

**REPORT OF SURVEY OF
THE DEPARTMENT
OF HEALTH, CITY
OF ATLANTA, GEORGIA**

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Report of Survey of the Department of Health, City of Atlanta, Georgia by Various

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VARIOUS

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OF

The Department of Health

City of Atlanta

Georgia

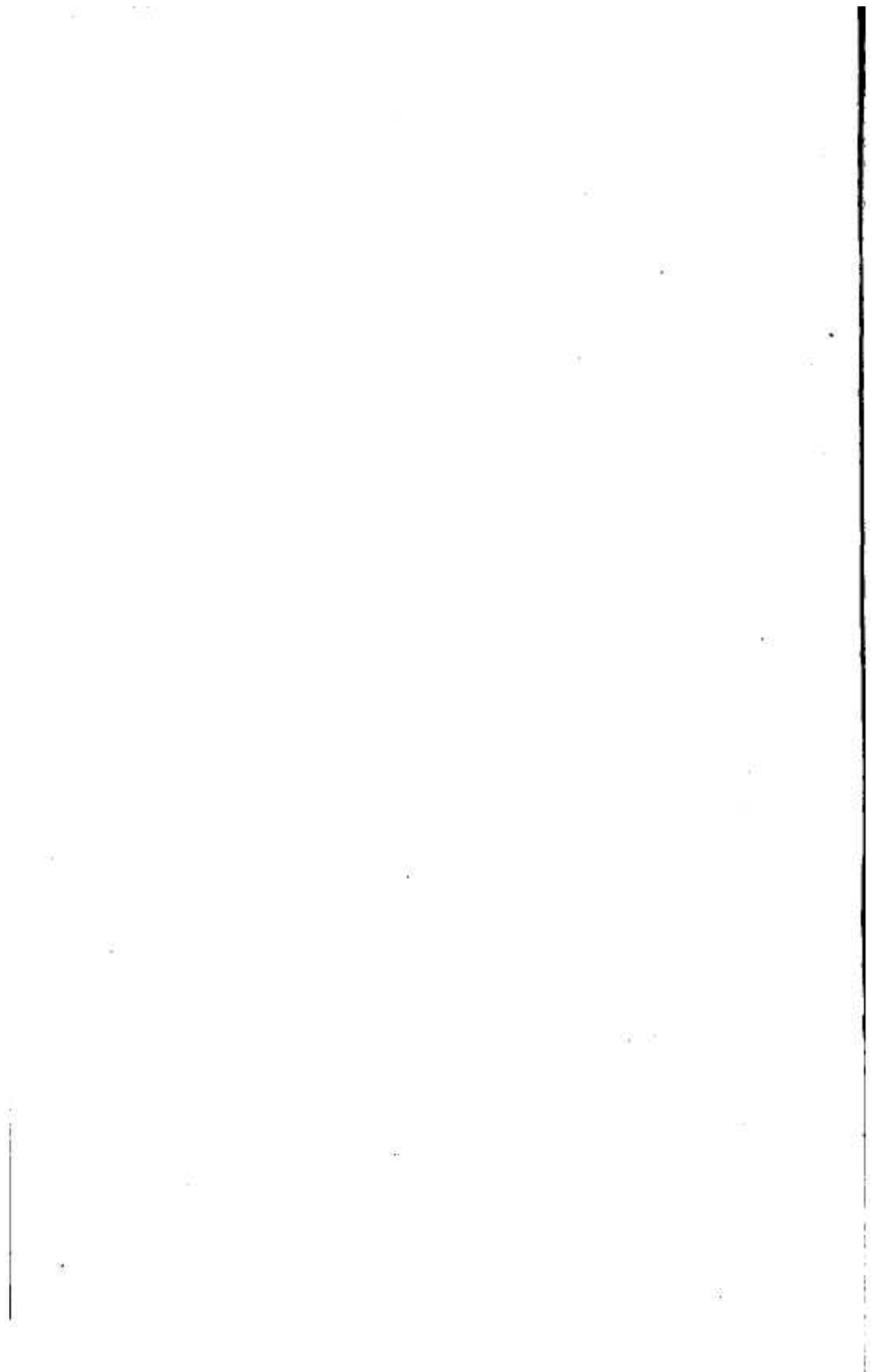
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Made for the Atlanta Cham-
ber of Commerce Committee
on Municipal Research

By S. G. LINDHOLM

For the New York Bureau of Municipal Research

December, 1912



December 19, 1912.

Colonel Frederic J. Paxon,
Chamber of Commerce Committee on
Municipal Research,
57 Whitehall Street, Atlanta, Ga.

Dear Sir:

Herewith please find my report on Atlanta's department of health. The emphasis upon the record evidence of work undertaken and work done is due to our conviction based upon experience that in making a preliminary survey we get our best results by noting what public departments attempt to do and what evidence they have of work done and work undone, rather than by actual field tests.

The report on the health department is presented under the following headings:

Part I. Efficiency of the health department as revealed by records.

- A. Limitations placed upon the Board of Health by city code and ordinances that detract from its efficiency.
- B. The use made of the powers given by the code to the health department.

Part II. Method and procedure of the health control.

Part III. Inspection of certain dwelling houses.

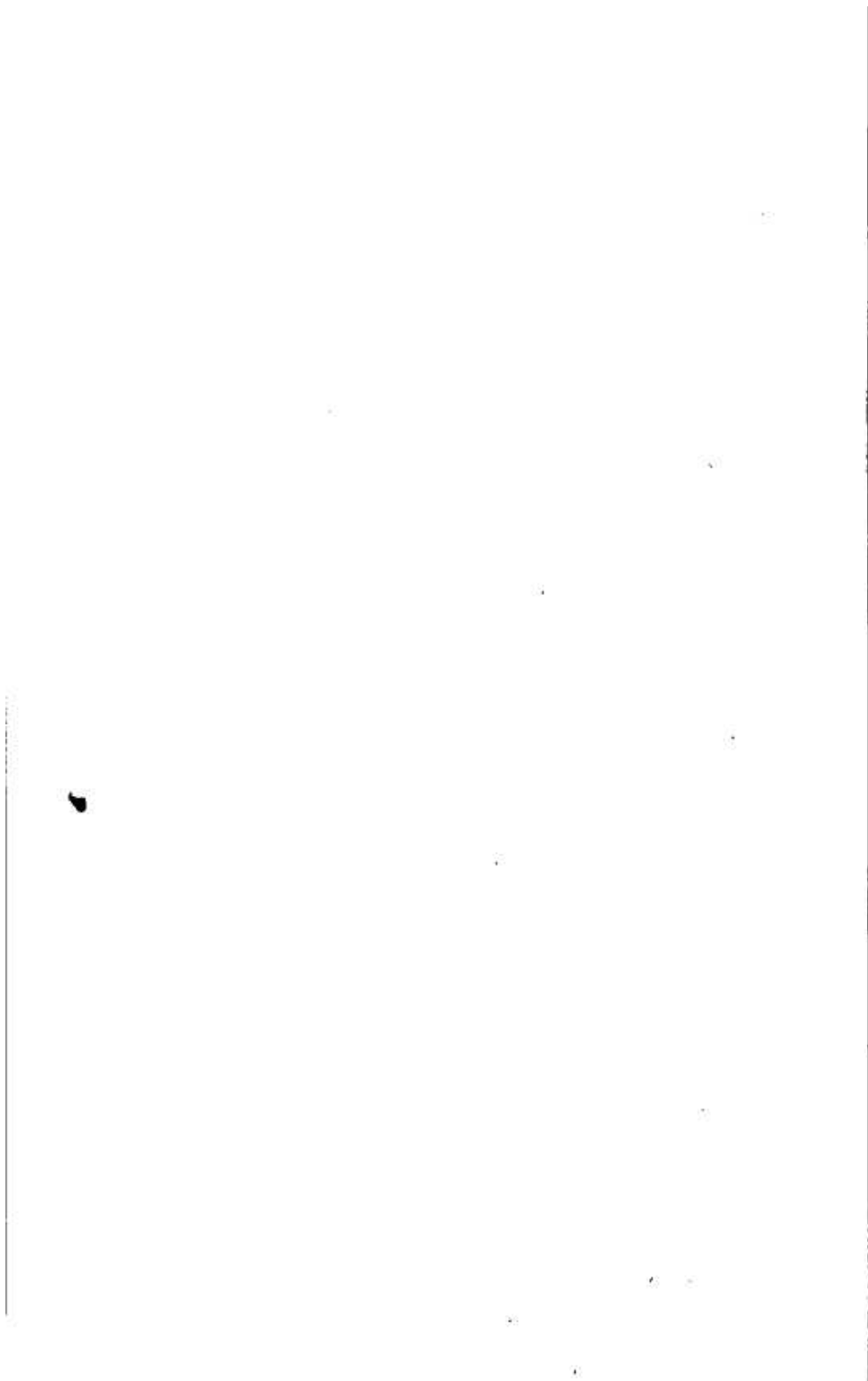
Part IV. Recommendations.

Very truly yours,

BUREAU OF MUNICIPAL RESEARCH.

Per S. G. Lindholm.

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I.

EFFICIENCY OF THE HEALTH DEPARTMENT AS REVEALED BY RECORDS.

In measuring the efficiency of the health department of Atlanta, two factors must be considered:

- A. The limitations placed upon the board of health by the city code and ordinances that detract from its efficiency.
- B. The use made of the powers given by the code to the health department.

A. Limitations placed upon the board of health by the city code and ordinances that detract from its efficiency.

1. The method of ward election—ten members, one from each ward plus three ex-officio members—prevents men of required skill and experience to serve upon the board because they do not happen to live within the ward.
2. Wards must elect men that are incompetent to deal with technical problems because of this limitation as to residence.
3. The ward method of electing members both to the board of health and to the general council almost inevitably means that each ward member in the general council selects the board of health member from his own ward thus introducing the element of politics in an election that should be governed solely by consideration of expertness.
4. Professional qualifications are not demanded in any member of the board.
5. The size of the board—two ex-officio and ten ward members—must make it cumbersome in dealing with health problems where quick decisions are frequently necessary.
6. The power of the general council to set aside health ordinances must inevitably take the spirit out of the health board in enforcing any ordinance that is likely to interfere with private interests.
7. The failure to vest in the health department the power to adopt and give legal sanction to health ordinances bars the health board from formulating and executing a policy by which public health shall be guarded against private interests.

8. The power to create a sanitary code is usually a charter right of the health departments in modern cities. See, for instance, section 1172, New York City charter.
9. The method of election, therefore, makes it unreasonable to demand that the board of health in Atlanta should possess such qualifications for dealing with health problems as are now demanded from health departments in well administered cities.
10. The power of the general council to refuse to enact health ordinances demanded by the board of health and its power to set aside ordinances at the importuning of private interests must make the administration of the board halting and vacillating.

B. The use made of the powers given by the code to the health department.

1. Weaknesses inherent in present executive organization of department.
 - a. There is no single executive head.
 - b. The health officer and the chief sanitary inspector are not only independent of each other but
 - c. Are responsible to an inexperienced board.
 - d. Thus unity of purpose or action can not be insured, for harmonious personal relations such as seem to exist can not take the place of the right system.
2. Points of efficiency noted in the administrative organization of department.
 - a. The health officer showed familiarity with modern methods of dealing with infectious diseases.
 - b. The sanatorium for tuberculosis patients is erected upon grounds admirably chosen and with buildings and pavilions that seem to combine adequacy with wise economy in construction.
 - c. A creditable system of milk inspection, both of country dairies and of city distribution, including use of score cards, was outlined to the investigator.
 - d. The campaign to exterminate mosquitoes deserves much more than the support it receives from the city.
 - e. The bacteriological laboratory serves as a nerve centre for the health work of the whole city.
 - f. The embryo tuberculosis exhibit at the entrance to the city hall shows what the department would and could do if Atlanta were to finance and organize it adequately.
 - g. This list does not exhaust the commendable features seen by the investigator. The testimony is freely offered

that great credit must be given for work accomplished by the present health officer and to his chief adviser, the city bacteriologist. It was evident that they and their staff had striven to do their best with the limitations under which they were working. To many of the defects of the department the health officer himself called attention. In calling attention to defects that impressed the investigator it is therefore not necessary to apportion here the responsibility between the city, the board or the executive officers.

3. Points of weakness noted in administration of department.

a. The staff is not adequately supervised.

- (1) The inspectors of the department do not render adequate reports of hours spent on duty, action taken at each inspection, conditions found in stores, markets, etc., inspected.
- (2) The notebook carried in the pocket of the inspector from which bi-weekly summaries are submitted to the board does not place before the health officer all the information concerning any one place inspected. No evidence was found that these note-books were inspected regularly by the health officer.
- (3) Lacking definite information of the methods by which the inspectors perform their duties the health officer is not in a position to insure that these methods are the most adequate.
- (4) Lacking definite records of the sanitary conditions of places inspected the health officer must rely upon personal reinspection or general statements from his inspectors to know whether conditions are improving or his policy of inspection is adequate to cope with the situation.
- (5) Through the lack of time reports from its inspectors the department is liable to loss through misdirected or delinquent service.

b. Health conditions are not adequately supervised.

- (1) Adequate information as to the existence and spread of communicable diseases is not obtained in the health office.
- (2) The physicians are not made to live up to their duty of reporting contagious diseases. Whatever policy the health department may adopt in regard to the control of infection it disregards both city ordinances and the fundamental rule of health control as long as it permits laxity in the reporting of infectious diseases.