The job of providing safe food for the eating public is primarily a responsibility of the food service industry. The Indianapolis-Marion County Division of Public Health shares this responsibility with the industry, but a major share of the credit for a job well done can be attributed to the retail food service operators who include food protection controls and good sanitary maintenance as a must in the daily routine of operating their food establishments. The health department can give inspection service and educational guidance. Twenty-seven outbreaks of foodborne illness were reported to the Marion County public health authorities during 1958; in 1959 thirty-seven percent less outbreaks of foodborne illness were reported. Was this the result of a rigid inspection and enforcement program? Hardly. While we do have a system of suspending or revoking permits, no permit is suspended or revoked until every reasonable effort is made to obtain voluntary compliance with the regulations by means of educational persuasion. As is well known, however, some retail food establishment operators are not concerned about sanitation, but they are concerned about their permits.

Adequacy of Protection Programs

Public health authorities have become increasingly aware of the need for adequate food protection programs. This is evident from the many pronouncements and articles by writers in the field of environmental health. The customer is entitled to this protection whether he obtains his food at a restaurant, retail food market, church bazaar, school festival or benefit fish fry.

The good purposes served by benefit food services which are sponsored by nonprofit educational, religious, fraternal and civic organizations are well known. However, it must be recognized that the hazard of foodborne illness may be present when large numbers of people are served at a mass feeding event, unless necessary precautions are taken to prevent an accident. In too many communities it is evident that health authorities have not faced up to their responsibilities in controlling these types of auxiliary food services. Too many mass foodborne illness outbreaks are reported annually involving food served at social gatherings. In fact, 35 percent of the outbreaks of foodborne disease reported in the United States during 1958 involved food served in private homes, in private clubs, and at social gatherings. Many communities having trained sanitarians capable of carrying on effective educational and consultative type programs to control auxiliary food services have neglected to do so because they fear the adverse criticisms and emotional tensions that might result from such a program. However, ignoring the existence of a problem does not mean that it can be forgotten. Health authorities who have recognized their responsibilities and have taken reasonable steps to prevent foodborne disease outbreaks are in a much better position to answer public criticism if a foodborne illness outbreak should occur.

Origin of Program

Recent outbreaks of foodborne illness, affecting thousands of our citizens, have emphasized the need for a re-evaluation of our food sanitation programs. Mass food poisoning of persons who have attended social gatherings has focused attention upon auxiliary food services. Recent food poisoning outbreaks reported in two Indiana communities are notable examples. One outbreak affected 600 girls who attended a social gathering. During 1959, it was reported that 1183 persons who attended an employee's picnic were poisoned by the food served at the outing. The Indianapolis-Marion County Division of Public Health has carried on a program to control auxiliary food services since May, 1959. No fee is charged for permits issued to non-profit educational, religious, fraternal, and civic organizations. Since the program was initiated a significant reduction in the number of foodborne illness outbreaks has occurred. Home-prepared foods, eaten in the home or at social gatherings, accounted for 55 percent of the foodborne illness outbreaks reported for Marion County, Indiana, during 1958. Only 41 percent of the foodborne illness outbreaks reported for Marion County during 1959 involved home-prepared foods.

Public Interest and Support

Prior to the initiation of a program to control auxiliary food services in Marion County, health department sanitarians were seldom asked for assistance
and guidance by community groups that sponsor benefit food service events. Now they are frequently asked to meet with church groups, parent-teacher groups, volunteer fire departments, women's organizations, and other community organizations to assist them in making plans for their benefit food service events. The health and safety regulations discussed with these community organization leaders have aroused a great deal of interest in the health department programs, particularly the food sanitation program. This interest has been instrumental in accomplishing a two-fold objective. First, it has helped to reduce the hazard of foodborne illness; secondly, the barrier of public complacency has been broken and a receptive group of adult citizens in the community has exhibited a greater interest in food sanitation. These same citizens have become enthusiastic supporters of the health department food sanitation program. Church, lodge, club, and civic leaders have expressed interest in improving their food service facilities and in many cases they have undertaken the complete remodeling of their kitchens. The Division of Public Health encourages community organizations to submit plans for review and approval prior to the construction or remodeling of a church or club kitchen. Public and parochial school authorities have issued new policies governing auxiliary food services conducted in the schools. Home prepared foods, including readily perishable foods, are prohibited from being sold at school festivals and benefit fish fries sponsored by parent-teachers associations. A school policy applicable to classroom parties prohibits parents or teachers from serving home made cookies, cakes, sandwiches and similar foods to the children. These new policies were written to conform with health department regulations.

**Essential Elements of a Food Sanitation Program**

Health department administrative or supervisory personnel who are charged with the responsibility of administering any public health program must frequently inventory their efforts to determine if they are plotting the right course and accomplishing program objectives. They must determine if available personnel and resources are being used to the best advantage. They must ascertain if they are getting the results to justify budget requests for their program. The Indianapolis-Marion County Division of Public Health periodically makes such an evaluation of program objectives and accomplishments. The following activities and accomplishments are, or have, contributed to the attainment of program objectives:

1. Obsolete ordinances, codes and regulations adopted 10 to 20 years ago that were no longer in step with present day needs of a progressive health department have been revised or amended.
2. National Sanitarian Foundation standards for food service equipment have been adopted and uniform inspection and enforcement programs have been implemented.
3. A system of quantitatively and qualitatively evaluating the effectiveness of the food sanitation program has been developed to assure clean, safe food for the eating public.
4. An educational-consultative type program to control auxiliary food services carried on by non-profit educational, religious, fraternal and civic organizations has been developed. A significant number of mass foodborne illness outbreaks occur annually as a result of carelessness on the part of food caterers or inexperienced persons who prepare and serve food in private clubs or at social gatherings.
5. Efforts have been increased to obtain adequate salaries, a job classification system, job security, and fringe benefits to satisfy the basic needs of a progressive health department. These are of primary importance in maintaining employee morale and efficiency and an absolute necessity if a governmental agency hopes to obtain and retain competent, well-trained personnel.
6. Strict, but uniform enforcement policies that are in the best interests of the public and the food service industry have been put into effect. Diligent and effective follow-up of violations have been carried out. Activity in this regard has been concentrated on substandard establishments rather than frequent inspections of those which have had consistently good records.
7. A continuous effort has been made to assist the food service industry in training new and experienced employees. The food sanitation school for management, supervisory personnel, and employees is supplemented by effective on-the-job training activities conducted by district sanitarians.
8. An effective in-service and on-the-job training program designed to improve the competency of health department sanitation personnel has been developed. The quality of health services rendered to a community is dependent in large part upon the competency of personnel who provide such services. This is no less true of sanitation personnel than it is of medical or nursing staff members.
9. A planning section has been staffed with competent sanitarians who have had special training in restaurant layout, blueprint reading, and interpretation of ordinances, codes, regulations and standards. A good planning section can effectively reduce or minimize the sanitation and public relations problems
before they become problems. A health department that does not provide this important service to architects, builders, contractors, plumbers, equipment dealers, fabricators of equipment, and food service industry management can not hope for a fully effective food sanitation program.

10. Efforts have been increased to control the tuberculosis hazard by requiring annual chest x-rays of all foodhandlers. Statistical data published in the 1958 Annual Report of the Division of Public Health, Health and Hospital Corporation of Marion County, shows that almost twice as many new cases of active tuberculosis were found among foodhandlers as among the general population in Marion County.

Looking Ahead

Health departments of the future, to qualify for a fair share of the tax dollar and the continued support of the food service industry, must prove their worth in services to the communities they serve. Environmental sanitation programs, employing horse and buggy methods that were acceptable a decade ago, are no longer in step with present day needs. Progress in environmental health programs can be attained if we stand ready to question accepted practices, investigate new approaches, test new ideas, and set new objectives.

"Give me the serenity to accept what cannot be changed. Give me the courage to change what must be changed. The wisdom to distinguish one from the other."—REINHOLD NEBUHL.

References
1. National Food & Beverage Council, % The National Sanitation Foundation, School of Public Health, University of Michigan, Ann Arbor, Michigan.

THE RESPONSIBILITIES OF A SANITARIAN
E. Lee Everett
Tri-County Suffolk Health District, Suffolk, Virginia

Local health departments have great responsibilities. Our first concern should be, how can the health department make the maximum contribution to the people it serves, therefore, the first responsibility of each of us is to the department.

In no other vocation are personnel more related than in Public Health. Every person in the department, no matter what his specific job may be, has a mutual interest and a common objective. In order to produce more and better results we must think and work together and utilize the contributions of all.

In the past there have been periodic outbreaks of public interest in sanitation, but during the past several years and particularly during the war, interest has increased. We sanitarians must realize that our programs are largely dependent upon the understanding and support of the public. If we are to succeed the public must understand, appreciate, and apply sanitation. Nothing should ever be done to discourage this growing public interest, on the contrary, we must encourage and stimulate it at every opportunity. This is a responsibility of the sanitarian, and can best be accomplished by education and salesmanship. Just as an industry salesman depends in a large measure upon his attitude, thoroughness, creative imagination, adaptability and knowledge to sell merchandise, so must the sanitarian develop and use these identical characteristics to sell his programs. We must equip ourselves mentally to do this.

Instruction is effective in direct proportion to the skill of the instructor. The field of sanitation is a diversified one. Some of the activities that this occupation embraces are sewage disposal supervision, water supply investigation, food establishment inspection, milk inspection, insect and rodent control, refuse disposal and housing. You can probably think of more. If the sanitarian is to be a skilled instructor in his field, he must have a thorough knowledge of all of these activities. If we are to become competent, we must take advantage of every available means to learn more about our work.

In my opinion the first qualification necessary to a good salesman or teacher is personal interest. Without this attribute you will find it difficult if not impossible to interest other people. Radiation of personal interest is essential. Always remember, if the learner did not learn, the teacher did not teach.