This is the third in a series of historical contributions on components or units of the American Public Health Association. These contributions are being prepared in anticipation of the Association’s centennial in 1972. Others are in preparation.

**HO-HO-HO SECT**

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Each reader may choose his own interpretation of the capriciously chosen title for this brief paper on the history of the Health Officers Section of APHA. The title is not used in a derisive or religious sense. It may be connected with my accumulated note cards, cryptically titled, "HO Sect." The title was really chosen to mimic the advertising slogan of the "Jolly Green Giant" and to reflect the sometimes bumptious and usually beneficent effect of the section over the decades, as it helped to advance its own interests and those of the APHA from early formative years to giant status.

Review of available records shows the section engaged in some random movement, but, withal, reveals a substantial and dynamic role in advancing the purposes, policies, posture, stature, and activities of the Association. For consistency I shall refer to the Health Officers Section by that title in most of this paper, and mention changes in name, membership characteristics, and organization only in one portion devoted to that purpose. As in other histories, many features are interwoven through the years and there is no single, completely satisfactory way to organize and present a narrative.

The Association’s development falls into three general eras of incremental activity, with the growth characterizing each era being built, in pyramid fashion, on the still developing and growing activities which were most prominent at earlier levels of development.

We shall sketch these three eras for you:

1. **Papers and Publications**

   Annual meetings and developing publications were the principal early activity and, as we shall see in a moment, a generative force for later periods.

2. **Professional Growth**

   The period covering the life of the Committee on Administrative Practice, characterized by great progress in creating the qualities of professional stature for public health and for those engaged in its practice.

3. **Political Growth**

   The period since the first Arden House Conference, characterized by large increments in policies and political influence and by growth in the professional program, the annual sessions, the membership of the Association and in its heterogeneity.

Then, the convolutions in the membership of the section, its relationship to other sections and to fellow organizations, will be traced for the interest and perspective found therein. Finally, lest we lose some of the flavor—and the
promise of humor in this paper's title—
we will report gleanings of fun and
frolic found in the record.

The Formative Years

The early formative years show a
struggling but lusty membership by
papers delivered at annual sessions and
by appearance of our Journal. The mem-
bership was not completely homogene-
ous, but more so than at any subsequent
time. Annual meetings were the earliest
activity. The sessions were loosely or-
ganized mixes of program, business,
humor, and fun. It is clear that the As-
sociation began, tentatively and unpre-
dictably, to develop its characteristics as
a direct result of the delivered papers.
Literally, interruptions occurred in the
midst of many a technical session for
the proposal and adoption of motions
for new Association (or sectional) pol-
cies, committees, publications, and other
actions. They were lively, and dynam-
ically generative, years. Papers which re-
counted the author's own trials and
tribulations stimulated long discussions
and occasional disputes. A few presiden-
tial addresses stand out, not so much
documentation, but as a source of
new activities, new directions, and new
surging energies of the adolescent As-
sociation, or these addresses attested to
growing stature of public health and
health officers, as in the Presidential
Address of Dr. A. J. Douglas in 1912:

“In the public health renaissance that has
taken place during the past ten years the
position of the municipal health officer has
increased enormously and his relation to so-
ciety has undergone a great change.

“Governing bodies are beginning to appre-
ciate (frankness, clear and true statement
of facts) and the suggestions of the health
officer . . . are now assured of a respectful
hearing and usually of cooperation and finan-
cial support.”

There was a plea for tenure, appoint-
ment only of trained health officers, ade-
quate remuneration, for “the man to
whom is given the onerous duty of
guarding the health and lives of citizens
should be paid in keeping with his high
calling.”

Later, when sections began to sponsor
technical sessions, the dynamic gener-
ation of actions shifted from general to
sectional sessions. For example, at one
Health Officers Section, discussions fol-
lowing a paper on quackery stimulated
the immediate proposal of a resolution*
advocating “one standard of fitness for
all who desire to practice the healing
art.” It was carried forthwith to the con-
currently meeting Governing Council
and was there adopted. News of this
success was carried back and reported
to the same section meeting which origi-
nated it. Does this ability to “shoot
from the hip” create nostalgia for any
of you?

Birth of a Journal and a Constitution

The first periodic publication was an
annual bound volume entitled, “Public
Health,” containing reports and papers
presented at annual meetings. This for-
mot was used from 1873 to 1912, inclu-
sive. In 1911, the American Journal of
Public Health appeared as a monthly
publication whose birth and growth was
accompanied by fiscal travail.

The roots and the beginnings of the
later eras are found in the earliest trans-
actions of the Association and the sec-
tions. Notable signs of the Health Offi-
cers Section’s generation of professional
development are seen in its early com-
mittees and in its earliest Constitution.

This Constitution of the Municipal
Health Officers Section (January, 1912)
set up “an Administrative Division for
the conduct of the business and policies
. . . and a Technical Division for the
promotion of the professional objects of
this Section.” Technical committees
were appointed and their chairmen con-
stituted a Committee on Professional De-

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* 1922 Transactions, p. 268.
velopment (precursor of the Technical Development Board). The Constitution prescribed that "the Technical Committees shall embrace certain subjects among others:

Organization, proper scope and limitation of municipal health departments; their relationship to the medical profession.

Relationship of municipal health departments to state, provincial and Federal departments and other municipal departments.

Adoption of uniform regulations.

Uniform vital statistics practices.

Epidemiological methods.

Control of municipal water supplies."

Through the years these and other topics were considered and reported on by committees: food sanitation; study and prevention of communicable diseases; city wastes; uniform administrative accounting for health departments; standard program of work for a health department; study of control of venereal disease; rural health administration; standardization of public health training.

In the early 1920's, the section sponsored surveys of state and local health departments, and a grant was received from an insurance company to be used for a full-time field director to "aid in building up the status of health work in individual communities."

These activities of the Health Officers Section laid much of the foundation for further development of the Association's professional program, and clearly pressured the charges given to Association standing committees, especially to the Committee on Administrative Practice. The era of papers and publications in fact contained more than the germ, but also beginning germination, of the era characterized here as "professional growth."

Committee on Administrative Practice

The professional growth era embraces the years of the Committee on Administrative Practice (1925-1958). In 1925, apparently coincident to establishment of CAP, all of the section's committees were discontinued, except for one on Control of Communicable Diseases. Clearly CAP undertook functions earlier performed under the section's aegis, and during its existence a special relationship existed giving the section a unique place in the committee's deliberations. Three members of CAP were designated by the section, and the committee reported both to the Health Officers Section and to the Governing Council. In 1957, CAP gave way to present Association committee structure, with sectional representation on committees more a matter of practice than of prescription in the Constitution and By-laws.

The great accomplishments of CAP,* in which the Health Officers Section shared, are attested to in its reports and published histories of the committee's origins, evaluation, and accomplishments, but are not in full detail germane to this presentation.†

In his report (1912), Dr. John L. Rice, then commissioner of health of the City of New York, summarized the accomplishments:

"It may be safely stated that all health officers have reaped substantial benefits from its activities. I refer particularly to the service it has rendered by: (1) providing the health officer with standards of performance for various public health activities by which he is able to analyze his program objectively; (2) setting up a well-balanced plan for a public health program; (3) suggesting standard forms for recording information on essential health services; (4) making available expert personnel for consultation and advice on special problems, as well as for complete surveys; and (5) stimulating and encouraging improvements in community health programs through the annual Health Conservation Contests."

In 1930, and for several years there-

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after, the Executive Board "allocated" to standing committees all sectional committees concerned with professional programs. This step was taken with the announced intention of protecting "against competing, conflicting, and duplicating efforts by other committees" and to provide a "central coordinating authority." It apparently resulted in each committee's reporting both to a section and to a standing committee, thus generally paralleling throughout the Association the relationship between CAP and the Health Officers Section.

Political Growth

As we move along, then, to the era characterized by the rubric "political growth," let us remind ourselves that it, too, had its roots in earlier eras. Early entry into concerns of public policy are found in several interesting places; to name a few:

1909—Homer Folks delivered a paper on "The Scope of Public Health in the Prevention of Dependency." (This year the Governing Council is considering several policy statements on poverty and health.)

1915—A proposed resolution on "Women's Suffrage as One of the Means of Improving Public Health."

1917—A resolution on "Coordination of Local, State, and Federal Health Efforts" ("Partnership for Health").

1918—Support of a bill proposing federal subsidy of state health departments and a representative dispatched to Washington as the Association's proponent.

1930—A resolution urging a study of the factors responsible for "hurtful political interference with the tenure of office of state and local health officers."

1941—A resolution on "Political Interference in Public Health Administration," urging appointment of qualified individuals and removal of political interference.

The final era reported here—the post-Arden House period, 1956 to date—has been one of growth for the Association in almost every respect. It is also a time when the function of sections has become mainly concentrated on annual program content, Journal content, and on the all-important role of helping to determine the general policies and directions to be taken by the Association through section representatives on the Governing Council.

Liaison and communication with standing committees of the Association has been dependent on formal committee reports, on circulation of minutes and reports, on the nominations to committee membership sought from sections, and on verbal reporting. Through the work of many sections and committees, the Association has formulated and adopted numerous policy positions. In addition, through its Washington office and other means, it has increasingly affected social and legislative policies relating to health.

This era has also been noteworthy in the growth of viable branches and affiliated regional associations and their sponsorship of continuation education courses. There has been marked growth in membership and staff, and increments in publications, and in professional program in this recent and current era.

Having sketched general aspects of the Association's history and the relationship of the Health Officers Section thereto, let us move to some specifics regarding the section.

Section and Association Rubrics, Relationships, Membership

In the earliest years of subdivision of the Association's membership into sections, the Health Officers Section apparently constituted a majority of the membership. The clarity of this is obscured, however, by an early practice of multisectional membership of individuals, apparently based on registration at section-sponsored sessions of annual meetings. Individuals were shown in the roster belonging to as many as four (all) sections of the Association.

Until 1964, the section was the largest, and first surpassed by the Public Health
Nursing Section; then, in 1966, by the Medical Care Section. In 1906, there was consideration of the possibility of “incorporating the Conference of State and Provincial Boards of Health as a Section” and of creation of a “Section of Municipal Health Officers.”

Originally constituted in 1908 as the Municipal Health Officers Section, the membership was described as “but of one class, the active,” and included “municipal health officers, members of municipal boards of health, municipal epidemiologists, vital statisticians, laboratory men, engineers, and others engaged in like technicalities as applied under municipal conditions.” These categories included statisticians and laboratory workers, although a Statistics and a Laboratory Section already existed. Purposes of the Municipal Health Officers Section were “the presentation and discussion of papers bearing upon the theory and practice of professional public hygiene, as applied to the health of municipalities.”

There are references to a “Section of Public Health Officials” in 1913 and 1915. In 1914, a proposal was made but tabled for a “section of municipal health officers of cities of less than 75,000 inhabitants” since “some of the young men said they got nothing of value to them from information as to what New York and Chicago did,” thus presaging the present separate city and county health officers groups. Subsequent years’ programs remedied this lack. In 1915, there was a change in label to the “Section of Public Health Administration,” without a record of the reasons for the change, but for several years thereafter some annual programs concentrated on general administrative problems. The object was to promote efficiency in public health administration, and membership was open to any member of the Association so registering himself.

A holistic attitude toward membership was advocated in the Presidential Ad-
or positions of like designation and while actively engaged in public health administration connected with an official health organization."

It was further "voted that membership ceases in the section when a health officer goes out of office." Apparently, some 60 members were cast out. A recommendation for establishment of an Epidemiology Section was implemented at the same meeting, so perhaps most of those expelled from the Health Officers Section found a new home there.

The record in subsequent years shows the very early liberal interpretation of this strict membership criteria; no repeat of the total screening that took place in 1927 is recorded and it is apparent that great relaxation occurred over a period of time.

In 1955, the Section Council rescinded its previous restrictive policies regarding membership and opened it to any applicant expressing a "particular interest in public health administration." Fellowship was opened to those meeting the Association's criteria. A recommendation for change of name to Public Health Administration Section was not acted on.

In the 1940's, section sessions showed a sprinkling of papers on medical care; revised statements of educational qualifications of health officers were formulated and adopted; "Local Health Units for the Nation" was formulated and publicized; federal legislative proposals to promote local health units were supported (unsuccessfully); the CAP Subcommittee on Medical Care was successfully seeking funds for its activities.

In 1948, a Medical Care Section was proposed and authorized. The Health Officers Section opposed its formation for reasons which are particularly interesting in the light of subsequent developments:

"WHEREAS, many individual health officers in their local jurisdictions are greatly interested at this time in integrating into their community programs more expanded medical care programs, and

"WHEREAS, each of the two groups—the administrative health officers and the technical operators of medical care programs—are in need of considerable indoctrination in each other's responsibilities, and

"WHEREAS, the formation of a special section on medical care would tend to divorce these problems from the general administrative problems inherent in the provision of adequate health services in the individual communities; therefore be it

"RESOLVED, that the Council of the Health Officers Section of the American Public Health Association go on record that it feels that it is not advisable to establish an additional special section at this time."

In the very next, and subsequent, years the two sections were sponsoring joint sessions and establishing joint committees. The years 1952-1953 marked the organization of the Association of Public Health Physicians. In 1966, the Health Officers Section voted to approve in principle and to implement the report of its Long Range Planning Committee, which among other things held that

"Every health officer in the United States is now, or will soon become, to one degree or another, an administrator of health care services.

"It is therefore the recommendation of this Committee that the Health Officers Section of the APHA initiate discussion within its own membership to achieve recognition that 'public health has made progress to the extent there has been emphasis on maximum utilization of all appropriate professional disciplines in the resolution of health problems.'

"The spectrum of disciplines currently employed is so vast that the concept of APHA organization by professional discipline or by type of position held is an anachronism.

"The areas of concern of the Medical Care Section of APHA have been primarily related to programs incidental to the provision of therapeutic care.

"Consideration be given to a restructuring of the APHA and one of its goals should be the feasibility of effecting a merger of the Health Officers Section, the Medical Care Section, and any other appropriate groups with creation of a Health Care Administration Section that would stress community planning for total health care."
While it has not been implemented, this report—along with those from environmentalists in APHA—has been a strong factor in stimulating the forthcoming Conference on Association Functions, Organizations, and Relationships.

Now, let us alter our approach again and backtrack to pick up some of the suggestion of fun, frolic, and humor promised in the title of this paper.

Fun and Frolic

1910—"The Association adjourned in a body to visit the Pabst and Schlitz Breweries."

1910—Presidential Address (Gardner T. Swartz) on "The Sanitary Education of the Public" illustrated concern of that period with the exclamation that "When the homely, rugged features of age are exploited in connection with Duffy's Malt Whisky, and the buxom patrons of Lydia Pinkham's Compounds attract the eye at every hand, we must believe that the word of these must have been taken for some worth or the cost of advertisement could not have been met."

1912—In discussion on limitations in the concern of a health officer, a respondent suggested extension rather than curtailment, and proclaimed: "I believe the health officer of a municipality should collect the garbage of the entire city."

1913—In discussion, following a paper on typhoid, one discussant suggested: "The fact of the matter is that we must take the bull by the horns and enforce the supply of pure milk."

The sanitation of the time and of the meeting was in doubt, since the secretary asked the chair "to appoint a committee on fly swatting or else get a man with more hair on the top of his head to do the reading."

1914—A paper was delivered on "Kissing as a Fine Art—The Best Methods of Preventing Unpleasant Aftereffects" (not birth control or VD, but mouth hygiene).

1917—There must have been some guilty consciences, or some restraints at this annual session, for there were comments that wives should be brought to meetings to ensure that their husbands "have not been out pleasure seeking while they should have been at meetings"—and a reporter’s comment: "It has never been my pleasure to attend (a convention) where the members were so intellectual and at the same time so thoroughly gentlemen."

1921—"The evolutionists tell us that one day two highly organized cells came together, seeking enjoyable sensations, and from that sprung all life."

While subsequent years undoubtedly had humorous situations and content, these are not recorded in the record. Perhaps we have lost in the change.

In conclusion, then, it is my hope that this somewhat sketchy review of the history of the Health Officers Section within the context of, and influencing the course of the APHA, has been of interest to you, and has given you a helpful perspective in the time ahead.

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