

## HISTORICAL HIGHLIGHTS OF PUBLIC HEALTH IN CHICAGO 1834-2012



Chicago Department of Public Health Bechara Choucair, M.D., Commissioner



#### Dear Friends,

We are pleased to share with you this report on the history of public health in Chicago. The evolution of public health in Chicago has largely mirrored the development of public health nationally, but it has done so in response to local needs and health conditions and the unique characteristics of Chicago as a city. To appreciate where public health is today and why, it is useful to look back and see how public health in Chicago has evolved.

This document traces this evolution from a historical perspective, beginning with the establishment of the first Board of Health in 1834. Although lengthy, this remains an overview which undoubtedly does not include every milestone in the city's public health history. And while much of the activity noted concerns governmental public health, it is clear that from the beginning, Chicagoans would best be served by the collaborative efforts of public and private partners committed to health improvement. Such partnerships remain fundamental to public health efforts today and are an important guiding principle of Healthy Chicago, an ambitious public health agenda that points the way to a healthier city for all.

To learn more about Healthy Chicago and our most recent public health efforts, please see our website at cityofchicago.org/health.

Sincerely,

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Bechara Choucair, M.D Commissioner

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Carolyn Lopez, M.D. President

### **1. THEMES IN PUBLIC HEALTH IN CHICAGO**

#### Chicago's Public Health Activities Focused on Local Needs

Public health activities in Chicago have been driven more by the growth and needs of the city than by the larger evolution of public health as a discipline. Simply put, the health department has done whatever was necessary to combat the threats to the public's health at any given time. During the era of sanitary reform, the department engaged in such diverse activities as issuing plumbing regulations (1889), garbage disposal (1890), milk inspections (1892), and water analysis (1895). More recently, public health activities have been directed at newer public health threats, for example, the initiation of AIDS surveillance activities in 1983 and a West Nile Virus response in 2002. It should be noted that while some threats have been effectively contained (e.g., cholera), others have continued or re-emerged and thus require new activities. Such was the case with major infant mortality campaigns in 1899 and again in the 1980's, and with the establishment of tuberculosis committees in both 1903 & 1991.

#### Ad Hoc Organization of Public Health

Just as the implementation of public health activities was in response to local conditions, so too was the organization of the public health department. And as local conditions changed, so did the structure of governmental public health. The first Board of Health was established in 1834 to address cholera, but its powers were reduced significantly in the mid 1850's when cholera and small pox were under control. The Board was abolished in 1857 due to the financial depression and health powers were transferred to the Police. It was not until another threat of cholera in 1867 that a new Board was established. Health functions were established under an actual department of health in 1867, with divisions created to address the issues of the times (e.g., Milk Inspection Bureau, 1892; Communicable Disease Program, 1908; AIDS Office, 1983; Violence Prevention Office, 1995; Office of Managed Care, 1998; and Office of Chronic Disease, 2006).

Today, public health activities are carried out across numerous City agencies, with Streets and Sanitation enforcing the sanitation code, the Water Department assuring compliance with the Safe Drinking Water Act, the Department of Housing and Economic Development leading food access efforts, and more than 10 City Departments coming together to address childhood obesity.

#### Public Health Presence Defined Itself Relative to Others

Unlike some entities that have exclusive responsibility for specified activities (e.g., the Fire Department), public health has always defined itself relative to others. One of our earliest partnerships was with the Chicago Medical Society which, in 1846, provided assistance with vital statistics. The first cooperative effort between the medical profession and the city occurred in 1848 as physicians volunteered to vaccinate the poor at no cost in an effort to prevent the spread of smallpox. The Visiting Nurses Association provided nurses for the scarlet fever epidemic in 1908. The health department sponsored the city's first major pastoral conference on religion and health in 1985, and established a multi-disciplinary violence prevention partnership in 1996. Most recently, in 2011, the department convened an interagency council to support efforts to implement the City's Healthy Chicago public health priorities agenda, a blueprint for citywide health improvement.

## 2. TIMELINE AND MILESTONES OF PUBLIC HEALTH IN CHICAGO

1834	A temporary board of health was formed in order to fight the threat of cholera.
	The first sanitary regulations were established: all men over age 21 had to clear streets and alleys.
1835	Another Chicago Board of Health was established by the state legislature. The Board consisted of seven members.
1837	The City of Chicago was incorporated.
	Three health commissioners and a health officer were named to inspect market places, prepare death certificates, construct a pesthouse, conduct home visits to persons suffering from infectious diseases, and board vessels to check on the health of crews.
1841	Vital statistics started in a limited way with the collection of data (age, sex, disease) related to deaths. An ordinance requiring reports of death was passed but not enforced for several years.
1846	A committee of the Chicago Medical Society reported the mortality rates through 1850.
1848	The first cooperative effort of the medical profession and city officials took place to prevent smallpox spread. Physicians volunteered to vaccinate the poor without charge.
1849	Cholera, brought to Chicago by an emigrant boat from New Orleans, killed one out of every 36 Chicagoans. A district health officer was appointed for each city block.
1851	A new city charter gave much larger powers in health matters to the City Council. In the mid-50's, with the city free from smallpox and cholera, the powers of the Board of Health were reduced ac- cordingly.
1855	Sewerage became an issue. A Board of Sewerage Commissioners was appointed and the first sewers were constructed the following year.
	The quarantine placard was introduced with signs reading "Smallpox Here" after 30 die of the dis- ease.
1857	The financial depression of 1857 caused the Board of Health to be viewed as a luxury. It was abol- ished and its duties were transferred to the Police Department.
	A permanent City Hospital was completed (at a cost of \$75,000), but the economic depression, coupled with the inability of regular physicians to agree with the homeopaths about its management, led to the hospital's abandonment before the first patient was admitted.

1862	A smallpox outbreak caused the City Council to appoint a Health Officer to work with the Police Department, but the severely circumscribed tenure and duties rendered the position virtually meaningless.
1864	The Hospital re-opened as a public enterprise as the first Cook County Hospital. Care was divided so that the County would care for the sick poor and the City would care for people with contagious diseases, take preventive measures against epidemics, and record the city's vital statistics.
	The Chicago Medical Society volunteered to assist with tabulating data - improving the system of recording birth and death statistics.
1867	A new Board of Health was established in response to the 1866 cholera outbreak. Its authority was independent of the City Council and Police Department.
1868	Meat inspection was initiated at the Union Stock Yards.
1869	The Board of Health required vaccination of all children.
1870	The first milk ordinance passed making it illegal to sell skim milk unless so labeled.
1871	Help was given to refugees of Chicago Fire. Camps of homeless were inspected and controls were initiated for food supply and epidemic prevention. Birth and death records were lost in the fire.
1872	In the aftermath of Great Chicago Fire, the death rate increased 32.6% to 27.6 deaths per 1,000 persons. Smallpox attacked 2,382 and killed 655.
1876	The health functions of City government were reorganized under a department of health, and a Commissioner of Health position was created.
1877	The Commissioner of Health required the reporting of contagious diseases by physicians, gaining some enemies among the medical profession.
1888	The Chicago Visiting Nurse Association was founded.
1889	The health department issued regulations governing the drainage and plumbing of new buildings, and five female inspectors of tenements were appointed.
1890	Garbage disposal was placed under the direction of a general sanitary officer in the health depart- ment.
1892	A Bureau of Milk Inspection was established by the health department and full milk inspection started.

Laws required the reporting of communicable illness; however, doctors felt they should receive .25 cents per report, the same as they received under state law for reporting births. Without this reimbursement, many physicians refused to comply and were prosecuted.

**1893** A bacteriological laboratory was opened to conduct microscopic examinations of milk samples and examine throat cultures for diphtheria.

A "Boil the Water" crusade was conducted against typhoid.

**1893-94** The last smallpox epidemic to cause great loss of life occurred. Vigorous vaccination efforts (1.1 million given) resulted in the reduction of cases to seven in 1897.

The health department began publishing a Monthly Statement of Mortality.



Information was disseminated on hot-weather care of babies.

**1895** A daily analysis of water supply was inaugurated.

The first diphtheria antitoxin was issued, and a corps of antitoxin administrators was appointed.

The Chicago Lying-in Hospital and Dispensary was established.

**1896** Medical school inspections were initiated by the health department. They lasted until 1900 when the Compulsory Education Department assumed control over the inspectors.

Rules were promulgated regulating the practice of midwifery.

- **1897** The Chicago Association of Day Nurseries was established.
- **1898** A system of reporting births by postal cards was inaugurated and remained in effect for three years.
- **1899** An infant mortality campaign enlisted the support of a voluntary corps of 73 physicians.
- **1900** The flow of the Chicago River was reversed to keep sewage out of the city's water supply.
- **1901** The health department began publishing State of the City's Health every week in newspapers. The Monthly Statement of Mortality was discontinued.

An ordinance was passed prohibiting spitting in public places.



1902	Fourth of July "Don'ts" were first promulgated to prevent accidents.		
	A Milk Commission of Chicago was established to ensure wholesome, pasteurized milk was made available to every needy child in the city. The Commission was composed of physicians, philanthro- pists and citizens.		
	Dairy inspection was inaugurated. The salaries of two dairy inspectors were initially paid for by the Chicago Civic Federation.		
1903	A Tuberculosis Committee of the Visiting Nurse Association was established, organized in 1906 as the Chicago Tuberculosis Institute.		
1905	The 39th Street intercepting sewer opened, resulting in a marked decrease of typhoid deaths.		
1906	City Council passed an ordinance providing for the licensing and control of restaurants.		
1907	The Chicago Tuberculosis Institute opened seven dispensaries for the diagnosis and treatment of cases.		
1908	A full communicable disease program was inaugurated at the health department. Tuberculosis and pneumonia were added to the list of reportable diseases.		
	One hundred physicians were sent to instruct mothers in baby care.		
	Forty nurses were loaned to the health department by the Visiting Nurses Association to help in the scarlet fever epidemic. Effectiveness led the City Council to appropriate funds to hire the department's first nurses to work in maternal and child welfare and communicable and venereal diseases.		
	Chlorine was introduced for the first time to a municipal water supply in the U.S. when it was added to drinking water in Chicago's Union Stockyards.		
1909	Chicago became the first city in the U.S. to adopt a compul- sory milk pasteurization ordinance.		
	Public health nurses from the Board of Health, the Visit- ing Nurses Association, and United Charities cooperated to become "finders of sick infants" and referred these babies and their mothers to Tent Camps where treatment was provided and hygiene classes were held.		
1910	A Municipal Social Hygiene Clinic was established; dispensaries were required to report venereal diseases.		
	Health department nurses were assigned to conduct intensive follow-up on babies in hospital wards where infant death rates were high.		

The Infant Welfare Society was organized as the successor to the Milk Commission.

New milk standards were applied to ice cream.

- **1911** Common drinking cups and common roller towels were prohibited by ordinance.
- **1912** Sterilization of Chicago's water began. Within four years the entire supply was being treated, causing a dramatic decline in the city's typhoid fever rate from the second highest among the 20 largest U.S. cities in 1881 to the lowest by 1917.
- **1913** Four infant welfare stations were established by the health department.
- **1915** Dental services were initiated in public schools, following a three-year privately-funded pilot program.

The Municipal Tuberculosis Sanitarium opened.

- **1916** A policy was established to hospitalize all cases of polio after 34 of 254 afflicted patients died.
- **1917** A Municipal Contagious Disease Hospital was established.

New health ordinances ranged from requiring the reporting and treatment of venereal diseases to requiring the screening of residences, stables and barns against flies.

Immunization against diphtheria with von Behring's toxin-antitoxin started in public schools and institutions.

**1918** Influenza became a reportable disease with the pandemic reaching Chicago. On one single day (October 17) 381 deaths occurred.



- **1919** The health department won its first case in the prosecution of landlords for failure to provide sufficient heat to tenants.
- **1920** The right of the health department to quarantine carriers of contagion was upheld in the Superior Court of Cook County.

Ordinances were provided for the inspection of ice cream factories.

**1922** A new health commissioner (Bundeson) began a campaign against venereal disease - proposing education and distribution of prophylactic outfits in brothels. Opposition from the medical profession was based more on moral than medical grounds.

1923	A department of health Prenatal Care Committee was appointed in the first effort to coordinate activities of all agencies doing prenatal care work in the city.	
	Venereal disease clinics were established at the Cook County Jail and the Hou	se of Correction.
	Inspection of summer camps for children inaugurated.	
1924	Venereal disease prevention literature was distributed to 500,000 Chicago hor	nes.
1925	The health department instituted a regular schedule of home visits by nurses of months of an infant's life.	luring the first six
	Installations of sanitary types of drinking fountains were ordered.	
1927	Commissioner Bundeson was forced to resign when he refused the Mayor's directive that the health department include political literature with information about baby care being distributed to all Chicago mothers.	DIPHTHERIA STRIKES UNPROTECTED CHILDREN
1930	An intensive campaign against diphtheria resulted in 400,219 injections being given in three months.	
1932	A staff of 300 nurses traveled throughout the city on buses to give diphthe- ria inoculations. Physicians were sent to the homes of mothers unable to take their children to welfare stations for shots.	PROTECT YOUR CHILD WITH
1933	An outbreak of amebic dysentery among out-of-town guests occurred in the first recognized water-borne epidemic of the disease in a civilian popu- lation. The cause was traced to water contamination through faulty plumbing	TOXOID PREVENTS DIPHTHERIA CHICAGO DEPARTMENT OF HEALTH
1934	A plumbing survey in hotels and the mercantile building was begun to preventery outbreaks.	at future amebic dysen-
	As a result of drinking from the contaminated water supply at the Union Stoc 19, 69 persons contacted typhoid fever, 11 of whom died.	k Yards Fire on May
1935	An ordinance was passed requiring only Grade A milk and milk products be s	old in Chicago.
	A premature-infant welfare program was initiated.	
	A mother's milk station started operating to supply breast milk to premature, infants whose parents could not afford the expense.	sick, or debilitated
1936	Sunstroke and heat exhaustion contributed to 210 deaths.	
1937	The Chicago Syphilis Control Project was established with the emphasis on b infection.	reaking the chain of

Chicago schools opened three weeks late due to a polio scare.

- **1942** The Chicago Intensive Treatment Center opened where rapid inpatient treatment of syphilis and other venereal afflictions was undertaken. The Center's success resulted in a War Department commendation and a declining V.D. rate while rates in other cities were soaring.
- **1946** A Chicago-Cook County health survey was undertaken by the US Public Health Service; an audit was conducted by experts of all city and county health facilities. This included suggestions for improving various aspects of the city's health services, including food inspection staff.

The survey report called for district health centers for increased efficiency. The report recommended a 7-member board of health with an executive director and deputies in charge of engineering, preventive medicine, and district health services, each organized by bureau.



- **1947** A departmental mental health section was approved. A program for care of pre-school children began.
- **1948** A comprehensive food ordinance was adopted by the City Council.
- **1952** Chicago counted 1,203 cases of polio, including 82 deaths and hundreds of persons with paralysis. Frightened parents kept their youngsters out of movies and swimming pools. Beaches were closed.

An insect and rodent control program began.

**1955** Chicago was one of first cities in the U.S. to introduce the Salk vaccine.



IN COOPERATION WITH

**1956** With warning signs of an approaching polio epidemic, mass inoculations of the Salk vaccine were given in all parts of the city, with health department staff working in vacant stores, garages, on street corners, from the backs of trucks, and in park fieldhouses.

Chicago took the lead among major American cities in introducing a water fluoridation program to reduce tooth decay among children.

- **1957** A Nursing Home Section and Hospital Inspection Unit was created. In 1960 it was consolidated as Bureau of Institutional Care.
- **1959** The first Community Mental Health Center started on south side (Mid-South Center).

1961	The Division of Adult Health and Aging began, consolidating activities of chronic diseases, cardio- vascular diseases, diabetes, cervical cancer, rheumatic heart fever, and nutrition.
1962	The Mental Health Division was established as a separate entity.
1964	The federally-funded maternity and Infant Care Project was initiated within the Mental Health Divi- sion as a program for pregnant adolescents. It was later transferred to the department's Personal and Community Health Division.
1965	Family planning was initiated in a limited number of clinics.
1966	Sickle Cell testing was initiated; citywide lead poisoning screening and therapy began.
	A comprehensive rodent control program was initiated with field staff and health educator aides.
1968	Planning for Comprehensive Neighborhood Health Centers in four Model Cities areas began in cooperation with the Chicago Model Cities program.
	A gonorrhea screening culture program started in all Board of Health stations in conjunction with the U.S. Public Health Service.
	A meat inspection program was developed under the U.S.D.A. Wholesale Meat Act.
1970	The first Model Cities Neighborhood Health Center opened in Uptown.
	A record 1.2 million inoculations were provided for Chicago children in an immunization drive to reduce childhood illness.
1972	Chicago became the first city in the nation to limit lead content in household paint to .06 percent as a way to fight lead poisoning in children.
1973	Englewood Neighborhood Health Center was dedicated, the first health center not supported by Model Cities.
	Forty Chicago hospitals were approved to receive emergency & trauma cases by City vehicles (Police/ Fire), in accordance with a state statute on emergency medical services.
	Regulations were issued for abortion establishments following the U.S. Supreme Court decision.
1974	Women, Infants and Children (WIC) supplemental nutrition program was initiated with 1,000 clients.
	A senior citizen clinic was opened on the southwest side

A senior citizen clinic was opened on the southwest side.

The	Westside	Hypertension	Center was	inaugurated.
		/		

The phasing out of the TB Sanitarium began.

**1975** City Council revised the municipal code to differentiate between the 9-member Board of Health as policy-making body and the department of health as agency which administers health programs and enforces regulations.

Outpatient tuberculosis services were assumed at 5 health centers.

A citywide hypertension control program began, with more than 150,000 persons screened in the first seven months.

The Parents as Resources Program was established at selected clinics and centers to promote parenting and early childhood stimulation.

A six-day milk dating ordinance was enacted requiring that all milk and Grade A milk products be stamped for a six-day shelf life.

**1976** The health department formed an interdisciplinary committee on child abuse with representatives from Health, Law and the Illinois Department of Children and Family Services.

A maternal clinic was established at Simpson School, a Board of Education alternative school for pregnant students.

The largest immunization program in city's history was launched to protect citizens from swine flu.

**1977** The first official agreement between the health department and the Illinois Department of Children and Family Services for interagency child protective staffing took place.

Cooperative agreements were reached with perinatal centers and community hospitals to provide referral services, counseling, and staff consultation by public health nurses as a way of combating infant mortality.



Staff from the Chicago Department of Human Services were trained as outreach workers to assist public health nurses in reaching newborns.

An Infant Mortality Multidisciplinary Committee was established to review infant deaths and make recommendations to the health commissioner.

**1979** An Integrated Perinatal System of six perinatal networks developed to meet guidelines of Chicago Maternal and Child Health Advisory Committee.

1981	The Chicago Alcohol Treatment Center came under department of health jurisdiction. It closed several years later and funding was used to support community-based providers of substance abuse treatment.
	A refugee program was initiated at Uptown Neighborhood Health Center.
1983	An AIDS Activity Office opened for surveillance and public awareness. The Chicago Area AIDS Task Force was established.
	For the first time since infant mortality rates were recorded, fewer than 1,000 infants died before reaching their first birthday.
1984	An ordinance made Chicago the first city in the nation to ban the sale of leaded gasoline. Imple- mentation of ordinance was delayed by federal regulations.
	A Partnerships in Health program was initiated with hospitals to assure continuity of care for health department patients.
	The health department opened five Good Health Places in cooperation with community organiza- tions.
1985	The health department sponsored the City's first major pastoral conference on religion and health.
	The health department's Lead Poisoning Screening Program passed a milestone: the one millionth screening.
1986	An infant mortality reduction strategic plan was developed.
1987	A Chicago child died from lead poisoning for the first time in close to a decade; The Mayor's Task Force on Lead Poisoning was convened.
1988	Chicago's first Clean Indoor Air Ordinance (34-8) was passed by City Council, restricting smoking in restaurants, workplaces, and public spaces.
1989	The health department released the Chicago AIDS Strategic Plan, developed by a multidisciplinary advisory council of 125 individuals.
1990	The Chicago/Cook County Health Care Summit resulted in a plan to improve the local delivery of health care. The plan called for ambulatory care reform, restructuring of inpatient care, and changes to system financing. This resulted in the formation of the Chicago and Cook County Ambulatory Care Council, a public/private partnership to assess health needs and undertake initiatives.
1991	The health department established an Epidemiology Program.
	The Chicago/Cook County Tuberculosis Task Force was established to develop a coordinated re- sponse to the area's escalating TB problem.

1993	Health Commissioner Sheila Lyne was taken into custody for violating a court order to conduct lead testing on students who were viewed as older than the populations most at risk for lead poisoning.
1995	The Violence Prevention Office was established.
1997	City Council passed the Managed Care Consumer Protection Ordinance, calling for the department of health to establish an Office of Managed Care. This was nation's first municipal effort in monitor- ing the managed care industry.
1998	The health department released the Chicago Violence Prevention Strategic Plan, developed by more than 150 area representatives. The plan was the first of its scope and comprehensiveness in the country. The Chicago Turning Point Partnership convened to develop a plan to strengthen Chicago's public health infrastructure.
1999	The Office of Lesbian and Gay Health was established.
2002	The Northern Illinois Public Health Consortium (NIPHC), an organization dedicated to increasing the capacity of the region's local public health departments to respond to public health threats, was incorporated as a non-profit.
2003	The Chicago Center for Community Partnerships was created to strengthen the Department's col- laborations with Chicago neighborhoods.
2006	The Office of Chronic Disease was established.
	City agencies come together to address obesity as the Interagency Departmental Task Force on Childhood Obesity (IDTF), which was led by the health department.
2008	A stronger Clean Indoor Air Ordinance took effect, prohibiting smoking in virtually all enclosed public places and enclosed places of employment.
2009	Thousands of Chicagoans were infected with influenza A (H1N1, also referred to as swine flu). Just over 1,000 were hospitalized with150 in an intensive care unit.
	From September through June 2010, CDPH distributed more than 1.1 million doses of H1N1 vaccine to health care providers throughout Chicago, and administered nearly 100,000 doses of the vaccine in mass immunization clinics.

The health department turned over responsibility for vital statistics to the County.

**2010** The health department found new ways to share public health messages by establishing its social media presence on Facebook and Twitter.

**2011** Healthy Chicago, the City's first comprehensive public health priorities agenda, was released. An interagency council of 15 City agencies convened to focus on implementation.

An Office of Adolescent and School Health was established.

The Office of Epidemiology changed its name to the Office of Epidemiology and Public Health Informatics to reflect its broadening scope of work.

New Board of Health day care center guidelines took effect, addressing sweetened beverages, physical activity, and screen time in an effort to reduce childhood obesity.

**2012** The health department participated in the City of Chicago's coordinated response to the North Atlantic Treaty Organization (NATO) Summit.

Eighteen public health data sets were made available on the City of Chicago's website, making it easier for policy makers, researchers, and community members to access the most requested information.

The LGBT Action Plan was released and identified numerous strategies on how Healthy Chicago goals could be met in partnership with Chicago's lesbian, gay, bisexual and transgendered community.

The health department transitioned operations of its seven primary care sites to Federally Qualified Health Centers, and consolidated its 12 mental health sites to six, in an effort to improve the quality of care.

The health department applied to become one of the first health departments, and the largest local public health agency, for National Public Health Accreditation.

A Mobile Food Dispenser (MFD) Produce Business License was enacted to encourage fresh healthy food carts to operate across the city, particularly in underserved areas.

#### Information sources for this document, in addition to staff recollection, include:

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