

Historical and Future Perspectives of the American College of Veterinary Preventive Medicine

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Introduction

This year, 2000, the American College of Veterinary Preventive Medicine, originally incorporated as the American Board of Veterinary Public Health (the Board or ABVPH), in Washington, D.C., in 1950, is celebrating the 50th anniversary of its founding. The Board and the American College of Veterinary Pathologists (ACVP) were the first specialties in veterinary medicine to be recognized by the American Veterinary Medical Association (AVMA). This distinction was conferred unanimously by the AVMA House of Representatives during its Eighty-Eighth Annual Meeting, August 18, 1951, in Milwaukee, Wisconsin¹. Such was the birth of specialization in veterinary medicine in the United States or elsewhere in the world.

Actions taken by the House of Representatives at the 88th meeting were significant for the future of specialty practice in veterinary medicine in the United States. First, the AVMA Council on Education was authorized, "to express its approval of such examining boards in veterinary medicine specialties as conform to standards of administration formulated by the Council." Second, the, "Essentials of Approved Specialty Boards of Colleges in Veterinary Medicine," formulated by the Council on Education was approved. Finally, as previously noted, the applications from the ACVP (February 10, 1950) and the ABVPH (July 31, 1950) for specialty recognition were approved unanimously by the House.

Unrelated, but equally indicative of the progressive outlook of the AVMA in 1951, was the action by the House to approve an Executive Board recommendation for "the establishment of some type of AVMA representation in Washington, at a beginning maximum expenditure of \$2,500.00 a year." Thus the beginning of the AVMA Washington Representative.

Specialty Evolution In Human Medicine

The growth of specialization in human medicine is linked to advancements of medical science and resulting vast improvements in medical care and diagnostics since the turn of the 20th century. The American Board of Ophthalmic Examinations, the first recognized medical specialty, was incorporated in 1917. It was the first time guidelines were established for training and evaluating candidates desiring to practice ophthalmology. The second specialty board, the American Board of Otolaryngology, founded and incorporated in 1924, developed along similar lines as its predecessor. Others followed in the 1930s, and by 1948 there were 18 recognized medical specialties. Among the later medical specialties was the American Board of Preventive Medicine. It was incorporated in 1948 and recognized in 1949 only two years before the ABVPH. In 1952 the name was changed to

the American Board of Preventive Medicine and Public Health. Diplomates of this Board are certified in the specialty areas of Aerospace Medicine, Occupational Medicine or Public Health and General Preventive Medicine. Undoubtedly, the establishment and recognition of the ABPMPH spurred the interest of veterinarians to promote a veterinary public health specialty.

Today there are 24-member medical boards recognized by the American Board of Medical Specialties and 20-member boards or colleges recognized by the American Board of Veterinary Specialties. Unlike the early medical specialties, which were clinically oriented, five of the first seven veterinary medical specialties recognized in the period 1951-70 were in the public/institutional practice sector.

Evolution of Veterinary Public Health and Preventive Medicine as a Specialty

The history of the American College of Veterinary Preventive Medicine can be traced to 1949 when a group of 12 veterinarians formed an organizing council for the purpose of establishing what they then designated the American Academy of Veterinary Public Health. The first meeting of the council was held July 11, 1949, in Detroit, Michigan, during the annual meeting of the AVMA². The successors to the Academy, the American Board of Veterinary Public Health/American College of Veterinary Preventive Medicine have held annual executive and membership meetings concurrently with the annual meeting of the American Veterinary Medical Association, an alliance of 50 years standing!

The organizing council members were distinguished public health practitioners and academicians. Three were active duty U.S. Army Veterinary Corps officers (Lieutenant Colonels Frank A. Todd, Phillip R. Carter, Mervyn B. Starnes); one a Commissioned Public Health

Service officer (Dr. James H. Steele); one, an international veterinary public health consultant (Dr. Benjamin D. Blood); there were city or state health department veterinarians (Drs. L. W. Rowles, Kansas; Martin D. Baum, Denver, Colorado; Alexander Zeissig, Albany, New York); three were academicians (Drs. Ival A. Merchant, Iowa State College; Henrik J. Stafseth, Michigan State College; Franklin A. Clark, Alabama Polytechnic Institute, Auburn, Alabama); and one, Dr. John G. Hardenbergh, after a distinguished practice, military and academic career, was then serving as the Executive Director of the AVMA. Colonels Todd and Carter had served together for several years in the European Theater of Operations during and following World War II where they were assigned to Civil Affairs/Military Government operations. Colonel Carter, one of two surviving members of the Council recalls, "We had many talks about the idea of a veterinary public health specialty. We kept up such interest after our return to the United States."

Dr. James H. Steele, the other surviving member of the 12-member Council, who is known and familiar to many as an icon in veterinary public health, served as the first secretary to the Organizing Council. His report of the first meeting of the council stated that Frank Todd was elected temporary chairman and he, Steele, temporary secretary. Chairman Todd appointed two committees: one to establish a definition of veterinary public health, the other to develop bylaws to include criteria for eligibility. The next meeting of the Council was scheduled for Sunday, October 23, 1949, in Dr. Steele's room of the Statler Hotel in New York City. This coincided with the annual meeting of the American Public Health Association with which some council members were affiliated.

Secretary Steele included this cautionary note in his first report, "It should be explained to all members of the Organizing Council and inter-

ested parties that physical presence at these organization meetings does not make one a charter or founding member. Membership cannot be determined until the bylaws eligibility report of Doctor Rowles' committee can be accepted by the Organizing Council."

At some time during or immediately following the New York meeting in October 1949, the Academy redesigned itself as the American Board of Veterinary Public Health. A copy of the Constitution and Bylaws of the American Board of Veterinary Public Health dated November 30, 1949, stated that the name of the organization would be "The American Board of Veterinary Public Health." Perhaps this designation was prompted by the fact that "Board" is a more accurate term for the purpose of the organization, which is the examination and certification of veterinarians in the specialty of veterinary public health. Likewise, the name of the corresponding specialty in human medicine, the American Board of Preventive Medicine and Public Health, which was officially recognized earlier in 1949, may have inspired the change from "Academy" to "Board." Whatever the circumstances, the designation was professionally and technically appropriate. The American Board of Veterinary Public Health was officially incorporated as a nonprofit organization under the jurisdiction of the District of Columbia on February 3, 1950.

Early Organization of the ABVPH

The first Constitution and Bylaws of the ABVPH (November 30, 1949), subsequently referred to as the "Board," provided for an Executive Council consisting of a President, Vice President, Secretary, Treasurer and six Councilors. The positions were filled by ten of the twelve organizing fellows. Dr. Frank Todd, then Lieutenant Colonel Frank Todd of the U.S. Army Veterinary Corps, was elected the first president by the other organizing fellows. Terms of office were three years for all posi-

tions. Initially, a pair of councilors served one or two years in order to establish a turnover of two councilors each year.

Four classes of membership or fellowship were established: Organizing Committee Fellow, Charter Fellow, Fellow and Honorary Fellow. The term "Fellow" persisted until the Constitution was amended on August 14, 1960. The term "Diplomate" supplanted the term "Fellow."

The prerequisites as originally prescribed for applicants wishing to take the Board Examination were:

1. An applicant must be a graduate from a veterinary school recognized by the American Veterinary Medical Association.
2. Have an M.P.H. or equivalent degree from a school of public health recognized by the American Public Health Association (APHA) and at least six (6) years of experience in a recognized civilian or military public health agency and has made a distinct contribution to the advancement of veterinary public health. Four (4) years of additional experience along with recognized accomplishments in veterinary public health may be substituted for an advanced degree.
3. Possess a license to practice veterinary medicine issued by a recognized national or state licensing agency.

The administration of the Board and all other duties and powers ordinarily delegated to the governing body of a corporation were vested in the Board's Council of Officers. The Council also judged compliance of candidates with prerequisite requirements for examination, appointed the examining board and certified all successful candidates as specialists in veterinary public health. The early constitution did not provide for any standing committees. In essence, the Council, composed of the four elected officers and six councilors, was responsible for the entire operation of the ABVPH.

The first meeting of the newly constituted ABVPH was held in Miami Beach, Florida, in August 1950, during the annual meeting of the AVMA³. The Constitution decreed that all regular meetings of the Board and Council would be held annually at the time and place of the annual meeting of the AVMA. The Board and its successor, the American College of Veterinary Preventive Medicine have adhered to this practice faithfully for the past fifty years.

The Board's seminal year, 1950, was occupied largely with the processing and approval of applicants for Charter Fellowship. An initial group of 55 candidates was compiled from veterinarians recommended by the 12 Fellows of the Organizing Committee. The group was screened by the Council, and those selected were invited to apply for Charter Fellowship. Twenty-one applicants were approved as Charter Fellows, bringing the total number of Fellows in the ABVPH to 33 three in early 1951.

The second annual meeting of the ABVPH was held in conjunction with the 88th annual meeting of the AVMA on August 19, 1951, in Milwaukee, Wisconsin. Thirteen of the 33 Fellows attended this meeting. The occasion was of particular significance, as the AVMA House of Representatives approved the application of the ABVPH and the American College of Veterinary Pathologists as the first recognized specialties in veterinary medicine.

President Todd also announced with pleasure that the definition of "veterinary public health" as prepared by the Board and adopted in 1950 at the first meeting of the Board had since been adopted by the World Health Organization and the Food and Agriculture Organization of the United Nations. The definition, developed in response to Colonel Todd's request in 1949, reads, "Veterinary Public Health is all community efforts influenced by the veterinary medi-

cal arts and sciences applied to the prevention of disease, protection of life and promotion of the well-being and efficiency of man."

Prerequisites and Examination Process

The method, time and place for holding the first examination of candidates was discussed intensely at the second annual meeting of the ABVPH in August 1951. President Todd appointed the first Examining Committee, which consisted of four Fellows: Drs. Alexander Zeissig, Stanley L. Hendricks, James E. Scatterday and Mervyn B. Starnes. For the balance of the year and through much of 1952 the committee reviewed the possible methods of conducting the examinations. A set of questions based on American Public Health Association (APHA) merit system examinations and New York State Health Department examinations were employed in developing a multiple-choice written examination. No further details are available on the nature of the written examination. The first examination was planned to be given in connection with the APHA meeting in Cleveland, Ohio, in October 1952.

Seven veterinarians were approved to take the first formal examination. All were in military service, six Air Force veterinarians and one Army veterinarian. They passed and were certified as veterinary public health specialists on May 29, 1953. Brigadier General Wayne Kester, first Chief of the Air Force Veterinary Corps, was insistent that his officers receive postgraduate public health education and take the Board examination in the public health specialty. His interest carried significant influence with his officers, as they comprised 82% of the 1953 and 1954 successful candidates examined by the ABVPH. The predominance of military veterinarians among veterinary public health and preventive medicine specialists no doubt reflects the focus of this professional group of veterinarians, the strong career development policies of their agencies, and the

encouragement of senior officers like General Kester of the Air Force, Brigadier General Charles (Chuck) Elia of the Army, and their successors.

The qualification, or prerequisite requirements for examination, and the examination format consisting of a written and oral examination, continued essentially the same over the next few years. In 1956 the prerequisites for Board examination were strengthened by requiring sponsorship of applicants by a Fellow of the Board. The sponsors were assigned the responsibility to provide a written statement addressing the applicant's abilities, training and experience.

From 1953, the first year for examinations, through 1960, sixty veterinarians were examined and certified as Fellows of the American Board of Veterinary Public Health. A total of 93 veterinarians including the 33 Charter and Organizing Committee Fellows were certified as veterinary public health specialists during the first decade of operations of the Board. Throughout the period of 1953 to 1960 a format of written and oral examinations was followed. However, there is no record of the exact composition of the written examination of specific subject matter addressed in the oral examination. Applicants were reviewed and evaluated by the nine-member Council of the ABVPH and examined by a board (committee) appointed by the Council.

The first ad hoc Evaluation Committee appointed by the Board reported on August 15, 1959, its concern for the examination process stating, "Our administrative control, examination and review procedures as now established in the Constitution and Bylaws leave much to be desired."⁴ The resulting Constitution and Bylaws revision of 14 August 1960 instituted several changes in the examination process. Most significant was the creation of an Examination Committee and specific guidelines for its composition and responsibilities. The Coun-

cil of the ABVPH retained sole authority for review and approval of applicants for examination and the review and approval of all actions of the Examination Committee.

This revision also designated members of the ABVPH as Diplomates, eliminating the designation of Fellow. The Board reasoned that the term "Diplomate" is used almost exclusively by medical specialty boards. "Fellow" is more commonly used in referring to individuals in a preferred status in a professional association or educational institution.

Between 1978 and 1983 the organization and content of the written examination were again substantially revised. Examination questions were evaluated for ambiguity, currency, applicability and correctness. This was a major effort and the first time the examination questions had been totally consolidated, edited and then assembled into a computerized data bank since the inception of the College.⁵ The College contracted with Texas Tech University School of Medicine, for data processing services and assistance in the maintenance and evaluation of examination questions. Questions failing close scrutiny were eliminated. Members, particularly new diplomates, were requested to contribute new questions. These were major steps in organizing and advancing the quality and security of the examination process.

The examination was organized into five areas relevant to veterinary preventive medicine, and appropriately balanced. The categories of questions encompassed in the examination process were: infectious disease, particularly zoonotic diseases, immunology and pharmaceuticals (35%), environmental health (20%), food hygiene or safety (20%), epidemiology (20%) and public administration and health education (5%). The same subject matter was carried over into the oral examination, not in a format of specific questions but as a basis for discussion and thought questions.

The examination process was again revised in 1992.⁶ The oral examination was eliminated and the entire examination formatted into three sections. Section 1 consists of 300 multiple-choice questions covering infectious diseases (25%), environmental health (25%), food hygiene (20%), epidemiology (20%) and health education and administration (10%). Section 2 consists of five problem-solving scenarios for which logical and reasonable solutions must be composed. Section 2 consists of one essay question to measure the ability of a candidate to communicate effectively. The database for the examination questions was transferred from Texas Tech University to the College's computer maintained by the Executive Vice President. These arrangements continue today.

(ED. All parts of the examination are reviewed annually by the examination committee. Current protocol for all parts of the board certification examination can be found in the examination committee's standard operation procedures.)

Transition of the Board to the American College of Veterinary Preventive Medicine

The most significant development in the history of the specialty of veterinary public health and preventive medicine was the transition of the ABVPH to the American College of Veterinary Preventive Medicine.⁷ The resulting American College of Veterinary Preventive Medicine (ACVPM) was formally recognized by the AVMA on July 16, 1978, and incorporated in the District of Columbia on January 23, 1979. This seamless transition preserved the continuity of the organization, its legacy and historical founding in 1950 and expanded the opportunity for all practitioners of veterinary preventive medicine to achieve specialty recognition.

The transition was much more than a constitutional revision and organizational restructuring. It enabled the bonding of two, sometimes quarrelsome factions, veterinary public health and veterinary regulatory medicine practitioners, into one specialty organization, veterinary preventive medicine. It was the product of 12 years, from 1966 to 1978,^{8,9} evolution and maturity of the membership of the ABVPH and the organizing members of a series of proposed specialty groups variously identified at times as the American College of Veterinary Public Service Practitioners (1966), later the American College of Regulatory Veterinary Medicine (1971)¹⁰ and finally (1973) as the American College of Veterinary Preventive Medicine,¹¹ which was granted probational status by the Advisory Board on Veterinary Specialties (ABVS) in 1975. The last is not to be confused with the ACVPM (1978) successor to the ABVPH. There were a number of meetings, telephone conversations and exchanges of correspondence between representatives of the ABVPH and the probational College representatives, particularly between 1971 and 1978.^{12,13} Although the prolonged process detracted energy and money from the operations of the ABVPH, the beneficial outcome atones for the labor and costs. Ultimately it was the decisive action of the administration of the ABVPH to scrub previous approaches to unifying the specialty interests of public health and regulatory veterinarians and simply revise the Constitution of the functioning ABVPH.¹⁴

Past accounts of this transition have described this outcome as a merger of the ABVPH and the probational (1975) American College of Veterinary Preventive Medicine. In fact, there was no merger of these organizations but rather an induction of members of the probational College into a fully recognized and functioning certifying organization. The Constitution and Bylaws of the ABVPH were revised and unanimously approved by its membership to rename the Board, the American College of Veterinary Preventive Medicine, and make adjustments to

the categories of members and representation on the Council and Examination Committee. Twenty-six veterinarians, members of the probational College, were invited to become Charter Diplomates of the ACVPM. Twenty-three accepted, three of whom were appointed to the Board of Councilors and two to the Examination Committee. The expertise of members of the probational College was merged with the ACVPM. Certification and examination procedures remained essentially the same. An insisted-upon amendment to the responsibilities of the Council to “recognize specific subspecialties and approve procedures for certification in such subspecialties,” the premise being to separate diplomates into public health, public administration, or regulatory medicine subspecialties, was never employed.

The first meeting of the fully approved American College of Veterinary Preventive Medicine was held on July 17, 1978, with Dr. John H. Helwig presiding. It was appropriate that Dr. Helwig preside at the first meeting of the ACVPM; he had been involved in this issue since 1966. All that time he was the ABVPH’s representative to the ABVS. There was then interest for specialty recognition among some regulatory veterinarians, members of the Committee on Meat and Milk Hygiene of the U.S. Livestock Sanitary Association.¹⁵ Addressing the group’s interest, Dr. Helwig reasoned that food inspection is a part of public health and stated, “I see no reason for having a separate specialty board for this area” but suggested that “we (ABVPH) give some attention to the possibility of incorporating new needs in our ABVPH” and “perhaps a name such as the American Board of Veterinary Preventive Medicine would take care of their needs.” Much later in correspondence with Dr. John O’Harra of the probational American College of Veterinary Preventive Medicine, November 30, 1977, Dr. Helwig stated, “There is no question about wanting to merge and we hope to do so with consideration and dignity for

everyone.”

Dr. Hegwig was succeeded by Dr. William E. Jennings (1979-82). Dr. Jennings was the last of the three-year term presidents. Succeeding presidents served one-year terms; however, beginning in 2000 the presidents of the ACVPM will serve two-year terms.

Like many of their predecessors, Drs. Helwig and Jennings gave much of their time and abilities to strengthening the organization, improving the quality of service of the College. For their exceptional contributions, the two men were recognized with the establishment of the Helwig-Jennings Award (1980). The Award recognizes diplomates who have rendered outstanding and prolonged service to the College.

Other Historical Aspects and Progress of the ACVPM

- In March 1983 the ACVPM submitted a proposal to the ABVS for the establishment of a specialty in epidemiology. The ACVPM Epidemiology Specialty was granted full approval by the AVMA in 1984.¹⁶ Twenty-six charter members were initially recognized by the specialty. Examinations for the specialty commenced in 1987. The specialty now has 59 active diplomates. The preferred name, “ACVPM, Epidemiology Specialty,” was approved by the ABVS and ACVPM Board of Councilors in 1992.
- Epidemiology is the only specialty that has sought College recognition. Interest in other specialty areas waxes periodically. Currently there is growing interest in a food safety specialty.
- Perhaps one of the distinctive developments in recent history of the College was the formulation of a definition for *veterinary preventive medicine*. This was initially detailed in Article II of the 07/89 revision of the College’s Constitution. In

essence, *veterinary preventive medicine* is described as an integral component of veterinary medicine concerned with improving animal and human health through the prevention and control of animal diseases, infectious waste contamination and related human illnesses. Veterinary preventive medicine is a more encompassing practice than veterinary public health practice. Diplomates are involved in regulatory medicine, diagnostic medicine, extension service, public health, epidemiology, food safety, research, teaching, herd health management, population medicine, consulting and other similar activities.

- The need for executive assistance became apparent with increased activities and growth of membership in the 1980s. In 1989 a salaried position for Executive Vice President was established and filled. The incumbent serves as the chief administrative officer of the College and is responsible to the Executive Board. The employment of an executive officer has been of critical importance in enhancing the quantity, quality and timeliness of services offered to the membership, profession and the public.
- The organization, management and composition of the College were intensely reviewed in 1990.¹⁷ Changes were effected in the Constitution (9/92) to create a smaller, more efficient executive group, improve financial management, further define the position of the Executive Vice President, and elevate the status of emeritus membership.
- An ad hoc Credentialing Committee was formed by presidential direction in 1995 to study and make recommendations concerning: (1) the prerequisite qualifications for examination, (2) the avenues for attaining the prescribed education, training and experience and (3) the need to establish a Credentials Committee, separating the function from the Examination Committee.¹⁸ These issues were reviewed and appropriate amendments to the College's Constitution and Bylaws were prepared and approved (11/96). The amendments enabled the formation of a permanent standing Credentials Committee, awarded greater time credit for formal postgraduate education and training, and established an application process to include documentary evidence of veterinary preventive medicine experience. Subsequently, the College's Constitution and Bylaws were amended (04/2000) to award additional time credit for formal education and training to remove any perception of a waiting period before a candidate might qualify for examination.
- In recent years, many U.S. veterinary medical schools have de-emphasized or eliminated departments, faculty and curriculums of veterinary public health and preventive medicine. To counteract this unseemly movement, the ACVPM has developed a model curriculum for teaching veterinary preventive medicine programs. Unfortunately, it has received limited use. Colleges of Veterinary Medicine, however, seem to be showing an increasing interest in food safety.
- An early attempt was made in 1967 to promote a residency program in veterinary public health but unfortunately was discontinued for lack of financial support.¹⁹ There are some few opportunities open to veterinarians for residency training in public health, as with the Centers for Disease Control, the California State Health Department, and a new program in applied epidemiology and preventive medicine at the University of Virginia-Maryland Regional College of Veterinary Medicine. These, particularly the latter, offer encouragement that other residency programs will become available to veterinarians.
- The College has endeavored to encourage students and enhance the professional abilities of certified veterinary preventive medicine specialists through the sponsor-

ship of awards and educational programs. The ACVPM routinely sponsors or co-sponsors scientific programs at the AVMA and other professional associations' regional meetings. The College is a co-sponsor and participant in the seminar, "Public Health in the New Millennium," to be presented at the annual meeting of the AVMA, July 23, 2000. In 1997 the Epidemiology Specialty, ACVPM, cosponsored a session at the 1997 AVMA annual meeting entitled, "Meeting Geography and Geographic Information Systems." The College has repeatedly served as an affiliate sponsor of the meetings of the International Society for Veterinary Epidemiology and Economics which are held every three years. ACVPM's Paul S. Schnwrenberger Award is presented annually to a veterinary student for excellence in public health research or studies. The College awards an honorarium and plaque at the annual meeting of the Conference of Research Workers in Animal Diseases (CRWAD). The College's participation in the CRWAD led to the establishment (1992) of a new scientific program, "Epidemiology and Animal Health." In 1988 the ACVPM co-sponsored with the University of Iowa and the national Coalition for Agricultural Safety and Health, an international Conference on Agriculture and Environmental Health. The Conference has led to a national policy to protect the health of the nation's farm communities. Over the past ten years the ACVPM has participated in the USDA/APHIS symposia. These have been very popular and productive meetings emphasizing the veterinarian's role in public health.

- Strategic approaches to meet the needs of a growing list of users of veterinary preventive medicine have been undertaken. For example, an ad hoc committee on Production Medicine is studying the integration of teaching and research of preventive medicine into clinical veterinary education by

including preventive medicine topics at livestock specialty meetings and encouraging veterinary students and clinical practitioners to become board certified in the ACVPM.

- The College has entered into a partnership with the American Association of Public Health Veterinarians (AAPHV), formerly the Conference of Public Health Veterinarians, to combine their respective *ACVPM News and Views* and the *AAPHV Newsletter* into a single publication. This enables distribution of news and information to a larger professional community having similar interests and increases awareness of both organizations. The combined force of the two groups assists the coalition of veterinary organizations involved in public health and preventive medicine in addressing issues of mutual concern.

Future Perspectives

The number of diplomates in the ACVPM has grown steadily from the initial membership of 286 in 1978 to 666 members entering the year 2000. Of these 455 (68%) are active, 107 (16%) emeritus, 15 (2%) honorary and 89 (14%) inactive members according to the ACVPM Directory 2000.

Analysts expected substantial growth (61%) of veterinarians in the non-private practice sector between 1980 and 2000. Although this has not been quantified, the impression is that the predictions were correct. With such growth in the non-private practice sector, the principal employment area of veterinary preventive medicine specialists, one might expect a similar surge in certification of these specialists. Indeed there has been a modest increase in the number of certified veterinary preventive medicine specialists.

Over the past 20 years, 1980-99 inclusive, 367 new diplomates have been certified with the

ACVPM. This is almost one half (49%) of the total 751 veterinarians who have been certified as veterinary public health/preventive medicine specialists since 1950. The number of veterinarians certified each five-year period beginning 1980-84 was 35; 1985-89, 128; 1990-94, 117 and 1995-99, 87. This was an overall favorable growth for the 20-year period; however, the collective downward trend in the most recent five years is disquieting. There were also successive years in which very few veterinarians were certified, e.g., 5, 6 and 8 in years '82, '83 and '84 and 13 and 12 in years '95 and '96 respectively. Given increased promotion and recruitment, the 128 veterinarians certified in the period 1985-89 suggest an attainable goal for the number of veterinarians to be certified in the next five years and thereafter.

From 1950 through 1999, 751 veterinarians have been certified as veterinary public health/preventive medicine specialists. Today the ACVPM is the sixth largest of the 20 veterinary specialty organizations recognized by the AVMA. The 455 Diplomates of the ACVPM comprised about 7% of the 6,518 veterinary specialists active in the U.S. in 1999.

Approximately 12% of the 55,380 U.S. veterinarians of known employment in 1999 were certified veterinarian specialists. Although veterinary practitioners are tending toward specialization, the proportion of veterinary specialists among all practitioners is not substantially high. The expectation of reaching 25% of all employed practitioners is perhaps a distant reality.

On the other hand, the 455 active veterinary preventive medicine specialists comprised only about 4.5% of the 10,180 veterinarians engaged in public and corporate practice in 1999. It is reasonable to expect the proportion of veterinary preventive medicine specialists to increase in the public/corporate sector even though federal, state and local government

employers, with the exception of the Uniformed Services, have not emphasized nor compensated preventive medicine specialization in their employment systems.

Recent legislative action awarding veterinarians in the Uniformed Services annual bonus payments for specialty certification will sustain, if not increase, the number of veterinarians seeking specialty status, particularly in the Public Health Service. Retirees from the Uniformed Services often pursue a second career in other federal, state or local public or animal health agencies. There will be an increasing transfusion of specialists and accompanying interest for promoting veterinary medical specialties. Perhaps, too, other federal or state agencies will follow the lead of the Uniformed Services and award monetary bonuses for the veterinary specialty certification.

Compensation is but one motivational factor for board certification. Underlying remuneration for certification are other less tangible but far more professionally motivational forces. Attaining specialty certification is a distinguishing professional career accomplishment. Peer recognition for one's qualifications and competence in the exclusive practice of a specialty is a rewarding experience of itself. Members of the College share a commonality in professional objectives that focuses their efforts and improves the quality of professional services.

Veterinary preventive medicine is the most publicly involved of all veterinary specialties. Yet, despite 50 years of activity, the veterinarian's role in public health is not appreciated or is ignored by some physicians, other health professionals and agriculture officials. Most often this attitude is for lack of association or familiarization with veterinarians and their specialty education and training. This lack of recognition is an impediment to expanding utilization of the veterinary preventive medicine specialist. A sustained and focused effort

in public relations and physician education must be mounted by veterinarians, individually and collectively, if the profession and particularly the specialty is to ensure its rightful place in the maintenance of human and animal wellness.

A Noble and Serving Specialty

The veterinary profession exists primarily to provide preventive health care services and expertise to both animals and humans. *Of all the recognized specialties in veterinary medicine, veterinary preventive medicine is the single specialty that most nearly fulfills all the proclaimed objectives of the profession as described in the Veterinarian's Oath. Contrary to popular terminology, the practice of veterinary public health/preventive medicine is not nontraditional practice. Practitioners of the specialty prefer the collective designation public/institutional or corporate practice and, individually, veterinary preventive medicine or public health practitioners.*

The College has been an instrument not only for certification of veterinary specialists and the advancement of veterinary public health and preventive medicine but also the basis for the formation of lasting friendships and many pleasurable experiences. It serves as a network for likeminded practitioners and enhances professional relationships. The College has a distinguished heritage, counting among its diplomates some of the most outstanding veterinary personalities in public health and preventive medicine on the national and international scene. Many are the recipients of prestigious AVMA awards. Slightly over 50% of all the recipients of the AVMA Public Service Award, established in 1968, are Diplomates of the ACVPM.

The areas of societal needs serviced by preventive medicine specialists include research and

disease prevention and control programs for (1) zoonoses, (2) foodborne illnesses, (3) antimicrobial resistant microorganisms, (4) chemical and microbiological safety of the national food chain, (5) animal herd health and protection of the livestock industry from foreign animal diseases, (6) disaster preparedness, and (7) environmental and occupational health.

Veterinary preventive medicine is a public and animal health service oriented specialty. Specialists are prepared to complement traditional practices with new strategies for disease prevention and control, as has been achieved in Texas with the containment and reduction of rabies in coyotes and foxes through the use of oral rabies vaccine.

Often animal diseases are amenable to biological and chemical prophylaxis, quarantine and slaughter, if necessary, given responsible and cooperative owners. In the case of owner irresponsibility or opposition, ways must be found to effect human behavioral changes. Fines and other penalties promote some compliance, but there remains a segment of resistant humans who must be treated with effective persuasion. Health education is an aspect of the specialty to be emphasized for enhancement of animal disease control measures.

In this increasingly complex world with a resurgence of old and new diseases, veterinary preventive medicine specialists practicing in community health and animal population medicine will continue to substantially improve human and animal wellness and welfare.

The Legacy

The legacy of the founders of the specialty of veterinary public health/preventive medicine is a conviction and the will to carry on. They were convinced there is a professional role for the veterinarian as a specialist in public health.

Despite the novelty of the idea, they had the will to carry on and secured recognition for a unique, professional certifying organization. Later there were leaders who took control of a fractious situation and provided an expeditious and effective resolution binding all parties in a common organization benefiting public and animal health.

The College has had a long series of able and diligent elected officers and committee members. Constraints of this report do not permit recognition of the many individuals who have made significant contributions. However, special mention should be made of secretaries and secretary-treasurers who worked, often sacrificing personal time and resources, to maintain the day-to-day activities, respond to urgent inquiries and ensure the fiscal security of the organization. They are the unsung heroes and heroines of the College.

The ACVPM is endowed with a remarkably rich heritage and foundation for further growth and the expansion of specialty involvement. The College respects this inheritance and will continue to move forward in the next 50 years in advancing the cause of veterinary preventive medicine.

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