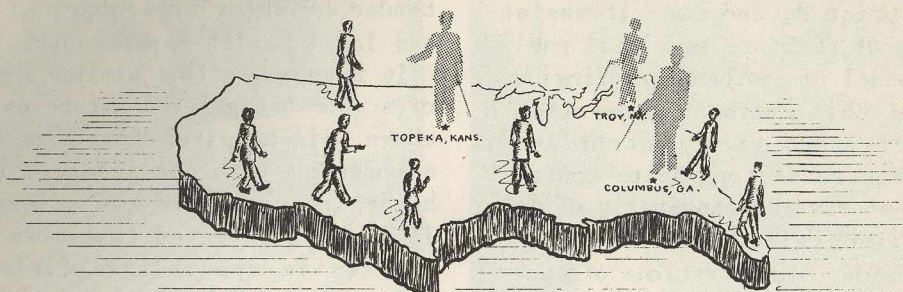


Sanitarian Field Training



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The effectiveness of public health control programs in the United States is now seriously prejudiced by a shortage of qualified personnel. The shortage is perhaps most evident in the field of environmental sanitation. This is particularly so because there are no accepted standards for measuring the quantity and quality of a sanitarian's work and, therefore, health departments are prone to employ a sanitarian without sufficient consideration of his qualifications. Many new local departments are now being formed, needing trained men who can secure results in sanitation programs, and who can do their share in selling public health to their communities. Many existing departments need men for replacements, or additional personnel to provide for expanding programs. Even many sanitarians with years of experience can benefit by a comprehensive training course under competent instructors.

The big-city health departments that have specialists in the several phases of environmental sanitation can train a new employee by assigning him to work with experienced men; but such training does not give an over-all picture of the field

of sanitation, nor does it give him a proper perspective of his own job. Therefore a generalized training is needed for the man in the small department who must be prepared to conduct all types of sanitation activities. Such training is also needed for a man who later may specialize.

Generalized training for the sanitarian should include the sanitary control of water and sewage — mainly from the rural standpoint — of milk and other foods, insects and rodents, schools, camps and resorts, swimming pools, and garbage and refuse. Also this training should familiarize him with activities such as rabies control, sanitary surveys, housing sanitation, and other pertinent subjects which may be of particular importance in the area in which he is situated. In addition, the sanitarian should have some knowledge of bacteriology, communicable disease control, administration, local government, budgets, and similar matters.

This training might be given in the man's own department, but this would limit the training to the relatively few large health departments. In addition, this assumes that the various people doing the training would

be qualified by experience to teach, would be able to give the trainee not only the mechanics of the work, but also the theory and reasons behind it. The type of man who can do this is not usually found in the average health department, and when found, is usually too valuable to release from administrative or operational activities to training work. Small health departments would obviously have difficulty in training new personnel, especially if they were not carrying out a complete and well-rounded program. Newly formed departments would have to secure men from older units, which is exceedingly difficult, or start with untrained people.

A logical answer would seem to be the eventual establishment of training centers operated by the several States. A number of States have operated field training stations at one time or another with varying degrees of success. The Public Health Service engaged in training activities during the war as a part of the Malaria Control in War Areas program. After the war this experience was used to set up some experimental training stations to explore various programs, methods, training aids, physical equipment, and staff needed to operate satisfactory field training for sanitarians. In the process a number of sanitarians were trained, pending the time their States could set up their own training programs. Most States, no matter how small or poorly staffed, will be able to justify a permanent training program, even if that training is no more than the assignment of three or four men twice a year into one of the better health departments, there to complete a carefully laid-out course of instruction and supervised field experience. The training staff should be the best available in the State, since the trainee will reflect the quality of training received. During the training period those who serve on the training staff should have no other duties or responsibilities.

The Public Health Service has been operating sanitarian training programs in co-

operation with State and local health departments at Columbus, Ga.; Topeka, Kans.; and Troy, N.Y. These programs have been reasonably satisfactory judging by the response to questionnaires sent to the trainees' supervisors, and by the growing waiting list of prospective trainees from departments that have previously had men enrolled in the course. The Public Health Service does not feel that it has yet found the best method of training, but it has developed a plan which does work. It now has a group of training officers that are available on a consultant basis to help States set up their own programs. The Service believes that effective public health can only be done on the local level with well-trained personnel, and this training program has as its objective the strengthening of the sanitation section of local health departments. The present training stations will continue to function to develop better methods and training aids and to train men for those States not operating a training program. States may send their own training officers to these stations to see the programs and methods in operation. The Public Health Service will extend all possible aid through its staff, equipment, and publications to any State desiring that help.

