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## AN ASSOCIATION WITH A FUTURE\*

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OUR MEETINGS have served for the contribution of reports and papers upon important sanitary questions, rather than for voluble discourses. This abundant harvest, rich in the researches and studies of our numerous committees and individual members, has furnished food to many a hungry sanitarian seeking the views of those of wider experience. From the very beginnings of our organization fifty-four years ago, we have sought the "logically studied truths which are required for the basis and structure of true sanitary science and for the most effective methods and proceedings in public health administration."

At the Annual Meeting of this Association held three years ago in Cleveland, the members saw fit to accept the report of the Committee on Reorganization. Prior to that time valiant efforts had been made to increase our membership; to broaden our horizon; to so extend our field of activity as to embrace all who manifest an interest in public health. Dr. Rankin pictured an Association of half a million members with affiliated societies in every state and important metropolis.

All this is changed. We have returned to the organization of our founders. The Constitution of 1872 stated that "members shall be selected with special reference to their acknowledged interest in,

or devotion to, sanitary studies and allied sciences, and to the practical applications of the same." Our present Constitution, while providing an associate membership for all persons interested in public health, states that "persons professionally engaged in public health work shall be eligible for election as active members."

This Association was conceived and organized by professional health workers, pioneers in the science of practical sanitation and health administration. Dr. Stephen Smith, at the organization meeting held at the New York Hotel, Friday evening, April 18, 1872, spoke of the necessity for a national organization limited in membership to the best of sanitary workers.

Our membership, although not infrequently poor in number, has been rich in quality and ever a potential force in the direction of improvements in health procedure. At Cincinnati in 1873 it was "the judgment of this Association that the establishment of a National Sanitary Bureau, with relations to the general government similar to those of the Bureaus of Agriculture and Education, is highly desirable as a means of promoting sanitary science and the protection of the public health." Six years later Congress created a National Board of Health which operated during the four years provided for it in the Act, and which paved the way for the strengthening of our National Health Service. This masterly work was

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accomplished not by numbers but by a small group of seriously minded professional health workers.

In our original Constitution, twenty-five members provided a quorum. At the Third Annual Meeting it was found that a quorum was not present, nor had there been twenty-five members in attendance at any previous meeting. It was therefore moved that the Association be dissolved and adjourn, *sine die*.

The members of the late Association present proceeded to form an organization to be called the "American Public Health Association," the new Constitution of which stated "that at the Annual Meeting nine members shall constitute a quorum for the election of officers, a change of Constitution, the election of members, and the appropriation of moneys." Even with so small a group of members, we must all admit that during its early years our Association made great advances.

Dr. Ravenel has admirably described our birth and our first fifty years of infancy; has called our attention to the contribution of our members; to the researches which have emanated from our committees; to the publication of our proceedings and of our JOURNAL; and to the various standard methods which have served so satisfactorily in this and other countries. We are richly endowed with the fruit that has been cultivated by our predecessors, and it should now be a pleasure and a privilege to the members of this Association to push forward with renewed vigor those principles so thoroughly understood by that handful of sanitarians who met in New York City at 301 Mott Street on April 18, 1872.

Our working members have always been individuals who are primarily engaged in public health service. The public has not infrequently knocked at our door and sought admittance which has never been denied. As Fellows and members of the American Public Health Association let us remember that we are all promoters of sanitary measures and pro-

cedures whether we occupy the coach assigned to the administrator, the laboratorian, the statistician, the engineer, the hygienist, the educator or the nurse. We are a society of sanitarians, each with a particular type of service for the public health, but all members of a common profession.

The Committee on Reorganization reporting at Cleveland made some very definite recommendations which it is my intention to discuss in some detail.

It was suggested that the tenure of office in the various sections should not be limited to one year, and that capable section secretaries should be reelected as often as they would consent to serve, and further, that vice-chairmen should be selected with a view to later promotion to the chairmanship of the section.

Section organization should constitute a pillar of strength that supports the policy and various scientific standards evolved by the Association through its Governing Council, Executive Board, and general committees. It was never intended that section councils should function merely as an advisory body to pass on Fellowship applications or the Annual Meeting Program. The council should concern itself with the welfare of the section, its development, the extension of its membership, and the work of its committees. At the annual convention there should be at least two meetings of the section council and the chairmen should have the necessity for these meetings well in mind when they arrange their program.

A second recommendation of the Reorganization Committee states that the objectives of the Association should be the preparation, study, standardization and presentation of scientific public health procedures, the best method by which such knowledge can be given to the public, and the expression to the public of professional opinion in regard to such procedures. The forerunner of the Committee on Municipal Health Department Practice was the committee of twenty-four appointed in Philadelphia in 1874,

“to prepare schedules for the purpose of collecting information with regard to the present condition of public hygiene in the principal towns and cities of the United States, and the laws and regulations, state and municipal, relating to the same.”

The report of the chairman of the committee read at Baltimore the following year provoked a discussion of, first, “what public necessities require that there shall be a central or state board of health in each state, and with what authority and duties should the state board of health be endowed” and second, “how shall local and state boards of health effectually supervise the registration of vital statistics, especially as respects causes of deaths, and investigate the sources of preventable diseases, so as best to promote the public welfare?”

It will be remembered that at that time only the following states could boast of state boards of health: Massachusetts (1869), Louisiana (1870), California (1870), Virginia (1872), Minnesota (1872), Michigan (1873), Maryland (1874), Georgia (1874), and Alabama (1875).

It is of further interest to know that this committee of twenty-four was not unlike many of our committees which have followed. A few enthusiastic, hard-working members undertook the preparation of an appraisal form or questionnaire. Such schedule was designed to apply to cities and towns of 5,000 inhabitants and upwards, of which there were approximately 325 in the United States. The desirability of extending the work to smaller towns and counties was suggested, an opportunity which we trust may soon be embraced by our Association.

The schedule of 50 years ago is a marked contrast to the appraisal form with which the health officers have been experimenting during the past 12 months. The emphasis and import attached to environment in those pioneer days of health administration are forcibly stressed in the sub-headings of the schedule:

1. Location, Population, and Climate
2. Topography and Geology
3. Water Supply
4. Drainage and Sewerage
5. Streets and Public Grounds
6. Habitations
7. Gas and Lighting
8. Garbage and Excreta
9. Markets
10. Slaughter Houses and Abattoirs
11. Manufactories and Trades
12. Public School Buildings
13. Hospitals and Public Charities
14. Police and Prisons
15. Fire Establishments, Alarms, Engines, etc.
16. Cemeteries and Burial
17. Public Health Laws and Regulations,  
    Official and Municipal
18. Registration and Statistics of Disease
19. Quarantine

With the exception of the last two items, the entire group would all be assigned to the Section on Sanitation of the modern schedule, and even with this adjustment the majority of the questions would be omitted in their entirety as having very little direct influence upon the public health. In attempting to arrive at relative values for health work, the present committee has seen fit to assign to sanitation but 100 points of a total of 1,000 for all types of health work. We have graduated from that early stage of health department procedure where great emphasis was placed upon our environment as a potential factor in disease dissemination, and have become thoroughly entrenched in the realization that it is the individual himself rather than his surroundings that constitutes the most important single factor.

Millions of dollars and countless years of human effort have been wasted by the inauguration and continuation of disease restrictive methods which have proved valueless. One has only to glance over the titles of essays presented by the members of our Association of 50 years ago. Elaborate quarantine stations and expensive systems of fumigation have been tried and found wanting. Even towns have been burned and commerce has not infrequently suffered the unwarranted restrictions of the sanitarian. We are gradually disengaging ourselves from the shackles of tradition, freeing health de-

partments from the expensive relics of our worthy and learned ancestors who so courageously embarked in their search for truth and thus disclosed the beauties and wonders of a new profession.

We have decided that our Association shall be an organization of professional health workers. We now have 694 Fellows and 2,382 active members scattered throughout every section of the North American continent who are demanding a definite form of service from our Association, something more than the casual acquaintances made at the Annual Meeting, a more tangible advisory service than results from the perusal of our publication. We have proceeded admirably with the preparation, study and standardization of public health procedures. The committee, which under the able management of Professor C.-E. A. Winslow, has held four meetings during the past year, the last one extending over a period of three full days, has been increased to a membership of fifteen, eight of whom are Fellows actively serving as public health administrators. The committee cannot lose or overlook the viewpoint of the practical health officer.

Although the need of study will never vanish and our researches should be ever broader and more thorough, we have reached the point where we should seek the fulfillment of the second phase of our general objective, namely, the presentation of scientific public health procedures to the health workers and to the public at large.

This objective can be attained in one of many ways, or better still, by a judicious combination of several enterprises. Personal service and close contact will accomplish more than all other methods combined. Much printed matter is never read and the published page rarely carries the striking conviction of the author, a predominant factor in molding and establishing opinion. We must have active field workers, full- or part-time servants of our Association, trained in the fundamentals of our science, and fully and in-

timately versed in the latest researches and application of new developments. Such field officers must be prepared to survey our communities, to compare us with our neighbors and evaluate our accomplishments in terms of group judgment.

We are fortunate in having the services of two well-trained sanitarians, Dr. W. F. Walker, Field Director for the Committee on Municipal Health Department Practice, who stands prepared to assist in the Eastern States, and Dr. C. St. Clair Drake, Associate Director, who will extend the service elsewhere. It is hoped that other districts may be formed, and in certain remote sections, as, for example, the Pacific Coast States, and that there may develop a decentralization of the Association's Executive Office, with branches, state or regional offices, and conferences in centers where ready contact with our members may be maintained and service more quickly rendered.

A third recommendation of the Committee on Reorganization relates to the training of health workers:

"The Association should be prepared in so far as its interests and resources allow, to cooperate with the United States Public Health Service, Medical Corps of the United States Army and Navy, and other public health agencies in the training of field workers in the principles and practices applied in the field of public health."

Everyone is conscious of the fact that we have not the trained sanitarians for the positions that are actually developing in the public health field. Discouragement enshrouds those of us who have seen the United States Public Health Service, in cooperation with certain schools, endeavoring to stimulate interest in the education of sanitarians. Splendid courses have been arranged; masters of the profession have been the teachers; but the proper pupils, with very few exceptions, have been entirely wanting. Our Committee on Standardization of Public Health Training is making an exhaustive

study of the entire situation. As a professional society, one of our chief problems is the stimulation of the recruiting and training of professional workers, and the development of standards for training. We should make certain that a large supply of well-trained individuals is available.

The American Public Health Association is the oldest society in the public health field; it is the only professional society embracing all types of public health workers; and it is entirely independent of every other organization. As an association, we have very little to say to the public unless it be to tell them that it is essential to have trained workers, and possibly to correct erroneous impressions with regard to public health work. As individuals and as executives of our municipal, state and federal departments, we have a great deal to tell the public, much of which information can be provided by our Association. As the public is the recipient of the benefits derived, it is but just and proper that the public should have the privilege of extending us financial assistance. This Association can render an invaluable service to every municipal health department in this country; can stimulate interests in standard procedures which have proved their worth; and can eliminate the driftwood and hindering barnacles which have retarded the progress of the sanitarian.

A recent survey shows the astonishing fact that 39 of our large cities are spending, through their health departments, \$354,000 annually for plumbing inspection, which sum if diverted to matters more strictly relating to health might enable considerable expansion in the maintenance of tuberculosis and venereal disease clinics, and in improving child health. The survey of the 100 largest cities in the United States made by the United States Public Health Service in

collaboration with our committee, the survey of 86 cities by the American Child Health Association, coupled with the experimental application of the Appraisal Form, must ultimately convince all health officers that there is room for much improvement in our health organizations.

The Association is now in a position to assist and in its work should receive the financial aid of the local health department. It is my judgment that every city in the United States with a full-time health officer should make provision in its annual budget for a service fee to be paid to this Association. The rate to be paid in each case can be based either upon population or the amount of the local appropriation for preventive medical purposes. Individually, we are making our contributions; we have seen fit to raise the dues for Fellows to \$10. Let us remember that the entire public is the recipient of the good which comes from our humble effort. I, therefore, urge upon you the formulation of a very definite program of service, something that will not only be appreciated but for which there will be unprecedented demand. We have a very salable service which should now be placed upon the market.

Finally, permit me to repeat that we are a body of professional health workers with two major concerns: first, the stimulation of the recruiting and training of sanitarians, and second, the development of standards of work and the improvement of technique. To attain our goal there must be created professional unity out of a rather miscellaneous and heterogeneous group of doctors, engineers, statisticians, nurses, and others. The possibilities of service as sanitarians in a common profession are immense. Let us lend every possible effort in this direction.

"Every man owes some of his time to the upbuilding of the profession to which he belongs."—*Theodore Roosevelt.*