

American Journal of Epidemiology 172(6):742-743.

# **Ready to Go: The History and Contributions of U.S. Public Health Advisors**

**By Beth E. Meyerson, Fred A. Martich, and Gerald P. Naehr**

ISBN-13: 978-0-615-20383-6, American Social Health Association, Research Triangle Park, North Carolina (Telephone: 919-361-3124, Fax: 919-361-8425, Web site: <http://www.ashastd.org>), 2008, 305 pp., \$28.95 Hardcover

*Ready to Go* is a well-documented, historical account of the US Public Health Advisors (PHAs). For the modern epidemiologists who have lost touch with the roots of the shoe-leather epidemiology described by the authors, this book can be quite enlightening. It provides extremely compelling narratives from dozens of former PHAs. Collectively, their stories demonstrate the value of true contact epidemiology to public health. Combined with their extremely refined skills in patient interviewing, PHAs of the 1950s through the 1990s could identify sexual networks that fueled the spread of syphilis and other sexually transmitted infections. This case-finding approach was then followed by the "other side" of good epidemiologic investigation: *effective intervention*. The seeming fearlessness of the PHAs was matched only by their extreme dedication to "getting the job done." Their stories about drawing blood late at night (under poor conditions), using sparse resources to mobilize rapid response efforts, and meeting "cases" (for testing and interviewing) in dangerous settings are each examples of this enduring dedication.

The opening chapter broadly describes the multiple public health roles that PHAs have filled over the years, including "front line" work on the anthrax scare, smallpox and polio eradication, and even responding to the events of September 11, 2001. Chapters 2 and 3 describe the origination of PHAs under US Surgeon General Parran. The authors aptly describe PHA origins as being embedded in the need to control the once-overwhelming threat of syphilis in the United States. It becomes clear in these chapters that the authors are quite familiar with the resilient nature of PHAs and the political novelty of pairing bachelor's degree-trained men and women as key advisors to persons of higher rank charged with a given role in protecting the health of the public.

In the fourth chapter, the reader is treated to a visual and oral history of public health screening efforts for tuberculosis and syphilis in the 1950s—the PHA was clearly center stage in these now-forgotten mass efforts. As chapter 5 unfolds, the authors efficiently show how the PHAs of the 1950s became a mainstay in controlling other sexually transmitted infections, including human immunodeficiency virus, and how they contributed to other facets of public health such as immunization efforts. The sixth chapter is a "must read" for anyone using the term shoe-leather epidemiology. In this chapter, the authors provide

countless vignettes that each show what fieldwork and interviewing is all about. Sadly, the examples in this chapter collectively suggest that these skills may now be a lost art. Chapter 7 provides detailed descriptions of PHAs' role in events such as Three Mile Island and in politically loaded situations such as hospital integration efforts. The final 2 chapters summarize what the retired PHAs are doing and how the Centers for Disease Control and Prevention recently attempted to create a revised PHA movement.

The authors have done an eloquent job of demonstrating that PHAs were far more than the agents who protected America from syphilis. Their reputations as efficient, front-line field-workers led them to be called upon to control Hantavirus, severe acute respiratory syndrome, swine flu, monkeypox, smallpox, tuberculosis, measles, human immunodeficiency virus/acquired immunodeficiency syndrome, polio, and cholera. Anyone reading this book cannot escape the fact that these men and women placed their safety and well-being far behind the need to protect the health of the public—both in the United States and around the globe. This is truly a story of unsung heroes.

An understated aspect of the book is that the PHAs were highly effective without using the modern-day tools of the trade (e.g., computers, mobile technologies, specialized software). The grit and sheer creativity of the PHAs is therefore an excellent model for controlling epidemics in resource-poor developing nations. A primary asset of the PHAs was their ability to interface directly with people infected by various diseases to learn more about the spread of the disease and simultaneously persuade them to accept treatment services (if available) and take needed steps to avert further transmission. This last task is one that requires advanced skill in changing health behaviors—a skill that many epidemiologists may want to add to their acumen. The authors vividly describe how PHAs “learned by doing” and how a fair portion of their interviewing skills related to sexually transmitted infection control were part of a method developed in cooperation with legendary sex researchers such as Alfred Kinsey.

As a professor of public health, reading about these original “disease cowboys” reminds me of an obligation I have to ensure that the next generation of master of public health graduates has a deep appreciation for the incredible efforts of the past generation. Equally important, today's state or local epidemiologist should have a clear understanding of how PHAs put epidemiology into practice in direct response to national emergencies. The “art” of their practice is one that should never be lost to public health given the high likelihood of new and emerging infectious diseases and the corresponding challenges to public health that will invariably arise as a consequence.

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