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REPORT TO THE FACULTY

School of Public Health

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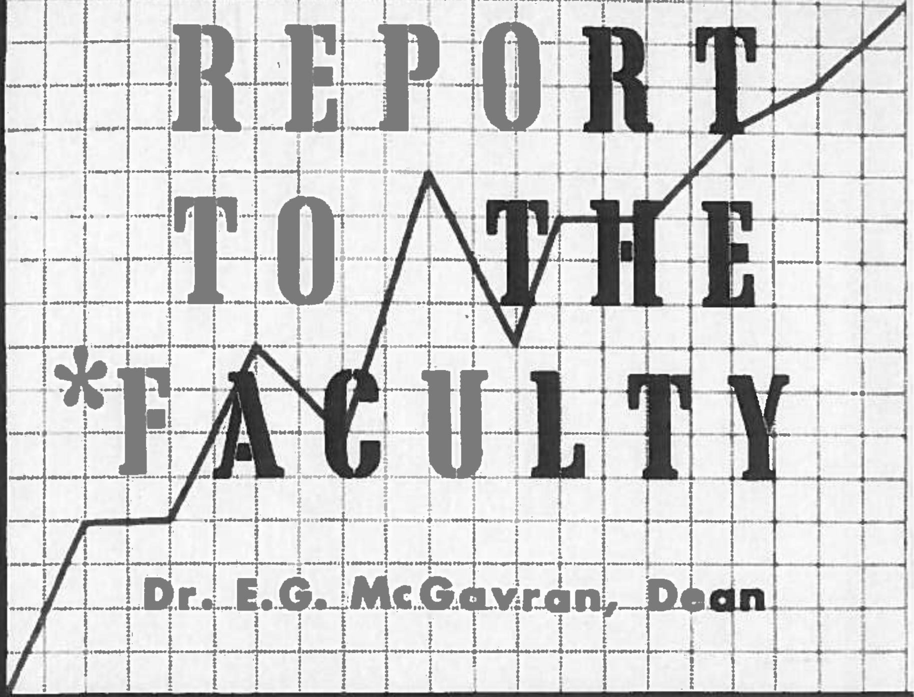
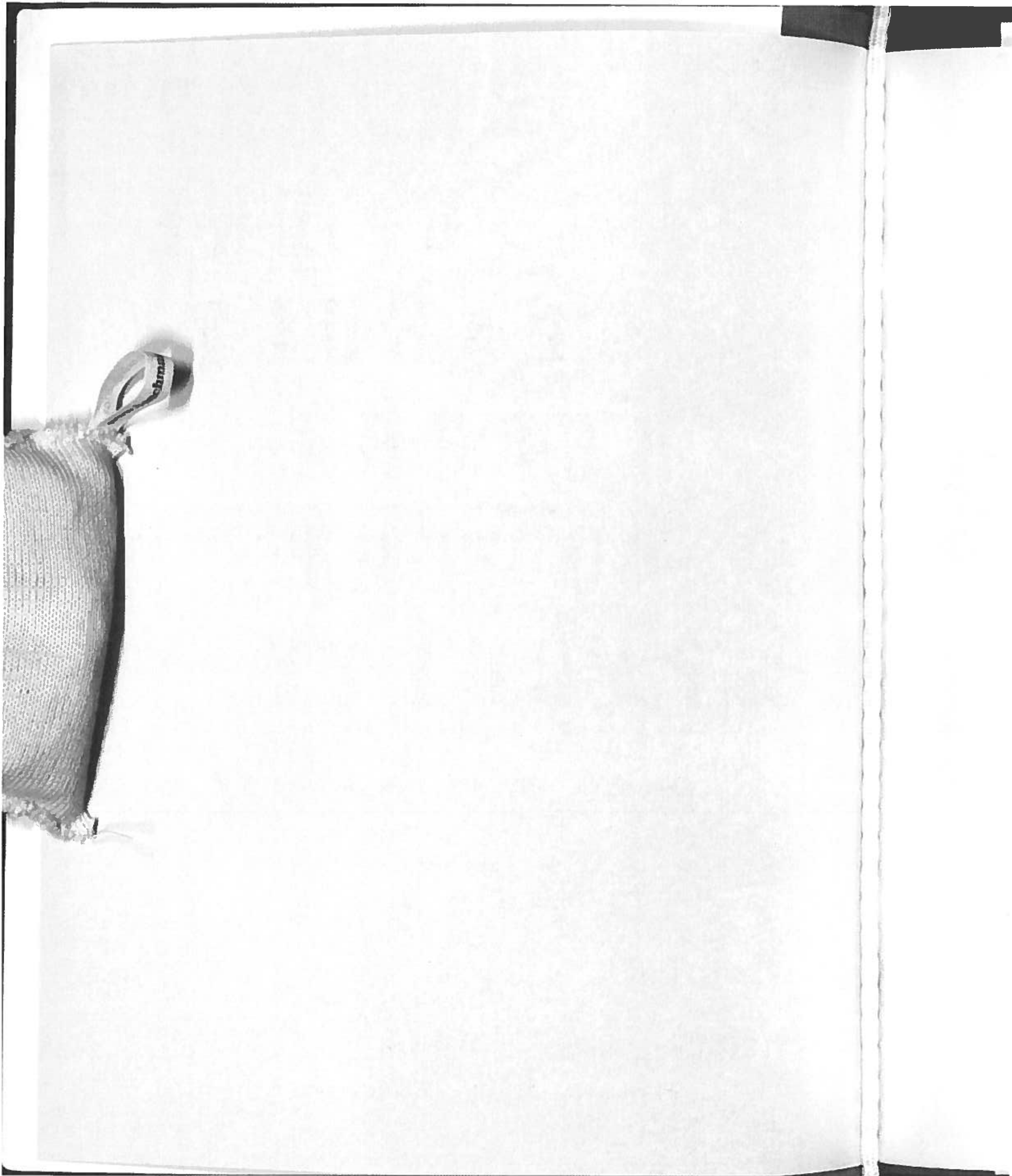


* School of Public Health,
University of North Carolina,
Chapel Hill, N.C.



REPORT TO THE FACULTY

Dr. E.G. McGavran, Dean

GIFT HARRIET H. BARR

Cp378
UZpu22

This report to the faculty of the School of Public Health concerns the sixteen years of my stewardship as Dean, or more literally as Executive Secretary of the Faculty of the School from September 1947 to September 1963.

The records from which this report is taken are the official records of the School -- the annual reports to the University administration by each department and the School's summary. These reports, maintained for sixteen years with a consistent format, provide an excellent picture of the change which has occurred.

The absence of a base-line report prior to 1947-48 has made it necessary to begin most trends and charts in that academic year with only indication of previous trends wherever possible.

No one can dim the brilliant record of the founder of this School, M.J. Rosenau, nor praise too highly the sacrifice, devotion, and dedication of the handful of his "children" and associates, both in and out of the School, who conceived, planned, organized and established the School of Public Health.

From 1936 to 1939 the School was a Division of Public Health in the Medical School that provided short course training programs for public health workers. It was not a graduate school and awarded no degrees. This was the first era.

In the academic year 1939-40 it became a separate school under the administration of the Graduate School of the University and was authorized to give certain public health and engineering graduate degrees. This second phase of development extended for seven years from 1939-40 through 1946-47. Following Dr. Rosenau's death in 1946, Dr. H. G. Baity was acting dean until my arrival in September 1947.

This was an extremely arduous period of development for the School of Public Health -- establishing independence from its mother school, the Medical School; making and taking its place in the Graduate School of a great university. There was no state appropriation for its operation. The School was therefore dependent entirely upon trust funds the source of which was largely tuition, supplemented by moderate and insecure Federal grants from the Public Health Service and modest grants from the State Health Department and the Reynolds Foundation. These were indeed lean years, with all the backwash of the depression and disruptions of World War II. That it survived and flourished through all this adversity is nothing short of a miracle -- a miracle aided by dynamic leadership and tenacity of Dr. M. J. Rosenau, Dr. H. G. Baity, Dr. J. J. Wright, Dr. Lucy Morgan, Dr. John Larsh, Miss Ruth Hay, and Dr. William Fleming.

Gift. Harriet H. Barr

One of the great contributions of this era was the provision of a new building and facility, the School of Public Health and Medical Building (now named McNider Hall). This magnificent new building was obtained through P.W.A. grants and by the sheer force and the persistent effort of H. G. Baity in Washington.

So, in 1947 the problems facing the development and continuation of the School were considerable. Salaries for the faculty and staff were at a particularly low level, no tenure nor security was possible, no "hard money" was available - existence was from hand to mouth. Only an inadequate secretarial and supporting staff was available. No annual reports were made. No regular faculty or staff meetings were held and subsequently no minutes kept of any meeting. The ratio of students to faculty was 10 to 1. Little or no research was being done by any but two departments, i.e., two persons. There was no space available for expansion or development. There was little time for any but "regular students." Many curriculum core areas were covered only by part-time guest lecturers. All faculty appointments were on a nine-months' basis and consultation service was largely limited to the summers when to all intent and purpose the School was closed. Two-thirds of the students were women in two departments, Public Health Nursing and Health Education. Most of the remaining students in Sanitary Engineering and Public Health Administration were from foreign countries. There was great difficulty in getting faculty to fill vacant key positions.

The job of dean was offered to several persons, all of whom turned it down. The situation looked quite impossible. Perhaps that is why it appealed to me and why I accepted it, with one proviso. The State of North Carolina (at the meeting of the General Assembly then in session) would have to make some token appropriation for support of the School. There were two great assets -- a wonderful small core, or nucleus, of enthusiastic faculty and a University president who was one of the leading educators in the world. The job was clearly an administrative one -- to provide the kind of climate in which faculty and staff could grow and become stable and secure. Improvement had to be made in (1) student-faculty ratio, (2) increased state support, (3) salaries, (4) non-salary items as equipment, supplies, travel, (5) secretarial supporting staff, (6) recruitment of students (with emphasis upon medical health officers), (7) faculty research, (8) continued education of every form, (9) supervised field experience, (10) curriculum development, and (11) physical facility.

The first step in accomplishing these objectives was to develop an organizational pattern within the faculty and a school philosophy. This was done by weekly formal staff meetings of the entire faculty with a carefully prepared agenda and subsequently approved minutes. All

policy and most administrative matters were discussed in detail with the entire faculty and majority vote ruled. Time was set aside at each meeting for complete informational exchange between departments. *Ad hoc* committees were formed and appointed to study many specific problems, with the eventual development of standing committees within the faculty. The most desirable time of the week was set aside for these staff meetings; and neither classes nor commitments were permitted on Monday afternoons. These were strictly "Executive Sessions" -- no holds were barred. Full expression and the privilege of dissention were encouraged.

It thus became evident from action rather than by word alone that the new administration of the School was a democratic administration, informal, but firm in its purpose: to operate the School of Public Health as a team of professional equals who would determine policy, instruct the dean, and back him wholeheartedly in carrying out the School's wishes and desires.

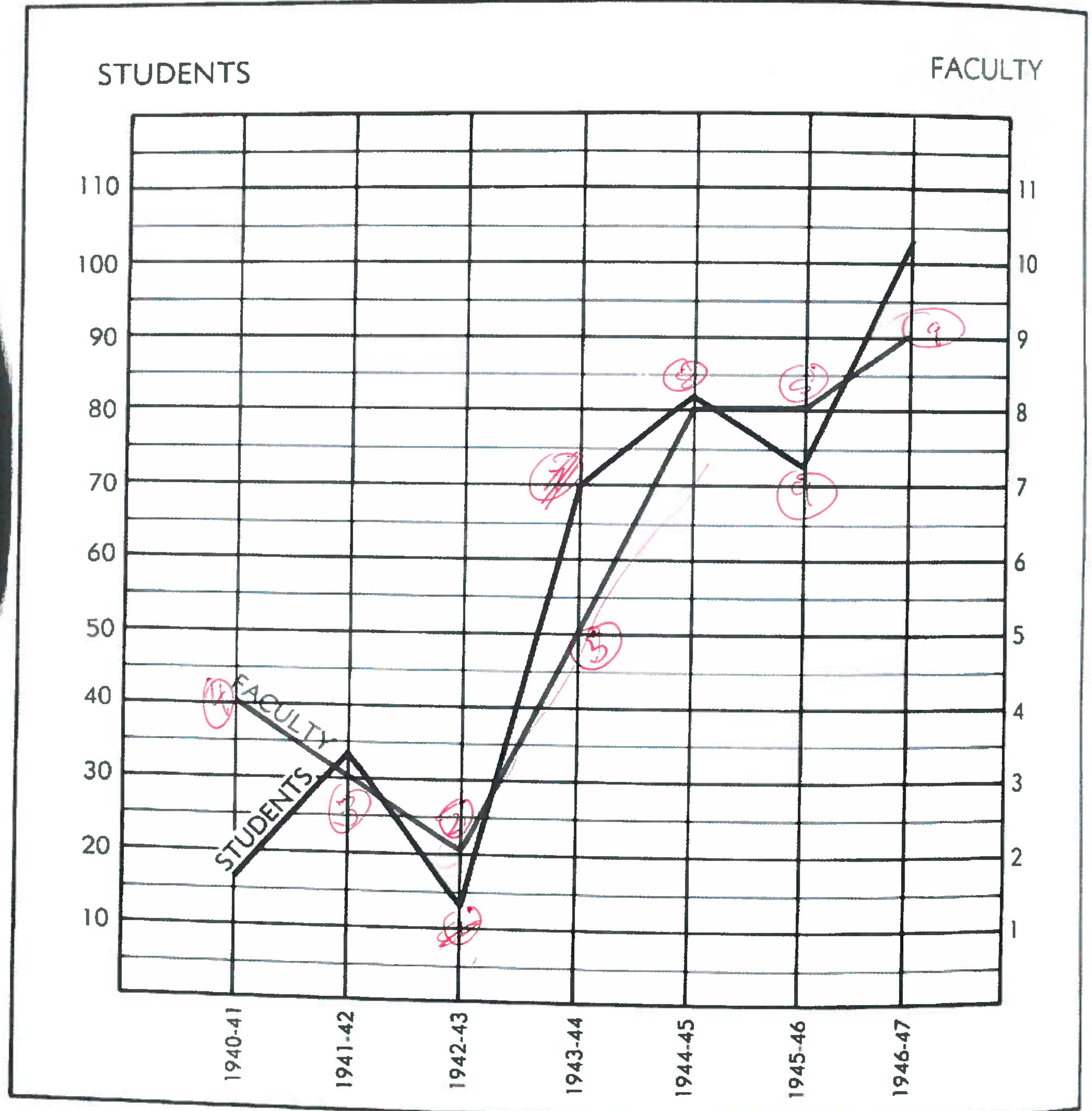
As the School grew, particularly as the faculty grew, it became increasingly difficult to operate upon the "town meeting" principle. The faculty called more and more upon committees for recommendations, and gradually relegated policy matters to the Executive Faculty, composed chiefly of department heads. General Faculty meetings became less and less frequent, from once a week to one a month and presently about one a quarter. Executive Faculty and other committee meetings continued weekly with a minimum of monthly meetings.

This type of administration is much more cumbersome and slow, and is deplored by people in a hurry for action (see confidential page). The proof of its success or failure, however, is not in personal opinions but in *results*. The phenomenal growth and development in every facet of education in public health *is that proof*, and is not the work of any one person. It is the result of integrating and coordinating more brains and ability into a common unified effort than any one person possesses, and those brains and ability are of the combined public health team and do function despite efforts at fractionization, despite prima donnas, despite friction and apparently divergent educational philosophies. The results are shown in the following charts and graphs.

CHART #1-a

STUDENT - FACULTY RATIO

SCALE 10:1



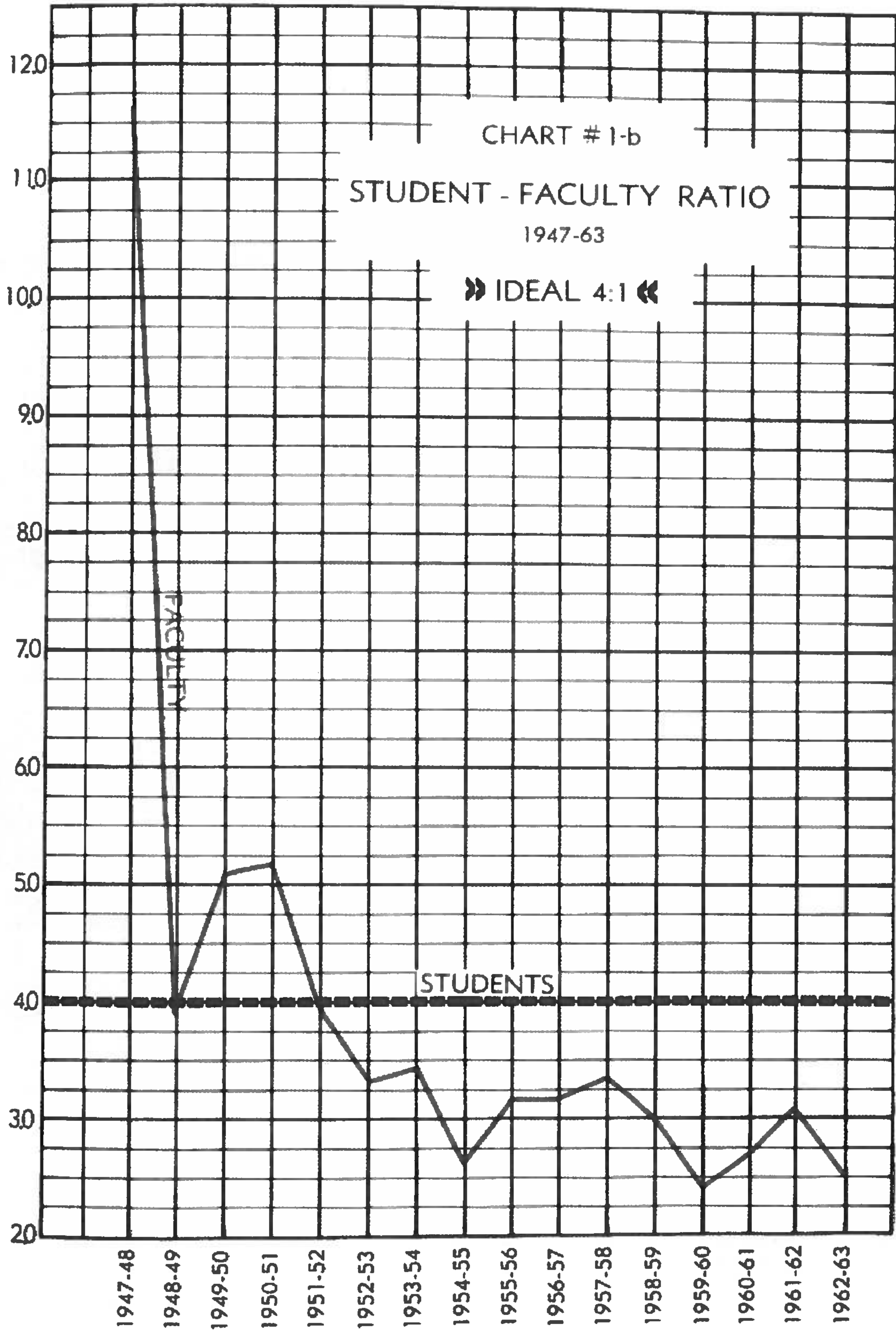


CHART # 1-b
STUDENT - FACULTY RATIO
1947-63
» IDEAL 4:1 «
12.0
11.0
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
FACULTY
STUDENTS
1947-48
1948-49
1949-50
1950-51
1951-52
1952-53
1953-54
1954-55
1955-56
1956-57
1957-58
1958-59
1959-60
1960-61
1961-62
1962-63

CHART # 2

DEPARTMENT OF PUBLIC HEALTH ADMINISTRATION

SCALE 5:1

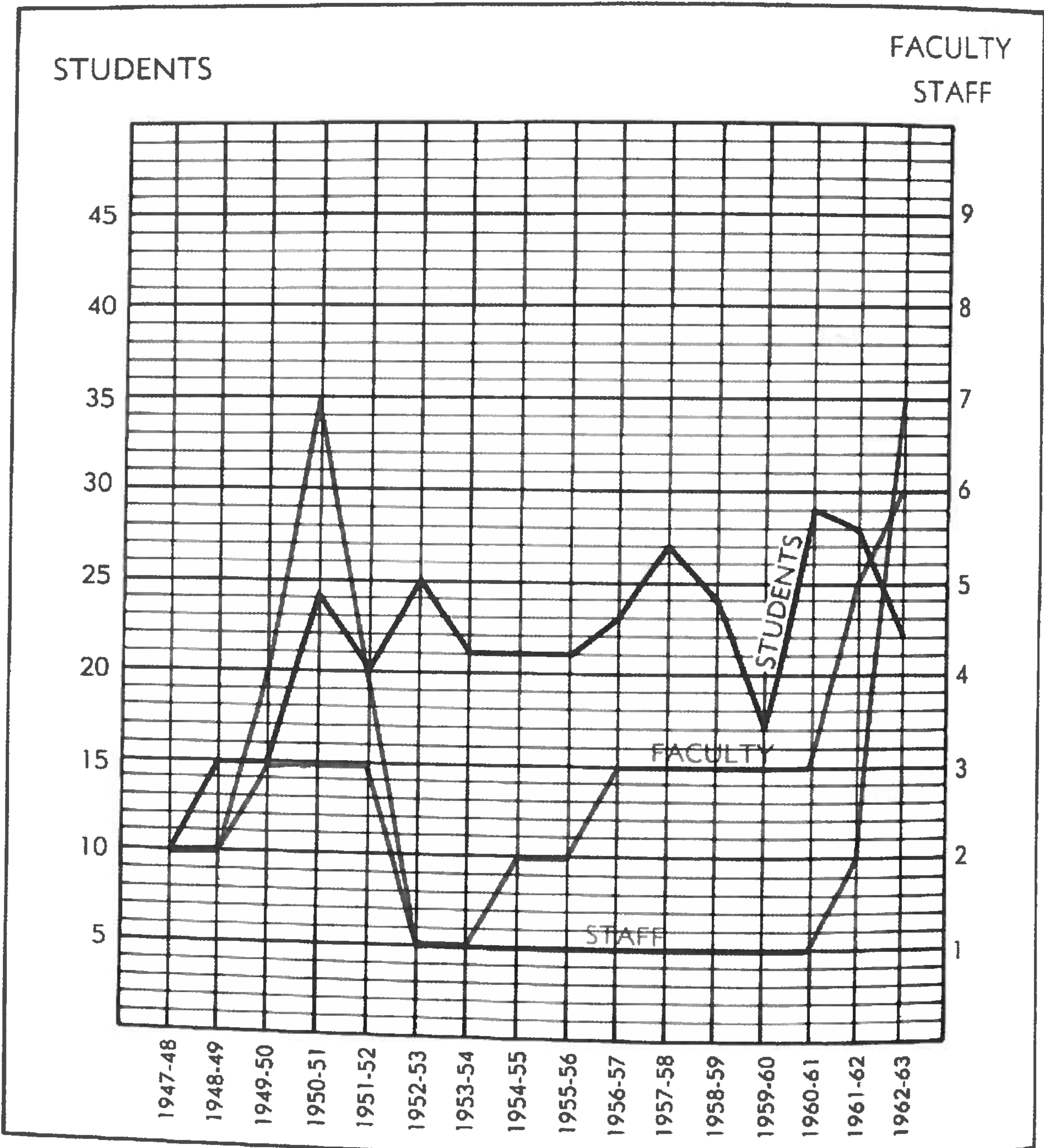


CHART # 3

DEPARTMENT OF PUBLIC HEALTH EDUCATION

SCALE 5:1

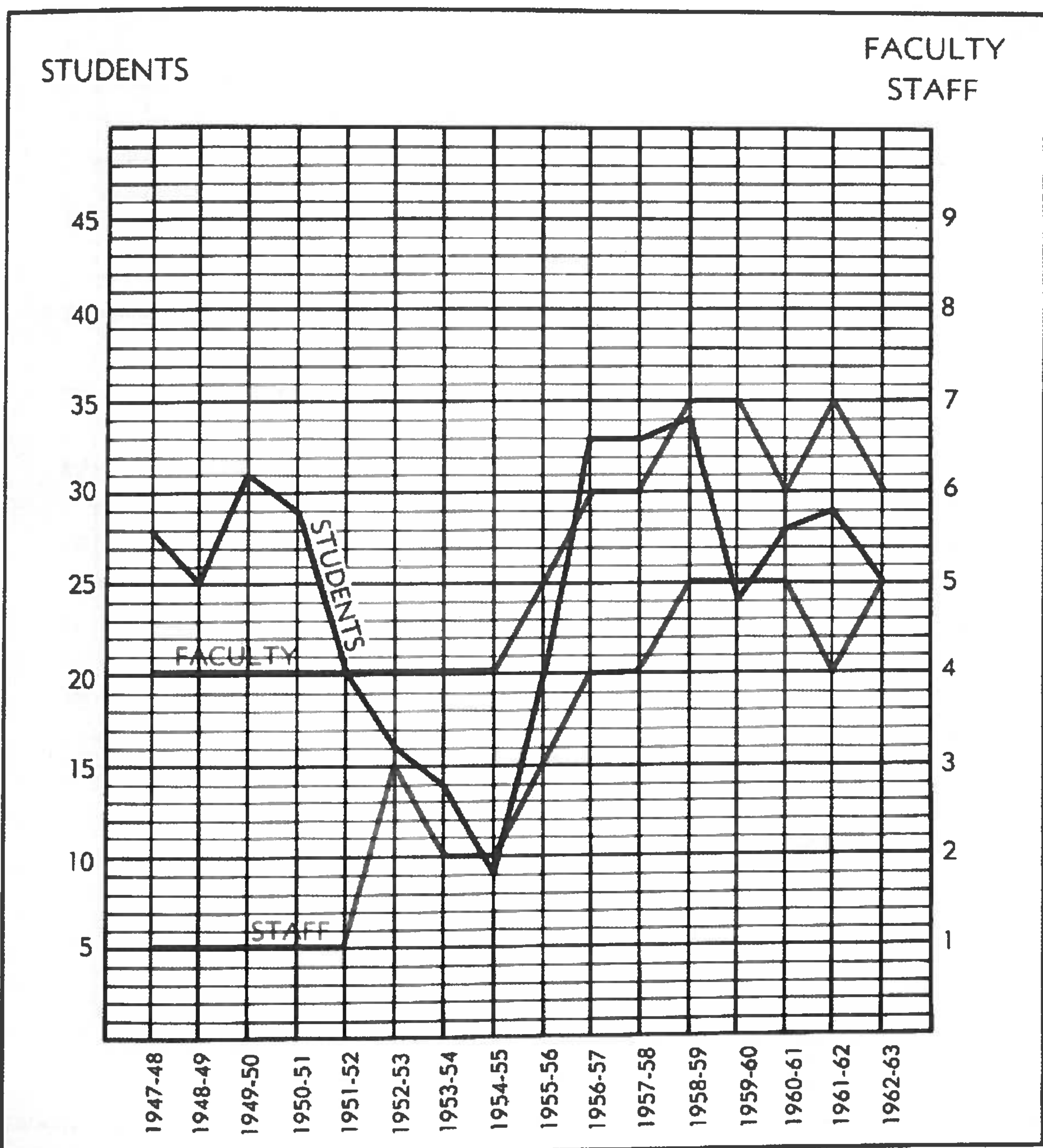


CHART # 4

DEPARTMENT OF ENVIRONMENTAL SCIENCES

SCALE 5:1

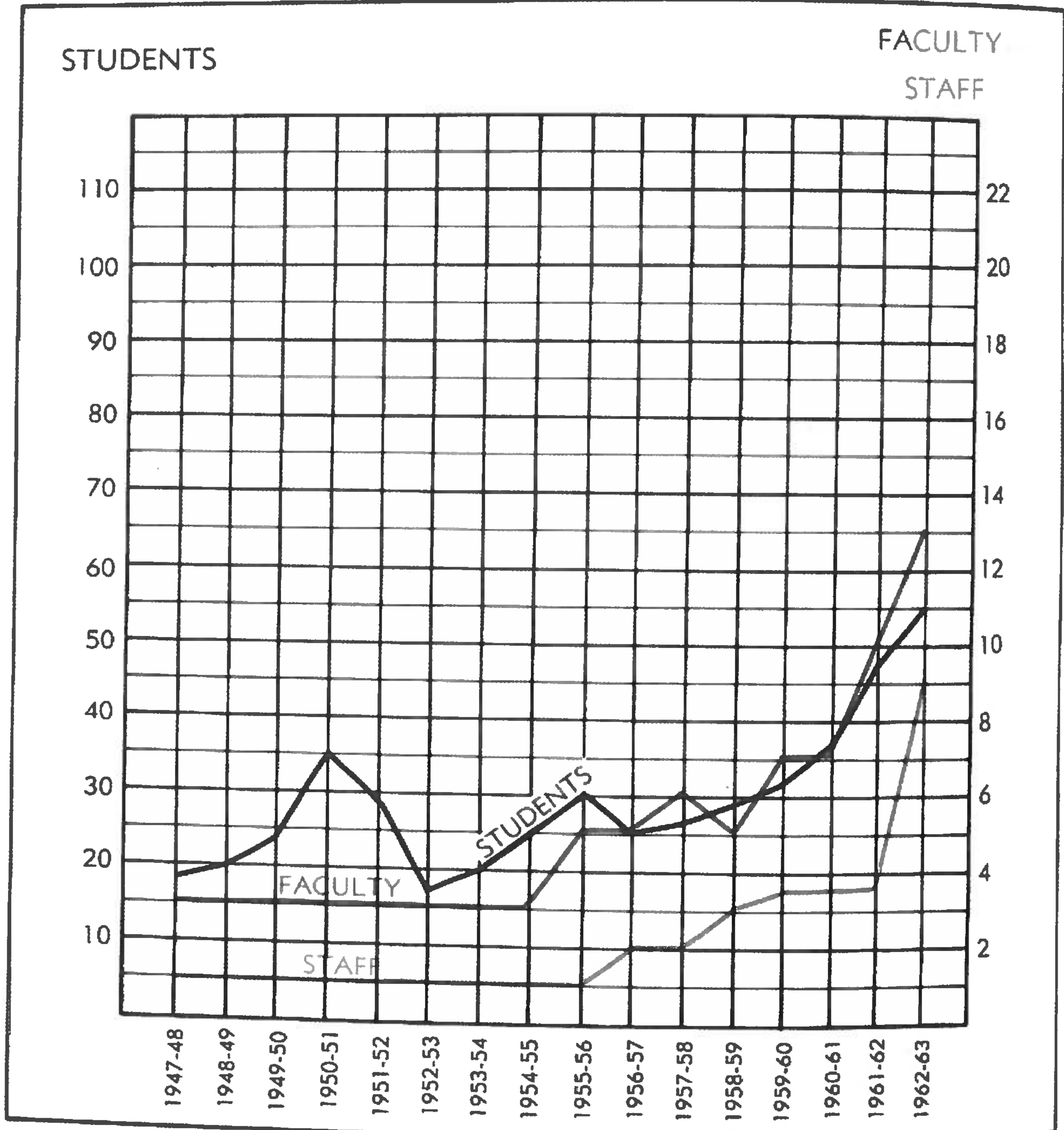


CHART # 5

DEPARTMENT OF PUBLIC HEALTH NURSING

SCALE 5:1

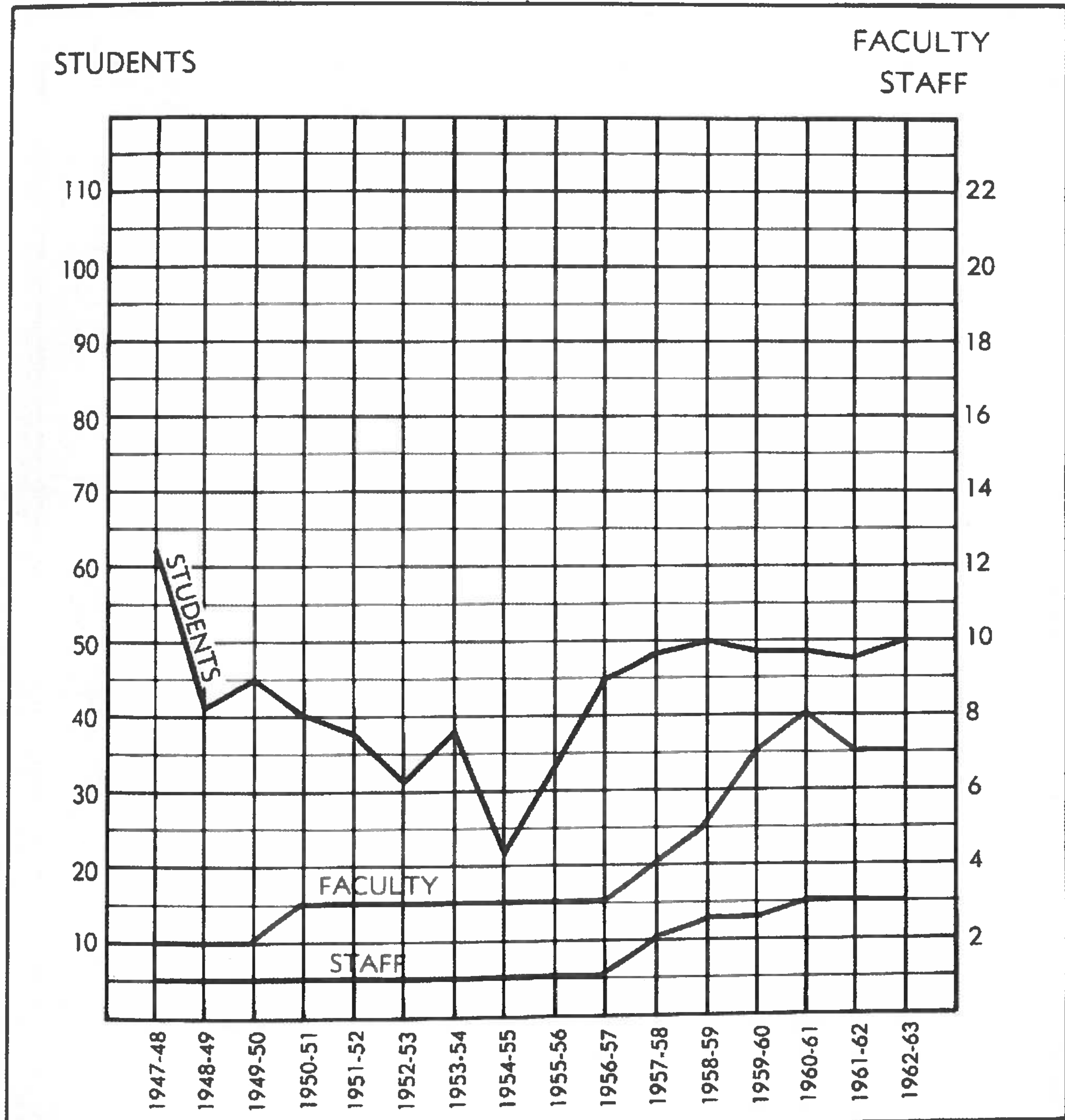


CHART # 6

DEPARTMENT OF PUBLIC HEALTH NUTRITION

SCALE 5:1

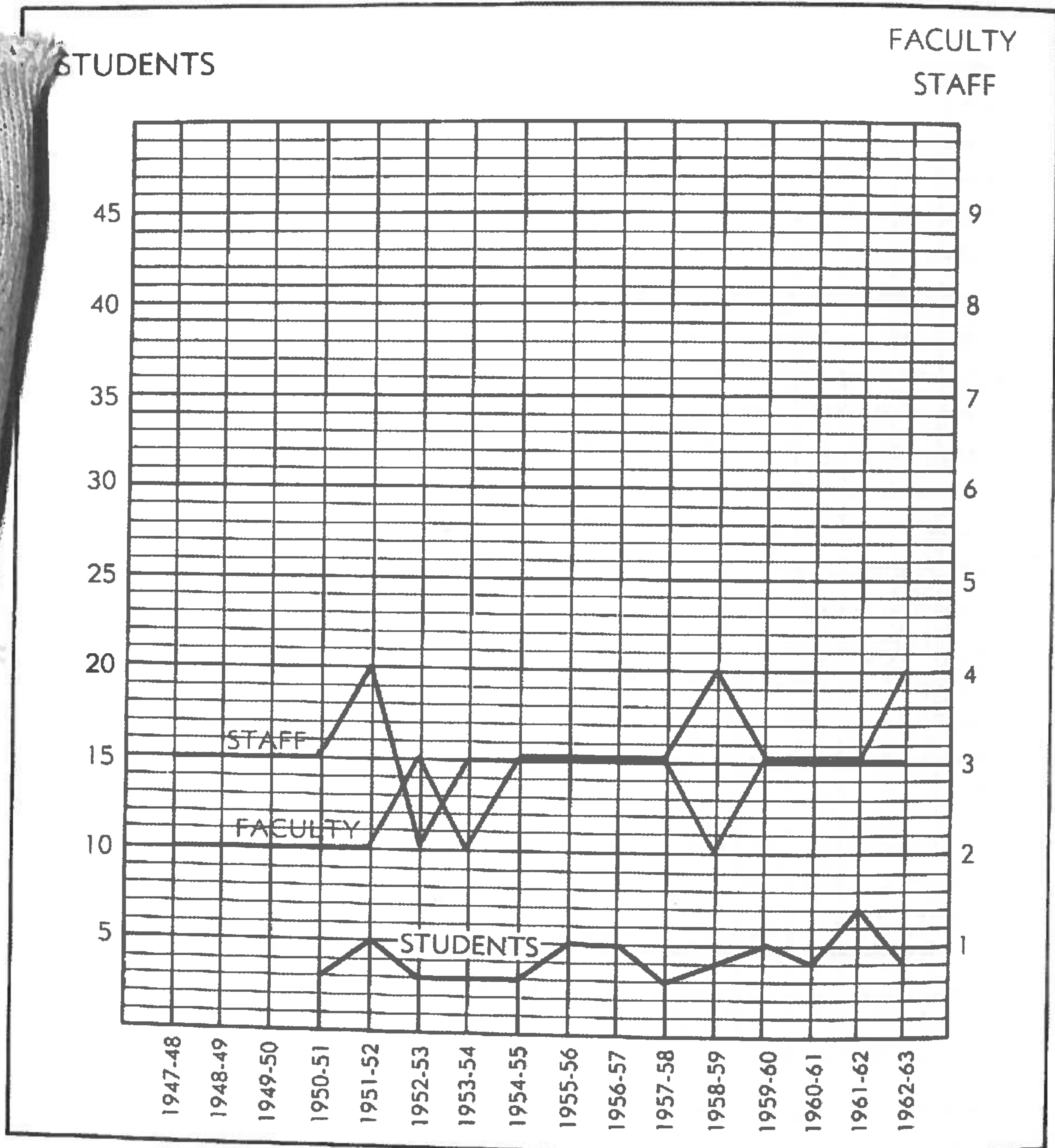


CHART # 7

DEPARTMENT OF BIOSTATISTICS

SCALE 5:1

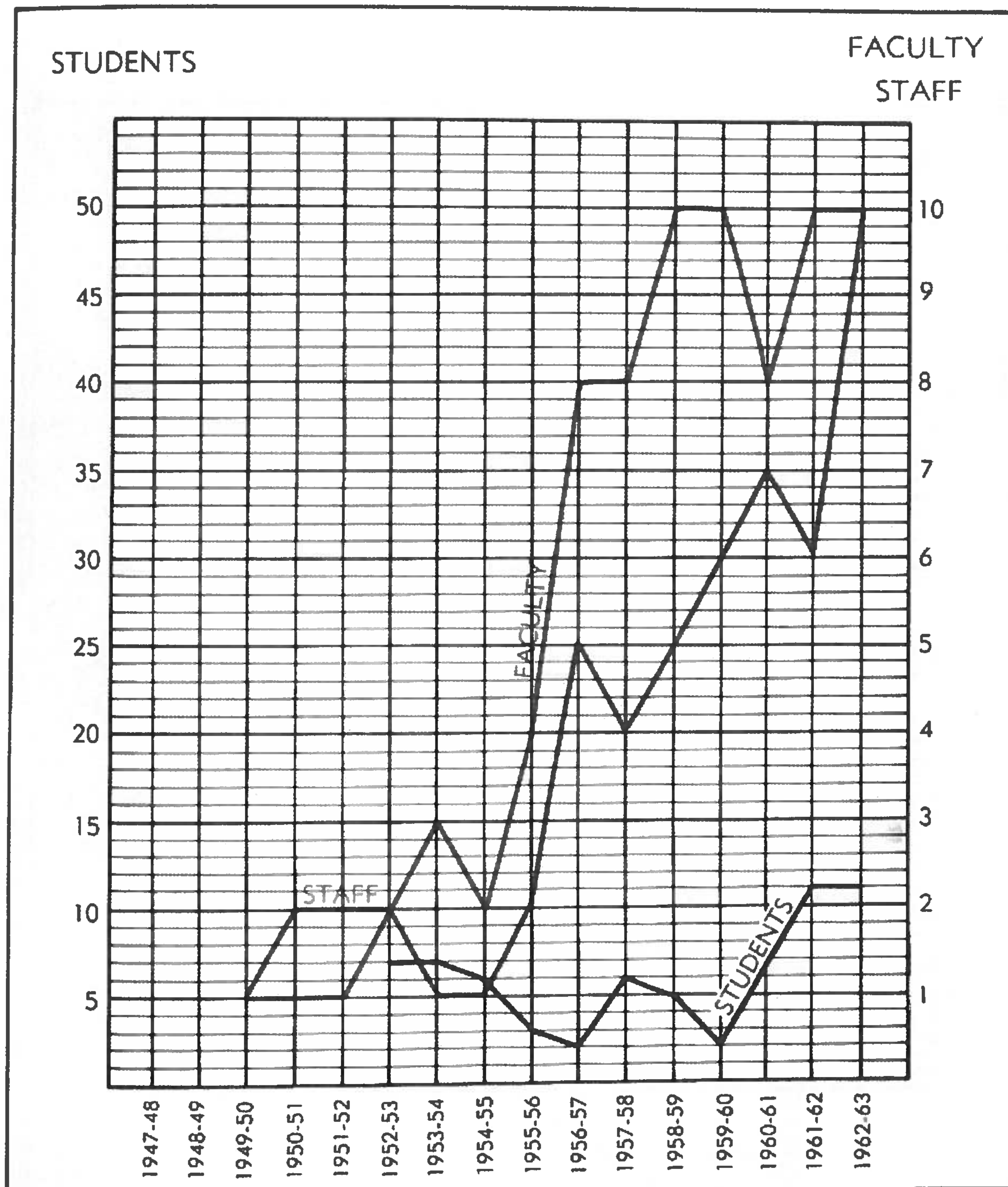


CHART #8

DEPARTMENT OF MATERNAL AND CHILD HEALTH

SCALE 5:1

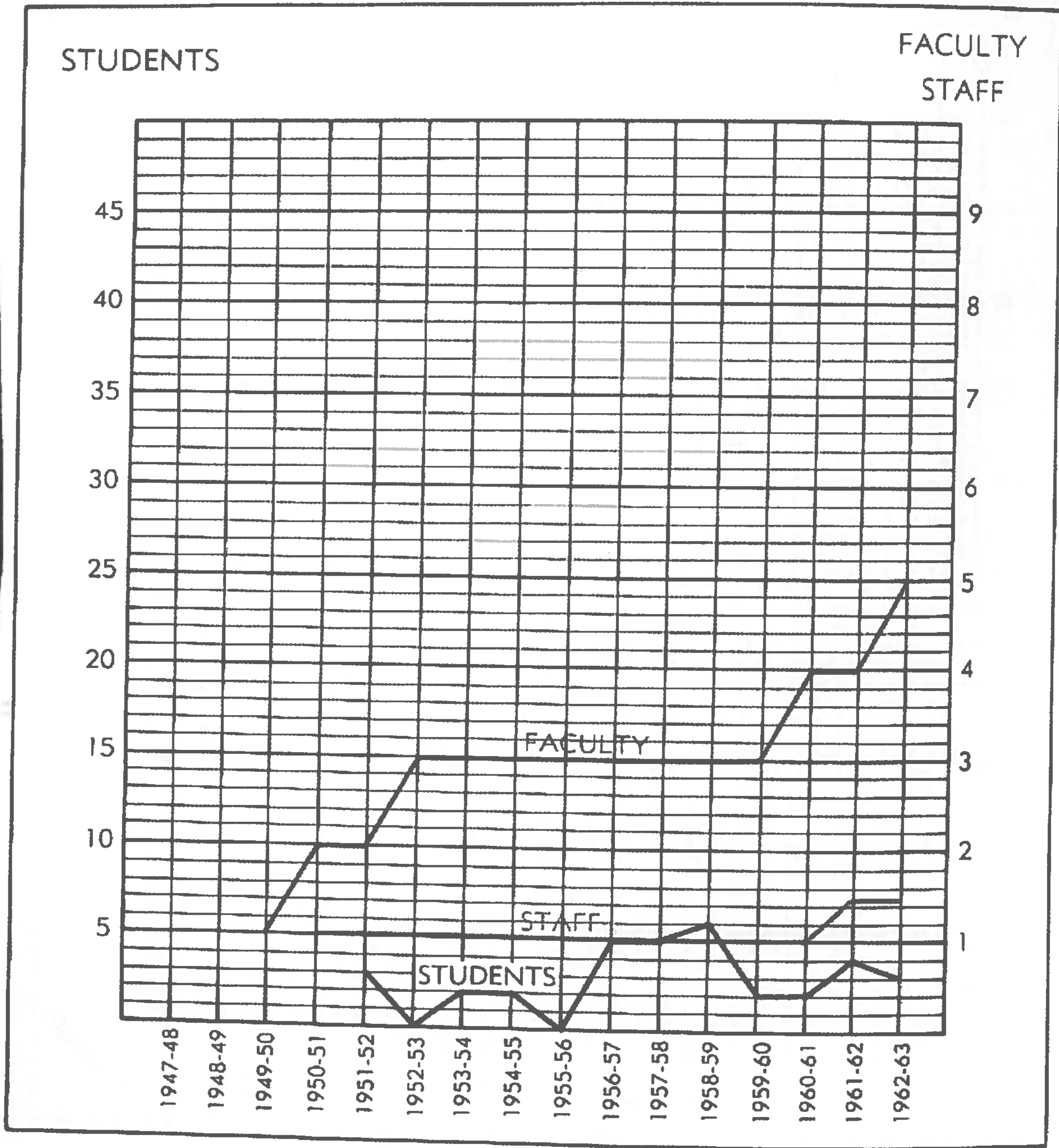
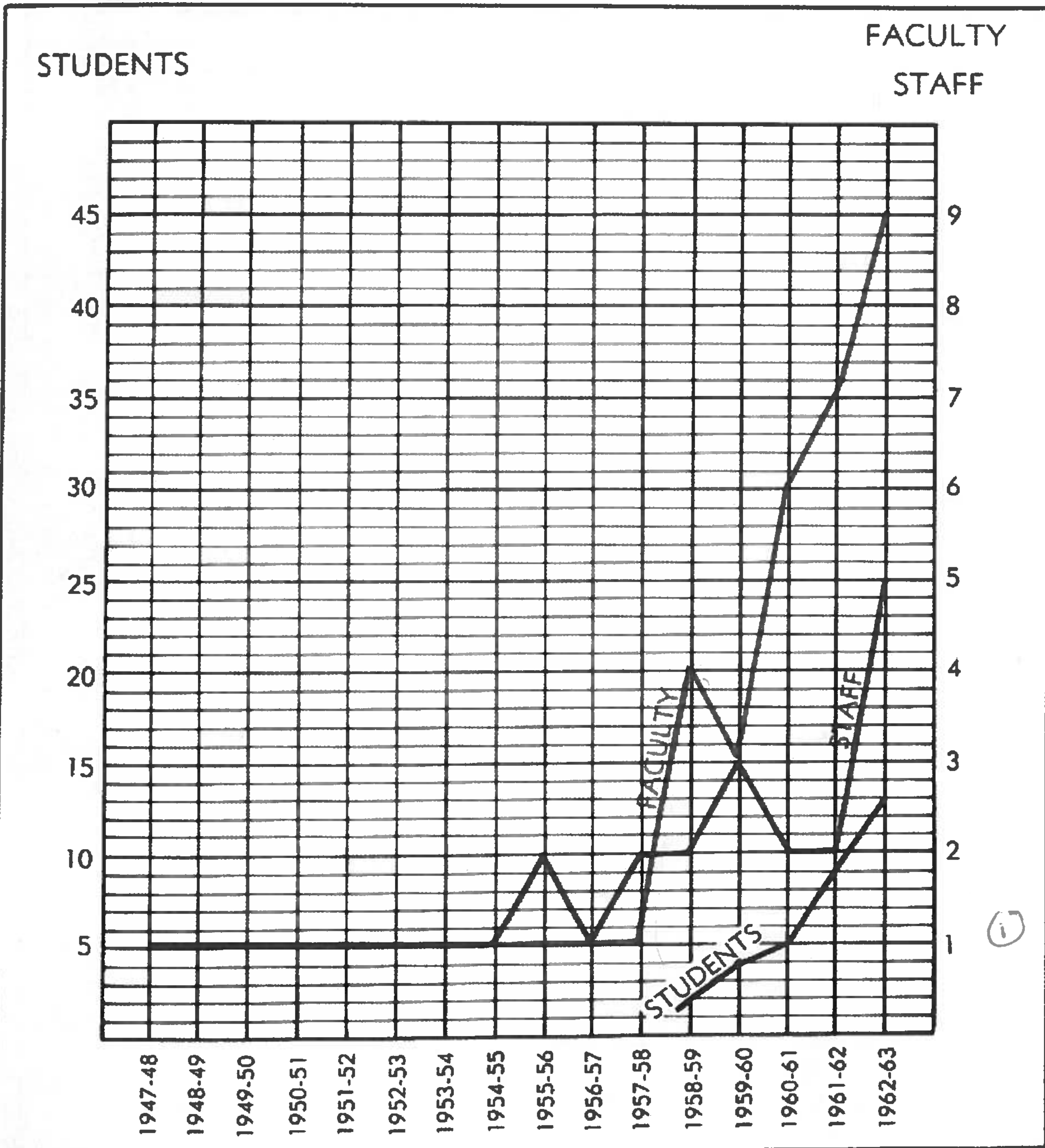


CHART #9

DEPARTMENT OF EPIDEMIOLOGY

SCALE 5:1

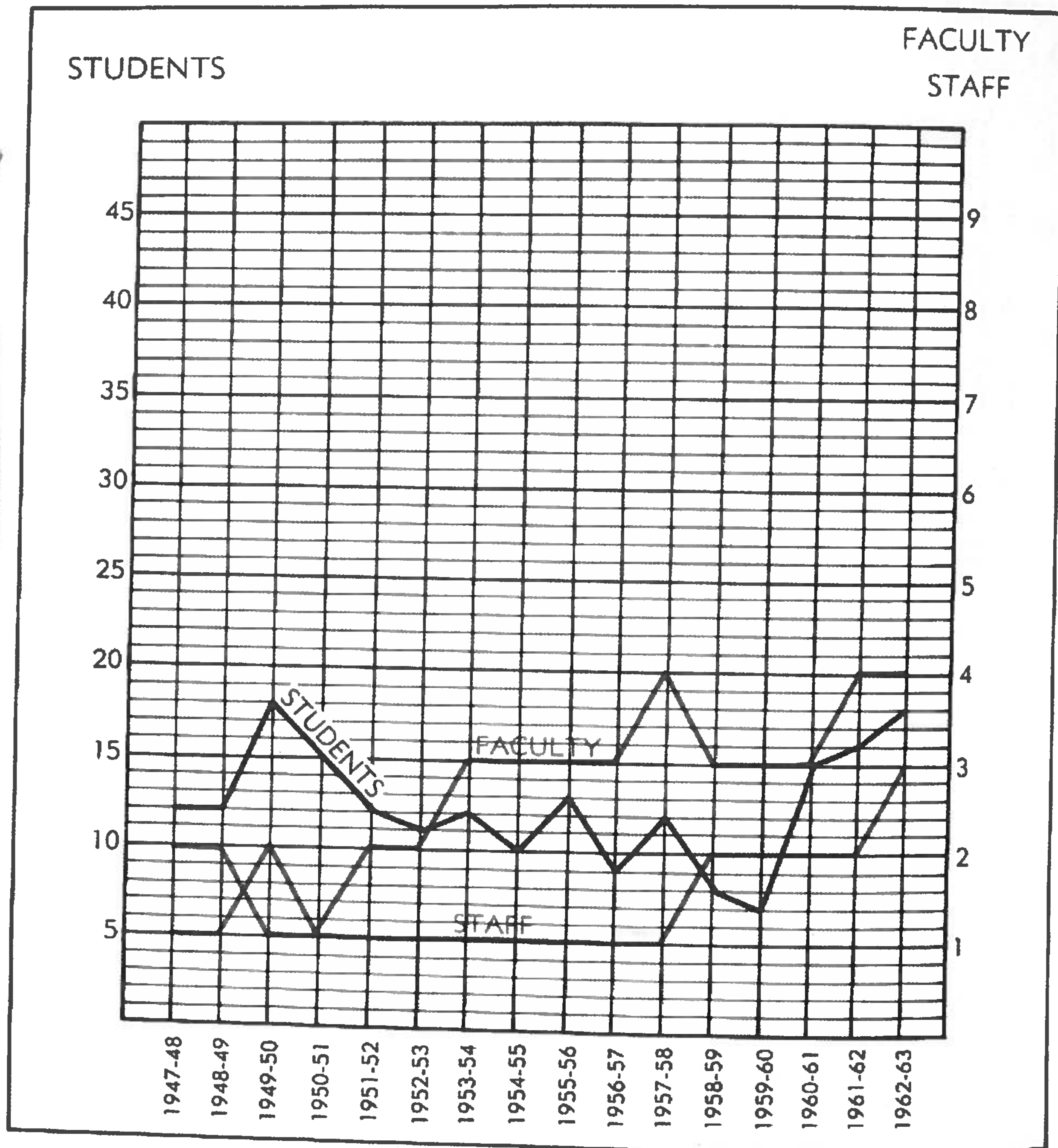


(i)

CHART #10

DEPARTMENT OF PARASITOLOGY

SCALE 5:1



One of the serious problems facing the School in 1946-47 was provision of full-time faculty to teach in essential core areas such as Biostatistics, Public Health Administration, and Epidemiology. No resident faculty member in Biostatistics was ever employed prior to 1949. For only three years during the ten years prior to 1946-47 was there any resident faculty in Public Health Administration and upon Dr. Rosenau's death, Epidemiology was taught on a visiting-professor basis. In 1947-48, Dr. J. J. Wright was transferred from Reynolds Research and State Board of Health Venereal Disease Research to become the resident professor and head of the Department of Public Health Administration. In 1950, Dr. B. G. Greenberg was employed as first head of the Department of Biostatistics in the School. Although the incoming dean took on the teaching of Epidemiology, it was strictly a part-time activity until 1952-53 when Dr. John Cassel was added to the staff as the first full-time resident faculty member in Epidemiology, a department which he organized with the help of Dr. Sidney Kark in 1956-57 and has since formally chaired.

II State Support

This is a "regional school" in a state university. It has always been so -- as are four other schools of public health in the United States. It is natural that the State Legislature should feel a first responsibility to higher education for their own state citizens. Our regular student body has always been largely out-of-state -- as much as 2/3 or 3/4 of it. Although there has been little resistance to "foreign students" from other countries, there has been strong objection to paying for the education and training of "foreigners" from neighboring states, particularly when those states were much better off financially than North Carolina. At almost every biennium, the battle has had to be fought and evidence produced that we were not asking the Legislature for more than the State's share of the cost of educating students in this school (see Budgets and Requests). Fortunately that evidence has been consistently available and each year has reduced the percentage of the total cost from the State appropriation -- (see Chart 12 on State Appropriation Versus Total Instructional Budget and Research Budget).

As a matter of fact, we can point with some pride to the steady increase in State support since it started in 1947-48. The State appropriation that year was $74,000 or one-third of the total budget. In six years it more than doubled. In the five succeeding years, it tripled and in the past five years, it more than quadrupled (see Chart 11 on Percent Increase over 1947-48). It is presently for the 1963-65 biennium better than five times the original $74,000 annual appropriation.

This kind of operational budget with the overwhelming percentage of "soft money" violates every principle of good administration. Every effort has been made to minimize the dangers. The problems of tenure, of soft and hard money, are not what they used to be. They still represent a hazard for which the School must maintain constant guard and must exercise constant vigilance. Too large a percentage of this support is federal, from one agency; effort should be continued to get increased support from other federal agencies, from foundations, from industries and from other southern states through the Southern Regional Educational Board. In all these areas, breakthrough has been made, patterns and examples established, but increased and constant effort is needed for their extension.

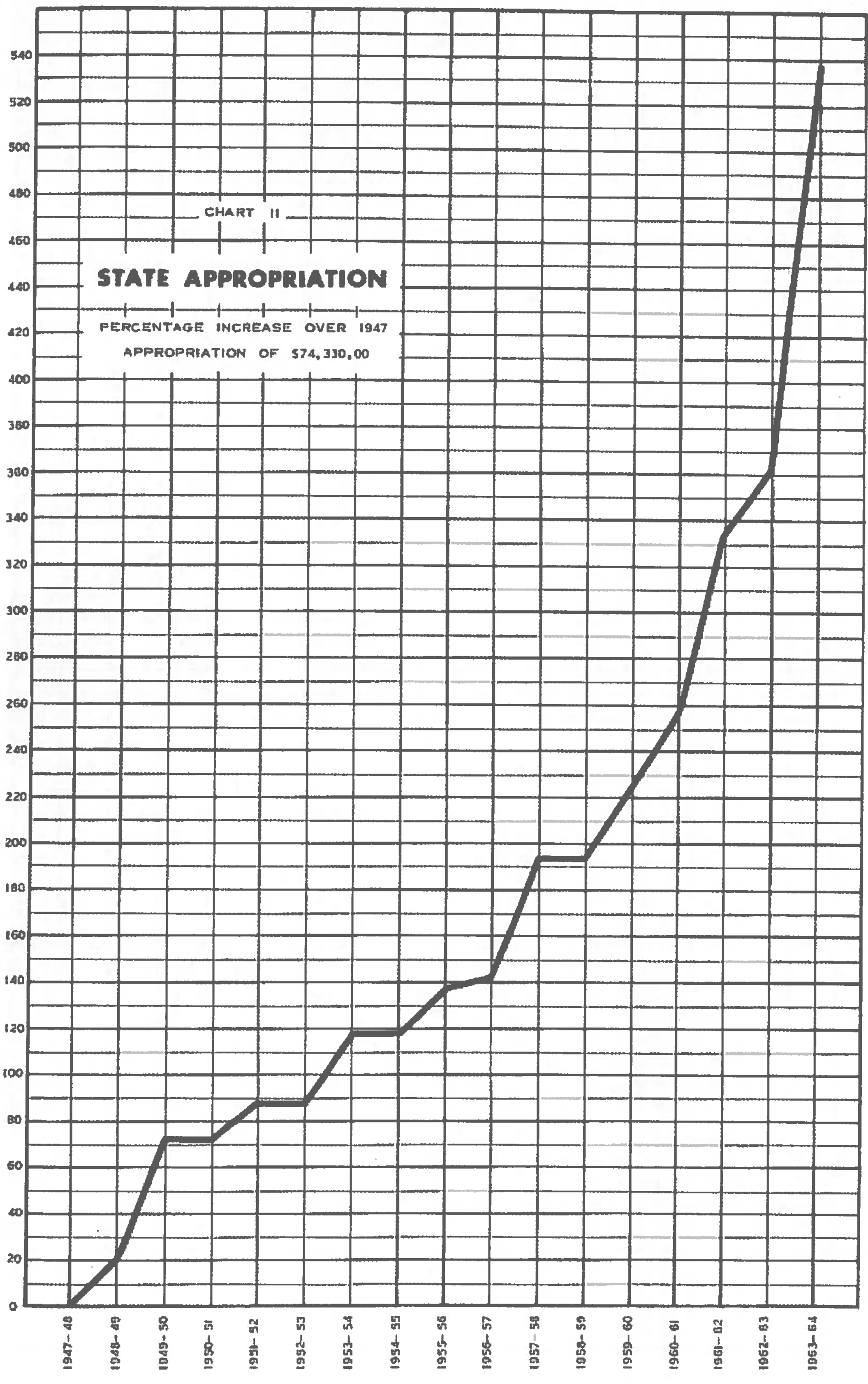
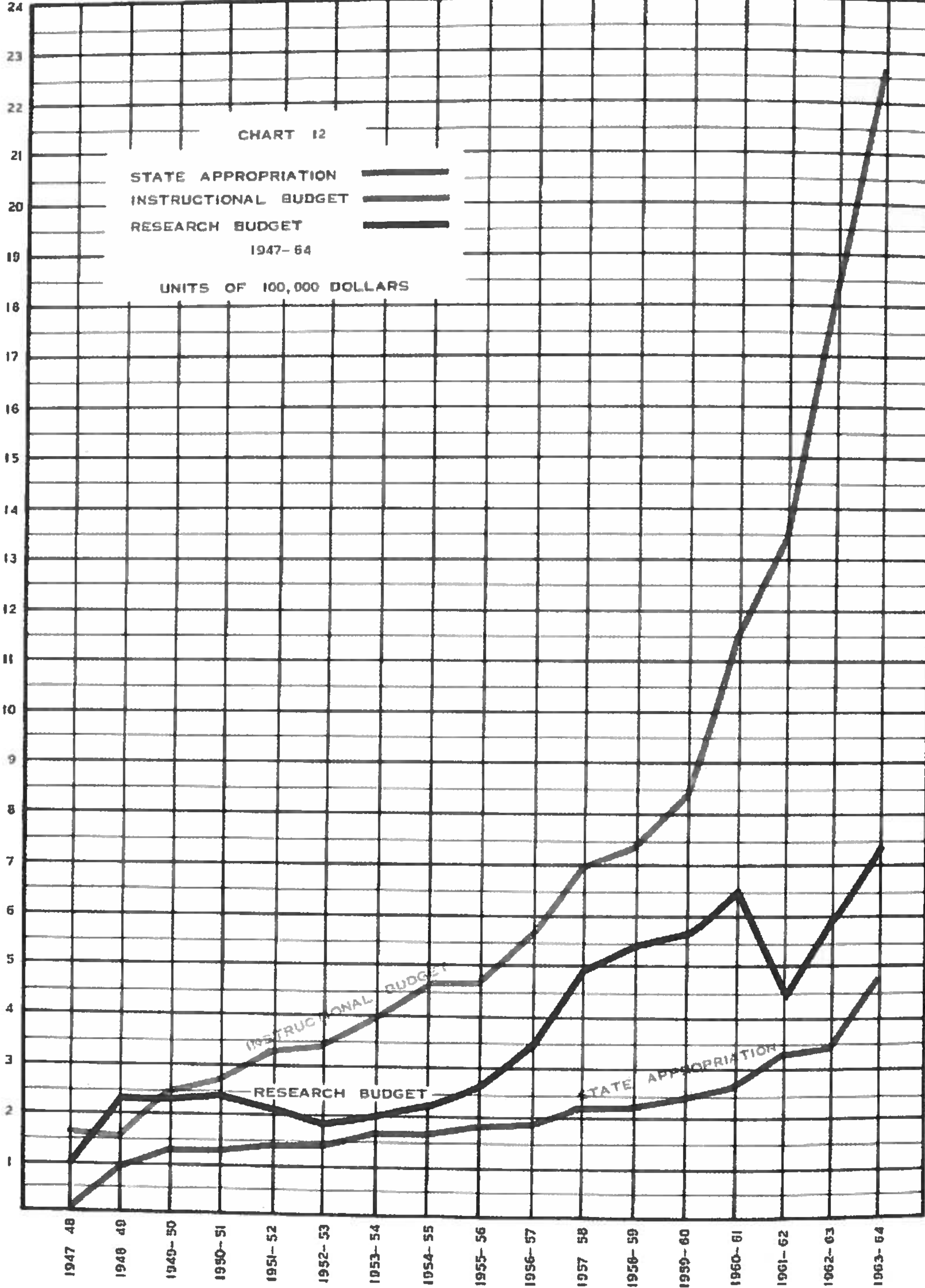


CHART II
STATE APPROPRIATION
PERCENTAGE INCREASE OVER 1947
APPROPRIATION OF $74,330.00
540
520
500
480
460
440
420
400
380
360
340
320
300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
0
1947-48
1948-49
1949-50
1950-51
1951-52
1952-53
1953-54
1954-55
1955-56
1956-57
1957-58
1958-59
1959-60
1960-61
1961-62
1962-63
1963-64


100,000
DOLLARS
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
CHART 12
STATE APPROPRIATION
INSTRUCTIONAL BUDGET
RESEARCH BUDGET
1947-64
UNITS OF 100,000 DOLLARS
INSTRUCTIONAL BUDGET
RESEARCH BUDGET
STATE APPROPRIATION
1947 48
1948 49
1949-50
1950-51
1951-52
1952-53
1953-54
1954-55
1955-56
1956-57
1957 58
1958-59
1959-60
1960-61
1961-62
1962-63
1963-64

III Salary Increases

For ten years, 1937-47, the salaries of the faculty remained at a constant level. They were the lowest of any school of public health in the United States. (see Chart 13 on Average Department Head Salaries and Average Other Salaries). Since 1947, the salary increase is charted for each faculty member over the entire period, but only the average salaries for department heads and other faculty are graphed in Chart 14. The percentage rate of increase is shown for the average in Chart 15.

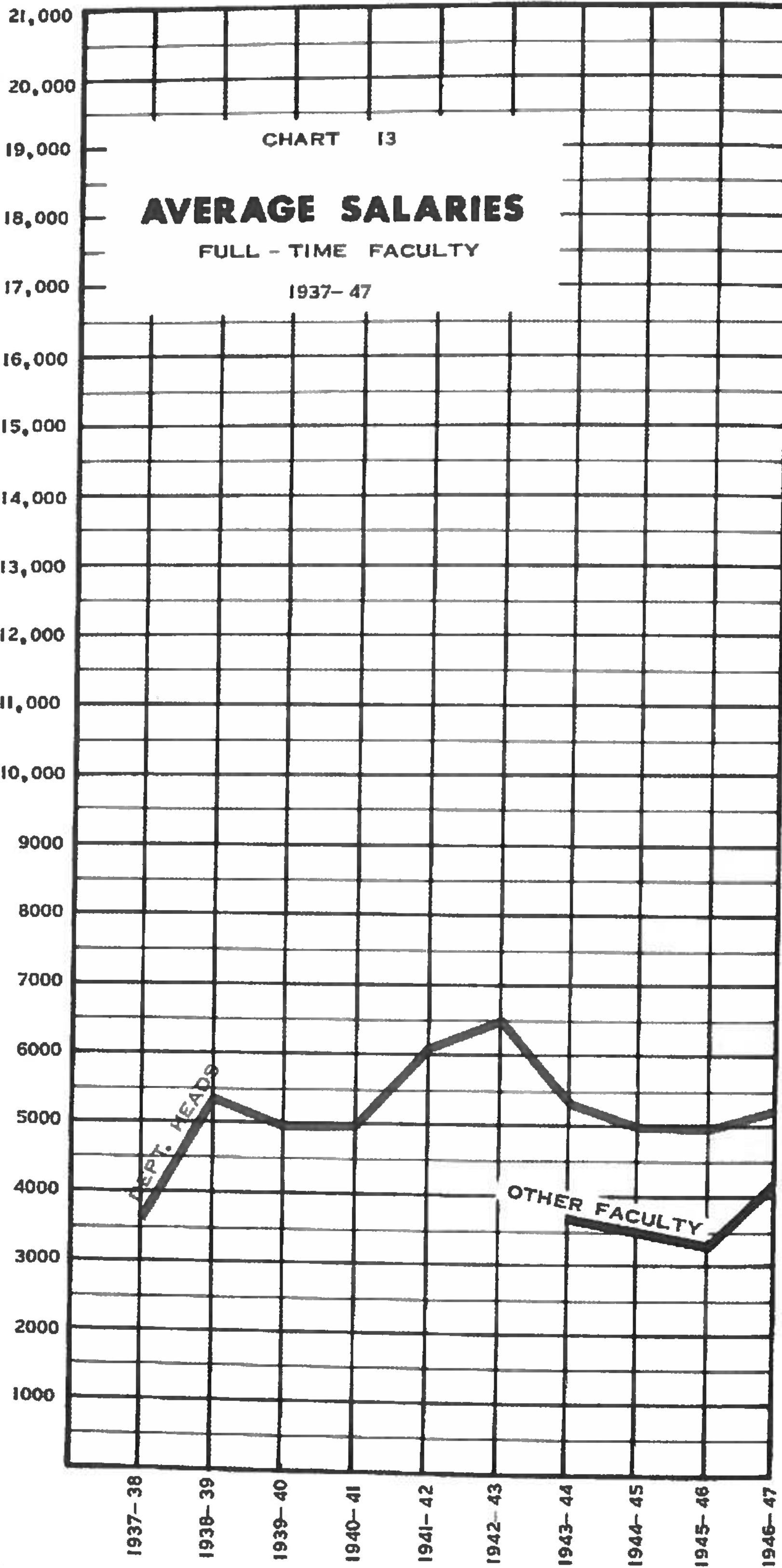


CHART 13
AVERAGE SALARIES
FULL - TIME FACULTY
1937- 47
21,000
20,000
19,000
18,000
17,000
16,000
15,000
14,000
13,000
12,000
11,000
10,000
9000
8000
7000
6000
5000
4000
3000
2000
1000
DEPT. HEADS
OTHER FACULTY
1937-38
1938-39
1939-40
1940-41
1941-42
1942-43
1943-44
1944-45
1945-46
1946-47

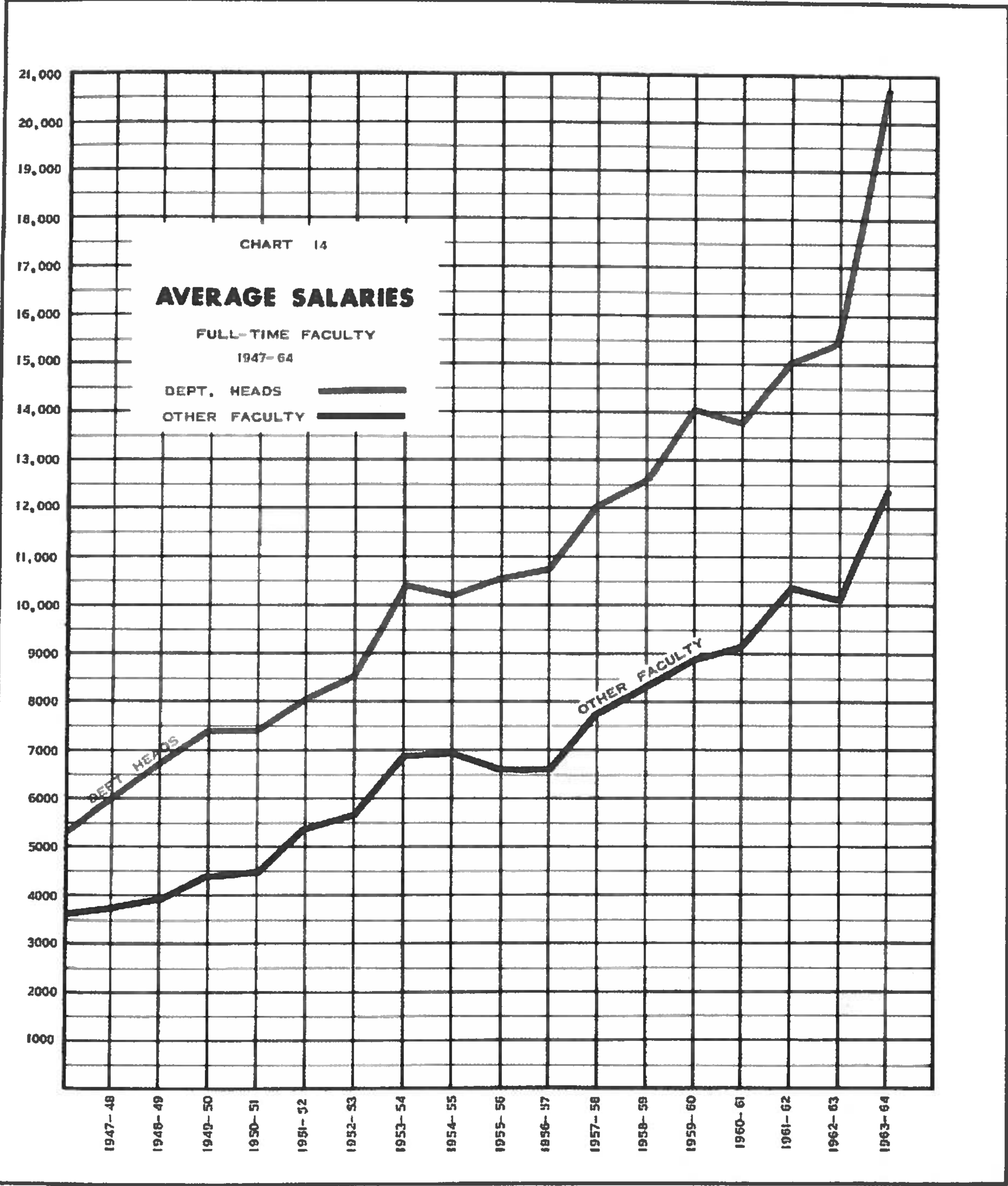


CHART 14
AVERAGE SALARIES
FULL-TIME FACULTY
1947-64
DEPT. HEADS
OTHER FACULTY
DEPT HEADS
OTHER FACULTY
21,000
20,000
19,000
18,000
17,000
16,000
15,000
14,000
13,000
12,000
11,000
10,000
9000
8000
7000
6000
5000
4000
3000
2000
1000
1947-48
1948-49
1949-50
1950-51
1951-52
1952-53
1953-54
1954-55
1955-56
1956-57
1957-58
1958-59
1959-60
1960-61
1961-62
1962-63
1963-64

CHART 15

PERCENTAGE INCREASE

AVERAGE SALARIES
FULL-TIME FACULTY
1947–63

DEPARTMENT HEADS — 1947 AVERAGE $6000
OTHER FACULTY — 1947 AVERAGE $3702

240
220
200
180
160
140
120
100
80
60
40
20
0

1947–48
1948–49
1949–50
1950–51
1951–52
1952–53
1953–54
1954–55
1955–56
1956–57
1957–58
1958–59
1959–60
1960–61
1961–62
1962–63
1963–64

OTHER FACULTY
DEPT. HEADS

IV Non-Salary Items

State support for non-salary items has always been extremely inadequate. The school has had to depend largely upon outside grants to provide the necessary travel, supplies, and equipment. This is unfortunate, but considerable improvement has been made. A study of Table A shows an increase from $20,000 - $50,000 (twenty to fifty thousand dollars) total annual state budget for non-salary items -- a doubling of travel and supply and equipment items; a sixfold increase for printing and binding; a fourfold increase in postage, telephone and telegraph; a sevenfold increase in alterations and repairs. In 1947 many departments received no state funds for non-salary items; today all but one department receives some state support.

Table (A)

State Budget - Non-Salary

	Travel	Supplies	Printing & Binding	Equipment	Postage Tel & Tel	Repairs & Alt.	General Expense	M & R U.	Total
1947-48	3500	7300	500	7000	2280	600	--	--	21,180
1948-49	3500	7500	600	6000	2280	600	--	--	20,480
1949-50	3330	5380	1700	4155	1885	965	--	--	17,415
1950-51	3000	4895	1030	4315	2355	1005	--	--	16,600
1951-52	5925	6695	1530	4615	2795	1305	400	500	23,765
1952-53	5925	7083	1130	4715	2795	1305	400	500	23,853
1953-54	5725	7000	1500	5000	3000	1500	400	500	24,625
1954-55	4500	6675	1450	4750	2675	1485	400	200	22,135
1955-56	4500	7000	1200	5000	3000	1000	100	360	22,160
1956-57	4500	7550	1900	5600	3550	1933	100	210	25,343
1957-58	4300	7826	1287	5580	3696	1704	100	335	24,828
1958-59	5825	8398	1647	8205	4596	2500	100	910	32,181
1959-60	5825	8398	1647	8205	4596	2500	100	910	32,181
1960-61	5825	8898	1647	8705	4396	2200	100	910	32,681
1961-62	5805	8898	1747	9134	5796	2500	500	910	35,290
1962-63	5825	10,123	2262	9170	8975	3125	600	910	40,990
1963-64	7500	11,198	3152	12,172	9616	4500	700	1000	49,838

V Secretaries

The increase in secretarial staff has kept up quite well with faculty increase in numbers and percentage from nine in 1947 to thirty-eight in 1963 (see Tables B and C). Secretarial salaries have also increased from an average of $1806 in 1947 to $3758 in 1963. There is always a shortage of secretaries; all departments seem to need more. But with increased emphasis upon School status of the secretarial staff and continued de-emphasis upon departmental status, the important secretarial needs of the faculty can be met.

Census of Faculty/Secretarial Staff

1947-1963

(Table B)

Year	Number of Faculty	Number of Secretaries
1947-48	14	9
1948-49	13	8
1949-50	15	10
1950-51	16	10
1951-52	20	11
1952-53	22	14
1953-54	27	12
1954-55	23	11
1955-56	22	11
1956-57	23	17
1957-58	32	19
1958-59	38	21
1959-60	45	18
1960-61	49	25
1961-62	54	29
1962-63	60	36
1963-64	64	38

(Table C)

Index of Faculty/Secretarial Staff

1947-48 100

	Number of faculty	Number of Secretaries
1947-48	100.0	100.0
1948-49	92.9	88.9
1949-50	107.1	111.1
1950-51	114.3	111.1
1951-52	142.9	122.2
1952-53	157.1	155.6
1953-54	192.9	133.3
1954-55	164.3	122.2
1955-56	157.1	122.2
1956-57	164.3	188.9
1957-58	228.6	211.1
1958-59	271.4	233.3
1959-60	321.4	200.0
1960-61	350.0	277.8
1961-62	385.7	322.2
1962-63	428.6	400.0
1963-64	457.1	422.2

VI Recruitment

The first degrees in the School of Public Health were granted in 1940-41. In that year there were 16 students receiving 13 degrees and 3 certificates; the next year 34 students: 12 degrees, 22 certificates, 20 of whom were public health nurses. With the onset of our involvement in World War II, there were only 13 students: 2 degrees and 11 certificates. Thereafter (see Charts 16 and la) from 70 to 103 students annually received degrees and certificates, three-fourths of whom were largely sanitary engineers, two-thirds of whom were foreign students. These charts are not absolutely comparable to the regular student body (Charts 1-10) for 1947 to 1963, because in the latter the total enrollment in each department is used rather than degrees and certificates granted. However, the figures are very close since during that period not more than a handful of students remained for more than one year. All of these charts clearly indicate the tremendous fluctuation in student body, both in departments and in school. Recruitment has always been a major problem. This is due to various factors that are distinctive in education and training in public health. Almost all the students are already established professional people, physicians, nurses, dentists, sanitary engineers, etc. They are older and many have families and other responsibilities. Their education in public health does not materially increase their earning power, since they are largely working for government and public agencies. Recruitment is therefore a function of agency relationships. There is a tremendous backlog of experienced public health workers with no formal education in public health who are returning to school, many after ten to thirty years absence from student status. The policy in schools of public health has tended to discourage public health education and training until after at least three years of public health experience. This policy is unsound but nonetheless has been enforced by the accrediting agency for certain categories of personnel seeking the M.P.H. degree. Recruitment therefore is both a school effort and a department or disciplinary effort. Most of it must be on a personal basis; success in recruiting reflects the personal effort of the faculty and members of the discipline involved. Therefore, attendance at meetings, surveys, studies and all other means of personal contact have been encouraged. Despite the fact that much more work is needed in this area, tremendous progress has been made. Each year greater selectivity is possible. Fewer special students who are unable to meet degree entrance requirements are admitted. Standards have been constantly raised. (For example only a few years ago, our chief difficulty with the Graduate School concerned its refusal to admit persons whom we wished to accept. Today the School of Public Health screens out many whom the Graduate School would admit.)

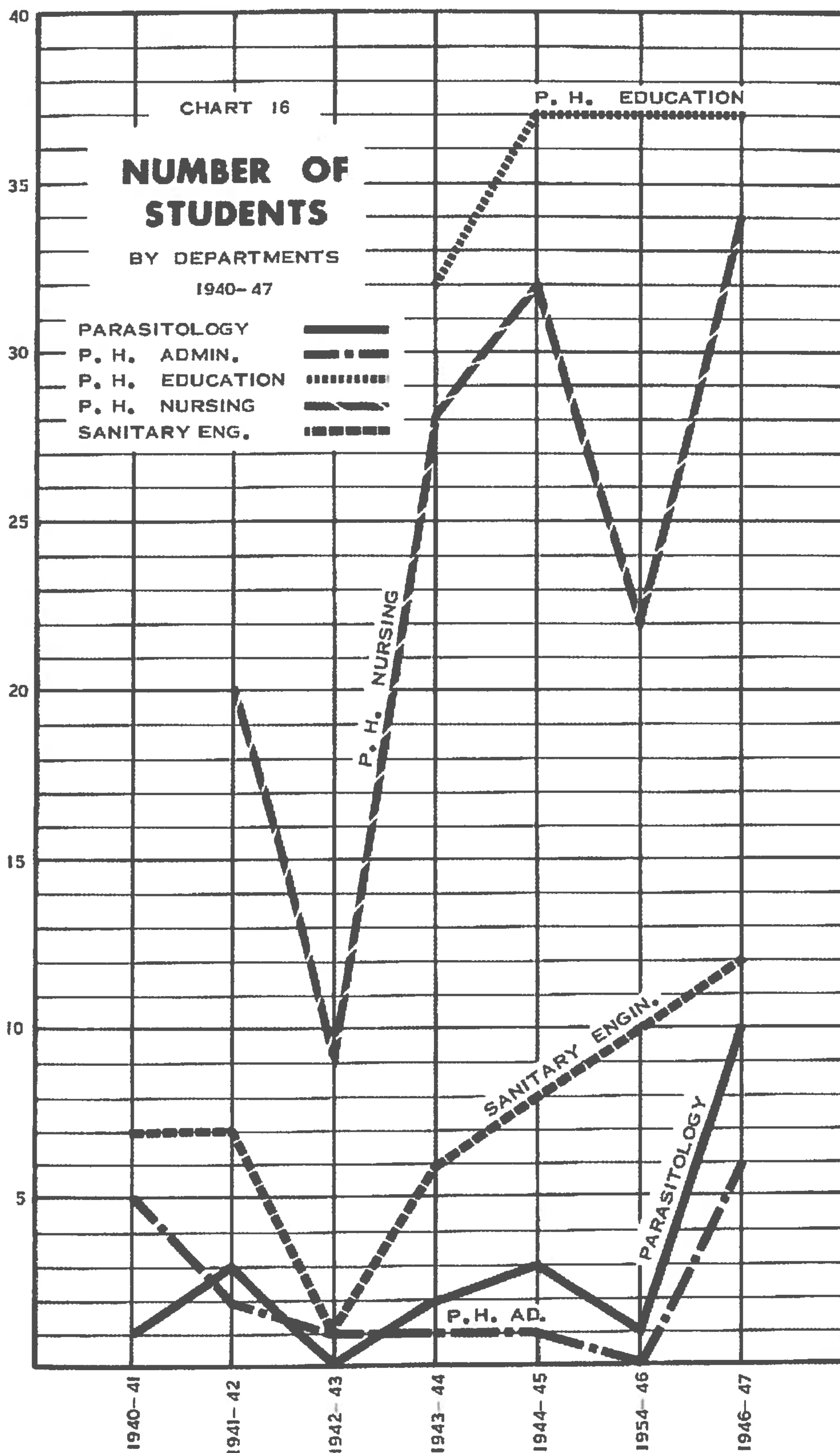


CHART 16
NUMBER OF STUDENTS
BY DEPARTMENTS
1940-47
PARASITOLOGY
P. H. ADMIN.
P. H. EDUCATION
P. H. NURSING
SANITARY ENG.
P. H. EDUCATION
P. H. NURSING
SANITARY ENGIN.
PARASITOLOGY
P.H. AD.
40
35
30
25
20
15
10
5
1940-41
1941-42
1942-43
1943-44
1944-45
1954-46
1946-47

In the past sixteen years this School has had about twenty students from other countries in each class. In recent years this number has fallen to ten or twelve. The excuse given is that other countries have developed their own schools of public health and that the generalists are "staying there" for their training. This is, however, strictly an excuse. Other schools of public health have not experienced the same reduction in foreign students. We should look frankly at ourselves and our offering to foreign students. A study of the "Leavell Pilot Report" of 1963 might help to strengthen our position. There is no substitute for active faculty recruitment while upon various and sundry missions abroad. This School has not been prominent in foreign work. A few exceptions can be admitted, but comparatively neither the time nor the effort has been devoted in the international field as compared with other schools of public health, so the present results should and could have been predicted.

Because of the exceptional nature of education in public health and the maturity of the student body, much of the effectiveness of the learning and educational effort is provided by the student body itself in the small group seminar instruction which is increasingly supplanting the lecture method of instruction. This again emphasizes the importance of maintaining a well-rounded student body -- good students -- but also students from many disciplines, from many different places in the world.

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VII Faculty Research

With shortage of faculty (high student-faculty ratios) there was little opportunity for faculty research to be developed prior to 1949. Dr. John Larsh continued his laboratory research in Parasitology. Dr. John Wright wound up his research and scientific paper in venereal disease epidemiological research under a Reynolds Foundation grant. The Department of Experimental Medicine, headed by Dr. Harold Magnuson, was expanded by the Public Health Service with the closing of the venereal disease laboratories in New York and Baltimore and the subsequent assignment of personnel and equipment from these laboratories to the School of Public Health in Chapel Hill. This tremendous addition of "pure" research during 1948-49-50 accounted largely for the tripling of the research budget and program (see Chart 12). Not until five years later, 1954-55, did the School recover from this development of "a research institute" and begin to develop its own faculty research program. There is no question as to the value of the close association of the Venereal Disease Research Laboratory of the Public Health Service with the School. The School gained much more than the prestige of productive research in one department of our School. The research faculty was used for teaching purposes, in lectures and laboratories. They helped with short courses and seminars. They took an active part in School functions and activities, but they remained an "institute of research" housed in the School of Public Health - separate and distinct in every regard. They did not stimulate any one faculty member to do research on his own nor develop public health research in the school, university or community.

The only excuse for research in an educational institution is that it becomes part of the teaching and learning process and not an end in itself; that it enriches and strengthens education, faculty and students alike. This does not happen (and did not happen) when the research is conducted in a separate institute -- call it a department or what have you. This research institute is the "European pattern," which has been followed by too many institutions in this country. It is devoutly hoped that the School will not make the same mistake again. Providing housing for the Venereal Disease Institute may actually have delayed by ten years the acquisition of a School of Public Health building and provision of space in which to do faculty research, but whether this was true or not we have learned that research must be an integral part of the educational process, not a separate entity, and if this lesson has been learned it may be well worth the cost. The steady rise of research in all departments since 1955 has been most heartening and productive. The drop in research in the 1961-1962 budget was only temporary and reflected the withdrawal of the Department of Experimental Medicine. Not only has the budget loss been replaced in a one-year period, but the

space vacated has been a life saver in providing facility for new research and teaching programs.

Throughout the years the publication of Research in Progress has listed the significant contributions to knowledge that have come from the School of Public Health. The presentation of scientific papers and publication of scientific papers have steadily increased through the years (see annual reports). Scientific publications increased from 30 in 1948 to 82 in 1958.

VIII Continued Education

In 1948, a grant from the W. K. Kellogg Foundation made possible a staff to assist in the development of field training and continued education. For some years this was maintained as a separate department developing and assisting in field training and continued education activities of the School and of the departments. There is no doubt that much of the rapid development in these areas was a result of this stimulation (see Chart 17). Additional personnel was available and increased effort was demonstrated departmentally and schoolwise. However, funds were not continued, efforts at take-over failed, and finally with loss of personnel, the project was discontinued. Several important lessons were learned -- first, that the responsibility for supervised field experience and all other forms of "clinical public health education," should rest with the departments; that cooperation, participation and understanding of the service agencies is essential; second, that the responsibility for all in-service education, continued education, short courses, extension courses, etc., is that of the service agency and that the school and departments should remain the resource to service the agency with the educational components and content.

In 1962-63 we have again established a Division of Continued Education under a federal grant. We would anticipate a similar increase and strengthening of our Continued Education program as a result; and, indeed, the past-academic year shows just such a development.

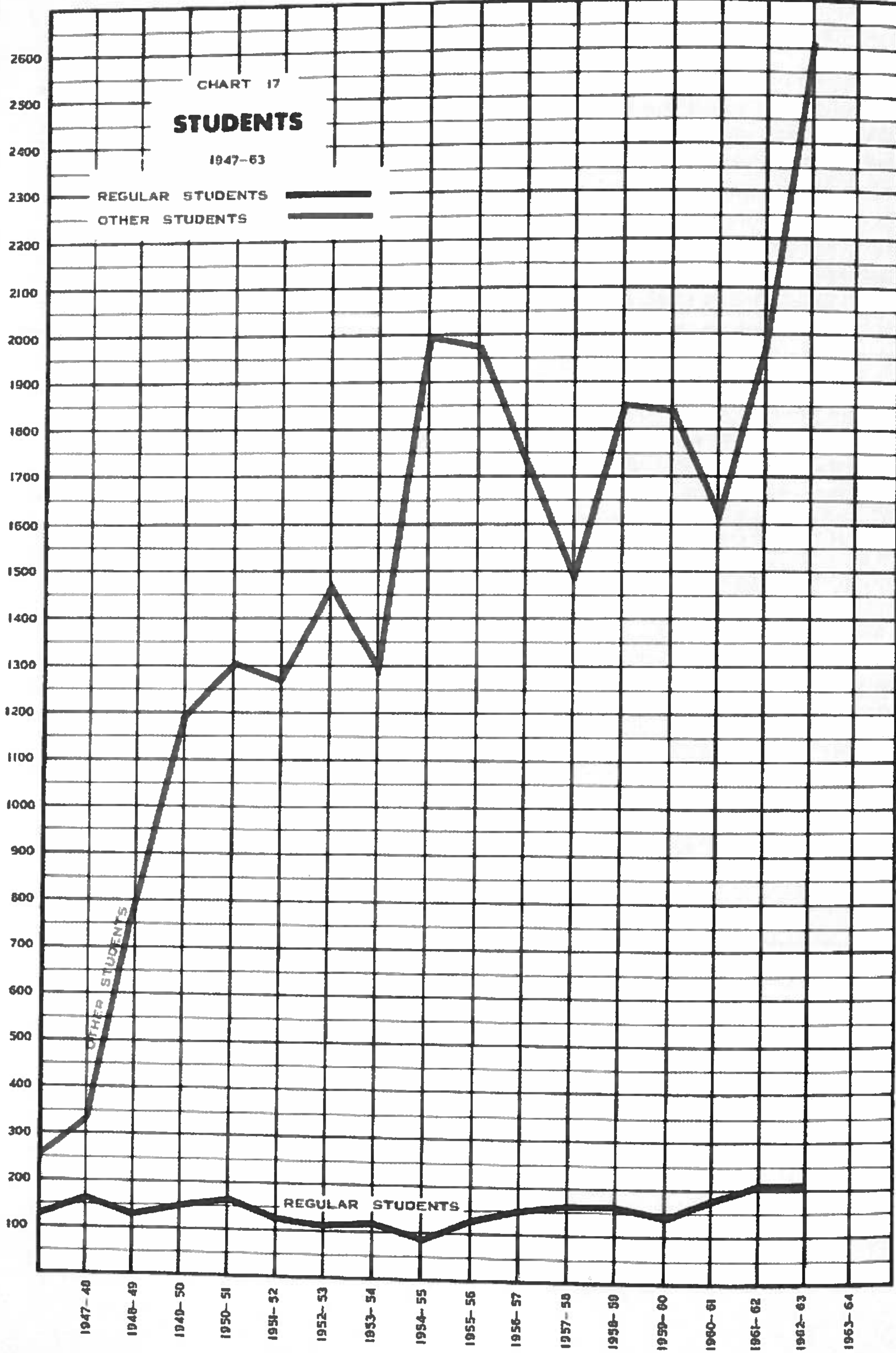

CHART 17
STUDENTS
1947–63
REGULAR STUDENTS
OTHER STUDENTS
2600
2500
2400
2300
2200
2100
2000
1900
1800
1700
1600
1500
1400
1300
1200
1100
1000
900
800
700
600
500
400
300
200
100
OTHER STUDENTS
REGULAR STUDENTS
1947–48
1948–49
1949–50
1950–51
1951–52
1952–53
1953–54
1954–55
1955–56
1956–57
1957–58
1958–59
1959–60
1960–61
1961–62
1962–63
1963–64

IX Supervised Field Experience

One of the best learning situations occurs at "the patient side." In public health the patient is the community. Community-side instruction, if properly administered, can be superior instruction. Like all patient-side instruction, it is tutorial, time consuming, and expensive. Besides the "normal" difficulties of this type of "clinical instruction," the public health patient cannot be brought to the student, as the patient is in medicine, dentistry and nursing at the hospital, in out-patient departments and in clinics. Therefore, the student must go out to the community. All students cannot learn from one patient, consequently many communities and instructors are needed. For a large class the number of communities available for teaching purposes in one state are too few. Many states and several distant communities must be used.

For a good learning situation the "community training center" is not the most vital factor but the availability of a good instructor -- a good teacher -- is the chief factor and relatively few communities have such good instructors available. It is also important that "the clinical instructor," who is resident in the community and responsible for the patient, should be acquainted with the student's needs. These "clinical instructors" are called "counselors." Counselors' conferences are therefore held each year at the school prior to the students' departure to the community. Regular faculty must determine the curriculum and instruction to be given and must visit agencies accepting students, helping these agencies to plan the educational program for the students. The regular faculty should also visit the agency at least once while the students are in the field getting the instruction. Not unless all these steps and precautions are taken is it really supervised field experience. Since 1943, departments of the School have been experimenting with development of the best mechanisms for meeting these criteria and objectives.

Public Health Nursing was the first discipline routinely to require supervised field experience for all students (undergraduate). Health Education was the first department to develop a three-month supervised field experience requirement in graduate education in public health. It was found most advantageous to put the two/three month block of supervised field experience into the regular curriculum followed by a resident period at Chapel Hill. The terminal resident period should provide for pooling of the field experience. The field experience should be made of sufficient academic worth to be given credit toward the degree. Post degree supervised field experience was never as satisfactory. Funds must be available to provide token compensation for the field instructors and for the health department in which the student is working. Also funds must be provided for student travel to and from the field, in the

field. Funds are likewise necessary for travel of the field instructor counselor to and from the field, as well as counselor maintenance while in Chapel Hill at the counselor's conference and, further, for travel of the faculty in setting up field centers and supervising students. The minimum cost of these items in supervised field experience equals $300 per student, which is the charge made. It does not begin to cover the actual cost.

The Department of Public Health Nutrition was next to follow the Nursing and Health Education pattern, and to require supervised field experience. The departments of Parasitology, Maternal & Child Health, Public Health Administration, Biostatistics, Sanitary Engineering and Epidemiology all require supervised field experience for certain of their students, usually those with no previous experience in health departments.

Foreign students conform to the pattern in the department in which they major. Effort has been made to provide supervised field experience for them in communities with similar social and economic conditions to those in their own countries. Such programs have been developed in New Mexico with the Indian Health Service and in Puerto Rico.

Concurrent field experience has also been tried and is still made available to small groups by some departments.

X Curriculum Development

A great deal of effort has been put into curriculum development. During the early days of the school, the curriculum had to be developed upon an individual basis with limited numbers of faculty. Courses developed to meet the needs of all students in multiple sections were out of the question. As the faculty expanded and ratios reached the 4 to 1 basis, it was possible to plan across the board for a curriculum to meet the needs of different disciplines and groups. A curriculum committee was formed and extensive studies made of what the different disciplines and team members "should know" and what they "should know about." These lists were developed by departments, circulated to all other departments for additions and deletions. It was mostly additions that were made. These corrected lists were sent to "consumer groups" and public health practitioners around the country for their comments, additions, and deletions. All this material was correlated and brought before the whole faculty for discussion, emphasis, and priority. It was obvious that to fulfill the expectations of everyone was impossible. Everything but the "absolute essentials" was eliminated. It still remained the content of a four-year course, not a nine-month course. The results of this work were good even if it was impossible to accomplish the ideal. It brought the faculty together with a better understanding of problems and difficulties of each discipline and the necessary limitations of a one-year curriculum.

One of the results of this study was the establishment of the "core" courses, and another result was the effort to combine some of these core courses. For example, Epidemiology and Public Health Administration were combined upon the basis that epidemiology = community diagnosis, and public health administration = community treatment, diagnosis and treatment should logically be taught together. Later Public Health Nursing was also encompassed into this overall course of "Public Health Practice."

A third and most significant outgrowth of these intensive curriculum studies was the development of concurrent field experience, an interdisciplinary teaching project in application of theories and principles of public health practice. All departments were involved in this project. The total student body was enrolled in the course -- all the faculty were participants and the total staff of four field centers within a fifty-mile radius of Chapel Hill became the "clinical instructors." One day a week was set aside for this course from 7:00 A.M. to 7:00 P.M. Each faculty member took four or five students in his (or her) car and went to "his community patient." In the field the clinical instructor or counterpart joined the small group. This made the ratio of instructors to students two to one. Only communities were selected

that wished to participate and felt they had some health problems needing study. These small groups "observed the patient" superficially -- they gathered "patient opinion" on health matters -- they studied the record -- interviewed official and voluntary health and related agencies and individuals, observed schools, factories, facilities, and activities and functions of health departments and other agencies, and finally picked one particular needed area for study in greater depth. This was an educational experience for faculty, as well as students; it was also educational for health department staffs and community leaders. That it was an excellent learning experience was unanimously agreed by all who participated, but it was also exacting and time consuming. Not just a twelve-hour day was involved, but days of preplanning were required, preparation by faculty, by health department staffs and by community agencies. Follow-up and follow through -- checking records at the State Capital and in the library -- pooling sessions with faculty, with staff and with students, separately and jointly. In the community, recommendations had to be implemented, and finally with changing staff in communities, the preparation and work had to be done all over again. There were many rough spots and weaknesses. Some individuals were irked by the delays of group dynamics, but with almost complete accord the faculty voted to do it again the next year. By the third year, it was getting to be an old story and some of the faculty enthusiasm was lost -- nor were the communities quite as enthusiastic as at first. By the fourth year, the public health team had shrunk to a handful of old faithfuls. Instead of going by car in small groups, travel was by bus in large groups. Communities at a greater distance were tried. Trips of various duration were tested from overnight to three-day involvement. Material was brought in rather than gotten by the student. It was no longer a personal tutorial experience. The back of the learning experience had been broken, and finally the whole thing was abandoned for "dry-run" seminars. The chronology is recorded here only for the value it may have in future effort. It was perhaps too ambitious a plan. It required too much faculty dedication to teaching. It was poorly financed. There was neither staff, money, nor time for adequate selection and preparation of the field. Actually there is a limited number of faculty in the School or in the field who are capable of providing this kind of tutorial public health instruction. The error was in assuming that a faculty could be taught in the limited time available. But it was a superb experiment and for two brief years the School of Public Health demonstrated to students, practitioners, and ourselves that there was a public health team.

Studies in curriculum have continued with the strengthening of departments. Courses have been revised to meet the needs of different disciplines. Multiple sections of the same courses have been developed and offered different groups. Courses have been repeated in different

quarters and semesters. We have survived changes from the quarter system to the semester system and back again to the quarter system. We have broken semesters into halves. We have tried 2-week, 4-week, 8-week, 10-week, 16-week regular sessions and 1-week, 4-week, 6-week, 8-week, 10-week and 12-week summer sessions. If a willingness to change and try different methods and approaches is a sign of growth, we should have grown.

Year of Change	Identification of Space	Gross Dimensions	Gross Area	Increase	Decrease	Net Cummulative
1958-59	Loss by fire of Keller House		2,000		2,000	46,900
	Temp. bldg. to replace Keller House		2,000	2,000		48,900
	Two offices in Caldwell and 1 in Intern qtrs.		300	300		49,200
1949-59	Miller Hall - 2nd Wing	30 x 40	1,200	1,200		50,400
	Loss of 4 temp. frame bldgs.		4,000		4,000	46,400
	Loss of 2 quonset huts		2,000		2,000	44,400
	Vet's Club Frame Bldg.		3,450	3,450		47,850
1960-61	New North Wing of SPH Bldg. New North Wing of Basement Equip. Room	)50 x 130 x 2))40 x 50)	15,000	15,000		62,850
1962	On completion and occupancy of new School of Public Health Bldg.					
	Loss of all above space except original South and North Wings				33,350	29,500
	New bldg. less South Basement for DHA library stacks			86,200		115,750

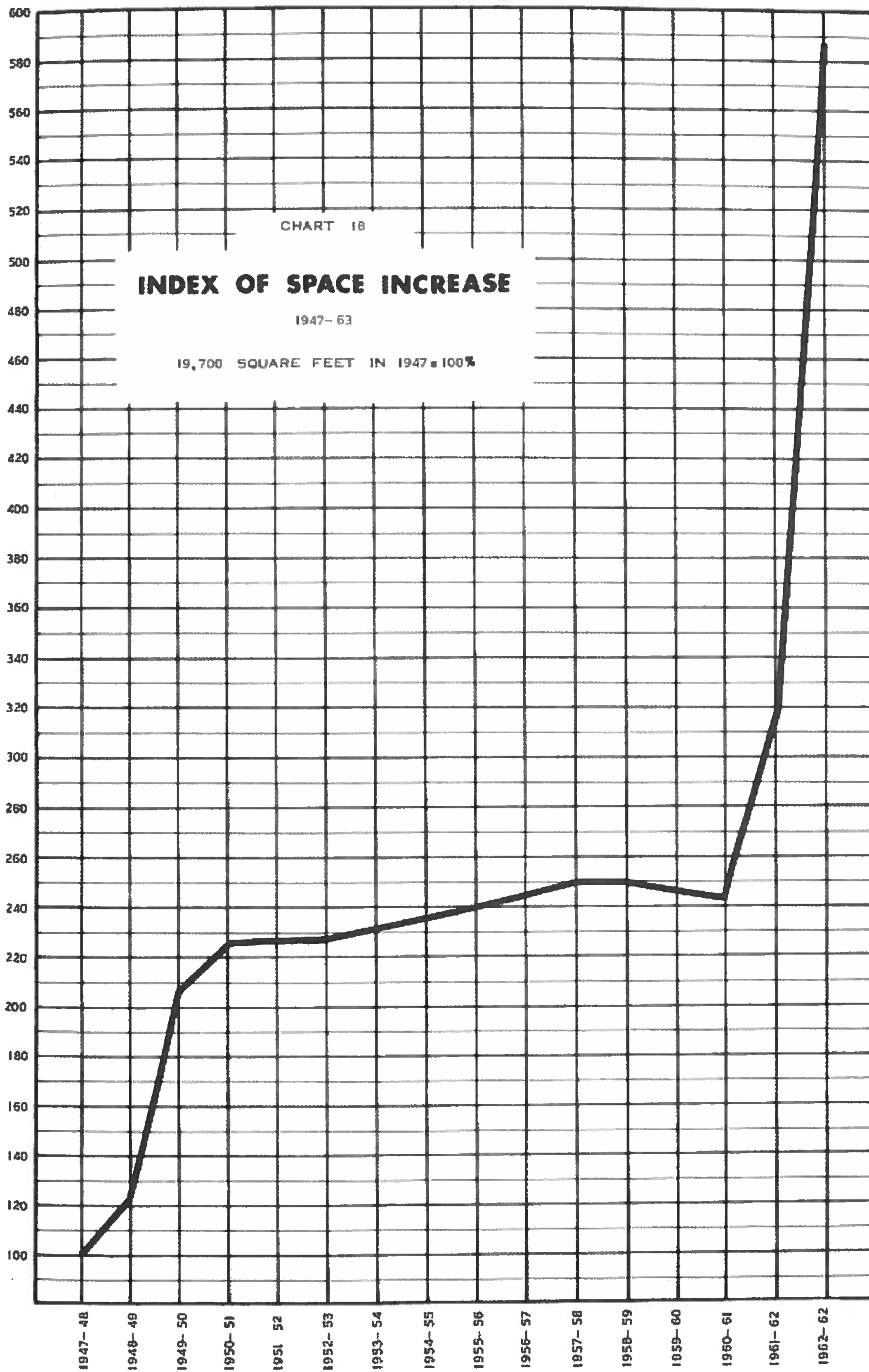

CHART 18
INDEX OF SPACE INCREASE
1947– 63
19,700 SQUARE FEET IN 1947 = 100%
600
580
560
540
520
500
480
460
440
420
400
380
360
340
320
300
260
260
240
220
200
180
160
140
120
100
1947– 48
1948– 49
1949– 50
1950– 51
1951 52
1952– 53
1953– 54
1954– 55
1955– 56
1956– 57
1957– 58
1958– 59
1959– 60
1960– 61
1961– 62
1962– 62

In conclusion the question posed is: What is the single greatest need for the School of Public Health today?

It is not more or better faculty -- we are blessed with many and of the best.
It is not for better salaries although increases, of course, will help.
It is not for bigger and better budgets -- hard or soft money.
It is not for more students or better students, though we will certainly get both.
It is not for more research, faculty research, community research, administration research, or pure research.
It is not for more continued education and supervised field experience, devoutly as this is to be wished.
It is not for bigger and better physical facility, though these are needed.

This is the era that has passed. Tomorrow is another day. We have met our objective to the best of our ability, and there are few regrets. If I may be permitted an opinion, I would say that our single greatest need is School of Public Health unity; and I would sacrifice everything to that need in the years ahead. Unless we intend to change completely our philosophy of public health, we are a team of professional equals and we should behave as such and demonstrate public health teamwork -- lip service and hypocrisy can only destroy us all. There must always be encouragement for the "loyal opposition" but where this opposition amounts to subversion it should be rooted out without hesitation or regret. The School cannot afford to reward saboteurs. Important as are growth and progress, the time has come to consolidate, unify and demonstrate the team that is "doctor of the Body Politic."