

# *The Signal* Newsletter

Atlanta Branch, Commissioned Officers Association of the U.S.  
Public Health Service  
(representing members assigned to Atlanta area federal agencies)

Vol 15 Issue 4

Special Edition USPHS Anniversary

This Special Edition of "The Signal" is dedicated to all officers who served with distinction and dedication in improving the health condition of man. The Atlanta Branch of the Commissioned Officers Association of the U.S. Public Health Service, with the Centers for Disease Control and Prevention will be sponsoring a lecture series on the history and accomplishments of the Public Health Service.

Date: July 16, 2004

Location: 1825 Century Center Blvd; Conference Rooms 1A & B.

Time: 0900 – 1145.

This event will be envisioned, please monitor Op Announcements for details.

## THE PHS SEAL AND FLAG



The Public Health Service seal was originally developed by John Maynard Woodworth, the first Supervising Surgeon (the title was later changed to Surgeon General) of the Marine Hospital Service (forerunner of the PHS). Woodworth, who was appointed in 1871, appears to have designed the seal early in his tenure. It featured a caduceus crossed with a fouled anchor and carried the words "U.S. Marine Hospital Service" and the dates 1798-1871. The 1798 date refers to the year of passage of the act for the relief of sick and disabled seamen, which set up the marine hospital system that evolved into the PHS. The latter date represents the year of Woodworth's appointment and the reorganization of the Service associated with the creation of the Supervising Surgeon position. Today's seal is similar, except that it carries the words "U.S. Public Health Service," and only one date (1798).

The fouled anchor signified a seaman in distress or sick



seamen. The caduceus (a winged wand with two serpents intertwined) is often used today as a symbol of medicine, and it is tempting to think that Woodworth intended it to be interpreted in this way. However, the use of the caduceus to represent medicine was not so common in 1871, and it was more often associated with the god Mercury and used to symbolize trade or commerce. A more historically correct symbol of medicine is the staff of Asklepios (Aesculapius), consisting of a wand or staff with one serpent coiled around it and associated with the Greek god of healing, Asklepios. Ralph Williams, in his history of the PHS (1951), speculates that Woodworth used the caduceus of Mercury in the seal because of the Service's relationship with merchant seamen and the maritime industry.

The PHS flag, consisting of a blue PHS seal on a yellow background, appears to have evolved out of the quarantine flag used by the Service on quarantine vessels and stations. The use of a yellow flag to denote quarantine dates back to the eighteenth century. By the early twentieth century, the PHS had added its seal to the traditional yellow flag. Over the course of the twentieth century, a version of the quarantine flag with the seal came to be used more broadly in connection with various PHS activities and was sometimes referred to as the PHS flag. By the late 1960s, specifications had been formally established for the PHS flag as follows: "The Public Health Service flag shall have a yellow background (gold hue) with a blue seal of the Service centered on the flag." The blue and yellow colors of the PHS of course represent its roots in maritime and quarantine activities.

## Images from the PHS Past



*c. 1775*

Dr. Benjamin Waterhouse (1754-1846) introduced into the United States in 1800 the technique of smallpox vaccination discovered in England by Dr. Edward Jenner. Smallpox was one of the most dreaded epidemic diseases in America during the 17th and 18th centuries.

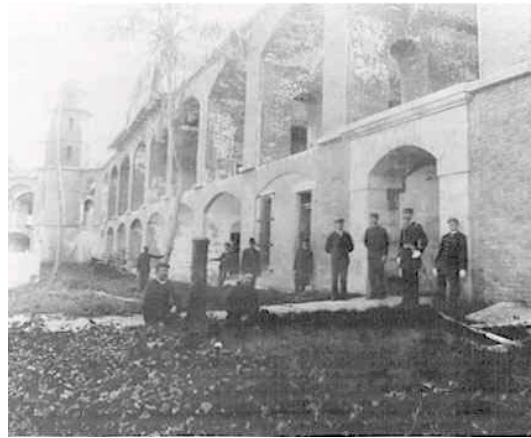
## Fighting the Spread of Epidemic Diseases

By 1878 the Marine Hospital Service had begun to lose its identity as a relief organization solely for sick seamen. The prevalence of major epidemic diseases such as smallpox, yellow fever, and cholera spurred Congress to enact a national law in 1878 to prevent the introduction of contagious and infectious diseases into the United States, later extending it to prevent the spread of disease among the states. The task of controlling epidemic diseases through quarantine and disinfection measures as well as immunization programs fell to the Marine Hospital Service and hastened its evolution into the Public Health Service which served the whole nation.

As a result of new laws the functions of the Service expanded greatly to include the supervision of national quarantine, the medical inspection of immigrants. The prevention of interstate spread of disease and general investigations in the field of public health, such as that of yellow fever epidemics. To help the Service meet these increased tasks the Congress in 1889 established the Commissioned Corps along military lines, with titles and pay corresponding to Army and Navy grades. In 1930 and 1944 the Corps was expanded to include, besides physicians, engineers, dentists, research scientists, nurses, and other health care specialists.

As epidemic diseases were brought under control the Public Health Service began to shift its attention to other areas such as cancer, heart disease, health in the workplace, and the impact of environmental problems, such as toxic waste disposal, on health. But the Public Health Service is still called upon to investigate outbreaks of disease such as Legionnaire's, toxic shock syndrome, and now the deadliest epidemic of our age -- AIDS. Much

of the work of the early plague fighters and sanitarians is now carried out by the scientists at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia



*c. 1895*

Public Health Service officers in front of the quarantine hospital in the Dry Tortugas, Florida. Ravaging epidemics, which were taking their toll on the United States population, and the continued failure of the Federal Government to exert its proper authority in quarantine matters, stimulated John M. Woodworth, the first Surgeon General of the Marine Hospital Service, to press for action in developing an effective national quarantine system. Largely through his efforts the national quarantine act "to prevent the introduction of contagious or infectious diseases into the United States" was passed in 1878. This legislation also gave authority for the very important Public Health Service publication now known as Public Health Reports.



*c. 1898*

Public Health Service officers in uniform at the Montauk Point, New York, Quarantine Station. An Act of Congress in 1870 formally organized the Marine Hospital Service as a national agency with centralized administration under a medical officer, the Supervising Surgeon, who was later given the title of Surgeon General. The Service was

reorganized along military lines, with uniforms, entrance examinations, and tenure and promotion on the basis of merit, free from politics. Gradually, local physicians were replaced with medical officers, who were admitted only after examination and were subject to assignment wherever required.



c. 1917

Sanitary engineer Ralph E. Tarbett oversees malaria control work during World War I. A drip can containing oil and kerosene is used to eliminate a mosquito-breeding area. Starting in 1912 and 1913 malaria studies and malaria control efforts were led by Public Health Service officer Henry R. Carter and Rudolph H. von Ezzdorf. From 1912 to 1917 the main effort was directed toward determining where malaria was prevalent in the United States and measuring its economic impact.



c. 1930

Rural sanitary surveys conducted by the Public Health Service under the leadership of such officers as Leslie L. Lumsden (1875-1946) and Charles W. Stiles (1867-1941) tried to ascertain the health conditions in rural areas of the United States through house-to-house canvasses. Working in close cooperation with local officials, the public health survey teams also provided advice to these households concerning the safe disposal of human wastes by building sanitary privies, the protection of water supplies by safeguarding wells to prevent surface drainage, and the screening of homes to prevent the entrance of disease-bearing insects, particularly flies and mosquitoes. The construction of sanitary privies for each household, such as these shown here in an agricultural migrant village, played an important part in the development of rural sanitation.

This work was greatly advanced during the 1930s through the federal privy-building programs of the Civil Works Administration and the Work Projects Administration.

(To Be Tucked Under of a Privy and NOT Tied Down.)

## Sanitary Privies Are Cheaper Than Coffins



For Health's Sake let's keep this Privy CLEAN. Bad privies (and the privies of all sorts) are the greatest cause of disease. Clean people or families will help us keep this place clean. It should be kept as clean as the home because it spreads more disease.

*The User Must Keep It Clean Inside. Wash the Seat Occasionally*

### How to Keep a Safe Privy:

1. Have the back perfectly screened against flies and animals.
2. Have a hinged door over the seat and keep it CLOSED when not in use.
3. Have a bucket beneath to catch the Excreta.
4. VENTILATE THE VAULT.
5. See that the privy is kept clean inside and out, or take the blame on yourself if some member of your family dies of Typhoid Fever.

Some of the Diseases Spread by Filthy Privies:  
Typhoid Fever, Bavel Trouble of Children, Dysentery, Hookworm, Cholera, some Tuberculosis,  
The Flies that You See in the Privy Will Soon Be in the Dining Room.

## Walker County Board of Health



c. 1966

Public Health Service officer Gail Schmidt checking the level of contamination on the exterior of a building used by radium source manufacturer and importer in New York. Health hazards associated with radioactive materials have been a concern for the Service throughout most of this century. Since 1979 the Centers for Disease Control and Prevention in Atlanta, Georgia have had the primary responsibility of responding to environmental emergencies involving radiation and chemicals such as those caused by spills during transport fires, and other incidents. They assisted in the environmental epidemiologic investigation following the Three Mile Island nuclear reactor accident in 1979.



c. 1969

Not only did the Centers for Disease Control and Prevention take over the foreign quarantine functions in 1967 they also extended quarantine into space. The Centers for Disease Control and Prevention provided quarantine equipment and procedures for the United States space program, including the Apollo moon landings



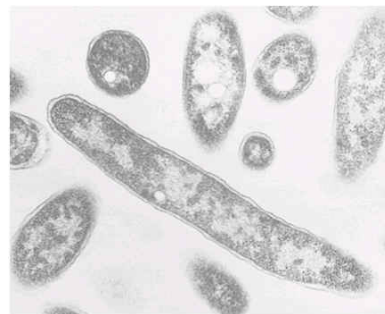
c. 1980

Wearing high-level protective gear Public Health Service response teams collect samples for toxic substance identification. Since 1979 the Centers for Disease Control and Prevention (CDC) have coordinated activities to protect the public's health against exposure to toxic chemicals in the environment. The Center for Environmental Health and the National Institute for Occupational Safety and Health (NIOSH) are the two organizational units within the CDC responsible for these activities. They include studies of indoor air quality, lead-based paint poisoning, and occupational exposure to asbestos and hundreds of other toxic and carcinogenic substances. Health studies of residents of Love Canal, an abandoned chemical waste dump in Niagara Falls, New York, in 1980 was one of their most well-known efforts. This led to the creation of the Agency for Toxic Substances and Disease Registry.



c. 1930

Thomas Parran (1892-1968) was a strong national and international leader in the field of public health. As chief of the Public Health Service's Division of Venereal Diseases (1926-30) and as Surgeon General (1936-48) he led the fight against venereal disease, with special emphasis on public education. He greatly strengthened and extended the research programs at the National Institutes of Health, established the Communicable Disease Center (later Centers for Disease Control and Prevention in Atlanta, Georgia), and participated in the planning of the World Health Organization.



c. 1977

Legionnaires' disease was first recognized in July 1976, when a sudden outbreak of pneumonia, resulting in several deaths, occurred mostly in persons who had attended an American Legion convention in Philadelphia. Researchers Charles C. Shepard (1914-85) and Joseph E. McDade of the Centers for Disease Control and Prevention were the first in 1977 to identify the disease-causing bacterium -- *Legionella pneumophila*, which is pictured here. Since then more than 20 species in the *Legionella* genus have been identified and the mystery surrounding many illnesses associated with them solved, in the grand tradition of the microbe hunters of the late 19th and early 20th centuries. Many of these modern day microbe hunters or epidemiologists were trained in the Centers for Disease Control and Prevention's Epidemic Intelligence Service, which was established by Dr. Alexander Laugmuir in 1951.



c. 1987

Researchers, such as this man in the Centers for Disease Control and Prevention's new maximum containment virology laboratory, use the most advanced technology available to study dangerous organisms like the Lassa, Machupo, Ebola, and AIDS viruses that cause deadly diseases for which no cure or vaccine exists. Statistics about these and other diseases are published in the *Morbidity and Mortality Weekly Report (MMWR)*, a widely read publication around the world. Weekly reporting of morbidity and mortality statistics to the Public Health Service began in 1893. Various bureaus of the Service have published these reports. Since 1961, the Center for Disease Control and Prevention's Epidemiology Program Office has been responsible for publishing the MMWR.

### Pure Food

Concern about the purity of food, drink, and medicines goes back at least to the beginning of recorded history. Regulation of food in the United States dates from early colonial times. Federal controls over the drug supply, namely banning the importation of adulterated drugs, started in 1848.

In the last quarter of the 19th century many attempts were made to enact a national food and drug law. Gradually a coalition developed, including farmers, food processors, state officials, physicians, women's club members, and muckraking journalists. Pressure from this powerful lobby together with public alarm over unhygienic conditions in Chicago's meat-packing plants revealed in Upton Sinclair's novel, *The Jungle*, and confirmed by government investigators, finally pushed Congress to enact, in 1906, both a meat inspection law and the Food and Drugs Act. The law forbade adulteration and misbranding of foods, drinks, and drugs in interstate commerce but contained few specific requirements to insure compliance. Technological changes and adverse court decisions soon made it obsolete.

Thirty years later a drug tragedy in which over 100 people were killed by a poisonous solvent used to dissolve the wonder drug sulfanilamide, greatly dramatized the need to broaden existing legislation and ensure product safety before marketing. The following year Congress passed and President Franklin D. Roosevelt signed into law the Federal Food, Drug, and Cosmetic Act of 1938 which, with major

amendments in the last 50 years contains the basic law of the land. Among numerous new provisions, it required manufacturers to provide scientific proof of a new drug's safety before it could be marketed and made dangerous or falsely labeled cosmetics and therapeutic devices illegal. Enforcement of these laws is the mission of the Food and Drug Administration (FDA), established originally as the Bureau of Chemistry in the Department of Agriculture. Today, as a major regulatory agency of the Public Health Service, the FDA ensures consumers that foods are safe and wholesome; prescriptions and nonprescription medicines, animal drugs, and biologic drugs are safe and effective for their labeled uses; cosmetics are harmless; medical devices are safe; all these products are honestly and accurately labeled and packaged; and that radiation from electronic products does not pose a consumer hazard.



c. 1905

In 1902 Dr. Harvey W. Wiley (third from the left), chief chemist at the U.S. Department of Agriculture and the "human catalyst" who helped coordinate the national campaign for pure food and drugs, started research with human volunteers, officially designated the "Hygienic Table," to determine the effects of food preservatives on digestion and health. Overnight the press made the "Poison Squad" a national sensation. Wiley's research showed that such additives as borax, salicylic acid, and formaldehyde were harmful. He became convinced that chemical preservatives should be used in food only when necessary, that the burden of proving safety should fall on the producer, and that none should be used without informing the consumer on the label-basic principles of today's law and regulations.

c. 1910

Before the Food and Drugs Act of 1906 prohibited interstate commerce in misbranded and adulterated foods, drinks, and drugs, thousands of questionable remedies, some containing only harmless and inert preparations but

many having narcotic drugs and alcohol, were sold everywhere and to anyone, without restriction. They claimed to cure every disease and symptom. Most labels did not declare ingredients, and warnings against misuse were unheard of. What information the public got about these products came from the physician or pharmacist, from hearsay, or sometimes from bitter experience.



One of the worst patent medicine abuses was the addiction of babies given "soothing syrups" containing varying amounts of morphine, heroin, opium, or laudanum (a mixture of alcohol and opium) to stop their crying. The 1906 law required only that the narcotic and the dose be declared on the label. Several newspaper and national magazines together with the American Medical Association began the fight against the "soothers." Retail druggists pledged to stop selling them over the counter and a federal narcotic law, the Harrison Act of 1914, finally made this illegal.



c. 1910



The Food and Drug Administration dates from 1862 when President Lincoln appointed Charles Wetherill as chemist of the new Department of Agriculture. Studies of food adulteration, begun by Wetherill's successors, were greatly expanded when Dr. Harvey W. Wiley became Chief of the Bureau of Chemistry in 1883. One of the Bureau's early laboratories is shown here. After the passage of the Food and Drugs Act in 1906, which forbade adulteration and misbranding of foods, drinks, and drugs in interstate commerce, the Bureau of Chemistry was given the task of investigating violations and preparing cases for the courts. In 1927 a separate law enforcement agency, the Food and Drug Administration, was formed. In 1940 the Food and Drug Administration was transferred to the Federal Security Agency, which in 1953 became the Department of Health, Education, and Welfare. Another reorganization in 1968 placed the Food and Drug Administration in the Public Health Service.

After nearly a century of providing health care to seamen, the mission of the Public Health Service was greatly expanded at the end of the 19th and the beginning of the 20th centuries to include the whole nation.

A Commissioned Corps of highly skilled and mobile health professionals was established in 1889 to work in the hospitals of the Service, to combat epidemics, and to respond quickly to other medical or public health emergencies anywhere in the United States and the world. At first the Corps was composed of only medical officers. Later, laws were enacted to include other health science disciplines.

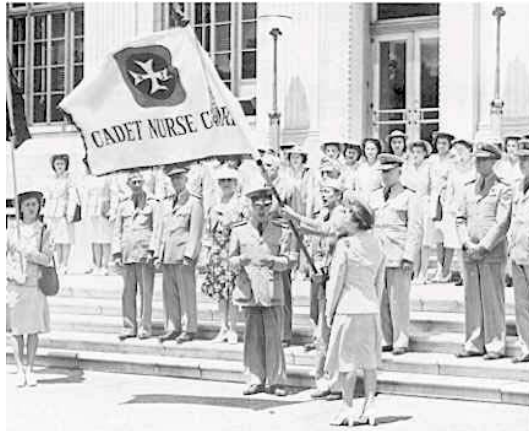
### Health Care Delivery



The task of health care delivery and resource allocation lies primarily in the hands of the Health Resources and Services Administration. This includes supporting states

and communities through the National Health Service Corps to plan and deliver health care, especially to people in medically underserved areas, migrant workers, mothers and children, and other groups with special needs; helping to improve the education and distribution of health workers; providing technical assistance for modernizing or replacing health care facilities; and administering the organ transplant program.

The Indian Health Service, which was made a separate agency in 1988, provides comprehensive health services for American Indians and Alaska Natives.



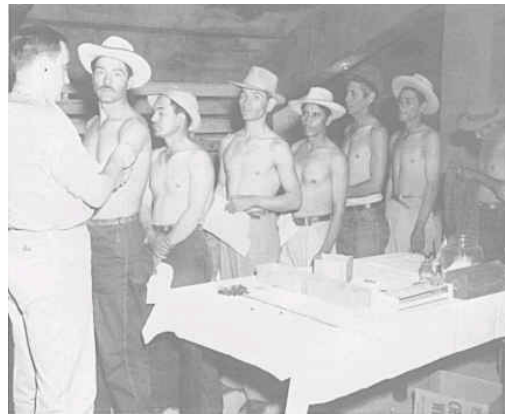
*c. 1944*

Presentation of the Cadet Nurse Corps flag to Nurse Director Lucile Petry by Surgeon General Thomas Parran (reading), at ceremonies in Washington, D.C., in June 1944. The need for nurses during the second World War motivated Congress to pass an act in 1943, known as the Bolton Act, for Congresswoman Frances Bolton of Ohio (4th left front) who sponsored the bill in the House, establishing the Cadet Nurse Corps of the Public Health Service. Under the terms of this Act, Federal scholarships in nurse education were made available to qualified young women upon enrollment in schools of nursing whose curricula and nursing facilities met standards prescribed by the Service. Miss Lucile Petry was chosen by Surgeon General Parran as chief of the newly established Division of Nurse Education, which was to administer this program. During its 3 years of existence the Cadet Nurse Corps provided a great reservoir of trained nurses for the military and prevented the collapse of civilian nursing service on the home front.



*c. 1944*

Sanitary engineers in the Public Health Service during World War II. Since the turn of the 20th century sanitary engineers have played a very important role in the Service by dealing with problems related to water supplies, sewage disposal, industrial wastes, and other environmental hygiene concerns. They have worked to control yellow fever, malaria, and waterborne diseases, such as typhoid fever. The first sanitary engineer was employed by the Service in 1913. Although sanitary engineers had been commissioned in the Reserve Corps of the Service since then, it was not until the Parker Act was passed in 1930 that sanitary engineers were authorized to be commissioned in the regular Corps.



*c. 1963*

Public Health Service officer vaccinating Mexican migrant workers, "braceros," in El Paso, Texas. The medical care of migrant workers had been the domain of the Health Services Administration and is now under the aegis of the Health Resources and Services Administration's Bureau of Health Care Delivery and Assistance. The Bureau helps migrant and seasonal farm workers and their families by funding project grants to State, local, voluntary, public, and private health providers that work with underserved populations. The efforts of Helen L. Johnston and others, which led to the Migrant Health Act of 1962, initiated many of these programs.



principal federal advocate for American Indians and Alaska Natives in the health field. In 1988 the Indian Health Service was made a separate agency within the Public Health Service with the same rank as other agencies such as the National Institutes of Health and the Food and Drug Administration.

c. 1948



Prisoner volunteers, such as these at the U.S. Penitentiary in Seagonville, Texas, were used to test drugs against malaria in the 1940s. The reorganization of the activities of the Federal Bureau of Prisons in 1930 placed the supervision and provision of medical and psychiatric care for federal prisoners in the hands of the Public Health Service. Until then medical care was provided by local physicians.



c. 1965

Among the direct beneficiaries of medical care from the Federal Government as specified by law are the Alaska Natives. American Eskimos and other Alaskan tribes receive comprehensive health care including hospital, ambulatory, preventive, and rehabilitative care through the Indian Health Service.



c. 1964



c.1965

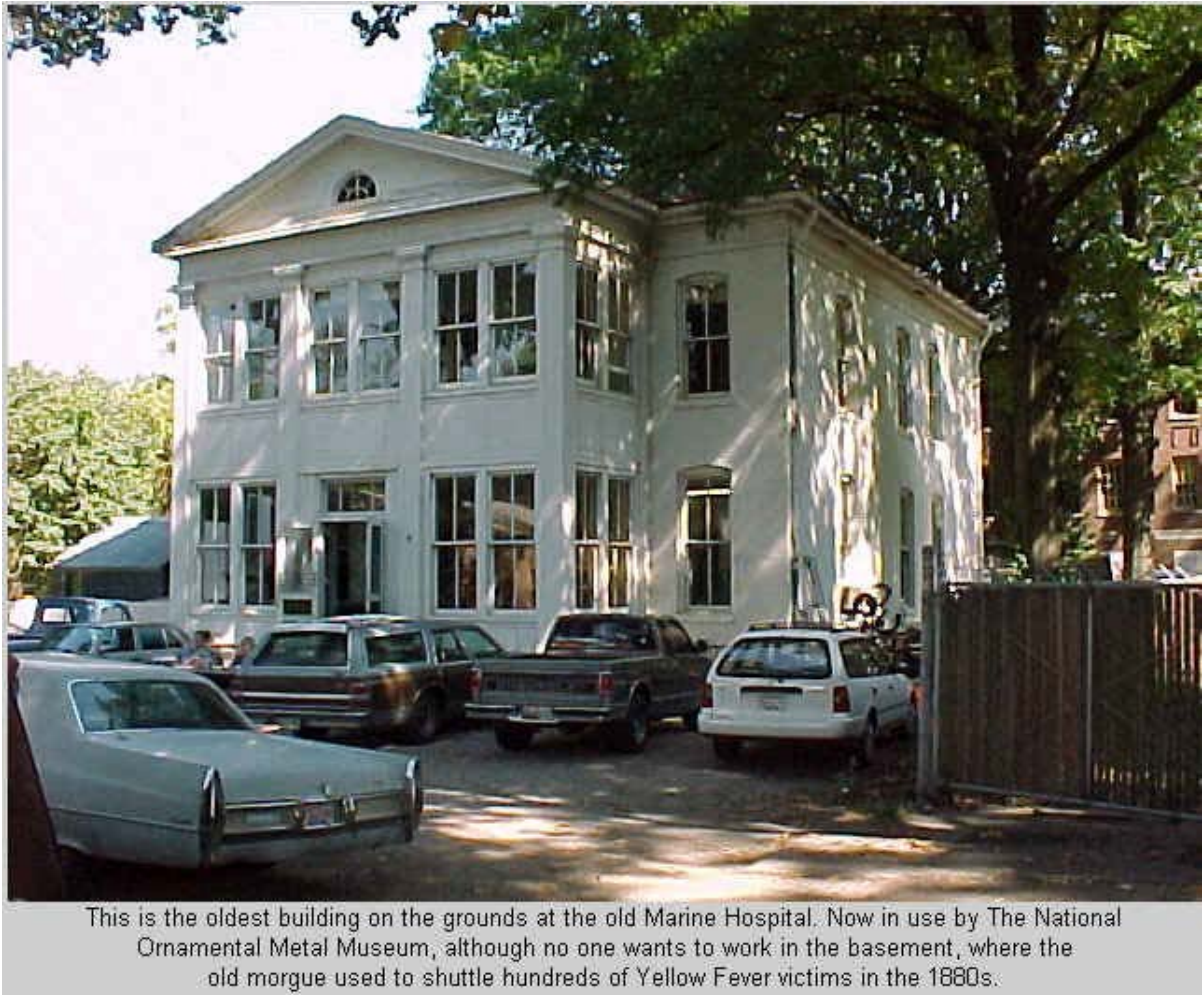
With the development of international aircraft travel, measures were instituted to prevent the introduction of diseased persons and disease-carrying insects and animals into the United States. This little boy had a recent case of chicken pox. Dr. Close, Medical Officer at Kennedy International Airport in New York City, takes a good look to make sure there are no signs of smallpox, a quarantinable disease in 1965.



Public health nurses in the Indian Health Service bring medical care to the reservations. The Indian Health Service provides comprehensive health services to Native Americans and tries to assist tribes in obtaining and using health resources available through federal, state, and local programs. It also serves as the

Additional PHS Images can be viewed at [http://www.nlm.nih.gov/exhibition/phs\\_history/ind.htm](http://www.nlm.nih.gov/exhibition/phs_history/ind.htm)

## Historic Beauty on the Bluff



This is the oldest building on the grounds at the old Marine Hospital. Now in use by The National Ornamental Metal Museum, although no one wants to work in the basement, where the old morgue used to shuttle hundreds of Yellow Fever victims in the 1880s.

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Situated on a bluff overlooking the Mississippi River, in one of the most beautiful spots in Memphis, sits a group of abandoned-looking buildings adjoining the site of the National Ornamental Metal Museum. These buildings, along with those of the Museum, occupy the entire block north of DeSoto Park. The complex is known as the United States Marine Hospital.

The largest of these buildings is the three-story, neo-classical brick structure built in 1936. Beside it, nestle under the huge oaks that shade the site, is a building that appears to be much older – and it is. This white, two-story building is constructed of red brick and surrounded by a beautiful, deep porch with square columns and bracketed eaves. It has a

six-bay façade, two-over two rectangular double – hung sash windows with stone sills set into slightly arched openings. These openings are decorated with double radiating voussoirs and carved wood tympanums,

but the thick encrustation of paint makes it difficult to see the detail. The doors are single-leaf panel doors with single light transoms set into openings of the same configuration as those described from the windows. The building's metal hip roof has a projecting cornice over a wooded frieze decorated with brackets and carved panels. This building was constructed in 1883 and is one of the two remaining original buildings on the site. The other, now used by the Museum, had its original Italianate-style two story wooden porch replaced in 1937 by the present neo-classical enclosed addition, probably in an effect to harmonized with the new construction done at that time.

The United States Marine Hospital dates back to July 16, 1798, when President John Adams signed an act creating the Marine Hospital Service. This act was designed to administer aid to sick and disabled seamen, and was the forerunner to the U.S. Public Health Service. The first hospital in the area resulting from this act however was not in Memphis, but in Napoleon, Arkansas. This town, mentioned prominently in Mark Twain's *Life on the Mississippi*, was washed away completely when the river made one of its unpredictable course changes in the late 1870s. Since the nearest remaining hospital for Memphis rivermen was in New Orleans, the bricks from the hospital were reportedly brought to Memphis for the construction of a new hospital, the United States Marine Hospital, was opened by the government in 1884 through the U.S. Public Health Service. The Marine Hospital became the first government health facility in the city and the only government hospital in the area until construction of the Veteran's Administration Hospital after World War I. The hospital was intended to serve the large number of citizens, employees of the government, and others who were identified with the river and marine activities. Remember that this was the era in which the Mississippi levee system was built and the Delta was made habitable. This taming of the river was the greatest public works project the government had undertaken up to date.

The site of the Marine Hospital was selected in 1881 out of what was then known as Fort Pickering, a separate town eighteen years older and, at one time, larger than Memphis. Legend has it that Hernando DeSoto first saw the "Father of Waters" in May of 1541 from this vicinity. Six buildings comprised the original hospital district; the surgeon's house, a stable, the executive building, two wards and a laundry-dinning room, connected by covered porches to the executive building. The wards and stable, all frame structures, were demolished in the 1930s. The surgeon's quarters survived until 1964. The two surviving buildings from 1884 are known in the National Register Nomination for the Hospital as the laundry-dinning room and the executive building.

Although the hospital was originally intended to serve the needs of seamen, it was used at various times by the Coast Guard, cadets of the state maritime academy, members of the Coast and Geodetic Survey, Public Health fieldmen, and Army Corps of Engineers, and employees and federal workers injured on duty. It has recently been used to

house soldiers during Desert Storm. In 1951, the expanded program was reflected in the change of the official name of the facility to the United States Public Health Service Hospital. The hospital was closed in 1965.

In 1970, the property was divided. The Federal government retained the eastern end of the site, and the City of Memphis acquired the western end, which it has leased to the Ornamental Metal Museum. The 330th Army Reserve, a hospital unit, has been leasing the eastern end until recently. They are presently moving out and securing the buildings. Future Plans for the Marine Hospital are uncertain, Conservations with representatives of the Reserve unit indicate that the procedure by which the Federal government disposes of property is about to be initiated. The property must be offered to a succession of government units before it is sold to a private buyer. The two 1884 buildings are listed on the National Register of Historic Places, and so have some protection, and the 1936 buildings are eligible for listing. Whatever their eventual use, we hope that the beauty and the character of the site will be preserved, and that the public's used and appreciation of it will increase.

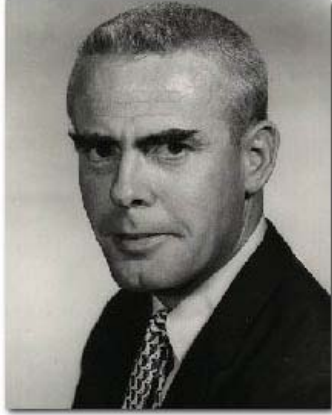


### CDC's Whose Who:

If you ever had to attend training or meeting at the Centers for Disease Control and Prevention, you may have noticed the Campus or Room was named after someone from CDC past. Deep down you were curious about their contributions to the nation's health.

Several training classes take place at the Stanford building in the Koger Center and it is the location of our Commissioned Corps liaison office. Some of our newest officers may not have ever heard of the likes of Dr.'s Sencer, Goddard, Roper, Foege, Mason.....hmmm?

Here's a start and you may find yourself searching for more:



**RADM James Goddard M.D, MPH, CDC Director 1962-1966 Broadened the vision of CDC.**

In 1949, Dr. Goddard entered the Public Health Service (he interrupted his government career between 1950-1951 to work in private practice in Kalida, Ohio); he served in the PHS until 1968. At the time of his retirement, he held the rank of Assistant Surgeon General. Goddard served PHS in New York, Massachusetts, North Carolina, Colorado and Ohio. Goddard headed the PHS Accident Prevention Program in Washington, D. C. where he helped lead the push for auto safety belts. His career in public health continued as director of the medical program in the Federal Aviation Agency for the following three years. Serving as our nation's first Civil Air Surgeon who's responsibilities included medical licensing approximately 300,000 pilots a year and the investigation of human error in major aircraft accidents. After a falling out with the FAA's top administrator, then Surgeon General, Luther Terry provided him 3 choices of assignment. In 1962 Goddard was named head of the Communicable Disease Center in Atlanta (as CDC was called at that time); he was the youngest person (39) at that time to hold that post. He was, also, the first of a 23-year stretch of graduates of the Harvard School of Public Health that would hold the position of the director of CDC. He is credited with introducing the computer-age to CDC and "grumbling EIS officers" (who had to take IBM training courses) with the new IBM 610 the size of a dinosaur (occupying a room 18 x 20 ft). Also, he expanded the agency's Medical Audiovisual Branch from which he was known for mocking Washington's clearance process for CDC publications at the time. But after some creative illustrations of the volume of information which sat in holding, he was successful at getting better responsiveness and "clearance" was no longer an issue for him. He is

fondly remembered as a leader who roamed the halls, poking around and saying "hello". He refers to CDC as "the best assignment I had in my career in the public health service" Goddard served as the director of CDC from 1962-1966. After serving as the Director of CDC, he became the Commissioner of the FDA in 1966, resigning from that position and the PHS in 1968. He retired at the rank of Assistant Surgeon General (RADM)

Goddard received the John Jeffries Award in 1962, the Public Health Service Meritorious Service Medal in 1962 and the Distinguished Service Award of the Federal Aviation Agency in 1962. Goddard also received numerous honors for his career in public service, including honorary doctorates from the University of Michigan and Emory University, and the Bronfman Prize of the American Public Health Association, the highest public health award in this country.



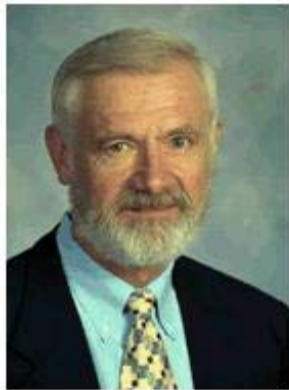
**David J. Sencer, M.D., CDC Director 1966-1977, PHS career: 1955-1977 "A Leader's Leader"**

Dr. Goddard left his post to his deputy Dr. David Sencer, who was also referred to by Goddard as: "the brightest man I've ever worked with".

Known as an "implementer with a phenomenal memory", Dr. Sencer was the longest reigning CDC director and was known to have a vision for organizational structure. He is credited with taking in two other Federal offices: The Office of Pesticides and the Foreign Quarantine Office, and reorganized them by eliminating inefficient and wasteful procedures. In addition, he launched the smallpox eradication campaign and implemented family planning research. He later added two more sectors to CDC, the National Clearinghouse for Smoking and Health and the National Institute of Occupational Health and Safety as they were an appropriate fit, as

he saw it, within the agency. His tenure ended with the Swine Flu controversy. Although, he served in that effort with the full support of fellow CDC colleagues and immunization authorities; because of the outfall of vaccine side effects David Sencer was asked to resign. On a positive note, from this mass vaccination effort raised the development of a successful influenza surveillance program providing the ability to track down the vaccinations negative side-effects. As the “fall guy”, Dr. Sencer contends that he would do it again in the name of public interest. In retirement, he has served on a variety of ethics committees at Emory University and teaches freshmen medical students.

(Excerpts from Harvard Public Health Review: Front and Center by Terri Rutter)



**William H. Foege, M.D., M.P.H., CDC Director 1977 – 1983 “Science with a heart”**

Dr. Foege, prior EIS officer class of 61, spent years as a medical missionary with his wife in Africa in the mid-60's devising a strategy of “surveillance and containment” of smallpox. It was this innovative system that would later become the recognized strategy to defeat smallpox and infectious disease worldwide. After a forced evacuation due to civil war, Dr. Foege returned to CDC to work in the Smallpox Eradication/Measles Control program. He was later named director of the program by Dr. Sencer in 1970. Dr. Foege assumed the leadership of CDC in 1977, the same year that the last case of smallpox was eradicated from the world. Once in the director's chair, he set forth the project to identify the leading causes of morbidity and mortality in the country through what he called his “Red Book Committee”. From this project, Dr. Foege is known for putting injury “on the map” for CDC. He played a key role in the 1983 Institute of Medicine Report: “Injury in

America: A Continuing Public Health Problem”. In 1985, CDC created an injury epidemiology and control division which later became the National Center for Injury Prevention and Control (1993). Prior to completing his PHS Commissioned Corps career in 1987, Dr. Foege formed the Task Force for Child Survival credited with the expansion of childhood immunizations and the support for a better quality of life for all children worldwide. He continues to pioneer the public health field. Ten days following the September 11<sup>th</sup> attacks he accepted the 2001 Mary Woodard Lasker Award for Public Service

(<http://www.laskerfoundation.org/awards/library/2001public.shtml>) at a Manhattan hotel seven miles north of ground zero. As part of his poignant speech he asks: “What is better than science?” and answered with “Better than science is science with heart, science with ethics, science with equity, science with justice.”

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<http://www.bizjournals.com/atlanta/stories/1998/07/27/focus3.html?page=2>

[http://www.emory.edu/EMORY\\_MAGAZINE/winter2002/foege.html](http://www.emory.edu/EMORY_MAGAZINE/winter2002/foege.html)

ACOA will maintain PHS anniversary postings on our website, let us hear about past and present leaders you would like to share or know more about.

