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1951

CONFERENCE AGENDA
NOVEMBER 26-29, 1951

1951
FEDERAL SECURITY AGENCY

Public Health Service

A G E N D A

FIFTIETH ANNUAL CONFERENCE

of

THE SURGEON GENERAL

of the

PUBLIC HEALTH SERVICE

and

THE CHIEF

of the

CHILDREN'S BUREAU

with

THE STATE AND TERRITORIAL HEALTH OFFICERS

THE STATE MENTAL HEALTH AUTHORITIES

and

REPRESENTATIVES OF STATE HOSPITAL SURVEY AND CONSTRUCTION AUTHORITIES

November 26-29, 1951

Federal Security Building

Washington, D. C.

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NATIONAL INSTITUTES OF HEALTH

T A B L E O F C O N T E N T S

General Information

Tentative Program

List of State Health Officers, Mental Health

 Authorities and Hospital Construction Authorities

Civil Defense Committee

Environmental Sanitation Committee

Federal Relations Committee

Hospital Committee

Infectious Diseases Committee

Maternal and Child Health Committee

Mental Health Committee

Special Health and Medical Services Committee

FOR YOUR INFORMATION

MEETING ROOMS

General and executive sessions of the Association take place in the Auditorium (first floor) of the Federal Security Building, North, 4th and Independence Avenue, S. W., Washington, D. C.

Committees meet in the rooms listed on Committee agenda.

HEADQUARTERS

Official conference headquarters for the Association of State and Territorial Health Officers is the Willard Hotel, 14th and Pennsylvania Avenue, N.W.

REGISTRATION AND INFORMATION

Registration. Registration Desk is located in the main lobby of Federal Security Building, facing the Auditorium entrance on the first floor. Check here Monday, November 26, to register and pick up your conference badge. Late registration here, too.

Information. Information Desk is also located in the main lobby of FSA Building, to help you find friends, government personnel, committee rooms, directions for getting about Washington, lost and found articles.

Arrangements for stenographic service may be made at the registration desk, too.

RESTAURANTS, CAFETERIAS, SNACK STANDS

Government Cafeterias, North and South FSA Buildings, serve:

	<u>Basement South Bldg.</u>	<u>Basement North Bldg.</u>
Breakfast	7:30 to 8:30	7:00 to 8:15
Lunch	11:00 to 1:30	11:00 to 2:00
(A line)	11:00 to 1:30	-----
(B line)	11:30 to 1:00	-----
Snacks	10:00 to 3:30	10:00 to 3:30
Supper	-----	5:00 to 6:00

The official dining room, first floor of South Building, is open for lunch from 11:30 to 1:30. Snack stands are open in basements of both buildings for refreshments: South Building, 10:30 to 4:30; North Building, 10:00 to 4:00.

Restaurant in Congressional Hotel, 300 New Jersey Avenue, Southeast, three-and-a-half-block walk from FSA Building, serves breakfast from 7:30 to 11:00 a.m.; lunch, from 11:30 a.m. to 2:30 p.m.; and dinner, from 5:30 to 9:00 p.m.

SOCIAL EVENTS

Conference Dinner is scheduled for Monday night, November 26. The place and hour of this dinner, as well as other social events will be announced at the beginning of the Conference.

TRANSPORTATION

To Capitol, House and Senate Office Buildings: Take #30 Street Car, stop directly before FSA Building, to Capitol Hill.

To Willard Hotel: Take #30 Street Car on opposite side of street before FSA Building. Car passes before hotel entrance.

To Union Station: No direct street car connection, but trip can be made via #30 Street Car to Capitol Hill, transfer at Library of Congress to #90 Car.

Capital Transit fare: one fare 15 cents;
tokens: three for 40 cents.

To Washington National Airport: Arrange with airline ticket office to meet airport limousine.

Cabs: Available at entrances to FSA Buildings.

Tentative Program

for

Annual Conference of the Surgeon General of the Public Health Service and the Chief of the Children's Bureau with the State and Territorial Health Officers, State Mental Health Authorities, and State Hospital Survey and Construction Authorities, November 26 - 29, 1951.

Place: Auditorium (first floor) Federal Security Building, 4th and Independence Avenue, S.W., Washington, D. C.

Monday, November 26

Morning 8:30 - 9:30 Registration
9:30 - 12:00 General Session with Public Health Service and Children's Bureau
12:00 - 12:30 Executive Session
Afternoon 12:30 - 1:30 Luncheon
1:30 - 5:00 Committee Meetings

Tuesday, November 27

Morning 9:00 - 1:00 Committee Meetings
Afternoon 1:00 - 2:00 Luncheon
2:00 - 5:00 Committee Meetings

Wednesday, November 28

Morning 9:00 - 12:30 General Session with Public Health Service and Children's Bureau
Afternoon 12:30 - 1:30 Luncheon
1:30 - 5:00 Executive Session to Consider Committee Reports

Thursday, November 29

Morning 9:00 - 12:30 Executive Session
(A portion of the time will be devoted to a discussion of malaria infections in Korean returnees and to Civil Defense.)
Afternoon 12:30 - 1:30 Luncheon
1:30 - General Session

Section 1

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Tentative Program

for

General Sessions of the Annual Conference of the Surgeon General of the Public Health Service and the Chief of the Children's Bureau with the State and Territorial Health Officers, State Mental Health Authorities, and State Hospital Survey and Construction Authorities

November 26 - 29, 1951

Place: Auditorium (first floor) Federal Security Building, 4th and Independence Avenue, S.W., Washington, D. C.

Monday morning, November 26

- 9:30 Address by Honorable Oscar R. Ewing, Administrator,
Federal Security Agency
- 10:00 Address by Leonard A. Scheele, M.D., Surgeon General,
Public Health Service
- 10:45 Address by Martha M. Eliot, M.D., Chief of the
Children's Bureau
- 11:30 "Federal Budgetary Procedures and Their Relation to
Operating Programs," Honorable Elmer B. Staats,
Assistant Director, Bureau of the Budget

Wednesday morning, November 28

- 9:00 Community Heart Programs - Dr. T. Duckett Jones
- 9:30 Open Discussion
- 9:40 Congenital Heart Disease - Dr. Willis Potts
- 10:10 Open Discussion
- 10:20 The Public Health Problem of Defense Impact Areas
- a. Report on Inventory of Health Needs
Dr. J. W. Mountin
- 10:40 b. Discussion of the Community Facilities and
Services Act
Mr. Allen Pond
- 11:00 c. Day Care for Children of Working Mothers in
Critical Defense Housing Areas
Dr. Katherine Bain
Miss Mildred Arnold
- 11:20 d. Open discussion
- 11:40 Fluoridation of Water Supplies
Dr. J. W. Knutson
- 12:00 Adjournment

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L I S T

of

State Health Officers

State Mental Health Authorities

State Hospital Construction Authorities

Key:

SHO - State Health Officer
MHA - State Mental Health Authority
HCA - State Hospital Construction Authority

ALABAMA

SHO: Dr. D. G. Gill
State Health Officer
State Department of Health
Montgomery 4, Alabama

ALASKA

SHO: Dr. C. Earl Albrecht
Commissioner of Health
Territorial Dept. of Health
Juneau, Alaska

ARIZONA

SHO: Dr. J. P. Ward
Director of Public Health
Division of Public Health
Phoenix, Arizona

ARKANSAS

SHO: Dr. J. T. Herron
State Health Officer
State Board of Health
Little Rock, Arkansas

CALIFORNIA

SHO: Dr. Malcolm Merrill
Acting Dir. of Public Health
State Dept. of Public Health
San Francisco 2, California

MHA: Dr. Frank F. Tallman
Director
Dept. of Mental Hygiene
Sacramento, California

COLORADO

SHO: Dr. R. L. Cleere
Executive Director
State Dept. of Public Health
Denver 2, Colorado

CONNECTICUT

SHO: Dr. S. H. Osborn
Commissioner of Health
State Department of Health
Hartford 6, Connecticut

DELAWARE

SHO: Dr. F. I. Hudson
Executive Secretary
State Board of Health
Dover, Delaware

MHA: Dr. M. A. Tarumianz
Superintendent
State Board of Trustees
Delaware State Hospital
Farnhurst, Delaware

DISTRICT OF COLUMBIA

SHO: Dr. D. L. Seckinger
Director of Public Health
D. C. Health Department
Washington 1, D. C.

FLORIDA

SHO: Dr. W. T. Sowder
State Health Officer
State Board of Health
Jacksonville 1, Florida

HCA: Mr. Walter E. Keyes, Director
Florida State Improvement
Commission
Tallahassee, Florida

GEORGIA

SHO: Dr. T. F. Sellers
State Health Officer
State Dept. of Public Health
Atlanta 3, Georgia

HAWAII

SHO: Dr. C. L. Wilbar, Jr.
President, Board of Health
Ter. of Hawaii Dept. of Health
Honolulu 1, Hawaii

IDAHO

SHO: Mr. L. J. Peterson
Administrative Director
State Dept. of Public Health
Boise, Idaho

ILLINOIS

SHO: Dr. Roland R. Cross
Director of Public Health
State Dept. of Public Health
Springfield, Illinois

MHA: Mr. Fred K. Hoehler, Director
Department of Public Welfare
Springfield, Illinois

INDIANA

SHO: Dr. L. E. Burney
State Health Commissioner
State Board of Health
Indianapolis 7, Indiana

MHA: Dr. Juul C. Nielson
Medical Director
Indiana Council for Mental Health
Indianapolis 5, Indiana

IOWA

SHO: Dr. Walter L. Bierring
State Commissioner of Health
State Department of Health
Des Moines 19, Iowa

MHA: Dr. Wilbur Miller, Director
Psychopathic Hospital
State University of Iowa
Iowa City, Iowa

KANSAS

SHO: Dr. Thomas R. Hood
Executive Secretary
State Board of Health
Topeka, Kansas

KENTUCKY

SHO: Dr. Bruce Underwood
State Health Commissioner
State Department of Health
Louisville 2, Kentucky

LOUISIANA

SHO: Dr. S. J. Phillips
President, State Board of
Health & State Health Officer
State Dept. of Health
New Orleans, Louisiana

MHA: Mr. J. H. Bankston
Executive Director
State Hospital Board
Baton Rouge, Louisiana

HCA: Mr. J. H. Bankston,
Executive Director
(ditto MHA)

MAINE

SHO: Dr. Dean H. Fisher
Director, Bureau of Health
State Dept. of Health & Welfare
Augusta, Maine

MARYLAND

SHO: Dr. R. H. Riley
Director of Public Health
State Dept. of Health
Baltimore 18, Maryland

MASSACHUSETTS

SHO: Dr. Vlado A. Getting
Commissioner of Public Health
State Dept. of Public Health
Boston 33, Massachusetts

MHA: Dr. Peter B. Hagopian
Commissioner
State Dept. of Mental Health
15 Ashburton Place
Boston, Massachusetts

MICHIGAN

SHO: Dr. Albert E. Heustis
Commissioner of Health
State Dept. of Health
Lansing 4, Michigan

MICHIGAN - Continued

MHA: Mr. Charles F. Wagg, Director
Department of Mental Health
Lansing; Michigan

HCA: Mr. Willis M. Brewer,
Director, Office of Hospital
Survey & Construction
Lansing, Michigan

MINNESOTA

SHO: Dr. A. J. Chesley
Secretary and Exec. Officer
State Department of Health
St. Paul 1, Minnesota

MHA: Mr. Carl J. Jackson,
Director, Division of
Public Institutions
Globe Building
St. Paul, Minnesota

MISSISSIPPI

SHO: Dr. F. J. Underwood
Secretary and Exec. Officer
State Board of Health
Jackson 5, Mississippi

HCA: Mr. Foster L. Fowler
Acting Executive Director
Mississippi Commission on
Hospital Care
Jackson 5, Mississippi

MISSOURI

SHO: Dr. Buford G. Hamilton
Director of Health
State Dept. of Public Health
and Welfare
Jefferson City, Missouri

MONTANA

SHO: Dr. G. D. Carlyle Thompson
Executive Officer
State Board of Health
Helena, Montana

MONTANA - Continued

MHA: Dr. R. J. Spratt,
Supt. Montana State Hospital
State Dept. of Mental Hygiene
Warm Springs, Montana

NEBRASKA

SHO: Dr. E. A. Rogers
Acting Director of Health
State Department of Health
Lincoln 9, Nebraska

NEVADA

SHO: Dr. Daniel J. Hurley
Acting State Health Officer
State Dept. of Health
Carson City, Nevada

NEW HAMPSHIRE

SHO: Dr. J. S. Wheeler
State Health Officer
State Health Department
Concord, New Hampshire

MHA: Dr. Anna L. Philbrook
Director of Child Guidance
Clinics
Commission of Mental Health
New Hampshire State Hospital
Board of Trustees
Concord, New Hampshire

NEW JERSEY

SHO: Dr. Daniel Bergsma
State Commissioner of Health
State Department of Health
Trenton 7, New Jersey

MHA: Mr. Sanford Bates
Commissioner, State Dept. of
Institutions and Agencies
Trenton 7, New Jersey

HCA: (Ditto MHA)

NEW MEXICO

SHO: Dr. James R. Scott
Director of Public Health
State Dept. of Public Health
Santa Fe, New Mexico

NEW YORK

SHO: Dr. Herman E. Hilleboe
Commissioner of Health
State Department of Health
Albany 1, New York

MHA: Dr. Newton J. T. Bigelow
Commissioner, State Dept.
of Mental Hygiene
Albany, New York

HCA: Dr. John J. Bourke,
Executive Director
New York State Joint Hospital
Survey & Planning Commission
Albany 1, New York

NORTH CAROLINA

SHO: Dr. J. W. R. Norton
Secretary & State Health
Officer
State Board of Health
Raleigh, North Carolina

HCA: Dr. John A. Ferrell
Executive Secretary
N. C. Medical Care Commission
P.O. Box 1880,
Raleigh, N. C.

NORTH DAKOTA

SHO: Dr. Russell O. Saxvik
State Health Officer
State Dept. of Health
Bismarck, North Dakota

OHIO

SHO: Dr. John D. Porterfield
Director of Health
State Dept. of Health
Columbus 15, Ohio

OHIO continued

MHA: Judge John Lamneck, Director
State Dept. of Public Welfare
Columbus 16, Ohio

OKLAHOMA

SHO: Dr. G. F. Mathews
Commissioner of Health
State Department of Health
Oklahoma City 5, Oklahoma

OREGON

SFO: Dr. Harold M. Erickson
State Health Officer
State Board of Health
Portland 1, Oregon

PENNSYLVANIA

SHO: Dr. Russell E. Teague
Secretary of Health
State Dept. of Health
Harrisburg, Pennsylvania

MHA: Mr. Wm. C. Brown, Secretary
State Dept. of Welfare
Harrisburg, Pennsylvania

HCA: (ditto MHA)

PUERTO RICO

SHO: Dr. Juan A. Pons
Commissioner of Health
Puerto Rico Dept. of Health
San Juan 18, Puerto Rico

RHODE ISLAND

SHO: Dr. Edward A. McLaughlin
Director of Health
State Department of Health
Providence 2, Rhode Island

MHA: Mr. Edward P. Reidy, Director
State Dept. of Social Welfare
40 Fountain Street
Providence, Rhode Island

SOUTH CAROLINA

SHO: Dr. Ben F. Wyman
State Health Officer
State Board of Health
Columbia 1, South Carolina

MHA: Dr. W. P. Beckman
Acting Superintendent
South Carolina State Hospital
Dept. of Mental Hygiene
Columbia, South Carolina

SOUTH DAKOTA

SHO: Dr. G. J. Van Heuvelen
State Health Officer
State Dept. of Health
Pierre, South Dakota

TENNESSEE

SHO: Dr. R. H. Hutcheson
Commissioner of Public Health
Dept. of Public Health
Nashville 3, Tennessee

TEXAS

SHO: Dr. George W. Cox
State Health Officer
State Dept. of Health
Austin 14, Texas

UTAH

SHO: Dr. G. A. Spendlove
Acting State Health Commissioner
State Department of Health
Salt Lake City 1, Utah

VERMONT

SHO: Dr. R. B. Aiken
State Health Commissioner
State Department of Health
Burlington, Vermont

VIRGIN ISLANDS

SHO: Dr. John S. Moorhead
Commissioner of Health
V. I. Dept. of Health
Charlotte Amalie, V. I.

VIRGINIA

SHO: Dr. M. I. Shanholtz
State Health Commissioner
State Dept. of Health
Richmond 19, Virginia

MHA: Dr. Joseph E. Barrett,
Commissioner, State Dept. of
Mental Hygiene & Hospitals
Richmond 9, Virginia

WASHINGTON

SHO: Dr. John A. Kahl
Acting Director of Health
State Department of Health
Seattle 4, Washington

WEST VIRGINIA

SHO: Dr. N. Y. Dyer
Director of Health
State Department of Health
Charleston 5, West Virginia

WISCONSIN

SHO: Dr. Carl N. Neupert
State Health Officer
State Board of Health
Madison 2, Wisconsin

MHA: Mr. John W. Tramburg,
Director
State Dept. of Public Welfare
Madison 2, Wisconsin

WYOMING

SHO: Dr. Franklin D. Yoder
Director of Public Health
State Dept. of Public Health
Cheyenne, Wyoming

EXECUTIVE COMMITTEE

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L. E. Burney, M. D., Vice President	Indiana
J. D. Porterfield, M. D., Secretary-Treasurer	Ohio

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N. H. Dyer, M. D.	West Virginia
V. A. Getting, M. D.	Massachusetts
Malcolm H. Merrill, M.D.	California
R. H. Hutcheson, M.D.	Tennessee

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A G E N D A

CIVIL DEFENSE COMMITTEE

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Vice Chairman - A. E. Heustis, M. D. Michigan

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M. H. Merrill, M.D.	California
Daniel Bergsma, M.D.	New Jersey

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Ernest B. Howard, M.D.	AMA

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Mr. Allen Pond
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Miss Pearl McIver
Mr. Kaarlo W. Nasi

Office of Defense Mobilization

Dr. W. H. Aufranc

Children's Bureau

Miss Neota Larson

Federal Civil Defense Agency

Dr. William L. Wilson
Dr. Norvin C. Kiefer
Dr. F. C. Beelman
Mr. Vincent Lamoureaux

Room G-755
FSA Building North
November 26-27, 1951

CIVIL DEFENSE COMMITTEE

1. Civil Defense Activities
2. Widespread Immunization Against Tetanus

Civil Defense Activities

Action Desired:

DISCUSSIONS AND RECOMMENDATIONS ON THE FOLLOWING ITEMS:

1. The Association of State and Territorial Health Officers recommend to the FCDA that the list of first aid supplies be expanded to include all items in 4.36 and 4.37 of AG-11-1 (Health Services and Special Weapons Defense Manual).

Explanation: many States can purchase first aid equipment only from funds which are appropriated for matching purposes. Therefore, unless provisions are made for the purchase of all items such first aid units will be incomplete.

2. Recommendation - That the FCDA be urged to provide each State with at least one and the larger States with critical target areas with a suitable number of complete first aid units consisting of all equipment and supplies for training purposes as soon as possible. Such units to be packed in containers that are standard throughout the country so that there would be uniform packing of such material, thus facilitating interstate aid.

Explanation: The recruitment and organization of first aid units cannot progress satisfactorily unless there is sufficient equipment to train units. States cannot plan properly the transportation of first aid units unless they know what the first aid equipment will look like and what it will consist of.

3. Recommendation - That the FCDA be urged to prepare at once standard first aid kits for first aid workers and litter bearers who will be responsible for the treatment of casualties in the places where such injuries are found.

Explanation: Such material should be purchasable with matching funds and it should be uniform so that interstate assistance would be facilitated.

4. Recommendation - That the FCDA set up specifications for a standard type of improvised hospital, that they supply from federal reserves such standard units and that some such units be allotted for immediate use to the States and for training as well. Three typical setups might be considered as follows:

- A. Complete equipment for a general surgical casualty hospital based on the unit size of 60 or 100 beds.

Civil Defense Activities
(continued)

- B. Conversion of a special hospital into a general casualty hospital unit.
- C. A converted non-surgical casualty hospital unit.

Explanation: All of these units are to be on the basis of a standard number of beds. Each is to be supplemented by a unit which would expand such a hospital into an additional number of beds and such units consisting of ward units rather than the initial basic equipment for each hospital. We were informed that the FCDA has not yet developed a list of supplies and equipment necessary for improvised hospitals. The mobile surgical army unit for 60 beds is being used as a basis for the development of such a list.

5. Recommendation - That the FCDA purchase hospital supplies and stock pile them on a regional basis so that they would be available within four hours after an emergency, and that some such supplies should be made available immediately for training purposes to States.

Explanation: There are no State appropriations in most of the States to equip improvised casualty hospitals or to expand existing hospitals. This program is even more costly than the purchase of first aid supplies.

6. Recommendation - That the FCDA develop a policy relative to the duration of the emergency following the catastrophe. Such duration should be for the complete treatment of all casualties insofar as the hospital, medical and health functions of civil defense are concerned.

Explanation: It is necessary to provide medical care for casualties so long as they require medical care. Since the facilities of local and State governments would be exhausted by such a casualty, the only resort would be to apply to the federal government. The federal government should establish such a policy which will cover all casualties.

7. Recommendation - That the FCDA establish fiscal responsibility for the payment of services, supplies and equipment necessary for the treatment of all casualties during the entire duration of the emergency.

Explanation: It is necessary in order to obtain the

Civil Defense Activities
(continued)

realistic cooperation of hospitals to assure them that they will be paid for expenditures they make for the care of casualties. Otherwise such institutions will be bankrupt and cannot take on the obligation of the care of large numbers of casualties. Moreover, personnel employed in casualty hospitals will have to remain on the job for many weeks after the initial bombing, and provisions must be made so that they can provide for themselves and their families.

8. Recommendation - That additional funds be obtained by the FCDA to enable States to buy additional supplies for first aid stations and hospitals and for other hospital, medical and health functions of civil defense.

Explanation: Additional expenditures will be entailed in providing safe and sanitary environments in which to continue to operate. As yet no decision has been reached as to the amount of expenditure required, the type of supplies and equipment necessary.

9. Recommendation - That the FCDA supply to each State with a critical target area as a part of the demonstration and teaching unit a Picker Polaroid X-ray unit so that hospital groups can be trained in the use and assembly of such equipment.

Explanation: This is a new type of equipment which will be demonstrated at the Washington meeting of the Association of State and Territorial Health Officers. It seems ideally suited to emergencies and it does require some experience in assembly and utilization.

10. Recommendation - That the FCDA allow the purchase from matching funds of all records utilized in connection with hospital, medical and health needs of the civil defense, that such records either be printed by the federal printing office or that they arrange for the purchase of such forms from matching funds from printers with whom contracts will be made by the FCDA to supply States with such forms.

Explanation: No funds exist in many States for the purchase of printed material, such as forms, other than matching funds. Moreover, to assure uniformity of such records for interstate mobile support they should be purchased from a single or

Civil Defense Activities
(continued)

several standard national sources.

11. The Association urges each State civil defense agency, division or hospital, medical and health service, to utilize to the fullest extent dentists, veterinarians and all other types of ancillary personnel in their organization.

Explanation: The call for medical and nursing personnel is so great that the availability of all other types of personnel experienced in the healing arts must be utilized to the fullest extent possible.

12. Recommendation - That the FCDA and the State agencies be urged to disseminate to the State health officers all information possible on BW and CW so as to enable the States to prepare an intelligent defense against these weapons.

Explanation: Little information has been made available to the States and it is difficult to evaluate the seriousness of these hazards and more difficult to prepare the defense against them in view of the little information available.

13. Recommendation - That the FCDA be urged to develop in cooperation with the proper federal agencies the specifications and policies relative to the development and utilization of radiological measuring instruments for the purpose as may be required for defense against radiological weapons.

Explanation: Standards have not been developed sufficiently to enable States to buy such instruments for training purposes and for utilization particularly in the critical target areas.

14. Recommendation - That the FCDA develop as rapidly as possible, and this means immediately, all types of training manuals and guides which could be utilized by the States in training medical and other personnel, such courses to be technical as well as organizational in nature.

Explanation: Much time and effort as well as money can be saved if this is done on a national basis and furthermore provides uniformity among the States. If each State develops its own training, there will be considerable variance. While some variance is desirable, a standard minimum national pattern should be

Civil Defense Activities
(Continued)

developed and the States could add to such minimum standards as they are able.

15. Recommendation - That the Civil Defense Committee consider problems relative to the stock piling of penicillin

Explanation: There is need for further evaluation of methods for best utilization of supplies of penicillin, taking into consideration the ease of administration under emergency conditions and the matter of rotating the stock piles to maintain current supplies.

16. Recommendations - That the FCDA take more direct responsibility in the development of a national blood program so as to procure sufficient stock piles of blood fractions and sufficient numbers of identified potential donors. Such direct responsibility by the FCDA could be developed through the State civil defense agencies..

Explanation: The American National Red Cross is not able to keep up with the demands of the military at the present time not to mention the needs of the civilian population. How can it therefore do any stock-piling for the future. Since blood substitutes and blood extenders have not yet been sufficiently developed and since such preparations are less desirable than blood fractions, even if they are developed, the FCDA should be urged to proceed with the development of a blood fractionation program as soon as possible.

17. The Association urges State health officers to make available to the FCDA as soon as possible any suggestions that they may have relative to the items to be included on the various lists of supplies and equipment that might be purchased for the requirements of the operations of their first aid and hospital units.

Explanation: It has been the experience of the various States from time to time that there were certain serious shortages in the list of items approved from State matching funds for this purpose. It is believed that such matching funds should be used not only for first aid supplies but for hospital supplies as well. Many items added to the list thus far have been approved.

18. Recommendation - That the FCDA develop a national educational program relative to the need for the organization and

Civil Defense Activities
(Continued)

development of volunteer personnel units for the care of casualties and other aspects of hospital, medical and health activities of civil defense.

Explanation: Large campaigns obtain the interest of the public. Special items should appear in national publications, the daily press and on radio and television. These together with State and local publications can be more effective in the development of local civil defense programs. States should be informed in advance of the schedule of such releases to more intelligently coordinate their programs with that of the federal government.

19. Recommendation - That the FCDA approve the purchase of litter cots from matching funds.

Explanation: Combined litter cots are economical. They serve a double purpose - as litters in the first aid stations and as a bed for the injured patients in improvised casualty hospitals. The limitation of available funds makes it impossible to buy both and since one may serve a dual purpose it should be made available. Recently New York has been denied at least provisionally the purchasing of litter cots from matching funds. We believe this is not in the interest of civil defense.

20. Recommendation - That the FCDA Division of Health Services and Special Weapons communicate directly with State heads of the Hospital, Medical and Health Divisions relative to matters dealing with hospital, medical and health activities of civil defense.

Explanation: Oftentimes communications are interchanged between the top levels of civil defense, federal and State, in such a way that the person directly in charge on the State level is not informed or informed too late of certain policies and procedures which have been developed. The State heads of the hospital, medical and health activities should be afforded an opportunity to participate in the development of plans and procedures for civil defense pertaining to this field and should be advised directly through direct communications of all developments. It is suggested that copies of such communications be sent to the State civil defense directors for their information. In this way the person directly responsible for the operation of the hospital, medical and health activities on the State level can have an opportunity to exchange ideas and communicate directly with his opposite in the FCDA.

Widespread Immunization Against Tetanus

Action Desired:

CONSIDERATION OF THE DESIRABILITY OF STATE AND TERRITORIAL HEALTH DEPARTMENTS AND THE FEDERAL CIVIL DEFENSE ADMINISTRATION RECOMMENDING A WIDESPREAD IMMUNIZATION AGAINST TETANUS AMONG THE GENERAL PUBLIC.

Supporting Statement:

Last December, the Subcommittee on Burns of the National Research Council, in its consideration of what should be done to assist in the care of mass casualties suffering from burns, recommended that universal widespread tetanus immunization should be carried out. They are now in the process of preparing an editorial for publication in a national medical journal to publicize this recommendation and the reasons for it. Their action was based on a number of considerations, including: (1) the experience of the Armed Forces in treating foreign civilian and military casualties during World War II, chiefly in Europe; (2) the relative ease and safety of tetanus immunization as contrasted with the often difficult and time-consuming administration of tetanus anti-toxins in a fairly large number of sensitized individuals; and (3) the evidence for the effectiveness of the immunization procedure in preventing the development of tetanus among casualties.

Action by State and Territorial Health Officers: That immunization against tetanus be recommended for the entire population of the United States and its Territories as a general public health measure, which is particularly desirable as a part of Civil Defense preparation.

AGENDA

ENVIRONMENTAL SANITATION COMMITTEE

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Consultants

Public Health Service

Mr. Mark D. Hollis

Mr. C. H. Atkins

Mr. Vernon MacKenzie

Room 5022
FSA Building South
November 26-27, 1951

ENVIRONMENTAL SANITATION COMMITTEE

1. Subjects for Consideration
2. Certification of Interstate Milk Shippers
Program
3. Chemical Environment

Subjects for Consideration by the Environmental
Sanitation Committee of the State and Territorial
Health Officers Association

1. National Production Authority

(Oregon) Consider the advisability of bringing to the attention of the National Production Authority the need for adequate allocations of water and sewage treatment chemicals and construction materials for water and sewage treatment work.

(Nebraska-Connecticut) The need for action on the part of the National Production Authority to obtain critical materials and chemicals for water and sewage works operation, and specifically chlorine for swimming pools.

2. Membrane Filter

(Oregon) Consider the advisability of requesting the Public Health Service to accelerate and expand their studies in the further development of the membrane filters and request they be made available to State health departments for further study in the field of water supply sanitation.

3. Recruitment and Training of Sanitation Personnel

(Washington - Alabama - North Carolina) The manner of recruitment training and assignment of sanitation personnel was covered in a committee report of the Conference of State Sanitary Engineers.

4. Conservation and Use of Ground Water for Air Conditioning

(Michigan) "Declare a policy on the use of ground water for air conditioning. Such a policy is needed to protect underground water supplies and also to prevent the overloading of sewage treatment plants with large volumes of water that need no treatment but which require plant capacity. The use of ground water is not only wasteful but unnecessary."

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Fifth paragraph of faint text, possibly concluding a section.

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Certification of Interstate Milk Shippers Program

Action Desired:

ADOPTION OF RECOMMENDATION:

THAT THE STATE AND LOCAL HEALTH AUTHORITIES BE URGED TO

1. ENDORSE AND SUPPORT THE COOPERATIVE PROGRAM FOR THE CERTIFICATION OF INTERSTATE MILK SHIPPERS;
2. ASSIST IN THE DEVELOPMENT AND IMPLEMENTATION OF THE PROGRAM WITHIN THEIR RESPECTIVE JURISDICTIONS;
3. ACCEPT RECIPROcity OF INSPECTION FOR BOTH BULK AND BOTTLED MILK, PROVIDED THE SAFEGUARDS INHERENT IN THE PROGRAM ARE COMPLIED WITH, AND;
4. OPPOSE HEALTH REGULATIONS BEING USED TO ESTABLISH ECONOMIC TRADE BARRIERS.

Supporting Statement:

In our progress report to the 1950 Annual Conference we also pointed out the growing tendency on the part of States and municipalities to use milk sanitation regulations as trade barriers to prevent the importation of milk regardless of its sanitary quality. We also urged that the Conference take cognizance of the fact that unjustified State and local restrictions might jeopardize the public health control of milk supplies. The United States Supreme Court recently ruled that the use of unwarranted health regulations to restrict the flow of milk in interstate commerce was unconstitutional. Despite this fact, many municipalities are still attempting to prevent the importation of fluid milk into local markets primarily because of economic pressures. Such action retards the development and acceptance of the interstate milk shipper certification program.

Chemical Environment

Action Desired:

ADOPTION OF RECOMMENDATION:

1. THAT THE STATE AND TERRITORIAL HEALTH OFFICERS TAKE COGNIZANCE OF THE IMPORTANCE OF THE CHEMICAL ENVIRONMENT IN PUBLIC HEALTH AND THAT THEY UNDERTAKE AND SUPPORT INVESTIGATIONS AND INDICATED CONTROL PROCEDURES IN THIS RELATIVELY UNEXPLORED AREA OF ENVIRONMENT.

2. CLARIFY THE ROLE OF LOCAL HEALTH DEPARTMENTS IN THE BROAD FIELD OF AIR POLLUTION.

Supporting Statement:

1. Investigation of chemical substances that are toxic has been directed for the most part at the protection of individuals who are exposed to heavy concentrations of the substances while at work. The problems associated with occupational exposure are well recognized and reasonably well controlled. The number of people exposed to such conditions is relatively small. On the other hand, practically every person in the United States is potentially exposed to small amounts of toxic substances from birth to death. With technological changes, the number of these toxic substances and the degree of individual exposure to these substances is increasing. The effect of some of these chemicals is known to be cumulative. The influence of this constant exposure to small amounts of toxic substances on the general population is relatively unknown. There are many industrial wastes, persisting in minute quantities in filtered and treated water supplies of many cities, which have a fluorescent quality, characteristic of chemicals associated with the growth of cancer. Where any of these contaminants cause widespread irritation as in Los Angeles or a dramatic disaster such as occurred at Donora, it is to be expected that the public is aroused to demand corrective action. Not all poisons, however, are direct or obvious in their action.

The determination of the potential dangers of toxic substances in the environment is essential in the establishment of safety standards and the development of effective control measures.

2. Industrial health units have traditionally confined their efforts largely in air pollution to the inside of

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Chemical Environment
(continued)

industrial plants. The effluents from these plants may adversely affect the community health. This, of course, is in the area of interest of the local health department and may involve organizational units other than industrial hygiene. In many cases, industrial hygiene services are rendered from the State level.

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A G E N D A

FEDERAL RELATIONS COMMITTEE.

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Vice Chairman - Harold M. Erickson, M.D. Oregon

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Consultants

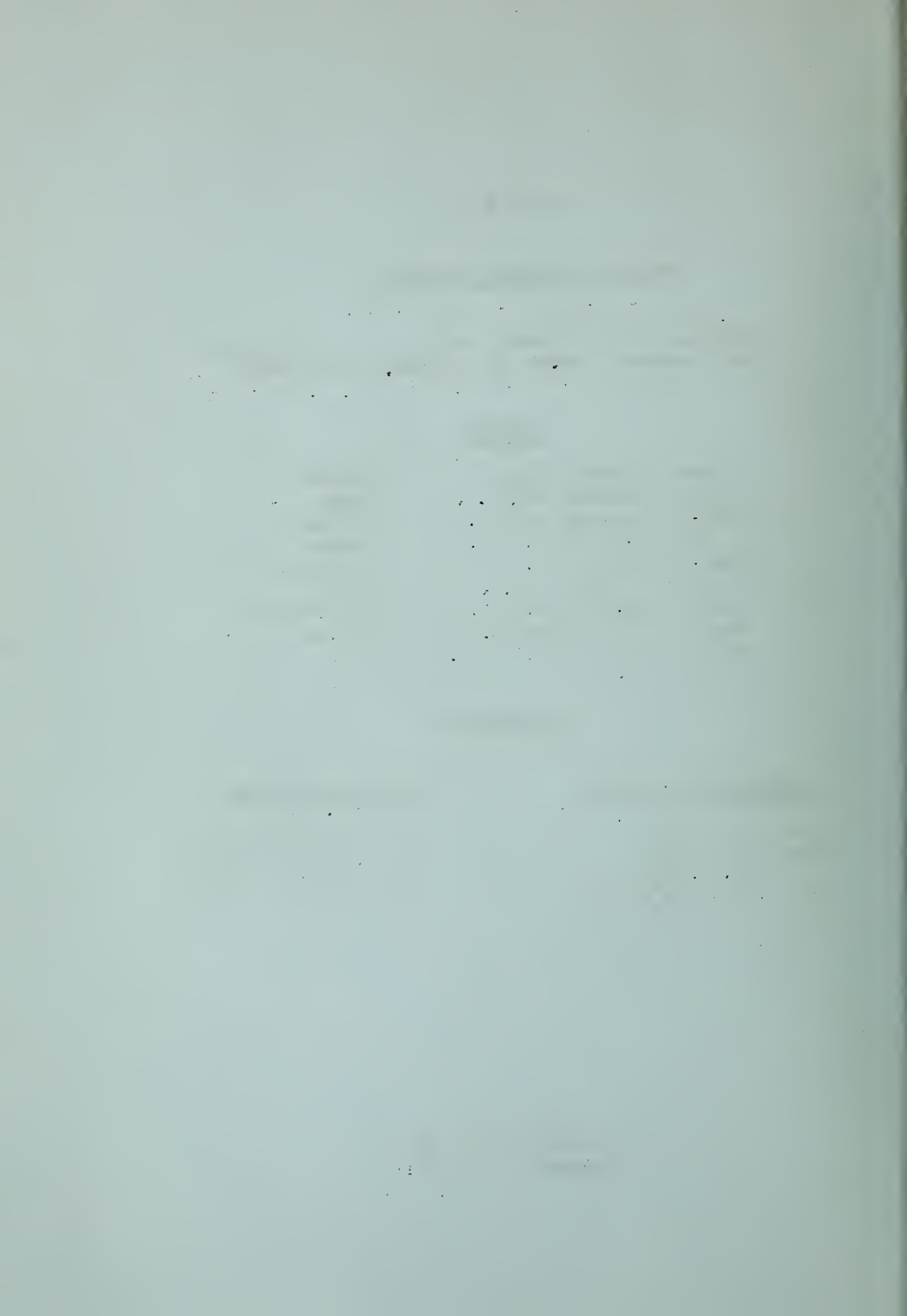
Public Health Service

Dr. J. O. Dean
Dr. R. F. Kaiser
Mr. Sam Kimble
Dr. Jack C. Haldeman

Children's Bureau

Dr. Katherine Bain
Mr. John G. McDougall
Dr. Arthur J. Lesser

Room 5051
FSA Building North
November 26-27, 1951



FEDERAL RELATIONS COMMITTEE

1. Health Department Personnel
2. Establishment of Apprenticeships in Public Health
3. Evaluation and Development of Joint PHS-CB
Plan Document
4. Procedure for Insuring Validity of Categorical
Grant Expenditures
5. Recommendation of Subcommittee on Fiscal Affairs
6. Report of Personnel, Facilities and Services of
Full-time Local Health Units
7. Use of Grant Funds in Defense Impact Areas

GENERAL INSTRUCTIONS

1. The first section of the report should be a summary of the work done during the year.
2. The second section should contain a description of the methods used in the work.
3. The third section should contain a description of the results obtained.
4. The fourth section should contain a discussion of the results and a comparison with the work of other workers in the field.
5. The fifth section should contain a list of references.
6. The sixth section should contain a list of tables and figures.
7. The seventh section should contain a list of names of persons who have assisted in the work.

Submitted at request of Executive Committee,
State and Territorial Health
Officers Association

Federal Relations
Committee

Health Department Personnel

Action Desired:

CONSIDERATION OF WAYS OF ALLEVIATING SHORTAGES OF PUBLIC
HEALTH PERSONNEL.

Supporting Statement:

The shortage of available public health personnel in all professional categories is a problem which has affected all health departments for several years. During recent years the rapid expansion in the scope of public health programs, the foreign aid programs, military and civil defense requirements, and the impact of reactivated military camps and industrial plants have seriously aggravated this chronic deficiency.

What are the measures which can be initiated to increase the supply of public health workers? How can the immediate need for personnel in critical domestic and foreign defense areas be met?

During World War II Emergency Health and Sanitation Funds were appropriated by Congress for use in assigning public health personnel to these critical areas. No such funds have to date been available for this purpose in the present emergency.

Establishment of Apprenticeships in Public Health

Action Desired:

ADOPTION OF A RECOMMENDATION:

THAT THE STATE AND TERRITORIAL HEALTH OFFICERS RECOGNIZE THE NEED FOR RECRUITING INTO THE PUBLIC HEALTH FIELD, FROM COLLEGES, PROMISING INDIVIDUALS FOR APPRENTICE TRAINING WHO MAY LATER TAKE TRAINING FOR SUCH POSITIONS AS HEALTH EDUCATORS, SANITARIANS, RECORD ANALYSTS, OR STATISTICIANS, AND THAT STATE HEALTH DEPARTMENTS EXPLORE THE POSSIBILITY OF ESTABLISHING APPRENTICESHIPS IN PUBLIC HEALTH EITHER IN THEIR OWN DEPARTMENT OR IN LARGE LOCAL HEALTH DEPARTMENTS IN THE STATE.

Supporting Statement:

There is a serious shortage of public health personnel in all categories; however, in the categories mentioned above, individuals need preliminary on-the-job training as well as some academic training before they are competent to carry the responsibilities which the position requires. In some cases work experience is required before training opportunities are open to the potential workers; yet there are no openings in which experience can be obtained. Sometimes individuals think they would like to work in public health before they know what is involved, train for a given type of work, and after limited experience dislike the field. As a result the person becomes a dissatisfied employee, or leaves the field.

By setting up two or three fairly low level entrance jobs, which could be filled by rotating apprentices to fill them, several goals could be served:

1. The Health Department would get some value from the work performed.
2. The individual would learn whether he likes public health and what category of work he prefers.
3. The health department would know whether the individual is suited to public health.

Action by State and Territorial Health Officers - The organization and development of such a program requires more than deciding to do it. It requires experimentation and careful supervision in all its phases. If the State and Territorial Health Officers would

Submitted by: Division of Public Health
Education, PHS

Federal Relations
Committee

Establishment of Apprenticeships to Public Health
(Continued)

favor States experimenting with such a program and a few would undertake to try it out, a pattern of recruitment of better qualified personnel might evolve.

Submitted by: The Division of State Grants,
PHS

Federal Relations
Committee

Evaluation and Development of Joint PHS-CB Plan Document

Action Desired:

ACCEPTANCE OF PROGRESS REPORT TO THE CONFERENCE OF STATE
AND TERRITORIAL HEALTH OFFICERS

Supporting Statement:

Nature of Problem - In order to obtain payment of the health grants which are made available separately by the Public Health Service and the Children's Bureau, the States are now required to submit different documents describing their proposed plans of operation. Under existing procedures the State staffs must duplicate certain items of information in their submissions to the Federal agencies. They are also required to repeat in a different form some data they use in their own intra-organizational planning processes.

Objective of Program - To develop a joint PHS-CB State plan document which will eliminate as much of the duplication of plan preparation and reproduction as may be feasible and still meet both State and Federal requirements for plan information.

Progress Made - Both the Public Health Service and the Children's Bureau have recognized this as a high priority project. They collaborated in meeting the suggestions of the State and Territorial Health Officers as expressed in Recommendation No. 12 of the Federal Relations Committee at the 49th Annual Conference by creating a Joint Committee on Public Health Service-Children's Bureau Records and Reports and by assigning a full-time staff to study the State plan operations. Major guidelines for conducting the study were adopted by the Committee at its first two meetings. Since then the project staff has been working with Public Health Service and Children's Bureau headquarters and regional staffs in developing program material prior to determining an approach which can be justifiably used in a full scale field test. Developments will be reported to the Joint Committee and discussed with it from time to time. Project plans now call for submission of the tested document at the 1952 conference. Initial use of the joint document is now scheduled for May, 1953.

Action by State and Territorial Health Officers - If the Association will go on record as receiving in this report a demonstration of progress toward meeting the recommendations of the 49th Annual Conference, it will do much to encourage the early completion of the project and to secure the support of State health authorities in bringing the benefits of this collaborative effort to all the States as soon as possible.

Procedure for Insuring Validity of Categorical Grant Expenditures

Action Desired:

ADOPTION OF RECOMMENDATION:

THAT THE STATE AND TERRITORIAL HEALTH OFFICERS ENDORSE THE INCORPORATION INTO REGULATIONS FOR FISCAL YEAR 1953 OF THE PLAN PROPOSED BY THE PUBLIC HEALTH SERVICE AND THE CHILDREN'S BUREAU WHEREBY STATE AGENCIES WILL SUBSTANTIATE THEIR YEARLY EXPENDITURES OF CATEGORICAL FUNDS (VD, TB, CANCER, HEART, MENTAL HEALTH, MCH AND STATE MATCHING FUNDS AS REQUIRED) BY THE USE OF EITHER OF THE FOLLOWING PROCEDURES:

- A. IDENTIFY AT LEAST 80% OF THE EXPENDITURES AS BEING SPECIALIZED IN ACCORDANCE WITH THE TERMS IN PART 200.1(Q) OF THE CHILDREN'S BUREAU REGULATIONS. THE BALANCE OF THE EXPENDITURES WILL BE ACCEPTED AS SUPPORTING COSTS AND NEED NOT BE PRORATED, PROVIDING THE PURPOSE OF THE EXPENDITURE IS WITHIN THE AREA OF THE APPROVED STATE PLAN, OR
- B. IDENTIFY THAT PORTION OF THE EXPENDITURES WHICH IS SPECIALIZED IN ACCORDANCE WITH THE TERMS IN PART 200.1(Q) OF THE CHILDREN'S BUREAU REGULATIONS AND DEVELOP OBJECTIVE CRITERIA FOR PRORATING THE COSTS OF THE BALANCE OF THE SUPPORTING ACTIVITIES THAT ARE IDENTIFIED AS PART OF THE CATEGORICAL PROGRAM.

Supporting Statement:

Nature of Problem - From time to time at Congressional hearings, in meetings with members of the Bureau of the Budget, and with other organizations such as advisory committees and interested citizen groups, the Public Health Service and the Children's Bureau have been requested to furnish details of State expenditures of categorical grant funds. However, in many cases such expenditures have been made in generalized fields of public health, for example, the generalized local public health nurse, and the State agencies have not been able to show, on an objective basis, what portion of the generalized service is identified with the grant-aided program. Also, the Federal Security Agency's auditors have not, in many cases, on the basis of their own examination of available data, been able to determine whether grant funds spent in supporting or generalized services were in proportion to the services performed for certain grant-aided programs.

Procedure for Insuring Validity of Categorical Grant Expenditures
(Continued)

Objective of Program - The objective of the proposed regulation is to enable State agencies to verify and insure that grant funds are spent only for the purpose for which Congress has authorized and appropriated the funds. In reaching this objective, the State agencies will make their own choice as to which of the two procedures they plan to use for each of their grant-aided programs. No greater degree of legality or program desirability is inherent in either of the alternative procedures. If the State agency decides to develop objective methods, it will develop them in accordance with its own records, procedures, etc., and will submit them to the Public Health Service and the Children's Bureau as a part of its plan material. The proposed methods will be reviewed jointly by the Public Health Service and the Children's Bureau Regional Medical Directors. The methods thus approved will be used by the State agency in substantiating its grant expenditures at the end of the fiscal year, and audits will likewise be made in accordance with these approved methods.

This current fiscal year is being used as a trial period for testing the policies outlined above. This period will permit State agencies, the Public Health Service and the Children's Bureau to develop their procedures and to identify technical problem situations which may require adjustment before the fiscal year 1953. On the basis of personal observations in at least one State in each region, there does not appear to be any problem which cannot be satisfactorily resolved.

Recommendations of the Subcommittee on Fiscal Affairs

Action Desired:

ACCEPTANCE OF RECOMMENDATIONS OF THE SUBCOMMITTEE ON FISCAL AFFAIRS TO THE FEDERAL RELATIONS COMMITTEE OF THE STATE AND TERRITORIAL HEALTH OFFICERS FORMULATED IN MEETING OCTOBER 8, 9, and 10, 1951.

Supporting Statement:

(1) The Subcommittee recognizes demonstrated resistance of the States to identification or tabulation of expenditure of categorical grants. However, after careful consideration of all aspects of the matter, the Subcommittee on Fiscal Affairs joins with the Subcommittee on Specialized Expenditures in recommending acceptance of the proposed regulation being transmitted by the Public Health Service and the Children's Bureau, as the best possible solution of the problem now available. However, the Subcommittee on Fiscal Affairs recommends the following modifications of the proposed regulation:

(a) That the definition of specialized expenditures be sufficiently broadened to include administrative costs where availability of funds, shortage of professional personnel or efficiency of operation, require joint administration of categorical programs.

(b) That identification of specialized expenditures by States prorating costs of the categorical programs, be limited to those projects which are 100% specialized.

(c) That required identification of categorical expenditures be limited to the amount of the federal grant, plus required matching funds.

The Subcommittee further recommends:

(2) That the Public Health Service and the Children's Bureau, through their Regional Offices, take immediate steps to acquaint those States not already contacted, with the application of the proposed regulation.

(3) That in view of the proposed new procedures for validating categorical expenditures, that the Services make a study of columns 9, 10 and 11 of the budget form, and of the expenditure report form, with a view to consolidate, revise or eliminate one

Recommendations of the Subcommittee on Fiscal Affairs
(Continued)

or more of these columns.

(4) That refunds or receipts from sale of property involving federal funds be identified on the records of the State department by fund only.

(5) That required monthly fiscal reports on special projects be limited to a report of project funds, and eliminate any reporting of sponsor contributions.

(6) That the Services explore the possibility of placing a time limit on accountability of the States for equipment purchased with federal grant funds.

(7) That the Public Health Service and the Children's Bureau be strongly urged to immediately undertake a study of the possibility of simplification of budgeting, expending and reporting procedures.

(8) That the Public Health Service immediately take all possible steps to secure additional grants for use in defense areas for public health purposes.

Report of Personnel, Facilities and Services
of Full-time Local Health Units

Action Desired:

ADOPTION OF RECOMMENDATION: ■

THAT THE STATE AND TERRITORIAL HEALTH OFFICER GIVE FINAL APPROVAL TO THE REVISED FORM FOR THE REPORT OF PERSONNEL FACILITIES, AND SERVICES OF FULL TIME LOCAL HEALTH UNITS WITH SUCH MINOR CHANGES IN INSTRUCTIONS AND ITEMS AS ARE DEEMED NECESSARY.

Supporting Statement:

Nature of Problem The revised form was given approval for one year at the last annual meeting of State and Territorial Health Officers with the recommendation that the Public Health Service report on its use. A copy of that report is attached and it is now requested that on the basis of the experience with this form final approval be given to it.

Objective of Recommendation To permit the Public Health Service to take the necessary steps to print the forms for 1951 so that they will be in the hands of local health officers at the time they are to be prepared - December 31, 1951.

Action by State and Territorial Health Officers If the State and Territorial Health Officers will go on record as giving final approval to this revised form, it will enable the Public Health Service to plan well in advance for the collection of these data each year and thus permit printing of forms well in advance of the date on which they are to be submitted. This will permit local health officers to prepare them more promptly, State health departments to review them and submit them earlier, and make the data available at an earlier date than would otherwise be possible.

REPORT TO CONFERENCE OF STATE AND TERRITORIAL HEALTH
OFFICERS ON THE REVISED REPORT OF PERSONNEL, FACILITIES AND SERVICES

At the meeting of the State and Territorial Health Officers a year ago a revised Report of Personnel, Facilities, and Services was approved for use during the next year with the recommendation that a report be made concerning its use. The format of the report had been considerably changed from a document of several pages to one of a single sheet to be completed on both sides. In addition, the decision was made to report these data by health jurisdictions rather than the component parts of health units. There also had been considerable revision of the information requested from local health units. The date of submission of the report was changed from June 30 to December 31 of each year to give a more realistic picture of local health unit activities during the fiscal year rather than at the close of the year and to spread the work load for State health departments and Regional Offices in checking these reports. The following is a report on the use of this form for the first time.

It was unfortunate that delays in clearing information and delay in printing the forms made it impossible to have the forms in the hands of local health officers by the date on which they were to be prepared, December 31, 1950. While the dates on which the report was due in the State and Regional offices were amended to compensate for this delay, it is probable that the data on many of the reports were recorded as of the date when the report was prepared rather than December 31 as was specified in the instructions. This does not represent a serious error but every effort is being made this year to have the report forms in the hands of local health officers so that they may be prepared as of December 31, 1951 as called for in the instructions.

Generally speaking, the report in its present form was much more accurately prepared than were previous editions. Comments from State and local health officers were favorable and indicated that its preparation was less time consuming than previous reports had been. The single page has sacrificed little in the way of information, but has greatly facilitated the processing of the data. We are able to report that, in spite of the reports being received late, tabulations of the data were completed by August 15th and the published report should be available within about three months. With prompt submission of the reports next year it should be possible to reduce this timing by at least two months so that data will be available on a much more current basis than was possible with the previous report.

The areas included in the several health jurisdictions were much more clearly delineated through use of the new format for listing the component parts included and those excluded from the jurisdiction. This section of the report greatly facilitated the preparation of the tentative listings of health units recently forwarded to you for review. These serve as the basis for the Directory of Full-time Local Health Units to be published soon.

Some changes are necessary in the instructions in order to clarify them and reduce errors in reporting. Particular attention is being given to revising the section of the report dealing with sanitation. This section was poorly prepared by most local health officers largely as a result of the lack of definition of terms in the instructions and the fact that the information requested was not readily available to them. Careful consideration is being given to the items on sanitation which will be requested this year. Specific definitions of terms and instructions for the preparation of this section will definitely be incorporated in the instructions accompanying this year's report form. Other sections of the instructions will be amended in order to make them applicable to the items of information which will be requested this year. The section on General Instructions is being amended to make it more readable.

The new definition of a full-time local health unit and a full-time health officer did not result in more units reporting, but rather decreased the number of full-time units which reported. Study of this situation revealed that several units which did qualify as full-time units failed to report, but these units will report next year. In addition, State health districts in Illinois and Minnesota were reclassified from the "A" type to the "B" type which reduced the number of counties covered by full-time health units rendering actual service.

Local health officers continue to incompletely report the facilities and services rendered by voluntary agencies. Incomplete reporting is a particular problem in the larger cities and metropolitan counties. Health officers should be urged to develop relationships with these agencies which will permit them to accurately report the public health facilities and services which they make available to the community.

Some difficulty in reporting services and facilities available to residents of a health jurisdiction from agencies outside that jurisdiction has been brought to our attention. Instructions applicable to last year's report specifically indicated that such services and facilities were not to be reported. In several instances these services are rendered on a regular or contractual arrangement and, outside of the element of travel to reach them, represent as high a caliber of service as would be rendered if they were located within the health jurisdiction. Therefore, consideration is being given to the reporting of services and facilities provided by agencies outside the health jurisdiction which are arranged for by the local health officer on a regular or contractual arrangement. These will be reported by symbol and not by number since it is undesirable to have a duplicate count of facilities.

Use of Grant Funds in Defense Impact Areas.

Action Desired:

CONCURRENCE IN RECOMMENDED ACTION.

Supporting Statement:

It has been recommended that an attempt be made to secure additional grant funds for the provision of public health services in defense impact areas. If such funds were to become available as part of the general health grant, it would be necessary to amend our regulations governing the factors used in allotting funds. Such a change in regulations would involve increasing the weight of the "extent of the problem" factor, and also the development of some fairly reliable measurement of the defense impact problem. We would appreciate the concurrence of the Conference in this change of regulations if additional funds became available for this purpose, as well as the judgment of the group on what measurements of the defense impact problem are available or reasonably obtainable.

A G E N D A

HOSPITAL COMMITTEE

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Vice Chairman - John J. Bourke, M.D.

Georgia
New York

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Consultants

Public Health Service

Dr. Vane M. Hoge
Dr. John W. Cronin
Mr. Douglas N. West
Dr. John R. McGibony

Children's Bureau

Miss Mildred F. Walker
Miss Ruth Doran

Room 3065
FSA Building South
November 26-27, 1951

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HOSPITAL COMMITTEE

1. Use of Hill-Burton Funds in Construction of
Administrative Offices for State Health
Departments
2. Essential Materials
3. Hospital and Health Center Planning, Construction,
and Utilization
4. Subjects for Discussion

Submitted at request of Executive Committee
State and Territorial Health
Officers Association

Hospital
Committee

Use of Hill-Burton Funds in Construction
of Administrative Offices for State
Health Departments

Action Desired:

CONSIDERATION OF COMMITTEE

Supporting Statement:

The regulations promulgated under the Hospital Survey and Construction Act as they now stand do NOT permit financial assistance under the Act in the construction of administrative offices of State health departments. However, the law (P. L. 725) does not preclude such participation specifically. In order to become eligible for participation in the program it would be necessary that the regulations be amended. The Hospital Survey and Construction Act further requires that the amendment to the regulations have the approval of the Hospital Council. This has been perennially considered by the Federal Hospital Council but affirmative action on such amendment of Regulations has been postponed until the needs for hospital beds and public health centers has been more nearly satisfied. The Hospital Council has not closed the door on this subject.

CONFIDENTIAL - SECURITY INFORMATION

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Submitted by: Division of Civilian Hospital Committee
Health Requirements, PHS

Essential Materials
(continued)

Action of State and Territorial Health Officers - By establishing the relative essentiality of health construction projects within their own jurisdictions, by recommending postponement of less essential projects, by assisting applicants in the proper preparation of their applications, and by disseminating pertinent information about the changing controls situation, the State and Territorial Health Officers will make it possible for the nation's supplies of critical materials to be used most effectively.

Professional testimony, especially in the form of affidavits
and depositions, is essential to the proper
administration of justice.

Professional testimony
and depositions
in the courts

The professional testimony of a witness is a statement
made by a witness in a judicial proceeding, which is
sworn to and is given under the penalty of perjury.
It is a statement of facts which the witness has
personally seen, heard, or otherwise perceived, and
which the witness believes to be true. It is given
in the presence of the court, and is subject to
cross-examination by the opposing party. It is
the basis of the jury's verdict, and is the
foundation of the court's judgment.

Submitted by: Division of Hospital
Facilities, PHS
Division of Medical and
Hospital Resources, PHS

Hospital Committee

Hospital and Health Center Planning,
Construction, and Utilization

The following subjects are presented for discussion:

1. Federal appropriations for hospital and health facility construction.
2. Survey and planning funds.
3. National defense - community facilities program.
4. Analysis and appraisal of Hospital Survey and Construction Program.
5. Hospital licensure.
6. Coordinated use of hospitals and health facilities.
7. State planning methods.
8. Psychiatric service in general hospitals.

(Supporting statement will be presented by consultants at committee meeting.)

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Subjects for Discussion

Action Desired:

(To expedite the program, States listed after a subject are requested to lead the discussion.)

1. Consultation Service to Hospitals.

- a) Consultation or guidance given to newly opened hospitals. (Kans., Okla., Minn.)
- b) What constitutes an ideal operational and consulting staff for a State hospital survey, construction, and service program? (N.J., Va., Wis., N.M.)
- c) Evaluation of hospital utilization. (La., N.H., N.C.)
- d) Do number ratios of 2.5, 4.0 and 4.5 bed per population need revision? (Calif., Colo., Del., Conn.)

2. Licensure Program.

- a) Discussion of progress made in the licensure program. (Ind., Neb., Md., Wyo.)
- b) Establishment of minimum standards for operation of hospitals. (Pa., Ariz., Ore., N.D.)
- c) What is to be the role of the State Agency in the next ten years in the licensure program? (Ohio, Idaho, Tenn., Nev.)

3. Public Health Center Construction.

- a) The present status of the public health center construction program. (Miss., Ill., Ga., Mont.)
- b) Should public health centers be built in connection with hospitals? (Mo., N.Y., Mich.)

4. State Agencies.

- a) The desirability of having all activities of hospital services in one office. (Utah, Ark., Conn.)
- b) Evaluation of personnel requirements of State Agencies. (Iowa, Fla., Vt., Hawaii)

MEMORANDUM

TO THE SECRETARY OF THE ARMY

FROM THE CHIEF OF STAFF

SUBJECT: [Illegible]

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Subjects for Discussion
(continued)

4. State Agencies (continued)

- c) Future role of State Agencies after the construction period.
(Ala., Mass., Ky.)

5. Chronic Facilities.

- a) The need for clear and concise information as to actually what constitutes chronic illness, what minimum specific service should be provided and what is to be accomplished in chronic facilities. (S.C., Minn., R.I., S.D.)
- b) Should funds be provided under the program for construction of separate rehabilitation centers or facilities in connection with large hospitals where no additional beds are included in the plans? (Tex., Del., W. Va.)
- c) What steps should be taken to encourage progress in the field of hospital care for the chronically ill? (Wash., Me., N.Y.)

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A G E N D A

INFECTIOUS DISEASES COMMITTEE

Chairman - Bruce Underwood, M.D. Kentucky
Vice Chairman - G. J. Van Heuvelen, M.D. South Dakota

Members

Felix Underwood, M.D.	Mississippi
D. G. Gill, M.D.	Alabama
George A. Spendlove, M.D.	Utah
John S. Moorehead, M.D.	Virgin Islands
F. I. Hudson, M.D.	Delaware
Franklin D. Yoder, M.D.	Wyoming

Consultants

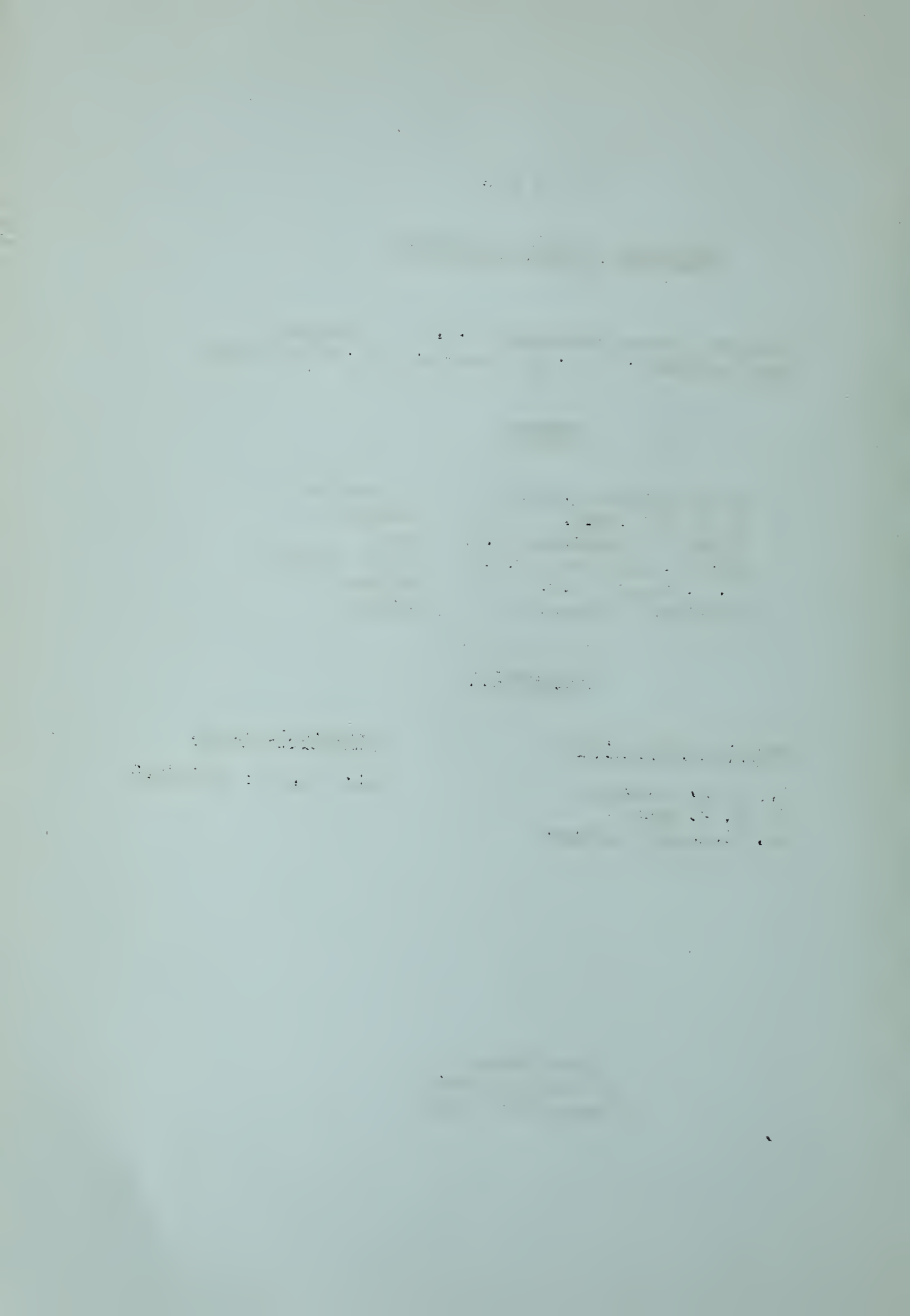
Public Health Service

Dr. H. J. Anderson
Dr. T. J. Bauer
Dr. Alexander Langmuir

Children's Bureau

Dr. Alice D. Chenoweth

Room G-743-A
FSA Building North
November 26-27, 1951



INFECTIOUS DISEASES COMMITTEE

1. Epidemic Reporting and Federal News Releases
2. Immunization of Adults Against Diphtheria
3. Infectious Hepatitis - A Reportable Disease
4. Prevention of Ophthalmia Neonatorum
5. Rabbit and Poultry Inspections
6. Relation of Injections to Poliomyelitis
7. Trichinosis
8. Veterinary Morbidity Reporting System
9. The Malaria Surveillance and Prevention Program
of the Communicable Disease Center in Coopera-
tion with State Health Departments
10. Development of Uniform Immunization Procedures
11. Establishment at CDC of Technological Staff to
Substitute for State and Territorial Laboratory
Trainees
12. Establishment of a Longtime Extension Service and
Evaluation of Proficiency in Laboratory Diag-
nostic Methods
13. Leptospirosis
14. Tularemia, Spotted Fever, Plague

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Epidemic Reporting and Federal News Releases:

Action Desired:

THAT THE N. O. V. S. IN ITS WEEKLY PRESS RELEASES, BASED ON THE EPIDEMIC REPORTING FROM THE STATES, USE JUDGMENT IN BOTH THE CONTENT AND THE PHRASEOLOGY OF SUCH RELEASES, IN ORDER THAT THERE MAY BE AN UNINTERRUPTED FLOW OF EPIDEMIC INTELLIGENCE FROM THE STATES TO THE N. O. V. S., WITHOUT THE POSSIBILITY OF UNNECESSARY AND HYSTERICAL REACTIONS ON THE PART OF THE PUBLIC TO MISUNDERSTAND PRESS RELEASES BASED ON THIS PRELIMINARY INFORMATION WHICH MAY OR MAY NOT HAVE BEEN FULLY ASSESSED AT ITS SOURCE.

Supporting Statement:

It is felt that the release of this information (from the weekly telegram to N. O. V. S.) to the press, by the National Office of Vital Statistics, directly from Washington should not be regarded as the only source for the release of such information but that, if the entire contents of the weekly telegrams are to be released to the press in Washington without qualification, (as now seems to be the case) it would be desirable for the States to release the content of the telegram directly to their local press services at the time the telegram is sent.

Some definition and clarification of the difference between the collection of epidemic intelligence (by and for official agencies) and the dissemination of epidemic information to the public at large through the medium of the press seems to be needed.

The fundamental question involved is whether or not there is reason to withhold certain information from the press until the information has been evaluated and assessed by the people in the field. If so, how much should be withheld and how much should be disseminated? This question will have increasing importance as the regional laboratory system and the epidemic intelligence service develops under the auspices respectively of the National Institutes of Health and the Communicable Disease Center. Inevitable clashes and differences of opinion might arise. It would seem unhealthy for these to be aired in the press prematurely.

It should be emphasized that in order to effect the speedy transmission of morbidity information, the nature of the request is such that the most preliminary and raw data are

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Submitted by: State Health Department
of California

Infectious Diseases
Committee

Epidemic Reporting and Federal News Releases
(Continued)

sometimes sent along to N. O. V. S. For this material to be published without the necessary qualification is frequently not only misleading but also embarrassing.

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Immunization of Adults Against Diphtheria

Action Desired:

SUGGEST METHOD OF APPROACH TO PROBLEM.

Supporting Statement:

In California, one of the recurrent and fairly serious problems in diphtheria control is seen in the so-called "skid row" group of the population. The age range of this group is adult and weighted in the direction of the higher ages but includes those from 20 to 60 years. Cases of diphtheria have occurred in groups which can be defined as outbreaks, by virtue of their relationship in time and space, but which have not been termed epidemics because of the limitation in the numbers of cases. Contacts of these individuals in younger age groups, in family and home situations and in hospitals where they were placed for treatment have developed the disease and been considered as part of the outbreak.

Several questions which might be raised are: (1) Is there any relationship between alcoholism and decreased resistance to diphtheria? (2) Are the socio-economic conditions on "skid row" more significantly related to the increased hazard from diphtheria than are other factors? (3) Do sanitation practices on "skid row" materially affect the amount of exposure which these individuals have? (4) Is active immunization directed specifically toward this group in the population? The answer? (5) What administrative mechanisms and what selection of immunizing agents should be made in order to produce the highest effect with the least toxic manifestations or reactions and also reach the greatest number of people?

Action by State and Territorial Health Officers:

A recommendation that a study of this problem be made by agencies, who, in the opinion of members of the Committee, are the appropriate ones for conducting such a study.

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Prevention of Ophthalmia Neonatorum

Action Desired:

DISCUSSION AND RECOMMENDATION

Supporting Statement:

1. "We hear much discussion in our State concerning a choice of drugs for the prevention of ophthalmia neonatorum. Is the preventive treatment clear enough at this time for our State and Territorial Health Officers' Association to take a definite stand in recommending a treatment, or treatments, of choice?"

2. "A nitrate of silver solution has been more or less generally used throughout the country. More recently penicillin, either in solution or in the form of an ointment, has been advocated. A number of comparative studies have been reported, and in this State we are carrying on such a study at the University Hospital, Iowa City, and in several other larger hospitals throughout the State. At a recent meeting of the Iowa State Board of Health it was decided to defer any definite recommendation until further investigation has been carried out. The present law in Iowa reads, 'Any prophylactic approved by the State Board of Health.'"

3. "Is the preventive treatment clear enough at this time for our State and Territorial Health Officers' Association to take a definite stand in recommending a treatment, or treatments, of choice?"

Rabbit and Poultry Inspections

Action Desired:

THAT THE U. S. PUBLIC HEALTH SERVICE INITIATE AND/OR CONTINUE STUDIES LEADING TO THE DEFINITION OF THE PUBLIC HEALTH IMPLICATIONS AND NEEDS FOR POULTRY AND RABBIT INSPECTION.

Supporting Statement:

There are diseases of poultry and of rabbits which, when used for human consumption, may be transmitted to man. There is insufficient information as to the amount of disease occurring in man as a result of the use of these animals for human food. There is insufficient evidence to demonstrate the effectiveness of an inspection program consisting of ante-mortem, post-mortem, and sanitation measures in reducing the amount of disease thus transmitted. Such inspection programs are expensive, and in the past, for other inspections of a similar nature, have required tremendous efforts and a long period of time to evaluate objectively their results. There is an attempt at the present time to provide sanitation inspection of poultry and rabbit slaughter plants without ante-mortem or post-mortem inspection. It is questionable whether sanitation practices alone will decrease the hazards to human health sufficiently to justify the expense. A study should be made to determine the prevalence of the illnesses in man that have been contracted through the eating or contact with poultry or rabbits. If this study shows a public health problem actually exists then a study should be made to determine the type of inspection or control procedures that may be utilized to decrease the hazard.

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WATER RESOURCES DIVISION
RIVER RESTORATION PROGRAM

Project No. 100-100-100

1. PROJECT TITLE: [Illegible text]

2. PROJECT LOCATION: [Illegible text]

3. PROJECT DESCRIPTION: [Illegible text]

4. PROJECT OBJECTIVES: [Illegible text]

Trichinosis

Action Desired:

ADOPTION OF RECOMMENDATION:

THAT THE COMMITTEE RECOMMEND THAT STUDIES BE CARRIED OUT TO DETERMINE THE MOST EFFICIENT METHOD FOR THE TREATING OF GARBAGE USED AS SWINE FEED IN ORDER TO REDUCE THE INCIDENCE OF TRICHINOSIS IN THE UNITED STATES.

Supporting Statement:

A. Trichinosis continues to be a serious communicable disease problem in the United States. Human infection rates of 16%, 19% and 36% have been shown in surveys conducted in Detroit, New York City and Cleveland respectively. It is estimated that 1.4 hogs out of every 100 slaughtered are infected.

B. Investigations have shown that the greatest single source of maintaining the infection in swine is the practice of feeding untreated garbage.

C. Laboratory and field scale studies are needed to determine the most efficient, economical and practical methods for treating garbage fed to swine.

Action by the Conference: That recommendation be adopted as stated above.

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Veterinary Morbidity Reporting System

Action Desired:

RECOMMEND THAT THE U. S. PUBLIC HEALTH SERVICE DEVELOP JOINTLY WITH THE U. S. BAI, A VETERINARY MORBIDITY REPORTING SYSTEM ON A NATIONWIDE BASIS WHICH CAN BE UTILIZED BY PUBLIC HEALTH AGENCIES AND ANIMAL INDUSTRY AGENCIES FOR THE IMPROVED CONTROL OF COMMUNICABLE DISEASE IN BOTH ANIMALS AND MAN.

Supporting Statement:

One of the needs in the control of communicable diseases in man is more knowledge pertaining to the occurrence and location of the diseases of animals that are transmissible to man. Veterinary morbidity reporting is inadequate in many areas. If health departments are going to make advances in the control of animal diseases occurring in man, more information and knowledge regarding the diseases in animals is necessary for the same reason that it was necessary to develop human morbidity reporting. There are many efforts currently being directed toward obtaining this information for a few selected diseases. It would seem to be timely to examine these efforts, on a nationwide basis, in order to promote uniformity concerning a minimal list of diseases and minimum criteria for reporting in the same fashion as the current effort to standardize and streamline nationwide morbidity reporting of diseases in man.

Submitted at Request of Executive Committee
of State and Territorial Health
Officers Association

Infectious
Diseases
Committee

The Malaria Surveillance and Prevention Program of
the Communicable Disease Center in Cooperation with
State Health Departments

Action Desired:

DISCUSSION AND RECOMMENDATION

Supporting Statement:

Federal funds for the National Malaria Eradication Program are being terminated in Fiscal Year 1952. It is hoped that adequate sums will be allowed by Congress to continue the Malaria Surveillance and Prevention Program started two years ago. This program, carried on cooperatively by State health departments and the Communicable Disease Center of the Public Health Service, permits the assignment of personnel and other facilities to States to investigate reported malaria cases and to search for unreported ones, and to spray with residual insecticides premises within a mile of parasite-positive cases if vectoral anophelines may be found in them.

It is believed that if adequate diagnosis, medical treatment, reporting, appraisal, and preventive spraying are accomplished, malaria will not again become endemic in the United States.

Action by State and Territorial Health Officers

A recommendation that funds be appropriated to the Public Health Service by Congress for the continued support of malaria surveillance and prevention to assist the States in preventing the re-establishment of malaria as an endemic disease in this country.

Development of Uniform Immunization Procedures

Action Desired:

ADOPTION OF RECOMMENDATION:

THAT THE CHILDREN'S BUREAU AND THE PUBLIC HEALTH SERVICE WORK WITH THE AMERICAN PUBLIC HEALTH ASSOCIATION AND THE AMERICAN ACADEMY OF PEDIATRICS TO DEVELOP JOINT RECOMMENDATIONS REGARDING ROUTINE IMMUNIZATION PROCEDURES FOR INFANTS AND CHILDREN.

Supporting Statement:

As a part of the national defense effort, the protection of the civilian population through immunization takes an added importance. Uniformity in procedures is desirable at all times, but especially during an emergency because of the mobility of people. Because it could be followed with confidence by both health agencies and private physicians, an immunization schedule, based on sound research and endorsed by recognized authorities, will contribute to a more effective immunization program.

Up to this time, generally accepted recommendations regarding procedures and materials for routine immunization of infants and children have not been developed. Materials and methods used in immunizations against pertussis, diphtheria, tetanus, and smallpox need to be evaluated. It is recommended, therefore, that the Children's Bureau and the Public Health Service seek the cooperation of the American Public Health Association and the American Academy of Pediatrics in both developing and sponsoring uniform procedures for the routine immunization of infants and children.

There is need for guidance in ways of promoting immunization programs in such a way that there will be cooperation of practicing physicians.

THE UNIVERSITY OF CHICAGO

CHICAGO, ILL.

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THE UNIVERSITY OF CHICAGO
OFFICE OF THE DEAN
540 EAST SOUTH EAST STREET
CHICAGO, ILL.

CHICAGO, ILL.

THE UNIVERSITY OF CHICAGO
OFFICE OF THE DEAN
540 EAST SOUTH EAST STREET
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CHICAGO, ILL.

THE UNIVERSITY OF CHICAGO
OFFICE OF THE DEAN
540 EAST SOUTH EAST STREET
CHICAGO, ILL.

Dear Sir,
I have the pleasure to acknowledge the receipt of your letter of the 15th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am sorry to hear that you are unable to attend the meeting on the 20th inst. but I trust that you will be able to do so on another occasion.

I am, Sir, very respectfully,
Your obedient servant,
John Doe

Enclosed for you are the documents mentioned in your letter of the 15th inst.

I am, Sir, very respectfully,
Your obedient servant,
John Doe

Establishment at CDC of Technological Staff
to Substitute for State and Territorial
Laboratory Trainees
(continued)

CDC can be better informed of detailed State and Territorial problems and needs.

The problem for administrators from friction between increasing technical demands and inability to release staff members for essential functions will be partially relieved.

Eventually, the volume of reference diagnostic material sent to CDC can be greatly reduced as more skilled workers return to their own laboratories. CDC can assume its more proper function of developmental studies and training in improved methods.

Action by State and Territorial Health Officers:
If the Association will record its approval of such a policy and will endorse early initiation of operation, the resultant increased proficiency will rapidly improve and facilitate laboratory examinations in all the nation.

REPORT ON THE PROGRESS OF RESEARCH
DURING THE YEAR 1954

The following report summarizes the work done in the laboratory during the year 1954. It is divided into two main sections: the first dealing with the synthesis and properties of new compounds, and the second with the study of the reaction mechanisms of certain of these compounds.

In the first section, the synthesis of a new class of compounds, the α -acyloxy ketones, is described. These compounds are characterized by their high boiling points and their solubility in a wide range of solvents. The synthesis is carried out by the reaction of an acid chloride with an alcohol in the presence of a base.

The second section is devoted to the study of the reaction mechanisms of the α -acyloxy ketones. It is shown that these compounds undergo a characteristic reaction with nucleophiles, which is believed to proceed through a cyclic intermediate. The rate of reaction is found to be dependent on the nature of the nucleophile and the structure of the α -acyloxy ketone.

The work described in this report was supported by the National Science Foundation. The author wishes to express his appreciation to the members of the laboratory for their assistance and to the referee for his helpful criticisms.

Establishment of a Longtime Extension Service and
Evaluation of Proficiency in Laboratory
Diagnostic Methods.

Action Desired:

DISCUSSION AND RECOMMENDATION

Supporting Statement:

The temporary cessation of Extension Services has provoked many questions requesting re-establishment and none but favorable comments on service and content were received.

The evaluation programs in VD Serology, Parasitology, and Tuberculosis have demonstrated the value of such analysis. Additionally, the need for development of techniques for broader Extension Service, and subsequent evaluation were shown. Procedures for VD Serology specimen distribution do not work well for other materials.

Such developmental studies have been useful to the conduction of intrastate programs of training and evaluation.

These two procedures are the logical culmination of programs to train personnel and to evaluate proficiency.

Objectives of Program: To initiate Extension Service shipments of specimens to every State and Territorial laboratory covering the whole field of specialties in which laboratory training has been conducted at CDC; to gradually integrate shipment of similar materials for evaluation in the fields of parasitology, mycology, serology, bacteriology, and virology in minimal valid numbers to permit evaluation of proficiency by the end of a minimal 5-year period. To use revised practice and procedure to enable use of evaluation materials in training. To function as referee-consultant to all State programs as these develop.

Action by State and Territorial Health Officers:

If the Association will go on record as endorsing such longtime programs, of broad scope, and will request support of such programs from CDC; the whole laboratory training program can be much encouraged, and nationwide services will be much improved. Such action will encourage those laboratories which might be reluctant to participate in categorical evaluation programs.

Final Report of the
Commission on the
Public Lands of the
United States

Volume I

General Principles

Introduction

The Commission was organized in 1909 to study the public lands of the United States. Its first report was published in 1910, and its final report is now being published in three volumes. This volume contains the general principles of public land management.

The public lands of the United States are those lands owned by the Federal Government. They are of great value to the Nation, and their proper management is a matter of national importance. The Commission has studied the various uses to which these lands can be put, and has found that they should be managed in a way that will best serve the interests of the Nation.

The Commission has found that the public lands should be managed in a way that will best serve the interests of the Nation. This means that they should be managed in a way that will best serve the interests of the Nation.

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Establishment of a Longtime Extension Service and
Evaluation of Proficiency in Laboratory
Diagnostic Methods
(continued)

Action by State and Territorial Health Officers:

If the Association will go on record as endorsing such longtime programs, of broad scope, and will request support of such programs from CDC, the whole laboratory training program can be much encouraged, and nationwide services will be much improved. Such action will encourage those laboratories which might be reluctant to participate in categorical evaluation programs.

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Leptospirosis

Action Desired:

ADOPTION OF RECOMMENDATION:

THAT EPIDEMIOLOGICAL AND PATHOLOGICAL STUDIES BE UNDERTAKEN TO DETERMINE THE EXTENT OF THE ANIMAL RESERVOIRS, NATURE OF TRANSMISSION, PATHOGENESIS AND IMMUNITY MECHANISM IN LEPTOSPIROSIS WITH THE GOAL OF ESTABLISHING INTELLIGENT CONTROL PROGRAMS.

Supporting Statement:

A. The incidence of human leptospirosis seems to have increased over the past several years, including the occurrence of several dramatic outbreaks.

B. Serologic and bacteriologic evidence has been presented that newer species and strains of *Leptospira* were involved in many of these cases.

C. Epidemiologic and serologic evidence suggests that some of these strains are associated with farm livestock such as cattle and hogs. Furthermore, cattle seem to play a more important role as a reservoir of leptospirosis than was formerly believed.

D. Studies are indicated to determine the extent which cattle and swine serve as a reservoir and transmission source of the infection. A complete comparative evaluation of the epidemiological picture involving dogs, rats, cattle and swine is needed. The value of immunization procedures as a control measure should be thoroughly investigated.

Action by the Conference: That recommendation be adopted as stated above.

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Tularemia, Spotted Fever, Plague

Action Desired:

THAT RECOMMENDATIONS BE ADOPTED.

Supporting Statement:

Although the degree of danger involved with regard to the spread or introduction of plague is probably far less significant than tularemia or spotted fever, there is the possibility that localized epizootics may occur.

There appears to be little need for interstate exchange of live rabbits since there is generally a sufficient number in other areas of each State to stock when and where desirable to do so within that State. Actually it is generally undesirable to do so since transplants survive only in small numbers unless the stocking is done under expert direction.

Action by State and Territorial Health Officers

ADOPTION OF RECOMMENDATION:

THAT THE SURGEON GENERAL APPOINT A SPECIAL BOARD FOR THE PROMULGATION AND EVENTUAL ADOPTION OF REGULATIONS TO CONTROL THE INTERSTATE SHIPMENT OF LIVE, WILD RABBITS OR RODENTS IN ORDER TO MINIMIZE THE DISTRIBUTION OF TULAREMIA, ROCKY MOUNTAIN SPOTTED FEVER AND PLAGUE.

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A G E N D A

MATERNAL AND CHILD HEALTH COMMITTEE

Chairman - Ben F. Wyman, M. D. South Carolina
Vice-Chairman - S. J. Phillips, M.D. Louisiana

Members

C. L. Wilbar, Jr., M.D.	Hawaii
G. D. Carlyle Thompson, M.D.	Montana
David H. Stevens	Maine
R. H. Riley, M.D.	Maryland

Consultants

Public Health Service

Dr. Halbert L. Dunn
Dr. Mayhew Derryberry
Dr. Elton S. Osborne, Jr.
Dr. Thomas Hagan

Children's Bureau

Dr. Betty Huse
Miss Ruth Taylor
Dr. John T. Fulton
Miss Helen R. Stacey
Miss Clara M. Arrington

Room G-759-A
FSA Building North
November 26-27, 1951

MATERNAL AND CHILD HEALTH COMMITTEE

1. Day Care for Children
2. Epilepsy
3. Financial
4. Sight Conservation and Conservation of Hearing
5. Teaching
6. Training
7. Cooperation with National Midcentury Committee
for Children and Youth
8. Improvement in the Training in Health for
Teachers and Trainers of Teachers
9. Research on School Health Program

Day Care for Children

Action Desired:

DISCUSSION AND RECOMMENDATION

Supporting Statement:

1. "It is suggested that personnel of the Children's Bureau intensify their efforts to help State agencies develop programs for day care of children. This help should include setting up standards for personnel and facilities, and provision of training for personnel. It is important in view of a possible national emergency that planning be done now to provide adequate personnel and facilities for the day care of children, and it is important that this matter not be left until the emergency is fully blown. We should draw on our experience during the last war when certain areas found themselves completely overwhelmed by the need of facilities and personnel for day care of children and were able to set up only make-shift facilities staffed by unqualified persons." (Massachusetts)
2. "How can the growing need for care of children of working mothers be met?
 - a. Should both voluntary and public funds be used? If so, how coordinated?
 - b. If federal funds are needed, to which department in the State should they be allocated--department of public welfare, department of education, department of health?" (Connecticut)

Action by State and Territorial Health Officers:

A recommendation that the Children's Bureau intensify its efforts to help State agencies develop programs for day care of children.

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Epilepsy

Action Desired:

DISCUSSION OF WAYS IN WHICH CONSULTATION SERVICES AND COMMUNITY SERVICES TO CHILDREN WITH EPILEPSY CAN BE PROVIDED TO IMPROVE THE MEDICAL AND EDUCATIONAL SERVICES NEEDED.

Supporting Statement:

Florida's Epilepsy Program. In January 1950, plans were laid to conduct localized institutes in the field of epilepsy in several localities throughout the State. These institutes were planned in such a way that the Department of Education, Vocational Rehabilitation and the social agencies, as well as the practicing physicians, would have an opportunity to participate in them and learn the most recent advances in the field of epilepsy.

In view of the fact that strides have been made in both the diagnostic and treatment fields in epilepsy during the past ten years, we felt that this knowledge should be made available to all agencies who are confronted with the problem of the epileptic. Epilepsy is not only a medical problem but is also a socio-economic and public health problem.

Diagnostic equipment has been made available in several areas throughout the State of Florida. Technicians have been trained in the utilization of this equipment. To date, 2,900 persons have attended the institutes in Miami, Tampa, Jacksonville, Tallahassee, Pensacola, St. Petersburg and Sarasota. This included psychiatrists, neurologists, pediatricians, general practitioners, educators, school teachers, supervisors and principals, personnel supervisors, Vocational Rehabilitation personnel, social workers, personnel from the mental health clinics, public health and institutional nurses, and parents.

In June of 1950 the first seizure clinic was opened in Dade County Health Unit. It is proposed to conduct further educational institutes in the field of epilepsy throughout the State of Florida. Florida is one of the pioneer states in the educational field in relationship to this disease. More diagnostic facilities and treatment facilities should be made available to these patients. Greater appreciation of the problems confronted by this group is necessary in the field of education and vocational rehabilitation.

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Financial

Action Desired:

RECOMMENDATION

Supporting Statement:

1. "We would like to see a recommendation from our committee that the total amount of funds for MCH and crippled children's programs permitted under the law be appropriated.

We believe the committee should give serious consideration to a recommendation in regard to the amount of money retained in Reserve Fund B."

2. "Financial. The Association of State and Territorial Health Officers, realizing the importance of financial support to the public health programs for women and children, particularly during periods of national emergency, should discuss ways and means of securing for the Children's Bureau the maximum appropriations allowable for the operation of its grants-in-aid programs to the State."

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Submitted by: State Health Department of
Indiana

Maternal and Child
Health Committee

Sight Conservation and Conservation of Hearing

Action Desired:

DISCUSSION

Supporting Statement:

"The need for new and greater emphasis to be placed on sight conservation and prevention of blindness.

The need for new and greater emphasis to be placed on conservation of hearing and prevention of deafness."

Teaching

Action Desired:

DISCUSSION AND RECOMMENDATION

Supporting Statement:

"It is suggested that the Children's Bureau make a survey of the amount of maternal and child health teaching that is given in the individual schools of public health to nonspecialized health officers. If we are to have fully developed maternal and child health programs in this county, we must pay more attention to the man who is to be the local health officer and who will not have in his department a specialist in the field of maternal and child health. It is essential that these men acquire a good working knowledge of maternal and child health programs, including crippled children's programs, and the functions of the ancillary services of public health nursing, social work and nutrition in these programs."

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Training

Action Desired:

DISCUSSION AND RECOMMENDATION

Supporting Statement:

1. "It is suggested that when the Children's Bureau sets up training programs under Reserve Fund B that stipends be provided for personnel attending these training programs. An epilepsy training program was recently set up in Massachusetts through a grant-in-aid from the Children's Bureau. However, no stipends were provided and the States are having great difficulty in finding money in their budgets to send people to take advantage of this training."
2. "Training of professional personnel for MCH and CC services. The Children's Bureau, the Association of MCH and CC Directors, and the schools of public health have been discussing this problem in an informal way. A discussion of this problem by a professor of maternal and child health at a school of public health would point up the issues involved."

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Cooperation with National Midcentury Committee
for Children and Youth

Action Desired:

ADOPTION OF RECOMMENDATION:

THAT THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS COOPERATE WITH THE NATIONAL MIDCENTURY COMMITTEE FOR CHILDREN AND YOUTH, WITH CITIZENS' COMMITTEES, WITH NATIONAL ORGANIZATIONS AND WITH GOVERNMENTAL AGENCIES TO THE END THAT EVERY CHILD IN THIS NATION HAVE A FAIR CHANCE FOR A HEALTHY PERSONALITY.

Supporting Statement:

In accordance with the action taken by 4,636 delegates to the Midcentury White House Conference on Children and Youth, the National Midcentury Committee for Children and Youth has been organized to help achieve the objectives of the Conference. Many citizens throughout the Nation are working toward these objectives through State, Territorial, County and local committees, and through national organizations and governmental agencies. Achievements of the objectives of the Midcentury White House Conference requires the fullest partnership of voluntary and official effort.

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Improvement in the Training in Health for Teachers
and Trainers of Teachers

Action Desired:

ADOPTION OF RECOMMENDATION:

THAT STATE HEALTH DEPARTMENTS PLAN WITH STATE AGENCIES CONCERNED WITH THE TRAINING OF TEACHERS (AND STATE DEPARTMENTS OF EDUCATION IF A SEPARATE AGENCY) FOR BETTER PREPARATION OF TEACHERS IN THE FIELD OF HEALTH INCLUDING ALL PHASES OF THE SCHOOL HEALTH PROGRAM, TEACHER OBSERVATION AND SCREENING, FOLLOW-UP, MENTAL HYGIENE, SANITATION AND HEALTH EDUCATION: AND THAT THEY CONTRIBUTE RESOURCES TO THE IMPLEMENTATION OF ANY PLAN THAT MAY BE DEVELOPED.

Supporting Statement:

Nature of Problem - In many teacher education institutions there is minimum opportunity for teachers to become qualified to participate in all phases of the school and community health program. Yet, well qualified and interested teachers can contribute enormously through their regular program activities to the health of the children and, incidentally, to the community.

There is need for improvement in the pre-service preparation of teachers and for in-service training of those now on the job. Improvement in the training of teachers both in the amount of training and the quality of the health material in the experiences they are now having will help public health in the achievement of its goal of a healthy community.

Action by State and Territorial Health Officers - If State and Territorial Health Officers will endorse the recommended action above, some of the ways of implementation might be:

1. Planning with teacher education institutions ways to improve pre-service preparation of teachers.
2. Providing fellowships for health training of professors in teacher education institutions.
3. Lending staff to teacher education institutions and/or providing community experiences for teachers in training.
4. Cooperating in in-service training of teachers through such activities as provision of personnel for workshops, institutes, summer sessions; making available funds for in-service training, etc.

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Research on School Health Program

Action Desired:

ADOPTION OF RECOMMENDATION:

THAT THE STATE AND TERRITORIAL HEALTH OFFICERS FEEL THE NEED OF EXPERIMENTAL AND EVALUATIVE STUDIES ON THE OPERATIONAL ASPECTS OF THE SCHOOL HEALTH PROGRAM, PARTICULARLY IN RURAL AREAS, AND URGE THE FEDERAL SECURITY AGENCY COMMITTEE ON SCHOOL HEALTH TO OBTAIN FUNDS TO CONDUCT SUCH STUDIES IN ORDER THAT THE EFFECTIVENESS OF SCHOOL HEALTH PROGRAMS MAY BE IMPROVED.

Supporting Statement:

Nature of Problem - Much improvement has been made in the effectiveness of school health programs with the introduction of teacher observations, special screening procedures, more active participation by parents in the school health program, etc. There still remain many operational problems, particularly in rural areas, on the most effective teamwork between teachers, parents, nurses, doctors, and health department personnel in giving optimum service to school children. There is needed careful study of (a) whether there are children needing service who are not receiving it and where the breakdown occurs; (b) how can limited medical and nursing personnel serve the maximum number of children; (c) what training do teachers need to be more skillful in detecting children in need of medical diagnosis and advice; (d) how can they be motivated to participate more actively in the school program, etc.; (e) In planning the school building, provision should be made for proper food handling, lighting, ventilation, heating, accident prevention, noise control and recreation, as well as sanitary waste disposal and a safe water supply.

If an area were set up in which experimental and evaluation studies could be carried on, and funds were available, new procedures could be tried out modified as needed and finally evaluated, with full participation of both health and education agencies. Such a procedure would do much to promote common understanding of the two agencies on the relative effectiveness of the new methods developed and assure their rapid adoption wherever they apply.

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A G E N D A

MENTAL HEALTH COMMITTEE

Chairman - J. W. R. Norton, M.D. North Carolina
Vice Chairman - Charles F. Wagg Michigan

Members

M. A. Tarumianz, M.D.	Delaware
Juul C. Neilsen, M.D.	Indiana
S. H. Osborn, M.D.	Connecticut
R. B. Aiken, M.D.	Vermont
E. A. Rogers, M.D.	Nebraska
Wilbur Miller, M.D.	Iowa
Anna L. Philbrook, M.D.	New Hampshire
Carl J. Jackson, M.D.	Minnesota
Judge John Lamneck	Ohio
William C. Brown	Pennsylvania
Edward P. Reidy	Rhode Island
W. P. Beckman, M.D.	South Carolina
Joseph E. Barrett, M.D.	Virginia
John W. Tramburg	Wisconsin
R. J. Spratt, M.D.	Montana
Peter B. Hagopian, M.D.	Massachusetts

Consultants

Public Health Service

Dr. James V. Lowry
Dr. Seymour Vestermark
Miss Pearl Shalit

Children's Bureau

Dr. Harold Mann
Miss Doris Siegel

Room G-751
FSA Building North
November 26-27, 1951

MENTAL HEALTH COMMITTEE

1. Mental Health Activities
2. Alcoholism
3. Mental Health Activities of State Health Department
When the Mental Health Grant-in-Aid Funds are
Administered by Some Other Agency
4. Mental Health Implications in Civil Defense Programs
5. Narcotic Addiction
6. Responsibility of the State Mental Health Agency
for Coordinating and Promoting Mental Health
Activities with Other State and Local Agencies
7. The Psychiatric Bulletin for the Physician in
General Practice

Mental Health Activities

Action Desired:

DISCUSSIONS AND RECOMMENDATIONS:

1. Whereas, it is recognized that the prevention, care and rehabilitation of emotionally ill people involves certain services of nearly all community agencies and organized groups, IT IS RECOMMENDED THAT THE STATE MENTAL HEALTH AUTHORITY BE RESPONSIBLE FOR COORDINATING AND PROMOTING MENTAL HEALTH ACTIVITIES WITH OTHER STATE AND LOCAL AGENCIES - BOTH PUBLIC AND PRIVATE.

2. Whereas, the care and rehabilitation of the mentally ill is recognized as an increasing public health problem and, whereas, emotional stresses and strains are recognized as limiting the productivity and health of the individual in the same way as physical pathology, and whereas, local and State health departments are skilled in the use of such preventive techniques as health education and early case finding and follow-up and, whereas, local health agencies are already involved in promoting health services to support positive health practice in well people as in Maternal and Child Health, school health, industrial hygiene, etc.: Therefore, be it resolved that each local and State health jurisdiction provide a division of mental health to focus attention on good mental health practice, on the emotional components of acute and chronic illness and on the prevention of mental illnesses irrespective of whether or not the health department has been designated as the Mental Health Authority, therefore IT IS RECOMMENDED THAT ALL STATES AND TERRITORIES ESTABLISH A SECTION OF MENTAL HEALTH IN THEIR HEALTH DEPARTMENTS.

3. Whereas such special problems as alcoholism, drug addiction and delinquency are arousing great public interest and whereas these are recognized as symptoms of emotional instability, IT IS THEREFORE RECOMMENDED THAT THE NATIONAL INSTITUTE OF MENTAL HEALTH, STATE AND LOCAL AGENCIES CONSIDER THESE IN THE GENERAL FRAMEWORK OF MENTAL HEALTH AND COORDINATE THESE ACTIVITIES WITH OTHER ASPECTS OF MENTAL HEALTH WHEN ADMINISTRATIVELY POSSIBLE, THEREBY UTILIZING SCARCE TRAINED PERSONNEL TO BEST ADVANTAGE.

4. IT IS RECOMMENDED THAT STATE MENTAL HEALTH AGENCIES PROMOTE THE ESTABLISHMENT AND/OR EXPANSION OF THE EDUCATIONAL WORK OF INDEPENDENT COMMUNITY MENTAL HEALTH SERVICES. Wherever possible additional resources for carrying on mental health services should

Mental Health Activities
(Continued)

MADE AVAILABLE TO STATE AND LOCAL COMMUNITIES ON A MATCHING BASIS THROUGH GRANT-IN-AID FUNDS.

10. IT IS RECOMMENDED THAT INCREASED EMPHASIS BE PLACED ON A PREVENTIVE MENTAL HEALTH PROGRAM RATHER THAN PRIMARILY ONLY ON CORRECTIVE PROGRAMS. Because of a shortage of psychiatric personnel and because of a great public interest in the mental health role of the teacher, case worker, nurse and the general medical practitioner, and many other key persons in the community, increased effort should be made to focus the mental health program in aiding these individuals in understanding the principles of good mental health and its application to their work.

11. Because of the increased interest and responsibility of the health and welfare departments for the chronically ill and the aged, and because of the importance of the emotional problems which are related to the above, IT IS RECOMMENDED THAT CONSULTATIVE MENTAL HEALTH SERVICES BE UTILIZED TO BEST ADVANTAGE IN PROGRAM PLANNING FOR ACTIVITIES IN THESE FIELDS OF PUBLIC HEALTH SERVICE.

12. As it is generally recognized that mental health is not the exclusive concern of any one discipline or agency, IT IS RECOMMENDED THAT THE STATE MENTAL HEALTH AGENCY WHENEVER POSSIBLE ESTABLISH AN ADVISORY BOARD, BROADLY REPRESENTATIVE OF ALL GROUPS HAVING THE GREATEST RESPONSIBILITY IN THE FIELD OF MENTAL HEALTH TO PLAN NEW PROGRAMS AND/OR COORDINATE ALREADY ESTABLISHED ACTIVITIES.

13. Whereas recent studies have shown that treatment in mental hospitals can be shortened by an adequate follow-up service and that more patients remain well longer after rehabilitation activities, IT IS RECOMMENDED THAT THE STATE MENTAL HEALTH AGENCY WORK CLOSELY WITH TREATMENT FACILITIES IN REHABILITATION SERVICES IN ORDER TO EXTEND THE ABOVE PROGRAM.

14. Whereas the need for local participation in mental health services is becoming increasingly apparent, IT IS RECOMMENDED THAT THE STATE MENTAL HEALTH AGENCY DEVELOP CLOSE LIAISON WITH THE STATE AND LOCAL MENTAL HYGIENE SOCIETY AND IN AREAS IN STATES WHERE THERE ARE NO SOCIETIES, THAT EFFORTS BE MADE TO STIMULATE CITIZENS' INTEREST IN THIS TYPE OF ORGANIZATION.

Mental Health Activities
(Continued)

15. That the State and Territorial Health Officers be urged to give serious thought and consideration to the prevention and control of narcotic addiction; and to this end that a model law be prepared. We have been given to understand in recent months that this constitutes a serious problem especially among the teen-age groups of large urban centers of various areas of the United States. It would seem well within the province of public health authorities, through the use of experts acquainted with the problems of adolescence, to use such experts in concert with social welfare and judicial agencies to plan an effective program that would include: (1) sound education; (2) the employment of preventive measures; (3) the treatment of persons in various stages of addiction; (4) the encouragement of further research in the nature and origin of drug addiction; and (5) the preparation of a model law. As there is great public interest in prevention of drug addiction and better management of the drug addict, and as there are efforts already on foot to pass local ordinances, punitive in nature, which are likely to be ineffective or harmful, IT IS RECOMMENDED THAT A MODEL LAW BE PREPARED TO DEAL WITH THE PROBLEM OF DRUG ADDICTION. THIS LAW WOULD SERVE AS A GUIDE FOR STATE AND LOCAL ORDINANCES AND WOULD TREAT ADDICTION AS AN ILLNESS AND PLACE ADDITIONAL RESPONSIBILITIES ON THE PHYSICIAN AND HEALTH OFFICERS.

Alcoholism

Action Desired:

DISCUSSION OF RESOLUTION PASSED BY NATIONAL STATES' CONFERENCE ON ALCOHOLISM AT ITS ANNUAL MEETING, AUGUST 8, 1950, NEW HAVEN, CONNECTICUT.

Supporting Statement:

Resolution: Regarding Federal Aid for the Rehabilitation of Alcoholics

Whereas

alcoholism affects a large section of the population, causing physical and mental disability and social deterioration;

Whereas

recent developments in scientific research, and social movements of increasing importance, have demonstrated the potentiality for rehabilitation of alcoholics;

Whereas

trained personnel and facilities for community services, research, and training in this direction are grossly inadequate;

Whereas

standards for progress in prevention, treatment, and rehabilitation of alcoholics are urgently required for the purpose of further development of this field;

Be it resolved

that the United States Public Health Service be requested to consider alcoholism as a major public health problem, and to include necessary appropriations, specified for the purpose, in its 1952 program;

Submitted by: National States' Conference
on Alcoholism

Mental Health
Committee

Alcoholism
Continued

Be it further resolved

that copies of this resolution be sent to the Federal Security Administrator, to each of the members of the National Association of State and Territorial Health Officers, to the American Medical Association, to the American Psychiatric Association, to the American Public Health Association, and to other organizations as may be selected by the Executive Committee.

Submitted by: National Institute of
Mental Health, PHS

Mental Health
Committee

Mental Health Activities of the State Health
Department when the Mental Health Grant-in-aid
Funds Are Administered By Some Other Agency

Action Desired:

RECOMMENDATIONS OF THE MENTAL HEALTH COMMITTEE
ON THE ABOVE SUBJECT.

Supporting Statement:

In 19 States the State health department does not administer the grant-in-aid funds for mental health. Under these circumstances, what mental health activities should be included in the program of the State health department?

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Submitted by: National Institute of
Mental Health, PHS

Mental Health
Committee

Mental Health Implications in Civil Defense Programs

Action Desired:

CONSIDERATION OF THE REPORT OF THE COMMUNITY SERVICES
COMMITTEE OF THE NATIONAL ADVISORY MENTAL HEALTH COUNCIL
ON MENTAL HEALTH IMPLICATIONS IN CIVIL DEFENSE PROGRAMS.

Supporting Statement:

The above report has been prepared by the Community
Services Committee of the National Advisory Mental Health
Council. The Mental Health Committee of the Association
is asked to review this report, to discuss it, and to
make recommendations with regard to its content and utili-
zation. (The report will be available for distribution
to the Committee prior to the meeting of the Association.)

Narcotic Addiction

Action Desired:

THAT THE STATE AND TERRITORIAL HEALTH OFFICERS BE URGED TO GIVE SERIOUS THOUGHT AND CONSIDERATION TO THE PREVENTION AND CONTROL OF NARCOTIC ADDICTIONS.

Supporting Statement:

We have been given to understand in recent months that this constitutes a serious problem, especially among the teen age groups of large urban centers of various areas of the United States. It would seem well within the province of public health authorities, through the use of experts acquainted with the problems of adolescence, to use such experts in concert with social welfare and judicial agencies to plan an effective program that would include:

1. Sound education
2. The employment of preventive measures
3. The treatment of persons in various stages of addiction
4. The encouragement of further research in the nature and origin of drug addiction

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Submitted by: National Institute of
Mental Health, PHS

Mental Health
Committee

Responsibility of the State Mental Health Agency
for Coordinating and Promoting Mental Health
activities With Other State and
Local Agencies

Action Desired:

DISCUSSION AND RECOMMENDATIONS ON THE ABOVE
SUBJECT.

Supporting Statement:

In some States by legal requirement or by administra-
tive policy the agency administering the mental health
grant-in-aid funds is coordinating and promoting mental
health activities with other State and local agencies. In
other States the agency that administers the mental health
grant-in-aid funds has as its policy that it is concerned
only with the program of the administering agency.

The Psychiatric Bulletin for the
Physician in General Practice

Action Desired:

CONSIDERATION OF BULLETIN AS A MEDIUM OF INFORMATION TO PHYSICIANS IN GENERAL PRACTICE.

Supporting Statement:

This Bulletin is directed toward bringing information to physicians in general practice. It is being distributed in some of the States to physicians by State health departments. The Arizona State Department of Health made a survey after the first two copies had been sent to each physician in general practice in the State. The following results were reported:

Number of physicians queried - 597
Number of cards returned - 445
Percent of cards returned - 74.54%

<u>Nature of Comments</u>	Cards Returned	% of Total Response
Favorable	370	83.13%
Unfavorable	42	9.44%
No comment	9	2.03%
Not applicable (deceased, practice specialized).	20	4.50%
Questionable (likes magazine but does not wish to receive it)	5	.90%
	<hr/> 445	<hr/> 100.00%

If the Bulletin itself could be discussed and if reports of its use in other States could be brought up for discussion, it probably would be helpful to the Institute to decide whether this Bulletin should be recommended for utilization by States generally.

A G E N D A

SPECIAL HEALTH AND MEDICAL SERVICES COMMITTEE

Chairman - Daniel Bergsma, M.D.
Vice Chairman - John Kahl, M.D.

New Jersey
Washington

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Dr. Edward Blomquist
Dr. John Knutson
Dr. Marion Ferguson
Dr. Seward E. Miller

Children's Bureau

Dr. John Saunders
Miss Edith M. Baker
Miss Marjorie M. Heseltine

Room G-747-A
FSA Building North
November 26-27, 1951

SPECIAL HEALTH AND MEDICAL SERVICES COMMITTEE

1. Chronic Disease Programs
2. Home Accident Prevention Program
3. Recognition of Public Health Aspects of the
Use of Ionizing Radiations
4. Interstate Reciprocity of Premarital Examinations
5. Augmented Home Care Programs
6. Development of Public Health Nursing Experience
for Students in Rural Areas in Conjunction
with Rural Hospital Experience
7. Effective Promotion of Water Fluoridation
8. Heart Bulletin for Physicians
9. Migratory Families
10. Nurse Training in Cancer Control
11. Quackery in Nutrition
12. Restorative Services
13. State Surveys of Nursing Needs and Resources
14. The Study of Public Health Nursing Functions

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Submitted by: State Health Departments
of Ohio, Idaho, New York,
Utah, Michigan, Washington,
and Connecticut

Special Health and
Medical Services
Committee

Chronic Disease Programs

Action Desired:

DISCUSSION AND RECOMMENDATION

Supporting Statement:

A more carefully thought out definition of the preventive programs in chronic disease which a health department can sponsor appears necessary, particularly in view of the relations which such programs engender with therapeutic medicine interests. The role of states in the establishment of heart clinics and in the field training of public health personnel in chronic disease programs should be discussed.

There is need for establishing standards for chronic and convalescent hospitals and nursing homes--their place in the overall pattern of health facilities, particularly as regards geriatrics and chronic diseases.

The home care of persons with chronic diseases involves bedside nursing, portable equipment, and housekeeping. A thorough exploration of this problem and an attempt to outline some accepted standards of organization, administration, and procedure is needed.

The Committee might wish to study quite carefully the activities of the Commission on Chronic Illness and relate these to the responsibilities of the State and Territorial Health Officers.

Action by State and Territorial Health Officers:

Recommendation that the Public Health Service, together with other interested agencies, make a study toward defining the responsibilities and duties of a State Department of Health in developing a chronic disease program.

Submitted by: State Health Departments
of New York and Washington
Regional Office IV, PHS

Special Health and
Medical Services
Committee

Home Accident Prevention Program

Action Desired:

EXPANSION OF THIS PROGRAM TO PROVIDE FOR ITS INTEGRATION
INTO EVERY GENERALIZED PUBLIC HEALTH PROGRAM.

Supporting Statement:

It is proposed that the health officers give consideration to ways and means of proceeding in order to encourage and aid State health agencies in the promotion and extension of operations in the home accident prevention program. It would seem that we have reached the point where positive action should be taken by health agencies to reduce the incidence of illness and death from home accidents. The fact that the Kellogg Foundation is currently sponsoring three demonstration projects throughout the United States indicates that there is a need for greater awareness and extensive participation in this area. It is the objective of these demonstrations to develop methods of approach and techniques as well as records and educational procedures.

The Committee would probably wish to work quite closely with the Subcommittee on Accident Prevention of the American Public Health Association. When one-third of fatalities from accidents occur in the home, and it is the leading cause of death between five and fourteen years of age, we need to give serious thought to a realistic program and to the development of some procedural guides.

1917
No. 1000

Department of the Interior
Bureau of Land Management
Washington, D. C.

OFFICE OF THE ASSISTANT ATTORNEY GENERAL LAND OFFICE

Washington, D. C.

THE LAND OFFICE

The Land Office is a part of the Department of the Interior, and is responsible for the management of the public lands of the United States. It is organized into several divisions, each of which is headed by a Chief of Division. The divisions are: the Division of Land Management, the Division of Land Acquisition, the Division of Land Disposal, the Division of Land Survey, and the Division of Land Administration. The Land Office is also responsible for the management of the public lands of the United States, and for the protection of the public interest in these lands.

Very respectfully,
Assistant Attorney General

The following is a list of the public lands of the United States, as of the 1st day of January, 1917. The lands are classified into several classes, and are listed in alphabetical order of the State or Territory in which they are located. The total area of the public lands is approximately 1,000,000,000 acres. The lands are: Alaska, Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, and Wyoming. The lands are also listed by the name of the landowner, and by the date of acquisition. The total area of the public lands is approximately 1,000,000,000 acres.

The following is a list of the public lands of the United States, as of the 1st day of January, 1917. The lands are classified into several classes, and are listed in alphabetical order of the State or Territory in which they are located. The total area of the public lands is approximately 1,000,000,000 acres. The lands are: Alaska, Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, and Wyoming. The lands are also listed by the name of the landowner, and by the date of acquisition. The total area of the public lands is approximately 1,000,000,000 acres.

The following is a list of the public lands of the United States, as of the 1st day of January, 1917. The lands are classified into several classes, and are listed in alphabetical order of the State or Territory in which they are located. The total area of the public lands is approximately 1,000,000,000 acres. The lands are: Alaska, Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, and Wyoming. The lands are also listed by the name of the landowner, and by the date of acquisition. The total area of the public lands is approximately 1,000,000,000 acres.

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1887
The following is a list of the names of the persons who have been elected to the office of Justice of the Peace for the year 1887.

Justice of the Peace for the year 1887.

The following is a list of the names of the persons who have been elected to the office of Justice of the Peace for the year 1887.

Interstate Reciprocity of Premarital Examination

Action Desired:

REVIEW AND APPROVAL OF REPORT

Supporting Statement:

Report of Committee on Interstate Reciprocity
of Premarital Examinations.

The vexing problem of interstate reciprocity of premarital examinations presents itself regularly and continuously to all officials charged with the enforcement of premarital laws. The problem is created by the diverse laws or regulations of the various States concerned. Primarily premarital laws were enacted to prevent the marriage of infectious syphilitics, although several States prohibit the marriage of persons having mental or other physical ailments. The performance of a standard serologic test or tests for syphilis upon both applicants is required in all States having premarital laws, with the exception of Louisiana, where the male applicant alone has to have such a test. The following States, having no medical premarital laws, do not require serologic tests for syphilis: Arizona, Arkansas, Maryland, Minnesota, Mississippi, Nevada, New Mexico, South Carolina and Washington.

Your Committee was given the assignment of making recommendations for the extension of interstate reciprocity of premarital examinations, so that all States (and provinces) would accept syphilis serology reports from laboratories which had been approved by their own State Board or Department of Health. So far as your Committee could determine reports from State Department of Health Laboratories are reciprocally acceptable in all States. Each State* has its own certificate-of-examination form or forms which must be filled out by the examining physician or both by the physician and by the laboratory performing the tests. These forms vary considerably in size, shape and in content. Common to all,** however, is a statement that a standard blood test or tests were made on the applicant on a certain date, and that

* Hawaii, Iowa, Louisiana, Ohio, Tennessee, Utah and Montana will accept official certificates from other States.

** Montana certificate does not mention freedom from disease, but states the results were shown to the applicants.

Interstate Reciprocity of Premarital Examination
(continued)

he or she was free from syphilis (some States use the term "infectious syphilis").

So-called standard serologic tests for syphilis have been proven, by the annual evaluation tests, to be closely similar in sensitivity and specificity rates. For that reason any one of the standard tests is acceptable in most of the States. Practically all medical laboratories, private and public, now perform one or more of the accepted tests for syphilis, and in those States wherein they are approved for the performance of premarital serology tests they are subjected to an evaluation of their work.

Standards for approval of laboratories vary in the several States, the most variable factors being the number of specimens submitted for evaluation of a laboratory's ability to perform tests correctly. Satisfactory qualifications of the technicians and proper facilities and equipment are requirements for approval which must also be met in practically all States.

The groundwork for interstate reciprocity, therefore, has already been laid. Fifteen States and two Territories now accept reports from out-of-State laboratories approved by their own State department of health. These are:

Alaska	Georgia	Missouri	Rhode Island
California	Hawaii	North Carolina	Texas
Colorado	Kansas	Ohio	Utah
Florida	Kentucky	Oregon	Wisconsin
			Wyoming

In a few of these States the laboratory report must be accompanied by a statement from the State health department verifying the approval of the laboratory in question.

Since nearly half of the States do have reciprocity why do the remainder refuse to recognize laboratories approved by their own State department of health? Unquestionably various reasons can be given or surmised. In some States legislative action would be necessary to give recognition to out-of-State private or public health laboratories, and State departments of health are not too anxious to amend laws which seem to be working satisfactorily. Again, where a change could be made by administrative dictum, health officers or department of health members seem reluctant to do so for

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WYOMING
CUSTER COUNTY
TOWNSHIP

Section 10, T. 14 N., R. 10 E., S. 10 N.
The following is a list of the lands owned by the United States in the above described section, together with the names of the owners and the dates of acquisition:

1. 100 acres, owned by the United States, acquired by purchase from the State of Wyoming, June 1, 1890.

2. 100 acres, owned by the United States, acquired by purchase from the State of Wyoming, June 1, 1890.

No.	Acres	Name of Owner	Date of Acquisition
1	100	United States	June 1, 1890
2	100	United States	June 1, 1890

3. 100 acres, owned by the United States, acquired by purchase from the State of Wyoming, June 1, 1890.

4. 100 acres, owned by the United States, acquired by purchase from the State of Wyoming, June 1, 1890.

Interstate Reciprocity of Premarital Examination
(continued)

various reasons. The problem of keeping up with approved laboratories seems to your Committee the one real hindrance to what may be termed universal reciprocity. It is a problem, however, which is not insurmountable.

At a Conference of Venereal Disease Control Officers of the New England and Middle Atlantic States held in June, 1948, and again in March, 1949, premarital examination standards were recommended for consideration of their respective State health officers. These standards, insofar as they concerned the laboratory tests included the following:

1. The approved tests be any serologic test for syphilis performed by the State Department of Public Health, District of Columbia Laboratories, Laboratories of the Public Health Service and Armed Forces.

2. These tests be valid for thirty days prior to the issuance of the license.

It was suggested that in addition to the recognition given to the laboratories enumerated above, recognition also be given to the Provincial Laboratories of Canada and the laboratories of major cities. Dr. Nicholas J. Fiumara, Director, Division of Venereal Diseases, Massachusetts, informed your Committee Chairman that "although we feel that any laboratory approved by a State health department for serologic tests for syphilis should be acceptable to other States we (the Conference) could not agree on how this problem should be handled."

The Association of State and Territorial Health Officers last week considered the resolution of this Conference pertaining to interstate reciprocity of premarital examinations. The results of the deliberations have not yet been transmitted to your Committee.

Your Committee is in accord that the following minimum requirements should be considered as prerequisites for interstate reciprocity of laboratory tests:

1. The performance of a standard test for syphilis by a laboratory approved by the State Department of Board of Health.

2. The name and address of the laboratory as well as the name and date of the performance of the test should be given.

REPORT OF THE COMMITTEE ON THE REVISION OF THE CURRICULUM

The Committee on the Revision of the Curriculum was organized in 1947 to study the present curriculum and to propose such changes as would be necessary to meet the needs of the students and the requirements of the profession.

The Committee has held many public hearings and has received many suggestions from students, faculty, and the public. It has also conducted extensive research into the needs of the students and the requirements of the profession. The Committee believes that the present curriculum is generally sound but that certain changes are necessary to make it more effective and more relevant to the needs of the students and the requirements of the profession.

The Committee proposes the following changes in the curriculum:

1. The elimination of certain courses which are redundant or which do not meet the needs of the students.
2. The addition of certain new courses which are necessary to meet the needs of the students and the requirements of the profession.
3. The revision of certain courses to make them more effective and more relevant to the needs of the students and the requirements of the profession.

The Committee believes that these changes are necessary to make the curriculum more effective and more relevant to the needs of the students and the requirements of the profession.

The Committee also proposes the following changes in the requirements for the degree:

1. The elimination of certain courses which are redundant or which do not meet the needs of the students.
2. The addition of certain new courses which are necessary to meet the needs of the students and the requirements of the profession.
3. The revision of certain courses to make them more effective and more relevant to the needs of the students and the requirements of the profession.

The Committee believes that these changes are necessary to make the requirements for the degree more effective and more relevant to the needs of the students and the requirements of the profession.

The Committee also proposes the following changes in the requirements for the certificate:

1. The elimination of certain courses which are redundant or which do not meet the needs of the students.
2. The addition of certain new courses which are necessary to meet the needs of the students and the requirements of the profession.
3. The revision of certain courses to make them more effective and more relevant to the needs of the students and the requirements of the profession.

The Committee believes that these changes are necessary to make the requirements for the certificate more effective and more relevant to the needs of the students and the requirements of the profession.

The Committee also proposes the following changes in the requirements for the diploma:

1. The elimination of certain courses which are redundant or which do not meet the needs of the students.
2. The addition of certain new courses which are necessary to meet the needs of the students and the requirements of the profession.
3. The revision of certain courses to make them more effective and more relevant to the needs of the students and the requirements of the profession.

Interstate Reciprocity of Premarital Examination
(continued)

3. The medical certificate should carry the signature of the applicant, made in the presence of the examining physician.

Your Committee is also unanimous in the recommendation that any physician licensed by a State, or in the Public Health Service or Armed Forces should be eligible to sign the premarital health certificate.

Finally your Committee recommends a standard form for premarital health certificate, similar to that recommended by the New England Venereal Disease Control Conference, appended hereto.

Signed

Earle K. Borman

R. F. Reider

H. J. Shaughnessy

William Levin, Chairman

EXHIBIT 1 - PREMARITAL HEALTH CERTIFICATE

I, _____ of _____ a physician
(print or type name) (Number) (Street) (City)
registered or licensed to practice in _____ in the State
(City or town)
of _____, or a Commissioned Medical Officer of the Armed
Forces or the U. S. Public Health Service on active duty _____
(Rank)

_____ certify that on _____
(Service) (Serial Number) (month, day, year)
I examined _____ of _____
(Name) (Address)

This examination included a serologic test of syphilis on a blood
specimen taken on _____, the test being performed on _____
(Date) (Date)

at _____ a laboratory approved by the
(Name and address of laboratory)
Department of Health. It is my opinion that the
(State)

applicant whose signature appears below is not infected with syphilis,
or, if infected, is not in a stage which is communicable.

Signature of Applicant:

(To be signed in presence of physician) (Signature of Physician)

EXPERIMENT 1

The purpose of this experiment is to determine the molar mass of a volatile liquid by measuring the mass and volume of the liquid in a known volume of a flask.

The procedure involves the following steps: 1. Weigh a clean, dry flask. 2. Add a small amount of the liquid to the flask. 3. Seal the flask and immerse it in a boiling water bath. 4. Allow the liquid to vaporize and fill the flask. 5. Remove the flask and allow it to cool. 6. Weigh the flask again.

From the mass and volume of the liquid, the molar mass can be calculated using the ideal gas law. The density of the liquid is also determined.

Mass of flask	Mass of flask + liquid
12.345 g	12.876 g
12.345 g	12.876 g

RESULTS AND DISCUSSION

The mass of the liquid was determined to be 0.531 g. The volume of the liquid was determined to be 0.125 L. The molar mass of the liquid was calculated to be 42.5 g/mol.

The density of the liquid was determined to be 4.25 g/mL. The boiling point of the liquid was determined to be 35.0°C.

The results of this experiment are consistent with the known molar mass and density of the liquid. The boiling point is also consistent with the known boiling point of the liquid.

The accuracy of the results is high, and the precision is also high.

Augmented Home Care Programs

Action Desired:

ADOPTION OF RECOMMENDATION

THAT THE STATE AND TERRITORIAL HEALTH DEPARTMENTS BE URGED TO TAKE COGNIZANCE OF THIS APPROACH TO THE CARE OF THE CHRONICALLY ILL AND TO USE THEIR RESOURCES TO STIMULATE INTEREST IN AND ENCOURAGE MEDICAL SOCIETIES, HOSPITALS AND OTHER COMMUNITY ORGANIZATIONS TO CONSIDER THE ESTABLISHMENT OF PILOT PROGRAMS.

Supporting Statement:

NATURE OF PROBLEM.

Many chronically ill patients are now occupying hospital beds without true need of all the many specialized services provided by the modern hospital. A considerable number can be adequately cared for in the properly augmented home. This would result in making available more hospital beds for the care of the acutely ill, for diagnostic purposes, and for sudden disaster utilization. In addition, this would economize the services of highly technical hospital personnel, decrease the cost of care to the individual and the community, place the patient in a more satisfactory environment, and assist in building a reservoir of trained family workers.

Action by State and Territorial Health Officers:

If the Association will go on record as being in favor of this program, it will assist in the relief of those hospitalization problems which cannot be solved by construction of new facilities alone.

Development of Public Health Nursing Experience for
Students in Rural Areas in Conjunction with Rural
Hospital Experience

Action Desired:

DISCUSSION

Supporting Statement:

There is an emerging interest among schools of nursing in providing small hospital and community nurse experience for all their students.

This experience should be a combination of practice in the small hospital and observation and practice outside the hospital under the guidance of a public health nurse.

Not enough community interest has as yet been developed in providing this type of experience. Stimulation from the State Health Department could be very helpful.

It is vitally important that student nurses have this type of experience if we are to prepare our nurses to work in the small hospitals which are being built in such large numbers under the hospital construction program. This type of experience also gives them an insight into the satisfactions of working in a small community and gives them an opportunity to see the public health nurse at work which in turn helps them to select their field of work after they graduate.

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Effective Promotion of Water Fluoridation

Action Desired:

ADOPTION OF RECOMMENDATION:

THAT THE STATE AND TERRITORIAL HEALTH DEPARTMENTS BE URGED TO CONDUCT MORE INTENSIVE PROMOTIONAL AND EDUCATIONAL PROGRAMS DESIGNED TO BRING THE BENEFITS OF WATER FLUORIDATION TO ALL COMMUNITIES AS SOON AS POSSIBLE, AND,

THAT THE STAFFS OF STATE AND TERRITORIAL HEALTH DEPARTMENTS BE AUGMENTED OR REALIGNED SO AS TO MAKE EXPERT, TECHNICAL SERVICES INCLUDING DENTAL, ENGINEERING, CHEMICAL, AND TRAINING SERVICES AVAILABLE TO COMMUNITIES DESIRING TO PROMOTE, PLAN, AND OPERATE A FLUORIDATION PROGRAM.

Supporting Statement:

Nature of Problem: Although the State and Territorial Health Officers Association at its 1950 Annual Meeting endorsed controlled water fluoridation as a mass procedure for reducing the incidence of dental caries, only 117 of our 16,750 public water supplies are now being fluoridated. At this rate it would require 15 years to accomplish full utilization of this public health measure. More than 90 per cent of our public water supplies are in communities of less than 10,000 population. Generally, water works personnel in these communities will require special training and technical assistance to plan and operate the water fluoridation process. The State or Territorial health department is the proper agency to assume responsibility for providing not only the necessary technical assistance and emergency service but also promotional and educational assistance and materials.

Objective of Program: To insure proper operation of the fluoridation process and to effect a two-thirds reduction in the incidence of dental caries as soon as possible in every community using a public water supply.

Action by State and Territorial Health Officers: Adoption and implementation of this recommendation will do much to provide the assistance communities urgently need in order to facilitate early and effective application of the water fluoridation procedure, and to fulfill the promotional function of the State and Territorial health authority in making full knowledge of this public health measure available to all citizens.

Section 1: Introduction

1.1 Overview

1.2 Objectives

The purpose of this document is to provide a comprehensive overview of the project's goals and objectives. It is intended for use by all stakeholders involved in the project.

This document is organized into several sections, each covering a different aspect of the project. The sections are: Introduction, Objectives, Scope, Methodology, Results, and Conclusion.

1.3 Scope

The scope of this project is limited to the development and implementation of a new software system. It does not include the design of hardware or the integration of existing systems. The project will be completed within a six-month period.

The project will be managed using a project management software tool. The project manager will be responsible for ensuring that the project is completed on time and within budget.

The project will be completed on time and within budget. The project manager will be responsible for ensuring that the project is completed on time and within budget.

Submitted by: National Heart Institute, PHS

Special Health and
Medical Services
Committee

Heart Bulletin for Physicians

Action Desired:

ADOPTION OF RECOMMENDATION:

THAT THE STATE AND TERRITORIAL HEALTH DEPARTMENTS BE URGED TO SUPPORT A NEW BI-MONTHLY HEART BULLETIN FOR THE PHYSICIAN IN GENERAL PRACTICE.

Supporting Statement:

Nature of Problem: Since heart disease causes over one-half of all deaths, there is an urgent need to apply the results of research as rapidly as possible. All physicians should be reached with the latest practical information in order to promote generally the better practice of cardiovascular medicine and better care for the cardiac patient.

Objectives: To fill the immediate need for physician education with a HEART BULLETIN, jointly stimulated and supported by the American Heart Association, the National Heart Institute, and the Division of Chronic Disease and Tuberculosis, PHS. The BULLETIN is to be published independently by the Medical Arts Publishing Foundation, a non-profit public service institution which is a part of the University of Texas.

The HEART BULLETIN has been developed along lines similar to THE CANCER BULLETIN and THE PSYCHIATRIC BULLETIN, both of which are published by this Foundation. These two magazines have been well received by practicing physicians.

In Resolution No. 16, passed and adopted by the State and Territorial Health Officers on October 26, 1950, in Washington, D. C., the Medical Arts Publishing Foundation was enthusiastically endorsed for its CANCER BULLETIN. The resolution reads in part: "therefore, be it resolved, that the Association of State and Territorial Health Officers commend the sponsors of this Bulletin for the excellence of their program and recommend to the state departments of health and state medical societies the further encouragement and distribution of this Bulletin."

Action by State and Territorial Health Officers: If the Association will go on record as favoring the HEART BULLETIN also, much will have been accomplished toward establishing the publica-

Submitted by: National Heart Institute, PHS

Special Health and
Medical Services
Committee

Heart Bulletin for Physicians

tion, since promotion and support will have to be through sponsorship by State health agencies.

Each State health agency which purchases bulk subscriptions for the physicians in the State may have a by-line on the cover of the magazine, showing sponsorship. Depending on the State sponsorship adopted, the cover imprint might read: "Missouri Edition, Missouri State Department of Health; Missouri State Medical Society; Missouri Heart Association."

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Submitted by: Public Health Service
and Children's Bureau

Special Health and
Medical Services
Committee

Migratory Families

Action Desired:

ADOPTION OF RECOMMENDATION:

THAT THE STATE AND TERRITORIAL HEALTH OFFICERS ASSOCIATION COOPERATE WITH FEDERAL AGENCIES, AND PARTICIPATE IN THE COORDINATION OF POLICIES AND PROGRAMS TO IMPROVE THE STATUS OF MIGRANT WORKERS AND THEIR FAMILIES.

Supporting Statement:

Migratory workers and their families are subject to more illness and have a higher death rate than most other groups in our population. Counties in which there are concentrations of migrants have significantly higher infant mortality rates than do counties with few or no migrants. There is a close relationship between migrant farm labor and high infant and maternal mortality, tuberculosis, typhoid, dysentery, rickets, scurvy and pellagra.

Facts such as these and many others are brought out in the Report of the President's Commission on Migratory Labor. This Report constitutes a basis for the development of a coordinated program to help improve the health and welfare of migrant families.

Submitted by: National Cancer Institute, Special Health and
P. H. S. Medical Services Committee

Nurse Training in Cancer Control

Action Desired:

ENDORSEMENT AND LEADERSHIP:

TO GIVE LEADERSHIP IN ASSISTING SCHOOLS OF NURSING AND STATE NURSING ORGANIZATIONS IN INTEGRATING CANCER NURSING IN THE BASIC PROFESSIONAL NURSING CURRICULUM BY HELPING TO INITIATE WORKING CONFERENCES AND INSTITUTES FOR INSTRUCTORS IN SCHOOLS OF NURSING.

Supporting Statement:

Nature of Problem - To increase the effectiveness of nurses in cancer control, student nurses need greater understanding of the inclusiveness of complete care of the patient, the public health aspects of prevention, early detection, diagnosis, treatment, home care and rehabilitation. Cancer is found in all clinical areas, consequently the integration of cancer nursing throughout the basic curriculum is recommended. To accomplish such integration, instructors need assistance in program evaluation and curriculum planning in the enrichment of cancer content methods and activities which can be applied to cancer teaching.

Tools: A Monograph "Cancer nursing in the Basic Professional Nursing Curriculum" has been prepared by a production committee under the auspices of the Nursing Section of Cancer Control. This monograph contains suggestive content and methods for the integration of cancer nursing in the basic curriculum.

The Nursing Staff of Cancer Control is ready to assist communities, nursing organizations and schools of nursing in preparing faculty for the integration of cancer nursing in the basic professional nursing curriculum who wish to conduct working conferences and institutes.

Action by State and Territorial Health Officers - If the Association will go on record endorsing (through State Cancer Control grant money) working conferences and institutes under their sponsorship or that of nursing organizations or schools of nursing to prepare the faculty to integrate cancer nursing in the basic professional nursing curriculum, nurses will be able to better participate in cancer control activities by applying their knowledge in case finding and in motivating patients to secure prompt and adequate medical care.

Quackery in Nutrition

Action Desired:

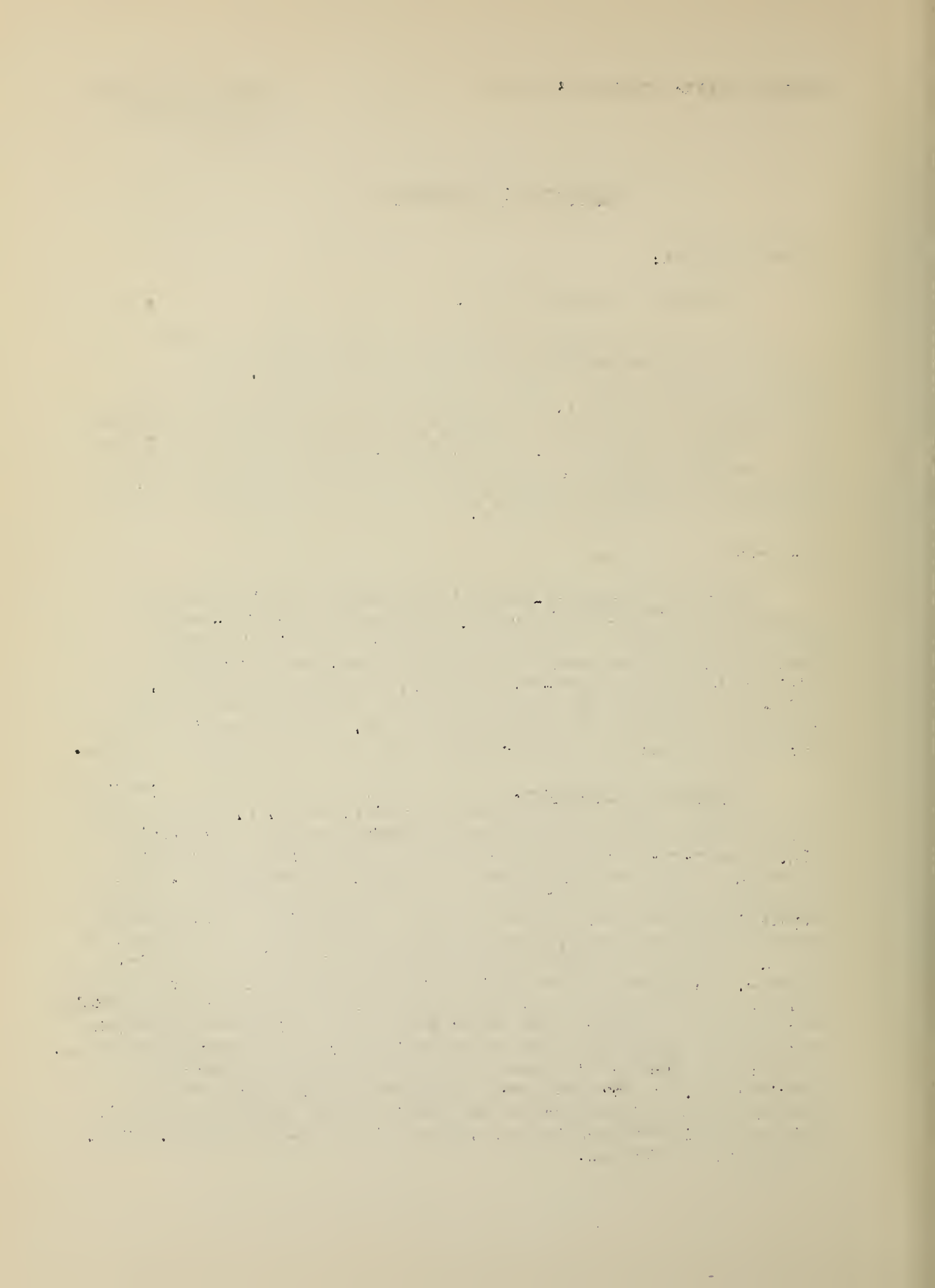
ADOPTION OF RECOMMENDATION:

THAT THE ASSOCIATION COMMEND THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE STEPS IT HAS TAKEN TO RESTRAIN USE OF EXTRAVAGANT THERAPEUTIC CLAIMS FOR VITAMIN AND MINERAL DIET SUPPLEMENT PREPARATIONS. THAT THE ASSOCIATION CONDEMN THE MISUSE OF WRITINGS OF RECOGNIZED AUTHORITIES, INCLUDING NUTRITION BULLETINS OF THE FEDERAL GOVERNMENT, AS PURPORTED SUPPORT FOR THE FALSE CLAIMS MADE FOR THESE PRODUCTS. THAT THE ASSOCIATION URGE ACTION BY ALL APPROPRIATE AGENCIES OF FEDERAL, STATE AND LOCAL GOVERNMENTS AGAINST QUACKERY IN THE NUTRITION FIELD.

Supporting Statement:

Nature of Problem - Belief in extravagant claims advanced through "health lecturers" radio, television, and point-of-sale promotion may result in reliance on nostrums by sick individuals who should be seeking competent medical care. Food supplements widely sold through door-to-door agents, "health food" stores, and mail-order campaigns are not needed by the general public that has access to an adequate diet of common foods. The high cost of these preparations means that their purchase may be at the expense of food.

Objective of Program. - As the result of legal action instituted by the Federal Food and Drug Administration, the U. S. District Court at Los Angeles has recently issued an injunction decree restraining 15,000 door-to-door sales representatives from making extravagant therapeutic claims for a vitamin and mineral diet supplement. Claims that this product had value in treating 57 serious diseases were specifically prohibited as was the sales argument that "diagnosis of disease is not necessary, because whatever the trouble or its medical name, a vitamin and mineral food supplement will cause it to disappear." In place of a long list of printed material of a sensational nature from periodicals and other sources which the company was enjoined from using in connection with their interstate sales, the company has proposed the substitution of two bulletins from the Federal Government, one from the Children's Bureau and the other from the Department of Agriculture. The Food and Drug Administration has stated to the company that it is contrary to the policy of the Agency to authorize the use of its publications as labeling in the sale of foods, drugs, cosmetics and devices.



Quackery in Nutrition
(Continued)

Public health workers are being hampered in their efforts to improve nutrition by the misinformation disseminated by quacks. Federal regulation must be supplemented by State controls and both must be brought home to the public and made effective through vigorous educational programs.

Action by State and Territorial Health Officers - If the Association will take cognizance of this problem and urge effective action at all levels, it will alert public health workers to the necessity for education of the public and in some instances to the strengthening of control measures.

Restorative Services

Action Desired:

ADOPTION OF RECOMMENDATION

THAT THE STATE AND TERRITORIAL HEALTH DEPARTMENTS USE THEIR RESOURCES TO STIMULATE INTEREST IN, AND ENCOURAGE MEDICAL SOCIETIES, HOSPITALS AND OTHER COMMUNITY ORGANIZATIONS TO ASSIST IN THE ESTABLISHMENT OF, COMPLETE COMMUNITY REHABILITATION PROGRAMS.

Supporting Statement:

There is an ever-increasing number of people who are disabled as a result of injury, or chronic diseases and long-term illness. Techniques have been devised for the development of residual capacities in the disabled, to the end that life during their remaining years may be more satisfying, even to the point of employability. Further, the utilization of these techniques, immediately following acute illness or injury, will, in large measure, prevent the destructive effects of neglect so appallingly evident in many of the disabled. The value of these procedures has been established in the few areas where they have been introduced.

Action by State and Territorial Health Officers:

If the Association will go on record as being in favor of the program, it will assist in the establishment of complete rehabilitation programs and, furthermore, will place health agencies in a position of leadership in this field.

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Submitted by: Division of Nursing
Resources, PHS

Special Health and Medical
Services Committee

State Surveys of Nursing Needs and Resources

Action Desired:

THAT STATE HEALTH OFFICERS GIVE ACTIVE ASSISTANCE TO THE COMMITTEES WHICH ARE CARRYING OUT THE RECOMMENDATIONS OF THE STATE NURSING SURVEYS WHICH HAVE BEEN MADE IN THEIR STATES, AND THAT THEY TAKE AN ACTIVE PART IN ANY SUBSEQUENT NURSING SURVEYS WHICH MAY BE MADE.

Supporting Statement:

Nursing surveys have been made in 26 States and Hawaii. State Health Departments have taken an active part in sponsoring and conducting the surveys and in formulating the recommendations.

The surveys have shown the steps that could be taken to increase and improve the present nurse supply. Solution of the problems identified in the surveys would go far to meet the needs of the expanding hospital program to prepare more nurses for public health nursing positions, to ensure supplies of nurses for civilian defense needs.

Because the Health Department is now concerned with all these problems, the continued active participation and assistance of the State Health Department is urgently needed.

RESEARCH REPORT

1952-53

The following report was prepared by the author during his stay at the University of Chicago, Illinois, in the summer of 1952. It is based on work done in the Physics Department, Chicago, Illinois, and is published as a research report of the University of Chicago.

Author's name

The author is indebted to the University of Chicago for the hospitality and facilities provided during his stay. He is also indebted to the following persons for their helpful discussions: [Name], [Name], and [Name].

The author wishes to express his appreciation to the National Science Foundation for the grant which supported his work. He is also indebted to the following persons for their helpful discussions: [Name], [Name], and [Name].

This work was supported by the National Science Foundation, Grant No. [Number].

The Study of Public Health Nursing Functions

Action Desired:

THE DIVISION OF PUBLIC HEALTH NURSING PLANS TO INITIATE DURING THIS FISCAL YEAR, A STUDY OF THE AMOUNT AND TYPES OF PUBLIC HEALTH NURSING SERVICE REQUIRED TO MEET MINIMUM HEALTH NEEDS IN LOCAL HEALTH DEPARTMENTS.

IT IS REQUESTED THAT THE FEDERAL RELATIONS COMMITTEE OF THE CONFERENCE OF STATE AND TERRITORIAL HEALTH OFFICERS REVIEW THIS PROJECT AND ENDORSE THE STUDY IF THE COMMITTEE BELIEVES THAT THE FINDINGS WILL BE VALUABLE TO STATE AND LOCAL HEALTH DEPARTMENTS.

Supporting Statements:

Purpose: To determine the amount and kind of nursing service required to meet minimum public health nursing needs.

Justification: There is an acute shortage of all types of nursing personnel. There is a limit to the number of women who can be recruited for nursing because of the diversity of opportunities now open to women in other fields of work. At the same time the demands for more nursing service in a variety of programs have increased tremendously. The presently accepted ratio of one public health nurse for every five thousand of the population for the usual preventive health services would require an additional 17,500 nurses right now. With health departments placing increased emphasis on the care of the chronic and aging patients, who will require more actual nursing care in their homes, the ratio of one nurse to 2,000 population may be required. To reach such a ratio, the immediate shortage would mount to 40 or 50 thousand.

This division is asked frequently to estimate the amount of additional nursing service required in the rapidly expanding defense areas; to determine how the available nursing supply can be "stretched" to meet more effectively the expanding needs when it is impossible to attain these nationally recommended ratios; to advise regarding the use of practical nurses or other aides in public health programs. Valid answers to these questions are not now available. This study will:

REPORT OF THE BOARD OF TRUSTEES FOR THE YEAR 1914

The Board of Trustees has the honor to acknowledge the receipt of the report of the Executive Committee for the year 1914, and to express its appreciation of the excellent work done during the year.

The Executive Committee has shown a marked increase in the number of members, and has also succeeded in securing a larger amount of contributions from the public.

The Board of Trustees has also received a report from the Executive Committee regarding the financial condition of the Association, and is pleased to note the improvement in the same.

The Board of Trustees has also received a report from the Executive Committee regarding the work of the Association during the year, and is pleased to note the excellent results achieved.

The Board of Trustees has also received a report from the Executive Committee regarding the work of the Association during the year, and is pleased to note the excellent results achieved.

The Study of Public Health Nursing Functions
(continued)

- a. Furnish information as to the nursing requirements of different communities or areas. The need for nursing services in any situation is modified by factors such as density of population, economic status, disease incidence, availability of hospital and medical care, age of the persons being served, housing, etc.
- b. Furnish information about the distribution of time and variety of activities now being performed by public health nurses. On the basis of this, it will be possible to determine which activities are essential in a public health program, which activities must be performed by a public health nurse, and which can be performed by a graduate nurse without public health training, and those which can be carried out by practical nurses or other auxiliary staff members.
- c. Permit more effective utilization of available nursing personnel in health departments.

Where Studies will be made: Health departments will be selected because the departments have a fairly adequate staff, have an on-going program designed to meet the health needs of the particular community. In selecting health departments, data available from the American Public Health Association, through the annual evaluation schedule and the Study of Combination Health Agencies, recently published by the National Organization of Public Health Nursing, will be utilized. Annual reports of health departments which are supposedly giving adequate service will also be used as a guide in selecting areas. Geographical location and desire of the health department to participate will also be factors considered. A pilot study will be made first to validate methods and then additional health departments in different geographical areas, and having varying health and economic problems, will be selected. Regional offices of the Public Health Service and State health departments will be asked to cooperate in selecting the areas for study.

Section header text, possibly a title for a specific section or chapter.

First paragraph of text, starting with a capital letter and containing several lines of faint, illegible text.

Second paragraph of text, continuing the narrative or discussion with several lines of faint, illegible text.

Third paragraph of text, possibly a shorter section or a concluding sentence for a paragraph.

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The Study of Public Health Nursing Functions
(continued)

Methods to be Employed:

1. Questionnaires or checklists to nursing staffs of the agencies to ascertain what functions are now being performed by them, which functions were performed jointly with another worker (and type of worker), and which functions (in their opinion) could have been performed in part or wholly by another type of worker, as well, or better than they could do it alone.
2. Time study to determine amount of time devoted to each activity.
3. Analysis of time required for each activity by type of personnel.
4. Evaluation of unmet public health nursing needs in the community.
5. Estimates of the minimum number of man hours for the types of workers found to be essential for an adequate public health nursing program.

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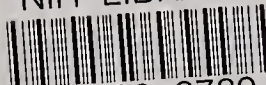
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