

The Body Politic

Summer 1990

Dedication Day, May 4, 1990



Left, Dr. Hilton Goulson holds his certificate of appreciation high. Goulson was special assistant to Dean Ibrahim to oversee the details of the construction of the new buildings.

Right, Chancellor Hardin addresses alumni and guests at the dedication ceremony.

Photographs by Cliff Haac



Happy Occasion!

Dean Michel Ibrahim receives congratulations from Chancellor Paul Hardin following the ribbon cutting to open the two new buildings of the School of Public Health, McGavran - Greenberg Hall and H. G. Baity Environmental Engineering Laboratory. Hardin said that these facilities would give the faculty and staff the state-of-the-art working environment needed to continue the School's basic mission of promoting health and preventing disease -- "protecting the health of our people."

Photograph by Will Owens



Editors Note

A major portion of this newsletter is devoted to pictures and presentations made during the alumni conference and the dedication of the new public health buildings. We hope that you will enjoy the picture record of this long anticipated occasion. Alumni news is included, but faculty news and other stories have been omitted to conserve cost, the result of the fiscal constraints placed on the University by a major shortfall in revenues from the State of North Carolina.

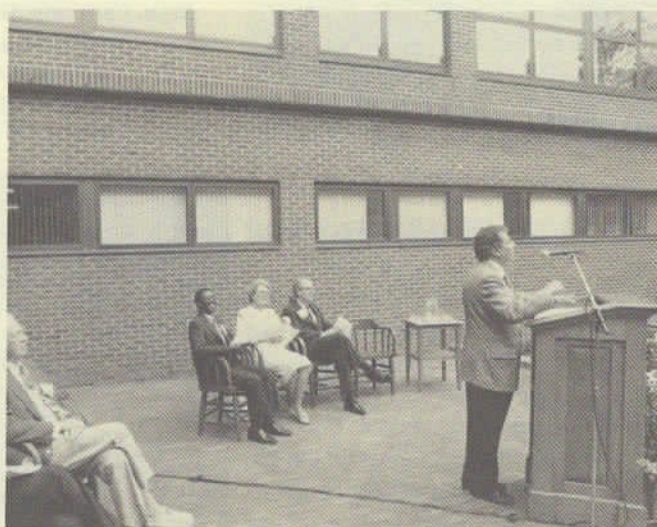


Above: Family members of the persons being honored seated on the first row are, left to right, (for Dr. Greenberg) children, Stanley Greenberg, Frances Greenberg Klein, Ray Greenberg, and widow, Ruth Greenberg; William Baity, son of Dr. Baity; (for Dr. McGavran) Merrill P. McGavran, son, and wife, Jane, and E. G. McGavran, Jr., son, (not pictured) and wife, Ruby.

Below: Left to right, Dean Ibrahim, Mrs. B. G. Greenberg, and Chancellor Hardin admire the print of McGavran - Greenberg Hall. A framed print of the building was presented to the families of each person for whom the buildings are named. Dr. William Baity received a print of the H. G. Baity Environmental Engineering Laboratory.

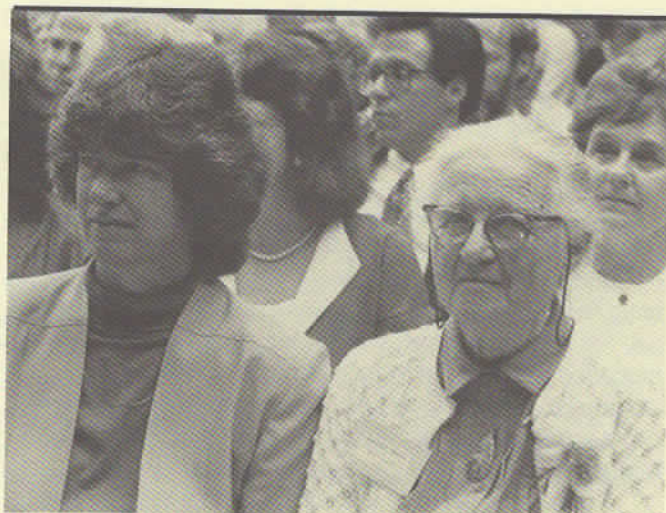


Above: Dean Ibrahim welcomes alumni, faculty, staff and friends to the dedication ceremony.



Above: Platform party, left to right, Chancellor Hardin, Professor Emeritus Emil T. Chanlett who gave a biography of H. G. Baity, Delton Atkinson, director, Division of Statistics and Information Services, Dept. of Environment, Health, and Natural Resources for Dean Greenberg, Frances Williamson, Assistant to the Director for Planning, Ohio Dept. of Health for Dean McGavran and Earl J. Phillips, chairman of the UNC-CH Board of Trustees.

Photographs on pages 2, 3, 5, and 13 by Cliff Haac.



Left top: Mrs. W. Fred Mayes (right) and daughter, Jean, at the ceremony. The Mayes family visited Chapel Hill for the first time in 16 years.

Left bottom: (left to right) Representative Bea Holt from Alamance County, Merrill P. McGavran, Joan Cornoni Huntley, and Jane McGavran enjoy coffee and conversation prior to the Fred T. Foard Memorial Lecture. Representative Holt is a member of the School's Board of Advisors.

Right below: Myrna Aavedal (left), former president of the School's Alumni Association, buys the history of the School, *Dreaming of a Time*, autographed by the author, Robert R. Korstad. Jane Riley and Kathy Sonnerborg (center) assisted with the conference.



Dedication Day VIPs:

left to right, Associate Dean Robert B. Moorhead, chairman of the Dedication Planning Committee, Dean Ibrahim, and the 1990 Fred T. Foard Memorial Lecturer, Dr. William L. Roper, director, U.S. Centers for Disease Control and administrator, Agency for Toxic Substances Disease Registry.



Improving the Health of Children

By William L. Roper, M.D., M.P.H.

I am honored and pleased to be with you this morning to take part in the dedication of the new building housing your School of Public Health, and to join in celebrating your 50th anniversary. For many years Chapel Hill has been recognized as a leader, and as an educator of leaders, for public health. Here, more successfully than anywhere else, you have linked academic preparation with the realities of work on the front lines of public health practice in the communities of your state.

As most of you probably know, I have recently assumed the directorship of the Centers for Disease Control and I would like to share with you some of the pride and excitement I feel as I enter this post. I believe that CDC is the premiere public health agency in the world. It has a remarkable record of achievement. I hope to extend that record and build upon it. One area of special interest to me is to strengthen the linkages between our official state and local agencies and our academic resources in public health. We have a great deal to learn from each other.

There are three major concerns at the top of my list for the beginning of my tenure at CDC. One of these is to strengthen the nation's public health system and to help others who are working to strengthen it.

My second major theme is one to which CDC has already contributed national and worldwide leadership — prevention. After decades of lip service, the true value of prevention is beginning to be recognized and I want to see CDC become much more aggressive in making prevention a practical reality in this country's health system.

Prevention has already scored impressive triumphs. Thanks to childhood immunization, polio has almost disappeared from the United States and other childhood diseases have been significantly reduced. Thanks to vigorous educational campaigns which have changed health-related behaviors, deaths from heart attacks and strokes have declined dramatically in the past 20 years. We in public health have much to be proud of.

But many of these gains have been achieved among people who are relatively comfortable, as you and I are. There are a host of serious challenges to the good health of many more Americans who happen not to be so materially well-endowed. These are the urgent business of public health. We must attend to them before the next generation of American citizens is irreparably harmed.

This brings me to the third item on my agenda — one which I share with you today: the health of more than 60 million American citizens who are powerless to act alone in behalf of their own interests.

It is about the health of our children — the almost 64 million Americans who are not yet 18 years old — that I speak.

As we talk about the health of these youngsters, we must talk also about their nearly 40,000 sisters and brothers — children born each year who tragically do not live to celebrate their first birthday, much less to attend college. I would ask you to think of these children for a moment not as infant mortality statistics, but as individuals who have lived incomplete lives. They are the lost potential of a generation and a society that is literally incomplete without them. To lose these children is to lose a part of our own future.

I should tell you now that I am speaking to you not only as a public health official. I am a pediatrician. My wife is a pediatrician. I have a 14-month old son named Will. So I am speaking to you from the immediacy of my own home, and indeed, from my own heart. But as I do so, I speak also of a public health priority which demands our immediate attention if we are to call ourselves civilized.

We are here to dedicate a building at a great state university. Thirteen years ago, the United States Government dedicated a new building to the cause of human health.

At the dedication of the office building that houses the Department of Health and Human Services, the late Senator Hubert Humphrey reminded us — and I quote — "that the moral test of government is how that government treats those who are in the dawn, of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life — the sick, the needy, and the handicapped."

If we look at public dollars spent in recent years, it is clear that if we are to think of ourselves as a moral government — and I believe as a moral people — we owe our children better treatment, and a greater share of our resources. Even looking at our own self interest, this is a good investment. Our generation is investing in its own future when we invest today in the health of the nation's children.

In a paper presented by UNC's own Arden Miller at the APHA meeting last year, he noted that between 1981 and 1986, real per capita Medicaid spending for children declined 4%; real per capita aid to families with dependent children declined 5%; real per capita social security spending for surviving children decreased 25%.

In contrast: real per capita Medicare spending for elders increased 14%; real per capita social security spending for elders increased 17%.

(I want you to know that Arden, public-spirited fellow that he is, presented this paper a month before becoming eligible for Medicare.)

I don't want to over-simplify the financing issues involved in human services, or unfairly pit the critical needs of our older Americans against those of children. But I believe it is time to dedicate a greater share of our resources to the interests of children. We say we are a nation that loves children. It is time to put our money where our mouth is.

Poverty is a major threat to the health of many of our children. Family income is a key element in every one of the common causes of infant mortality, except for genetic defects.

But it is not only a question of overall resources; it also means using those resources more effectively. In the United States, we have a host of public programs designed to assist low-income Americans — from AFDC to Medicaid. From public housing to nutrition programs, like WIC. But if one measure of these programs is how successful they are at giving real opportunity — at helping people get off welfare, then our current welfare system cannot be judged a success.

We need to look at measures of outcome when evaluating programs — and no outcome measure is more revealing than our infant mortality rate.

Because it does relate closely to the overall level of well-being in a country or region, infant mortality is often viewed as one of the most revealing measures of how well a society is meeting the needs of its people.

Our infant mortality rate (9.7 deaths per 1000 live births) places the United States 22nd among the industrialized nations. In this spring of 1990, black infants die at twice the rate of white infants, and this gap is increasing. Both of these circumstances are, quite simply, unacceptable. Indeed, they are a national embarrassment. By this measure, we are certainly failing Hubert Humphrey's moral test of government.

While we rejoice at the release of American hostages halfway around the globe, we are all too often silent about the thousands of American children held hostage in our own cities by economies and social environments characterized by drugs and crime, malnutrition, and inadequate housing and health services.

Public health alone cannot fully solve these problems, but it can help to reduce their toll. Further, there are other areas on which we need to focus.

At a time when most middle-class Americans take for granted the protection afforded by immunization against childhood diseases, major outbreaks of measles (more than 1000 cases) are being reported this year in several major cities. Most of these cases are occurring in urban pre-school age children who are not properly vaccinated.

Among American children ages 1 to 19, injuries cause more deaths than all diseases combined and are a leading cause of disability. More than 22,000 children died of injuries in 1986, the latest year for which final figures are in. In addition to those children who die from injuries, an estimated 60,000 are hospitalized each year because of injuries and almost 16 million more are seen in emergency rooms. The cost associated with these injuries exceeds \$7.5 billion annually.

Injury control is only now, belatedly, being viewed as a major challenge to public health.

In the United States, the homicide rate for teenage males is nearly 5 times the rate in Canada and Australia and about 20 times higher than in the European countries. We in public

health are finally beginning to see that the mortality and morbidity caused by violence can be addressed and reduced by public health attention.

Children having children threatens the health of both generations. Almost half a million babies are born each year to American girls under 18, a rate unparalleled in the industrialized world. This is, proportionately, twice as many babies as are born by British and Canadian teenagers, more than three times the teen pregnancy rate of the French, and more than four times the rates of Sweden and the Netherlands.

I am sure you agree with me that this litany of woes does not reflect our vision of our country. The United States must not be a second class nation in the health of its children. Therefore, I raise these concerns to help us chart a plan of action.

The public health professional who works with families or with those things that concern them, has a reverberating influence throughout the lifetimes of many people. Potentially, we are instruments of enormous power in this society. We face direct opportunities to improve human lives, and to thereby improve our communities and our culture as well.

Most of the major scientific questions about how to improve the health of children have been answered. And few of the answers involve technology we do not yet have or research that has yet to be done. We already know much of what we need to know to influence or change outcomes at every state of a child's development. We simply must get to work.

Where to start? Although most of us here today are public health professionals, this task is one demanding the involvement of all of society. The most important single answer is with parents. Parents have a great deal more to do with the health of children than doctors do. (Even pediatricians.) And most health care is provided by parents. We must take every action possible to build and to strengthen families, and to assist parents. Public programs and private activities should be directed toward this most important end.

Barbara Bush has said, "We need to encourage parents to look at their children's health the way they've consistently



Dr. Roper, right, responds to questions from the audience. Dean Michel Ibrahim, left, introduced the speaker and moderated the questions from the audience.

looked at their education — as a matter of great lifelong importance.”

Her point is well-taken. I believe that if we looked at the state of our children's health as often and as critically as sometimes we look at their grades, we might be surprised to find them becoming not only healthier in general, but more successful in school.

This need to help parents and to strengthen families is more acute now than ever, because of our changing society.

Grandparents — who in previous generations were a vital source of nurturing for many children — are today more often visitors than residents in their grandchildren's homes. They are not an integral part of our families as they once were. And they're not as often available to fill in regularly for absent parents.

With less practical, everyday guidance from caring adults, fewer emotional supports and no surplus of nurturing, American children are frequently responsible for managing not only their own needs, their own learning and development, but for the care of younger siblings as well.

As one consequence of this changing family scene, it falls increasingly to child care and schools to provide the guidance and care that prepares children to function competently in modern society, and to teach them how to protect and further their own physical and emotional well-being.

We in public health can help by developing more effective relationships with our colleagues in the education sector. We already have some modest successes to build upon. It has been shown, for example, that youngsters who took part in a comprehensive school health program for grades 4 through 7 were significantly less likely to become cigarette smokers than children in comparable schools who were not exposed to the program.

This is only a beginning. We need to find more ways whereby public health can help the schools perform the almost superhuman task expected of them. The school health education program now underway related to AIDS represents another such endeavor.

As guardians of the public health, it behooves us to appreciate the reality of children's lives in America today, to accept it or at least face squarely its potential perils and to structure public and private programs that are designed to deal with this reality.

Now that we have confronted a graphic picture of the problems we and our children face, what are we going to do about them? I am not going to lay out a detailed plan this morning. I come before you today, not with a fully refined set of steps to take, but with a call for united action on an unprecedented scale. There will be other occasions for setting forth the details. However, we do have a superb basis for our actions which we will take together.

Many of you have participated over the past decade in the process of defining and refining objectives for public health practice. The process began in the late 1970's with the Surgeon General's Report significantly entitled *Healthy People*. It continued with the identification of *Health*

Objectives for 1990, which gave our profession, for the first time, both a blue print for action and a set of quantified measurements against which we could assess our progress.

Now we are about to proclaim health objectives for the Year 2000, based on an even broader expert consensus of where we are and what we can reasonably expect to achieve before the turn of the next century.

Healthy People set forth broad goals for infant health, the health of children and the health of adolescents. It called for reducing the infant mortality rate by 1990 to fewer than 9 deaths per 1000 live births. It called for reducing deaths among children age 11 to 14 to fewer than 34 per 100,000 and for bringing the death rate for adolescents and young adults aged 15 to 24 to fewer than 93 per 100,000.

We have met and surpassed the target for children. We have come reasonably close to the other two targets, but it needs to be noted again that as of 1988 the United States still ranked 22nd in the world in infant mortality and it needs to be noted, further, that the infant mortality for blacks is more than twice that for whites.

In terms of immunization, to look at the specific public health intervention, our record of achievement is similarly mixed. We quickly surpassed our objective of 95% immunization levels against the 7 major immunizable diseases of childhood — measles, mumps, rubella, polio and DPT — for children entering school for the first time. But we fell well short of our projected 90% immunization level for children at 2 years of age. Moreover, we need to recognize that these national percentages mask pockets of our population in which the immunization levels are far lower — low enough to permit recurrent outbreaks of diseases like measles.

This national health objectives process has been called the most important public health development in the last 25 years by Bill Foege, one of my distinguished predecessors. These objectives chart the course for us as a nation. The health objectives for the Year 2000 will give us a practical guide for sharing our actions.

I am afraid I have painted a somewhat somber picture on what should be an occasion for celebration. If so, I hope I can be excused on the ground of enthusiasm and eagerness to recruit you for the tasks that face us. Our children, and their health, are just too valuable for us to ignore. It is my fond wish that all America's children—and indeed the world's children, may have the good health, the real happiness, and the true well being of life.

Public health in America has a proud record of accomplishment. Academic institutions like the University of North Carolina, federal agencies like CDC and our many colleagues in the states and communities across the country have built that history. As we dedicate this fine new facility, I challenge all of us to help create not only a kinder and gentler nation, but a nation of healthy people and in particular healthier children for the century ahead.

William L. Roper, M.D., M.P.H., is director, U.S. Centers For Disease Control, Atlanta, GA & administrator, Agency for Toxic Substances Disease Registry. The Foard Lecture was presented on May 4, 1990 at the Dedication Ceremony, UNC School of Public Health, Chapel Hill, NC.

Bridging the Gap Between Research and Service

by Bailus Walker, Ph.D., M.P.H.

This celebration of the 50th Anniversary of the University of North Carolina School of Public Health and the dedication of a fine new building to the advancement of public health is an event that merits the commendation of all who have a serious interest in the practical application of the science and technology of public health.

This is an occasion that definitely suggests a reciprocal interest of the community in the School and the School in the community. For the school, its present role is so exacting because of the ambitiousness of the purposes and the range of commitments of public health itself. These very ambitions have led public health to seek to embrace all the sciences that bear on human health and these are simultaneously biological, psychological and social.

The School of Public Health realizes that this imposes upon it the necessity for bringing these several sciences into useful co-relationships, but it derives satisfaction from the conviction that wherever this can be done, the sciences themselves will find mutual enrichment and this will in turn add to the ambitiousness of public health's purposes.

It is in this setting that I want to step back and attempt to consider the "advantageous liaisons" between research and service, to survey the whole terrain so to speak, sketching in broad strokes a general "architectural plan" for building stronger bridges between those who conduct research and those who put knowledge promptly to work for human health and welfare.

As I reflected on this approach, I found that the proposed agenda would be similar to that which might be drawn up by a joint committee of legislators, academicians and direct health service providers for whom the professional challenge would be to determine the most appropriate and beneficial role for research and service within the larger academy and in society at large.

Three broad themes emerged: public health research as a necessary enterprise, issues in the transmutation of research into goods and services, and bridging the gap — real or imagined — between research and service.

Research Enterprise

In speaking of public health research as a necessary enterprise, we must recall that public health was conceived and nurtured in an atmosphere of research. Indeed, all of us are stirred by the outstanding research of the past and like to recall to memory the classic work of Snow, of Panum, and many others.

Today, in any consideration of public health research, one fundamental assumption is tacitly accepted. And that is that most of the issues with which modern health service personnel, academicians and legislators must deal have been greatly affected and complicated by rapid advances in scientific and technological knowledge and achievement.

Indeed, for many issues, science and technology are critical elements of the programmatic and policy alternatives which policymakers, decision makers, program managers, and academicians must confront. These issues include health and related dimensions of economic growth and development, agriculture, environmental protection and other aspects of domestic policy.

But, in trying to apply a time scale to research in public health, a fundamental distinction from the contributory disciplines is immediately obvious. Medicine, as an art, and sometimes a science, goes back thousands of years in every culture. Sanitary engineering is almost as ancient; and mathematics, the parent of biostatistics, goes back to the origin of knowledge.

Yet, public health as a distinct field of instruction had its origin little more than several decades ago. We are thus today looking at but the relatively early stages of a continuum fed by ancient skills, but having a modern life precisely through the integration and combination of these skills. But to make this integration consistently stimulating to all participants, there must be an all-pervading climate of investigation and curiosity.

Educational institutions, health services agencies and organizations that neglect or turn their backs upon research will quickly fall into a state of intellectual lethargy, imparting no stimulus or inspiration to students, and to the community to which services are provided.

Public health instruction and services under such conditions become a mere repetitious prattle of outmoded theories, discarded dogmas and ineffective programs. Teaching and service must be supported by scientific and social research if they are to be kept abreast of progress and of community health needs.

No disagreement exists on this point and every school is active along lines developed by research-minded members of its faculty. Because of variation in interests, as well as differences in development of research techniques, uneven development has been common.

But a review of the research literature and of the federal budget for the past 15 years not only edifies the general reader but also illuminates the commitment of serious public support for research in the health sciences.

By the numbers alone, it appears that the federal funding for research has done



Walker

nothing but rise steeply and steadily from \$25.1 billion in fiscal 1976 to a projected \$71.2 billion in fiscal 1991. The current revolution in the health sciences is not simply linear projections of the growth curve in knowledge for the 21st century. A striking perturbation of that growth has occurred, amounting to geometric progression of available information. Achievements of research in toxicology, microbiology, genetics, epidemiology, and neurobiology, to name only five, and in the allied disciplines concerned with health care quality, personal health and risk assessment methods, all have suggested new approaches to current and future health issues. Indeed, seldom has there been a comparable period of growth in the knowledge of the health sciences.

Not long ago, procreation was a mysterious process requiring a woman and a man in the same place and nine months of gestation. Now, thanks to our research skills, much of that has changed. Sperms are donated and screened and marketed. Eggs are plucked or targeted at the ripest moment. Wombs are rented. Fertilization occurs in laboratory dishes. Embryos are frozen for future use. Fetuses, swimming about in utero are routinely viewed on television screens, their developing organs monitored while the room is filled with the stereophonic sound of an unborn heart making its way to maturity. It must be reassuring to maternal and child health students to know that there are new avenues for human intervention.

How then can we reject an assertion that research is a spirited word when we contemplate what it has done (and can do) to enrich our lives? We should speak of it in terms of affection and veneration. And it is inconceivable to me that anyone who writes of research would exclude observations as failing to qualify as research. I would suggest that the capacity to make a new and unprejudiced observation is among the rare and subtle qualities that characterize an original investigator. How many health service workers have almost every day made observations and looked upon them as probably trivial, failing to realize that they are viewing an occurrence that if its full meaning was appreciated would make them a distinguished researcher too?

I agree that a systematic, critical examination of an observed phenomenon must be undertaken in an effort to elucidate its nature. Any information that gives impetus and new meaning to knowledge, in the broad sense, I would like to believe deserves to be characterized as research.

Indeed, the whole range of health care and health services are punctuated by occurrences attesting to the great importance of observation for the advancement of public health.

Issues of Transmutation

It is fitting that on an occasion such as this we should freely admit that scientific knowledge may be good in itself, but it does not contribute to health and social well-being until it has been transmuted into goods and services. The process is not automatic; experiments are as much an aspect of the marketplace as they are of the laboratory. Some

succeed while other fail. And still others confuse or perhaps it is the way in which they are communicated that is confusing.

For example, during the 1980s, science seemed to have seesawed from one finding to a contradictory one and the public then seesawed between anger and guilt. In nutrition, individual foods simultaneously became both good — because, for examples, fruits and vegetables were classified as an important factor in the reduction of some forms of cancers — and bad, because risk assessment data showed that pesticide-laden fruits and vegetables increase the risk of carcinogenic responses. Ecologic studies correlated fish high in omega-3 fatty acid with reduced cardiovascular disease but other data suggested that fish high in omega-3 fatty acid may contain carcinogenic chemical contaminants.

In the same period, nutritionists recommended the consumption of more skinless chicken but food sanitation specialists published a steady stream of research data showing an increase in poultry-borne salmonella.

What complicates the issue is the process by which research findings are seesawing. Information that is contradictory to earlier research findings gets more attention than the existing state of affairs. Respected scientists advance their reputation if they develop something new and surprising rather than confirming the old and established concepts, principles or behaviors.

This is said without rancor because the approach is understandable. Peer-reviewed scientific journals are more apt to publish those findings and the media follows a similar path of "informing the public." Part of the problem is that by their very nature, the media and science are often at odds. Most researchers are cautious about drawing conclusions and talk in careful and hedged terms. I quote from several recent studies in the highly respected American Journal of Epidemiology:

"The implications of these findings need to be investigated further."

"Further studies should be conducted in which detailed exposure histories are recorded."

"We regard the association here as preliminary but one that should be investigated further."

In an insightful commentary, Ernest Wynder of the American Health Foundation has put those excerpts in perspective. According to him:

"It may of course be said that the epidemiologist is by nature an actuarial type — a type who enjoys statistical evaluations, a type who by nature does not relate to an action-oriented preventive disease program."

In this context then, there can be no one among us who would not agree that over the years the content of our public health and our health sciences education programs have remained of high quality but the attitudes that have been inculcated have frequently been questionable. Much of an entire generation of students gained the impression that first-class citizenship implied replication of one's professor's research program and laboratory with all speed, while second-class or perhaps third-class citizenship was the best

one could hope for in a state or local health department. We must ensure that such attitudes carry low survival potential in today's public health world.

Speaking to the new generation of epidemiologists, Wynder continues:

"Particularly young epidemiologists cannot get too much satisfaction from repeating case-control studies or prospective studies just to demonstrate once more the risk associated with a variable that has been known for many years. Rather these new epidemiologists should assist in working toward the reduction of risk factors — a reduction which represents the final triumph of medicine...."

But even when the research findings rest on a secure enough foundation for direct transmutation into policy and services, there are often other barriers to be addressed. Two examples are illustrative. Recent studies in the Animal Sciences Department at Purdue University found that when hens are fed the drug, Lovastatin, for 9 days, the cholesterol content of their eggs falls by up to 20 percent. This information must have caused chicken farmers and those who are accustomed to eggs for breakfast to gloat. But gloating was probably short lived because of reports that even if the Food and Drug Administration were to approve the procedure, Lovastatin is too expensive to use in commercial egg production.

A second example is the debate over the use of advanced waste water treatment to improve effluents flushed into river basins and other bodies of water used for recreational and agricultural purposes. Research shows that addition of polymers — long, charged hydrocarbon chains — improve the sewage treatment process. It produces less sludge — a by-product of waste water treatment which in itself creates huge environmental problems, and there are other benefits. Three large municipalities already use an advanced primary system with polymers.

But federal authorities rejected a proposal to apply advanced waste treatment in a clean-up program for the infamous Boston Harbor, despite evidence from California that polymer technology can work. Economics and law were cited as among the reasons for rejecting the proposal.

Let me hasten to add that I have blurred an infinity of detail in this example. But for now, let me simply note that an insidious condition occurs when the pace of social, economic and political forces outrun not only the analysis of data but also its production as well. In public health, one of the tall barriers to the application of new knowledge is a lack of understanding of it and failure to appreciate its broad application. Perhaps this is due in part to the tendency of research to advance out of step with economic feasibility, laws and ethics, and in part to the fact that society needs time to wrestle with issues generated by scientific discoveries.

The research and the service communities in this country have a responsibility to respond to this public interest, partly in accounting for support received, and partly because it is in the best interest of both health research and of health service to foster public awareness.

This problem is exacerbated by other trends. The ceaseless accumulation of information has led to more and more partitioning of activities and interest of researchers together with rapid proliferation of specialty meetings and journals. For example, at last month's meeting of the Federation of American Societies for Experimental Biology where over 5,000 papers and posters of direct relevance to public health were presented, very few health policy specialists and health service personnel were in attendance.

This, and a long list of other examples, underscores the fact that rapid progress of research in several disciplines basic to public health has created a challenging paradox — specialization with ever narrowing interest of investigators in the face of an increasing need for a broad understanding of human populations and their physical, social and economic environments. The result has been a series — almost a jumble — of rapidly moving frontiers that cry out for connections and conceptual definitions.

The more highly specialized public health-related research has become, the greater has been the difficulty of appreciating the broad human health implications of major new steps toward understanding disease and dysfunction and the most effective approach for their prevention and control.

Moreover, inter-communication among disciplines has been impeded and vision obstructed by a lush growth of esoterica in the language of each specialty field. New data turned up in one field of research might find application to another if there were only someone capable and interested in recognizing the common denominator. Unifying principles might even suggest themselves to the perceptive or prepared observer.

Bridges

I must now leave these issues of the application of research and approach the final theme of this discourse which is a consideration of ways to build or rebuild, depending on one's perspective, bridges between research and service.

First, we must reduce the long standing tension between research, teaching and services — a tension that has been higher than usual lately with cost-cutting pressures on campuses and increasingly sharp scrutiny by outsiders of the quality of undergraduate learning.

This debate is now in the open, thanks to a rather stern address by Don Kennedy, president of Stanford, and to a soon-to-be-released report by the Carnegie Foundation for the Advancement of Teaching. This report proposes a broader definition of scholarship that would include service. And of particular relevance here is the recommendation that academic institutions encourage professors to move from one scholarly endeavor to another — research to service or in the opposite direction, for example. This movement would be of value in forming and shaping both health service initiatives and research agendas. In summary, the researcher could apply as well as determine the discovery of new knowledge.

A second, and related, consideration is the need for researchers to have some operational responsibility for the areas about which they teach or on which they conduct research if they are to participate in the transmutation of research results into goods and services. Otherwise, the institution runs the hazard of being viewed as a place for the abstract study of public health rather than the purveyor of skills necessary to move communities to a higher plateau of public health services.

If the intertwining of research and service is a desirable goal, then the most logical means to achieve it is to put the two in the same place. One effort in this direction — and there are several — is the Training Center for Public Health Research established in 1962 by The Johns Hopkins University School of Public Health as a cooperative enterprise of the School, the Maryland State Health Department and a local health service program — the Washington County (Hagerstown) Department of Health. The Center is located within the physical plant of the county health department and it is staffed by county health officials and faculty from the University. It is readily available for students and faculty as a field base for research in a wide range of subjects.

The Wadsworth Center for Laboratories and Research, a subdivision of the New York State Health Department and the Massachusetts Center for Disease Control, is a similar example of integrating research and service.

This is not to suggest that all of the research activities of academe must focus on the here and now but more pragmatic linkage to the world about which it educates and more opportunities to use new knowledge and skills in applied situations seems important. The redevelopment of genuine close-at-hand service settings in which the enormous explanatory power and problem-solving capacity of the knowledge and insights acquired in schools of public health and of health sciences may be demonstrated, tested and continuously revised, would add great vitality to public health services.

Third, the research community must be more supportive of public health policy development at the state and local levels. It is at these levels where health services actually come into contact with the people. After all the federal dollars have been appropriated, and regulations duly observed, it is at the state and local levels where the services are actually delivered. Yet, all too often, public health research done in universities is largely devoted to issues of national importance. It commands far greater resources and rewards on our campuses than does research that addresses applied health policy issues in state and local governments. Thus, it is not surprising that the National Academy of Sciences' 1988 study of the future of public health found that the current state of our ability for effective public health action is a cause for national concern.

Too few faculty members are interested in local health issues, the expertise they command for national issues is usually not applicable at the local level, and many are improperly organized for a timely response to requests for assistance from the public sector.

Moreover, the audience for whom too many health researchers write is other academics, not policymakers and health service managers. Success is defined as a positive response to one's scholarship rather than efficacy in the real world application.

The goal is not creating something that works in the local service delivery system but publishing something that satisfies one's peers. Good results are not measured by social or economic change but by positive reviews in professional journals.

What is needed in the 1990s is more opportunity for scholars and local health service officials to interact regularly, to compare judgments about the magnitude and character of problems such as the cost of, quality of and access to health care, the ramifications of the prevalence of complex diseases, the health service implications of emerging data suggesting a link between a father's radiation exposure to leukemia in his children, to name only five.

For faculty-researchers, meeting with service providers — both on and off campus — helps them keep up with the latest trends and development on the front line of public health. It can also lead to longer-term and more in-depth relationships between university and health services agencies which are the most rewarding outcome of all.

The timing for this interaction is right and it should be pursued vigorously. Indeed, state and local governments are demonstrating their skills and resourcefulness in stimulating research and development activities, and facilitating cooperation between universities, industry and government.

In 1988, some 44 states invested more than \$500 million in a variety of creative programs. Massachusetts allocated \$300,000 to a consortium of universities and a biotechnology company to ultimately develop a five-minute AIDS diagnostic kit and other biomedical products. More recently, the state awarded \$80,000 to complement a \$110,000 investment by a research group to develop and test a pilot-scale solar powered waste water treatment system.

Even if the federal government substantially increases its investment in all areas of public health and public health-related research, the very diversity of local issues makes it imperative that state and local governments play a critical role in setting research priorities. To their credit, state and local governments have a clearer understanding of local needs and resources; they are better acquainted with academic and health service leaders; and state and local governments are better able to introduce new policies and services or abandon them if necessary.

Fourth is communication, a common thread among the previous three recommendations. Ideally, health service providers should be fully informed about new developments which may improve the responsiveness of the health service system. While instantaneous access is not realistic, current communication mechanisms might be improved.

Merely announcing the conclusion of a study in a press release or at a news conference is not adequate. At a minimum, the communication should contain as much detail as a

structured abstract in a health sciences journal. The language of the announcement should not create false expectation or invite misinterpretation.

Information exchange will succeed best if the reasons for uncertainty are better understood by those who will use the information. For many research efforts, the best way to convey uncertainty is to disclose as clearly as possible the methodology used in the research. But uncertainty should not be interpreted as a reason for excusing the research community from recommending action — policy, services — based on the best available knowledge. Indeed, information releases should indicate the potential use that may be made of the information by all government agencies as well as any policy implications.

Conclusion

The 1990s may well be the most challenging decade ever for health research. But knowledge alone is not what prevents disease, dysfunction and premature deaths, or otherwise improves the effectiveness of the health service system; it is what we do with it. As the health service system confronts an increasing incidence of mixed pathologies — some physical, some psychological, some both — as molecular geneticists continue their steps forward in under

standing complex diseases by teasing out the genetic components of common illnesses that are multi-factorial in origin, it will not be the innovation but the implementation that improves community health and well-being. This implementation will call for health service professionals to be much better prepared for difficult, agonizing choices. Rigorous and continuing deliberations between researchers and service providers can help — a process that cannot stop with the school of public health. But the school of public health, at the very least, is where it should begin, and in a fashion more sustained and rigorous than is currently widespread.

So, in our effort to improve industrial productivity, to take maximum advantage of the relaxation of tension between the East and West, and to address long-term health problems that require for their solution long-term sustained effort, the connections — the advantageous liaison — between research and service are not a part of the problem; they are indeed part of the solution.

Keynote address, School of Public Health Alumni Conference, May 3, 1990. At that time, Bailus Walker, Jr. was director, Dept. of Environmental Health and Toxicology, School of Public Health, University of Albany, SUNY, NY State Dept. of Health. On Aug. 1, he became dean, School of Public Health, University of Oklahoma.

Roy R. Kuebler 1911 - 1990

Dr. Roy R. Kuebler, Jr., professor emeritus, Department of Biostatistics, died February 20, 1990 at his home in Chapel Hill after a brief illness.

Kuebler, a member of the faculty for 14 years, retired as professor in 1976. He received the School's first Edward G. McGavran Award for excellence in teaching in 1975 and a citation for Distinguished Public Service from Dickinson College in 1966.

Dean Ibrahim said that Kuebler made significant contributions to the department, school and university.

"I had the privilege of knowing him as a teacher, friend and colleague. He was a superb teacher, loved and respected by all his students. His competence and dedication were evident in all of his professional activities," Ibrahim said.

A memorial assembly was held on April 9, 1990 in the auditorium of Rosenau Hall, the site of many of the courses taught by Dr. Kuebler through the years. In his comments, Associate Dean Bob Moorhead referred to Dr. Kuebler as "the consummate scholar, always inquiring, always interested, always seeking the truth....No matter the occasion, you could count on Roy for a quip or some humorous comment."

Born in Shamokin, PA, Kuebler held the A.B. degree from Dickinson College, Carlisle, PA, the A.M. degree from the University of Pennsylvania and the Ph.D. degree from UNC-CH. Prior to joining the UNC School of Public Health faculty in 1958, he taught at Dickinson College.

Ibrahim Named Editor of AJPH

Michel A. Ibrahim, M.D., M.P.H., Ph.D., has been named editor of the *American Journal of Public Health* effective July 1, 1990. Dr. Ibrahim succeeds Dr. Alfred Yankauer, who is retiring after 15 years of service as editor.

Dr. Ibrahim, who will continue as dean and professor of epidemiology at the UNC School of Public Health, becomes the 12th editor of the AJPH since it was founded in 1911. Designated the official journal of the American Public Health Association, the monthly peer-reviewed publication is distributed to more than 36,000 health professionals representing over 55 disciplines in the field of public health worldwide.

As editor, Ibrahim said he will continue the Journal's emphasis on quality, scientific rigor and fairness, and plans to explore the feasibility of adding a new section on public health policy. He said he is also particularly interested in reviewing articles about the impact of environmental changes on public health.

Ibrahim has been involved with the Journal for nearly two decades, having served on the periodical's editorial board in the early 1970s and as editorial board chairman from 1975 to 1983. Since then he has continued to review manuscript submissions, and has authored several editorials for the Journal. In addition, he has been affiliated with the editorial boards of five other journals in the health field. Widely published, Ibrahim has two books to his credit: *Epidemiology and Health Policy* (1985) and *The Case-Control Study: Consensus and Controversy*, which he co-edited with W. O. Spitzer (1979).



Alumni News From Far and Near

1940s

Trudie E. Dunham Landry, PHNU 1946, retired after 55 years, is living in Shreveport, LA.....**Mary Ruth Davis Bowman**, PHNU 1948 & 1953, is a retired school nurse who lives in Durango, CO. Since retirement, she has traveled in Mexico, Egypt, Scotland, England and Canada. Two of her sons were married this past year.....**Elinor H. Swaim**, HBHE, NC Republican Party Vice Chairman, has been appointed by President George Bush to the US National Commission on Libraries and Information Science. The NCLIS is a permanent independent agency of the federal government charged with advising both Congress and the President on matters relating to national library and information policies and plans.....A new award was created this year honoring **Ida**, HBHE 1947, and **Bill Friday**. The Chapel Hill-Carrboro Chamber of Commerce presented the first Ida and Bill Friday Special Recognition Award to the Chapel Hill Service League on May 7, 1990.....**B. T. McMillan**, HEED 1947, NCCU, received the Doctor of Humanities degree from NCCU at the graduation ceremonies in Durham. B.T. served as chair of the NCCU Department of Health Education and later registrar of the university from which he retired in 1982. He is now archivist for NCCU.

1950s

Verona H. Brown, PHNU 1951, retired in 1968 and is living in High Point, NC.....**Aleise Sockwell**, PHNU 1952, has left Decatur, GA and moved to Fuquay Varina, NC.....**Mary Edith Rogers**, PHNU 1953, is state director for American Association of Retired Persons. She retired as director of the Gaston County Health Department in 1977.....**Alice (Kaminer) Vargo**, PHNU 1954, is living in Clairiondon Hills, IL. As a school nurse in a pivotal position to reach parents and students, Alice is very interested in addressing drug abuse.....**Joan S. Douglas**, HPAA 1959, has moved from Tempe, AZ to Spokane, WA.

1960s

Billy G. Turner, ENVR 1961, is now living in Spartanburg, SC.....**Stacy Covil**, HBHE 1964 & ENVR 1967, has been elected a member of the NC Board of Registry for Health Education.....**Sally S. Robinson**, PHNU 1965, is asst. professor, Research College of Nursing, Overland Park, KS. Sally has two children, Kent and Jason and 2 grandchildren, Christopher and Jameson.....**Betty C. Kelchner**, PHNU 1966, has moved from Bridgeport, WV to Mars Hill, NC.....**William L. Joyner**, PALP 1968, has moved from Omaha, NE and is professor and chair, Quillen-Dishner College of Medicine at East Tennessee State University in Johnson City, TN.....**William J. Jasper**, HPAA 1967, writes that he and Retha visited Israel in April and May. In June they attended the graduation of their son, Warren, who received his Ph.D. in astroaeronautics & robotics from Stanford University.....**John L. Young, Jr.**, BIOS 1965 & Dr.P.H. 1974, is now living in Fair Oaks, CA.....**Gordon Trueblood**, HBHE 1967, is on full-time leave from his position as consultant, Health Education for Medical Services Branch, Canadian Health Service, to finish a Ph.D. in educational technology from Concordia University in Montreal.....**William A. Darity**, HBHE Ph.D. 1964, has been awarded an honorary Doctor of Science from Shaw University, Raleigh, NC.

1970

Marilyn A. Tonon, HBHE 1970 & Dr.P.H. 1979, writes that she is enjoying being a full-time mother. Daughter, Ashley, is almost 4 years old. Marilyn, Ashley and husband, David, live in Windsor Locks, CT where David is employed by Boeing Corp.

1971

Jeanne Betsock Stillman, HPAA, became director of the New York office of the Institute for Development Training (IDT). Other SPH graduates associated with IDT in the NC office include **Charles Ausherman**, HBHE 1973 & Ph.D. 1977, executive

director; **Diana Altman**, HPAA 1970; and **Connie Gates**, HPAA 1978. Dr. Moyer Freymann is a board member. The IDT is developing educational materials and training personnel for women's health and for AIDS prevention in various countries in Asia, Africa and the Caribbean. They will hold an international workshop in NC sponsored by the UN Population Fund to adapt AIDS training manuals for French-speaking countries.

1972

Sr. Charlotte Rose Kerr, PHNU, is practitioner and faculty of Traditional Acupuncture Institute, Baltimore, MD.....**Nancy J. Kennedy**, MENH, is living in Lanham, MD. She recently completed her Dr.P.H. from Johns Hopkins and is an epidemiologist with the National Institute on Drug Abuse.....**Betsy Mitchell**, HBHE, is 1990 president of the NC Board of Registry for Health Education, Inc. **Marquetta Plummer Alston**, HBHE 1982, is secretary and **Ted Parrish**, HBHE 1977, and **Tom Bridges**, NUTR 1979 are members of the Board.

1974

Katherine Webster Mason, PHNU, is public health nursing director, Florida Department of Health and Rehabilitation Services in Tallahassee. The position has recently been redesigned to include responsibility for quality assurance for the delivery of public health services statewide. She served as president, Florida Nurses Association from 1987 to 1989 and on the editorial board of *Journal of Community Health Nursing*.

1975

Mary Penelope Henderson Askew, PHNU, expects to complete the requirements for the doctoral degree at University of Virginia this summer. Her dissertation topic relates to recruitment of minorities into nursing and explores the reasons people of color are less frequently drawn to careers in nursing than are other groups.....**Carolyn**

Damery McPherson, BIOS, is director, Integrated Products and Managed Care Products for EQUICOR, Inc. in Nashville, TN. She has responsibility for development and implementation of all new integrated and managed care products such as HMOs, PPOs and health insurance products. She was formerly director, Product Dev., CIGNA Health Plan, Inc., Bloomfield, CT.

1976

Delton Atkinson, BIOS and HPAA 1979, is director of the new Division of Statistics and Information Services, Department of Environment, Health, and Natural Resources, Raleigh, NC. The new division includes the former State Center for Health Statistics, the Public Health Library, the Environmental Resources Library, and the Land Resources Information Services.....

Lorna Hines Harris, PHNU, assistant professor at UNC-CH, has completed the Ph.D. in political science in the area of public policy analysis/public administration, May 1989. She was elected to the Board of Directors, National Black Nurses Assn.

1978

John A. Sawyer, BIOS & EPID 1988, has left the University of Texas in San Antonio and is now living in Occidental, CA.

1979

Fitzroy G. Joseph, MHCH, left WHO in July 1987 after 11 years in the Western Pacific and African regions and returned to his home in Trinidad where he is a freelance consultant for United Nations agencies. He has recently joined the Faculty of Medical Sciences at the University of Trinidad as Senior Lecturer in community health, Social and Preventive Medicine and Public Health.....**Elizabeth Dickey**, PHNU, of Tucson, AZ is practice management consultant, Indian Health Service. She has been promoted to Captain in the USPHS.....

Charlotte Ann Hughes, PHNU, has moved from Michigan to Gaithersburg, MD.....**Kay S. Irons**, PHNU, is executive director, Home Health Care, Providence Hospital, Anchorage, Alaska.....**Barbara Wallace**, HBHE, has left the League of Red Cross & Red Crescent Societies in Geneva and has accepted a position with Save the Children in a Failure to Thrive Project in Newcastle Upon Tyne, England. She and John Harvey were married recently.....**Beverly A. Mehling**, PHNU, has moved from KS to Sierra Vista, AZ.

1980

Michael Lee Bowen, ENVR, Kinston, NC has been promoted to vice president and assistant secretary by NCNB National Bank.....

Steven W. Lenhart, ENVR, has moved from Cary, NC to Cincinnati, OH... **Patrick N. Cassidy**, HPAA, has moved from Canada to Durham, NC..... **Robert S. Wright**, ENVR, is now living in Dayton, OH and writes that his son joined the Peace Corps and will be in Botswana, Africa for two years.....

Douglas Carver, ENVR, is stationed at the Naval Base in Norfolk, VA. Doug recently became a Lieutenant in the U.S. Navy.

1981

Gary D. Coslett, PALP, has moved from Wiesbaden, W. Germany to Chicago, IL.....

Eloise Clark, NUTR, is now living in Tuscaloosa, AL.....**Diana Douglas Coyle**, PHNU, has moved from PA to Saint Augustine, FL.....**Deborah L. Hendricks**, PHNU, is public health nurse supervisor, Ramsey County Public Health Department, Minneapolis, MN. Deborah writes that she was elected to the Governing Council of the Minnesota Public Health Nursing Association, 1988-1990. She and her husband, William Roemer, have two daughters, Elizabeth, born 1989, and Sarah, 6.....**Felicia Wilner David**, HBHE, is living in Jamestown, NC with her family. They are expecting their second child later this year.....

Carol Ann Pelton, HPAA, has moved from Union, OH to Alpharetta, GA.....**Richard V. Crume**, ENVR, and his wife, **Yoko S. Crume**, ENVR 1982, have returned to Chapel Hill from Walnut Creek, CA.....**Sarah Fry**, MHCH, and husband,

George Scharffenberger, announce the birth of a daughter, Mary Laura, December 31, 1989. Sarah writes that she has temporarily suspended her international consulting to take care of their babies, Gary, Laura, and Georgie.

1982

Steven Harold Flowers, HPAA, of Dayton, OH, director of Medical Resource Management at the U.S. Air Force Hospital Dover, DE has been selected to attend the U.S. Air Force Institute of Technology.....

Carolyn Bishop, ENVR, is working as an Industrial Hygiene Laboratory Manager, UNC Chapel Hill.....**Dorothy Bolton Powell**, HBHE, has moved to Winston-Salem, NC.....

Penelope Pekow, BIOS, has moved to Amherst, MA.....**Stephanie Powelson**, PHNU, is director of nursing, VNA of Louisville, KY. Stephanie and her husband, **Tim Tucker**, MSPH - HPAA, have a 2nd child, Jacob Powelson Tucker, born 6/21/89 in Louisville, KY.....

Sandy Massey, PHNU, is employed as a nurse consultant in home care, J & G Consultants, Inc.....**Haile Wubneh**, MHCH, writes that since graduation he has held several positions in the Ministry of Health in Ethiopia. In 1987, he attended a 12 week training course on research methodology, University of CT in Hartford, but did not get to visit UNC.

1983

David S. Abrams, ENVR, and his wife **Audrey** have moved from Minnesota to Trumbull, CT where David is a certified industrial hygienist, A. J. Abrams Company.....**Carol (Hindman) Tippe**, PHNU, is parish nurse and minister of



Alumni and friends at the dedication ceremony for the McGavran-Greenberg Hall and the H. G. Baity Environmental Engineering Laboratory. From left to right: Jennie Case, Howard M. Fitts, Jr., Ida and Bill Friday, and Frances Williamson.

health, St. Marks United Methodist Church Coralville, IA. The first parish nurse in the Iowa City area, Carol is involved in training parish nurses and lay volunteers to help families in crisis, health education, and personal counseling. Daughter Allison is now 16 months old.....**Vickie E. Bass**, HBHE & HPAA 1987, is a clinical research associate at Burroughs Wellcome Company, Research Triangle Park, NC....**Kristina K. Zipin**, HPAA, is now living in Danville, VA.....**Nancy Fritts Elkins**, PHNU, has moved from Maryland to Ceredo, WV.....**Jeffrey S. Levin**, HBHE, has accepted the position as assistant professor, Eastern Virginia Medical School, Department of Family and Community Medicine in Norfolk, VA.....**Barbara Hager**, HPAA, is director of health education and promotion, Arkansas Department of Health, Little Rock, AR.

1984

Javier Laguna Calderon, HPAA, and **Kathleen Ann Connors**, HPAA 1985, were married on March 31, 1990 in Silver Springs, MD. They are living in Mexico..... Effective June 1989, **Eduardo L.F. Franco**, PALP, was appointed associate professor, Epidemiology Research Centre, University of Quebec, Canada.....**Shelvy J. Bratcher-Porter**, PHNU, is assistant professor of nursing, Radford University. Shelvy, Daryl and their two children are living in Roanoke, VA.....**Louise Walters Sammons**, PHNU, has moved from Charlottesville, VA to Grand Junction, CO...**Felicia C. Snipes**, HBHE 1986, has moved from Durham, NC to Bethesda, MD.....**Laurette Wright-Wilson**, PHNU, is now living in Shiremanstown, PA.....**Carla Rull Boussen**, HBHE, is now living in Washington, DC.....**Paul V. Hebert**, ENVR, has returned to NC, moving from Steamboat Springs, CO.....**Janet Oppenheim-McMullen**, HBHE, is now living in Washington, DC.....**Lucille P. Siegel's**, HBHE, new position with the State of Delaware is special assistant on AIDS, DE Department of Health and Social Services**Debbie Kreutzer**, MHCH, has taken a leave of absence from John Snow, Inc., Boston, MA and is living in New Hampshire.

1985

Timothy R. Ford, HPAA, has moved from Tucson, AZ to Boone, NC.....**Scarlott Kemball Mueller**, HPAA, has moved to Gainesville, FL.....**Lynn T. Kidd**, BIOS, has moved from San Antonio, TX to

Fairbanks, AK.....**Lisa Carbaugh**, HPAA, is now living in Monterey, CA.....**Sheila Mullins Kanaly**, HPAA, has moved from Atlanta, GA to Milford, MA.....**Karen Waters**, HBHE, is now living in Germany**Monica Kerrigan**, MHCH, was recently married to Chris Whitney. They are living in Baltimore, MD and Monica is working in the international family planning training program at Johns Hopkins.

1986

Jane Marie Boswick, BIOS, has moved to Philadelphia, PA.....**Richard A. Weaver**, ENVR, has moved from Virginia to Pensacola, FL.....**Robert Aronson**, HBHE, is living in College Park, MD.....**Beverly Young**, ENVR, moved from Raleigh, NC to Missoula, MT.....**Lynette Y. Moolenaar George**, PHNU, is clinical care coordinator for MHCH Nursing, Virgin Island Government.....**Chris Wearmouth**, HPAA, is now living in Dade City, FL.....**Annie Brayboy**, MHCH, is a commissioned officer in the U.S. Public Health Service currently on assignment with the Indian Health Service on the Gila River Indian Reservation, Sacaton AZ.....**Sheila A. Peel**, PALP, doctoral student, won the Byrd-Dunn Award, Graduate Student Paper Competition, at the April meeting of the Southeastern Society of Parasitologists in Boone, NC. She received a prize of \$100 and a plaque.....**Jan Chapin**, HPAA, is employed by the American College of Obstetrics & Gynecology in Washington, DC.....**Nicki Ann Matushak**, HPAA, has moved to State College, PA.

1987

Ronald W. Demasi, PALP, moved from Chapel Hill to Greenville, NC.....**Michelle Gemboys**, NUTR, is now living in Jacksonville, NC.....**Dolores S. Brookshire**, PHNU, is director, Lifestyle Center, Alamance Health Services, Burlington, NC**Roy J. Almeida**, PALP & Dr.P.H. 1990, has completed a research project at the Centers for Disease Control and is now stationed at Wilford Hall USAF Medical Center, Lackland AFB, TX.....**Russell P. Harris**, EPID, is research assistant professor, UNC Department of Medicine.

1988

William R. Burns, HPAA, has moved to Albuquerque, NM.....**Scott Bingham**, HPAA is now living in Albuquerque, NM.....**Donna Spoon**, HBHE, recently

accepted a position as health promotion coordinator, Durham (NC) County Health Department. Donna and Hemant Regmi were married September 16, 1989 and are living in Durham.....**Laura Feldman**, HPAA, is living in Washington, DC, where she is employed by the American College of Obstetrics & Gynecology.

1989

Paula Poe, HBHE, is healthcare site program consultant, NC Affiliate, American Heart Association, Chapel Hill.....**Jacob A. Newfeld**, HPAA, is now living in Winston-Salem, NC.....**Edith Parker**, HBHE, is working as a health educator at the Free Clinic of Roanoke Valley, Roanoke, VA.....**Kathie Maclin**, HBHE, has accepted the position as director of community health education, Council of Community Services in Roanoke, VA.....**Susan M. Teefy**, ENVR, was the recipient of the 1989 Larson Aquatic Research Support Scholarship Award from the American Water Works Assn. The award is given to a deserving student studying the chemical aspects of quality water.

Alumni Deaths

Jacob Britt Adams, MHCH 1969, April 6, 1989 in Atlanta, GA. He was professor, Emory University, Atlanta.....**Herbert Walton Cox**, PALP 1952, on March 16, 1990 in Durham, NC.....**Alan Ford**, HBHE 1964, 1989 in Columbus, OH.....**Howard Scott Gailey**, HBHE 1958, on Nov. 11, 1989 in Greensboro, NC. He was retired from the Guilford County Health Dept.....**Margaret E. Haynes**, PHNU 1954, in Coronado, CA.....**Annie Laurie Keyes**, HBHE M.S.P.H. 1945, Ph.D. 1950, on April 4, 1990 in Hickory, NC after a brief illness. During the 1950s she and her second husband, Lynford Keyes, worked with WHO in the Philippines and 13 other Asian and Western Pacific countries. After retirement she taught at Lenoir-Rhyne College.....**Leonard J. Singerman**, HPAA 1970, on July 8, 1989 in Cincinnati, OH. He was retired from Geriatrics Associates.....**Thomas M. Swoyer**, ENVR 1969, president and chief operating officer, Roy Weston, Inc., December 3, 1989 at his home in West Chester, PA. Under his leadership Weston became a nationally recognized leader in hazardous waste and industrial waste management services.....**Ibrahim Missak Wassef**, HBHE 1954, on September 14, 1989 in Cairo, Egypt. He worked with WHO for many years.

50th Anniversary Awards

Distinguished Service Award

Dr. Betty Jane Phillips, chief, Bureau of Health Resources and Laboratories in the Mississippi State Health Department, received the Distinguished Service Award for dedicated and dynamic leadership in public health. The award recognizes the contributions of alumni in public health as well as in public service and politics.

Phillips of Jackson, MS, received her M.P.H. and doctoral degrees from the Department of Parasitology and Laboratory Practice, UNC-SPH in 1973 and 1975 respectively. The citation praised Phillips for her "profound impact on the education of public health and medical students as professor, as researcher on public health problems and as author of articles which contribute to the understanding of these problems by students and citizens. She has given unselfishly of her time, effort, expertise, and creativity to state and national civic and public health organizations."

Bernard G. Greenberg Alumni Endowment Award

Dr. Lawrence Kupper, professor of biostatistics, was presented the fifth Bernard G. Greenberg Alumni Endowment Award for excellence in teaching, research, scholarship, and service to the broad public health community.

The award was established in 1982 to honor the late Dr. Greenberg, dean of the School from 1972-1982. It consists of a plaque and a \$9,000 prize over three years to support scholarly activities. Kupper received the M.S. degree from the University of Florida at Gainesville and a Ph.D. degree in mathematical statistics from UNC-CH. He joined the biostatistics faculty in 1970.

Dr. Kupper's professional honors include the 1985 McGavran Award, a NIEHS Research Career Development Award to develop statistical models for environmental health data, a UNC Pogue Research Leave, and a Delta Omega Society National Merit Citation. Dr. Kupper directed the Environmental Biostatistics training grant and has served as a collaborator on many national public health studies. His career "embodies the strong sense of responsibility for the welfare of the public that Dr. Greenberg worked so hard to instill in the public health professionals...."

Sidney S. Chipman Award

Kay Arlene Johnson, director, Health Division, Children's Defense Fund, was honored with the Sidney S. Chipman Award for her significant contribution to maternal and child health. Johnson of Tacoma Park, MD is a 1984 graduate of the Department of Maternal and Child Health. A national leader, she was commended for her excellence as an advocate for improving the access to health care for mothers and infants. She is currently involved with expansion of Medicaid for mothers, infants, and children.

Greenberg Award for Excellence in Doctoral Research

Dr. Andrew S. Rowland, Department of Epidemiology, is the recipient of the 1990 Greenberg Award for Excellence in Doctoral Research. Dr. Rowland received the M.S. degree in sociology from the University of California at Santa Cruz and the Ph.D. degree from UNC-CH in 1989. Dr. Rowland's dissertation research was a complex and creative study concerning the health hazards associated with mercury and nitrous oxide sedation in dental offices, particularly the hazards affecting the reproductive performance of 7000 dental assistants. Dr. Rowland's work will have a major impact on the occupational health practices in dental offices.

Eunice N. Tyler Practice Award

The purpose of the Tyler Practice Award is to recognize and encourage high quality health education practice. It is presented to a graduate of the Department of Health Behavior and Health Education who has been a practitioner for 10 years or more and who has demonstrated leadership in the organization in which he/she is employed and in community and professional groups. The 1990 recipient is Emily T. Tyler, a 1967 graduate who is health education consultant, Department of Environment, Health, and Natural Resources. Tyler has served as president of the School of Public Health Alumni Association and the NC Society for Public Health Education.

Blee-Hay Scholarship

Caroline Haynes of Durham, NC, was presented the Margaret Blee-Ruth Warick Hay Scholarship. A student in the Curriculum of Public Health Nursing, Haynes will receive the M.P.H. degree in December. Established in 1973 the award recognizes the student who has shown the most potential for leadership and commitment to community health nursing. It honors the founders of the nationally known public health nursing program at UNC in 1941.

Lucy S. Morgan Fellowship

Established in 1987 by an anonymous \$50,000 gift to the School of Public Health, the Lucy Morgan Fellowship is made to a second year master's student in the Department of Health Behavior and Health Education for scholastic achievement, integrity, and leadership in health education. The 1989 recipient is Elise M. Jensen, who received the B.S. degree in 1984 from Loyola Marymount University and who will receive the M.P.H. degree from UNC in August. A former Peace Corps volunteer in Haiti, Ms. Jensen has assisted in developing a community-oriented primary care project in rural West Virginia. She plans to work with third world countries in community development and primary health care. The award consists of a plaque and a fellowship of \$2000.

Edward G. McGavran Award for Excellence in Teaching

Dr. Bonnie Rogers, assistant professor of public health nursing and director, occupational health nursing program, received the 1990 McGavran Teaching Award during the School's commencement ceremony on May 13, 1990. Nominations are made by faculty and students and the recipient selected by the School's Awards Committee. Dr. Rogers was cited as an innovative, creative and dynamic educator, researcher and public health professional who has fostered the professional growth and personal development of her students by her guidance, support and motivation. Rogers received the B.S. degree from George Mason University School of Nursing and the M.P.H. and the Dr.P.H. degrees from The Johns Hopkins University School of Hygiene and Public Health. She joined the public health faculty in 1984.

Health Policy and Administration Leadership Award

The HPAA Leadership Award recognizes a graduate of the department who has been successful in the art of administration or policy analysis, is committed to the department and to making a contribution to public health in its broadest sense. Dr. Moneim El-Zawahry, a former WHO representative and 1957 graduate of the School, was the recipient. From 1966 until 1986, El-Zawahry was employed full time at WHO and served as consultant to the Republic of N. Yemen, Burma, India, and Indonesia. Since 1986 he has continued as short term consultant. He is now living in Ohio.

by Priscilla A. Guild

For those of you who could not attend this year's Alumni Conference, let me reiterate how pleased I am to be your President of the School of Public Health Alumni Association this year. We have had an active Association over the years and I hope this will continue. This year's conference was excellent and very timely. Dr. Bailus Walker's keynote address, "Bridging the Gap Between Research and Service: Challenges for the 1990's," and the Panel Discussion on "Applying Research to Practice" challenged all of us in the research community to be responsive to the needs of the public. The text of Dr. Walker's speech is included in this issue, pages 7-11.

I feel fortunate to be leading such a viable organization. The assets of the Association have grown tremendously over the past eight years. This growth began with the initiation of the fund raising effort to establish an endowment fund in Dr. Greenberg's name. In conjunction with this effort, the SPHAA initiated a new fund raising policy. For the first time money was raised to be invested to create a lasting income for future years. The Bernard G. Greenberg Alumni Endowment Fund reached its goal of \$250,000 this past year. Five faculty members (Drs. Norman Weatherly, Earl Siegel, James E. Watson, Jr., Herman Tyroler and Lawrence Kupper) have received the award. See page 15 for the 1990 award. A Life Membership Endowment Fund which now amounts to over \$50,000 has also been set up. Income from this fund goes into the Association's general operating fund.

During the coming year the SPHAA is considering fund raising efforts in three areas. The first is the establishment of

an endowment fund to provide student scholarships. The specifics of this effort have not yet been worked out. This is particularly important since the School has lost a number of good students due to the lack of available scholarships. Two other efforts relate to the need for discretionary funds for the Dean and the various departments. These types of funds are crucial in years like the past two when State dollars have been frozen early in the year. The SPHAA has provided the Dean with limited discretionary funds for a number of years but we want to increase this amount and possibly generate some for individual departments. I encourage you to contribute to the School and/or your department when you are called this coming year. You may also contribute directly to the School via the Alumni Association without being called.

Finally, I would like to invite you to remain or become active in the SPHAA. In this way you can have a voice in the activities of your School of Public Health. We need your support as officers and/or committee members as well as your financial support. If you are not already a member, join now! The dues are used to run the Association, including partially subsidizing the Annual Alumni Conference to keep the registration fees reasonably low. The only way we can remain a strong and active organization is with your support. I look forward to working with you in the coming year. If you would like to volunteer your time or ideas, please contact me (919-966-7117) or Harriet Barr (919-966-7464).

**Watch for the order form for the
School of Public Health history,
Dreaming of a Time,
by Robert R. Korstad**

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