February 2004

# A Salute to Our Leaders from the Past

George Santayana said that those who cannot remember the past are condemned to repeat it. This tale of ACPM's rich and varied history is intended to both educate and entertain you. Its chapters will confirm that many of our current issues, such as food sanitation, worker safety, environmental health, immunization, and tobacco control are not new, and that only the settings and characters have changed. A continuing theme is the uphill battle between the advocates of prevention vs. those of treatment and cure – a David vs. Goliath struggle that goes on.

Some of the strategies used over the past 50 years worked well and some did not. Nevertheless, we cannot help but be impressed by the ingenuity and fortitude of many of our historic leaders. Some came from government and the military, others from academia and the corporate sector. All had a vision of bringing together the different segments of the emerging specialty of preventive medicine into one organization that would provide the clout to improve the health status of all people.

As you read this history, I hope you will be energized as I was to strive even harder to support ACPM in its efforts to lead the specialty, serve its members, and advocate for a healthier U.S. I personally would like to dedicate this history to Dr. George Dame, the founder and first president of ACPM. I would also like to acknowledge the huge contributions of the hundreds of other ACPM fellows, members and staff who have served as officers, board members, committee chairs and members, and in many other capacities. The past 50 years have been a splendid team performance.

Sincerely,

Robert Harmon, MD, MPH, FACPM

President (2003 – 2005)

# 50 Years of Leadership

## Improving Health Yesterday, Today, and Tomorrow

# Table of Contents

CHAPTER 1

# History

# The Emergence of Preventive Medicine

In 1900, the average life expectancy of a baby born in the United States was 47 years. A century later, in 2000, the typical American child born could expect to live nearly 80 years.[1] The near doubling of the lifespan of Americans in just 100 years is truly one of the amazing achievements of the 20th Century. Indeed, the lengthening of the lifespan is all the more remarkable when one considers that the life expectancy of an estimated 35 years in medieval Europe had only advanced 12 years in a millennium. Society has the public health and medical communities to thank for much of the amazing advancement in how long people live.

Preventive medicine, of course, cannot take all the credit for helping people live longer, healthier lives – but preventive medicine and its component parts - public health, general preventive medicine, aerospace medicine, and occupational medicine - have made significant contributions in the 20th Century to the maintenance of the health and well being of the average American. The nation's public health community, for example, was in the forefront of the movement to create clean water supplies from 1890 through the early 1920s.

Preventive medicine became a distinct medical specialty when the medical community recognized at the turn of the 20th Century that preventing disease could save as many or more lives as actually providing cures for the same diseases. Military doctors and public health practitioners were among the first health care professionals to realize that preventing disease was often a less costly and more effective alternative to treating patients who became sick.

As early as the Revolutionary War, George Washington and his mostly European medical advisors issued General Orders for the Revolutionary Army designed to prevent the spread of disease. "It is extremely difficult to persuade soldiers that cleanliness is absolutely necessary to the health of an army," the General Orders stated. "They can hardly believe that in a military state it becomes one of the necessaries of life."[2] Soldiers in General Washington's army were

### Jonas Salk, MD

In 1999, to celebrate the dawn of the new millennium, the CDC published a list of the 10 greatest public health achievements in the United States during the 20th Century. Topping the list was vaccination.[1]

Vaccines were among the most potent weapons in the preventive medicine specialist's arsenal. In the space of fewer than 40 years after 1895, dreaded killers such as rabies, plague, diphtheria, whooping cough, tuberculosis, tetanus and yellow fever were largely brought under control through the effective use of vaccines.[2] The combined diphtheria, pertussis and tetanus (DPT) vaccine, introduced in the United States during the years immediately following World War II, inoculated a generation of children against a trio of childhood killers and all but eradicated diphtheria, pertussis and tetanus in the United States in the span of less than a decade.

The most feared disease among parents in the postwar era was poliomyelitis. Also known as infantile paralysis, the polio virus typically struck the young and left children in iron lungs, wheelchairs or leg braces. An entire generation of Americans during the Great Depression and World War II had become intimately familiar with polio through the image of their wartime President, Franklin Roosevelt, who used a wheelchair.

Polio outbreaks regularly ravaged the United States in the late 1940s and early 1950s. Mothers forbad their children to swim on hot days for fear that they would catch a chill and

develop the virus. Although polio afflicted fewer than one in 5,000 children in the immediate postwar years, millions of parents lived in dread of the disease.[34]

In 1947, Dr. Jonas Salk accepted a position at the University of Pittsburgh Medical School. The 33-year-old Salk, the son of Russian Jewish immigrants from New York, already had specialized in the development of influenza vaccines during World War II. At Pittsburgh, Salk dedicated himself to the development of a polio vaccine. He toiled in the laboratory for eight years, finally isolating the virus, killing it and turning it into an effective vaccine. When the news of the vaccine was released in April 1955, the nation breathed a sigh of relief and Salk became a national hero overnight. His standing in the public's eye was further enhanced when he refused to patent the vaccine, pointing out instead that the greatest compensation he could receive was seeing the vaccine distributed to the nation's children.[5]

What most Americans didn't know about Jonas Salk was that at the time of the release of the polio vaccine, he was a charter member in the newly formed American College of Preventive Medicine, evidence of the importance he ascribed to the role of preventive medicine in American health care. He held Membership Number 54.

1955

**ACPM Charter Fellow Jonas Salk is featured on the cover of Time Magazine for his work in development of an effective polio vaccine.**

instructed to cover latrines with dirt, bury garbage, change sleeping straw, and wash clothes periodically.

The American military had good cause to be concerned about preventing disease. The Civil War - still the most costly in terms of casualties of any war in the nation's history - was a case in point. The United States Army Medical Department kept detailed records during the conflict.

*Civil War medical treatment*

They revealed that two of three soldiers in the Union Army who died during the war passed away from the effects of disease. There were 110,000 battle deaths during the four-year sectional conflict and 224,500 deaths from disease.[3] From May 1861 to June 1865, there were more than 1.7 million cases of acute and chronic diarrhea and dysentery among soldiers in the Union Army; more than 44,500 of the men in blue died from diarrheal diseases alone.[4]

## Hygiene as a Specialty

Preventive medicine in the 19th Century was most often called by the name "hygiene," a reference to the discipline's origins in public health. One of the first United States medical schools to teach preventive medicine was the University of Maryland, which in 1833 established the chair of Materia Medica, Therapeutics, Hygiene and Medical Jurisprudence. The school recruited Dr. Robley Dunglison to chair the new division. Dr. Dunglison moved from the University of Virginia, where Thomas Jefferson had previously named him the founding faculty member of the university's School of Medicine.[5]

One of the first major breakthroughs in the war against disease came in the 1880s when medical scientists in Europe and the United States began

to discover that microbes caused infectious diseases such as tuberculosis, cholera, typhoid fever and diphtheria.[6] The groundbreaking work done by Louis Pasteur in the 1850s and Robert Koch in the 1870s proved that germs and microorganisms were responsible for many of the diseases that threatened human health.[7]

Champions of the germ theory of disease on both sides of the Atlantic Ocean gradually took charge of medical science during the last two decades of the 19th Century. Urbanization and industrialization in America and Europe had created conditions in which disease could spread much faster than in rural, non-industrial societies. What was lacking in the late 19th Century was a public health infrastructure that could deliver preventive measures to a population that was increasingly at risk.

In 1900, the three leading causes of death in the United States were pneumonia, tuberculosis and diarrhea. Tuberculosis alone killed 194 of every 100,000 United States residents at the turn of the 20th Century. In 1900, nearly one-third of all deaths in the United States occurred among children 5 years of age or younger.[8] While not a major health problem in the United States today, tuberculosis still afflicts more than three million people worldwide each year.

Armed with the knowledge from scientists working in public health laboratories that disease was often spread by contaminated water and food, federal, state and local governments moved swiftly during the 1890s and early 1900s to enact legislation and establish public health initiatives to protect the American people. In 1906, the Pure Food and Drug Act was enacted in the wake of journalist Upton Sinclair's exposé of the nation's meatpacking industry.[9]

The rise of the Progressive political movement in many of the nation's states and cities led to the municipalization of thousands of the country's water supply systems. Communities from one end of the United States to the other created safe water supply and sewage treatment systems during the waning years of the 19th Century and the first decades of the 20th Century. In Superior, Wisconsin, intake pipes were laid out into Lake Superior and filters were installed in a new pumping station in 1890 to replace contaminated water that had previously been taken from a shallow bay adjacent to the city.[10] The Wisconsin city's neighbors across the bay in Duluth, Minnesota experienced a typhoid epidemic that killed 100 residents in 1895; five years later, voters swept in a reform ticket that extended the city's intake water pipes much further out into Lake Superior.[11]

The Board of Trustees elected in Muscatine, Iowa in 1900 came into

## 1915

**The American Medical Association creates a section on Preventive Medicine and Public Health to recognize the link between public health efforts and preventing disease.**

office with a simple policy: "Good Water. More Water. Foresightedness. Equitable Rates." They bonded the city to the amount of $100,000 to buy the existing waterworks from a private concern and upgrade it to contemporary safety standards.[12] Although $100,000 was an immense amount of money for a community to invest in 1900, the investment was money well spent. In 1915, auditors for the city reported that the replacement value for the Muscatine Waterworks was in excess of $500,000.

Fear of cholera motivated the citizens of New Ulm, Minnesota to invest more than $40,000 in its waterworks, which in 1895 was considered one of the finest such facilities in Minnesota. At the time, the city boasted five miles of water mains and 47 fire hydrants located strategically throughout the community. That year, the waterworks recorded a total volume of 11.8 million gallons of water pumped to 182 customers.[13]

For most American communities, clean water became a standard in the early part of the 20th Century, a standard that is threatened 100 years later by the lack of investment in water infrastructure. A key component of that standard was the growing number of public health professionals. The American Medical Association (AMA) recognized the yeoman's work done by the public health community in preventing disease when it created a section on Preventive Medicine and Public Health at its 1915 annual conference. AMA's original organizational charter in the 1800s specifically mentioned public health, and the farsighted public health professionals who tackled the problems of dirty water 100 years ago were reflective of society's concerns at the time.

## Occupational Medicine

Occupational medicine, the preventive discipline of treating workers on the factory floor, dates from the turn of the 20th Century. The ancient Greeks understood that workers in the sulfur mines of Sicily sickened and died because of the hazards of their workplace.[14] Occupational medicine was well established in Europe during the 19th Century but came relatively late to the United States. It was not until the Progressive era that reform-minded physicians began calling attention to the deaths, injuries and illnesses of

## 1916

**The American Association of Industrial Physicians and Surgeons is formed to represent the interests of the growing number of doctors in America's factories. The organization would later change its name to the American College of Occupational and Environmental Medicine.**

Americans working in the nation's mines, mills and factories. Tragedies such as the Triangle Shirtwaist Fire in New York City, which killed 146 young women in March 1911, led to the enactment of laws that prohibited workers from being locked into their factories.[15]

The most tireless advocate for occupational medicine in the early years of the 20th Century was Dr. Alice Hamilton. A suffragist, peace activist and trade union organizer, Hamilton, an 1893 graduate of the University of Michigan Medical School, pioneered the study of industrial poisoning in the lead, rubber and munitions industries in Illinois in 1910-1911. Her 1925 book, *Industrial Poisons in the United States*, and her 1934 book, *Industrial Toxicology*, were instrumental in convincing the New Deal administration of President Franklin Roosevelt to sign sweeping workplace safety legislation. Hamilton, who died in 1970 at the age of 101, lived long enough to see most of her early findings vindicated.[16] The year following her death, President Richard M. Nixon signed the federal Occupational Safety and Health Act into law. Recently, Hamilton was honored with the issuance of a United States postage stamp.

The work of reformers like Hamilton, railroad surgeons and other groups of doctors organized by industry led to the 1916 formation of the American Association of Industrial Physicians & Surgeons, the forerunner of the American College of Occupational and Environmental Medicine.[17] Thirteen years later, Louis H. Bauer, MD, the first director of the Aeronautics Branch of the United States Department of Commerce, joined 29 other "aeromedical examiners" in founding the Aviation Medicine Society, the forerunner of the Aerospace Medical Association.[18]

## Aviation Medicine

Aviation had taken giant leaps in the 25 years since the Wright Brothers proved the feasibility of powered flight at Kitty Hawk, North Carolina in 1903. In 1909, aviation medicine made its first significant preventive medicine recommendation in the

## 1909

**The death of Lt. Thomas Selfridge in an airplane accident causes U.S. Army doctors to begin understanding the importance of aviation medicine.**

*World War I Military Aviation*

wake of the death of Lt. Thomas Selfridge, the first United States Army aviator killed in an aircraft accident. Army Medical Corp personnel recommended the development of head protection for pilots.[19] World War I featured the first instance of large-scale air combat in the history of warfare, necessitating the selection of thousands of candidates for aviation duty. Army Major Theodore Lyster, who is regarded by many as the father of aviation medicine, helped develop realistic medical selection standards for the thousands of American airmen who battled German pilots in the skies over France.[20]

World War I also witnessed the development of flight medical training and the creation of an Aviation Section within the Signal Corps of the United States Army. Flight surgeons, like the legendary Army Major Robert Ray Hampton, were tasked with the mission of making flight safer. In 1918, flight accidents were occurring at the rate of one every 241 hours, and one in three accidents resulted in death of an aircrew member.[21]

Airframes and engines improved markedly during the 1920s, and so did aviation medicine. Dr. Louis H. Bauer, the first commandant of the Army's School of Aviation Medicine, authored the textbook Aviation Medicine in 1926. In his book, Bauer chronicled some of the research being done by the School of Aviation Medicine in the fields of hypoxia, disorientation, restraint systems and head protection. In 1926, the Department of Commerce asked the Army to release Dr. Bauer for service as the first Director of Medicine in the growing field of civil aviation.[22] By the time Bauer and the aeromedical examiners formed their own society in 1929, regularly scheduled airmail and air passenger service was becoming increasingly common in the United States.

The aeromedical examiners who founded the Aviation Medicine Society were physicians who certified pilots' medical fitness to fly, "thereby affording a greater guarantee of safety to the public and the pilot alike."[23] The establishment of physical and psychological standards for pilots was

## 1929

**Military and civilian doctors form the Aviation Medicine Society - the predecessor of today's Aerospace Medical Association - to study the relationship between flight and medicine.**

immeasurably advanced during the 1930s by the work of numerous military and civilian researchers. The founding of the Army's Aeromedical Research Laboratory at Wright Field at Dayton, Ohio led to huge advancements in flight safety at high altitude, including the principles of oxygen and pressure. Five years later, in 1939, the Navy established its School of Aviation Medicine and Research at Pensacola, Florida. Civilian researchers at Harvard University and the Mayo Clinic in Rochester, Minnesota examined such issues as circadian rhythms in air travel, anoxia and high altitude physiology, and stress and fatigue in pilots and other aircraft personnel.[24]

In the late 1930s, the United States Army Air Corps began commissioning young physicians as flight surgeons, following up on the research done by the military and civilian sectors of flight medicine. Aviation medicine grew exponentially during World War II, as flight surgeons worked in the selection of young men for training as bombardiers, pilots and navigators.

Flight surgeons also coordinated the development and purchase of hundreds of thousands of aeronautic first aid kits and airplane ambulance chests. Working alongside their counterparts in the Army's preventive medicine units, the flight surgeons dispensed Benzedrine for the temporary relief of fatigue, Halazone for chlorinating water, Atabrine for malaria, boric acid ointment for the treatment of burns and sulfadiazine for the prevention of infection.[25]

Following the establishment of the United States Air Force in 1947, and the ramp-up of the nation's strategic bomber force to counter Soviet Cold War military threats, flight surgeons were given increased responsibility for the health care of Air Force personnel.

By the early 1950s, the three major disciplines responsible for preventive medicine in the United States - public health, aviation medicine and occupational medicine - all had learned societies and associations to represent them and their interests. There was no society that encompassed the growing field of preventive medicine. In 1954, that shortcoming would be addressed with the establishment of the American College of Preventive Medicine.

## 1947

**Thousands of flight surgeons commissioned during World War II transfer to the new United States Air Force.**


*The original Seal of the College*

## The 34 Founding Members

In 1961, Dr. George A. Dame, ACPM's first President, was asked to write his recollections of the organizational meeting of the College in St. Petersburg, Florida on April 21, 1954. Dame reported that no official list existed of the 30 or so preventive medicine physicians who attended the four-hour meeting, but by reconstructing correspondence and tweaking the memory of John J. Wright, ACPM's secretary-treasurer in 1961 and a participant in the 1954 meeting, Dame forged a list of the attendees at the organizational meeting. The following list of participants was printed in the April 1961 issue of the *ACPM News:*

Otis L. Anderson
Reginald M. Atwater
Leon Banov
Millard B. Bethel
Joseph M. Bistowish
Thurmond D. Boaz, Jr.
T. Elam Cato
Frank V. Chappell
George A. Dame
George Dennison
Ben Freedman

CHAPTER 2 History

# The College

A half-century ago, the Gulf beaches of St. Petersburg, Florida were as much of an attraction to convention-goers and tourists as they are today. The famous green benches lining the beach often were occupied by the people relaxing in the bright Florida sun.

Dr. George A. Dame reasoned that St. Petersburg in April would be an enticing place for preventive medicine specialists, from throughout the United States, to gather and discuss the establishment of a formal college. He envisioned a society that would represent the interests of the thousands of physicians, both civilian and military, who practiced in the growing field of preventive medicine. On April 8, 1954, Dame's bulletin announcing the St. Petersburg meeting was published in the newsletter of the American Board of Preventive Medicine (ABPM), the certifying body for the specialty. The bulletin invited all diplomates of the Board to attend an organizational meeting to be held in conjunction with the annual meeting of the Southern Branch of the American Public Health Association (APHA).[26]

Dame, then the President of the Florida Academy of Preventive Medicine and a researcher with the Florida State Board of Health in Jacksonville, initially had hoped that there would be interest among his colleagues in discussing the possibility of forming a formal college. When the organizational meeting was held in a ballroom of the Soreno Hotel on April 21, Dame was more than a little surprised by the response. Nearly 30 physicians from 16 states overwhelmingly approved the formation of the

*ACPM's first president, Dr. George A. Dame*

Lloyd M. Graves
John F. Hackler
Frank M. Hall
T. Paul Haney
Albert V. Hardy
Andrew Hedmeg
Walter C. Humbert
Edward G. McGavran
J.W.R. Norton
Lorenzo L. Parks
G.S.T. Peeples
Fred G. Pegg
Maurice L. Peter
Robert E. Rothermel
T.F. Sellers
Wilson T. Sowder
Waldo L. Treuting
Arthur M. Washburn
John J. Wright
Ben F. Wyman[6]

In the next issue of the *Newsletter,* two more original attendees informed the editor that they had been left off the list. They were Basil T. Hall, Mt. Dora, Florida, and Frank J. Hill, Danville, Illinois.[7] Capt. W. F. Lyons of the U.S. Navy's Preventive Medicine Unit No. 6 reported to the editor later that summer that he also had attended the organizational meeting in St. Petersburg, bringing the number of attendees to 34.[8]

American College of Preventive Medicine (ACPM).[27]

Dame opened the meeting by turning the chair over to Dr. T. Elam Cato of Miami, Florida, who offered a resolution noting that ABPM's role in certifying diplomates had created a growing body of preventive medicine specialists in the United States. ABPM had been incorporated in the spring of 1947 as the American Board of Preventive Medicine and Public Health, Inc., and had been approved by the AMA's Council on Medical Education two years later. In 1952, ABPM amended its bylaws to provide for certification in the growing field of aviation medicine. By the time Dame and his colleagues met in St. Petersburg to form the ACPM in 1954, nearly 2,500 physicians had been certified by the Board, including 637 whose "unquestioned eminence in the field" of preventive medicine and public health qualified them as members of the Founders Group of ABPM.[28]

Cato's resolution went on to state that ABPM diplomates already had established academies of preventive medicine in several states. North Carolina had been first, establishing the North Carolina Academy of Preventive Medicine and Public Health in the spring of 1951.[29] Illinois, New York and Florida had formed academies prior to the April 1954 meeting at St. Petersburg, and California and Pennsylvania would form academies between 1954 and 1957.[30]

# 1954

**ACPM is founded in St. Petersburg, Florida. Florida public health physician George A. Dame is the College's first president.**

## 'Qualified Physicians of High Standing'

The founding resolution read by Cato stressed the need to build on the work of the state academies and to "organize a national group with the following objectives:

**a.** to establish a national society composed of qualified physicians of high standing who devote all or a major part of their time to the practice, study or teaching of, or to research in, preventive medicine and public health;

**b.** to encourage and aid medical colleges in establishing a system of teaching and dignifying preventive medicine and public health in their regular medical curriculums;

**c.** to enhance and maintain the interest of physicians in preventive medicine and public health and to

further their training in this specialty;

**d.** to maintain and advance the highest possible standards in preventive medical and public health education, practice and research;

**e.** to encourage, promote and support the several schools of public health in the universities;

**f.** to maintain high standards in the specialty of preventive medicine and public health; and

**g.** to promote the public welfare in connection with the specialty of preventive medicine and public health."[31]

The resolution went on to call for the creation of ACPM. It resolved that all diplomates in attendance at the organizational meeting be designated charter members. It set annual dues at $10, and it resolved that charter members be designated Fellows of the College, with the right to affix the capital letters FACPM after their signatures. The resolution called for the adoption of temporary bylaws and the election of a temporary President; President-elect; First, Second and Third Vice Presidents; a Secretary and a Treasurer. It gave the newly elected President the power to name five members to prepare a permanent constitution and by-laws. Finally, Cato's resolution noted that the new organization intended to "work in close cooperation and harmony with the American Medical Association, the American Public Health Association, and the American Board of Preventive Medicine."[32]

The reading of the resolution took a little under 20 minutes. Support for the proposal was unanimous. A nominating committee was appointed on voice vote from the floor, and it took even less time than the reading of the resolution to present a slate of candidates. Dame was elected ACPM's first President by acclamation. The officer slate included J.W.R. "Roy" Norton of North Carolina, President-elect; Ben F. Wyman, South Carolina, First Vice President; T.F. Sellers, Georgia, Second Vice President; George A. Dennison, Alabama, Third Vice President; T. Paul Haney, Oklahoma, Secretary; and John J. Wright, North Carolina, Treasurer.[33]

The Southern cast of the first slate of officers was due more to the innate organizing abilities of the Florida and North Carolina delegates than to any thoughts of regional hegemony. North Carolina and Florida had organized some of the first state academies in the nation, and the preventive medicine community in the South had worked closely for years with the Southern chapters of APHA. ACPM's original Board of Regents was concerned that the organization would appear to be regional in character. At the first meeting, it issued a call for all diplomates of ABPM to attend the next meeting in Chapel Hill, North Carolina, the home of the prestigious North Carolina School of Public Health. At that meeting, the regents specified that each of eight regions in the United States would be represented on the Board of Regents.

Dame, the organizer of ACPM and the College's first President, was a legendary figure in the field of Southern public health. A former Florida legislator, organizer and three-time President of the Florida Academy of Preventive Medicine, Dame was one of the prime movers in bringing local public health services to communities across the Sunshine State in the 1940s and 1950s. Dame had served as the President of the Florida Public Health Association in 1946, and was named President of the Association of State and Territorial Directors of Local Health Services in 1953. From 1945 until his retirement in 1958, Dame served as Director of the Bureau of Local Health Service for the Florida State Board of Health in Jacksonville.[34]

Dame, ACPM's "obstetrician," recalled years later that "the birth of the organization required almost four hours and entailed some labor pains. The infant was vigorous and has never faltered in its growth and development."[35]

## Forging a Constitution

True to his promise, Dame convened the second meeting of ACPM at the School of Public Health on the campus of the University of North Carolina at Chapel Hill on September 18, 1954. All of the officers and regents elected in April were on hand for the North Carolina meeting. As at St. Petersburg, the meeting was dominated by attendees from the South, but a sizable contingent of those in attendance - six of the 37 present for the day-long session were from New York State.[36]

The morning session of the Chapel Hill meeting primarily consisted of a lengthy discussion of charter memberships and approval of ACPM's constitution and bylaws. One argument stemmed from an interpretation of what constituted a charter member of the College. Several of the delegates pointed out that the College had not as yet designed and printed an application form for membership. After some amount of debate, the group accepted a compromise solution. Anyone who had attended the St. Petersburg or Chapel Hill meetings, or who had sent a letter indicating their desire to join the College, would be considered a charter member, subject to the payment of the $10 annual membership fee.[37] At a meeting of the Board of Regents in Buffalo, New York in the fall of 1955, the definition of charter membership was expanded further to include all dues-paying members in good standing as of December 31, 1955.[38]

Dr. John Wright of the School of Public Health at the host University of North Carolina read the proposed constitution and bylaws. Following the suggestion of several minor amendments from the floor, the document was unanimously adopted.

As President-elect, Roy Norton would preside over the College's affairs in 1955. To balance the Southern composition of the original slate of officers, Charles F. Sutton of the Illinois Board of Health was selected as President-elect, and Franklin M. Foote of New York City was elected Second Vice President. T. Paul Haney continued as Secretary, and Waldo L. Treuting of Louisiana agreed to replace John J. Wright as Treasurer.[39]

The only new business to come before the Chapel Hill meeting concerned the designation of a 1955 annual meeting site. Because of the College's close association with the public health community, it was decided to hold the 1955 annual meeting in conjunction with the annual meeting of APHA in Kansas City, Missouri. A substantial number of the College's charter members were already members of APHA, and it was reasoned that APHA attendees would have the chance to attend ACPM sessions.

## Kansas City Bound

The decision to hold the meeting in conjunction with APHA was a boon for ACPM's membership efforts. More than 200 APHA attendees signed up for ACPM membership during the two-day annual meeting at the Muehlenbach Hotel in Kansas City on November 16-17, 1955.

Like the organizational meeting at St. Petersburg in 1954, ACPM's annual meeting in 1955 was given over to administrative rather than medical issues, although Wilson G. Smillie's presentation on the ongoing Cornell University Auto Crash Injury Study was well-attended. ACPM's first three Presidents - Dame, Norton and President-elect Sutton - made up a panel that discussed the challenges facing the College in the year ahead. Another panel examined the relationship of the College to the individual members, state academies and other national organizations.[40]

At the conclusion of the meeting, Sutton was elected ACPM's third President. E.L. Stebbins of the School of Hygiene and Public Health at Johns Hopkins University in Baltimore, Maryland was named President-elect, and T. Paul Haney, ACPM's Secretary for the past 18 months, was named First Vice President. John Wright of the School of Public Health at the University of North Carolina and ACPM's first Treasurer - agreed to hold the

*Shown above are some of the Officers and Regents of the College as they gathered for the Eleventh Annual Meeting, held in New York in October 1964. Seated are, left to right, Dr. Piszczek, Region Six; Dr. Coker, Secretary-Treasurer; Dr. Goerke, President; Dr. MacIver, Vice President and Dr. Lauer, Past President. Standing are Dr. Dwork, Region Three; Dr. Whayne, Representative on the American Board of Preventive Medicine; Dr. Richardson; Dr. Foote, Region Two; Dr. Sterner, Past President; Dr. Bowling, Chairman of the Nominating Committee; Dr. Randel, Region Seven; Dr. Hume, Secretary, American Board of Preventive Medicine and Dr. Larimore, Newsletter Editor.*

combined position of Secretary-Treasurer.[41]

Sutton's 1956 presidency would be notable for three accomplishments. In February 1956, Wright formally incorporated ACPM as a non-profit organization. In the spring of 1956, Sutton appointed members to ACPM's first constitutional councils and committees, including the Councils on Undergraduate Medical Education, Postgraduate Medical Education, Research, and Public Health Education; as well as Committees on Scientific Program, Membership and Credentials, Public Relations, Constitution and By-laws, and Publications.[42] Finally, it was during Sutton's tenure as President that ACPM's officers, Board of Regents and committee and council chairs began holding their semi-annual meeting following the close of the sessions of the AMA meeting in Chicago in mid-June each year.[43]

ACPM had accomplished a great deal in its first two years. At the end of 1955, Secretary-Treasurer John Wright announced that the College's charter membership encompassed 637 members from nearly all the 48 states, Canada and Europe.[44] During the remainder of the 1950s, ACPM would embark upon an aggressive campaign to boost membership by soliciting members from the aviation medicine and occupational medicine communities. The College also would become an increasingly respected voice in the wider medical and public policy communities for its preventive medicine initiatives.

## Stopping the Carnage on the Nation's Highways

Less than two weeks before ACPM's organizational meeting in St. Petersburg in April 1954, the U.S. Food and Drug Administration (FDA) licensed three vaccines developed by Dr. Jonas Salk of the Virus Research Laboratory of the University of Pittsburgh Medical School for the treatment of polio.[9] Although not at the St. Petersburg meeting, Salk applied for his charter membership in the College the following month.

But there were other, quieter ways in which ACPM and the preventive medicine community endeavored to save Americans' lives during the 1950s. At the time, the carnage on the nation's highways was reaching unacceptable levels. Summer driving holidays – Memorial Day, Independence and Labor Day – routinely took 1,000 to 1,500 American lives, and by the mid-1950s, as many as 20,000 Americans were dying on the nation's highways each year.

Government and public policy officials wrestled with the problem throughout the decade. But it was the preventive medicine community that offered a workable solution. "Until the 1950s, most data produced by automobile crash researchers focused squarely on the driver," wrote public health researcher David Hemenway. "Driver error led to the vast majority of accidents and injuries, research orthodoxy declared. Boost driver education and law enforcement, the reasoning went, and injury rates would fall. Better individual drivers would mean fewer individual injuries."[10]

Conventional wisdom began to change in the mid-1950s, thanks to the work done by ACPM members and the preventive medicine community. As far back as the 1930s, aviation medicine specialists with the U.S. Army Air Corps had discovered that lap belts and shoulder harnesses could save pilots' lives in aircraft accidents. By the 1950s, the U.S. Air Force had pioneered research that resulted in the redesign of automobiles to reduce driver and passenger injury in accidents.

Key to the Air Force research efforts was Col. John Paul Stapp, whose rocket sled research at Edwards Air Force Base in California first brought him to the nation's attention in the early 1950s. Stapp, a graduate of the University of Minnesota Medical School, transferred in the 1950s to Holloman Air Force Base, New Mexico and began to experiment with crash dummies to test potential safety improvements in automobiles. In 1955, Stapp invited 26 people from the medical community, academia and the federal government to Holloman to discuss automotive safety improvements.[11]

Stapp, who would be named a Fellow of ACPM in early 1957, hosted car crash conferences for the Air Force for the next 20 years. Stapp's research confirmed the effectiveness of seat belts. He and his colleagues proposed numerous other automotive safety improvements, including filling dashboards with absorbent padding, fitting doors with safety locks, removing rear window shelves, and improving bumper design and strength.

But Stapp, like most of his colleagues in ACPM in the 1950s, believed that seat belts were the key to reducing the highway death toll. Stapp often told audiences that not wearing seat belts in cars was equivalent to "negligent suicide."[12]

In September 1955, Col. John Paul Stapp became the second ACPM Fellow, the first being Jonas Salk, to grace the cover of *Time* magazine.[13] A growing interest in space flight and exploration moved the editors of the weekly newsmagazine to put the Air Force flight surgeon on the cover of *Time.* Few Americans at the time, including the editors, realized the debt the nation would one day owe the ACPM Fellow and intrepid automotive safety researcher.

## Approving Residency Programs

When ACPM released the report of its long-range planning committee in 1963, ensuring high-quality preventive medicine training topped the list of objectives to be accomplished in the years ahead. "The evaluation of residency training programs should be and is one of the most important activities," the regents noted. "This program will involve many members of the College on inspection and review teams and will require the development of a mechanism within the College to achieve an effective operation. It was recognized that considerable expense will be involved in carrying out this program and that additional financing over and above our present support level will be needed."[14]

By April 1962, the College's education training council had developed an accreditation program for residency work in preventive medicine at the request of the Joint Residency Review Committee, the AMA Council on Medical Education and Hospitals, and ABPM. Initially, the College's council on education and training split into three subcommittees to examine accreditation policies for public health, aviation medicine and occupational medicine. At the suggestion of D. John Lauer, the College's 1963 President-elect, the council added a sub-committee on general preventive medicine, reflecting the growing importance of that specialty within the College.[15]

Working with the AMA Council on Medical Education and Hospitals and ABPM, the College's council accredited and approved dozens of preventive medicine residencies in the United States from 1963 to 1965. They included:

**Aviation Medicine**
- Brooks Air Force Base, Texas, School of Aerospace Medicine
- Pensacola Naval Air Station, Florida, School of Aviation Medicine

**General Preventive Medicine**
- University of California School of Public Health, Berkeley
- Tulane University School of Medicine, New Orleans, Louisiana
- Johns Hopkins University School of Hygiene and Public Health, Baltimore, Maryland
- Harvard University School of Public Health, Boston, Massachusetts

CHAPTER 3 History

# Great Strides

A decision made early in the history of ACPM would pay untold dividends to the College during the 1960s in terms of membership and leadership. In its earliest days, ACPM restricted membership to diplomates of ABPM. Because of its ties to regional chapters of APHA, the organization had a distinctly public health flavor through the 1955 annual meeting in Kansas City.

At that meeting, however, delegates approved a motion to solicit diplomates certified in aviation medicine and occupational medicine for membership.[45] Aviation medicine, in particular, registered exponential growth during the 1950s. Defense spending grew fourfold during the decade, and much of the increase in appropriations went toward building America's strategic airpower deterrent force. Dozens of new Air Force bases were built during the decade from 1955 to 1965 to house the service's growing fleet of B-52 bombers and KC-135 tankers.


*ACPM Members Drs. Davies, Woodside, Roberts and Jonas visit the Leningrad Institute of Labor, Hygiene and Occupational Diseases, Leningrad, Russia.*

- State of New York Department of Health, Albany
- University of Oklahoma School of Medicine, Oklahoma City
- University of Washington School of Medicine, Seattle

**Occupational Medicine (Academic)**
- University of California School of Public Health, Los Angeles
- Harvard University School of Public Health, Boston, Massachusetts
- University of Michigan Institute of Industrial Health, Ann Arbor
- University of Rochester School of Medicine and Dentistry, Rochester, New York
- University of Cincinnati Institute of Industrial Health, Cincinnati, Ohio
- Ohio State University College of Medicine, Columbus
- University of Pittsburgh, Graduate School of Public Health, Pittsburgh, Pennsylvania

**Occupational Medicine (In-Plant)**
- Headquarters, Air Force Logistics Command, Wright-Patterson Air Force Base, Ohio
- U.S. Army Environmental Hygiene Agency, Edgewood, Maryland
- U.S. Public Health Service, Division of Occupational Health, Washington, D.C.
- Kaiser Steel Corporation, Fontana, California
- Kaiser Aluminum and Chemical Corporation, Oakland, California
- E.I. DuPont de Nemours and Company, Inc., Wilmington, Delaware
- Caterpillar Tractor Company, East Peoria, Illinois
- Harvard University Health Center, Boston
- Ford Motor Company, Dearborn, Michigan
- General Motors Corporation, Detroit, Michigan
- American Cyanimid Company, Wayne, New Jersey
- International Business Machine Company, Endicott, New York
- American Telephone and Telegraph Company, New York City
- New York State Department of Labor, Division of Industrial Hygiene, New York City
- Eastman Kodak Company, Rochester, New York
- National Lead Company of Ohio, Cincinnati
- Ohio State Department of Health, Division of Industrial Hygiene, Columbus
- Pennsylvania Department of Health, Division of Occupational Health, Harrisburg
- Jones & Laughlin Steel Corporation, Pittsburgh, Pennsylvania
- Westinghouse Bettis Atomic Power Division Power Laboratory, Pittsburgh, Pennsylvania
- Tennessee Valley Authority Division of Health and Safety, Chattanooga, Tennessee
- General Electric Company, Hanford Atomic Products Operation, Richland, Washington
- Boeing Airplane Company, Aerospace Division, Seattle, Washington
- Allis-Chalmers Manufacturing Company, West Allis, Wisconsin

1962

**ACPM develops an accreditation program for residency work in preventive medicine at the request of the Joint Residency Review Committee, the AMA Council on Medical Education and Hospitals, and the American Board of Preventive Medicine.**

**Public Health-Military**
- U.S. Army, Sixth Army Headquarters, Fort Ord, California
- U.S. Army, First Army Headquarters, Fort Dix, New Jersey
- U.S. Army, First Army Headquarters, Governors Island, New York
- U.S. Army, Third Army Headquarters, Preventive Medicine Division, Fort Bragg, North Carolina

**City, County and Local Public Health Departments**
- Berkeley, California
- Dover, Delaware
- Jacksonville, Florida
- Atlanta, Georgia
- Springfield, Illinois
- Baltimore, Maryland
- Lansing, Michigan
- Minneapolis, Minnesota
- Jackson, Mississippi
- New York, New York
- Albany, New York
- Raleigh, North Carolina
- Oklahoma City, Oklahoma
- Portland, Oregon
- Harrisburg, Pennsylvania
- Nashville, Tennessee
- Austin, Texas
- Richmond, Virginia
- Olympia, Washington[16]

ACPM's pioneering efforts to accredit residency programs were later taken over and standardized by the Accreditation Council for Graduate Medical Education (ACGME).

## 1959

## The U.S. Air Force opens its new School of Aviation Medicine at Brooks AFB, Texas.

The construction boom led to the enlistment of thousands of flight surgeons. The crown jewel of aviation medicine in the 1950s remained the School of Aviation Medicine at Brooks Air Force Base in San Antonio, Texas. The base housed military aviation medicine facilities, educated thousands of Air Force flight surgeons and contributed invaluable research to America's continuing endeavor to dominate the sky.

The Air Force had been instrumental in America's foray into space in the late 1950s and early 1960s. For example, flight surgeons monitored the health and fitness of the original Mercury 7 astronauts, all of whom were Air Force or Navy test pilots.

The purpose of President John F. Kennedy's fateful trip to Texas in November 1963 was to recognize the efforts of the renamed School of Aerospace Medicine at Brooks Air Force Base in bringing the United States even with the Soviet Union in the Space Race.[46] The School of Aerospace Medicine would be a prime mover in making Kennedy's goal of putting a man on the moon a reality six years later.

Other flight surgeons worked closely with the National Aeronautics and Space Administration (NASA) to determine the occupational effects of rocket travel on humans. To reflect the growing identification with space travel, the Aero Medical Association, which had changed its name from the Aviation Medicine Association following World War II, once again changed its name to the Aerospace Medical Association (AsMA) in 1959.[47]

*Dr. Oleg G. Gazenko, Director of the USSR Office of Biomedical Problems, meets with ACPM President-Elect and NASA Director of Life Sciences, Dr. Charles Berry in May 1972.*

The Air Force was by no means the only military service interested in preventive medicine during the 1950s and 1960s. The Army's Armed Forces Epidemiological Board was one of the nation's major research institutes dedicated to preventing respiratory disease. Established in 1941, the Board initially was concerned with preventing influenza and other acute epidemic diseases that were prevalent where large numbers of people were gathered, such as at Army posts. By the mid-1950s, the Board had become a Department of Defense agency charged with studying how to prevent a wide variety of infectious respiratory diseases.[48]

The Army's interest in preventive medicine was reflected in the 1957 decision by the Army Surgeon General's office to offer a pioneering preventive residency program for officers or qualified civilian physicians accepted for commission in the Army. The three-year program involved an 11-month assignment to Walter Reed Army Hospital in

Washington, D.C., a second year in an approved civilian residency training program at a city, county or state health department, and a third year at a large Army post hospital.[49]

During World War II, the United States Navy had pioneered in the prevention of malaria and other tropical communicable diseases with its Malaria and Epidemic Control Units. Following the war, most of the units were disbanded, but in 1949, the Navy created six Epidemic Disease Control Units (EDCU) at training, fleet and Marine stations in the United States. The units were mobilized as Fleet EDCUs during the Korean War and re-designated as Preventive Medicine Units in 1954.[50]

The military's physicians were well educated and prepared to embrace preventive medicine practices, sometimes earlier than their civilian colleagues. George K. Anderson, ACPM's President from 1999-2001 and a retired Major General in the Air Force, grew up as an Air Force dependent. His father, Colonel George R. Anderson, an ACPM member since 1960, was a flight surgeon and an ACPM regent. The senior Anderson brought his preventive medicine expertise home to his family of five growing children.

"I did not drink whole milk as a child," the younger Anderson recalled. "Why? Well, because my dad knew in 1950, from some of the early cholesterol research, that we should be drinking nonfat milk. When I was growing up, we drank powdered milk because that was the way you got nonfat milk in the 1950s. Based on my dad's education and training, we quit eating eggs and drinking whole milk in the early 1950s. I grew up that way. Again, it was his understanding of the studies that came out in the 1950s that showed the linkage - not the mechanism but the epidemiological link - to cardiovascular disease."[51]

The growing number of flight surgeons and preventive medicine specialists in the uniformed services during the 1950s and 1960s provided ACPM with a fertile field for recruiting. From 1957 to 1960, the College added approximately 100 new members each year, topping 1,000 members in December 1959.[52]

With the increasing number of military members, it was little surprise when the College turned to the Air Force for its 1959 President, Col. Louis C. Kossuth. At the time, Kossuth was Deputy Command Surgeon for the Air Defense Command. During his 15-year military career, Kossuth had been closely involved with aviation and preventive medicine in a variety of commands. In the 1950s, he headed the Department of Aviation Medicine at the Air Force School of Aviation Medicine at Randolph Air Force Base, Texas, and was considered an expert in the prevention of viral and communicable diseases.[53]

Occupational medicine, like aerospace medicine, was also on the rise in the late 1950s and early 1960s. An increasing number of American corporations added medical personnel to their staffs during the period, and hundreds of new members joined the College from the ranks of industry. Business was slowly beginning to understand the relationship between worker health and productivity, and ACPM members were leaders in bringing industry and labor to an understanding of the value of preventive medicine in the workplace.

In 1959, Louis C. Kossuth, V.A. Van Volkenburgh and James H. Sterner - ACPM's President, Past President and President-elect - represented the College at the National Health Forum's March 17-19 conference in Chicago, "The Health of People Who Work." Sterner, who would become ACPM's first President to come from industry and occupational medicine, chaired the three-day conference. A graduate of Harvard Medical School, Sterner was the medical director of Eastman Kodak Company in Rochester, New York.[54] More than a dozen ACPM members participated as members of the Forum's committees. ACPM Fellow James E. Perkins served as President-elect of the National Health Council, the Forum's chief sponsor.[55]

"Industry has to a considerable extent been receptive to the principle of health maintenance, at least insofar as its top personnel are concerned," ACPM President John D. Porterfield noted in 1961. "As a matter of enlightened self-interest, many companies provide regular comprehensive physical examinations for their top personnel at no cost to the individuals involved. These companies consider it good business to concern themselves with the continued physical fitness of those whose experience and ability would be difficult and costly to replace."[56] Porterfield believed, however, that ACPM had to do more to convince business and society of the necessity "to extend the benefits of regular comprehensive physical examinations to an increasing proportion of the population."[57]

## Competition for Members

The growing prominence of aviation medicine and occupational medicine in ACPM was not without its underlying problems. Both specialties had well-organized societies of their own. The Aerospace Medical Association was increasing its membership by leaps and bounds during the era, and the American Academy of Occupational Medicine (AAOM) was registering equally fast growth in the 1960s. Founded in 1946, the Academy limited membership to physicians who devoted full-time to some phase of industrial medicine.[58]

The existence of colleges and societies dedicated to the interests of the public health community, aviation and occupational medicine specialists created an essential dilemma for ACPM. How could the College distinguish itself from other colleges and societies that themselves represented the interests of component parts of the preventive medicine?

At the College's semi-annual Board of Regents meeting in Minneapolis, Minnesota in July 1958, the regents examined a number of suggestions, including joint meetings with AAOM, AsMA, and APHA. Regents stressed the role of the College in providing national support for the growing number of local, state and regional academies and the need to develop closer relationships with other specialty groups through the local academies.[59]

The regents also focused on improving College communications. They studied the idea of sponsoring refresher courses for members, establishing a lending library of books on preventive medicine for secondary school students, developing a film lending library and upgrading the content and layout of the newsletter.[60]

**1964**

**The College celebrates its 10th anniversary shortly after enrolling its 1,200th member.**

## The Key Role of CDC

One entity with which ACPM and its members, particularly those in the public health sector, would increasingly deal during the 1960s was the Communicable Disease Centers (CDC). The 1946 formation of the CDC in Atlanta, Georgia would have an immense impact on the public health community during the last half of the 20th Century.

Congress originally had charged the CDC in the immediate post-war years to serve as a clearinghouse for the investigation of communicable disease. The far-flung battlefronts of World War II had exposed American soldiers to a host of microorganisms and insect-borne diseases with which military and civilian doctors had rarely dealt.[61]

Malaria Control in War Areas (MCWA), the forerunner of the CDC, had been created in the spring of 1942 to help protect American servicemen and women overseas, as well as United States citizens in the Southeast and Puerto Rico, from the ravages of one of mankind's most

intractable insect-borne enemies. In 1942 MCWA established its headquarters in Atlanta, partly because of a shortage of office space in wartime Washington, D.C. and partly because of Atlanta's proximity to the malarial zone in the American South. By the end of the war, MCWA employed more than 4,000 people.

*A new machine is tested for distribution of insecticide for the first time.*

MCWA's role in the development of dichlorodiphenyltrichloroethane (DDT) during the war as an effective insecticide lessened the threat of insect-borne disease, a fact that caused CDC to almost immediately shift its focus to combating zoological vectors of disease. Within a few years of its establishment, CDC and its scientific staff were devoting a great deal of time and effort to studying and preparing against outbreaks of malaria, dengue fever, yellow fever, filariasis, amoebic dysentery, plague and typhus.

Many of ACPM's members in the 1960s, particularly those in the public health community, had been working for 15-20 years with CDC and its military predecessor. That close relationship between CDC and the preventive medicine community would be tightened during the 1960s and 1970s as CDC gradually shifted its focus to community health.

## The Tobacco-Cancer Link

In many ways, the local academies were on the cutting edge of preventive medicine in the early 1960s. The New York State Academy of Preventive Medicine, the nation's largest at the time, was fast gaining a reputation for breaking new ground in cancer research. V.A. Van Volkenburgh, ACPM's 1958 President and the longtime deputy director of the New York State Board of Health in Albany, had been associated with the New York Academy since its founding in 1953.

Another leading member of the Academy was John R. Heller. ACPM's third subject of a Time Magazine cover story, Heller, a cancer survivor himself, was director of the National Cancer Institute from 1948 to 1960.[62] In 1960, Heller left NCI to head the newly merged Memorial Sloan-Kettering Cancer Center in New York.[63] During his tenure at the Center, Heller, a member of the College's Board of Regents, would lay the groundwork for Sloan-Kettering's leadership in cancer research.

New York members also were instrumental in establishing the first links between tobacco usage and lung cancer. Cigarette smoking was endemic in American society at mid-century. A generation of Americans had "gone to war with Lucky Strike

## 1960

## The New York Academy of Preventive Medicine and the New York Academy of Medicine publicize their findings linking cigarette smoking and lung cancer.

Green," and advertising agencies even used doctors in print advertisements to tout the smooth-smoking qualities of various brands.

In November 1959, the New York Academy of Preventive Medicine held its annual scientific meeting in conjunction with the New York Academy of Medicine at the latter Academy's headquarters in New York City. The topic of the two-day symposium was tobacco and health, and ACPM Fellow George James, who would go on to become the first President and Dean of the Mount Sinai Medical Center, reported on the pioneering work undertaken by the New York Academy of Preventive Medicine's committee on tobacco and lung cancer.[64]

ACPM ended the College's first decade of existence in 1964 as an increasingly respected voice in the nation's medical community. Between 1955 and 1964, the College's total membership had reached 1,200. Public health, including general preventive medicine, with 704 members, and aviation medicine and occupational medicine, with less than 300 members apiece, made up the vast majority of the College's membership.[65]

The College would enter a second decade with a long-range plan designed to enhance its effectiveness and increase membership. The College also would have to deal with an increasingly significant federal presence in American health care.

## ACPM in Space

America stood still on the evening of July 20, 1969 as millions of citizens watched grainy television footage of an event 238,000 miles from the country's Cape Kennedy launching pad. U.S. Navy Commander Neil A. Armstrong popped the hatch on the lunar lander and bounded onto the surface of the moon. "That's one small step for man, one giant leap for mankind," Armstrong's voice crackled back across the void of space to earth.[17]

Apollo XI had blasted off from Cape Kennedy, Florida just four days before, culminating in the nation's quest to land a man on the moon. What most Americans didn't fully comprehend that evening is the role that aerospace medicine played in the success of the Apollo program and its predecessors, Mercury and Gemini. At every step of the way in the manned space program, from the first sub-orbital flights in 1962 to Armstrong's 1969 triumph, aerospace medicine specialists – many of them members of ACPM – had worked diligently behind the scenes to ensure the health and safety of America's astronaut corps.

One of the instrumental people in NASA's medical apparatus was USAF Lt. Col. and Senior Flight Surgeon Charles Alden Berry. ACPM's 1973 President, Berry graduated from the University of California Medical School – San Francisco in 1947 and then completed his residency in aviation medicine at Hamilton Air Force Base, California and at the Harvard University School of Public Health. While at Harvard, he also earned his Master's of Public Health (MPH) degree.[18]

From 1951 to 1963, Berry served in a variety of domestic and overseas aviation medicine postings in the Air Force. From 1959 to 1962, he was chief of flight medicine, Office of the Surgeon General, USAF, in

CHAPTER 4

# History

# Changes in Health Care

The continuing steady growth of ACPM caused both confidence and concern for the Board of Regents. In 1963, the Board had initiated the first of what would be an ongoing series of long-range planning studies. The long-range planning committee set out to explore what needs the College could serve beyond being a repository for the names of those certified by ABPM.

*Past ABPM Executive Director, Dr. Alice Ring*

All of the committee members agreed that "the College had a real and vital role in promoting and advancing the cause of preventive medicine and that, although its accomplishments have been good and substantial, it is not meeting the broader and challenging needs" of the community.[66] One member of the committee was blunt in his assessment. "A highly visible program is not evident to our membership, to the profession, or to the public," he said.[67]

Nobody on the committee disputed that assessment. The members came to a consensus that in the nearly 10 years of the College, ACPM had been a catalyst in the exchange and consolidation of points of view of the three affiliated specialties that were developing separate paths in the 1950s. The members also agreed that the College had taken a leadership role in clarifying and defining standards for residency training in all the components of preventive medicine.[68]

The committee members were impressed by the strides the College had taken in encouraging research. They cited the scientific programs at the annual meeting and the occa-

sional lectureships in preventive medicine for the high caliber of their content. The committee members noted, however, that the College could do far more to extend its influence, both to the preventive medicine community in particular and the public in general.

"Thus far," the committee stated in its report, "the scientific program and the lectureship have been the principal evidence to the public of our existence. In spite of their merit, the Committee believes that they are an inadequate expression of the potential of the College in the promotion of preventive medicine to the public and to our professional associates."[69]

To remedy some of the inadequacies, the long-range planning committee set out a 10-point program for the years ahead, including:

- Evaluating residency training programs, "one of the most important activities undertaken by the college;"[70]
- Assuming a more active role in sponsoring pertinent and timely conferences;
- Encouraging and expanding joint participation with associations and societies involved with the public health, aviation, and occupational and environmental medicine communities;
- Exploring methods of developing a more effective means of communicating with the College's members and constituencies;
- Developing a balanced program of continuing education for members;
- Promoting and revitalizing the local, state and regional academies;
- Playing a more effective role in stimulating and improving the teaching and practice of preventive medicine in the medical schools;
- Exploring the role of the College in speaking out on national health issues involving members' special interests and competence;
- Giving attention to the potential development of accreditation standards and procedures for public health agencies and aviation and occupational medical practices, and,
- Studying the ways the College could assist in developing services to the international health community.[71]

The College would accomplish many

*Captain James Lovell receives his honorary Fellowship certificate from ACPM past president, Dr. Charles Unger*

Washington, D.C. Berry and many of his colleagues were involved early on in the nation's space program. In 1958 and early 1959, Berry was a member of the Mercury astronaut selection committee in his capacity as chief of the Department of Aviation Medicine for the School of Aerospace Medicine at Randolph Air Force Base, Texas.[19]

In 1962, then Capt. Berry was reassigned from Randolph Air Force Base to NASA's Manned Spacecraft Center (MSC) at Houston to provide medical care and medical operations support for the original Mercury 7 astronauts.[20]

Following the successful completion of the Mercury program, Berry was named director of medical operations and research at MSC, where he provided medical support to the Gemini and Apollo astronauts. From 1971 to 1974, Berry served as Director of Life Sciences at NASA's renamed Lyndon B. Johnson Space Center.[21]

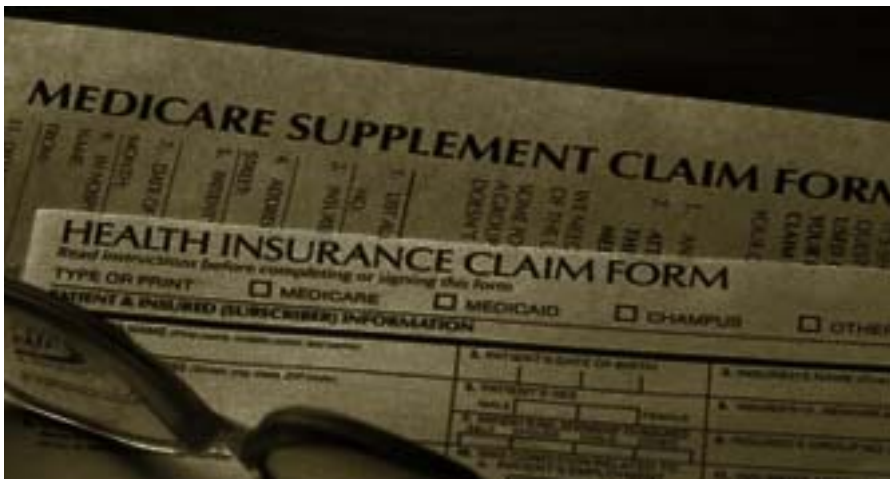
Berry, who received NASA's highest award, the Distinguished Service Medal, in 1973 during his tenure as ACPM's President, never wavered in his belief that man could travel safely to the stars.[22] "Although much remains to be learned," Berry wrote in 1967, "it appears that if man is properly supported, his limitations will not be a barrier to the exploration of the universe."

of the objectives during the remainder of the 1960s, and others would be revisited and refined in the wake of changing circumstances in the nation's medical environment.

One objective, which wasn't stated as such in the 1963 committee report, involved the structure of the College itself. "In viewing the progress and accomplishments of the College to date," the regents reported, "note was taken of the service 'beyond the call of duty' of officers and council and committee members."[72] Nearly 10 years into its existence, the College was self-managed by those who had been elected to govern administrative affairs. The College had no professional staff, and all of the work for the annual meeting, the lectureships, the special conferences, continuing education programs, the medical education inspections and the newsletter was accomplished by the regents, committee and council members.

The regents recognized that the College's growing body of activities "had already surpassed a reasonable point for such volunteer service and that an expansion and extension of College activities would require paid professional service."[73] The long-range planning committee recommended that a physician, "knowledgeable and competent in the field of preventive medicine, be secured, at least on a part-time basis, to aid in expediting and developing this broader role for the College."[74] The regents estimated that the cost of leasing office space, hiring clerical staff, appointing a part-time executive director, paying operating costs and allowing for travel expenses would come to $15,000 to $21,000 per year.[75]

Because of financial constraints, it would be nearly another decade before ACPM could afford professional management. As late as 1967, the College operated with a budget of less than $15,000 per year, and much of the revenue generated from membership dues went to support program expenses. The work of the College's first long-range planning committee in 1962 and 1963 laid the groundwork for creating the organizational structure that would manage the College's affairs in the future.




## Medicare

American medicine was swept by a tidal wave of change in the mid-1960s. After decades of a laissez-faire, hands-off approach to health care, the federal government in 1965 became a major player in American medicine when President Lyndon B. Johnson signed Medicare into law on July 30, 1965.

President Johnson flew to Independence, Missouri to sign the historic legislation.[76] With him at the public ceremony were former President Harry Truman and Vice President Hubert H. Humphrey. Medicare and its companion legislation, Medicaid, illustrated the triumph of politics in the field of public health. Johnson had been moved by the plight of elderly and poor Americans during his campaigns for the vice presidency in 1960 and presidency in 1964. His Great Society pledged to place the federal government wholeheartedly behind providing patient care as well as strengthening public health initiatives.[77]

The enactment of Medicare and Medicaid had immense implications for health care delivery programs.

## 1965

**The passage of Medicare legislation gives the federal government a new role in the nation's health care industry.**

The official inauguration of Medicare on July 1, 1966 meant that the nation's health care industry was, in effect, being regulated by the federal government. The Medicare Joint Commission that the Johnson Administration had set up in the summer of 1965 to examine the efficient implementation of Medicare had suggested scores of public health and safety requirements.[78] To the disappointment of the preventive medicine community, few of those programs were ever funded by Medicare or Medicaid.

Medicare and Medicaid were the most important steps in a decades-long growth in federal influence on the practice of American health care. Within two years of the implementation of Medicare and Medicaid, three other pieces of federal health care legislation would significantly impact the preventive medicine community.

### Other Legislative Changes and Opportunities

CLIA, the Clinical Laboratory Improvement Act, was passed and signed into law in 1967. CLIA provided for federal regulation of all laboratories in the United States involved in interstate commerce that received Medicare reimbursement. For preventive medicine physicians practicing in the public health sector, CLIA was generally a change for the better, especially in the standardization it brought to public health laboratories nationwide.

ACPM's rural members were more affected by the CLIA and new licensing requirements than members who practiced in urban areas. The health and safety standards mandated by CLIA weren't particularly onerous for big-city hospitals and university medical centers. They did present major challenges, however, for the hundreds of rural hospitals built during the 1950s and 1960s with the assistance of Hill-Burton grants. The Johnson Administration solved the problem by issuing "access" certification to hospitals that were making good-faith progress toward complying with the Medicare licensure requirements.

General preventive medicine physicians benefited from increased funding of basic research and health care planning with the 1967 passage of the Partnership for Health Act and the Cancer and Stroke Regional Medicine Program Act. Charles L. Wilbar, Jr., ACPM's 1968 President, saluted the Congressional focus on comprehensive health planning, but he urged his colleagues to demand and do more in the field of prevention planning.

"We of the College need to give increasing time and thought to such planning, individually and collectively," Wilbar told members in the spring of 1968. "The problems of costs of health care, training and distribution of health manpower and complexity of delivery of health service are becoming apparent to all the populace. Members of our College must, it seems to me, give accelerated attention, not only to participating in comprehensive health planning but to teaching concepts of such planning to community leaders, and, with these community leaders, to obtain widespread public involvement with such planning."[79]

It is instructive to note that "the problems of costs of health care" cited by Wilbar in 1968 are almost

## 1967

**Congress sharply increases research funding for preventive medicine when it passes the Partnership for Health Act and the Cancer and Stroke Regional Medicine Program Act.**

insignificant in comparison to costs a third-of-a-century later. In 1967, the National Center for Health Statistics, a department of the United States Public Health Service, reported that the average American spent an average of $21 for prescription and over-the-counter medications each year. The $21 included $15.40 in medications prescribed by a physician and $5.60 for non-prescribed medicines, including tonics, salves, pills, ointments, vitamins and first-aid supplies. The study also showed that the cost per person increased steadily with age, from $5.40 per year for persons under age 15 to $41.40 per year for people over age 65. Of course, the average cost for a new car in 1967 was less than $3,000 and a three-bedroom house could be purchased for $25,000 in most sections of the country.

In and of itself, Medicare and Medicaid had little impact on the preventive medicine community. The entrance of the federal government into the whole arena of health care funding would embroil the College and the preventive medicine community in a decades-long struggle for funding. The College and the preventive medicine community spent the next one-third of a century arguing that prevention was woefully underfunded by a federal government health care apparatus that opted for treatment rather than prevention.

The infusion of federal money into the health care sector after 1965 created opportunities for ACPM's members to refine the College's reliance upon evidence-based medicine as a pillar of preventive medicine. Federal health care initiatives during the late 1960s and early 1970s encouraged the collection of health data. Members of the College were quick to use that data to create effective preventive medicine programs in a wide variety of fields.

F. Douglas Scutchfield, MD, ACPM's President from 1989 to 1991, started his preventive medicine career while at Northwestern University in 1967. The Vietnam War was at its height at the time, and the Berry Plan categorized all young doctors as suitable for the military draft. The Plan did allow physicians to choose to fulfill their military duty with a stint in the Peace Corps or the United States Public Health Service (USPHS), which is itself, a uniformed service. Scutchfield opted for the USPHS. Scutchfield was attracted to the data collection opportunities offered by the it.

"I ended up going to the CDC as an Epidemic Intelligence Service officer, one of the disease detectives, if you will. I spent a month in a course, and then was assigned to a specific area. In my case, the course was general epidemiology, and I specialized in reproductive epidemiology. I was doing a lot of work with contraceptive technology at the time. If there was an outbreak of botulism somewhere, they put you on an airplane so you could figure out what the epidemic was all about. I found that really fun."[81]

Scutchfield represented a new generation of preventive medicine practitioners. Forged in the social upheaval of the 1960s, dedicated to new concepts of comprehensive health care and community-based medicine and often funded by a government and university health care alliance committed to improving the collection of solid medical data, the new breed would bring their skills and enthusiasm to reforming preventive medicine in the 1970s and 1980s.

## Continuing Medical Education

ACPM worked aggressively during the 1970s to build a CME program for its members. The College began planning a comprehensive CME program in the spring of 1969. It distributed a questionnaire designed to gather factual information and opinions concerning CME to the College's 1,086 members, and nearly two-thirds of the membership responded.[23]

A majority of the responders felt "a personal need to attend formal courses in order to remain current in their specialties."[24] Three-quarters indicated that they thought the College should sponsor or co-sponsor CME courses. Nearly 70 percent of the responders endorsed a self-assessment program for the proposed CME courses.[25]

Plans for a College-sponsored CME program were developed .

*Dr. Kent W. Peterson was named ACPM Director of CME in 1976.*

At the College's 22nd annual meeting at the Pick Congress Hotel in Chicago on November 16-17, 1975, the first group of members could take up to nine hours of CME as part of ACPM's accredited program. The courses at the Chicago convention, which were jointly sponsored by ATPM, acquainted members with the latest developments in the emerging field of "Preventive Medicine and Public Policy."[27]

In 1976, ACPM took the initiative in convening an Intersociety Committee on Continuing Medical Education in

CHAPTER 5 History

# Lengthening Lifespans

As ACPM made the transition from the 1960s to the 1970s, the organization registered two important firsts. The College elected its first woman President, Katherine Boucot Sturgis, in 1970 and later that year appointed the first full-time executive director of ACPM.

Preventive medicine, like most specialties in the 1950s and 1960s, was dominated by men. It was not until the late 1970s that large numbers of women entered medical school and began their practices.

Suzanne Dandoy, who took her boards in 1968, recalled being invited to an ACPM reception at the time. "Another woman and I who had come from Los Angeles to take the exams went to the reception, walked in and spent five minutes," Dandoy said. "We looked at this group of old men and said we have no interest of being any part of this and walked out."[82] Dandoy's reaction was perhaps typical of the baby boomers who were beginning the practice of medicine in the late 1960s and early 1970s. As late as 1979, women still only made up 7

*Katherine Boucot Sturgis*

percent of members of the College.[83]

Still, a small number of remarkable women had already forged successful careers in medicine. One such woman was Katherine Boucot Sturgis. A native of Philadelphia, she married shortly after graduating from college. Thirteen years later, when

**1970**

**Katherine Boucot Sturgis is elected ACPM's first female president.**

## 1975

**Members attending the College's annual conference in Chicago are allowed for the first time to take up to nine hours of accredited Continuing Medical Education sponsored by ACPM.**

Preventive Medicine with eight other societies. The first meeting of the group was held at Miami Beach on October 16-17 in conjunction with the College's 23rd annual meeting, and the gathering resulted in the establishment of nine goals for a multi-society approach to CME. By far the most important goal for the new Intersociety Committee was ACPM's promise to recruit a qualified professional director on either a full-time or part-time basis to oversee CME in the field of preventive medicine.[28]

To support the ambitious project, ACPM pledged to commit up to $20,000 of its reserve funds toward administrative costs. The College also increased ACPM dues to $40 per member and earmarked $10 of the increase to establish the CME program.[29]

The following year, in 1977, the College named Kent W. Peterson as Director of Continuing Medical Education. A Fellow of the College and certified in general preventive medicine, Peterson had a rich and varied background in medical school teaching, clinical work and educational development. A graduate of the University of Pennsylvania Medical School, Peterson had just completed a Robert Wood Johnson Foundation Clinical Scholars' Fellowship at the George Washington University Medical Center. From 1974 to 1977, Peterson had developed a health sciences and

her children were seven and ten, she returned to Women's Medical College of Pennsylvania to finish her pre-medical work. At the start of her final year in medical school in 1939, she was stricken with tuberculosis. There was no miracle drug to counteract the disease, and Sturgis spent the next two years in a sanatorium regaining her health. She returned to Women's Medical College and graduated with the class of 1942.[84]

Her battle with tuberculosis while finishing medical school led Sturgis to her life's work. She did her residency at Herman Kiefer Hospital in Detroit during World War II, specializing in tuberculosis and pulmonary diseases. When she returned to Philadelphia to practice in 1945, Sturgis was convinced that prevention rather than cure was the key to stopping tuberculosis. She took over an innovative program in the City of Brotherly Love to provide Philadelphia residents with mass X-rays for the early detection of the disease. From tuberculosis, Sturgis moved into the developing field of lung cancer research.[85]

Sturgis's interest in developing reliable gauges of health among the city's population resulted in her 1952 selection as professor and chairperson of the department of preventive medicine at her alma mater. During the next two decades, Sturgis established a reputation as one of the nation's pre-eminent teachers and researchers in the field of pulmonary disease.

Her 1970 election as ACPM's President was the culmination of a long string of firsts. She was the first woman Vice President of the American Thoracic Society. As chief editor of the Archives of Environmental Health, Sturgis was the first and only woman editor of a major medical journal during the 1960s. She was the first woman President of the Philadelphia Tuberculosis and Health Society and the first woman President of the Philadelphia County Medical Society.[86]

As President-Elect of ACPM in 1969, Sturgis was assigned the task of finding a full-time executive director

*Ward Bentley, ACPM's first Executive Director.*

for the College. It wasn't until then that the regents felt that the College was in strong enough financial shape to afford hiring an executive director even though the long-range planning committee had recommended such a step in 1963. Working as part of a two-person ad hoc committee, Sturgis and her predecessor as President, Alfred R. Stumpe, interviewed several candidates before settling on Ward Bentley for the position.[87/88]

At the same time, the regents raised membership dues for full members to $30 for the initial application and $20 a year. Associate members, mainly medical students and members of the Association of Teachers of Preventive Medicine (ATPM), saw their dues raised to $20 for the initial application and $5 a year.[89]

With approximately 1,100 members in 1970, the dues increase gave the College an annual revenue stream of approximately $25,000. The College entered the new era of professional management in relatively stable financial shape. ACPM at the beginning of 1970 had cash on hand of more than $10,000 and time deposits of $35,000 paying five percent interest.[90]

Newsletter For

AMERICAN COLLEGE OF PREVENTIVE MEDICINE

VOL. 1, NO. 1 CHAPEL HILL, N. C. JUNE 1956

PRESIDENT REVEALS ORGANIZATION HISTORY

Geographical Regions

American College of Preventive Medicine Was Organized in Florida in April, 1954

It is a pleasant privilege to extend the greetings of the Board of Regents of the American College of Preventive Medicine to all our members, charter and new, and to other diplomates of the American Board of Preventive Medicine—all of whom are eligible for membership in the College. It is our hope that all diplomates of the Board will eventually request College membership.

A brief summary of our development may serve a useful purpose at this time. The American College of Preventive Medicine had its origin at St. Petersburg, Florida, on April 21, 1954. Dr. George A. Dunn, then President of the Florida Academy of Preventive Medicine, invited all diplomates of the American Board of Preventive Medicine who could be reached by his April 8 bulletin to a meeting for the purpose of organizing an American College of Preventive Medicine. The Southern Branch of the American Public Health Association was then in session, with many guests from other parts of the country. At this first meeting, with sixteen states represented, the American College of Preventive Medicine was formed. Dr. George A. Dunn was elected President. Plans were laid to meet again at Chapel Hill, North Carolina on September 18, 1954, where a Constitution and Bylaws was adopted and officers were elected. These facts and other details have been placed in the hands of all eligibles whose names were available to the first Secretary, Dr. T. Paul Hurley of Tulsa, Oklahoma, in his general letter and report of February 11, 1955. Further organizational work was conducted in Buffalo, New York in the autumn of 1955.

Several hundred members and other diplomates of the Board attended both sessions of the first, full-fledged annual meeting of the College held in Kansas City, Missouri in November 1955. Dr. J. W. H. Norton, the second President, presided. The first elective Regents and new officers, as listed in

(Continued on Reverse Side)

Bulletin

The Board of Regents and Council and Committee Chairmen, Vice Chairmen and Secretaries will meet at luncheon at the Palmer House, 12:15 p.m., June 13, 1956, during the American Medical Association convention in Chicago.

The third annual meeting of the College will be held on Wednesday evening, November 14, and Thursday morning, November 15, during the annual American Public Health Association meeting in Atlantic City. Exact time and place of these meetings will be found in the American Public Health Association program.

New Members

Approximately 30.6 % of the Diplomates of The American Board of Preventive Medicine are now Fellows of the American College of Preventive Medicine. The strength of the College is in its active membership. If you know of eligible Diplomates, ask them to write to the Secretary-Treasurer, Dr. John J. Wright, P. O. Box 1267, Chapel Hill, North Carolina, for application forms.

A liaison committee to work with the American Association of Public Health Physicians has been selected. The members of this committee are Dr. Charles F. Bolton, Dr. Ernest L. Stebbins, and Dr. John J. Wright.

*First Newsletter of the ACPM.*

behavioral sciences curriculum for the Washington-based Association of University Programs in Health Administration.[30]

With Peterson's appointment and the subsequent establishment of an ACPM CME office in Washington, D.C., the College had made impressive gains in the field of CME in two short years. Peterson summed up the progress when he made his first status report to the College's Board of Regents in Baltimore on December 4, 1977. "Little did any of us suspect that a year later I'd be here to present a bulging status report on the activities of a rather extraordinary inter-organizational endeavor – the Intersociety Committee on Continuing Medical Education for Preventive Medicine," Peterson told the regents. "This must be a gratifying occasion for many of you who performed the ground-work for initiating a major CME program for preventive medicine."[31]

Bentley came to his new position with the College with solid credentials. He had worked at the Philadelphia-based Greater Delaware Valley Regional Medical Program since 1967. He had worked 11 years prior to that as assistant to the director of the American College of Chest Physicians. In his capacity as an executive with the Chicago-based College, Bentley had been responsible for annual meetings, international congresses and postgraduate courses for members. He also had served as publications manager for the College's journal, *Diseases of the Chest*.[91]

Bentley, who lived in the Philadelphia area, leased an office for the College at the Philadelphia County Medical Society building in Bryn Mawr, one of the city's main line suburbs.[92] He began work at the new office the first week of January in 1970. One of his first tasks was to assist Granville Larimore, the Newsletter's editor since 1963, with preparation of the quarterly publication.

## 'Lost in the Program Jungle'

Preventive medicine had made huge strides in the 1960s, but a number of members of the College thought that the specialty was losing ground compared to other segments of the nation's health care economy. Assistant Surgeon General John Hanlon, who presented the lectureship at ACPM's annual meeting in Philadelphia in 1969, noted that the bill for fighting disease in the United States at the time was $41 billion. Of that, only $1.8 billion went for disease prevention and the promotion of positive health outcomes.[93]

Hanlon told his rapt audience about the question he had fielded from a colleague shortly before the conference. "Why, then," the colleague asked, "this enormous enthusiasm for heroic surgery (and) coronary care units concurrently with chronic indifference to curbing cigarette smoking, reduction of dietary saturated fats, control of obesity, and the early detection and treatment of preclinical hypertension, glaucoma and diabetes?"

"Why have our Medicare and Medicaid laws been written so that a physician who wished to be paid under these programs for anticipating clinical illness must use subterfuge? Why do these measures include 'deductibles' to further discourage the patient from seeking care until the symptoms become unbearable because of pain or anxiety?"[94]

The questions went to the heart of the practice of clinical preventive medicine in the 1970s. The College's members had been in the forefront of some of the most exciting health discoveries of the 1960s. Numerous members were instrumental as far back as the 1950s in proving the link between smoking and a host of

## 1972

**The creation of the federal Environmental Protection Agency (EPA is the culmination of federal efforts to control air and water pollution and a spur to the growing awareness of the importance of environmental medicine.**

diseases, including lung cancer and emphysema. When the Surgeon General issued his landmark report on smoking in 1964, he was drawing on more than 15 years of medical evidence, much of it gathered and disseminated by College members.

In 1969, the Board of Regents decried the American public's indifference to the hazards of smoking in the face of that evidence. The College was among the first medical organizations in America to call for the banning of radio and television advertising of cigarettes, the abolition of federal farm subsidies for tobacco growers, a substantial increase in federal, state and local taxes on cigarettes, and a significant expansion of education about the dangers of smoking.[95]

But despite the herculean efforts of the preventive medicine community to identify and publicize the links

between smoking, high blood pressure, stress, obesity, diet and heart disease, the cardio-pulmonary surgeons who pioneered open heart surgery and heart transplants garnered all the national publicity.

Still, the preventive medicine community continued to have a huge impact on the nation's health care system. College members were vocal supporters of two of the most significant public health initiatives of the 1970s, the landmark air and water quality legislation enacted in the early years of the decade and the federal Occupational Safety and Health Act (OSHA) of 1973.

Spurred by the activist administration of Katherine Boucot Sturgis, ACPM members embarked upon a round of educational conferences and presentations before congressional committees, acquainting audiences across America with the health hazards inherent to air and water pollution. James Sterner, ACPM's President in 1960 and a former Medical Director of Eastman Kodak Company, strongly urged Congress to address the nation's growing environmental health problems. Sterner, then chairman of the Department of Environmental Health at the University of Texas School of Public Health, appeared in 1968 before a congressional committee debating air and water pollution control legislation.

1973

**Congress passes the Occupational Safety and Health Act, part of a new societal recognition of the importance of workplace health and safety.**

"The rapidity and magnitude of the emerging problems of environmental health, air pollution, water pollution, ionizing radiation, pesticides, noise, chemicals on the farm and in the home, compounded by the population explosion, urbanization, and the growth of industrial production finally has exceeded the assimilative capacity of our environment for an indiscriminant disposal of waste products," Sterner told the committee. "We can no longer enjoy the luxury of just throwing away our wastes from our smoke stacks, from our automobile exhaust pipes, from our sewers, from our garbage cans. An increasing part of the effort and cost of producing the goods and services which man wants and needs must now be devoted to the control and elimination of these waste products, largely by-products and unwanted, if we are to maintain a reasonably safe and healthful place to live."[96]

The passage of strong and effective federal air and water quality legislation and workplace safety and health laws during the 1970s was perhaps one of the most significant preventive medicine events of the second half of the 20th Century.

1976

**A predicted swine flu epidemic never materializes, catching both the preventive medicine community and the federal government off guard.**

## Difficult Years

The success in advocacy of environmental and occupational safety and health legislation aside, the remainder of the 1970s were challenging years for prevention advocates.

In 1976 the expected Swine Flu emidimic never materialized and ultimaltely turned into a debacle for public health. "We were actually quite sophisticated in projecting influenza and coming up with contingency plans for when we would activate emergency interventions when they became necessary - specifically if an emergent strain was detected by our intensive and excellent surveillance systems which threatened to visit the woes of 1918," recalled Hugh Tilson, who at the time headed the Multnomah County (Portland) Oregon Department of Human Services.[97]

Nevertheless, vaccinations were halted when it was discovered that some recipients developed Guillain-Barre syndrome even though it was unclear whether the vaccinations

were the cause. "In the process," Tilson said, "the vaccine was accused, the program was stopped, the politics and the political fallout of the failed program were immense, and public health was blamed for what we were actually the victim of an under-funded and fragmented delivery system, and therefore inadequate national public health protection."[98]

The College also was embroiled in a protracted debate during the decade concerning the Public Health Service's decision to abandon small-pox vaccinations for most Americans.

In one of the great public health victories of the century, smallpox, once one of mankind's dreaded scourges, was all but vanquished worldwide by the mid-1970s. In 1971, the United States Public Health Service recommended that "because of the rapidly declining incidence of smallpox in the world and the vastly reduced risk of its being imported into the United States, health officials in the United States should consider the discontinuance of compulsory routine smallpox vaccination."[99]

Compulsory vaccination stopped in 1973, but not all in the preventive medicine community were convinced that the halt was a wise decision. Edward A. Piszczek, the College's longtime Secretary-Treasurer, argued in 1973 that "primary vaccination should not be discontinued, but improved."[100]

The under-funding of preventive medicine initiatives about which Hugh Tilson and many members complained in the 1970s was a consistent frustration for the College during the period, especially in the latter years of the decade when inflation fueled a dramatic rise in health care costs. The College was not immune to the financial realities. Dues increased rapidly during the 1970s, and by 1979, members were assessed $60 annually.[101] The College's 1977 decision to move its offices to shared quarters with AAOM in Washington, D.C. was motivated in part by the College's desire to save $3,600 a year in operating costs.[102] Still, the College operated in 1979 and 1980 under a deficit budget. Ward Bentley and the staff volunteered to take a 20 percent salary reduction in 1979 to help the College save costs.[103]

The field of preventive medicine did make some solid gains during the 1970s. The 1975 National Conference on Preventive Medicine in Bethesda, Maryland brought together hundreds of the College's members and others from AAOM, ATPM and ABPM to plan a strategy to ensure concentration of federally-supported programs on preventive health services, health maintenance and health education.[104]

## 1977

**The College moves its national offices from Bryn Mawr, Pennsylvania to the nation's capital.**

After nearly two decades of lobbying, the AMA finally reorganized its House of Delegates to include representation by specialty medicine societies, including ACPM. AMA's June 1978 meeting was the first in which specialty medical societies were present as voting delegates.[105] With five delegates, the preventive medicine community suddenly had more votes in the nation's most prestigious medical organization than did many state delegations.

F. Douglas Scutchfield recalled that "what happened then is that several of us - the Aerospace Medical Association, the American Association of Public Health Physicians, the American Public Health Association, the American Academy of Occupational Medicine, and the College - all got seats in the House of Delegates."[106] During the 1980s, ACPM would use the AMA's House of Delegates as a sounding board to advance the cause of preventive medicine.

*Executive Committee – March 9th, 1972. Pictured form left: Dr. Lee B. Grant, President; Dr. Charles A. Berry, President-Elect; Dr. William P. Richardson, Immediate Past President; and Dr. George F. Wilkins, Regent.*

## C. Everett Koop

Longtime friends in the preventive medicine community often called him by his nickname, Chick.[46] Most of the rest of the world called him General.

But whatever one called C. Everett Koop, it could not be denied that Ronald Reagan's Surgeon General served as the point person during the 1980s for a massive public awareness campaign on the benefits of prevention. Named Surgeon General in 1981, the then 64-year-old Koop became a preventive medicine advocate perhaps unparalleled in the history of American health care. An ACPM Fellow since the 1960s, Koop used the Surgeon General's office as a bully pulpit to convince Americans to take better care of themselves.

In his dark Public Health Service uniform with gold braid and buttons, Koop was an imposing figure. Early in his administration, he leveled a thunderous blast at the nation's tobacco industry, telling any and all who would listen that the "brown plague" of cigarette smoking was cutting decades off the lives of millions of Americans.[47]

Koop moved on to the importance of diet and nutrition, the elimination of environmental hazards, the effectiveness of vaccinations, and the implications of disease prevention. In his public pronouncements, Koop usually ignored whose ox or sacred cow was being gored. When Acquired Immune Deficiency Syndrome (AIDS) threatened to turn into a full-scale

C H A P T E R 6

# History

# Planning and Reorganization

In 1978, the College established a precedent that it has followed for the succeeding quarter-century. Under the leadership of President Charles B. Arnold, regents and staff members held a two-day retreat to write the College's first-ever, long-range plan.

**1978**

**ACPM initiates its first five-year plan, laying the foundation for strategic planning during the next quarter century.**

According to Kent Peterson, newly promoted Executive Vice President of ACPM, the planning session included "an analysis of the current social, economic, political and educational environment, and updates of ACPM's goals and objectives, based upon ACPM's original Constitution."[107] Peterson and the staff prepared charts "outlining possible programs and activities to meet objectives, as well as internal committees, external organizations and funding sources for each..."[108]

President Arnold reported to the regents that "in developing new programs, the College must chart a course which will balance our social responsibilities of altruism with service to the ACPM membership."[109]

The first issue the five-year plan addressed was a reorganization of ACPM's staff. With the decision to relocate ACPM's headquarters to Washington, D.C. the previous year and the 1976 appointment of Kent Peterson to head the College's CME efforts, ACPM's administrative duties had become far more complex. The College had moved inevitably into lobbying for federal government funding of health promotion and disease prevention initiatives during the 1970s, and the long-range plan envisioned reorganizing the staff to include a government affairs position.

Accordingly, the five-year plan

epidemic, Koop stressed safe sex as a preventive measure at a time when the gay community rebelled against moralizing from what they called the Republican Right.

C. Everett Koop did not care. He viewed his job as Surgeon General as a spokesperson for whatever was necessary to keep people healthy. If practicing safe sex, stopping smoking, wearing seat belts, losing weight and vaccinating kids helped save and lengthen lives, then C. Everett Koop was perfectly willing to take the heat for telling people.

Born in Brooklyn in 1916, Koop received his Medical Doctorate from Cornell Medical College in 1941 and his doctorate of science from the University of Pennsylvania six years later. For the next 34 years, he served on the faculty of the pediatrics department at the University of Pennsylvania and as Surgeon-in-Chief at Children's Hospital of Philadelphia. During much of that period, he also was editor of the *Journal of Pediatric Surgery.*[48]

Ronald Reagan's surprise 1981 choice of the somewhat obscure pediatric surgeon as Surgeon General stunned many in the nation's public health community. But C. Everett Koop proved to be one of the strongest supporters of preventive medicine in the second half of the 20th Century.

outlined a staff reorganization that replaced the Executive Director position with an Executive Vice President responsible for legislation and social policy, administration and education.[110] Kent Peterson, who had joined ACPM less than two years before as Director of CME, was named ACPM's first Executive Vice President.[111] Peterson continued to oversee the College's education efforts. Ward Bentley, ACPM's Executive Director for almost a decade, stayed on to direct the office of administration as Executive Secretary. Dennis Barbour joined the ACPM staff in 1978, and was named the College's first Director of Legislation and Social Policy.[112]

Bentley, who would announce his retirement for health reasons less than a year after Peterson's appointment, had proposed that Peterson replace him.[113] "Kent Peterson's maturity, vision, and energetic leadership were revealed early in the months of rapid expansion and change that followed," Bentley wrote. "He brought to the College staff an unusual combination of experience in national policy development, innovative educational design, and as a practitioner."[114]

Bentley's characterization of the College being "confronted simultaneously with awesome challenges and propitious opportunity as the specialty emerges from shadow into full daylight" was pertinent and to the point. The College would spend the 1980s informing society of the tremendous importance of preventive medicine.[115]

Administratively, Peterson had much


*James O. Mason, MD, Director of the CDC, presents information at the national forum on Hepatitis B Control in 1984.*

to accomplish during his first year as Executive Vice President. He replaced Bentley with Donna Helm, naming her head of the College's administrative office. Peterson also had to find office space for the College after APHA, from which ACPM had leased space, vacated its offices on 18th Street, NW, in Washington, D.C. ACPM followed APHA to its new location on 15th Street, NW, in the nation's capital, increasing leasing costs from $3.50 to $12 per square foot. Peterson noted that APHA "will continue to offer us a service package - mail sorting, accounting, word processing, etc. - for $5,000."[116]

## 1980

## The Graduate Medical Education National Advisory Committee reports that preventive medicine could see significant personnel shortages by 1990.

### Recruitment and Cost-containment

Two of the biggest challenges facing Peterson, the College and the preventive medicine community at the dawn of the 1980s were recruitment and cost-containment. By 1979, its 25th year in existence, the College had enrolled more than 2,000 members, however many of those members had retired or died, and the College's membership was aging rapidly. In 1979, Donna Helm reported that the average age of active members was 51.[117] Helm also reported an important trend. "Most notable among members is the increase in physicians certified in areas other than preventive medicine," she said.[118]

Peterson and the College staff focused on recruiting new physicians to the field. In the summer of 1979, ACPM began sponsoring a specialty booth at the annual convention of the American Medical Student Association. Most students visiting the booth expressed concerns about career and training opportunities in the field, the lack of information available at the undergraduate level about nutrition and physical conditioning, and the role of research in preventive medicine.[119]

Recruitment problems were underscored in 1980 when the Graduate Medical Education National Advisory Committee reported that preventive medicine was judged to have the greatest proportional future shortage among 23 medical specialties surveyed. The committee estimated that by 1990, preventive medicine in the United States would require nearly 7,000 practitioners. Some preventive medicine specialties were predicted to be woefully short by 1990. With only 656 occupational medicine specialists forecast to be practicing in 10 years, the committee predicted that occupational medicine would have less than one-third of the physicians needed to meet society's needs.[120]

Ron Davis was in medical school and an officer of the American Medical School Students Association at the time. Like hundreds of other medical students, Davis had little understanding or knowledge of preventive medicine. "I didn't even know that there was a specialty called Preventive Medicine," Davis said. "I went into medical school anticipating that I would be the typical physician with a clinical practice like a family physician or an internist or a pediatrician."[121]

ACPM also became increasingly involved in health policy issues during the early 1980s. The election of Ronald Reagan as President in 1980 ushered in an era of federal government cutbacks that spanned nearly every sector of the American economy, including health care. Reagan Administration cuts in early 1981 severely impacted preventive medicine services, including elimina-

*Former Secretary of the Department of Health, Education and Welfare, Joseph Califano, Jr. is flanked by ACPM Past President George Pickett and ACPM Fellow Joan Altekruse*

tion of federal programs covering venereal disease, immunization, fluoridation, rat control, lead-based paint prevention, risk reduction and health education, high blood pressure control, genetic diseases, adolescent health, and family planning and health incentive grants.[122]

Many of the federal programs were replaced with state-sponsored "block grants," although federal preventive medicine suffered an overall 25 percent reduction in government spending during the early 1980s.[123] Health manpower training, a staple of federal funding by every presidential administration since Lyndon B. Johnson, endured cuts of more than 50 percent in Reagan's first budget bill.[124]

The College managed to keep some prevention programs alive through the growing use of funding from private foundations. As early as the 1970s, pharmaceutical foundations, including Merck and Schering-Plough, helped fund innovative ACPM prevention programs. In 1981, Atlantic Richfield Corporation funded the College's Office of Education for development of a pilot curriculum designed to introduce medical students to risk reduction techniques.[125]

Preventive medicine's increased prominence in health policy planning nationwide at a time when the federal government was pulling back from its funding role was best illustrated by the publication of Healthy People: The Surgeon General's Report on *Health Promotion and Disease Prevention*. Issued by Joseph Califano, Jr. the Secretary of Health, Education and Welfare (HEW), as one of his last acts in office in late 1979, the first Healthy People outlined strategies to reduce infant mortality 35 percent; reduce childhood and adolescent deaths 20 percent; reduce adult deaths 25 percent; and reduce days of illness among the elderly by 20 percent.[126] Actions for meeting the Surgeon General's goals included behavior modification, control of environmental causes of disease, and the delivery of preventive health services.

Delivery of preventive health services involved a number of actions designed to acquaint Americans with the benefits of taking responsibility to promote their own health, including smoking cessation, reduction of alcohol and drug abuse, improved nutrition, exercise and fitness programs and stress control. Healthy People was a ringing endorsement of preventive medicine and an affirmation of the College's efforts to promote the nation's health and well being during the 1960s and 1970s.

## Great Progress

The early 1980s, characterized by unprecedented federal budget cutbacks, were nevertheless a period of great progress for the College and the field of preventive medicine. Ward Bentley and Kent Peterson had laid the foundation for much of that progress. Following Bentley's retirement, Peterson moved the College to new prominence. Unfortunately for the College, Peterson was named corporate manager of environmental medicine at IBM in White Plains, New York, shortly after taking office. His responsibilities would include the monitoring of workplace hazards, health protection, and health promotion for IBM's more than 340,000 employees worldwide.[127]

Peterson's departure in the late summer of 1981 was accompanied by other staff changes. Donna Helm, the director of administration, also left the College. One of Helm's last duties as director of administration was to purchase an electronic word processing system, which made ACPM one of the earliest specialty societies to computerize its office functions. Barbara Byrd, director of education, resigned at year-end 1980 to pursue other interests. Dennis Barbour, the College's director of prevention policy, resigned his full-time position with ACPM to open a Washington, D.C. consulting office; one of his clients in the new endeavor was ACPM.[128]

Peterson's departure was deeply felt by the ACPM's regents and members. O. Bruce Dickerson, President of the College from 1979-1981,


*Jonas Salk, MD Delivers the 1982 KBS Lecture*

expressed the Board's deep appreciation for Peterson's many contributions to the College and to the field of preventive medicine.[129] Peterson left the College in sound financial shape. By 1981, ACPM had an annual budget approaching $250,000, and 35 percent of College revenues were derived from "soft money," such as foundation grants and sponsorships.[130] When Peterson left, the College had a budget surplus of nearly $40,000.

Peterson's successor as Executive Vice President was a veteran health policy professional, William Kane, PhD. Kane came to ACPM from the American Alliance for Health, Physical Education, Recreation and Dance, where he had served from 1978 to 1981 as the Alliance's Vice President. With a Master of Science degree in health sciences from the University of Utah and a doctorate in education and policy management, Kane previously had held faculty positions at George Mason University, George Washington University and San Diego State University.[131]

Kane's priorities in the renamed executive director's position included increasing and improving membership services and maintaining financial stability for the College. Perhaps his two most important contributions toward those goals were the establishment of a separate identity for the College's annual meeting and the creation of a peer-reviewed journal for the field of preventive medicine.

Since the first ACPM meeting in 1954, the College had piggybacked its annual conference on to that of APHA. "There had always been a spring meeting and a fall meeting of people like us, doctors who are involved in preventive medicine," explained ACPM member Kevin Patrick, who was instrumental in creating the College's modern conference schedule. "The fall meeting was usually with APHA, and the spring meeting was typically with the Epidemic Intelligence Service Conference,

## 1984

**PREVENTION '84 sponsored jointly by ATPM and ACPM debuts as a major national conference.**

### Merger Efforts

The most tempestuous event in the half-century history of ACPM took place in 1989-1990. Work on the proposed merger with ATPM consumed more than a year but left the two pre-eminent preventive medicine societies separate and distinct.

The idea to merge the two organizations was perhaps inevitable. ACPM and ATPM had shared experiences and costs in a host of programs for more than 20 years. ATPM had long held its annual meeting in conjunction with the College's annual conference, and in 1985 the two organizations joined forces to establish what has become the leading journal in the field, the *American Journal of Preventive Medicine*. Numerous individuals were members in both organizations, and several ACPM officers held positions on the Board of ATPM.

Hugh H. Tilson was convinced by the mid-1980s that the two organizations needed to be more closely aligned. Tilson, who would serve as ACPM President from 1995-1997, noted that "it was clear that we had an enormous shared sentiment and body of shared members, shared goals and objectives, both of which were oriented toward creating a situation in which persons of quality would seek training and achieve certification and make a contribution as specialists in the field of preventive medicine."[32]

George K. Anderson, President of both ABPM and ACPM during his career, said he thought for years that ACPM and ATPM were two organizations that should become one. "To me," Anderson said, "the answer would have been to merge the organizations. Maintain the very well-defined mission elements of each so that the membership of each in a new organization would have its expectations met, but also to basically leverage the similarities rather than

focusing on the differences. That is the message I brought back in the 1980s. To my knowledge, not very many people listened, so we pressed on." According to Anderson, a useful model was the Aerospace Medical Association, whose members included both physician and non-physician health professionals. "I still think that would be an appropriate model for this arena."[33]

Early in the presidency of F. Douglas Scutchfield, the Boards of both organizations met at PREVENTION '89 in Atlanta to discuss a possible merger. "Scutch," as he was endearingly known in the preventive medicine community, had devoted most of his career to teaching, serving on the faculties of medical schools at the University of Kentucky, University of Alabama-Birmingham and San Diego State University. Kevin Patrick, his colleague at San Diego State at the time, was President of ATPM. Both Scutch and Patrick agreed that a merger was in the best interest of both organizations.

Scutch and the Board of Regents appointed Hugh Tilson and Suzanne Dandoy to head the ACPM team on a Joint Affiliation Task (JAT) Force to study the feasibility of forging a closer relationship with ATPM. "We came up with a set of proposals that were thoroughly vetted in both organizations," Tilson recalled. "Everybody liked them. They were 'form follows functions' directions."[34]

JAT Force made its recommendations to ACPM at the regents' fall meeting in Chicago in October 1989, and in parallel to ATPM. Scutch and Patrick and the ACPM and ATPM Boards both approved of the recommendation to merge the two organizations. Scutch noted at the time that "all feel that this is an idea that has much merit; all sense the potential to move the field forward; all recognize that there is tremendous opportunity to have a larger impact than either organization alone or than we have had in the past."[35]

At that October Board meeting, Scutch and the Board of Regents agreed to develop an implementation plan for the proposed merger. The plan was scheduled to be presented to the Board at the spring meeting, and if approved, a ballot would be mailed to the College membership.[36] JAT Force members Tilson and Dandoy joined ATPM leaders Connie Conrad and Carl Tyler to form the Joint Implementation Task (JIT) Force and worked on the plan throughout the spring of 1990. The merger was a major topic of discussion at PREVENTION '90.[37] "We even came up with a draft constitution and bylaws for a hybrid organization," Tilson said.[38]

The biggest stumbling block to the merger was membership categories. ACPM's 2,000 members were all physicians while ATPM's membership included many non-physicians.[39] JIT Force members suggested creating three membership categories for the merged organization: Fellowship for Board-certified specialists; Scholarship for distinguished academically-based non-physicians; and membership for certain other groups.[40]

The matter, however, never came to an official membership vote. In the summer of 1990, ACPM's Board sent an informational mailing to members requesting input on the merger. "Half the comments received were unreservedly supportive of a merger as proposed," the JIT Force reported. "However, several made strong cases for the need to preserve the unique features of each organization while moving ahead together."[41] Many who responded to the mailing "were troubled by the ambiguity introduced by inclusion of non-physicians into the preventive medicine specialty society," JIT Force concluded.[42]

In the end, ACPM members were hesitant about admitting non-physicians to full membership in the College. ATPM members were upset that the President of the proposed joint organization – the American Academy of Preventive Medicine – would have to be a physician.[43]

Following the mailing, JIT Force planned to work with counterparts at ATPM to develop other potential affiliation models, but the moment had passed. When ACPM's regents met in New York City on October 1, 1990, they had before them a recommendation from JIT Force that the proposed merger be shelved. Instead, ACPM's Tilson and Dandoy would represent the College on a committee to pursue steps toward a more informal affiliation.[44]

Tilson summed up the 18-month merger efforts in a special report to the College membership. "The response from the field was fairly conclusive," he said. "The College membership seems very happy with the College the way it is and wants it strengthened, not diluted. Of particular interest was the preservation of its identity as the premier professional organization for physicians interested in preventive medicine."[45]

and ATPM also usually had an educationally oriented session."[132]

Patrick noted that "when Bill Kane came in, we said, 'Why don't we create a spring meeting that could bring together the preventive medicine community? The meeting was called PREVENTION and it was initially held in Atlanta."[133]

When ACPM began to call the meeting PREVENTION, it provoked a reaction from an unlikely place. "There was a quite popular public magazine called *Prevention* that Americans could find in most grocery store checkout lines," Patrick said. "The magazine was published by Rodale Press, and Bob Rodale, the publisher, apparently raised some concerns about ACPM using the term for the meeting."[134]

The ACPM Board seriously discussed changing the name of the meeting to something other than PREVENTION. Patrick recalled that ACPM eventually settled on PREVENTION '85, PREVENTION '86, PREVENTION '87. After initial reservations, Rodale actually took a great interest in the annual conference. He attended PREVENTION '84 in Atlanta and reported to the ACPM Board on prevention research commissioned by *Prevention* magazine.[135]

PREVENTION '84 was the best-attended annual conference in years, with more than 325 members and guests registered, and attendance grew at each succeeding PREVENTION meeting through the remainder of the decade.[136] With the PREVENTION meeting a success, ACPM moved on to the second goal of improving membership services. Since the late 1970s, the College had investigated the feasibility of publishing a peer-reviewed journal dedicated to preventive medicine. Discussion within the Board of Regents had covered a wide range of options, including developing a new journal independently, collaborating with another group's journal or making an existing journal available to College members.[137]

After much soul-searching, the Board decided that development of a new journal would best serve the needs of the membership. In the spring of 1985, Volume 1, Number 1 of the *American Journal of Preventive Medicine* came off the press. Jointly sponsored by the College and ATPM, the Journal was published by Oxford University Press, one of the most respected names in journal publishing. Nemat Borhani of the University of California School of Medicine - Davis was the Journal's first editor, with College Fellow John Last serving as assistant editor.[138]

With the publication of the first volume of the Journal and planning underway for PREVENTION '85 in Atlanta, ACPM had taken a giant step in establishing itself as the nation's pre-eminent voice for preventive medicine. In the decade ahead, the College would become an even more effective advocate for health promotion and disease prevention.

## 1985

**The College and the ATPM jointly publish volume 1, number 1 of the *American Journal of Preventive Medicine.***

*Joseph Stokes III, MD, Professor of Medicine at Boston University School of Medicine, became the editor of the American Journal of Preventive Medicine in 1986.*

In a unique partnership with the Burroughs Wellcome Fund, mediated by Hugh Tilson (who was himself a Burroughs Wellcome senior executive), ACPM began in 1986 to administer a landmark program to provide the aegis for unrestricted career development grants. Three-year funding was provided to 10 scholars, as was an annual scientific forum for discussion of their research. Over the ensuing years the scholars presented their findings on applying the principles of preventive medicine in the field of therapeutics, in the journal, *Pharmacoepidemiology*. This program is still recognized as seminal to the field.

## How 'Bout Them Heels?'

President Bill Clinton's first year in office was marked by the beginning of a titanic battle with Congress over health care reform. The Clinton administration had been marshalling support for its reform plans from the medical community and scheduled a December 16, 1993 photo opportunity at the White House to demonstrate that a number of medical specialty societies, including ACPM, were backing major provisions of the Clinton health plan.

Representing ACPM at the White House function were President-elect Hugh Tilson; Secretary-Treasurer David Harris; Occupational Medicine Regent William Greaves; and Policy Committee Chair Halley Faust.[49]

"It was in my time as President-elect of the College," Tilson explained. "Roy DeHart was then President, and he lived in Oklahoma. So he couldn't always come to Washington as I could. I worked for the pharmaceutical industry down in North Carolina and could always make the hop up to Washington."[50]

Tilson crammed diligently for the 30 seconds of face-to-face discourse he would have with President and Mrs. Clinton. He talked to more than 20 leaders in the preventive medicine community to fashion his message to the President and First Lady. When the moment came, he delivered the message flawlessly. Don't let the people who only want funding for curative medical care win the funding battle in health care reform, he said. Keep in mind that a little funding in preventive medicine can go a long way in keeping the population healthy, he added.[51]

The Clintons thanked Tilson for his 30-second piece of advice, and all the other society presidents present for their 30 seconds of advice, and then suggested that the group accompany them to a short reception in the Oval Office.

CHAPTER 7

# History

# The Inevitability of Change

The election of President Bill Clinton in 1992 ushered in a new era for America's health care sector. The Clinton team's mantra during the 1992 campaign - "It's the economy, stupid" - applied to the dramatic increase in health care costs during the previous decade as much as it did to the loss of jobs during the late 1980s.

Indeed, the preventive medicine community, as well as American medicine in general, was struggling with a growing number of uninsured Americans, as well as with the skyrocketing cost of health care. High quality, affordable health care was on the agenda when First Lady Hillary Rodham Clinton convened the administration's National Health Care Reform initiative in the spring of 1993.

F. Douglas Scutchfield served as President of ACPM from 1989 to 1991. ACPM had been urging Congress and the AMA to include preventive services in the plethora of federal legislation that shaped health care during the 1980s. "The College commissioned Karen Davis, who was department chair at Johns Hopkins, to do a white paper on payment for preventive services and a companion piece that compared the actual cost of the provision of a range of preventive services," Scutchfield explained. "We used that in a number of different ways."[139]

*President Bill Clinton meets with ACPM President-Elect Hugh Tilson*

Much of the Davis study arrived at ACPM's Washington, D.C. offices just as the Clinton administration was investigating the feasibility of

major reforms in national health care. "We used it first of all to tie into the Clinton debate around the issue of what covered benefits should be available," Scutchfield explained. "The second thing was that the AMA was clearly deciding on their minimum benefit package. I used it to lobby the AMA's Council on Medical Service and was successful in getting them to agree to support coverage of preventive services."[140]

Scutchfield, his successor as President, Suzanne Dandoy, and ACPM Executive Director Hazel K. Keimowitz, all worked diligently to acquaint Washington power brokers with the benefits of preventive medicine. Keimowitz, who had succeeded William Kane in the top administrative position at the College in 1989, coordinated a key meeting with incoming Department of Health and Human Services Secretary Donna Shalala in April 1993. Dandoy, President-elect Hugh Tilson, Access Subcommittee Chair Halley Faust and Keimowitz introduced Shalala to the specialty and acquainted her with the contributions that preventive medicine could make in the design, management and evaluation of accountable health plans.[141]

Sensing a friendly reception in the new Clinton administration, the College continued to campaign for its vision of prevention's role in health care reform. Working with

*ACPM Fellow and U.S. Surgeon General during the Clinton administration, David Satcher*

the Association of State and Territorial Health Officials (ASTHO), APHA, ATPM, the National Association of County Health Officials and the United States Conference of Local Health Officers, ACPM in the summer of 1993 developed a statement on prevention in health care reform that emphasized the need to support population-based preventive health services alongside personal health services. By fall, more than 50 other national organizations endorsed the ACPM statement.[142]

## 1993

**ACPM works closely with the Clinton Administration to design a comprehensive health care reform initiative.**

Tilson saw the opportunity to make more points about the importance of preventive medicine funding. "So, we had an hour to make small talk with the President," Tilson said. "Now, you may think we made small talk about preventive medicine, but he did not want to talk content at all. He wanted to make small talk about basketball because it turned out he was an avid Razorback fan."[52]

President Clinton's University of Arkansas Razorbacks were ranked first in the nation at the time and would go on to win the National Collegiate Athletic Association (NCAA) Division 1 Men's Basketball Championship in March 1994. Tilson knew next to nothing about college basketball, but he had watched several early season University of North Carolina games with his two sons, students at Chapel Hill and avid Tar Heel basketball fans. The University of North Carolina was the reigning Men's National Basketball Champion, and was expected to battle the Razorbacks for hoops supremacy in the 1994 NCAA tournament.

When the President began waxing eloquent about his beloved Razorback basketball team, Tilson recalled something his sons had said during an early season game. "Well, Mr. President, the Razorbacks may be tough on the floor," Tilson interjected into the conversation, "but the Tar Heels sure have a lot of depth on the bench."[53]

"Well, for the President, it was as though I had hit a home run or I had done a slam dunk," Tilson explained. "And so for the next half hour, my ability to make cocktail party small talk about basketball was tested beyond its limits."[54]

There was no question that preventive medicine was at or near the top of the health care reform agenda. When ACPM hosted PREVENTION '94 in Atlanta in March 1994, Dr. David Satcher, the new head of the renamed CDC, the Centers for Disease Control and Prevention, gave the annual Katharine Boucot Sturgis Lecture.[143] Satcher's presentation on continuous quality improvements in CDC programs on occupational safety, surveillance, epidemiology, infectious diseases and immunization - all topics that the preventive medicine community had helped bring to America's attention - was well received by the record crowd in attendance.[144]

PREVENTION '94 was a watershed for the College. After the difficult years of the late 1980s, preventive medicine had finally come into its own, both in Washington, D.C., and in the nation's medical community. Roy L. DeHart, ACPM's President from 1993 to 1995, noted that ACPM in 1993 and 1994 had "welcomed the largest class of members into the College and witnessed our membership grow to 2,044, a 12 percent increase over the previous year. The College's financial status is healthy, and we were able to make a modest contribution to our reserves."[145]

As part of its 1991 strategic plan, the College had engaged a consulting firm to compare ACPM's financial and management performance with other specialty societies. DeHart reported that "this benchmarking exercise confirmed our assumptions of an efficient and effective management team."[146]

*ACPM Executive Director Hazel Keimowitz*

It was left to Hazel Keimowitz to describe the tremendous strides that ACPM and the preventive medicine community had made during the early 1990s. "ACPM and preventive medicine have clearly gained immeasurably in visibility and stature throughout the health care reform debate," she wrote in early 1995. "During this period, our educational activities have increased as well, and our involvement in scientific areas, such as practice guidelines, has been strengthened."[147]

By the time Keimowitz wrote her assessment, the Clinton plan for national health care, including population and clinical preventive medicine, was dead, a victim of congressional infighting. ACPM had emerged from the often-contentious debate, however, as a respected voice for the benefits of prevention.

## Public versus Private

PREVENTION '94 introduced another reality in the changing landscape of preventive medicine. Since the 1980s, health care economics increasingly had dictated the treatment and practice of preventive medicine. The keynote address of Mark Smith, Executive Vice President of the Kaiser Family Foundation, urged public health and prevention specialists to understand the real world of health care delivery, its organization and business economics. Smith "encouraged establishing national benchmarks and standards for measuring success rates rather than presenting wish lists."[148]

Smith's description of a "culture of treatment" rather than prevention and the financial incentives for interventions was a reminder of the challenges that lay ahead. His emphasis on the reality of business economics brought attention to the changing nature of preventive medicine, specifically, the increasing ability of health care organizations in the private sector to shape the delivery of preventive services.

Suzanne Dandoy, ACPM's President from 1991 to 1993, worked much of her career in public health. The Los Angeles resident earned her bachelor's degree, MD and Master of Public Health degree at UCLA and at first envisioned a career in public health epidemiology; yet, like so many preventive medicine specialists of her generation, Dandoy would work for 30 years in public

health administration.[149]

Dandoy noted that the biggest change she witnessed in the specialty, especially during the 1990s, was "the number of people in the field who now work in the private sector rather than the public sector, because everybody originally either was in the public sector or academia. Now, they work for pharmaceutical companies and medical quality of care companies and health care delivery companies, and that really has changed. It is a wonderful change."[150]

What preventive medicine practitioners such as Dandoy saw in public health by the mid-1990s was a marked decrease of physicians in administrative positions in public health departments nationwide. Dandoy pointed out that the decrease tracked the rise in professional health care administrators "because now health departments, both at the state and local level, are by and large not run by physicians. The specialty has changed and the needs for it have changed."[151] Some in the College associated the diminished role of physicians with a corresponding lack of vision in medical administration, but none could deny that the trend was accelerating.

ACPM reflected many of the changes that Dandoy identified. Robert G. Harmon, ACPM's President from 2003 to 2005, was first elected to the College's Board of Regents in 1996. Harmon typified the new breed of preventive medicine specialists who were both talented physicians and business managers in the private sector.

A native of Springfield, Illinois, Harmon graduated from Washington University Medical School in St. Louis in 1970. He did an internal medicine residency at the University of Colorado, earned his Master of Public Health degree and then did a year of preventive medicine residency at Johns Hopkins University. Following three years as an assistant professor of public health and medicine at the University of Washington in Seattle, Harmon was County Public Health Director in Maricopa County, Arizona in Phoenix from 1980 to 1985. He was the state health director in Missouri from 1986 through 1990, when President George H.W. Bush appointed Harmon administrator of the Health Resources and Services Administration (HRSA) in the Department of Health and Human Services. Since 1994, Harmon has been the Vice President and National Medical Director for OPTUM, a UnitedHealth Group company.[152]

*ACPM President from 2003 - 2005, Robert G. Harmon, MD*

Harmon's private sector responsibilities typified the growing field of "medical management." According to former ACPM President Hugh Tilson, "The College recognizes the unique characteristics of the Board-certified preventive medicine specialists within medical management: evidence-based, data-driven and most important, population-centered. Bringing these skills to generalist managers will be indispensable if our society is to hold managed care accountable to assessment, documentation and public review of its output and outcomes, and, by implication, the outcomes of management decisions at the population level."[153]

## Data-Driven

Medicine in general, and preventive medicine in particular, benefited greatly from the technology advances of the last decade of the millennium. Computed Axial Tomography (CAT) scans, Magnetic Resonance Imaging (MRI), fiber-optic probes and surgical tools became part and parcel of the physician's arsenal in the war against disease and infection. Computers revolutionized health care, allowing preventive medicine researchers to enter and analyze reams of data in hours and minutes, rather than months and years. The emer-

gence of electronically available health and medical databases gave researchers access to information that previously they would have had to travel halfway across the country or the world to obtain at specialized medical libraries. The growth of the Internet and the explosion of e-mail allowed preventive medicine specialists and researchers to instantly communicate findings and observations with colleagues.

The College itself was quick to embrace the new technology. In 1991, the entire Washington, D.C. staff of ACPM shared one bulky computer. Communications were by telephone or by mail. At the time, the College did not own a facsimile machine.[154] If a document had to reach a recipient immediately, a staffer ran to a Kinko's or MailBoxes, Etc. to fax it.

Five years later, each staff member in the office had his or her own desktop computer as well as an e-mail address. ACPM, like many specialty societies, was introduced to e-mail in 1994 through CDC's WONDER system. ACPM had gone online that summer with its first e-mail address, slou100w@wonder.em.cdc.gov.[155] At the time, however, ACPM could only communicate electronically with subscribers to the CDC WONDER system or with those who had access to CompuServe, a commercial service.

Two years later, in 1996, ACPM had advanced light years from the original operating systems. The College's move in the spring of 1995 to offices at 1660 L Street, NW, in Washington, D.C., had been accompanied by a dramatic increase in budget for electronic communications. On October 1, 1996, ACPM announced the establishment of its own home page on the Internet, www.acpm.org. Members could check the site, which was updated weekly, for information relating to member benefits, educational programs and meetings, policy affairs and legislative issues, current topics in preventive medicine, publications, residency programs, and links to dozens of other related Internet sites.[156]

"If you've never surfed the net,'" ACPM told its members, "now is the time to try."[157]

## Future of the Specialty

The December 1996 release of what the preventive medicine community called the Forum Report capped a decade of strong gains for ACPM. Officially entitled "*The Specialty of Preventive Medicine: Leadership for the 21st Century,*" the Forum Report was an outgrowth of conferences convened by the College early in the 1990s to develop a vision and strategies for the future of the specialty. Chaired by former President Suzanne Dandoy, the three-year effort to compile a Forum Report examined the field of preventive medicine in its entirety, including its purpose and goals, training requirements and structure, certification process and future as an organized medical specialty.[158]

"The forum on the future of the specialty of preventive medicine became a very important vehicle for us, especially when it came to talking about how to improve the specialty," said Hugh Tilson, who was President of ACPM when the Forum Report was issued.[159] The report's 34 recommendations focused particularly on making it less complicated for specialists in other medical specialties, such as pediatrics and internal medicine, to become Board certified in preventive medicine. The Forum Report also stressed the need for better integrating the Master of Public Health degree into the world of practical preventive medicine, and it addressed the role of distance learning in continuing education.

"We have reformed many of the issues related to Board certification," Tilson said. "We have developed lifetime learning requirements. We are trying to pull together occupational, aerospace, public health and preventive medicine more coherently and find ways to bridge the specialty areas - and of course, trying to find ways to be sure that preventive medicine is practiced by every physician."

## The Core Competencies

A major area of activity and accomplishment for ACPM during the

## 1989

**ACPM's Graduate Medical Education subcommittee sets out on a decade-long quest to define the competencies preventive medicine residents need to master.**

1990s was the development of core competencies for graduate medical education and residency training. Spearheaded by Dorothy S. Lane, ACPM's public health regent from 1988 to 1992, the core competencies were developed by the Graduate Medical Education subcommittee that Lane chaired from 1989 to 1992. With grant support from HRSA, the subcommittee established a work group that published its findings on core competencies in the *American Journal of Preventive Medicine* in 1994 and 1995.[160]

"Core competencies were concerned with both content and quality of the programs," explained Lane, who also served as ACPM's President from 2001 to 2003. "The competency development was really a significant outcome of the College's educational efforts during the 1990s. They helped define residency programs for preventive medicine during the decade."[161]

For much of its history, the College has been concerned with graduate medical education. As far back as the early 1960s, ACPM embarked upon a comprehensive program to certify residencies in preventive medicine, including occupational medicine, public health, general preventive medicine and aviation medicine. The two-year certification effort in the 1960s was among the first ever attempted by a specialty medical society.

"The creation of the core competencies was the result of a widespread realization on the part of residency program directors that there was too much diversity in training," explained Lane, herself the residency program director at the Department of Preventive Medicine, Stony Brook University School of Medicine. "Since then, the College has played a significant role in organizing meetings for program directors and other ongoing activities. I'm a program director, too, and I've seen the benefits of the competencies."[162] ACPM's decade-long emphasis in establishing core competencies was validated in 1999 when the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties determined that the preventive medicine core competencies were a model for accreditation and certification of residency programs nationwide.

"Preventive Medicine was really the trailblazer for core competencies in residency training," Lane said. "That emphasis on education has been a continuing thread in the College's history."[163]

## 1999

**The Accreditation Council for Graduate Medical Education (ACGME and the American Board of Medical Specialties adopt the ACPM core competencies model as requirements for accreditation of residency programs nationwide.**


*ACPM President Jonathan Fielding, interviewed on C-Span, representing the public health community's response to the tobacco settlement.*

## Ron Davis

An indication of the respect in which the wider medical community holds preventive medicine came in 2001 when the AMA's House of Delegates elected ACPM Fellow Ron Davis to its prestigious Board of Trustees.

Davis, Director of the Center for Health Promotion and Disease Prevention at the Henry Ford Health System in Detroit, Michigan, had been ACPM's alternate delegate and, then, delegate to the AMA's House of Delegates since 1987. His election to a four-year term on the 18-member principal governing body of the AMA culminated a hard-fought campaign for the influential position. Davis was supported in his quest by the ACPM, the Michigan State Medical Society, the Wayne County (Michigan) Medical Society, and by former Surgeon General C. Everett Koop, among others.[55]

Davis credited former ACPM President F. Douglas Scutchfield for much of his interest in both preventive medicine and the AMA. "I was going to AMA meetings from my second year of medical school on and quickly became part of the leadership in the AMA student section," Davis explained. "And while I was going to AMA meetings, I was developing my interest in preventive medicine as a medical student. I think I found my way into the preventive medicine caucus at the AMA meetings. The AMA delegates who represent preventive medicine organizations get together several times at each meeting in a body called the Section Council for Preventive Medicine. I met Scutch at those meetings as well as the other members from ACPM."[56]

Scutchfield had paved the way for Davis' election to AMA's Board of Trustees with an earlier run for the office. From the early 1980s, Scutchfield had served as ACPM's representative to the AMA House of Delegates. In 1983, Scutchfield saw

CHAPTER 8 History

# ACPM Today and Tomorrow

An era at ACPM ended in the summer of 1998. Hazel K. Keimowitz announced her resignation as ACPM's executive director after eight years in the demanding job. Keimowitz had joined ACPM as a staff assistant in 1980, shortly after the organization moved its headquarters to Washington, D.C. Following the resignation of William Kane in 1989, Keimowitz filled in for a year as acting executive director before the College's search committee elevated her to permanent status in 1990.[164]

Keimowitz, who left ACPM to accompany her husband on a round-the-world sabbatical, credited the officers and regents of the College with the tremendous strides ACPM had made during her tenure as executive director. "ACPM can be proud of its position as a 'full-service' medical specialty society," she wrote in a farewell column in the ACPM News. "The College, in partnership with the Association of Teachers of Preventive Medicine, boasts an excellent journal and a world-class meeting. ACPM's government relations/policy program brings us to the table with leaders from government, medicine and public health on the most important issues of the day."[165]

Keimowitz also identified the College's educational efforts in continuing education, aggressive and comprehensive membership recruitment and retention programs, a new external relations initiative, fund-raising efforts, cooperative agreements with the federal government, the development of practice policies, and creation of a careers initiative as achievements during her time as executive director.[166]

"Hazel was a terrific executive director of the organization, and there was a lot of growth during her period of leadership," said Dorothy Lane, ACPM President from 2001-2003.[167]

Keimowitz's departure occasioned a nationwide search for a successor, but the College did not have to look beyond Washington, D.C. to find a new executive director. In early September 1998, the College announced the appointment of Jordan

## 1998

**Hazel Keimowitz, the College's executive director for much of the 1990s, resigns and is replaced by Jud Richland.**

H. "Jud" Richland as ACPM's new executive director.

Richland, who earned a degree in economics from the University of California at Berkeley and graduate degrees from the Lyndon B. Johnson School of Public Affairs, University of Texas at Austin, and the George Washington University School of Public Health and Health Services, joined ACPM in 1998. He came to ACPM from the Partnership for Prevention, a national non-profit organization charged with increasing the priority of prevention in health policy and practice. Richland previously had been employed at the Public Health Foundation in Washington, D.C., where he had served as acting executive director and deputy director from 1987 to 1995.[168]

"I have worked extensively with Jud for the past several years in his role as President of Partnership," noted then ACPM President Jonathan Fielding. "His leadership skills and wealth of experience in disease prevention and health promotion are outstanding assets for ACPM. Partnership has grown in stature and influence under his leadership, and ACPM is extremely fortunate to have him as our new executive director."[169]

*ACPM Executive Director Jud Richland, MPH, MPA*

### New Directions

The organization that Jud Richland joined on September 28, 1998 was in the midst of sweeping change. Jonathan Fielding, ACPM's President from 1997-1999, and George K. Anderson, President-elect, had taken office in 1997 convinced of the need to take the College in new directions.

A membership survey early that year had revealed that 25 percent of the members were engaged in the practice of clinical medicine. Another 25 percent of the members were associated with academic institutions. The remainder of the membership was involved with public health, aviation medicine, or occupational health. Increasingly, those members working in public or occupational health were employed by the private, instead of public, sector.

The 1990s had been years of solid achievement for ACPM and the preventive medicine community. ACPM and its members were in the midst of dozens of preventive medicine and public health campaigns. ACPM had exercised policy leadership in the campaign to reduce smoking, the elimination of Hemophilus influenzae type b invasive disease, the prevention of neural tube defects, the awareness of Sudden Infant Death Syndrome (SIDS), and the prevention of cardiovascular disease through the use of daily aspirin. The preventive medicine community was working hard to alert the American public to the importance of diet and nutrition, environmental safeguards and psychological well being in maintaining a healthy lifestyle. "Public health interventions are having a spectacular impact on people's health - an impact that is disproportionately large when the resources invested in public health are compared to the enormous expenditures throughout the rest of the health care system," Richland pointed out.[170]

Those interventions, however, came with a price. The many activities initiated by the College's Board of Regents during the 1990s cost money. By the time Richland came aboard as executive director, ACPM was operating at a significant deficit

a chance to advance the preventive medicine viewpoint on medical education. "I ran from the ACPM specialty society to a seat on the AMA's council on medical education, which is the parent body of all of the accrediting agencies in medicine, in essence from undergraduate to graduate to continuing medical education and Allied Health. I was lucky, and I won."[57]

Scutchfield parlayed the seat on the council on medical education into a 1991 run for the Board of Trustees. At the time, Davis was his alternate to the House of Delegates. Scutchfield lost that first run for the Board of Trustees when expected support from his home state of California did not materialize. Scutchfield decided to pass the torch on to his alternate delegate.

"It traditionally takes two runs at the Board to win," Scutchfield explained, "and I just didn't have the fire in my belly to run a second time."[58] Scutchfield and Davis traded places. Davis became ACPM's representative to the AMA House of Delegates; Scutchfield became his alternate.

By 1999, Davis was ready to make his try at the Board of Trustees. He came agonizingly close on his first campaign. "Scutch was my campaign manager," Davis said. "The election was in June of 1999. We had C. Everett Koop out there helping me and going around with us to various caucuses at the AMA meeting for interviews and speeches. I ended up losing by two votes out of 550. About half of the physicians in the AMA leadership had lost their first time, so this was not totally unexpected. There was a feeling that maybe the House of Delegates likes to humble people before they will elect them into their leadership. I got dusted up a bit that first time, although I came very close."[59]

After nearly 20 years representing preventive medicine's interests on the AMA House of Delegates, Scutchfield retired in 2000. Davis announced early in 2001 that he was again seeking a seat on the AMA Board of Trustees. ACPM supported him wholeheartedly.

"The second time around I had two campaign managers," Davis said, "Robert Rawe, who is an OB-GYN physician with the Air Force, and Cathy Blight, a colleague in Michigan who is a pathologist. ACPM physicians were helping me out substantially. For example, George Anderson, who was the President at that time, came out to the AMA meeting when I was running for re-election. Hugh Tilson was also there, and the two of them were helping me out a lot with all the campaigning."[60]

In Washington, Davis noted, "ACPM staff was providing a lot of staff support. I got great help from Jessica Cafarella and Mike Barry. Jud Richland was helpful throughout. It was basically a team effort with great staff support and great help from the ACPM leadership, and also the entire Section Council for Preventive Medicine."[61]

## 2001

### Ron Davis is ACPM's first Fellow to win a seat on the AMA's prestigious Board of Trustees.

for the first time since the 1960s.

"We had an audit when Jud took over and the organization was in the red," George K. Anderson explained.[171] The deficit was in the neighborhood of $100,000, and Fielding, Anderson, Richland and ACPM Treasurer Mike Parkinson would spend the next three years getting the College's financial house in order. "That took some hands-on activity by the President, by the executive director and by Mike Parkinson, as Treasurer," Anderson said. "They are people who really deserve an awful lot of credit for picking it up and running with it."[172]

One of the first tasks that Richland tackled was moving the College staff out of its L Street quarters in Washington, D.C. ACPM had shared space with ATPM and the Association of Schools of Public Health on L Street since 1995, and Anderson, in particular, wanted the College "to have separate office space and to operate as a separate organization. My fundamental guidance to the Board of Regents was that ACPM needs to behave like a professional medical society that represents its members, and that has to be the primary focus. A normal characteristic in this country of a professional medical society is that the society has an annual meeting itself and, also, it has a journal."[173]

In the fall of 2000, ACPM signed a lease for office space at 1307 New York Avenue, NW, in Washington, D.C. By that time, plans were well underway for restructuring the College's annual meeting, which was increasingly becoming a financial burden on the College. Since 1984, the College and ATPM had jointly sponsored the PREVENTION annual meeting. The 1997 survey of members had revealed a definite interest in focusing the annual meeting more heavily on clinical issues and cutting edge public health issues. Accordingly, ACPM began planning in 2000 for a new series of annual meetings.

*Dr. George Anderson, Outgoing ACPM President, passes the gavel to new President Dr. Dorothy Lane.*

"We completely restructured our approach to the meeting and withdrew from the PREVENTION series of meetings and created the Preventive Medicine series starting in 2001," explained George Anderson. "That became necessary as a business move."[174]

Preventive Medicine 2001 debuted in Miami, Florida on February 22, 2001. "While our annual meeting will continue to offer high quality sessions on public health practice and prevention policy," Richland told members, "we have significantly strengthened our offerings in clinical preventive medicine."[175] Follow-up surveys of the more than 600 attendees of Preventive Medicine 2001 found that the increased clinically-focused sessions on topics such as evidence-based medicine, cardiovascular disease, obesity prevention and control, cancer screening, complementary and alternative medicine and hormone replacement therapy were particularly well-received.

The success of the Preventive Medicines series of annual meetings in the early years of the 21st Century was mirrored by the success of the *American Journal of Preventive Medicine*. Based at San Diego State University and edited by ACPM Fellow Kevin Patrick, the Journal was published by Elsevier Publications and overseen by a governing board jointly appointed by ACPM and ATPM. "The Journal has been very, very successful," Richland said. "It is increasingly recognized as one of the nation's most outstanding and influential journals in public health


*Health and Human Services Secretary Tommy Thompson addresses attendees at Preventive Medicine 2002 in San Antonio, TX.*

practice and policy."[176] The Journal's success is reflected in its plan to increase publication from eight times per year to monthly by 2007.

## The Next 50 Years

ACPM celebrates 50 years of accomplishment at Preventive Medicine 2004 in Orlando in February 2004. In many ways, the College has never deviated from the goals set by the founders at St. Petersburg in 1954. ACPM and the preventive medicine community continue to take a systems-based approach to disease prevention and health promotion. The College's involvement in national public health issues remains an essential reason for its existence. The specialty's emphasis on evidence-based medicine and science is as pertinent today and tomorrow as it

# 2004

## ACPM hosts its 50th annual conference in Orlando, just an hour's drive east of St. Petersburg, the site for its organizing conference in 1954.

was when George A. Dame convened the first meeting of ACPM.

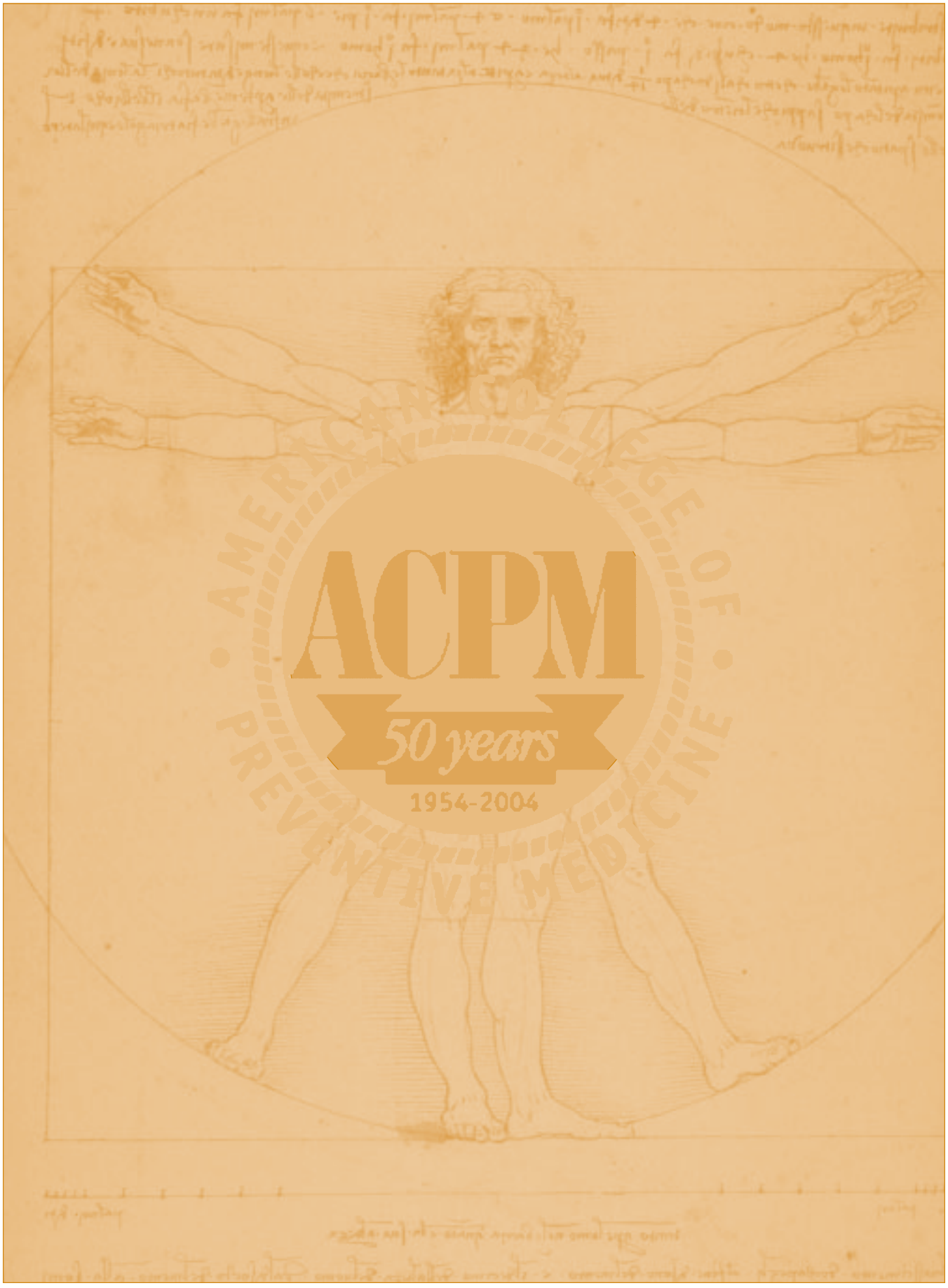
Those who have been associated with the preventive medicine community for the past two decades and more have personally witnessed the growth of the College's influence. "I think there is an increasing recognition of the importance of preventive medicine that has occurred over the years," said F. Douglas Scutchfield. "Our colleagues and other physicians have increasingly recognized the role that the College plays in bridging public health and clinical medicine. There is an increasing relevance of preventive medicine to the nation's agenda, and I think that is reflected in renewed interest by CDC in some of these areas. The National Institutes of Health (NIH) is beginning to be interested in prevention as well. They now have cancer prevention fellowships at NIH, a recognition that preventive medicine physicians have an important role to play again in that particular issue."[177]

Former President Dorothy Lane said her fervent hope is that ACPM can forge prevention partnerships with others. "During my period of the presidency, we were increasingly involved in collaborations with other groups, other specialties, societies, and other medicine organizations in the public and private sectors," Lane said. "I think that things will expand in those areas and results will come out of those relationships that can be more effective by all of us talking with a more unified voice."[178]

For George K. Anderson, the future of preventive medicine is in its people. Anderson noted that "the specialty of preventive medicine is rich in talent. Preventive medicine physicians not only use their clinical skills to assess what is best for individuals, but they understand what is best for populations. They understand how to apply and evaluate evidence to reach the best outcomes." [179]

Hugh Tilson pointed out that the articles of faith established by generations of ACPM leadership since 1954 are as pertinent today as they were a half-century ago. "The articles of faith are critical for a field," Tilson said. "They are that physicians are critical to society's efforts to assure the health of the public. The better trained the physician, particularly in population medicine, the more effective the decisions will be, and the better they will be in assuring the public's health.

George A. Dame could not have said it better.


AMERICAN COLLEGE OF PREVENTIVE MEDICINE
ACPM
50 years
1954-2004

# AMERICAN COLLEGE

# Hall of

GEORGE DAME
1954

ERNEST L. STEBBINS
1957

V.A. VAN VOLKENBURGH
1958

LOUIS C. KOSSUTH
1959

JAMES H. STERNER
1960

HAROLD V. ELLINGSON
1966

JEAN S. FELTON
1967

CHARLES L. WILBAR, JR.
1968

ALFRED R. STUMPE
1969

KATHARINE BOUCOT
STURGIS
1970

IRVING B. TABERSHAW
1976

HOWARD R. UNGER
1977

CHARLES B. ARNOLD
1978

H. BRUCE DULL
1979

O. BRUCE DICKERSON
1979-1981

SUZANNE E. DANDOY
1991-1993

ROY L. DEHART
1993-1995

HUGH H. TILSON
1995-1997

JONATHAN FIELDING
1997-1999

GEORGE K. ANDERSON
1999-2001

# OF PREVENTIVE MEDICINE

# Presidents

JOHN D. PORTERFIELD
1961

OLIVER K. NIESS
1962

D. JOHN LAUER
1962

LENOR S. GOERKE
1964

JOHN J. WRIGHT
1965

WILLIAM P. RICHARDSON
1971

LEE B. GRANT
1972

CHARLES A. BERRY
1973

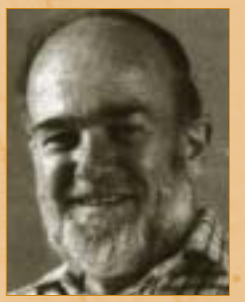
KURT W. DEUSCHLE
1974

MARY C. MCLAUGHLIN
1975

JEFFERSON C. DAVIS
1981-1983

M. ALFRED HAYNES
1983-1985

GEORGE E. PICKETT
1985-1987



JOHN M. LAST
1987-1989

F. DOUGLAS SCUTCHFIELD
1989-1991

DOROTHY S. LANE
2001-2003

ROBERT G. HARMON
2003-2005

Those Presidents not pictured are:

J.W.R. NORTON
1955

CHARLES F. SUTTON
1956

# Chapter 1-8 Endnotes

1 Beck, “Association of Public Health Laboratories - Timeline, 2002, p.2
2 General Orders for the Army under the Command of Brigadier General M’Dougall, Peeks-Kill, 1777, p.1
3 Stanhope Bayne-Jones, M.D., The Evolution of Preventive Medicine in the United States Army, 1607-1939 (Washington, D.C.: Office of the Surgeon General, Department of the Army, 1968), p.99
4 Ibid., p.100
5 University of Maryland, Department of Epidemiology and Preventive Medicine, History, wwww.medschool.umaryland.edu/epidemiology/depmhist.html
6 “Biomedical Research,” National Library of Medicine. Images from the History of the Public Health Service. U.S. Department of Health and Human Services. Public Health Service. http://www.nim.nih.gov/exhibition/phs_history/46.html
7 Scott J. Becker, Eric C. Blank, Robert Martin, Michael Skeels, “Public Health Laboratory Administration,” p.624, in Lloyd F. Novick and Glen P. Mays, Editors, Public Health Administration: Principles For Population-based Management Gaithersburg, Maryland: Aspen Publishers, Inc., 2001
8 “Achievements in Public Health, 1900-1999: Control of Infectious Diseases,” CDC MMWR Weekly, July 30, 1999, pp.621-629
9 “Sinclair exposes meat-packing ‘jungle,’” Clifton Daniel, Editorial Director, Chronicle of America Mt. Kisco, New York: Chronicle Publications, 1989, p.550. See Also “1906 - Novel’s Ideas Spark Food Laws,” in Kenneth Morris, Marc Robinson and Richard Kroll, American Dreams: One Hundred Years of Business Ideas and Innovation from The Wall Street Journal (New York: Lightbulb Press, Inc., 1990), p.44
10 Bill Beck, From the Foot of Winter Street: The History of Superior Water, Light & Power Company, 1889-1989 (Superior, Wisconsin: Superior Water, Light & Power Company, 1989), p.10
11 Ronald K. Huch, “Typhoid Truelson, Water and Politics in Duluth, 1896-1900,” Minnesota History, Spring 1981, pp.190-193
12 Beck, “Muscatine Power and Water: An Illustrated History,” Muscatine, Iowa: Muscatine Power and Water, 1992, pp.3-4.
13 13 Beck, 100 Years of Hometown Service: New Ulm Public Utilities, 1903-2003 (New Ulm, Minnesota: New Ulm Public Utilities, 2003), p.8
14 The American College of Occupational and Environmental Medicine, “The History and Future Direction of ACOEM and Occupational and Environmental Medicine,” Power Point(r) Presentation, 2002, Slide 3
15 “Triangle Fire Kills 146,” Chronicle of America, p.570
16 Alice Hamilton, Education on the Internet & Teaching History Online, www.spartacus.schoolnet.co.uk/USAhamiltonA.htm
17 E-mail, Robert R. Orford, M.D., Mayo Clinic, Rochester, Minnesota, to Jud Richland, ACPM, Washington, D.C., August 5, 2003, p.1
18 Aerospace Medical Association, History, www.asma.org/Organization/history.html
19 Roy L. Dehart, Editor, Fundamentals of Aerospace Medicine (Baltimore: Williams & Wilkins, n.d.), p.15
20 Ibid., p.18
21 Ibid., p.18
22 Ibid., p.20
23 Aerospace Medical Association, History, www.asma.org/Organization/history.html
24 Aerospace Medicine and Human Factors Engineering Collections, McFarland, Ross A. (1901-1976), Papers, 1849-1980, 210 linear feet, www.libraries.wright.edu/special/manuscripts/aeromed.html
25 Report of the Commanding General of the Army Air Forces to the Secretary of War, Section Two: Building an Air Force, January 4, 1944, wwww.wpafb.af.mil/museum/history/wwII/aaf/aaf21.htm
26 “President Reveals Organization History,” Newsletter for American College of Preventive Medicine, v.1, no.1, June 1956, p.1; Hereinafter cited as ACPM Newsletter
27 “Dr. George A. Dame Recalls the Founding of the College,” ACPM Newsletter, v.4, no.1, April 1961, pp.1-2
28 Alice R. Ring, M.D., M.P.H., “History of the American Board of Preventive Medicine,” American Journal of Preventive Medicine, v.22, no.4, 2002, pp.297, 302
29 “North Carolina Has An Active Academy of Preventive Medicine,” ACPM Newsletter, v.1, no.3, March 1957, p.3
30 “California and Pennsylvania Act To Form Academies,” ACPM Newsletter, v.1, no.3, March 1957, p.1
31 Minutes, ACPM Organizational Meeting, St. Petersburg, Florida, April 21, 1954
32 Ibid.
33 Ibid.
34 Resolution, Dr. G.A. Dame, ACPM Newsletter, v.1, no.6, February 1958, p.2
35 Dr. George A. Dame Recalls the Founding of the College,” ACPM Newsletter, v.4, no.1, April 1961, pp.1-2
36 ACPM Minutes, September 18, 1954
37 Ibid.
38 “President Reveals Organization History,” ACPM Newsletter, v.1, no.1, June 1956, p.1
39 ACPM Minutes, September 18, 1954
40 “1955 Meet In Kansas,” ACPM Newsletter, v.1, no.1, June 1956, p.2
41 Ibid., p.2
42 “Councils and Committees,” ACPM Newsletter, v.1, no.1, March 1956, p.2
43 “President Reveals Organization History,” ACPM Newsletter, v.1, no.1, June 1956, p.2
44 Charter Members, American College of Preventive Medicine, Incorporated, Chapel Hill, North Carolina, January 1, 1956, pp.1-50
45 “President Reveals Organization History,” ACPM Newsletter, v.1, no.1, March 1956, p.1
46 Green Peyton, “Fifty Years of Aerospace Medicine: Its Evolution Since the Founding of the United States Air Force School of Aerospace Medicine in January 1918,” AFSC Historical Publications Series No. 67-180, 1968, p.231
47 “Medicine Takes to the Air,” ACPM Newsletter, v.2, no.2, July 1959, p.3
48 “Francis Lauds Research in Annual Address,” ACPM Newsletter, v.2, no.4, December 20, 1959, p.3
49 “Preventive Medicine Residency Program Established by Army Medical Service,” ACPM Newsletter, v.1, no.3, March 1957, p.3
50 Navy Preventive Medicine Unit History, www.nepmu6.med.navy.mil/History.htm
51 Tape-Recorded Oral History Interview with George K. Anderson, Washington, D.C., January 16, 2003, p.26
52 “College Over 1,000,” ACPM Newsletter, v.2, no.4, December 20, 1959, p.3
53 “Col. Kossuth, New President-Elect, is Aviation Specialist,” ACPM Newsletter, v.1, no.6, February 1958
54 “James Perkins Named Head of Council,” ACPM Newsletter, v.3, no.2, May 1960, p.1
55 “Fellows Prominent at National Health Forum,” ACPM Newsletter, v.2, no.2, July 30, 1959, p.1
56 John D. Porterfield, “The President Speaks,” ACPM Newsletter, v.4, no.2, July 1961, p.1
57 Ibid., p.1
58 “The American Academy of Occupational Medicine,” ACPM Newsletter, v.3, no.2, May 1960, p.1

[59] "What Services Should the College Render Its Fellows?" ACPM Newsletter, v.1, no.7, August 1, 1958, p.1
[60] Ibid., p.1
[61] Elizabeth W. Etheridge, Sentinel for Health: A History of the Centers for Disease Control (Berkeley: University of California Press, 1992), pp.1-17
[62] "The New War on Cancer," Time Magazine, July 12, 1959, Cover
[63] "Dr. John R. Heller Directs Nation's New Cancer Center," ACPM Newsletter, v.3, no.2, May 1960, p.3
[64] "N.Y. Academy to Discuss Tobacco and Health," ACPM Newsletter, v.2, no.2, July 30, 1959
[65] "College Members Now Total 1169," ACPM Newsletter, v.7, no.1, April 1964, p.1
[66] "Long-Range Planning Members Consider Growth of College," ACPM Newsletter, v.6, no.3, October 1963, p.1
[67] Ibid., p.1
[68] Ibid., p.1
[69] Ibid., p.1
[70] Ibid., pp.1-2
[71] Ibid., p.2
[72] Ibid., p.2
[73] Ibid., p.2
[74] Ibid., p.2
[75] Ibid., p.2
[76] Social Security Administration Chronology, www.ssa.gov/history/chrono.html
[77] Etheridge, Sentinel For Health, p.135
[78] Berkowitz Oral History Interview with Arthur Hess, Charlottesville, Virginia, July 8, 1996, Health Care Financing Administration Oral History Interview Program
[79] Charles L. Wilbar, Jr., "From the President's Desk," ACPM Newsletter, v.9, no.2, February 1968, p.1
[80] "Medications Average $21 per person," ACPM Newsletter, v.9, no.1, March 1967, p.6
[81] Tape-Recorded Oral History Interview with F. Douglas Scutchfield, San Diego, California, February 23, 2003, pp.2-3
[82] Tape-Recorded Oral History Interview with Suzanne Dandoy, San Diego, California, February 20, 2003, p.2
[83] ACPM Minutes, New Orleans, Louisiana, April 7, 1979, p.4
[84] "ACPM President-elect Honored By Alma Mater," ACPM Newsletter, v.11, no.1, August 1969, p.3
[85] Ibid., p.3
[86] Ibid., p.3
[87] "Bentley Named Executive Director," ACPM Newsletter, v.11, no.3, February 1970, pp.1-2
[88] Edward A. Piszczek, "A Landmark Date for College: Our First Director," ACPM Newsletter, v.11, no.3, February 1970, p.8
[89] Edward A. Piszczek, "Dues Increase to be Voted on at November 12 Session," ACPM Newsletter, v.11, no.2, November 1969, p.8
[90] Edward A. Piszczek, "A Landmark Date for College: Our First Director," ACPM Newsletter, v.11, no.3, February 1970, p.8
[91] "Bentley Named Executive Director," ACPM Newsletter, v.11, no.3, February 1970, p.2
[92] "New ACPM Executive Headquarters," ACPM Newsletter, v.11, no.3, February 1970, p.1
[93] "Preventive Medicine Seen Lost in Program 'Jungle,'" ACPM Newsletter, v.11, no.3, February 1970, p.6
[94] Ibid., p.3
[95] ACPM, Statement on Smoking and Health, June 11, 1969, p.1
[96] Testimony, James H. Sterner, in ACPM Minutes, Detroit, November 13, 1968
[97] Tape-Recorded Oral History Interview with Hugh Tilson, San Diego, California, February 20, 2003, p.6
[98] Ibid., p.6
[99] Centers for Disease Control, Morbidity and Mortality Reports, v.20, September 25, 1971, pp.339-345
[100] Edward A. Piszczek, et.al., "Smallpox Vaccination," v.14, no.3, Winter 1973, p.5
[101] ACPM Minutes, Los Angeles, California, October 16, 1978, p.5
[102] ACPM Minutes, Washington, D.C., October 30, 1977, p.4
[103] ACPM Minutes, Los Angeles, California, October 16, 1978, p.5
[104] "National Conference on Preventive Medicine," v.15, no.4, 1975, p.1
[105] ACPM Minutes, St. Louis, Missouri, June 17, 1978, p.1
[106] F. Douglas Scutchfield Interview, p.7
[107] "ACPM Five-Year Plan," ACPM Minutes, St. Louis, Missouri, June 17, 1978, p.5
[108] Ibid., p.5
[109] Ibid., p.5
[110] "ACPM Reorganization," ACPM Minutes, St. Louis, Missouri, June 17, 1978, p.5
[111] "Kent W. Peterson, M.D., Is First ACPM Executive Vice President," Preventive Medicine Newsletter, v.19, no.2, September-October 1978, p.1
[112] Ibid., p.1
[113] "Ward Bentley Retires," ACPM Minutes, New Orleans, Louisiana, April 7, 1979, p.4
[114] Ward Bentley, "Progress and Leadership," Preventive Medicine Newsletter, v.19, no.2, September-October 1978, p.2
[115] Ibid., p.2
[116] "Office Move," ACPM Minutes, New Orleans, Louisiana, April 7, 1979, pp.4-5
[117] "Membership," Ibid., p.4
[118] Ibid., p.4
[119] "Student Interest in PM Grows," Preventive Medicine Newsletter, v.19, no.4, June-July 1979, p.1
[120] "Severe Shortage in Preventive Medicine Manpower," Preventive Medicine Newsletter, v.20, no.2, September-October 1980, p.1
[121] Tape-Recorded Oral History Interview with Ron Davis, San Diego, California, February 20, 2003, p.2
[122] "Reagan Administration Proposes Major Cutbacks in Health Programs," Preventive Medicine Newsletter, v.21, no.1, March-April 1981, p.1
[123] Ibid., p.1
[124] "Health Manpower Legislation Enacted," Preventive Medicine Newsletter, v.21, no.3, p.1
[125] "Innovative Education Project on Risk Reduction Funded," Preventive Medicine Newsletter, v.21, no.1, March-April 1981, p.1
[126] "Surgeon General's Report on Health Promotion and Disease Prevention," Preventive Medicine Newsletter, v.19, no.5, September-October 1979, p.1
[127] "Peterson Leaves ACPM," Preventive Medicine Newsletter, v.21, no.3, September 1981, p.4
[128] "ACPM Staff Changes," ACPM Minutes, Washington, D.C., June 5, 1981, p.2
[129] "Executive Vice President's Report," Ibid., p.2
[130] "Financial Report/Secretary-Treasurer's Report," ACPM Minutes, Los Angeles, California, November 2, 1981, pp.2-3
[131] "ACPM Hires New Executive Director," Preventive Medicine Newsletter, v.21, no.3, September 1981, p.3

[132] Kevin Patrick Interview, p.4
[133] Ibid., p.4
[134] Ibid., p.4
[135] "Prevention Index," ACPM Minutes, Atlanta, Georgia, April 13, 1984, p.7
[136] "Executive Director's Report," ACPM Minutes, Anaheim, California, November 11, 1984, p.2
[137] "Journal," ACPM Minutes, Atlanta, Georgia, April 13, 1984, p.7
[138] "ACPM and ATPM Announce Establishment of the American Journal of Preventive Medicine," Preventive Medicine Newsletter, v.24, no.4, October 1984, p.1
[139] F. Douglas Scutchfield Interview, p.14
[140] Ibid., p.14
[141] "ACPM Leaders Meet With Shalala," ACPM News, Spring 1993, p.1
[142] "ACPM Promotes Prevention in Health Care," ACPM News, Winter 1993, p.1
[143] "Kaiser Foundation Executive Smith and CDC Head Satcher Will Speak at Prevention 94," ACPM News, Fall 1993, p.1
[144] "Record Crowd Attends Prevention 94 in Atlanta," ACPM News, Spring 1994, p.1
[145] Roy L. DeHart, "president's report," ACPM News, Spring 1994, p.2
[146] Ibid., p.2
[147] Hazel Keimowitz, "executive director's report: Thank You and Please," ACPM News, May 1995, p.2
[148] "Record Crowd Attends Prevention 94 in Atlanta," ACPM News, Spring 1994, p.1
[149] Tape-Recorded Oral History Interview with Suzanne Dandoy, San Diego, California, February 22, 2003, p.1
[150] Ibid., p.6
[151] Ibid., p.6
[152] Ibid., p.2
[153] Hugh Tilson, "president's report - Wanted: A Few Good Managers," ACPM Newsletter, June 1996, p.2
[154] "ACPM and Prevention: Catch the Wave ... Come Surf With Us," ACPM News, September 1996, p.1
[155] "ACPM Jumps on the Information Superhighway," ACPM News, Summer 1994, p.9
[156] "ACPM and Prevention: Catch the Wave ... Come Surf With Us," ACPM News, September 1996, p.1
[157] Ibid., p.10
[158] "American College of Preventive Medicine Issues Report on Future of the Specialty," ACPM News, December 1996, p.1
[159] Tilson Interview, p.11
[160] Dorothy S. Lane and Virginia Ross, "Consensus on Core Competencies for Preventive Medicine Residents," American Journal of Preventive Medicine, v.10, 1994, pp.52-55; See Also, Dorothy S. Lane, Virginia Ross, Michael Parkinson and D.W. Chen, "Performance Indicators for assessing competencies of preventive medicine residents," American Journal of Preventive Medicine, v.11, 1995, pp.1-8
[161] Dorothy S. Lane, Telephone Interview, November 11, 2003, p.1
[162] Lane Telephone Interview, p.2
[163] Ibid., pp.1-2
[164] Hazel K. Keimowitz, MA, "executive director's report: Looking Back and Looking Forward," ACPM Newsletter, Summer 1998, p.3
[165] Ibid., p.3
[166] Ibid., p.3
[167] Tape-Recorded Oral History Interview with Dorry Lane, San Diego, California, February 20, 2003, p.7
[168] "Jordan H. Richland, MPA, Assumes Role of Executive Director," ACPM News, Fall 1998, p.1
[169] Ibid., p.1
[170] Tape-Recorded Oral History Interview with Jud Richland, Washington, D.C., January 15, 2003, p.9
[171] George K. Anderson Interview, p.21
[172] Ibid., p.21
[173] Ibid., p.22
[174] Ibid., p.15
[175] Jud Richland, "executive director's report: Florida Votes Tallied ... Meeting is a Winner," ACPM News, Fall 2000, p.2
[176] Richland Interview, p.7
[177] Scutchfield Interview, p.15
[178] Lane Interview, p.8
[179] Anderson Interview, p.25
[180] Tilson Interview, p.13

# Sidebar Endnotes

[1] Ten Greatest Public Health Achievements – United States, 1900-1999, www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm
[2] World Health Organization, Vaccines, Immunization and Biologicals, www.who.int/vaccines-diseases/history/history.shtml
[4] Time 100: Virologist Jonas Salk, www.jonas-salk.info/jonas-salk/
[5] San Diego Biographies: Jonas Salk, www.sandiegohistory.org/salk/salk/htm
[6] "Tentative List of Individuals Attending Organization Meeting in St. Petersburg, April 21, 1954, *ACPM Newsletter,* v.4, no.1, April 1961, p.2
[7] "Attend Founding," *ACPM Newsletter,* v.4, no.2, July 1961, p.4
[8] "Capt. W.F. Lyons At Founders Meeting," *ACPM Newsletter,* v.4, no.3, October 1961
[9] "Salk Polio Vaccine Given to Children," in Clifton Daniel, Editor, Chronicle of America (Mt. Kisco, New York: Chronicle Publications, 1989, p.764
[10] David Hemenway, PhD., "Firearms and Public Health: From Punishment to Prevention," *Research in Profile,* Issue 1, 2002, n.p.
[11] Crash Safety Visionary, www.stapp.org/stapp.html
[12] History of Research in Space Biology and Biodynamics, Part V, Automotive Crash Forces, www.hq.nasa.gov/office/pao/History/afspbio/part5-7.htm
[13] "Space Surgeon Stapp," *Time,* September 12, 1955, Cover
[14] "Long-Range Planning Members Consider Growth of College," *ACPM Newsletter,* v.6, no.3, October 1963, pp.1-2
[15] "Accreditation Program for Resident Work Developed by Education-Training Council," *ACPM Newsletter,* v.5, no.1, April 1962, p.3
[16] "Approved Residency Programs," *ACPM Newsletter,* v.7, no.5, April 1965
[17] "Neil Armstrong on moon: 'The eagle has landed,'" Chronicle of America, p.825
[18] NASA Johnson Space Center Oral History Project, Biographical Data Sheet, Charles Alden Berry
[19] Ibid.
[20] Aerospace Medicine, Lyndon B. Johnson Space Center, The Handbook of Texas Online, www.tsha.utexas.edu/handbook/online/articles/print/AA/siarz.html
[21] Ibid.
[22] "NASA Award Goes to ACPM President Berry," *ACPM Newsletter,* v.14, no.4, Spring 1973, p.1
[23] "707 Give Views on Continuing Education – Interim Report," *ACPM Newsletter,* v.11, no.2, November 1989, p.6
[24] Ibid., p.8
[25] Ibid., p.8
[26] "ACPM Accredited for Continuing Education," *ACPM Newsletter,* v.15, no.3, 1975, p.1
[27] "Preventive Medicine in Public Policy – Uses of Data in Health Policy Formulation," *ACPM Newsletter,* v.15, no.3, 1975, p.5
[28] "Intersociety Committee for Continuing Medical Education in Preventive Medicine," *ACPM Newsletter,* v.17, no.3, 1976, p.1
[29] Ibid., p.1
[30] "ACPM Director of CME," *ACPM Newsletter,* v.18, no.1, 1977, p.1
[31] Kent W. Peterson, "Status Report on Continuing Medical Education," *ACPM Newsletter,* v.18, no.3, February 1978, p.1
[32] Hugh H. Tilson Interview, p.14
[33] George K. Anderson Interview, p.15
[34] Hugh H. Tilson Interview, p.14
[35] "president's report," *ACPM News,*
v. 29, no.4, Nov/Dec 1989, p.2
[36] "Board of Regents Considers Merger with ATPM," Ibid., p.1
[37] "ACPM/ATPM Affiliation Task Force Works Toward Merger," *ACPM News,* v.30, no.1, Feb/Mar 1990, p.5
[38] Tilson Interview, p.14
[39] "Membership Input Sought As Plan for ACPM/ATPM Merge Moves Forward," *ACPM News,* v.30, no.2, May/June 1990, p.5
[40] Ibid., p.5
[41] "Update on ACPM/ATPM Affiliation: JIT Force To Consider Other Models," *ACPM News,* v.30, no.3, Aug/Sept 1990, p.4
[42] Ibid., p.4
[43] Hugh Tilson Interview, p.14
[44] "ACPM Board Decides Not to Proceed with Plans to Merge with ATPM," *ACPM News,* v.30, no.4, p.5
[45] "special report," Ibid., p.2
[46] Doug Scutchfield Interview, p.11
[47] American Medical Association, Biography of C. Everett Koop, MD, ScD, www.ama-assn.org/meetings/public/nidc1999/speakers/koop.htm
[48] Ibid.
[49] "ACPM Meets the President," *ACPM Newsletter,* Winter 1994, pp.1, 10
[50] Tilson Interview, p.16
[51] Ibid., p.17
[52] Ibid., p.17
[53] Ibid., p.17
[54] Ibid., p.17
[55] "Davis Elected to AMA Board of Trustees," *ACPM News,* Summer 2001, p.1
[56] Tape-Recorded Oral History Interview with Ron Davis, San Diego, California, February 20, 2003, p.4
[57] Scutchfield Interview, p.15
[58] Ibid., p.10
[59] Davis Interview, pp.7-8
[60] Ibid., p.8
[61] Ibid., p.8

ACPM

American College of Preventive Medicine

# Board of Regents 2003-2004

## Executive Officers

Robert G. Harmon, MD
President
Neal D. Kohatsu, MD
President Elect
Arthur L. Frank, MD
Secretary/Treasurer

## Categorical Regents

Jeffrey R. Davis, MD
Aerospace Medicine Regent
Douglas B. Kamerow, MD
General Preventive Medicine Regent
Robert R. Orford, MD
Occupational Medicine Regent
Arthur P. Liang, MD
Public Health Regent

## Regional Regents

George L. Rubin, MD
International Regent
David L. Katz, MD
Northeast Regent
Miriam Alexander, MD
Mid-Atlantic Regent
Stephanie Zaza, MD
Southeast Regent
Philip T. Hagen, MD
Midwest Regent
Mark B. Johnson, MD
Central/Southwest Regent
Gary Goldbaum, MD
West Regent
James Tacci, MD
Young Physician Regent

## Past Presidents

Dorothy Lane, MD
Immediate Past President
George K. Anderson, MD
Past President

## Current Liaisons

Ramesh Krishnaraj, MD
APMR Liaison

## Executive Director

Jordan H. Richland, MPH