public health officers and expediency. expediency.

Another popular topic of the day was the rise in anti-vaccination sentiment.

Its growth, William A. Evans reported the Association in 1908, was founded on the prevailing principles of American law . . . which is that every man has control over his own ody, and that he alone shall decid what shall be done for that body." Many people were fearful that the accines and sera were unpure, and would do more harm than the disease iself. To counteract this sentiment, PHA members worked to secure regtely pure to give the products, and . . . establish the confience of the public, thus removing the reat objection that may have existed gainst their use.'

Other APHA individuals and commit tees pressed, in the 1900's, for adop the state boards of health, for a sex education program for children and adults based on medical as well a moral principles, and for a two-yea course in hygiene instruction for veter inary students. In 1908, still anothe area of interest for the Association de eloped when APHA President Richard called by President Roosevelt to con called by President Roosevelt to con-
sider "the vital question of the conser sider "the vital question of the conser ountry, which are being wasted with such lavish prodigality as to make the judicious grieve and the wise to take alarm."
APHA's relations with the Presiden were not always that smooth durin the decade. The old battle over national bureau of health continued without interruption into the twentieth lex. APHA had always been vocal in its wishes for a federal health depart-
ment, but other organizations wer aving their own thoughts on it, an differences in opinion were not always easily mended.

In 1900, the Spooner bill was intro uced in the Senate, authorizing ational Commission of Public Health der the supervision of a commis oner appointed by the President or he commission's Advisory Council. ymbolic of the times, the commission Department because health (as dem onstrated by the yellow fever ep demics) was important to the economic interests of the nation.
The Marine Hospital Service was obvi usly miffed over the bill, whic would give central authority over ealth matters to another, as-yet-un reated agency. Supporters of the bill including APHA, were stronger, how ever, and its passage seemed assure when, in 1901, another bill was intro duced to increase the efficiency and change the name of the Marine Hos pital Service." The immediate effec was to split professional support give the Spooner bill.

Representatives of APHA and the AMA which had been working together for establishment of a national commis sion, met in an emergency session with spooner and decided the only hope was a compromise bill, providing for public health service and marine hos pital service, but not a department. rouns' hopes that a national depart ment would soon follow.

Both APHA and AMA seemed resigned o acknowledging that the time was not yet ripe for a separate department

of health. Then, in 1905, members of he American Association for the Ad"Committee of One Hundred," o inform the public and influence national legislation on public health. or some time, AMA also had been exerting pressure for a national department, but with the specific ultimatum hat it be headed by a Cabinet officer. some APHA members felt the AMA's ned was unrealistic, since Presiden Roosevelt had favored creation of
put was expressly op ed to adding another officer to his ready crowded Cabinet.

Though the American Health League, an outgrowth of the Committee of One Hundred, eventually received credit for the insertion of a health plank into the platforms of the two political parties, pressure created by growing public opinion and the mounting campaign of the health organization undoubtedly helped. By 1909, APHA
had established a formal structure for continuing cooperation, with the AMA he American Health League, and other results available through coalitions

Finally, in 1910, a bill was introduced by Sen. Robert L. Owen of Oklahoma containing provisions similar to those of the Spooner bill. All health agen cies in the government, except military offices, would be transferred to a de partment of public health under


Administration of first typhoid vaccination, 1909.
cabinet officer. The bill was immedithers, but opposition was strong.

Owen's bill eventually died in com mittee, and when the senator reintro uced the bill the following year, the cuced for bir the following year, health was missing. Nevertheless, the ell-oiled machinery necessary to cre te the department appeared to be assembling rapidly
The accomplishments of APHA during his decade were many and valuable in stablishing a scientific basis for the Association's policies. Yet it was obvius that the "Reports and Papers," with its limited audience, was insuffilent as a means of communicating ese accomplishments.
In 1906, the committee appointed to consider changes in the Constitution so recommended the establishment a monthly journal of public hygiene be the official organ of the Associaon. It should contain papers of in rest from other journals, the com mittee said, and a record of sanitar oress, edials, information on , legisla as abscements, and presented at APHA meetings.

The Laboratory Section took the first phards establishment of a jour al by adopting as its own, in 1908 the "American Journal of Public Hysiene," official organ of the Massachu etts Association of Boards of Health ing, lhe journal became the offiion, which contracted for 400 page rom the publishers. Simultaneously, publication of the annual "Transac
ons" was suspended because of high pibling and distribution costs.
For two years, this arrangement at tempted to serve the Association's need to provide "interchange hought and knowledge and new de velopments . . . which has long been pen to other professions . . . [and] is acking to the professional public hygienist." But the quarterly journa was obviously insufficient to record the increased activities of the Associa ion, particularly those of the Labor ry and Statistics Sections.

The high costs of the publication in relation to its value were worrisome to the Association leaders. B. R. Rickards suggested various ways to increase the nembership, such as lowering the dues, increasing the direct contact of the membership committee with pros pective members, and establishing entral headquarters with an execu dive secretary. Rickards was convinced more for their money, and the new Constitution was seen as one way to do this. Beyond the changes in Asso ciation structure, a monthly journal was deemed necessary. In January, 1911, the Association established the monthly "American Journal of Public Health.'
In the last year of the decade, the Association was well on its way to be coming a highly structured, self-sus taining organization. some were suggesting branch associations in every state, a massive public health educa tion campaign, and a regular channe of communications betw the Asso ciation and the press.

Moreover, it was felt, if the Associa-
easier to obtain trust fund contribu ions. Philanthropists might hesitate give funds to an association whic could change its objectives overnight t was explained, but under the laws of incorporation, APHA's stability would be unquestioned. Accordingly articles of incorporation from Con ress, marking the beginning of a new era for APHA.

## chapter 5

"It is true that our calomel ointment and silver salts will probably prevent this disease in men, but so certainly as we offer it to a man, just so certainly will he go on and contract bad habits,
because the root of this disease is love. because the root of this disease is love. Love and the cosmic urge work hand in disere, when it leas it is ting the best of your kind."

Dr. William Singer, 1913
Begetting the "best of your kind" was very much on the mind of APHA and the American public-in the pre-war years. Medical science had done so much to promote the survival of the weakest in the past forty years that a frequent concern raised privately and publicly was the eventual domination and feeble-minded. To avoid that end and feeble-minded. To avoid that end,
some suggested, it was necessary to some suggested, it was necessary to
improve the working and living condiimprove the working and living condi-
tions, as well as the health, of the increasingly large number of survivors.

Despite the difficulty of that task, APHA members had great optimism in the future, and faith in their ability to spread the doctrine of good health.

## preparing for battle

ings are the concerns of a multitude of crusaders for an array of causes. women's suffrage, the temperance movement, maternal and child care,
drug and tobacco abuse, industrial drug and tobacco abuse, industrial hygiene, medicinal fraud, and venereal disease. The impact of industrialization no less a matter of importance to the Association than it was to the myriad Association than it was to the myriad banners in the early twentieth century
Symbolic of the influence of the re formists on APHA was the first meetig., in 1912, of the Sociological Sec ion, organized "to increase the social workers' knowledge of health prob ms and their interest in them, ang social worker and health of nto closer touch with each other .. and health resources, so preoccupied in the past with the mere survival of the individual over disease, must now se applied to the occupational and lization and urban expansion.

As early as 1910, the Association had adopted a pamphlet on sex hygiene, opic not often discussed until, in 191 ousave a disease unmentioned
therefore untreated-among polite so ciety for almost two centuries. The 1910 APHA report emphasized five facors in a campaign against venereal disease: recognition, study and control o syphilis and gonorrhea as communicable diseases; an educational campaign children of all ages and sexes; advocacy of temperance because of the "relationship between alcoholism, venerea disease, and insanity; advocacy of per sonal cleanliness and venereal prophy laxis for those whose carnal appetites cannot be controlled by the agencies of moral prophylaxis; and promotion of early marriage."
A 1914 resolution called on the government for a system of confidential notification of these diseases, an educational campaign, and proper provision for diagnosis and treatment of all cases. In 1916, an APHA Committe on Venereal Diseases recommended that the diseases be made a community responsibility, accepted and reported without moral stigma to the individual victim. The committee looked to the day when the public would maintain he same attitudes loward syphilis and gonorrhea as it held toward typhoid
ewer facts were known about the dening reach of another old prob em: drug abuse. Health officers and physicians related personal experiences in treating "opium-eaters" and mormemed patent medicines with connarcotic content. Concern for "this itiful array of wrecks waiting, as in a readline, for the free dope prescripion ... young men and women askin a whisper for a fifty-cent prescription or 'coke,'" motivated APHA member 0 appoint a drug abuse committee and raw a resolution that state authorities stablish custodial institutions for non criminal drug users.
nti-narcotic sentiment in the nation iggered passage of the Harrison Act iggered passage of the Harrison AC in 1915, which placed restrictions upon sale and retail druggists. However, ournal editorial called the act "mutilated," with weak and indefinite clause hat exempted private physicians, eve hough, the Journal noted, "It has been hown repeatedly that the physician is he greatest single factor in drug addicformation," by his casual prescrib g of marcotic drug. The Association "show-and-tell" drug
buse discussions laid the groundwork or some ahead-of-their-time suggesions. One member presented the new ngle of continuing to restrict the supply of drugs, but also treating the users. nother asked whether "habit-forming drugs" included nicotine, caffeine, and alcohol, and though his question was greeted with laughter, a motion was thit made-but not seconded-to of the annual meeting "I proceedings in public health conventions smokin might well be confined to the corridors
he Hotel and to an especial part of them where the public in general doe Wiley, MD
Most of the members agreed that alcohol, too, was dangerous to health but were opposed to its prohibition Those who have been interested in recent years in psychiatry from the psychological viewpoint all agree that here is no such thing as a normal per on who drinks to excess ... no absolue prohition will ever put an end is not a problem of the drug alone, but problem of psychic pathology" said Sidney MacCurdy. In 1916, Haven Emerson cited evidence to prove that alcool lowered the body's resistance to disease, but stressed that he did no seek legislative interference for prohibition. Instead, he thought, public health workers could teach consumer not to use their liquor," particularly rough exemplary abstinence.

By 1914, there was no doubt that APHA ad a role to play in promoting safer healthier working conditions. Man papers had been submitted on industrial lead poisoning, prevention of accidents, and protection of women and ions. Support hazardous job condrial hygiene was wide, and Association ecretary Selskar M. Gunn noted that uch a section would appeal to large companies being sought by APHA fo corporate membership. The by-law were amended to allow companies to oin the Association for a fee of $\$ 25$ 100, a limit set because "it might seem nadvisable that we should permit any one organization to contribute too arge a sum to our funds. It might be made a point of criticism and might, conceivably, at some time, diminish our influence."
dustrial concerns were beginning ecome interested in improving the employes' welfare, an interest criticized shori-motivated by many observers. $t$ may have been to the profit of rom iniury and sickness, worna editorial countered but it could not help but profit society as well, regard less of the underlying motive. For the first time in APHA history, formation of section was approved before the members were secured. In 1915, the

ioneer industrial health worker Alice Hamilton, MD, in a 1947 portrait out side her Connecticut home.

Industrial Hygiene Section elected a woman, Alice Hamilton, MD, as its first vice-chairman, and the following year, ected her chairman.

Hamilton's election was symbolic of the growing influence of women in
health and welfare matters and in the Sociation. Though women had joine an since 187, most of them either ookresented voluntry orgaizations ew were actually members of the health-related professions

By 1916, changes in attitudes toward omen were definitely reflected in the proceedings. "As a matter of public health, we must see to it that women re paid equal wages for equal work, losephine Goldmark, of the National Consumers League, told the Industria Hygiene Section in 1917. "If a woman properly selected through physical ander medical supervision and the occupation is conducted subject to the standards set for hygiene, sanitation, and accident prevention, women can do any sort of work which men can do," E. R. Hayhurst told APHA members. And a Journal editorial asked Why shouldn't young women trained or available for training be used to fill positions left open by men joinin the army?

One woman, at least, demanded less alk and more action from APHA members on the subject of equal rights for women. In 1915, Allie Clement drafted resolution that "mothers should be allowed equal power with men in con rolling the public health condition surrounding their children, and that the wage earning women should have the ing conditions which affect not only their own health, but that of posterity . .." "Until the wage earning women have something to say abou the working conditions," Clement said 'they are going to be exploited and the next generation is going to suffer.
doption of the resolution was imme diately urged by Surgeon General Wil President Sedgwick that the motion must go through the "usual machinery," Clement, undaunted, asked for an immediate vote of the assemblage on the resolution. Again told the action was in violation of the constiution, Clement persisted until th resolution was passed-as she wro t-by the Executive Committec

Perhaps because of the growing num ber of women professionals in the organization, women's medical prob A 1916 resolution called for a commit ee to study the inequities of the nation's laws "which permitted duly qualified physicians to perform abortions under certain conditions but made it a criminal offense to give contraceptive advice. Discussions on birt control centered on strengthening th human race through fewer, not more children, and on the idea that heathier mothers and babies

These concerns were a reflection of general interest in improving child and maternal health, and lowering infant mortality through better prenatal care, disease prevention, cleaner milk (and emphasis on breast feeding), and dietary improvement. A Section on pood and Drugs was A Sed ion ages caused by the war.

Other subjects were confronted for the first time during these years. With increased life expectancies came the problems of old age, discussed for the irst time at an APHA meeting in 1915. The trend toward specialization in pub-

Thelth nursing and the close rela hip of good he close health were also noted.
n Sedgwick's presidential address in 915, he pointed to the significan progress made in school hygiene, heal ing and ventilation, and preservatio ic toilets and neglect of persona hygiene. A committee to submit stand ad methods for plumbing and house drainage was approved in 1914, bu

work on a standard plumbing code by joint committee of APHA, the N lional Municipal League, and the Amer can Society of Sanitary Engineering di not begin until 1918. Following Sedg wick's call for privies, Cressy L. Wilbu aned A National League for insismee on Proper Po lise," with Sedewick as honorary chairman.

Throughout the discussion of these issues, one theme was clear. Advance medical research would do nothing to raise the individual's level of health he did not know about it. The early der the importance of popular health ed
cation, and lost the National Board of Health as a result. Thirty years later, heir successors were not about to make the same mistake

Alarmed at popular press reports of iraculous elixirs and remarkable oper tions, members suggested a commit ealth work, a popular health magazine ontaining scientifically-based informaion, and an Association health bulletin ervice. A resolution typical of many passed during those years opposed the sale of patent medicines and nostrums whose contents were unknown to the ealth authorities, and recommended laws requiring manufacturers to file latement of the drugs' ingredients and herapeutic claims.

After the war there is to be a new eaven and new earth; a new de ocracy, and

Charles J. Hastings
APHA president, 191
To enact a health insurance law sim ly as a relief measure without ade quate prevention features would be ensive plan for disease prevention here is every reason to believe that would prove to be a measure of extraordinary value in improving the ealth and efficiency of the wage earning population."

As quoted by John F. Anderson
APHA president, 1916
The fight against medical quackery re eived unanimous support from the count a story of an illegal practitione arning his living by "curing" epilepsy with sound waves from the piano, deaf-
ess and blindness with the reading of "pleasant literature," or some othe iraculous remedy. "How-to" Journal articles appeared regularly, on developcounter the widely-advertised "health experts.'
1916, the Association established Health Information Bureau to issue eekly bulletins of advice and instruc ons for health officers, prepare stand rdized literature and records, prepare and undertake the organization of correspondence schools for health work rs. Use of this unofficial clearing ouse was free of charge to all health workers, and queries were welcomed The following year, Metropolitan Lif insurance Company offered a $\$ 25,000$ grant to publish health education the Association. Executive Committee members decided to use the money to create an Institute of Health, and their detailed plans-including developmen employment services, an information service for health officials of smalle communities, and bulletins for inex erienced health workers-were inter only by the entrance of the States into the war.

By this time, APHA was only one of many professional and voluntary health rganizations, their proliferation some mes causing as much confusion mong the public as good works. Woodward suggested that the numer ous health agencies "lay aside selfinterest" and consolidate to achiev maximum effectiveness. Who bette han APHA, said some members, could groups, avoiding waste of resource and duplication of efforts?

This idea partly prompted APHA's par licipation in the National Committe Health Organizations, but no re cooperative heal
lished until 1920

The fear, expressed by Lee Frankel in 916, however, that other organization were "trespassing upon our preserves,"
was partially responsible for a gradual was partially responsible for a gradua' structure.

In the first subtle change, arrangers of the 1914 Annual Meeting heeded Pres dent William C. Woodward's sugges fion that the meetings be planned so that other organizations could mee simultaneously and jointly with APHA That year, a joint session was held with the National Mouth Hygiene Associa tion, and papers included "Kissing a venting Unpleasant After Effects"oothbrush saga. In 1915, the Annual Meeting in Buffalo was the site of " clinic in public health legislation and dministration," co-sponsored with the New York State Sanitary Officer Conference

The Executive Committee recom mended that small societies be urge particular interest. When the National Association for Preventing the Pollution of Rivers and Waterways asked to be come identified with the Association possibly as a section, the group was nvited to hold its next annual meetin jointly with APHA. "That would secure one meeting jointly without commit ting ourselves to their proposition that they make a section, and give us an ing their arguments perhaps a litt more fully," one member advised

Though that particular group disbanded soon after the discussion, the establisher fection formation was established.
Like other associations before it, APHA needed a munict facile mehod oll munica state branches, Secretary Gisn said, holding occasional meetings said, holding occasional meetings the appeal of membership in the Association, since many people did not join APHA because their chances of attending an Annual Meeting were so remote. Gunn was authorized in 1916 to communicate with state health association officers regarding affiliation with APHA, and amendment of the constitution to provide for such affiliates was begun lic Health Association petitioned to affiliate with APHA-one of three state associations to formally affiliate the fol lowing year.
there is one merican Public Health Association which differs from most of the ' 57 varieties' . . . It is not tied down by any institutional limits; it is not en compassed by four walls. It is a fluid, mobile organization that changes its policy and plans as such change is required. We have changed the Constitution and By-Laws twice in approximately six years, and I assume we the requirement no axe to grind. We are not interested in any particular diseases. We as health officers and as representatives of the public are interested in one thing only, that is, in public health."

Lee K. Frankel
APHA president, 1919

I911, Woodward contended that Association was of little significance between meetings, a theme he ampl ed in his presidential address of 1914 His address was one of several impor ant events of that year's meeting, genrated by the members' consciousnes a new mission. After several years eady to undertake attainment of a leadership position in the suddenly bureoning health field. The first step was restructure its internal organization.

After a series of changes, the new Con litution provided for a Board of Direc res to administer Association business. ections and affiliates were repreented, as well as thirty members-at large, and each director served fo lefeated a proposal to allow the Board Directors to amend the by-laws etween meetings, other Association business was conducted by the board in quarterly meetings.
"The idea of appeals to the laity, the dea of a large non-expert membership, did not appeal to the imagination or he mind of [the founders] and the result is that we have a bit of machin ry in the Constitution and By-laws tha $\therefore$ is utterly unsuited for effective commented in 1914. Within few ears, the requirement for endorsement of proposed members was dropped he membership campaign becam ear-round and full-time, and the Jour nal headlined an editorial "Wanted five Thousand Members.
ach member was urged to recruit on new member, and by 1916, the mem bership of 1,647 was double the 1910
figure. Yet the Association was strug
gling to support its young, steadily im proving Journal as well as its ambitious plans for the future, and money was scarce. A 1915 campaign among mem bers netted $\$ 1,200$, and Sedgwick him self tapped Boston businessmen for a said they of $\$ 2,850$, though Gus Sedpwick and not to the Association or the Journal."

The Journal, more than any other operation of the Association during this decade, was expected to accomplish the dual objectives of increasing mem bership and educating the public and the profession. No longer was the ournal merely to record for posterity the abstracts, papers, and proceedings of the Annual Meetings. Featured in the Journal during this decade were topics, notes on public health work personals and Association news, and reports on other health organizations. For the thousands of poorly trained health officers and the public bewildered by the large number of health organizations and literature, the Association, through the Journal, would assume its duty "to take its place prominently and firmly as a guide to the people in placing before them matters."

The problem of incorporating technical papers for the members with popularized articles for the public was only one of many confronting the Journal editor, who was also Association secretary, administrative head, the membership solicitor, the publicity manager, and advertising man. Not surprisingly, the Journal had four editors in the eight years before 1924. "The 917 to 1922. "Most of the work was done at night, and the principal wor res, as I remember them, were to get he editorials written, and to erase enough author's corrections from the proofs to keep the printer's bill within bounds."

The scientific work of the Association continued at a high pace during these ears. "General addresses giving nothing new were to a large extent absent, being replaced by real contributions to public healh science, an ediorial achevements in such areas as ing. Achistics, bacteriology, and sociology, tatistics, bacteriology, and sociology,
and the increase in communication and the increase in communication or the development of public health a science. Not only were school of public health opening their doors (Harvard-MIT in 1913, Johns Hopkins in 1916), but municipal health departments were increasingly the beneticares of vacuble insighs mo such as those offered by George $C$ Whipple and Charles Chapin.
Though Chapin had been one of the earliest advocates of terminal disinfec fion, he was the first to prove its inresearch. Discontinuing this practice saved his Providence health depart ment thousands of dollars, which he mmediately applied to other areas. In 1915, Chapin issued his classic dis sertation on "Effective Lines of Healt Work," based on his determination of elative values in public health praclices. "There is probably not a single large municipal health department in the country which is operated along They are mostly ill-balanced Much is
done that counts litte for health and much is left undone which would save ai, scientific plan of organization wa ormulated for a health program.
The same year, an APHA committee was ppointed to prepare specimen forms and a complete system of uniform administrative accounting adapted to ealth department work. Meetings of the public health officers' section be came increasingly sophisticated, alhough some members from smalle the reports of larger towns inio nation of little use to them in the work. Thinly veiling their threat to secede from the section, these members were rewarded with a full sessio on public health problems of smal municipaitities. Several years later, sedgwick suggested the consolidation of several communities into one health district, along the lines of school dis ict plans.
Public recognition of health work was nadvertently spurred by the advent or the Great War. Literature on military hygiene began to emerge in great volme; Majors Haven Emerson and Victo C. Vaughan, Livingston Farrand, Gunn and W. A. Evans were among those military medical men. To alleviate the health labor shortage, the lournal ran free "help wanted" announcements.

Because of the drain on available medical resources at home, there was reat fear of hitherto undreamed-o sanitary problems," as well as recogni tion of the toll that venereal disease, al cohol, tuberculosis, and typhoid would have on the fighting forces. "The thing United States is concerned, is the
health of the American people," health of the American civilians be came a patriotic duty.
At the 1917 Annual Meeting in Washington, known as "the war ineeting," each section held a conference on tral theme was the welfare of the tral theme was the welfare of the
soidier, sailor, and civilian: a year later, as the war appeared to be winding down, it shifted to conservation

of the health of the civilian population. Most members were optimistic in their belief that "preventive medicine is justifying itself," since military men, trained in personal hygiene, would be returning to private life after the war. It was thought that the war had as never before, and that at its end, as never before, and that at its end,
the spotlight might turn towards such neglected areas as national health insurance.

No sooner had the war ended when the nation was plunged into a severe epidemic of influenza, which was said to have "prostrated the East Coast" and caused a three-month postponement of cers flocked to the Chicaso meeting
demanding that this Association furnish them information as to what to do when it does recur," according to W. A. Evans. A hurricdy lormed comsuidance for local health officials in the event of another outbreak, and members were cautioned against using crude statistics to draw conclusions.

The dependence of the health officials on the Association for professional advice on controlling the epidemic

of this standard guide, containing de criptions of diseases and the method control, were compiled under the hairmanship of Haven Emerson, with hell William H. Park E C. Weyslow Theobald Smith
ogether with the newly progressive ournal, these publications and conmittee reports formed the basis for much of the later organizational work of the Association.

Medical Advisory Board and staff of Department of Heatth, league of Red Cross ocieties, 1921. C.-E. A. Winslow, "statesman of health" during the early years of the twentieth century, is center figure, back row.
greatly pointed up the growth of APHA 5 a respected scientific body, since it first served as a forum for discussion of yellow fever and chotera. Hs pubill were aredy sula field, and in 1917 the Public Health ield, and in 1917, the Public Health Committee for the Control of Com municable Diseases. The early editions

Whereas, the use of habit forming drugs in this country is increasing with such appalling rapidity as to have assumed the proportions of a national evil, and
Whereas, the effects of these drugs are admittedly prejudicial to health, com munity welfare, and race development and

Whereas it is evident at the presen lime that there exists no widely effi cient control of this evil, Federal, Stat municipal or otherwise, therefore

Be It Resolved that the President be empowered to appoint a standing committee of five members which shall be known as the Committee on Habit formg

## be as follows

1. The collection of all available ac curate data relative to narcotism in the United States.
2. A summary of existing anti-narcotic legislation in this country.
3. The preparation of a full report to be presented at the next annual be presented at the next annual
meeting of the Association which shall have as its object the presentation of existing facts, recommendations for the control of the present alarming situation as the Committee may deem advisable and the outlining of such law as shall control the importation, production, manufacture, sale and distribution of habit forming drugs.

Resolution, 1914 drolen or hart
 48
5
5 A

## chapter 6

"I well remember his entry into the ballioom of the Hotel Astor on the arm of John D. Rockefeller, Jr. He received a standing ovation from a large assembly of men who but for his pioneering ell probability, have had little if any association with the public health association
Louis I. Dublin, "After Eighty Years" "He said the older men who will prob"He said the older men who will prob-
ably speak at the banquet will probably deal with the past; '1,' he said, 'am going to speak of the future.'

Lee K. Franke
Ninety-nine-year-old Stephen Smith did indeed speak of the future at the Semiindeed speak of the future at the SemiCentennial Annual Meeting of the American Public Health Association,
His mind alert, his voice bright, Smith His mind alert, his voice bright, Smith
strolled through the exhibits at the meeting, cracking jokes with his es corts. Alone at the podium at the banquet in his honor, Smith stood erect and delivered his proposal for a cam paign to lengthen the average span of human life from 45 years to 100 .

Within ten months, Smith was dead The organization he had founded fifty The organization he had founded fifty sanitarians was about to come of age

## public health and the jazz age

developing public health services and rganization for the first time as a mod ern science. There were now more than 3,000 members, and the Associa liormanently installed in offices in Penn Terminal Building in New York, enn with other member agencies o the new National Health Council.

The Association, partly because of the seneral diversity of its members inter sts, had been working more and more closely with other health groups. Affili ation with the American Association or the Advancement of Science ha e aceple and ciation and the American Child Health Association. A proposal to coordinate all the health agencies through on organization had been well received but a plan to bring together the leader of the groups resulted in the Nationa Health Council, with Livingston Far and, and then Lee Frankel, as chairman

Frankel, who was director of welfare services of the Metropolitan Life In surance Company, "put the Association ing to his associate Louis I Dublin Both as APHA president in 1919 and as
nembers in the Association's history rankel was largely responsible for i rowth in income and membership.

Frankel and Dublin were convinced that the general level of health in the U.S. could be raised substantially il U.S. could be raised substantially "the most approved practices as dem onstrated in the leading communities. They arranged for their company district managers to undertake a sur vey of the services, organization, and needs of community health depart ments. Finding the information to be emparison, they decided to tum the ob over to APHA.

In 1920, Metropolitan gave APH. $\$ 5,000$ to conduct a survey of health departments. A committee was ap pointed, consisting of Winslow, Chapin and Wade Frost, with Dublin as secre tary. "It was very clear that the com mittee must have Professor Winslow lin. "He had shown great interest in. "He had shown great interest in the project, was widely acclaimed for and would be most acceptable to the rank and file of health officers. He ver
raciously accepted that responsibility eaders in public health.'
The survey, which was conducted by 22 public health students in 83 cities epresented the first attempt ever made to examine health practices on a com-
mon basis. Ira V. Hiscock and Thurbe Fales, two young proteges of Winslow and Frost respectively, tabulated the results.
in 1921, the committee reported on
hat it had found. Investigation of health practices in cities with popula ions of more than 100,000 revealed that the average annual expenditure per capita was only 52 cents; that arge disbursements in sanitary inspec fion were based on complaints and not on periodic review of environ mental quality; that there existed a "great diversity in control of commueports notwithstanding-wo-thirds of the cities still practiced terminal fumi-
gation. It was evident that safeguard ing the public health was as much a matter of happenstance as of scientific method, and that variance in health exception.
The Association committee had shown great promise as an information generer, but it was obvious that more make headway on the solutions. The insurance company's original gift was a financial shot-in-the-arm for APHA, which had been hard-hit by the conver sion to a peace-time economy and later, by the expense of the semi centennial meeting. Too, "specialism in public health, which is much in evi dence, is also a menace to our memstantly being formed"" said Mazyck P. Ravenel. With membership promotion more difficult, other sources of funding were welcome.

But the Metropolitan gift was a cause or concern among some members. Murmurs of discontent surfaced in 1921 through charges by the Public Health Administration Section. "Direction and control of APHA has tended to pass health administrators to individuals and more particularly to corporate agencies ... thousands of members have no voice in selection of governing officers or changes in constitution... land the Association has] no clearly defined obectives," while it neglects its responsibilities in the areas of venereal disease control, health officer education, and activity in the legislative arena, Section charged, unwise establishment of sec tions had been promulgated, the Association was "a nonentity in public
frairs," and its "chief value was as social gathering." I belong to the old school of health ence. There were no schools of hygiene in my day. If it had been left to my own experience, I am afraid I would have made a sorry job of it, but forunately, Providence is almost at the back door of Boston and I could run down here frequently and associate with such men as Walcott and Sedg wick, Theobald Smith, Harrington, Richards, and scores of others."

Charles V. Chapin, 1923

Partly true, acknowledged Ravene rankel, and Vaughan. Since incorpora tion, it was apparent that the Constitu ion was not well adapted to the need of an association, and that the governg mechanism was too unwieldy ma of he shortcomings were met in new constitution proposed by Peter ryce, Haven Emerson, and Arthu Hedrich, they said, and the charges of corporate intervention were no justified. The Public Health Administration Secion's members may not have liked the way Metropolitan's gift was given to
he Association, hinting that they would have preferred to control its use themselves. Partly because of the Section fears of being shunted aside, and partly because of a general feeling that proessionalism was slipping from the Asociation, a reorganization was effected in 1922. Its basic objective was to and its basic tool for achieving this was he creation of fellowship for those
ho had attained a certain degree or eminence in the field.
et the Committee on Reorganization, headed by Vaughan, felt the fellowship lass shoul be ne for exs mem by "We will be bio re sentally a consciousess on he part of the public" in the promo tion of public health. Though only fellows would be able to vote, hold office, or chair committees, more democratic control over policy would be insured by increasing section repre sentation on the Governing Council Dues were graded, with fellows paying more than either members or associate members, "

The by-laws outlining fellowship were explicit-too explicit for some who were insulted that they had been left off the first list of fellows. Others obected to the requirement that an applicant be sponsored by two existing and my work will have to act as my at as my on ". count me out if these wi momented Hedrich, sent "wery ours, comments on the question of the additional payment" One wrote "I regret that those in charge . . . have deemed tadvisable to commercialize an Association which has such a potent influence in health activity, by selling fellowships at \$10 per year."
Most, however, thought fellowship was a good idea. "It is necessary to restrict the voting membership to the strictly at the same time, instead boups, but] our members by hundreds we wish to count them by thousands, and it is nec-
essary to have this lay membership, said the president, A. J. Mclaughlin, MD, in defending the Committee on Reorganization's fellowship proposal. Under the new plan, APHA would now be a national parent organization, with affiliation, bound together by the obective of "the conservation of human life," and a public health magazine, the American Journal of Public Health.
The development of the Journal during this period mirrored Journal during efforts of the Association to professionalize public health. Arthur Hedrich served as Association secretary and editor of the Journal until the reorganization plan of 1922 established a new administration for the publication. Henry Vaughan became editor, Mazyck P. Ravenel associate editor, and Hedrich managing editor. In 1925 , Homer P. Calver, already acting as secretary, be"beged the Edecutive Boad to him resign." Under the leadership of this editorial committee, the Journal achieved its first measure of stability. Though contributed papers were a rarity in the early 1920 's, the Journal's published articles represented a golden era in public health science. Reports by Chapin. Winslow, and Emerson frequently appeared, and Wesley W. Peter reported on public health in China.
The list of specialized publications of the Association was also growing steadily. "Standard Methods for the Bacteriological Examination of Shellfish" was adopted in 1920 and revised five years later after a typhoid oubreak voted to cooperate with the American Water Works Association in revision of "Standard Methods for the Examination
of Water and Sewage," and "Standard隹 first foreign language translation whe he French edition was published
An important adjunct to the reorganiation goal of improved professional atus was the specification of affiliated ocieties in the bylaws. APHA leader uggested that affiliates be organized ong the lines of the national associa ion-that is, the nucleus of the state of the state. Only one affiliated societ was allowed from each state, and the ues were fixed at between $\$ 10$ and 100, based on income. Some of the fifiliates were already working on their wn to upgrade the profession: the Montana state society's second annual meeting was addressed by 24 noted ealth officials, including the Surgeon General, and featured six section meetion, proclaimed a "militant" campaign o convince communities that health protection required trained health offiers; and the Maine affiliate published its own health journal
APHA's sections continued to reflect he changing interests and needs of health workers. The Industrial Hygiene ection was faltering, because much of oficial membership was leaving to oin the Association of Industrial Physicians and Surgeons. Members of the Sociological Section conceded in 1921 hat "the Section has not justified it elck of act specific professional group to fill the Section's membership ranks.
But other sections were taking the places. In 1921, Lee Frankel was electe he first chairman of the Healuh Educh expected to fill the void left when the Sociological Section folded. That same
ear, a Section on Public Health Nurs ing was requested. Both became per manent sections in 1923, while the Child Hygiene Section was organize in 1921. In 1924, a petition was pre Hygiene Section, because the "public wasl in need of protection of its health by a central public health agency."
The sections on nursing and health ed he sections on nursing and health ed rom the beginning. Both had good sized memberships and active pro grams. Public health nurses carried out their own study of qualifications re quired for nursing supervisors in health departments, and the public health educators claimed they had the mos exciting sessions at annual meetings, as echniques in health education. Ther was little dispute over the content o he message to the public, but a tre mendous variance in recommended ways to get that message across.
It was a matter of agreement that the Association's most valuable work was contained in the reports of its commit ees, many of which were standardizin public health procedures for the first me. At one point, so many commit ees had been appointed that a Com mittee on Committees was named. But o be effective, the committees needed money, especially to transport the far-flung members to a common meetplace

With the grant from Metropolitan Life he Committee on Municipal Heal Department Practice, as $1 t$ was known 1922, Winslow presented his report on "The Ideal Health Department," containing a city-by-city review of the Committee's findings, and a suggested
deal health department" based on the results of the survey.
The report was enthusiastically received. Surgeon General Hugh S. Cumming offered to establish an Office of the records of the Committee would the records or the Committee would officers. W. S. Rankin, who was subsequently named field director of the project, called the report the "Dun and Bradstreet of public health practice," and said that for the first time health officers of the country would be aware of what their associates were doing. It was felt that here at last was
a scientifically based, workable system that might stimulate self-inspection among health departments.
Winslow also announced that a series of awards would be presented at the 1924 meeting in recognition of attainhealth services. some members were hesitant about awarding medals, feeling it might induce smugness among the winners and hinder the progress of health services rather than help it. It was also felt the work should be extended to smaller cities, a project made feasible by Ira Hiscock's publication of "Public Health Practice of Small Cities in Connecticut." Based on the same outline as that used by Winslow, which any municipality could measure its progress. At the 1924 meeting, Winslow p sented the Committee's fourth report. He outlined the functions oll filing of current information on public health practice; the critical analysis and interpretation of the data; and the reporting of the results to the local health
afficer in a way that could help him The formulation of such a reporting ethod was begun in 1923 whe hapin was aske to drat an appraisa blic health activity by relative im portance, based on his 1913 report on elative values. relative values
At the same time, George Palmer and his associates at the American Child Health Association were ranking health activities in U.S. cities rangin in size from 40,000 to 70,000 residents.
and other agencies were testing the appraisal form in various parts of the country. In August, 1924, the various groups met to determine the final re lease of the appraisal form. The next of the Committee's plan of diseration it was decided to enlarge the group to include public health administrators and representatives of interested agencies. Deciding that the appraisal form should serve county and rural health organizations as well as city depart-
ments, the name of the committee was changed to the Committee on Administrative Practice.
It was hoped that this score card would do much to upgrade the profession The work of the [Committee], cosl) of administratiossion health work and these profession standards will do much to eliminate the obstructive influence of politics aise the status of public health work in general," said Calver.


Gathering for a portrait in the late 1930's are Association leaders (back row from left) Kendall Emerson, J. D. Dunshee, Carl Buck . L. Pomeroy, (front from left) Mazyck P. Ravenel, E. L. Bishop, Haven Emerson, Thomas Parran, Jr., and Louis I. Dublin.

Lamenting over the forced "retire ment" of Richmond healith officer and the lournal expressed hope that, when perfected, the score card would weigh perfected, the score card would weigh
the accomplishments of a health officer and translate the measure into an easily understood and compared figure Previously, "the competent and incompetent alike have had ... to back their claims for recognition largely on their own statements and those of their sym Crumbine was removed as health officer through "political maneuvers," later going to the American Child Health Association.
But politics in health was not the same thing as health in politics. Though political control of the health official' chair was condemned by APHA members, it was thought that health workers might do well to learn something abou the political process, and perhaps in crease their influence on legistation ducing his annual health bill without success, New York City Health Com missioner Royal S. Copeland had been elected to the Senate, and others, such as John Hurty, were making their mank in state assemblies.
During his presidential campaign, Warren G. Harding's pledge to create a new department for the welfare of the people had raised the hopes of Association members. Harding carried out his promise by recommending such a department to Congress, but then prohead of the proposed operation. To add to the insult, he named the physi cian-a civilian-a brigadier general
The subsequent bill was opposed by APHA because it not only combined
departments of health, education, and ocial welfare into one, but also added politics and marked by gross ineffipolitics and marked by gross ineffi-
iency." Ravenel commented that the Bureau's inclusion in the proposed department had been likened to "the implantation of a cancer into the abdomen of a new born baby."
Harding's bill failed, but the Associaion grudgingly gave him credit for "trying". When Calvin Coolidge suc-

ceeded Harding, a rare critical Journal editorial called the presidential message distinctly disappointing to every physician and health worker in the United States" because it had failed to mention any appropriations for health. federled more so, in fact-man ever.

Association leaders turned instead to upgrading the profession from within. 1920 investigating committee had ound that 20 different public health degrees were awarded by 22 educaional institutions. One Missouri school was awaing a doctorate in public
series of 40-minute lectures on public ealth, given by a city water works from the school in which he taught

In 1923, the APHA Committee on Standardization of Public Health Training, chaired by Winslow, reported on Hiscock's study of health courses given to medical undergraduates, and a study of courses offered in public health emphasis on preventive medicine was

needed in medical schools. What was eeded in the schools of public health, was found, was not more courses but more students. Too few trained health officers were being produced by the schools. The report commented further, "The Committee might profities could be provided to study of ties could be provided, to a study of in the recognized public health degrees and assist . . . individual schools rearding the prevailing practice and the desirable minimum requirements."
Public health organization as a science was still crystallizing. Problems were was still crystallizing. Problems were
vere presented and before the soluons were suggested. The scientific method was being applied to areas outading as a topic of interest, while chronic diseases and personal health services were coming into the limelight.
There was talk, in 1920, about the high cost of health care. A critical Journal ditorial cited the growing complexity and expense of modern medicine and

poke of the "failure of the present rganization of medicine to bring the dvantages of medical science within he reach of the people." The New York State Health Department's rural such experimer, and aagnostic clinics noticed, and some members thought socialized medicine was worth an investigation. "Health is not the monopoly of any group or class," Mazyck P. Ravenel told the 1921 APHA meeting. "It is the common heritage, and should be the common property of all, and one of the objects most dear to the everyone the store of knowledge we now possess.
an was becoming an issue among the members. Ravenel and others opposed the concept, saying, and safe, vice has increased." The Journal cautioned against the prevalence of fraudulent cures for cancer, which was becoming more common as the life span increased, but it added that "ill-fitting dental plates, lacerations of childbirth, and ulcers should be given If not always, is the exciting factor in

the causation of cancer."
In other areas, the Journal and the annual meetings were providing a forum for definite scientific advancement. R. L. Kahn demonstrated his precipitaMeeting "The Dick test for the diagnosis of susceptibility to scarlet fever and the immunization of susceptible persons by means of streptococcus toxin was the outstanding feature from the scientific standpoint," reported a Journal editorial on the meeting. Many of the members had the test performed on themselves by George Dick.

The Journal and the Public Health

Education Section were fighting "fad dism and divine healers in medicine tween tobacco and health was noted and, as the year drew to a close, members described their shock when "Mr Scopes of Tennessee" was convicted for teaching evolution.
Although a version of an APHA seal appeared in the Journal as early as 1916, dissatisfaction with it led to a design contest for a new one in 1919 , but were considered unsuitable because they were "inadequately indicative of public health at the time, being concerned more with medicine or physical culture," according to the recollections of Arthur Hedrich, then secretary.
"Public health had not yet emerged clearly as a separate specific professional entity," recalled Homer N. Calver years later. "How then could one design a seal which refilected [its] diverse, sometimes opposing and seldom integrated interests? The idea of a tree to me."
In 1923, the Executive Board accepted a suggestion that the APHA seal picture Revelation 22:2-"And the leaves of the tree were for the healing of the nations." The final design, prepared by a Yale student, was approved in 1925.

## chapter 7

"Whether we like it or not, however, he tendency of the times makes if clear that some form, or forms, of orgaiized community medical service are oming, as surely as the sun will rise o-morrow. While we hestitate and onsider, the thing is happening all about us. . . . It is only through the gent of the public solemnly charged with the duty of preventing disease and romoting health in every form, and hrough the thoughtful and broadminded cooperation of the medical profession, that the legitimate demand or an organized preventive medical service can be wisely met."

Charles-Edward A. Winslow, 1926
Giving the health officer the tools he needed to promote and protect health was the first order of business for the Committee on Adminstrative Practice nized and made a permanent commitlee, it came to constitute the technical ervice division of APHA, sponsoring some of the most valuable work ever onducted by the Association.
Its subcommittees-there were ten Its subcommittees-there were ten
by 1928 -collected survey material, shaped it into model forms and pro-
struggling through the depression
grams, and made the results available rough its information service. Much of the material collected was uttized by numerous subcommittees, each approaching the
ent viewpoint.

CAP's work on community health services was gaining much attention services was gaining much attention throughout the nation. At the Ameri-
can Health Congress, held in 1926 under the auspices of the National Health Council, there was much favorable talk of the Committee's recent findings in various sized cities and its plans for new organization of health services in these towns.

The following year, a book on community health organization-written by CAP, and became a manual for health departments across the country. Redepariments across the country. Re-
vised several times in later years, the book dealt with the need for health legislation, and planning and action in health administration.
The Committee's fears that its appraisal form might cause standardization and the planned revision of the form every three years. In its first revision, in 1928,
individual items were modified to eliminate unfair comparisons or to raise or lower quantitative standards in accordance with new developments in health services. Two new activities, indicative of longer life spans, were included: cancer and heart disease control.
"It has been said, and, we believe, with some justice, that no single factor has ever done more than has the use of the appraisal form to develop city health department practice in the U.S.," the Journal editorialized in 1928. Use of the form was revolutionizing rural as
well as city health practices. Other organizations, such as the American Social Hygiene Association and the Na tional Tuberculosis Association, picked up relevant items from the form, and the American Child Health Associalion voted to turn over all its survey activities to APHA.

In 1926, Winslow presented to the Association what was believed to be the first survey of the community from the point of view of public health service's importance came when a member of the nursing section was named as an advisor to the surveys and appraisals, and later, with the ap-

Other activities of CAP during these years included issuance of a monthly "Health Officers Newsletter," a survey schedule for industrial hygiene, model local health ordinances, annual health department reports, and record forms. The latter were developed after five years of study, and included forms for communicable disease services, labor, public health nursing, and later, tuberculosis and venereal disease control programs. These, of course, were in addition to investigations of rural health practices, and to the regular survey work being conducted in such places as Hawaii and Los Angeles County by Hiscock, field directors Carl E. Buck and W. Frank Walker, and James W. Wallace.
News of the Committee's work spread more rapidly when the U.S. Chamber of Commerce invited CAP to act as technical advisor in a planned Health Conservation Contest. The nation's businessmen outlined the contest's objective as the reduction of U.I. ecoand premature deaths. Though memand premature deaths. Though mem-
bers of the Committee would not have put it quite that way, they agreed to put it quite that way, they agreed to
undertake the advisory role, believing that the competition would be good publicity for health work and might spur higher per capita appropriations for health.
Beginning in 1929, the contest was held annually, with several cities receiving honors for the high grades they had alone, local health officers in 87 cities received technical aid from the Committee in connection with the contest.

Though the organization of community health services was proceeding at a good pace, the road was not unobstructed. Relationships between public health officials and private physicians tive, but friction was noticeable by the 1920's. It had been generally believed that the state's function was to prevent disease and the private practitioner's was to cure it, but the growing complexity of medical practice was putting new strains on that system. Some public health workers felt that the line between preventive and curative medicine could not be neatly drawn, a older members of the medical profession who were resisting the encroachment on their territory." In his presidential address, "Public
Health at the Crossroads," Winslow noted that the voices critical of the present system of medical services were growing louder. He pointed to the lack of medical care in rural areas and said that the cost of care had risen so high that only the "very rich and the very poor" could obtain it. "We must soon come to a decision as to the point at which social responsibility for
the care of individual health shall the care of individual health shall said. Winslow 8
No one knew for sure how many people lacked medical attention. In 1927, a meeting on medical care costs was called in Washington. Winslow and Haven Emerson were delegates to the conference, which set as its objective the determination of "how the best whole people at a minimum cost." The committee, which included economists
as well as physicians and public health workers, confronted the question of the cost of medical services in relation to and geographic conditions and the and geographic concerons, and the practice.
A preliminary survey showed that many people in the U.S. were not receiving adequate medical service at costs within their means. There was nothing in the sued the previous year by the U.S. sued the previous year by the U.S.
Children's Bureau was erroneous in estimating that half of all married mothers had no prenatal care at all, and only five per cent had "Grade A" care. More than one million persons were
found to be working full-time in health occupations, but maldistribution of these resources was rampant. Many physicians were not earning adequate incomes in relation to their years of training.
APHA leaders may have been critical APHA leaders may have been critical were anxious, at the same time, to maintain a smooth relationship with the medical profession. "Cooperation", "mutually satisfying solutions," and "better understanding of the problems" were the words and phrases of the day. The relationship between "preventive and curative medicine" was the subject cal Association, and Haven Emerson headed a subcommittee to invite AMA headed a subcommittee to invite AMA
to create a joint standing committee on to create a joint standing committee on ventive medicine from the viewpoint of the practicing physician was held at the 1930 APHA meeting.
Hinting at the root of the problem, APHA members suggested that physi-
cians should be convinced that pre venive medicine would not diminish even pointed out that preventive medi cine could be as profitable as curative medicine.
The Association's Committee on Administrative Practice soon expanded its studies of community health to include medical care and individual health services. A subcommittee on the rela-
tionship between health department and local hospitals was retitled the Subcommittee on Organized Care of the Sick. It was directed to clearly avoid entanglement in the administrative affairs of primary interest groups
such as the American College of Surgeons and American Hospital Associa tion.
Instead, surveys were planned on the need for hospital beds, clinics, or othe facilities in the community; social and
economic groups for whom such facilities were required; and the geographic distribution of existing facilities. A list was drawn up of "Twenty-five Questions" for public health officials to ask themselves about their commu nities before they invested in new fa-
cilities. cilities.

Hospitals were a topic of general in
Hospitals were a topic of general in
terest to health professionals, who were terest to health professionals, who were
watching closely as the new Massachuwatching closely as the new Massachuto provide hospital care to middle-class patients. A preliminary report in 1928 of the subcommittee on care of the sick paved the way for a study two years ater on the popular issue of confining patients with communicable diseases
to general, rather than "contagious" oo general, rather than "contagious"
hospitals. The subcommittee's survey of practices in the field showed that in every way-reduced costs, better train-
ing, and readily available emergency are-communicable disease patients were more economically and efficiently hospitals than in separate facilities.

The Committee on Administrative Pracices was the most prominent of the Association's valuable components but it was not the only one. In a general reorganization-the result of still an-
 sociation centralized its activities into
standing committees to replace the previous 80. The Committeeson Administrative Practice, Meetings
and Publications, Research and Standand Publications, Research and Stand-
ards, and Fellowship and Membership ards, and Fellowship and Membership

- were provided with a salaried secretary and required to submit a program and budget to the Executive Board for the ensuing year.
On the administrative side, the Executive Board was directed by the new Constitution to elect its own chairman,


APHA President Dublin (left) and President-elect Ferrell flank President Hoover during White House reception for 1932 Annual Meeting attendees.
and the duties of the board and the officers were more firmly fixed in the by-laws. The office of President-elec was also established to assure "continuity of effort and increase [the democratic character of representation and selection of officers.
One of the reorganization committee's chief criticisms had been that the As sociation lacked the financial resources to carry out its enterprises. Member ship reached 4,000 in 1929, but nearly 30 per cent of the Association's income other sources were decreasing, A life other sources were decreasing. A life 1928 did well, but support for the work of CAP and other committees came generally from Metropolitan Life, the W. K. Kellogg Foundation, the Com monwealth Fund, and other agencies Sections were reorganized so that their councils retained more continuity, and section constitutions, generally considered ineffective, were eliminated

A plan to divide the burgeoning Public Health Administration Section into two groups-one for small town health of ficers and one for large cities-was defeated on the grounds that "we are all working for the same general cause no matter what the size of the town.' Instead, the section was renamed the ship was limited to the administrative ship was limited to the administrative head of the department of health and
his immediate deputies. The rest of the his immediate deputies. The rest of the Epidemiology, in 1928, "intended to meet a definite need for a group of earnest public health workers." Don M. Griswold was the first chairman, and Haven Emerson, secretary. Other section events included changin the names of the Health Education and

Publicity Section (to Public Health Drugs Section (to Food, Drugs, and Drugs Section (to Food, Drugs, and Nutrition). The latter section was be coming particularly interested in the vitamin content of foods, and in the far from being universal, which -far from being universal in the upon with suspicion by some who ound through tests that heating raw ound through tests that heating raw value. The Industrial Hygiene Section


Homer N. Calver
approved reports on the definitions and standards for treatment and industrial control of lead poisoning and on occupational disease legislation.
Topics of discussion and committee reports of the period were definitely a reflection of problems brought about by the Jazz Age. The effects of the automobile on public health, the spread of yellow fever by air travel, and noise abatement and smoke nuisance were discussed by APHA members at meetings and in the Journal.

Upset at the sight of "movie stars and singers endorsing their favorite cigarsingers endorsing their favorite cigar-
ette," members passed a resolution ette, members passed a resolution
recommending the inclusion of tobacco and tobacco products under the food and drug act and the amendment of the act so that their advertising claims would be subject to the same rules and regulations as their labels.
Since the Volstead Act had gone into Since the Volstead Act had gone into
effect in 1919, the statistics on the effect of prohibition depended on whom you asked. While one faction of the country said prohibition had improved the public health, another said, "We are becoming a nation of liars and of petty lawbreakers... the flood of bad liquor is undermining morals and the health of youth.
Between the two sides, APHA attempted to focus on the facts. Emerson showed that prohibition had succeeded in achieving a decrease in the death rate, mental hospital admissions (of alcoholics), and drug addiction, and an increase in school attendance and milk consumption. Dublin used the
death rate and economic conditions in death rate and economic conditions in
his analysis and concluded that the his analysis and concluded that the
effect on health of actual prohibition -when effectively enforced-was fa-
vorable. But he would not embrace he 18th Amendment, believing that ther factors must be weighed in deter mining its value.
Public attention was also focusing more and more on problems of the environment. A symposium on domestic and industrial wastes in relation to public water supplies was cosponsored by APHA's Public Health Engineering and Administration Sections at the American Health Congress. "The industries procrastinate and await the solving of pollution problems by the nearby city, cities located upon a given stream," said George Fuller, APHA president in 1928. The biggest question was: who would exercise jurisdiction over stream pollution programs, particularly interstate waterways? Those knowledgeable in the field were hoping that local conrols would prove adequate so that further centralization of the government would be avoided."

An APHA Committee succeeded in restoring the commissioning of sanitary storing the commissioning of sanitary
engineers to the budget of the U.S. ngineers to the budget of the U.S unction with the Conference of State Sanitary Engineers, the Public Health ngineering Section adopted standards overning construction, equipment, and operation of pools and other bathing places. "Early in its history, the committee met the challenge that wimming pool sanitation was not a public health problem by collecting and presenting statistics to show that a different diseases had been caused by improperly operated swimming pools or by the indiscriminate use of incomletely sterilized bathing suits and towels," a Journal editorial said.

Committees of the Association also continued to work for public health professionalism. In October, 1926, the lournal published a supplement on survey of the requirements for public health degrees in the U.S. and Canada That same year, the "cream" of the APHA crop formed Delta Omega, a achievements, much like the smalle American Public Health Association of years before. A member of the nursin section, reporting on the qualification for public health nurses said, "She should have manifested wisdom, imag ination, vision, judgment, loyalty, and other traits of personality.
Most of us entered the field of public health in a more or less accidental fashion, without preliminary prepara tion or training, said Samuel Crum bine. But times were changing, and apidly growing health department were requiring new techniques of ad PHA fored mopin APHA favored replacing physician eld "oly" doctor "plic weath degrees.

Voicing an opinion popular with APHA eaders, Winslow, who held an MD de gree, said, "The layman now serving president of the American Public Health Association is strongly of the opinio that the city and state health officer should, wherever possible, be a physician with additional training in public health."

A year later, the Association recom mended that health officers be licensed by the state upon the basis of their professional qualifications. The candidates would be required to pass examinations in various topics such as
communicable disease control, epidemiology, statistics, and laboratory procedures, and some credit would be given for previous public health experience. Defending its recommendation for licensing, a committee on personnel and training said, "There is no more reason why the degree of Doctor of Public Health should be suffipublic than there is for the degree of Doctor of Medicine to give the right to practice."


Certain basic requirements for public health professionals were set out by the committee, along with a recommendation that a comprehensive study be undertaken of current educational practices in public health. A repor was given on university degrees in health granted in the 1920's, and the schools of public health, which had been continuously running advertisements in the Journal, began to list summer school courses.

In 1928, a committee conducted a survey and found that only one out of five health officers in the country was ap-
pointed by a board of health, that the average annual salary was $\$ 4,420$
(though many held medical degrees), and that only held medical degrees), required their health officers to be college graduates. The concern of the members about permanency of tenure Herman Bundesen was fired from his position as health commissioner of Chicago by newly elected Mayor "Big Bill" Thompson. Bundesen, well-known and respected for his campaign for

pure milk and child and maternal mayor's personal physician by the -

APHA members were shocked. Protests were received against holding the next Annual Meeting in Chicago as planned, but the Executive Board went ahead, while saying, "It is an affront to the public as well as a potential danger solely by the whim of political favoritism."
Several years later, a committee on for the registration of adopted a plan for the registration of full-time execu-
tive officers of health departments. Though the registration did not carn the force of law, the directory of health officers that resulted was a step toward upgrading the profession. In other moves to build a profession where there had recently been none, the Association voted to discontinue the membership of anyone who allowed
himself to be quoted or used for illustration in the advertising of commercial product, and decided also to refuse to endorse any products itself. In 1929, the Association established the Sedgwick Memorial Award for distinguished service in public health. The first one was awarded unanimously, to Charles Chapin, for his public health practices.
"The Association is in a better financial The Association is in a better financiaa condition than at any time in its his-
tory, and there is every prospect that it will continue in this favorable posilion," an editorial in the November 1929 Journal reported optimistically There was no mention of the stock market crash the month before, and only a brief lament that attendance at he Minneapolis Annual Meeting was less than expected.
By 1931, the nation was in the grip of he Depression, but the Association was feeling it only peripherally. Ad dent Hugh S. Cumming noted that "our Association, in common with all of the social clubs, voluntary and scientific organizations, has suffered both in membership and in the collection of dues as the result of the worldwide economic depression," but he saw no reason for undue pessimism. The Association's yearbook, issued as a review
of activities for the first time that year,
eported an actual gain in income and was "sound"
The Depression may have been the The Depression may have been the
reason for a new part-time executive secretary. Homer N. Calver, who had directed the membership growth and trengthening of affiliates during his seven years as Executive Secretary, resigned in December 1930, and was replaced by Kendall Emerson, who acted simultaneously as director of the Na ional Tuberculosis Society. Some expenses were cut, and APHA employe accepted "serious salary cuts withou murmur," according to one APHA fficial.

In 1930, 150 public health workers at tended the first Western Branch regional meeting of the Association in Salt Lake City. Topics included unduant fever, tropical medicine, the reMountain spotted fever, and the public health aspects of Boulder Dam. Wil liam C. Hassler, MD, of San Francisco was elected the first president of the Western Branch and proceeded to quadruple its membership. A prime organizer of the group, Hassler was oted president-elect of the Association sume the office.
Though APHA was surviving in the ean years, the Depression had a greater effect on public health than on the partments all over the country were suffering from budget cuts, reduction in personnel, and curtailment of projects such as preventive campaigns agains diphtheria and typhoid fever. There was a general feeling among the membership that health was not being given
the priority it deserved in the hard-hit
government budgets. Widespread malnutrition was feared by health officers and a critical Journal editorial noted "The depression has caused municipalities to cast frantically about in search of those services which can stand deep appropriation cuts withou producing loud protests from the tax ayers. Sewage treatment has some-

Doctors, too, were having a hard time fit. Payment of fees was slower, and many physicians were carrying free patients as the number of indigent ill increased. Except for a few, doctor here was growing unrest in the profes sion. Some were saying "State medicine has already gone too far . . . becoming too paternalistic in health matters," referring to the welfare work being performed by the health de partments.

Association members continued to press in the political arena for federal correlation of health activities, although APHA President Fuller said the Association "is comparatively weak as a professional society of ofrial heal administrators; relatively strong as an and practically inactive as a force in molding public opinion." An APH molding public opinion." An APHA committee visited Coolidge in 1926 ordination of health work. Though Coolidge encouraged the group to gather the necessary facts, he vetoed the resulting "Parker" bill because he said it would militarize the U.S. Publi Health Service.
as president. Hoover had been closely associated with the American Child ealth Association, and as Secretary of Commerce under Harding and Coo lidge, had been extremely interested in health and child welfare. In 1930 he finally signed the Parker Bill, which improved the internal administration

The same year the National Institute of Health was created by a Senate bill. Continuing his close ties with the As-
sociation, Hoover convened a White House Conference on Child Health and Protection, in which APHA participated, and addressed the Association's 1932 Annual Meeting, receiving members in the White House that afternoon. On the steps of the President's house, sixty years of pressure resutted need for federal responsibility for the health of the people.


With Herbert Hoover in the White House, however, the Association had for the first time a friend and colleague

## chapter 8

"The major problem before us at the moment is, of course, the damage that has been done to the health machinery of the country by reduction in appro priations, sometimes necessary, more and lack of intelligent planning in many states and cities, the work of a decade has been undone."

Report of the
APHA Executive Board, 1933
The economic Depression was finally weighing on the Association. "The bare essentials of existence" describe APHA's activities in 1932-33, as trave expenses were cut to a minimum, and many of the committees met only a members were released, the headquar ers space was rearranged and some of t rented out. The next year, as an economy move, the Association moved, with the National Health Council, into Rockefeller Center. Secretary Louis Dublin suggested, with Board approval that some of the more "comfortable" members might wish to pay the year's dues for some who were unemploye

When the Annual Meeting Program Committee met early in 1932 to make
rebuilding the health organization
plans for the convention, the outtook according to a Governing Council re port, was decidedly gloomy. Telegram and letters were being received in the Associan of daly announcing the life as a result of political changes and life as a result of political changes and sible," said the report, "felt that the real strength of the Association would be tested this year as it never had been before.'

APHA managed to withstand the se vere economic hardships. The 1932 Annual Meeting attendance was com parable to past years; the sessions and exhibits were hailed as outstanding Southern Branch was authorized and arganization meeting was held in Birmingham, Ala., with the Southern Medical Association. Membership wa open to residents of the states of the confederacy and of Maryland, Missouri, Oklahoma, West Virginia, District of Columbia, Mexico, Cuba, and Puerto Rico. Purposes of the new branch were o strengthen Southern membership in formation exchange experience and problems peculiar to the South, Later, the Association published the transac
lions of that first organizational mee ing, calling the work "a real contribu tion to the literature on public health progress in the South.

In 1933, the Western Branch had a balance of $\$ 113.24$. It had no paid the single dollar it collected fromeach person not under the jurisdiction of person not under the jurisoiction of western state affilate. Though all affilimember from APHA, and met in a Con ference of Affiliated State Societies the Annual Meeting, their relationships. to APHA and to each other were no well defined. Financial restrictions and the relative newness of the affiliates mime difficult

Several years later, however, the Ex ecutive Board decided to try a plan whereby APHA would provide more affiliate services, such as newsletter publicity, and programs, in return for he antiates promotion of APHA mem bership. But a requirement that an ap plicant for Association membership be long to his local affiliate was dropped. fifilated socie sies have not added tha siderably to the membership of the

In 1935, the Conference of Affiliated Societies debated whether the affiliates should take an active part in shaping city and state health activities. An opinion was expressed that such activities should center on such "impersonal" issues as vaccination, antivivisection, and standard-setting, but
should stay out of the internal policies should stay out of the internal policies
of the health department. Frictions of the health department. Frictions
between state and local health departbetween state and local health depart-
ments were noted and "meddling," it was thought, could only make things worse. "Aid when requested" summed up the relationship between the voluntary health organization and official health authorities, it was suggested.
Even the Committee on Administrative Practice, still the Association's "star," was curtailing its activities and staff. The committee reluctantly transferred its field work in connection with the Health Conservation Contest to state health departments.
Lack of money forced George T. Palmer to carry on his work on the revised
Appraisal Form for City Health Work Appraisal Form for City Health Work
by mail. In 1933, the Commonwealth Fund published Allen W. Freeman's work on "A Study of Rural Health Services."
An Executive Board report called for CAP to take a position of leadership in the struggle to restore health machinery. "We are living through a unique period of purposeful social and
economic planning and one of the economic planning and one of the
leading features of such a period leading features of such a period
should be a program providing adequate health protection for the whole American people," it said.

At the 1933 Annual Meeting, the Association approved an "Official Declaration of Altitude of APHA on Desirable Standard Minimum Functions and SuitThe report behind the unwieldy title The report behind the unwieldy title
called for a full-time trained health officer in each official health organizaofficer in each ofricial health organiza-
tion, and an annual appropriation for official health work of $\$ 1.00$ per capita of the population served. Minimum activities in communicable disease control, child health, public education, laboratory, statistics, and environmental sanitation, were spelled out in an atlempt to affirm the importance of crisis. crisis.

Work was going ahead, despite the hardships, in other areas as well. A Committee on Professional Education was established in 1932 to replace the subcommittee on training and personnel of the Committee on Research and
Standards. An Association book "What Standards. An Association book,' Wha
to Tell the Public About Health," containing short health talks, cartoons, and illustrations was a surprise best-seller in 1932. The public was evidently receptive to health information, and Dublin, John Ferrell, and both Haven and Kendall Emerson worked on the preparation of 15 weekly five-minute radio broadcasts on health, heard over NBC radio. Later, a radio program was co-sponsored with the Public Health Service. Throughout the 30 's, an Associ-
ation Committee on American Museum of Hygiene saw two health museums (in $\mathrm{N} . \mathrm{Y}$ and Cleveland) emanate from its work.
The Association was now in its tenth The Association was now in its tenth
year as a book seller, maintaining refyear as a book seller, maintaining ref-
erences, and bibliographies for the erences, and bibliographies for the
membership. The Syndicated Public Health Bulletin was dropped from the
publications list, as was the Health Officers Directory, for its "incomplete ness," but the sixth edition of Standard Methods of Milk Analysis and the fourth edition of the city health apas was a report of the Committee on as was a report of the Committee on ngineering Section.
As the Association was growing larger, there was greater dissension over the control of its policy and funds, espeRivalry between committees over disbursement was present to some extent but it was the sections that did the most bickering.
Some of the sections were doing highil ophisticated work, while others wer struggling to get a quorum of members Sections were now grading papers prewere urged, by the Committee on Publications and Meetings, to grade them more critically, "putting the stamp of approval upon scientific value rather than upon an author's name.
Most of the sections emphasized action and standard setting, taking time out occasionally for events such as the Pub ic Health Engineering Section stag din ner and spelling bee, with the word drawn from "Standard Methods" publications. The Laboratory Section was very active, even asking for a full-time secretary. Standard Methods of Milk Analysis was broadened to include dairy products; studies were conducted on the sanitation of eating and drink ing places, dishwashing devices, and ution requested a central agency oo conduct and correlate the results of research into standards of water cleanliness.

The Food and Nutrition Section was becoming interested in more technical subjects, such as dishwashing sterilization, staphylococcus, food poisoning. and metals in foods. Statistics Section amendment of the model law for birth reporting so as to omit on the birth reporting so as to omit on the birth
record the statement of a child's illegitimacy, while an Engineering Section resolution asked for federal funds to permit the USPHS Office of Stream Pollution Investigation to do what its title implied.
By mid-decade, the Association had to limit, for the first time, the number of sessions and papers for each section at the Annual Meeting. Mazyck P. Ravenel's suggestion that "very few non-members should be invited to present papers" was turned down by
Laboratory Section members who felt Laboratory Section members who felt that the best papers should be secured some of the most interesting papers in recent years had been those of nonmembers, many of whom had joined after attending the Annual Meetings.
By 1934, the Association was recording its first growth, although slight, in
several years. The following year, the several years. The following year, the
Executive Board decided a full-time executive secretary was essential to the Association's permanent growth and appointed Reginald Atwater to replace Kendall Emerson.
This small growth in membership had a definite impact on the sections. Most were prospering, but Child Hygiene Section members seriously debated in 1936 whether or not to fold. So many professions were represented in the section, that it was feared that no
Annual Meeting program could capture the diversity of interests. More and
more specialization was occurring in the field, new organizations had been formed, and child health had been absorbed into community health programs. What need was there for a
section devoted solely to the health of the child?
Yet, the American Child Health Association had disbanded, a victim of the ity underscored the need for a common forum to exchange ideas about child forum to exchange ideas about child
health. Instead of discontinuing the section, three committees were appointed on adolescence, premature infants, and school health education. In 1939, the name was changed to Maternal and Child Health Section.

New movements were also underway for the creation of mental hygiene and dental health sections. Haven Emerson Hygiene was justified, but there was some division over whether a sufficient number of people would join it, and it was decided to include the subject in other section sessions. "To segregate dental health professionals in a section
of their own," said Emerson, "would defeat to a 'saden extent purposes which they have in mind."
With the sections prospering and competition growing for members, it was inevitable that they would chafe at the Association. The Laboratory Section led a movement in the mid-thirties to bring about greater proportional representation on the Governing Council and Association committees. In 1935, the Lab Section had 12 per cent of the membership, but only meager representation on most committees and
none at all on the Executive Board and Committee on Professional Education.

By 1936, the Laboratory Section re ported that representation on the Governing Council and selection of the Sedgwick Award winner had become more equitable. In addition, Executive
Board members had agreed that "the Board members had agreed hat around a few personalities," and that many younger men should be given chance to show what they could do.

When the sections were not struggling for more control of the Association

they were frequently squabbling amon themselves. It was in the area standard setting that the greatest rival ries appeared.
Since its formation, the Committee on Research and Standards had stimulated no original research, acting instead as technical advisor and clearing hous for the sections. Not only was this supremely difficult diplomatic task, bu
the Committee soon announced its ine Committee soon announced its the work of its own subcommittees in formulating standards.
The first inter-section dispute grew ou

Nutrition and Laboratory Sections ove who should prepare Standard Method est section, Laboratory had acquired certain prestige in the field and maintained control over the research committees. Yet, said F. C. Blanck, secretary of the Food and Nutrition Section, "(We are) more truly a Laboratory Section in the food field than is th aboratory Section of the Association.'
Speaking on behalf of his section

Slanck said it should have more repre entation on the committees. "Standar Methods," he said, "are not vested in the Laboratory Section (although) this is a point which they have rather widely disseminated." Food and Nutr pratory proposal that the Nutrition pokesmen report to Standard Method Committees, to be continued under the jurisdiction of the Laboratory Section Section should appoint its own stand
ards committees, and no Associatio ction standards would be tak until this committee was consulted.

Now the Committee on Research and Standards was forced to act as arbiter in the dispute. APHA's Coordinating Committee on Standard Methods wa reorganized, with the proviso that re sealk be made the maiors oil of the Food and Nutrition Section. Additionaliy, fellows on the CCSM


APHA members left cares behind as they set sail in October, 1937, on the MS Pilsudski for a post meeting cruise.
rom other sections would be appointed by their own section councils, Th not by the Laboratory Section Though the latter complained, the arrangement apparently satisfied the other parties, and the CCSM reported the following year that jurisdictional dispuly been iren out

The Executive Board also voted to insert more flexibility into its proceed ings, specifying at the suggestion of Wade frost that committees, particu urged to record dissension or file minority reports. The Committee on minority reports. The Committee on asked to view critically and from the otal Association viewpoint, the report presented to it.

Though all the committees had ambi tious plans, they were hampered in the hirties by a serious lack of funds. The comminued to publish a bibliography and abstracts on lead poisoning and egan work on the standardization of the complement-fixation test for syphilis and a cooperative investigation of various types of selected culture media for use in bacteriological tests of water and sewage. But a volume on diagnostic procedures and reagents lay unpublished for years before funds ee was unable to perform needed coordination in research problems to ollow up on a survey it had taken among the sections and committees.
One of its new subcommittees, however, was able to make its mark under he leadership of Winslow. The Sub committee on the Hygiene of Housin promoting its objectives. Specialists
were gathered for the subcommittee in such areas as air conditioning, home economics, sanitary engineering, light ing, plumbing, and architecture. is preliminary findings were presented in "Basic Principles of Healthful Housing" nider a Milbank Memoria fund grant.

By 1940, ten subgroups had been appointed on physical engineerin aspects, social and human use, and assistance to administrators of public heath and housing programs. One cempleted a study of family morale and other attitudes associated with the rehousing of low-income families unde the public housing program.

By 1935, the two-year old Committe on Professional Education was orga nized well enough to begin to fulfill its mandate of revising the standards of qualications of public health worker owing year qualifications of public healh nurses, engineers, and sanitarians, and several years later, was instrumental in stimulating a USPHS study, under the direction of Joseph Mountin on the educational background and experience of health personnel

At the 1938 meeting, the Governing Council asked CPE to undertake tudy of the requirements for public health degrees. The resulting report on The Educational Qualifications of Heaith Officers" put the committee on the threshold of a new opportunity, It seems possible that whind repor ew years the establishment of a list of approved schools of public health would be required by the demands of this rapidly developing situation.

The encouraging outlook for profes sional health education reflected the impetus given the health movement as a whole by the legislation passed during the first " 100 days" of Franklin D. Roosevelt's administration. Coupled with the expanded health and welfare services for the nation was a demand for more healh workers. The Associ egistering and recommending potential candidates for positions now opening up. Later, CPE was asked to help implement merit system plans authorized by the Social Security Act.
Millions of dollars were now being spent, through local welfare departments, by the Federal Emergency Relief Ave preferred the mone to cold through the USPHS and state health departments. A resolution passed in 1934 recommended that one dollar per capita for each unemployed person be made available to local health organizations to meet the emergency situations caused by drastic cuts in city budgets.
The Committee on Administrative Practice saw as its function during this time the restoration of the health officer's budget. Studies on infant welfare and neonatal rates, pasteurization of milk, and laboratory studies on toxoid, scarel fever, and diphtheria were condeced to point up the importance of Keeping the health promotional activi ties in the spotlight through the City Health and a new Rural Health Conservation Contest, both sponsored in co operation with the Chamber of Com merce, were also important to CAP What it did not know how to do, how ever, was confront the question of
medical care and public health.* I "Those specially concerned with the problem of medical care as a public health function and who are naturally inclined toward the Association as a professional body, find no ready outlet in existing Sections." A resolution passed that year asked that a special committee, subsequently headed by Abel Wolman, be appointed to study public health aspects of medical care and to cooperate with the USPHS and mental Committee to coordinate Health and Welfare Activities in "extending and Welfare Activities in "extending needs, especially those occasioned by increasing importance of chronic diseases as causes of death.'
This resolution was the public face of This resolution was the public face of
an issue that had been dividing the an issue that had been dividing the years-the old question of the relationship of public health to medical care. The essence of the medical care question was brought into the public arena by passage of the Social Security Act. To insure that the Act's provisions reached the American people, President Roosevelt had appointed the Interdepartmental Committee, assisted by a Technical Committee on Medical Care. Under the chairmanship of Children's Bureau and a moving force in APHA's Section on Maternal and Child Health, the committee depicted a shocking picture of the health conditions of the country.

Health workers had been guilty of near-sighted look at the health of the population the committee found Ravenel, for example, had wondere why the health of the people was as good as it seemed, given the economic conditions of the nation. Indeed, the committee report showed that unemployment, starvation wages, indecen housing, and shocking malnutrition were rampant-far worse than anyone had thought. Its statistics on the num ber of ill persons in the U.S. showed nd could not be a side issue for health workers.
Though the Technical Committee gave only recommendations for discussion its suggested program of maternal and care and disability compensation was met with hostility by established prac titioners. At the National Health Con ference in 1938, Morris Fishbein, repre enting the AMA, said the American people were truly healthy and that the U.S. mortality and morbidity rates com pared favorably with those of any nation in the world. He and others raised questions of poltical domination and Drs. Alice Hamilton and Winslow, who said the federal government was not a strange, foreign body inserting itself into the U.S.
APHA's 1938 resolution endorsed the recommendations of the Technical the states, construction fed facalities, and extension of public health services, and further pledged its professional expertise to the government to achieve its objectives.
In 1939, the Wagner bill, amending the Social Security Act to extend medical
services, was introduced in Congress. Several APHA leaders were asked to testify, and did so with varying viewpoints, indicating the division with APHA regarding medical care.

Haven Emerson, like Fishbein, doubted the validity of the Technical Committee's reports. He saw no emergency of ill health and said, "I do not believe it is the function of the state or national government to take care of women in confinement or to take care of babies


Abel Wolman-1936 President
or to take care of other things which are the functions of the practice of
medicine and which can be better han dled by local communities than by aid from Washington. I believe the most intelligent expenditure of what you might call stimulating money for the
health of the nation would be in the field of prevention rather than in the field of care of the sick."

Abel Wolman, speaking for APHA as its president, said that the Wagner Act was in accordance with the APHA rec ommendations in "practically all respects," though he agreed with Emerson that the program should be primarhy in the hands of the local people, and give financial and technical aid only
 Conquest of tuberculosis was a dream of the 40's and the main goal of this
New York committee. APHA members of the coordinating committee included Dr. Edward S. Godirey (front row, center) and Marion Sheahan (fourth from left).
At an APHA General Session on Medical Care in October, 1939, Emerson reiterated his belief that public health was designed to serve social needs and not personal ones, Werefore excludin

Mountin and Emerson, on opposite sides of the ideological viewpoint, rep resented a common split among health workers and others, over the far-reach ing implications of the entire New Dea
legislation.
hould handle diagnosis and treatment of individuals; to add that role to the hem from their truc object of "health protection and health creation." loseph Mountin, a member of both CAP and the Technical Committee viewed an expanded role for the health worker far differently. Giving the health officer the techniques for serving indi-viduals--from prevention to cure--was range of health promotional activities.
the care of the sick. Only clinicians

When, in 1940, the CAP met to discus harges that it was ineffective and acked by differences of opinion, it medical care. A program outlined by Mountin for Michael Davis' Subcom mittee on Organized Care for the Sick gave full responsibility to the Subcommittee for further study on the problems of medical care and the role o medical programs. In the next years medical programs. in the next years its effect on the health administrator was to cause one of the deepest rifts in the history of the Association.
It was 1939, and APHA once again found itself watching as the world wen o war. A resolution passed that yea said, "We who earnestly seek to eradsole recurring pestilence wos just a aggressively to the abolition of mankind's most devastating plague-war.'
APHA, keeping a close watch on the vorld stage, recognized the impendin health dangers much earlier than it had in World War I. In 1940, a committee on public health and the national de fense was authorized to periodicall review the potential problem areas
A resolution passed that year endorsed the principle of the selective draft to maintain the flow of necessary per sonnel into medical and nursing profes sions, and there was no question that the health of the civilian population was an essential element in the na-
tional defense. Government agencies keeping a close eye on developments overseas requested that APHA revise it report on Control of Communicable Diseases in Man, "just in case.
chapter 9
Our one first aim is a victory for the United Nations, and to this end we, as a body of public servants, pledge all the resources of our pro neglect or curtailment of the essentia protection of civilian health, whethe at home or in the factory or other work place, is inconsistent with maximum efficiency of the military forces.

Declaration of the APHA
xecutive Board, 194

Twelve days after bombs devastated
earl Harbor, the APHA Executiv Board issued a declaration containing a war-time platform for the public health profession. Its greatest concern was the possible the drain civila populy overburdened public health work force.
Executive Secretary Reginald Atwate oted that the national emergency had become acute and asked for the guid ance of the Executive Board: Should he Association be aggressive in response to the situation
ohn L. Rice, chairman of the APH Committee on Public Health and the National Defense reported that month

## medical care and the war years

hat the manpower situation had bee canvassed and public health priorities were being well administered. The answer to Atwater's query, The Executive Secretary, commenting on the rol of the Association in the war effort, said that it was now obvious "that the design of the Association has become hat of a technical society working in and for a liberal scientific movement.
By 1942, the Association could no longer "stand by." Rice reported at the 1942 Annual Meeting that "an acute problem during the year has been the establishment of criteria for those in essential services who should be pro lece against demands of armed forces for personnel." Further, there was a need for technical information in the supporting war efforts agains communicable diseases and environ-

At that meeting, APHA was completely mmersed in the war. Few activities o topics related to anything but the na tional defense. Like their predecessors now answering to their military titles as often as to medical ones. But unlike them, Association members were well prepared for the U.S. entrance into the
war and far better equipped to cope with the health problems.
As a technical society, APHA was prov ng its worth to the world. The whole breadth of its interests was reflected in the titles of Annual Meeting papers, ranging from "Contributions of the Medical Corps of the Army to the Pub lic Health Laboratory," to "Food Handlers in the Army and their RelaOutbreaks" (a topic that thousands of Army veterans undoubtedly felt quali fied to speak on). Venereal disease wa again a huge problem to be con fronted, but this time, discussion wa on its treatment with the recently

The 1942 meeting, attended by man members in uniform, was dominate by talk of the war. The nutrition of country embarking on war-time rations for military service the well-being or military service, the well-being trial work-these were typical of the problems faced by the Association
APHA publications were soon found in the far corners of the world. Both the Army and Navy used "Standard Methods for the Examination of Water and Sewage" and "Dairy Products,
and "Diagnostic Procedures and Re lown to China for use in war are The to China for use in war areas. Cerican Red Cross designate "Control of Communicable Disease in Man" as "an essential item in the Later in the war, the manual was pub lished by USPHS in Arabic, French Italian, and Chinese.
In 1943 and 1944, the Annual Meeting were denoted "wartime conferences," but 1945 was the first year in whic no APHA meeting was held. An emer gency had been declared in regard to the nation's transportation and hote cancellation of large group meetings would relieve it. Though the Governing Council did not meet and elected officers held their positions until 1946, some in the Association met with the Public Health Association of New York City in a 1945 Victory Meeting. To maintain the chronology, the 194 meeting was designated as the 74th. One area receiving increased public attention because of the war was child Maternal and Child Health of the recommended that attention be fo cused on the health of children and mothers affected by the drastic change in American life. As more women were called to work in vital industry, it be came apparent that provision for day care centers and personnel were inadequate. In 1943, four APHA sections met in a joint session to develop healt
The study of child care in general was becoming more all-encompassing. A
session on a public health program for the care of children with cerebral palsy was well attended. Nineteen forty-two meeting participants were "standing in the aisles" at a demonstra-
ion of the Kenny Method of treatmen poliomyelitis. Work on a survey o tate standards-then practically non-ent-for children's camps was be bun the following year
The Maternal and Child Health Section was thriving, but in 1941, it voted gainst the formation of a propose ection on School Health, perhap feeling that the scope of the subject more properly belonged within the ex isting Section. But a committee ap-
with many of these problems. "The lime has come when APHA should properly assume its responsibilities toward the school child," reported the committee. Though competition with the American School Health Associa-
tion was feared, "the interests of these wo groups - are so closely allied two groups... are so closely allied gainer," the report said.

Formation of the Section was approved in 1942, with Leona Baumgartner, MD


Winner of the 1946 Lasker Award, Dr. J. F. Mahoney, in his laboratory. Mahone is known for his research in the penicillin treatment of syphilis.
pointed to investigate formation of chool Heath Section reported that he subject was of interest to many APHA, and that there was no room fo pecific consideration of the problems of the school-age child.

The expansion of maternal and child health programs in the country was noted, along with the feeling that the MCH Section would be preoccupied
as first chairman. Symbolic of the in erest in child health sparked by the war was Martha Eliot's proposal tha year that in view of the results of selective service and other surveys provision be made for health service and medical care to children and youth of secondary school age. As a sup Section, a 1942 resolution asked for special committee to review the medical and dental needs of children.

The following year, a Section on DenHealth was created, culminating ong struggle for recognition. Perhaps prompted by the revelation that the greatest single reason for rejection of selectees at the beginning of World War II was dental disease, the Association not only approved the Section's ormation but also issued resolution alling for a national dental health dental research and education in health agencies at all levels.

w. S. Leathers

Still another resolution was offered to formulate a program of education of Indergraduate dental students in preventive medicine. Later, recommendations were made that the APHA Committee on Professional Education set tandards for dental hygienists who would be employed by public healt gencies, and a book was written on ental health administration.

Other sections of the Association were
hanging their areas of concentration 5 war-related problems came into embers lobbied for continued en richment of white breads (as mad compulsory by the War Food Admin stration) and a resolution was sponsored favoring aid to schools to enable hem to serve nutritious meals withou discrimination between those children not. A recommendation was also made by the Section that physicians be given adequate nutrition education

Laboratory Section members were con cerned, in 1943, about the increasingly difficult task of procuring supplies and equipment for their labs. Tropical and other diseases were drifting into the country with returning mot laboratories were not prepared to cope with them. Section members asked that the Public Health Service be given the authority by the War Production Board to ensure continued supplies, but Section Council member deemed the request "controversial". The long internal struggle over contro of standard-setting continued in this period. Representatives of the Eng neering Section spoke up in 1944 fo representation in all matters pertaining to "Standard Methods for Examination of Water and Sewage," and representaThe same year, the Committee on Research and Standards unofficially adopted the premise that every procedure which it developed as tandard should be accompanied by a mechanism for review, noting Abel WoIman's words that "standards may make for rigidity where there should be flexibility; standards may make
permanent that which should be transient."
was not until 1947, however, that oordinating Committee on Laboratory tandards was proposed as a subcom mittee of CRS, rather than as a con inuing subcommittee of the Laboratory section, long a sore point with the other sections. The new structure would assure representation of all the needed for review and approval.

Not unexpectedly, the Laboratory Section felt there was a potential disadvantage inherent in removing the rection of research and the develop ent of methods from the hands of the ene The request was made tha he Lab Council approve the selection request that was denied by CRS with the assurance that the Section would be consulted on "all suitable occa sions."

With the entrance of the United States into the war, still another expert source of APHA was tapped. Under Professor on the Hygiene of Housing was work ing in two areas: completion of the technique for appraisal of housing deficiencies in low-grade urban areas and the study of principles and pracfices in the field of housing regulation under the law. Soon, governmen agencies responsible for the war hou ing program requested the subcomstandards for war housing and the development of standards for dormi tory types of temporary housing.
wo years later, a successiul survey of 30 -block slum area of Portland, Me placed the subcommittee under contal of housing survey instruction. Without a published manual, the sub
committee could only employ its method where it could personally su ervise the survey, a distinctly impracical technique. By the end of the war widespread acceptance of the subcom ittee's methods of appraisal prevaile hroughout the nation.

Officials in cities throughout the counry were using the survey. The first re port on the physical environment o the home was published and the sub committee was delving into more spe-
shortages of such personnel at the eight of the war and such resulting fects as inadequate maternity care increased gastroenteritis, weakened supervision of water and sewage treat ment, and neglect of industrial hyetitude in the face of these situations is intolerable."

The solution, Committee members aid, was to find persons who could be trained to perform public health


The APHA "Western Team" stops in Albuquerque, N. M. Standing (from left) are James H. Steele, W. T. Ingram, C. B. Frasher. Seated (from left) are Allan A. Twichell, Dorothy I. Rusley, and R. M. Atwater.
cific aspects of housing
A big concern of all the committees, but particularly of the Committee on Professional Education, was the drain military manpower effected by the military draft. Noting the excessiv
functions, while upholding the standards of the profession. It was feared that there would be a tendency to lower educational qualifications because of the personnel shortages, but he Committee decided to "continue o aim at high standards rather than
isk the effects of incompetence if tandards were lowered.

Accordingly, CPE continued to publish iss reports of educational qualification of various kinds of health workers Such reports were issued for industria hygienists, public health nursing per sonnel, medical administrators, and chool physicians. By 1944, thirteen
reports had been issued when CAP reports had been issued when CAP
chairman Wilton L. Halverson, MD recalled "the timid approach with which the first report was presented to the Governing Council in 1935 and the controversy which attended its appear ance." Halverson noted, as a mark o progress, that the reports were contin-
ually reflected in the caliber of health personnel nationwide. By 1947, a total of 20 reports on 15 different professional specialties were in circulation.

CPE-and the Association in generalhad long been interested in improving the quality of public health schools 1942, a statement was published in he Journal on "Minimum Educational ducation of Those Seeking Careers in Public Health." The report, sent to the eans of every medical college and shool of public health in the U.S. and Canada, precipitated a request by the Surgeon General and the Association of Schools of Public Health that CP ndertake a plan for certification of public health courses.

In 1945, the Governing Council authorized the Committee to develop such lan for accreditation of curricula lead ing to public health degrees. Winslow agreed to be the consultant on the project, and began mapping out his visits to institutions requesting accrediation. During the following year, te
chools of public health were ac redited to bestow the degree of mas the doctorate.
In 1944, there were 700 public health rees in 41 were 700 public health tleast one offering schoois, win orrespondence. The maiority practitioners were apprentice-trained carcely three years later, only ten chools were accredited by APHA and "the next developmental phase, aid William P. Shepard, MD, CP chairman, "if the profession is to row, is the attempt to distinguis
 ompetent members.

Post-war comments by members on the accreditation project included niversity or medical schools now ave a yardstick for use in planning debt of gratitude to Professor Winslow." Shepard felt that for the firs bime, the Committee could "surround he task of professionalizing public health," rather than just confront it. uch activities as disapproving the granting of honorary public heaith de grees, a report on veterans returning to public health work, and a post-wat service were performed by CPE at peak.
The Executive Board took one of its most radical steps in 1947, when esolution was passed endorsing equal pportunity for everyone in the field o poblic health and recommending program of equal opportunity for emloyment, professional advancemen and salaries in ali activities of public health profession regardless of race color, or creed. Salaries were a par cular concern, as they had been fo many years, and CPE began work on
chedule of recommended compens tion for public health personnel.

In 1945, the Governing Council approved ap (endowed by the Albert and Mary asker Foundation) "to recognize chievement and stimulate medical research with special reference to those diseases which are the major causes of death. The recipients were described by Wolman as "along the road" rather than at the "end of the road" in their

Veterans Administration Depar ment of Medicine and Surgery, and American Academy of Pediatrics.

Another area of concentration for CPE was the state merit systems and develpment of exams for evaluation of civil service employes. $\mathrm{B}^{\prime} 1947$, the com tuee had supplied 295 examinations or such fields as nursing, laboratory wers, and sanitarians. Three-quar an the states used the examin
an hiring personnel, and the Pub

C.-E. A. Winslow and R. M. Atwater (from left)
careers, and included, in the late fories, Surgeon General Thomas Parran industrial health pioneer Alice Hamilton, Martha May Eliot, Rene J. Dubos Haven Emerson, and Marion Sheahan N. Groups cited for the award in
ic Health Service adapted it for its own candidates.

The steps loward strengthened proessionalism, however, conflicted some what with a growing movement toward
of the Association-not unlike those ovements that had appeared during the previous 75 years. Nowhere were in the concept of fellowship.
Don W. Gudakunst, MD, the chairman of the Committee on Eligibility in 1941 reported that many civil service agen cies inquired of applicants for publi health positions "whether they had established their professional standing menting on the history of the Associamenting on the history of the Associa-
tion, Wolman said. "Each step has tion, Wolman said, "Each step has
borne a certain similarity to every other in its propulsion of the Association away from public participation in its intimate affairs and into channels where professional thought and action are essential." He said that the layman's great potential contribution was acknowledged by the ease of his acqui-
sition of membership, but "the proces of selection which the bylaws provide with respect to fellowship assures the scientific direction of the Association.'
It was this process of selection-or more precisely, who was to be selected -that came under fire. While the heath Officers sought to limit fellow ship to administrative heads, the Engineering Section, reflecting a general trend of most sections, sought to restrictive.

The Maternal and Child Health Section sponsored a proposal in 1943 to remove the fee differential between the higher fee represented a tax for the privilege of becoming a fellow. The proposal was defeated, however, and the matter lay dormant. Dues were finally raised in 1948 , from $\$ 5$ to $\$ 7$ fo members, $\$ 10$ to $\$ 12$ for fellows, and
from $\$ 100$ to $\$ 200$ for life members.

The democratic principles engendered by the war emerged in another area. of the future ning and participation rather than the autocratic dictation by government or vested interests of fortified minorities," wrote CAP chairman Henry Vaughan implied the need for better health departments, medical and dental services -all within the reach of every citizen. It was suggested," said Vaughan, "that the health officer of yesterday must unshackle himself from the dogmas and heritage of his predecessor and health of tomorrow""
In line with this thinking, the National Health Honor Roll was terminated in 1943, and the transition was made to ducted in cooperation with state departments of health. The change was seen as a step forward, as the competitive factor had begun to lose its usefulness as soon as the leaders in each class were definitely established. The new goal was a national reporting area for health practices. Winslow's that existing for birth registrationwhereby communities could report regularly.
The National Reporting Area for Health Practices was created in 1944, with the data obtained from two years of evaluresulting "Health Practice Indices" was collection of 60 charts showing the a collection of 60 charts showing the
details of health practices in 134 communities. Both the Indices, largely credited to George T. Palmer, DrPH, and the evaluation schedules were frequently used in the schools of public health.

CAP was determined to establish statistical and scientific justification for the standards they had encouraged. A ew areas-scarlet fever isolation, paseurization of milk, and three otherswere selected for study in an effort o fortify the principles earlier agreed pon by group and empirical judg. ment.

In 1942, CAP created a Subcommittee on Local Health Units, chaired by Haven Emerson. The subcommittee's


James Stevens Simmons
hesis was that neither federal nor tate health services could function optimally unless local government acvital statistics registration, control of communicable diseases, public health laboratory service, environmental saniation, maternity and child hygiene and public health education.

What would be a suitable unit to un dertake these functions as minimum
services? Emerson's subcommittee ame up with an ideal unit serving no less than 50,000 people, each with ull time medical onicer and two enirone for each, 5,000 people A healh nurse for each 5,000 people. A total of continental U.S., it was determined.

Local Health Units for the Nation, he report of the subcommittee, was a best-seller after it was published by the Commonwealth Fund in 1945, and had


Abel Wolman and Edward S. Godifrey discuss Association business during an Annual Meeting.
far-reaching influence. Some states used the report to develop public support for plans to extend health servces. Following issuance of the report and Carl Buck's survey of health serv ices in Colorado, for example, Florence Sabin (a later Lasker Award winner) ed the movement within the state for reorganization. A conference on loca of Michigan in 1946, co-sponsored by APHA and the Association of State and
whose purpose was to share with the public the APHA effort to blanket the ation with these units. As a result, the National Advisory and Coordinating Committee was established under the National Health Council, and the National Congress of Parents and Teachers ultimately sponsored a fed ral bill for grants-in-aid to encourage ther voluntary agencies made the objective part of their programs.

Territorial Health Officers. Though personnel shortages were a big obstacle, plans were developed to establish minimum basic full-time, medically rected local health services for communities across the nation.

By 1948, CAP noted a more liberal administrative attitude toward conolidation of government units for effective health services. In 1947, rep resentatives of 65 national organiza-
tions met at Princeton in a meeting

In addition to this major effort, CAP had developed a program for prevenion of home accidents-neglected until then--and other areas such as nursing, environmental sanitation, and
communicable diseases. When Field communicable diseases. When Field concluding 17 years of service to CAP he and his associates had made un precedented progress in upgrading the health departments of the nation. But the full measure of what was yet to be one in far-ranging programs of medical care, epidemiology, and other areas limited severely by finances, staff, and facilities.

The issue of medical care continued to be a hotly debated one. Michael Davis, be a hotly debated one. Michael Davis,
chairman of CAP's Subcommittee on the Organized Care of the Sick, had charged the parent Committee in 1941 with the inability to confront or conquer the issue. In 1941, Joseph Moun in outlined a proposal for a reor ganized subcommittee, which would be primarily concerned with the probemplified by the supervision of car ot the medically needy and recipients of public assistance. Other matters to e considered were studies of pro grams for rehabilitation work, superision of satisfactory military medica praisal form of organized medical care

Many of these objectives were fulfilled between 1941 and 1943, but the mall band of medical care advocate were dissatisfied with the scope of the subcommittee. In a move to acknowledge the growing awareness of the the group was renamed the Sub committee on Medical Care.

In September, 1944, the subcommittee prepared a preliminary report on the national program for medical care. The report was a comprehensive, longrange and yet immediate plan for the delivery of high quality care to everyone, regardless of financial ability. Recommendations for implementation of the plan were specific, and the
services were to be financed through "social insurance supplemented by general taxation, or taxation alone, and the federal government was "to ance with the ability to pay."
Criticism of the report, one of thre presented that year, was, as expected ociferous. Haven Emerson and Wilson Smillie were strongly critical of the implan, and some feared publicly that medical care was not a legitimate concern of the Association, but after much debate at the 1944 meeting, the Governing Council passed the report as an
official statement of the Association. Atwater noted later that many new applications for membership were re ceived as against two resignations fol lowing the distribution of the report indicating to him "constituted proof
that the declaration accurately mirrored the attitude of the great maiority of the public health profession."

Under Mountin, the subcommittee continued its activities and tackled new ones. Milton Terris, MD, was ap-


Sir Edward and Lady Daly (at left) and Dr. and Mrs. Harry Mustard at 1947 Annual Meeting in Atlantic City, New Jersey.
ointed medical associate to the subcommittee, and new activities included eview of pending health legislation, development of a questionnaire for determining the extent of medical services in local health agencies, and preparation of an addendum statement of policy on medical care. CAP fel the latter was unnecessary, recomrate on defining the elements of its earlier plan.
our special study groups were con-
sidering a study of chronic diseases (with AMA and AHA), hospital and health department relationships, the role of voluntary health agencies in a the intergovernmental relationships in such a program
In 1948, a committee on the creation of a Medical Care Section was formed, of a Medical Care Section was formed,
and with the support of such Associaand with the support of such Associa-
tion leaders as Martha Eliot, Atwater, and Hugh Leavell, the formation of the

section was approved that year. Those who sought a meeting ground for discussion of common problems in the fields of medical care were successful.

In the post-war era, APHA helped to generate a tremendous new interest in public health. In 1944, a committee was appointed to investigate the dehealth organization, and in 1946, many APHA leaders were among the delegates to conferences preparatory to the proposed World Health Organization.

Though the new organization would provide the U.S. with established channels of communication to world health officials, APHA sought to renew its own parts. Dublin headed a committee to encourage professional relations with these officials, and a new edition of "Communicable Diseases in Man" was issued, with special reference to diseases prevalent in Central and South America.
In the aftermath of Hiroshima, the Association confronted health problems unimagined twenty-five years before. Full support was pledged to measures to bring relief to countries stricken by hunger and disease. A resolution was presented that child health stations be established because of the booming birth rate, and a paper was presented
at the 1946 meeting on "The Benefits and Hazards of Nuclear Energy," (reatitled at the last moment, "Safe and Beneficial Utilization of Nuclear Energy." ${ }^{\prime \prime}$ ) There was no doubt that the
Association was firmly in the Atomic Age.

Robert F. Shea, Ira V. Hiscock, John L. Snook, and Dr. Floyd Beelman (from left) at the 1949 Red Cross National Convention.

## chapter 10

". . . (T)hose who lie awake at night in fear of federal domination have at the
bottom of their minds a diffierent conbottom of their minds a different concept of government, which assumes tial and that such domination can best be exercised by themselves. In a democracy as we conceive it, the government is Our Government. It canot tyrannize over us because we conrol it; and we accept the underlying ultimate soundness of the democratic process."

Editorial,
American Journal of Public Health October, 1949

This editorial, most probably authored by C.-E. A. Winslow, reflected the inby C.-E. A. Winslow, reflected the inwas here to stay, and the conviction hat it should be increased when possible. It was how to live with that fact that caused concern among some of APHA's members.

The editorial went on to note that since the first substantial federal grants since the first substantial federal grants
in 1937 for development and support of state and local public health serv-

## entering the atomic age

ices, the increase in state and loc funds exceeded the federal expendi not resulted in a decreased sense of local responsibility, but exactly the reverse. They have primed the pump for more and more fruitful drafts on state and county resources."
Attacking the need for health services from another angle, Congress passed the Hospital Survey and Construction Act (known then and now as HillBurton) in 1946, recognizing hospitals as a basic necessity in the public health structure.

What was APHA's role in the newly burgeoning area of public health legislation? It was not going to be a passive ciation. Since 1944, the chairman of ciation. Since 1944, the chairman of Executive Board had been appear tees on health bills such as Hill-Burton coverage of the nation with full-time coverage of the nation with full-time local health units, support of graduate
education in public health, and even proposals for national health insurance, although APHA would not endorse any particular bill.
This is not to say that the views ex pressed by APHA spokesmen repre-
sented unanimity on the part of the members. in June, 1950, Hugh R APHA supported President Harry Truman's plan to create a Departmen of Health, Education, and Security from the structure of the Federal Security Agency, as indicated in previous Asso ciation policy and testimony. However some Governing Council members felt the plan was unwise, and the Commi tee on Adminsratve Practice inir Council meeting pposing the com ined department

There were clearly two schools of thought on the matter. One segment thought a combined department was better than none, "that in this realistic and that the half a loaf would be of distinct help in nurturing public health," according to the Association newsletter of 1952. "An equally size able segment stood its ground, main taining that the Association has an obligation to declare its highest hopes regardless of temporary and specific ment of health would do more for the people than one of which health was only a part."

Though a special committee of CAP agency as more expedient, the paren agency as more expedient, the parent
Committee disagreed, saying, "Public health belongs in the highest echelon of government organization and should have departmental status." Leavell felt it was extremely important that the disagreement within APHA be resolved before an official position was taken and the motion to oppose the com-
bined department was carried in the Governing Council. In a bittersweet


Hugh R. Leavell
victory for the APHA minority, Congress established the Department o Health, Education, and Welfare on April 11, 1953, 70 years after the Na Later that year, the Association of State and Territorial Health Officers issued a tatement supporting federal grants-in aid for health, and deploring their current reduction. This led some APHA should not also take a stand on this issue. If so, how? Was it the place of volunteer agency to play a role in these matters? How could APHA's in terests and those of like-minded organizations be advanced, especially in Washington?
s a first step, an ad hoc committee on public health legislation was formed with ASTHO. The following year, Herman E. Hilleboe, MD, reported that as a result of stepped-up activity by the ommittee, federal funds for grants had been restored to the states, as had ome funds for venereal disease conrol. APHA members expressed thei support during this period for a stronger
voice for APHA in the health legislation process, and for Hilleboe's suggestion, as recommended by ASTHO, that a part-time representative - "someone officially recognized by both Associaions as a Washington watchdog"-be ppointed to act jointly for both groups.
By 1956, APHA components were reviewing in depth such pending legislation as the Hill-Burton Expansion Act, Vocational Rehabilitation Amendments and Social Security Amendments of 1954. Roy Morton, Executive Board chairman, noted in 1956 that Congres had appropriated $\$ 3$ million for train-
ing public health personnel-a mileing public health personnel-a mile-
tone for the profession. But the need still existed, Morton said, to mak public health careers attractive to young people.
This had been a problem for some time. At the 1948 meeting, the Gov erning Council passed a resolution that APHA plan and establish an intensive national program of recruitment, anticipating a serious shortage of personne as federal programs expanded. The fol owing year, vocational pamphlets on opportunities for engineers, sanitarians,
laboratory workers, industrial hygien ists, and other professionals were distributed to students by the APHA offices. The Committee on Professional Education proposed a program of re-
search and planning and active recruit
ment to be conducted with ASTHO and other agencies and groups. The plan was approved by the groups, but some state health officers objected to really implemented. A clearinghouse for job openings and candidates operated by the Association, however, continued to be the source for public

The concern about acute shortages of personnel led to discussions on the role of non-medical administrators in the public health field. CPE spent considerable time discussing whether health medical degree. The ultimate decision was to continue the APHA standwas to continue the APHA stand-
which concurred with that view-while adding a statement that the medical administrator's time could be better utilized by employment of trained administrative assistants.

The Committee continued to accredit the committee continued to accredit the schools of public health, but flushed
with its success, began to formulate a with its success, began to formulate a
more definite philosophy. The Committee's role, said its chairman in 1953, was not to set rigidly uniform standards, but to serve as a stimulus for improved teaching, research, and experimentation in finding how best to integrate the various health disciplines into tee acknowledged that some felt the accreditation program was merely a policing function, but quoted the Association of Schools of Public Health as saying, "APHA has brought full statesmanship to bear on the evolution, growth, and development of graduate education in public health-far more and admissions."
One of CPE's greatest areas of activity
was its Merit System Service, which had een set up in 1941 in response to requests from federal agencies as they ought to implements in 1951, project's name was changed to Professional Examination Service, reflecting is expansion from the narrow area of merit systems in government to all health disciplines and employers. By 1951, the PES budget was the largest f any single project in the Association, nd by 1955 , PES was wholly feeupported. Exams had been provided lege of Hospital Administrators, National Board of Veterinary Medical Examiners, and, on an experimental basis, some state boards of physician examners. The 1953 Executive Board report o the Governing Council credited PES with changing the picture of health by aking personnel selection out of the rea of subjective judgments, and by elping to set objective personnel policies.
Now that the mechanisms for accrediting personnel were well-established, Il that was needed were the people for he jobs. CPE proposed a three-year study to determine why people choose public health careers. The study, headed by John Venable, MD, was to make full use of the then-current fasciation with the behavioral sciences.

This fascination was reflected in virtually every aspect of the Association's activities. "A major public health goal is directed towards influencing people o change their behavior in order to educe the probability that they will Morton wrote in 1955 . A new commitee was formed with the American Anthropological Association, the Amer-
ican Psychiatrists Association, and the American Sociological Society to proan interdisciplinary channel of and the behavioral sciences.
Mental health activities were becoming an increasingly large part of governent budgets, with costs running into CRS were of dollars. Both CAP and research, and Thomas R. Hood, MD, secretary of the Kansas State Board of Health, suggested that APHA define who should be responsible for mental health programs in state governments. Atwater said the Association should be a spokesman for the trained public alin worker tring to emir This intert
This interest in mental health gave mpetus to the movement within APHA or a Section on Mental Health. John D. Porterield, MD, chairman of a comsection, told the Governing of sunch in 1955 that, as yet, no major profesin 1955 that, as yet, no major profes-
sional organization based on a multidisciplinary membership had undertaken an attack on the public health problems involved in mental health. There were still relatively few mental health workers with public health raining and those members interested home for them within the Association. The motion to create the Section was approved unanimously, and Porterfield was named its first chairman

The new Section was the first one created since Medical Care was established in 1948. Never in the Association's history had a section grown so totalling 1,000 within a few years. Recalling the early years of the Section,

Milton Roemer, MD, pointed out that the common view in public health circles then was to regard medical care as a political matter only. This view, he tity, was quality of scientific papers on tity and quality of scientific papers on
medical care problems. Roemer felt, as did others, that creation and growth of the Section helped legitimize the field, though the issue was still a controver sial one in the conservative early Fifties. That it was also a strong force in the re-evaluation process that character-


Martha May Eliot
ized APHA during this same period is undeniable.

Members of the Section were bringing their talents to in-depth studies of various aspects of the field. As early as 1949, Richard Weinerman, MD, suggested that the Public Health Service
take steps necessary to convene contake steps necessary to convene con-
ferences for discussion of regionalization of medical services.

While the Section was seeking to establish its reputation in the field, its pred ecessor-the Subcommittee on Medical Care of CAP-continued to conduct
research and issue statements. A 1949 Statement on the Quality of Medical Care, published in the Journal, showed
vidence of a stronger concern for the quality of care than for its costs.
Though the subcommittee may have seemed conservative to its offspringof medical care quite differently than of medical care quite differently than 949, APHA proposed a National Conference on Medical Care to be sponsored by itself and AMA, AHA, and he American Public Welfare Association. Such matters as planning for the care of the chronically ill would be discussed, with the purpose of determindisagreements. "It would seem highly unfortunate if controversies based on differences of opinion over a few aspects of the overall problem of the naion's health should be allowed to overshadow the many points on which hese groups are in basic agreement," id Leavell, who was then chairman of Executive Board

The following year, Wilton L. Halverson, MD, on behalf of CAP, proposed that a statement be adopted by APHA eaffirming a 1944 statement on "MediThe resolution, approved unanimously by the Governing Council, left no doubt hat medical care was an integral part of a health program and the health association. Contained in that statement was APHA's conviction that its primary interest was in the ready availability of high quality, adequate quantity medical care for the people and that the method of financing.

The National Conference on Medical Care eventually became a permanent Commission on Chronic IIIness, which, ough it lasted less than ten years, was extremely influential. Though the

Subcommittee on Medical Care issued statements with other organization and conducted research, its stimulus of the Commission was probably it
single most important contribution before its demise in 1957
Another committee which had suc ceeded in achieving its objectives by narrowing its scope to very specific
problems was the Association Commit tee on Child Health. Composed representatives of more than half of the


Mary Lasker presents 1952 Lasker Award to C.-E. A. Winslow.
sections, the committee collected state ments on recommended practices in public heale for children. One of is min areas of concentration was pro-

APHA's established forums for pres entation and discussion of ideas-th Journal and the Annual Meeting-were
the vehicles for communication of one
grams for handicapped children, with a subcommittee headed by Mayhew Derryberry preparing reports on cere bral palsy, cleft palate, and hearing and vision defects. In 1954, Samuel
Wishik, MD, chairman of the Commit tee, reported that seven years of work were finally bearing fruit with the impending publication of 12 books; the first, "Health Supervision of Young and the eleven others, on handicappin conditions, were soon to follow
of the most important scientific dis coveries of the 1950 s . In November igs3, an article by Jonas Salk appeare in the Journal on "Principles of Im and Influenza," followed by further arand influenza,
ticles in 1954 and '55. The National Foundation for Infantile Paralysis 'scoured APHA offices for stray copies [of reprints] to meet the demand of medical students." In May, 1955, Salk summarized the performance of his vaccine, and later that year, he appeared at an Annual Meeting sympo--on the practical experiences with the vaccine. The following year, the Association's new newsletter "This is the News" looked forward to a year "in which not a single case of polio is reported."
In these years, the committee chairmen's reports could barely touch on all the activities being conducted through out the year. The weight of administrative responsibilities-for staff and mem-bers-bore heavily upon the Executive Board, which occupied itself more and an Association.

There were new publications appear ing and old ones being revised. The Committee on Research and Standards prepared a "Glossary of Water and Sewage Control Engineering" with
three other organizations in 1949-the same year that friends of Haven Emerson celebrated his 75th birthday with the presentation of the seventh edition of "Communicable Diseases in Man," which had been under his direction fo 32 years.
A new Subcommittee on Air Sanitation was interested in the use of glycols as air disinfectants, and the new edition of

Standard Methods for Water and Sew contained lechniques for the determination of and isolation from water of "nuisance" organisms. Othe activities of the Coordinating Commit consolidation of previous reports shellfish, and publication in 1948 o "Diagnostic Procedures for Virus and Rickettsial Diseases," one of the first books to be published on laboratory methods in virology

Though CRS was less than fully suc cessful in stimulating research on the part of the sections-one of its original purposes-Leavell noted its accomplishments for the outside world "Standard Methods" publications, he said, had provided a mechanism for unifying laboratory and health depart ment practice among the states, and spite the absence of any national plan for compelling uniformity.
Other activities included a new Sub committee on Chemical ooisons, whic was working for establishment of po tion, and the continuing work of the Subcommittee on Hygiene of Housing. Several of the latter's publications were issued during those years, including monograph on Housing for an Aging Population," and in 1952, the subcom mittee published a guide for cities to formulate a model code "with the regulate housing. "It has become obvious," wrote the chairman of the Executive Board in 1953, "that health officers have responsible administrative role to play in the elimination of the more serious health hazards associated with sub-standard dwellings.

This was one of many roles being con-
sidered for the health officer to play by the Committee on Administrativ Practice. A major project in 1949 wa he study of health administration in state departments, to define basic
needs for personnel, funds, organizations, and functions. Under its new chairman, Ira V. Hiscock, CAP bega setting up closer ties with the Commit ee on Professional Education to dis cuss manpower and recruitment, and planned new studies on chronic diseas and rehabilitation
The Subcommittee on Public Health vursing cosponsored a statement on Public Health Nursing Responsibilitie in a Community Health Program" in 949, and a Task Force on Radiological Bergsma as chairman in 1956. The whole environmental sanitation horizon of the health department was expanding. Not only were water, sewage and communicable disease contro among the functions of the health de partment, but city planning, acciden prevention, illumination, air pollution de industrial hygiene had also becom, depan a relatively new function for the health officer, was recognized with the ppointment in 1952 of a Subcommit ee on Nutrition Practices, which pub lished a manual of "Nutrition Prac tices" as a guide for other members of he public health team.
In 1952, a serious rift among the health officers appeared, reflecting the impact of the new directions APHA was takin toward expanded roles for health work ers. A new organization, the American Association of Public Health Physician was proposed by some medical offí the Association, but felt the need for new group "because of the nature of

APHA." What they meant by this was not clear, but the wish was expressed for a closer relatios mperween prititioners of public health. Leavell, strongly expressing his thoughts, said the Executive Board was quite con cerned that it would lose the health officers' leadership. "Public health work is teamwork," he said, "and the leader of the team should not just go home if the game is not played to his satisfaction.

The Health Officers Section issued a statement that it was "not in a position to support or oppose" formation of AAPHP, and in 1955, the Section cant expressing a "particular interest in public health administration.'
The Section's action was another in the trend toward more participation in and democratization of the Associa tion's rule-making bodies. Amendments were introduced in 1949 to allow mem-bers-not just fellows-to vote for elective officers to the Governing Council. Proponents said the adoption
the amendments would give member the amendmenss would give members
a greater sense of participation, an was in accord with the democrati principles the U.S. had fought for in move would reduce the desirability of becoming fellows, and the lack of any professional requirements for members might "impair the quality of fellows elected to the Governing Council."
The Governing Council approved the changes in 1949, but the fellows voting on the amendments at the meeting turned them down. That year, however, a mail vote was extended for the first time to all fellows, to take effect
in 1950. The amendments were sub-
mitted for a vote again that year, and with the blessing of Vlado A. Getting, MD, and his Committee of Eligibility, e amendments passed. Though memers still could not hold office or a seat on the Council or vote on amend ments, they at last had the opportunity to vote for the one-third of the G
Bu,
But there were soon more changes to come. The year the vote was extended, 1.9 per cent of the membership ent in university positions. More than ne-third were physicians by proession and phe-sixth nurses pro embership topped 12,000 with ap proximately one thousand members estimated to be active in Association positions or committees. By 1953, there were 60 staff members, and 4,137 con vention-goers attended the Annual Meeting. As the organization grew larger, procedures became more for malized and there was increased con ern with the mechanisms by whic he Association functioned.

Writing several years later, Leavell said the Executive Board was unable in 1949, to state to its own satisfaction he objectives of the Association in health world. A critical look at APHA was again needed, as it had been many times before in the Association's his tory.
A special committee was established in 1951 under Lowell J. Reed, MD in 1951 under Lowell J. Reed, MD, to
review the structure, operation, and goals of the Association. The commitee reported that year on a variety o recommendations, but as the Execu tive Board commented, "To date there is unanimity on the idea of the Asso ciation being primarily a professional
sociation. Beyond this there are wide differences of opinion."
Questionnaires were issued to the embers, most of whom felt the issues should be narrowed. When the replies majority did indeed want the Associaon to remain a professional society with its core activities continued. "No one would change its basic character o an organization with a membership reponderantly non-professional, though] some see the participation of on-professional persons as essential in dvancing public health, accenting the word 'public, reported the Executive
Board. Ninety per cent professional to en per cent non-professional would be good ratio, most thought, with control in professional hands essential Uniform dues-for fellows and mem-bers-were also favored.

An informal group within the Associaion thought the Board's attempt to ind out the members' views was com mendable, and that satisfaction with he character of APHA as a professiona society was fairly general. But, the pointed out, studies did expose large areas of dissatisfaction, and the Board of members in evaluation activities, by ther means than "shot-gun question naires." Though there was primary greement on continuing core activi-lies-the meeting, the Journal, review of standards, and liaison with othe organizations-there were two majo problem areas. One was the differ ential between fellows and members dues, and affiliates.

An ad hoc committee on fellowship nembership and dues, headed by George T. Palmer, was appointed to
sudy the philosophy of the system. In the group's report was adopted hip be established student memberellowship be retained as a recognition of professional status; membership be pened to those merely interested in pened to those merely interested in public health work, if not engaged in titutional amendments if passed by the Governing Council first; and the dues ifferential be dropped, beginning in 1956.

The other major problem was the As ociation's relationship with its affiliates. Though the mechanisms for their establishment were well-defined, the provision of services for and by them were not. In 1951, Myron Wegman MD, as chairman of a reference committee on affiliated societies, noted the eeling that the rebates given to affiliates should be used instead to provide services directly to the state societies t would be easier to give assistance on cruitment, and other services, it was felt, from a strong central office already in existence, rather than trying to build up these services in each affiliate. In any case, the strengthening of the state societies was of highest priority.
The Wegman Report, as it was known, was considered controversial by some because it was thought to imply tha the Association structure. "While there was no disagreement in the call for strengthening and creating new affiliates," Wegman recalled, "and little disagreement about modification of rela tionships of public health associations of neighboring countries, there was
sharp controversy over that implication."

Wesiern Branch had repeatedly asked for funds to increase their services, and he request had been repeatedly denied by the Executive Board, though it concurred in the need for the expendiures. In 1955, another committee wa appointed to study the relationship between the parent organization and to travel more to the states in an at tempt to improve the lines of commu nication. The first real strengthening of the affiliates did not appear until th
of strategic character that will give diection and orientation."

Atwater went on to present some proocative questions on the role of the voluntary health movement, the role of he government in a democracy in meeting the health needs of its people, regarding medical care. He thought the country needed a forecast "as pregnant or the next 100 years as was the Shattuck Report in 1850.'


President-elect John W. Knutson and President Ira V. Hiscock chat during the 1956 Annual Meeting.

Association began one of its mos serious and historic evaluations in 1955 though some said the process began in

At the 1954 Annual Meeting, ExecuAt the 1954 Annual Meeting, Execuliminary outline of a long-range projec he dubbed, "Where Are We Going in Public Health?" "There is lacking in the U.S. a well-accepted sense of direc tion among those responsible for plan ning in public health," he said. He lic health activities in the past 40 pub ""yet there is missing an over-all plan
tion took up the challenge. Ruth Freeman, RN, called for a large planning group, with materials prepared and remanner as for White House Conferences. Long-range planning and a short eriod of implementation were foreseen, with a minimum of two years of study and several hundred thousand dollars needed. At the 1955 meeting the theme of "Where Are We Going in Public Health? was greeted enthusointed to answer the question.

## chapter 11

"Health agencies must find ways of drawing the public closer in the process of determining issues that affect the whole community. ... More extensive
employment of citizen advisory groups employment of citizen advisory groups
would contribute immeasurably to currently operating programs."

Report of the APHA Task Force Arden House Conference Oct. 12-15, 1956

These words, written years after Association leaders first battled over how large a role the public should play in determination of its health care, were scene had changed in just a few years The 1950's had witnessed great social and economic changes which could no help but affect the way the pubic 1958 statement on "Balanced Activities for APHA" noted these changes and their impact, particularly on personality development and family life. Americans were caught in a "total changing environment," with its situations of stress and anxiety arising from international tensions, from increased autoof the nuclear bomb. No health care

## building new foundations

system of the 1930's could cope with
such developments as the first com-mercial-scale operation of a nucle cessful launching into outer space "a series of man-made contrivance now traveling in orbits about this planet," as John D. Porterfield noted. There were great changes in the living habits of the population-changes that occurred much faster than health departments and services could adapt. Rural populations declined, as masses
of the young fled to the cities and created the new phenomenon known as "urban sprawl." In general, there was increased emphasis on attaining control of certain diseases. Herman Control of certain diseases. Herman the threat of communicable diseases lowered and tremendous achievements made in child care, the public health work of the future must deal more and more with mature persons. "Our public health programs must encompass the degenerative diseases and the longdelay longer, or we will be hopelessly overwhelmed."
It had been apparent to many that the dizzying speed with which changes
had occurred in the health field wa also rendering the Association's struc ture to deal with them outdated. Whe an overhaul was contemplated publicly had been enthusiastic An Association task force, headed by President-elect lohn Knutson, was appointed to formulate a statement on new directions in public health. Its charge was to rec ommend a program through which the Association could expand its leadership and service functions, to recommend financial structure to support this procomponents in its development.

Meeting at Arden House in Harriman, N. Y., in 1956, the task force utilized many of the reviews and studies con ducted in the previous five years. Hammering out the details in that short period, the task force emerged with three-part report. In general, the re port urged the Association to be mor active in improving the supply of pub lic health manpower, including the encouragement of more imaginative utilization of personnel of all kinds; to provide leadership and consultation in the fields of public health administra diseases, and mental health and medi-
al care; to assume a more aggressive role with regard to public health egislation; to improve its professiona nd public relations; and to strengthen its components, such as sections and ffiliates. To finance this increased pro gram, a dues increase would be neces sary and a new category of memberlablished, the report noted.
At the top of the proposed new struc ure was a Technical Developmen ommittees and six fellows from six different sections. It was TDB's func ion to review and coordinate activitie and prevent duplication, overlap, an ragmentation among the work of the ommittees. Six standing committees vere named on evaluation and stand ards, professional education, research
policy, public policy and legislation, and affiliated societies and branches.
Though the task force was cautioned by the Executive Board to consider th Committee on Administrative Practice the name having become in 30 ears a virtual trademark"-the death nell for CAP was sounded with it functional replacement by TDB. Martha May Eliot was named the first chairman of TDB, and immediately made clea her feelings that "the new board mus committees, each supporting his own area; it must act as a unit responsible or overall planning in program areas.
These program areas were to encom pass the problems health workers con sidered to be most pressing. In 1959 he Association queried 100 state an discovered additional mental health services to be on their "most wanted ist," with radiological health seen a
the most important problem on the mediate horizon. The directors felt he most important achievement of 58 was the progress made toward radicating poliomyelitis, with the exension of state and federal support or training health personnel a close econd. Recent progress made in the and other chronic diseases was hailed ut the public health movement was chided for its failure to address itself fully to the problems of aging, acciden
revention, "urban sprawl," and comdigen
At about the same time, eight program reas were assigned--on accident pre vention, chronic disease and rehabiliation, public health administration, nedical care administration, ment bout the new deal in the Association, e said. After the flurry of the tas force report, then what?

In its first year of operation, the Tech


Rer Pat Brown and APHA President Malcolm Merrill (left) greets California Governor
President-elect Marion Sheahan during the 1960 Annual Meeting
nical Development Board had estabished work parties in the fields of chronic alconolism, healh services in ase of community disaster, and conhe sole purpose of working out rec. mmendations for Association action. By 1959, the program area committee were planning publications on acciden prevention, child health, chronic disease and rehabilitation, radiological ealth, a medical care study prospectus, and a mental health guide.

These were some of the byproducts of the task force's plans, but they wer not achieved without tremendous strug gle. Substantial changes had been rec ommended and implemented, many o questions had yet to be answered. What, for example, did the titles of the committees represent? What were the urisdictions of PACs? Some of their unctions overlapped those sections, and there was concern that new talent in the sections was not being given the opportunity to express itself.
t was clear during this "shakedown period that many specifics needed to be worked out. Some components of the Association not directly changed by the Arden House Conference were changes, and new ways had to be found to deal with nearly every phase of Association business.
Affiliates, for example, had barely been mentioned in the Arden House Report mentioned in the Arden House Report
with the explanation that an Association committee already existed to deal with changes in their structure. Not completely satisfied with the report, an ad hoc committee on affiliates recommended a system of a fully elective Governing Council, with representa-
basis, thus reducing the number of ounciors at large. The aftiliate com mitee, possibly anticipating the re PHA membership residing in a state elong to its affiliate, suggested that n additional class of associate membership be established at a reduced fee for public health workers in low in ome brackets. The committee also ecommended that the basic function of the regional branch be the conven gsemblies and the review of resiona problems. There was little feeling that he branch should serve as an adminisrative arm of APHA or duplicate its ervices in any way.
In 1957, Malcolm Merrill, as chairman of the Committee on Affiliated Societie and Regional Branches, noted the re versal of the concept of affiliates look ing to the Association for services and eadership. Now a reverse structure was sought, with the state association helping its parent: providing grass roots just receiving. Merrill also spoke of eversing the "present truncated cone pattern so that a solid base is ob tained."

Meeting the commitment of strength ning affriliates and branches seeme in large part to mean that APHA sta dincers attend numerous afflitiat mal Office opened in San Francisco, and there were plans to develop the Washington, D. C., office into a south ern regional branch office. In 1959, he Western Office initiated its progran of continuing education for its mem bers, in connection with the University of California School of Public Health courses for professional and technical
ersonnel who had received previous cademic preparation for a public Association In addition, an institute unner of presidents-elect meetingwas begun in the Western affiliates and extended to the south to give new officers a working knowledge of the parent organization and its policies.
The Arden House task force report also had its critics in the sections, though was more oblique. The Executive Board had rejected a task force recommendation that sections be oriented into program areas rather than professions. Instead, the program rea committees were established, but he question of their jurisdiction in refor several years. For example, a TDB eport on medical care was criticized by ection leaders for its clinical and re-sarch-oriented approach, rather than is consideration of administrative aspects which, it was lelt, was APHA's srength. The problem was one of mphasis, and Milt Terris, for one, was oncerned that the program area comough areas, and therefore were inffective in providing leadership.

As to the composition of the commitees, there was fear that appointment committees solely on the basis of section representation without regard ually "weaken"' Association publica ons and committee work as a whole The unspoken concern seemed to over over the standard-setting comittees. In 1958, a Committee on Committees was appointed to broaden e base of information from which This titee for work have at its fingertips a pool of ex underutilized in the sections.

If the Technical Development Board knew where it wanted to go, but was ouble getting there, it shared great deal of bewilderment with the health movement in general. It had been 12 years since Haven Emerson had published his book on local health units, and the enthusiasm that had greeted the concept or powerf

1957 it was thought that perhap oo much emphasis had been placed on the structure of such a unit rathe rovide. The 1957 Annual Meeting wa devoted largely to a discussion of what community health services were neede and desired, and then finding the best structure to provide them
Community surveys were still being undertaken by an Association staff of consultants, with more requests made
could be filled But a Journal ditorial in 1957 noted a "groundswel of unease" and dissatisfaction with of unease" and dissatisfaction with
the current health structure-or lack he current health structure-or lack the pressures of economic and social change. Association leaders were urg ing health administrators to welcome new programs and ways of doing things.
Michael Davis, writing in the Journal in 1957, warned that, "to meet the


Legislative liaison Noble Swearingen discusses health legislation with (left) Rep. Melvin Laird (R-Wisc.) and (right) Rep. John Fogarty (D-R.I.).
demand of Americans for access to the cull benefits of modern medicine, our society must have administrative as well as professional agencies." These would be public health agencies, provided portunity and responsibilities and do not shun them. If many do shun them, then our society will set up new agen cies to do the work required. Under those conditions, health depart ments could be bypassed and perhaps become bureaus within state and loca

The 1956 task force report had reaffirmed the belief in the responsibility of eof the ssential insediests, wh uccessful program deemed to be community wide organization and planning of health resources which take into account the importance to heath of the social and economic as pects of dally living. AHA members watched carefully and supported the

1961 Health Services and Facilities Bill which authorized funds for community health departments, home health care, nursing home construction, hospital srants, and, most interestingly, "pio

Under this act, the largest single grant was awarded to APHA in 1961 for es tablishment of a National Commission on Community Heatth Services. The tional Health Council, conducted a sur-


Edgar Bronfman (far left), president of the Samuel Bronfman Foundation, congratulates winners of the first Bronfman PrizesDrs. Marcolino Candau, James Perkins, and James Watt-during APHA's 89th Annual Meeting.
which community health services in proving planning was directed to improving planning and delivery of health
services, with full regard for the impact on health of increased population, differences in the make-up of the labor Studies were conducted on both the national and community levels over a period of four years, by its Community Action Studies Project and National
Task Forces Project. Its series of reports, such as "Health is a Community ports, such as "Health is a Community Community Health Action-Planning," were notable for their emphasis on what needed to be done rather than on how much the federal government should spend, and are still in wide use today.
In 1959, an APHA policy statement declared that the public health department was the logical agency to administer medical care. Four years later, another statement stressed that tradi-
tional public health services were gentional public health services were gen-
erally available for communities rather than for individuals on a personal basis. These services were still needed, the statement said, but were no longer sufficient to deal with major national health problems. An increase in individual medical services was proposed through the establishment of community health service centers to coordi-
nate preventive, treatment, and rehabilnate preventive, treatment, and rehabil-
itative resources. Ideally, the health Itative resources. Ideally, the health
department, in cooperation with hosdepartment, in cooperation with hos-
pitals and private practitioners, would pitals and private practitioners, would
coordinate these centers, and the health officer would be the unifying influence for the overall community effort as "the personal physician is the unifying influence in relation to the individual this statement and two accompanying
ones was the need for health depar ments to assume the leadership role portance of local groups having a voice in the determination of policies

There were other things on the collective APHA mind. The task force repor had opened somewhat the procedures for Governing Council meetings, but at the same time had tightened the reso-
lutions process. There were definite guidelines to follow now, with recom mendations for action requested, and public hearings held, before Govern ing Council deliberations on the reso lutions took place.
In 1958, as a fairly representative year, there were resolutions supporting nursing homes, calling for public regulation of the health insurance industry, urging a five-year U.S. census and behind-thewheel driver education, seeking comprehensive vector control programs, and endorsing federal grants for day care for children.
A 1959 policy statement recognized the emerging problem of population increase, and called for "freedom for all to use such methods of family size creed and mores." Planned Parenthood Association, Inc. awarded APHA a grant in 1963 for a study to determine the extent and content of birth control services and counseling available in hospitals and clinics, for those who could not readily secure them privately. Methods of reporting such services were also to be developed and tested. gave a supporting grant for the family and population-planning activities of the Maternal and Child Health Section. In 1959, Food and Nutrition Section In 1959, Food and Nutrition Section
members were congratulating them-
selves on passage of the Food Additive Amendment Act, which carried out the intent of a Section resolution of 1949 A statement issued in 1957 on poultry inspection noted that over 30 per cent
of cases of food-borne diseases were associated with the consumption of poultry, some because of salmonella, and urged stricter and more uniform inspection procedures.
APHA was also becoming more active in the planning and implementation of White House Conferences, both on sending and on problems of the aged sending more members officially and as 1963, the Department of HEW awarded the Association a "substantial" grant to produce "A Guide to Public Health Control of Alcoholism," undertaken by a program area committee which noted
that the level of public health services that the level of public heath services other chronic disease services. And in 1964, APHA became a charter member of the National Interagency Council on Smoking and Health.
The Association began to take stronger stands on discrimination, reaffirming and expanding on earlier positions. In 1959, the Mental Health, Maternal and Child Health, and Medical Care Sections urged that an ad hoc committee be formed to implement APHA services. The resulting statement urged that the Association request from its affiliates an analysis of the current situation in their states. A note of caution was injected with the statement that many other interrelated fields would come into focus in such a survey, but that any attempt by APHA to exercise issue in those fields would be ineffective and inappropriate. Prior to the 1962
meeting, held for the first time in 25 years in the South, the Association newsletter reported, "We are happy hat all our listed hotels in Miami Beac assure us of the same courtesy in the same facilities for all delegates an

The 1950's also saw a resurgence of interest by APHA members in interna tional health. Martha Eliot, for example had resigned as associate chief of the U.S. Children's Bureau to become as sistant director of the World Healt mong those responsible for the orga among those responsible for the orga-
nization's planning. Interest in the health conditions of other countries had been stimulated, of course, by the war and the increased mobility of per sons from country to country. Under a plan shared by APHA and the Inter national Cooperation Administration, tries joined the Association, and a few attended the meetings.
Charles G. King had recommended strengthening APHA's international re lations with other organizations, though lations with other organizations, though
Merrill said his committee should "get its own show on the road before taking a stand on the foreign problem." B 1959, however, the Program Area Committee on International Health thought t desirable to establish liaison with oreign public health associations as a preliminary step towards
"Public Health is One World" was the theme of the 1959 Annual Meeting, conception of Leona Baumgartner that was greeted enthusiastically by the members and the 87 international visitors, many of whom "looked as hosts for the meeting," commented

This is the News." Panel discussions were held on inter-country adoptions, and Eleanor Roosevelt addressed the asker presentations.
The following year the theme was Man in His Changing Environment," and Adlai Stevenson II urged top priorty be given to sharing American health kills with other nations beset by disease and poverty. Stevenson also decried the shortage of medical schools cans die of curable diseases, and that cans die of curable diseases, and that it to many who need it the most.'
APHA by this time was also a publishAPHA by this time was also a publish ing house of major proportions. No
only were some of the "standards"" still oniy were some of the "standards" stil on "Public Exposure to Radiation," Chronic Disease and Rehabilitation, and "Control of Malnutrition in Man." The Committee on Vital and Health tatistics Monographs of the Statistic Section, chaired by Morton Spiege man, began work on data accumulated in the decennial census. The publications which emerged from this commit ee over more than a decade repre ented the first comprehensive analysis istics on such subjects as diabetes, diseases of the digestive system, and venereal disease. In 1958, the Journal appeared in a "new dress and in the company of a new editor, George Rosen, MD," and in 1964 a new quarterly publication of the Laboratory Sec-
tion, "Health Laboratory Science" was ion, "Health Laboratory Science," was issued for the first time.
In the field of professional education the most pressing problem was still the shortage of qualified personnel. A extension was granted for the joint re-
versity of North Carolina School of
Public Health on the factors that bring physicians into the public health field with the hope that it would facilitate future recruitment. The Committee on Professional Education's accreditation project, now an international model
no longer had the minimum standard of public health schools as its com pelling reason for existence, but rathe concern that the accreditation proces would stimulate increased manpowe resources.
There were also new prizes adminis ered by APHA for recognition of servce to the public health. In 1957, the Executive Board established the Presi dential Citation for persons who ren dered distinguished service to public health but who were not thus profes awarded to John E. Fogarty, congress man from Rhode Island, for his leader ship in health legislation.
In 1959, George W. Beadle became the 11th person to receive the Nobel prize persons receiving that Association administered award first. In 1960, the Lasker awards were presented for the last time, and the following year, the Samuel Bronfman Foundation estab lished its prizes for "exceptionally meritorious achievement leading diable numbers of people."

## chapter 12

Because we believe this is a primary enet of our public health code, we have embarked on a program of stud and persuasion to see that this princi ple of equality in health services-for he prome uiversal. We are not brother's keeper. We are our brother's brother."

John D. Porterfield, MD APHA President, 1965
In the last ten years, public health and he American Public Health Association he American Public Health Association the first 90 years of the Association's history. The "principle of equality in health services"-not new to APHA but accepted as a basic tenet in a policy statement-was evidence of an volution in thinking that rendered APHA almost unrecognizable to many. Yet much of the character of he Aso--greatly similar in its 100 year history Who among the founders could hav oreseen the advent of "the pill," the lechnogy and inf on the health field he War on Poverty signifying a solid ole for the government in relieving the misery of Michael Harrington's

## the uncharted future

Other America"? These changes and general awakening of a collective social conscience evoked an Association commitment to become a force for action-not the first such commiton, b would APHA merely support ge programs of others; change and novation in providing health care would be primary goals.
The 1956 Arden House Conference ook place at a time when the first great rumbles were felt in the health ield. With the passage of a decade, it was clear that the recommendations of the Task Force had been invaluable in building a base for the Association's professional programs. Committees preparing "Standard Methods" and ther publications now had staff support, and professional staff members with outside funding. Steps were taken strengthen the Association's relationships with other organizationsnot just for a "good neighbor policy," but also in the hopes of forming liaisons for the purpose of effecting legisative changes.
The first Arden House Conference failed, however, to provide mecha-
nisms for participation by a wide number of members or resolve satisfactorily the relationships between Association components. But signifireevaluation and change compulsory, if the Association were to maintain any sort of leadership position in its own field.
1964-the year the Johnson Administration's War on Poverty was launchedwas an important year for health. The
Hill-Burton Act, the Air Pollution Control Act, maternal and child health programs, and public health trainee programs were continued and expanded. Even more exciting to public health workers was the new legislation creating the Health Professions Educational Assistance Act, the Mental
Health and Mental Retardation Act, the Nurse Training Act, and support for research programs in housing hygiene and dental public health.
APHA members were also quick to recognize the implications for health in the Economic Opportunity Act, "which recognizes the need to reduce or eliminate disease and disability as a prerequisite to amelioration of poverty, as a 1964 Journal editorial noted.

While focusing attention on those aspects of poverty which are obstacles to health progress-considering poverty both as a cause and as a consequence of illness and disability-one must also be concerned with poverty as a barrier to the availability of finan-
cial resources needed for health services," wrote I. S. Falk the same year. A resolution was passed urging those responsible for implementing the War on
spar sponsible for implementing the War on
Poverty to give high priority to all of its health aspects, and an Annual Meeting General Session focused on the topic. "The great change that has taken place in our thinking about this kind of poverty is that we are beginning to ence of poverty is finally becoming nacceptable," wrote George James, MD, in 1965.
With the subsequent passage of Medicare, there were hopes for improved access to medical care for a sizable segment of the nation's aged poor. But
the administration of the program was not quite to the liking of some in the not quite to the liking of some in the
Association. In 1965, APHA directed an inquiry to all state health officers agarding the designated responsibility or elements of the new program among the states. The results of the inquiry indicated that the status was far from uniform in the states, and in some cases ultimate responsibility public health position be made as strongly as possible where the decision as to administrative location had yet to be made, citing the Association's earier statement urging the designation of the health department to carry out Medicare responsibilities.
Four years later, in 1969, the Association issued a policy statement on "So-

Cial Policy and Medical Care," urging revision of Medicaid and strengthening of Medicare. Citing deficiencies in both programs, the Association made specific recommendations for overhaul of administrative and service aspects of the programs. Lacking the mechabasic system of delivering health care, the APHA conclusion was that "the health care of the American people still falls tragically short of its true potential."
Medical care-its quality and provision -was most firmly a staple in the pro--was most firmly a staple in the pro-
grams of the Association. A 1965 Journal editorial, commenting on Ray E. Trussel's Bronfman lecture, stated, Today as we witness the expansion of public health to encompass the area of medical care, it becomes increasingly evident that public health mustity of the care provided."
The body of literature on medical care and public health swelled with publication of "A Guide to Medical Care Admin of 1963 and establishment in 1963 of the new Journal, "Medical "Medical Care in Transition,", reflected the change in attitude toward the subject that had occurred: "Where once it was regarded as the province of the individual, it is rapidly coming to be regarded as a matter of social responsibility."

Ruth Freeman urged more research in patient care-"all aspects of the individual's health and well-being, not just medical care-as a new facet of public health. The commitment to explore these other aspects coincided the publication of "Control of Com-
municable Diseases in Man." The classic public health measures of sanitation and widespread immunization were now accepted tenets, and attention was turned by an increasingly socially-conscious Association to
suring a total healthy environment.

The environmental movement itself began to take its place as a cornerstone of the new social trend. A Radiological Health Section was established, and the Engineering and Sanitation Section changed its name to "Environment."
Because many people not in the Environment Section began to take an interest in the subject, the Executive Board foresaw a need to create a new structure for the study of environmental health within the Association. A task force recommended that all
sections be grouped in four or five sections be grouped in four or
departments along lines of common but less specialized, interests. This proposal drew mixed reactions, many of them fearing weakened sections, and instead, an Association committee on environment, with membership drawn from several sections, was established as a demonstration project. By 1969, the experiment was apparently sucreorganization into councils, with sec tions retained as the basic unit of the Association.

Accompanying the interest in ecology was strong support for environmental legislation. In 1964, the Committee on Public Policy and Legislation recommended support of a proposed Environmental Health Center in the Public Health Service, though Congress the Association would provide testi-
mony on many water and air quality ther groups to fight jhe grip of the other groups to fight the grip of the transportation.
ransportation.
Another area characterized by a resurgence of interest was maternal and
child health. Geographic redistribution, child health. Geographic redistribution,
slum formation, and deterioration were correlated to an increase in infant mortality and morbidity. Federal aid was welcomed in a new drive to regain the nation's low infant mortality rates. Characteristic of the new interest was the award established by Ross Laboraories in honor of Martha May Eliot of recognize achievement in the field

Family planning became a part of APHA's programs. Ads for "the pill" appeared in the Journal, and a statement was issued reaffirming an earlier, pioneering stand urging governments the United States at all levels to include family planning as an integral U.S. expand its technical assistance in opulation programs to nations requesting it.
International health programs soon became an integral part of APHA's proessional division, with much of its content based on a statement of desirable activities prepared by Ernest Stebbin's Committee on International Health. Despite periods of isolationism, APHA had always pressed for world-wide health organizations, and as instrumental in formation of the World Federation of Public Health Associations, with APHA executive diectors serving as heads of the organiation at one time or another.
One of APHA's most important contributions to expanding the boundaries
of the definition of public health was in the field of comprehensive health 1966, Marion B. Folsom, chairman of the National Commission on Community Health Services, presented "Health Is a Community Affair," to President Johnson. Among its conclusions was a recommendation that health service boundaries be established by an area in which problems can be defined, dealt with and solved, rather than by the traditional method of political

jurisdictions.
The report also insisted that communities provide comprehensive health services to all of its citizens; that personal physicians have broader knowledge of the elements of comprehensive health services; and that man learn to manage his environment "even though he is presently contaminating it at a rate approaching saturation." The munity Heath Inc." to implement its recommendations. Meanwhile there were other signs of the Association's interest in the field: establishment of a new section on Community Health Planning, and a unit called Community Health Action Planning Service-a direct descendant of the on-site appraisal method.

The volume of new health legislation and programs drastically increased the need for health workers, a need that 60 's a series of National Conferences on Public Health Training were held at APHA meetings, one of the number of multidisciplinary groups preparing recommendations to the Surgeon General regarding strengthening the supply of health personnel. Not surprisingly, the Conference recommended increased funds for recruitment and training, and


APHA successfully testified in support of bills for construction of health education institutions and student loans. Professional Examination Service became a separate entity in 1970, but the Association continues its accreditation and educational qualifications activities, and initiated a Committee and Ther Coun Manpower The institutions training the new pubtoo W. Fred Mayes, Wean of the University of North Carolina School of Public Health, noted in a Journal article that the early schools had begun with the "Health Officers School idea," expanding to health administration and practice, and then maximizing attention to the public health team. "Today there is much more emphasis on
ducation of the scientist and re earcher," he said. He also noted "ou overwhelming absorption with the new and emerg health programs and techniques lo deal with them."

Protecting the consumer from the haz ards of an increasingly complex tech nological society was reflected in reso utions such as those on cigarette but the age of protecting the consumer, of planning his community sumer, of planning his community
health services or his environment without his participation was over More and more, public health pro grams were decided with the advice and consent of citizen advisory boards or consumer representatives. Yet, how could you involve the community eader in the determination of his community health services if you tional organization?

There were other considerations, too In a 1965 Journal editorial, George Rosen, MD, noted the tendency toward isolation among scientists, and warned of the need for perspective by "We in APHA can undoubtedly con tribute to education of the lay public in health matters by encouraging ap propriate lay membership," he said More strongly, Lorin Kerr, MD, ap proached the same idea: "Is it possible that the local and national legislative impact of APHA could be increase if the membership significantly represented the consumer of healt services?"

APHA'S structure, with its requiremen that officers and committee chairme be fellows, was not suited to this philosophy. There were also new
oices speaking up. At the 1968 meetg, a statement of the Concerned Association to apply its urged the nergies to the solution of the urban crisis and offered "as a resource the combined efforts of black health proessionals all over the nation." At the same meeting, a Caucus for Peace and uman Rights, composed of a number of young health officers, reacted to peech on "The Biological Warfare Problem" and a session on "Health roblems in Vietnam" with a petition repudiating participation by health production of offensive biological weapons."
Clearly the voices of protest reflected ationwide unrest on the campuse in the cities. second evaluation conference had been in the planning. Dissident group the 1968 meeting criticized the composition of the planned Confer ence on Association Functions, Organization and Relationships (CAFOR). Accordingly, additional persons were appointed to represent youth, con sumer interest, and work experience at the point of delivery of health services
in presenting the issues to be consid red by CAFOR, the Association news letter noted that most of the change Conference had strenthened APHA's programs, But in addition, member ship increased in those years almost ship increased in those years almost
two-fold; a Southern Branch office was established in Birmingham, and the number of interested lay representafives and nongovernmental health workers in APHA had increased. Not ing that membership had always bee
pen to anyone with an interest in health, it was nevertheless also recognized that there was no real home for ture. It was also questioned, "If APHA ture. It was also questioned, "If APHA
is to involve community leadership in dynamic areas of public health, this raises some questions as to whether APHA's internal organization at present is best adapted for responding to needs in program and problem areas involving such things as the environ ment, medical care, and ecology."


There were four themes dominant during CAFOR: social action, democratization, specialization, and strengthen ing relationships with affiliates and governing components. Probably its most basic statement was "Health pro essionals, other career workers in the health field, students of the health pro essions, and interested laymen-par cularly consumer representatives such as on health planning agencies-
should all be encouraged to join should all be encouraged to join
APHA. The programs and influence APHA. The programs and influence
of APHA should continue to be base upon strong professional member ship." Accordingly, members were permitted to hold offices and committee seats, although fellowship was retaine an honorary recognization o chievement in public health.

There were many complex organiza rional changes-an Action Board was established to implement APHA poliies, DB was expanded into a Profor professional programs; Councils were set up with responsibility for technological recommendations and social actions within areas of common interest to several sections. Sections were retained as the basic organization structure, with other areas of "association business" to be run by Associa-

tion-wide committees
Several other ideas were "floated," though not immediately implemented. Mixed reaction greeted the proposed sliding dues scale based on income sliding dues scale based on income,
and when it was finally implemented in 1971, several members resigned, lamenting the "loss of professionalism in the organization." Another concept, that of strengthening relationships between APHA and its affiliates, hrough a change in status to "chapers" has not yet been implemented

It is too early to evaluate the effects the CAFOR changes have had on APHA in the 1970's, but one can only chronicle highlights of the record. Three new sections were established: Social
Work, Veterinary Public Health
ew Professionals. With the establish ment of the latter section in 1971, the role of the allied health professional ishealth planning was frrmly estab years, been a great number of consumers joining the Association, nor it is expected that there will be.

There have been, however, stronger liaisons sought with coalitions of consumer and other health professional organizations. Law suits and other legal actions have been initiated to health protection laws and successfully won in the areas of drug efficacy and equal access to health care under Hill-Burton regulations. In 1969, APHA President Léster Breslow, and Presi-dent-Elect Paul Cornely led a private citizens panel on a nationwide tour of consumer health problems, creating nationwide attention and subsequent publication of the report "Health Crisis
n 1970, Berwyn Mattison announced his decision to retire as Executive Director of APHA and "open the way or new leadership." James $R$.. Kimey, MD, was appointed to succeed mittee to "move the organization into consumer protection, increase its inuence on national health policies and professionals in its activities."

Many of the resolutions passed in the last few years-on lead poisoning, drug abuse, and a single federal department of health, for example-are remarkably similar to those passed on prior occasions in the 100 year history of APHA. That they have to be reintro-
heath crisis of major proportions still exists in this country

But the difference between 1872 and 1972 is that at this time members are firmly committed to a policy of social action based on a solid foundation of scientific technology. Standards continue to be set in examination of water, air, and food-but they are also being set in new areas such as health maindrugs and population are being implemented by task forces of nationally known experts. And in the year of its Centennial, APHA sets as its goal the formulation of a national health policy.
What APHA is today, it did not become overnight or even ten years become overnight or even ten years ago. 1872, yet very much what Stephen Smith envisioned as a society of public health professionals engaged in protecting and preserving the health of the nation. The voices of dissidence that have characterized 100 years of the Association's history give it the strength hundred.

We have taken the position that APHA
We have taken the position that APHA our broad scientific and professional competence in a wide variety of health fields with forceful action to see that technical accomplishments are extensively applied for the benefit of all poople. We believe that our unique capability for effective action resides bership-in the combination of science and social action which we represent.

| appendix |  |  | $\begin{aligned} & \text { 18th } \\ & \text { 19th } \end{aligned}$ | Brooklyn, N. Y. <br> Charleston, S. C. |
| :---: | :---: | :---: | :---: | :---: |
| SECTIONS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION |  |  | 20th | Kansas City, Mo. |
|  |  |  | 21st | Mexico City, Mexic |
| Laboratory ................. 1899 |  |  | 23 rd | Montreal, Canada |
| Health Administration |  | 1908 | 24 th | Denver, Colo. |
| Statistics |  | 1908 | 25th | Buffalo, N. Y. |
| Environment |  | 1911 | 26th | Philadelphia, Pa . |
| Occupational Health |  | 1914 | 27 th | Ottawa, Canada |
| Food and Nutrition |  | 1917 | 28th | Minneapolis, Minn. |
| Maternal and Child Health |  | 1921 | 29th | Indianapolis, Ind. |
| Public Health Education |  | 1922 | 30th | Buffaio, N. Y. |
| Public Health Nursing |  | 1923 | 31 | New Orieans, La. |
| Epidemiology .... |  | 1929 | 32 | Washington, D. C. |
| School Health |  | 1942 | 33 | Havana, Cuba |
| Dental Health |  | 1943 | 34 th | Boston, Mass |
| Medical Care |  | 1948 | 35th | Mexico City, Mexico |
| Mental Health |  | 1955 | 36th | Atlantic City, N. J. |
| Radiological Health |  | 1964 | 37 th | Winnipeg, Canada |
| Community Health Planning |  | 1969 | 38th | Richmond, Va. |
| Social Work |  | 1970 | 39th | Milwaukee, Wisc. |
| Veterinary Public Health |  | 1970 | 40th | Havana, Cuba |
| New Professionals |  | 1971 | 41st | Washington, D. C. |
|  |  |  | 42nd | Colorado Springs, Colo. |
| ANNUAL MEETINGS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION |  |  | 43rd | Jacksonville, Fla. |
|  |  |  | 44th | Rochester, N. Y. |
|  |  |  | 45th | Cincinnati, Ohio |
|  |  |  | 46th | Washington, D. C. |
| Preliminary | Long Branch, N. I. | 1872 | 48th | ${ }^{\text {Chew Orago, lil. }}$ Neans, La. |
| 1 st | Cincinnati, Ohio | 1873 | 49th | San Francisco, Calif. |
| 2nd | New York, N. Y. | 1873 | 50th | New York, N. Y. |
| 3 rd | Philadelphia, Pa. | 1874 | 51st | Cleveland, Ohio |
| 4th | Baltimore, Md. | 1875 | 52nd | Boston, Mass. |
| 5th | Boston, Mass. | 1876 | 53rd | Detroit, Mich. |
| 6 6th | Chicago, III. | 1877 | 54th | St. Louis, Mo. |
| 7th | Richmond, Va. | 1878 | 55th | Buffalo, N. Y. |
| 8th | Nashuille, Tenn. | . 1879 | 56th | Cincinnati, Ohio |
| 9th | New Orleans, La. | 1880 | 57th | Chicago, III. |
| 10th | Savannah, Ga. | 1881 | 58th | Minneapolis, Minn |
| 11th | Indianapolis, Ind. | 1882 | 59th | Fort Worth, Tex. |
| 12th | Detroit, Mich. | 1883 | 60th | Montreal, Canada |
| 13th | St. Louis, Mo. | 1884 | 61st | Washington, D. C. |
| 14th | Washington, D. C. | 1885 | 62 nd | Indianapolis, Ind. |
| -15th | Toronto, Canada | 1886 | 63 rd | Pasadena, Calif. |
| 16th | Memphis, Tenn. | 1887 | 64th | Milwaukee, Wisc. |
| 17th | Milwaukee, Wisc. | 1888 | 65th | New Orleans, La. |

Washington, D. C Charles N. Hewitt,

## Hosmer A. Jo Chicago, III.

890 Henry B. Baker, MD Lansing, Mich. Frederick Montizambert, MD
392 Quebec, Can.
New Ormeans Lo, MD
1893 Samuel H. Durgin, MD
894 E. Persiller-Lachapelle, MD
Montreal, Can.
895 William Bailey, MD Louisville, Ky.
1896 Eduardo Liceaga, MD Mexico City, Mex.
Henry B. Horlbeck Charleston, S. C. Charles A. Lindsey, MD New Haven, Conn. Henry Mitchell, MD Trenton, N. J.
Peter H. Bryce,
1900 Peter H. Bryce, Toronto, Can. Philadelphia, Pa Philadelphia, Pa .
Henry D. Holton Brattleboro, Vt . Walter Wyman, MD Washington, D. C. 4 Carlos J. Finlay, MD Havana, Cuba
1905 Frank F. Wesbrook, MD Minneapolis, Minn. Brunswick Me Brunswick, Me. Domingo Orvananos, MD
Mexico City, Mex Mexico City, Mex.
Richard H. Lewis, MD Raleigh, N. C.
1909 Gardner T. Swarts, MD Providence, R. I.
Charles O. Probst, MD Columbus, Ohio
1911 Robert M. Simpson, MD Winnipeg, Can.

1912 J. N. Hurty, MD
12 J. N. Hurty, MD
1913 Rudolph Hering, ScD New York, N. Y.
14 W. C. Woodward, MD Washington, D. C.
1915 William T. Sedgwick ScD William T. Sed
Boston, Mass. Boston, Mass.
John F. Anderson, MD Washington, D. C Washington, D.C W. A. Evans, M
Chicago, III. Charles J. Hastings, MD Toronto, Can.
19 Lee K. Frankel, PhD New York, N. Y. W. S. Rankin, MD Raleigh, N. C.
1 Mazyck P. Ravenel, MD Columbia, Mo. Alan J. McLaughlin, MD
Washington, D. C Washington, D. E. C. Levy, MD
Richmond, Va

924 William H. Park, MD
New York, N. Y.
925 Henry F. Vaughan, DrPH Detroit, Mich
C.-E. A. Winslow, DrPH

227 New Haven, Conn.
Providence, R. I.
1928 Herman H. Bundesen, MD Chicago, III.
1929 George W. Fuller New York, N. Y.
A. J. Chesley, MD St. Paul, Minn.
Washington, D. C MD
Louis I. Dublin, PhD
New York, N. Y.
John A. Ferrell, MD
New York, N. Y.
934
Haven Emerson, MD
New York, N. Y.
1935 Eugene L. Bishop, MD Nashville, Tenn.
Walter H. Brown.

Palo Alto, Calif.
Thomas Parran, Thomas Parran,
Albany, N. Y.
1938 Arthur T. McCormack, MD Louisville, Ky.
1939 Abel Wolman, DrEng Baltimore, Md.
Edward S. Godfrey, Jr., MD Albany, N. Y.
W. S. Leathers, MD

Nashville, Tenn.
2 John L. Rice, MD
New York, N. Y.
1943 Allen W. Freeman, MD Baltimore, Md.
1944 Felix J. Underwood, MD Jackson, Miss.
1945- John J. Sippy, MD
1946 Stockton, Calif.
Harry S. Mustard, MD
New York, N. Y.
1948 Martha M. Eliot, MD Washington, D. C.
949 Charles F. Wilinsky, MD Boston, Mass.
1950 Lowell J. Reed, PhD Baltimore, Md.
1951 William P. Shepard, MD San Francisco, Calif. Minneapolis, Minn. Wilton L. Halverson, MD San Francisco, Calif. Hugh R. Leavell, MD Boston, Mass.
1955 Herman E. Hilleboe, MD Albany, N. Y.
1956
Hiscock, ScD
New Haven, Conn.
John W. Knutson, DDS
Washington, D. C.
1958 Roy J. Morton, CE
Oak Ridge, Tenn.
959 Leona Baumgartner, MD New York, N. Y.
960 Malcolm H. Merrill, MD Berkeley, Calif.
1961 Marion Sheahan, RN

962 Charies Gien King, PhD Bronx, N. Y.
1963 J. W. R. Norton, MD Raleigh, N. C.
964 John D. Porterfield, MD Chicago, III.
965 Dwight F. Metzler, CE Albany, N. Y.
966 Emest L. Stebbins, MD
967 Malton Terris, MD
New York, N. Y.
968 Lester J. Breslow, MD Los Angeles, Calif.
969 Paul B. Cornely, MD Washington, D. C.
970 P. Walton Purdom, PhD Radnor, Pa . Myron E. Wegman, MD Ann Arbor, Mich.
Margaret B. Dolan Chapel Hill, N. C.

