

THE HEALTH OFFICER'S CODE

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WHEN I was asked to write this paper my first thought was where in the printed literature can I find something on this subject. After thinking a few days and after glancing through volumes 49, 50, and 51 of the "American Journal of Public Health," I rather suddenly realized that if I contributed anything in writing this paper, the material must be recovered from somewhere within my own mind. I then started searching through the 36 volumes of my own recorded experiences rather than attempting to review the last 36 volumes of the APHA Journal.

In checking with Webster's dictionary, I found several definitions of the word "code." There are only two which I shall discuss:

1. "A body of laws of a nation, state, city or organization, arranged systematically for easy reference."

2. "Any set of principles or rules of conduct: as, a moral code."

Every health officer must have information, quickly available, regarding the code defined as "a body of laws of a nation, state or city." It is generally his responsibility to enforce law as it relates to the health of people within his jurisdiction. When boards of health make rules and regulations he is usually specifically charged with the enforcement of them. Copies of such laws, rules, and regulations should at all times be in the office of the health officer.

Regarding laws, I have repeatedly stated to sanitarians, physicians, and nurses with whom I am associated that when any person or group of persons are told "you must do this or that" be sure

you have sufficient law to enforce the requirement made. Often a more persuasive approach will accomplish the result wanted.

The health officer must work most cooperatively with the elected attorneys in the enforcement of laws relating to health. He should seek and follow the attorney's advice in all cases he suspects may end with court procedure.

The code in which we are most interested, I believe, is the one defined as "any set of principles or rules of conduct." This one will not be found codified and recorded. It has never been, and I am sure it will never be. This discussion is no attempt at codification. There are good reasons for the lack of a printed, systematically arranged code of this nature. Perhaps the most logical reason could be that no particular health officer can lay claim to having done any work that uncovered for the first time the basic facts from which the health officer's code may be enunciated.

I have known many health officers I could call by name, as each of you have also known, who I am convinced followed and still follow each day of their useful lives a most distinct and systematically arranged code, readily available to them and not only easily referred to but apparently instinctively used by them. One could recognize it as a judge would recognize an outstanding attorney before his bench as one with the laws at his fingers tips that govern the case being tried.

To me it seems a great loss that such health officers as I refer to could not have written our code. It was so very plain to them. It is very true that the

characteristics of their code have been repeatedly reflected in the many great contributions they have made to our public health literature. This is true of the articles and books written by many health officers. Here I attempt to recall and summarize a few of the characteristics I am sure were contained in the codes followed by these health officers.

Six characteristics, I believe, are always found in the code of a health officer who has successfully continued his work over a significant period of time. They are: honesty, sincerity, courage, confidence, vision, and dedication. These are not characteristics which are solely distinctive of a health officer's code. On the contrary, they are applicable to the code of any public official or person who successfully devotes a full life to a particular responsible cause. He starts acquiring the elements of his code during his most susceptible period of life, that is, his preschool years. He is first exposed to them in his home and this is where they are extremely contagious.

There are many young men and women who have been exposed to and acquired the characteristics I have mentioned. This is not enough. The potential health officer must associate them with additional knowledge which will enable him to become successful in the field of public health. I shall not here outline the curriculum for a health officer's career, but simply state that the fulfillment of such a course of study is necessary.

The official groups the health officer is concerned with are the medical profession and the appropriating bodies. The medical profession is a definite official group because the health officer must apply to his work a knowledge of his specialty which will merit the respect of his medical colleagues. This is his official responsibility to the appropriating bodies. They have employed him because of his ability to interpret medical science to them and the public as it

may be officially applied in protecting and favoring the public health.

It is his responsibility to perceive future health dangers and make suitable plans to meet them. His judgment is frequently checked and rechecked. Many times he is severely criticized, perhaps for his fight for fluoridation of the water supply. Such experiences are tests of his devotion or dedication to his work. The health officer's experiences with official groups in his community are satisfactory only to the extent he is able to apply a code characterized and acquired as I have tried to describe.

The personnel associated with the health officer can either make or break him and the total program he administers. Today, public health personnel usually comprise efficient individuals. This high type of person has been achieved through more adequate training in all disciplines, together with well supervised experience.

The training and experience of public health personnel has achieved its present high status through two main channels:

1. Our excellent schools of public health, which are too few. This has certainly been compensated for by the masters who devoted their lives to this cause. The masters made their students additional masters of the art of teaching, and they in their own right extended their talents and influence to a far greater number of public health personnel. This group of masters has created and made possible the second main channel.

2. On the job training and experiences. We all have heard health officers, nurses, sanitarians, health educators, laboratory workers, and other employees in good health departments proudly state, "I worked with him; in fact I started with him." We often find this employee had no formal training in a school of public health, yet the employer will tell you he could wish for no better person for the work this employee does each day.

To me this excellent group of personnel, usually found in good health departments, reflects in a very distinct manner the code of the health officers who have been associated with them. These health officers, using the code I

have tried to describe, have done all or most all of the following:

1. They have placed responsibility on the health department personnel and given them a part to play in the over-all planning and execution of the department's program.
2. They have gained the confidence of and placed confidence in the personnel.
3. They have given each employee full credit for achievement made by the department as a whole and by the individual.
4. They have taught by exemplifying good public health practice.
5. They have made it easy for the employee to seek and obtain help and guidance from the health officer.
6. They have been a friend as well as a director.
7. They have merited love and respect from the personnel with whom they are associated.

The health officer's general public is the total group for whom the health officer and the health department staff work. This group, through their elected representatives, employs the health officer and can fire him. This group can be the health officer's staunchest friends or can barely know him.

If there is one part of a public health program that can contribute most to the health department's usefulness to the public it is the communications phase. I shall make no attempt to present a format for an adequate communications program in a health department. This must be a major activity of the department and its extent and image is largely determined by the health officer's activities. Educational procedures have been given great emphasis during the health officer's period of special training.

Having completed his training (pre-medical, medical, and postgraduate specialty), the use of the health officer's code in his application of all knowledge he has gained is most recognizable. I have only briefly tried to illustrate how the characteristics of his code may be recognized in his activities or relationship with his official groups and the health department personnel. I shall

briefly try to point out how the public has quickly observed these characteristics in health officers I have known.

The practice of requiring the health officer to post bond to safeguard all moneys expended under his supervision is practically unknown in all local health departments. This is a very real indication that the health officer's code has the characteristic of honesty.

When a disease is suspected of being endemic in a community, the general public outside the area as well as inside the area depends implicitly upon the local health officer to record and relate the extent of the incidence. When the health officer states his recorded facts and makes his observations, they are accepted. In all areas I have observed, this is true because the public has recognized sincerity as a characteristic of the health officer's code. His facts given are genuine and real.

I could also use the foregoing paragraph to illustrate the characteristic of courage. Even though it could make enemies for the health department, the health officer records and states the facts. Even though his community is a resort area, he states the true incidence of disease because this is a part of his code from which he will not deviate.

I once heard a state health officer say he placed vision as perhaps the most important attribute of a health officer. Certainly the public depends upon the health officer's advice regarding public health programs. I shall attempt to illustrate vision as a characteristic of the health officer's code. The health officer was the first to serve in this particular midwestern county as health officer of both a large city and the county. It was evident the health department needed adequate health center facilities. There were many other needs in the community for improved facilities, such as a four million dollar courthouse. The health officer dreamed, perhaps, not only of adequate housing for the central

health department staff but also for five other centers in other towns in the county. With the help of many community leaders and a good architect, this program was presented to the public. A total of \$28 million in bonds was authorized for the total community improvements, including \$350,000 for public health facilities. Today, 11 years later, this county is supporting an outstanding public health program. In 1950, one year before the approval of the bond issues, this community's health program cost \$131,000. This year the total program will exceed \$600,000. The health officer's code had vision as one characteristic.

I have visited every state in this country and purposely in many communities have talked with "John Doe" on the street regarding his public health program. In a great majority of the instances, I have heard one statement characterizing their health officer. This makes it a most outstanding characteristic. The statement is: "He is a most dedicated man."

In conclusion, the laws or codes most consistently obeyed by men are not those found in the statute books; on the contrary, they are those laws or codes written in the hearts of men. You will find the health officer's code written in his heart.

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New Film on TB

"Town Against TB" depicts the planning, execution, and results of a tuberculosis screening program done in Toms River, N. J., in 1963. The film was made under the auspices of the New Jersey Health Department with the assistance of the Ocean County Medical Society and the Ocean County Tuberculosis and Health Association. Toms River was selected as a demonstration site because it represents a cross-section of the United States ethnically, economically, and socially.

In a logical and orderly sequence the film shows how to organize a steering committee; prepare a timetable of action; inform community leaders and enlist their support; organize recording and follow-up; use professionals and volunteers.

The Lederle Tuberculin Tine Test was used in making the survey. The tine is a compact disposable disk attached to a plastic holder. When applied to the arm the skin will become swollen and red if the reaction is positive. All positive reactors are given chest x-rays.

The 30-minute, 16mm sound-color film was produced and written by Harold Mantell. It is available on a loan basis from Lederle Laboratories, Division of American Cyanamid Company, Pearl River, N. Y.