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The State Public Health Veterinarian In Iowa

Stanley L. Hendricks, D.V.M., M.P.H.

THE POSITION OF Public Health Veterinarian in the Iowa State Department of Health was established in 1949. However, the association of a veterinarian with public health authorities in Iowa has a much longer history. The State Board of Health in its second biennial report (1883) recommended that "a competent veterinary surgeon" be added to the board. Within 4 years, and as a result of legislative action, Milliken Stalker, B.Sc. V.S., professor of Veterinary Science, Iowa State Agricultural College, and State Veterinary Surgeon, became an ex-officio member of the State Board of Health.

The importance of animal diseases to human health at that time was indicated also by the amount of space in the biennial reports devoted to animal diseases. The first biennial report of the State Board of Health contained a lengthy discussion on glanders in animals and in man by Professor Stalker. Other animal diseases discussed in early reports of the Board were pleuro-pneumonia, tuberculosis (consumption), anthrax, trichinosis, beef, hog and sheep tape worms, actinomycosis and rabies. Reports indicate also that there was concern about "meat-poisoning" and slaughter-houses.

The relative public health importance of animal diseases which are transmissible to man has increased in recent years due largely to the reduced incidence of some communicable diseases, such as smallpox, scarlet fever, diphtheria, and typhoid fever, which are transmitted from man to man. This is especially true in a state such as Iowa with its very large livestock population. The presence of a zoonosis in the livestock population provides a large reservoir of the disease as a source for human infection. In addition, Iowa has its share of pet animals and wild animals which serve as reservoirs for diseases transmissible to man.

When the position of Public Health Veterinarian was established in the Iowa State Department of Health it was placed in the Division of Preventable Diseases and Epidemiology. This seemed to be the most logical place for the veterinarian and it has proved to be most satisfactory. The division director (epidemiologist) is a

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physician. With the physician and the veterinarian having professional training in human medicine and veterinary medicine, respectively, and having similar but not identical training in epidemiology and other phases of public health, the public health problems involving animals are viewed from both the human and veterinary angles, but through a common lens. This organizational arrangement does not preclude the veterinarian from serving as a consultant to other divisions in the health department on matters pertaining to animal diseases.

Since the terms “public health veterinarian” and “veterinary public health” are comparatively new terms, the following statement published jointly by the WHO/FAO is quoted: “Veterinary public health comprises all the community efforts influencing and influenced by the veterinary medical arts and sciences applied to the prevention of disease, protection of life, and promotion of the well being and efficiency of man.” The philosophy of public health, including veterinary public health, is embodied in a statement by Abraham Lincoln, who said, “The legitimate object of government is to do for a community of people whatever they need to have done, but cannot do at all, or cannot so well do for themselves in their separate and individual capacities. In all that people can individually do as well for themselves, the government ought not to interfere.”

The work of the State Public Health Veterinarian is with the zoonoses, some of which, as indicated in the biennial reports cited earlier, have been human health problems in Iowa for at least 75 years. The primary objective of the Public Health Veterinarian is to assist in the prevention of human cases of animal diseases. For some diseases, such as rabies and brucellosis, this may best be accomplished by eradication of the animal reservoirs of the disease. For others, such as tularemia, prevention may best be achieved by protective measures taken by susceptible persons.

The eradication of the reservoir of animal diseases is a responsibility of federal and state departments of agriculture. Such control programs are based upon economic consideration of livestock losses. However, since the reservoir of brucellosis in animals does cause human illness, public health authorities are interested in its elimination. Only by eradication of the disease in animals can human cases be prevented. Here the Public Health Veterinarian acts as liaison between departments of agriculture and health and assists in the eradication program wherever possible. For example, a leaflet on brucellosis was prepared by the health department for a specific purpose. It is distributed by the department of agriculture to all herd owners who receive a milk ring (ABR) test report indicating that probably some animals in their herd are infected with brucellosis. The leaflet emphasizes the hazards to human health of keeping brucella infected animals on the premises. It urges the owner to have individual blood tests done on all animals in the herd in order to pinpoint the infection and eliminate diseased animals.

The activities of the Public Health Veterinarian may be grouped under four principal headings.

1. Investigations. For proper evaluation of a problem or suspected problem, certain morbidity, mortality and epidemiologic data are necessary. Some of these data can be obtained by correspondence, but personal contact frequently is necessary. Epidemiologic investigations may involve human patients, attending physicians, practicing veterinarians, health officers, other official health agencies and animal disease control agencies. Sometimes collection of specimens from animals is required to obtain necessary facts. Epidemiologic investigations are initiated in a number of different ways. In some instances the investigation may begin with receipt of a report from a physician of a human case. Brucellosis is an example, and detailed epidemiologic studies on human brucellosis have been carried out. An investigation may be started after receiving a report from a veterinarian of disease in animals. For example, a practicing veterinarian reported a suspected
The author collecting blood specimen for equine encephalomyelitis serology.

case of ringworm in a monkey. The diagnosis was confirmed by laboratory examination and further investigation revealed an epidemic of ringworm among members of the family that owned the monkey, as well as among a bitch and litter of puppies owned by the family. Additional studies of this outbreak showed that the etiologic agent was *Microsporum distortum*, a fungus that had not been reported in this country previously. At times the investigation may be started following receipt of a laboratory report of findings on specimens of human or animal origin.

2. Coordination and Liaison. Since control of the zoonoses involves official and non-official agencies, as well as practicing physicians and veterinarians, well planned cooperation and coordination are necessary for most effective results. Not infrequently conferences are held with personnel from such agencies as the U. S. Department of Agriculture, State Department of Agriculture, Veterinary Division, Iowa State College, State Hygienic Laboratory, Iowa Conservation Commission, and with physicians and veterinarians individually, as well as with local and state organizations of members of these professions. Other groups are involved from time to time. Testing of livestock on farms on which human cases of brucellosis occur is an example of a continuing program requiring coordinated efforts. Involved in this program are the livestock owners, the patient’s attending physician, the State Hygienic Laboratory, the State and Federal Departments of Agriculture, the State Department of Health, the practicing veterinarian, and the Iowa Veterinary Medical Diagnostic Laboratory.

3. Education. The individual citizen can do a great deal to prevent the spread of animal diseases to man provided he knows what to do. Public health education informs the person what to do and tries to motivate him to do it. For example, the dog owner can reduce the probability of human exposure to rabies by having his dog vaccinated against the disease. Likewise, the hunter and the housewife can decrease the possibility of tularemia infection by taking proper precautions while dressing and cooking wild rabbits. The homemaker can prevent human trichinosis by being sure the pork she serves has been properly cooked. To provide this information, newspapers, radio, television, posters, bulletins, leaflets, motion pictures, talks, and other media are used. In addition, technical information is provided for medical and veterinary medical groups on new or unusual zoonoses. This is accomplished by publishing articles in technical journals, newsletters, and technical bulletins. Then too, a better understanding is promoted by work with the Iowa Interprofessional Association.

4. Consultation.

A. Within the State Department of Health. Questions pertaining to animal diseases arise in other divisions of the State Department of Health. As an example, for a period of time there were two sets of standards for the production of Grade A milk in Iowa. The requirements pertaining to brucellosis were not the same for both standards. Minimum requirements for the production of Grade A as defined in state law were different from those outlined in the U. S. Public Health Service Milk Ordinance and Code which many cities and towns in the state had
adopted. In this instance assistance was given the Milk Sanitation Section, Division of Public Health Engineering, toward clarifying the situation regarding brucellosis requirements for dairy cows and lessening the confusion for milk sanitarians, veterinarians, and dairy farmers. In the process there was close liaison with the state and federal animal disease control authorities. There is also a close working relationship with the Division of Public Health Education in preparation of news releases, radio and television programs, and other educational material on subjects pertaining to animal diseases transmissible to man.

B. Other agencies. In Iowa cities and towns the local Board of Health consists of the mayor, health officer and members of the city or town council. The county Board of Health consists of the chairman of the board of supervisors, the county auditor, and the county superintendent of schools. These local boards of health or health officers not infrequently consult with the Public Health Veterinarian regarding rabies and other diseases of animals transmissible to man. Assistance is given in establishing community rabies control programs. Recommendations that include anti-rabies vaccination of dogs can be made by the Public Health Veterinarian as part of a sound rabies control procedure. The local practicing veterinarian may be reluctant to emphasize this point for fear of being criticized for advocating a program in which he may benefit financially.

Iowa has no statewide meat inspection system. Some of its cities have desired to establish local meat inspection programs to protect their citizens against unwholesome meat and to make local slaughtering establishments eligible for federal meat grading services. Assistance in ordinance preparation, as well as in training of lay meat inspectors, has been given in these instances. There are now several cities in the state that have adequate ante-mortem and post-mortem meat inspection programs under veterinary supervision.

In summary, it may be stated that while the work of the Public Health Veterinar-