A Brief History of Public Health in Alexandria and Alexandria's Health Department

By
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Introduction

One of the central tenets of public health is the belief that the practice of medicine serves the broader community; however, the specific meaning of the phrase “public health” is a historically contingent one. Beginning in the late eighteenth century, the public included only white, bourgeois men who met in coffee houses and other such establishments to discuss politics, business ventures, and popular culture. Over the course of the nineteenth and twentieth centuries, the “public” included white working class men, the poor, women, and people of color. Eventually, politicians and medical doctors recognized that children should be included as part of the “public” when discussing the spread of contagious diseases. So too, the understanding of “health” has evolved beyond the quarantine of contagious diseases or the containment of miasmas to the discovery of bacteria and viruses and the vaccinations/inoculations to fight them. Later in the twentieth century, physicians and politicians tied physical and mental wellbeing to environment, requiring not only the healthful oversight of food and drink establishments and city streets for possible contagion, but also the management of unsanitary living arrangements that negatively impacted mind and body.  

Public health became more of a preventive measure to safeguard the community.

The City of Alexandria’s Health Department reflects these changes in the overall practice of public health in the United States during the nineteenth and twentieth centuries. Although episodic at first, public health became an integral part of city government by the 1920s. The responsibilities of the Health Department ranged widely depending on scientific advancements and local understandings of the role of government in healthcare. At first, it focused mostly on sanitation and epidemics; however, by the mid-twentieth-century, local health departments were increasingly involved with social and behavioral diseases and their preventive measures.

Ironically, most historians ignore public health in the American South, arguing that the region was too poor and rural until World War II to develop a robust public health program. Major southern ports, such as Charleston in the eighteenth century and New Orleans in the nineteenth century, however, embraced public health early in their histories.  

Alexandria’s early urbanization combined with its proximity to the nation’s Capitol facilitated the acceptance of public health as a means of improving the quality of life of residents. Its role as a port in the eighteenth century also forced city leaders to implement periodic quarantines and pass sanitation ordinances. By the end of World War I, Alexandria established a full-time Health Department to protect the public from communicable diseases and implement health and hygiene measures.

This essay looks at the origin and development of Alexandria, Virginia’s Health Department and the ways in which residents understood the concept of “public health” starting in the

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2 Duffy 16, 100-102.
early nineteenth century through the early twenty-first century. Of particular interest is the establishment of a clinic and offices at 517 North St. Asaph Street, which housed the Health Department from 1944 through 2004. After sixty years of operation, the North St. Asaph Street location closed and the Health Department moved to 4480 King Street in Alexandria’s West End.

**Early Years of Public Health**

Eighteenth and early nineteenth-century responses to community health usually appeared in two forms: 1) the passage of nuisance ordinances and 2) quarantines related to specific epidemics. Following practices in Europe, Americans in urban areas, such as New York, Philadelphia, and Charleston, embraced the idea that miasma, or harmful gases released from the ground, caused epidemics. Thus, cities adopted legislation to control the spread of contagious diseases by minimizing unhealthful gases through sanitation practices. In hubs of international trade, physicians observed that the coming and going of ships seemed to disseminate disease, but they were unsure how. Contagious diseases also seemed to travel quickly through certain areas of the community or among men and women who were in regular contact with each other. When outbreaks occurred, quarantines were put in place to protect the populace.

Established in 1749, Alexandria had codified many of the same practices found in larger cities by the end of the eighteenth century. By 1795, *The Pennsylvania Gazette* reported that Alexandria had refused ships from Norfolk because of an epidemic, probably of yellow fever.\(^3\) By 1800, city leaders codified several laws related to “nuisances,” which were more related to aesthetics than hygiene. Residents were not allowed to dump rubbish or dirt into city streets. Homeowners who lived on paved streets were required to clean sidewalks and gutters at least three times a week and wash them every Saturday during the summer months. City wardens could appoint scavengers to “clean the carriage ways of the paved streets, lanes, and alleys and to take from thence and from the other parts of the town, in such manner and at such times as the wardens may direct, all filth and dirt which shall incommode the inhabitants.”\(^4\) Other local ordinances related to stagnant water, graves, and slaughterhouses.\(^5\)

Yellow fever, which had ravaged many American cities in the 1790s, arrived in Alexandria in October 1798 and July 1803. In 1798, local leaders appointed Dr. Elisha C. Dick (1762-1825) Superintendent of Quarantine to oversee the epidemic, including the establishment

\(^3\) It is possible that Alexandria’s city government frequently instituted such quarantines. Epidemics of yellow fever and smallpox were especially common throughout the eighteenth century. Alexandria [no title], *The Pennsylvania Gazette* 9 September 1795.


\(^5\) Ibid.
of a quarantine facility. Officials in Richmond also discussed hiring nurses. During the 1803 epidemic, the local medical community appointed Dick again and a group of well-to-do citizens established a “committee of health.” Some locals believed the conversion of rotten shellfish to quick lime by kiln caused the disease. Others recognized that the disease might have been imported from somewhere else, possibly on ships. As many as 3,000 of Alexandria’s reported 6,000 residents fled to the countryside until the epidemic subsided. A quarantine was established, especially along the waterfront, which was the area hardest hit. At least 200 people died.

Thirty years later, cholera, another deadly and highly contagious disease decimating human populations throughout the world, arrived in Alexandria. With the 1832 epidemic, citizens again founded another board of health and quarantine officer. However, little could be done to control the disease, which thrived in Alexandria’s unsanitary conditions. Ships also continued to arrive from other areas affected by the disease. Residents reportedly died from cholera only a few hours after becoming ill.

The Civil War brought thousands of African American refugees and Union soldiers to Alexandria. Alexandria was on the frontlines—a place of freedom for former slaves and an embarkation point for soldiers. Scarce housing and food, especially among the African American population, made Alexandria vulnerable to several epidemics. Smallpox, in particular, was rampant and devastating among the town’s freedpeople, which, in turn, could have undermined the Union Army. Quarantines and three smallpox hospitals were established in April 1862. A few months later, military governor, Brigadier General John P. Slough, hired Dr. Charles Culverwell to vaccinate Alexandria’s freedpeople. Dysentery, typhoid fever, yellow fever, and many other communicable diseases wiped out soldiers and former slaves during the Civil War.

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6 Governor James Wood Executive Papers, 1796-1799; Library of Virginia, Richmond, VA. Dick was one of Alexandria’s most prominent citizens at the turn of the nineteenth century; not only was he one of Alexandria’s early mayors, but he also tended to George Washington at his death. For an image of Dick, see http://images.frick.org/PORTAL.IMAGEINFO.php?file=/Volumes/digitallab_xinet_5/NEH_grant/acetate/POST/folder-6/51243_POST.tif (accessed May 27, 2014).


9 Jim Downs, Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction (New York: Oxford University Press, 2012); “African American Civilians and Soldiers Treated at Claremont Smallpox Hospital, Fairfax County, Virginia,
In the early 1870s, a smallpox epidemic led to increased professionalization of public health in Alexandria. Although English scientist and physician Edward Jenner created the smallpox vaccine in the eighteenth century, few American cities and towns instituted its use on a systemic basis. As early as 1833, local government paid physicians to vaccinate the poor; however, no large-scale vaccination programs occurred until the end of the century. The anti-vaccination movement, which peaked in the 1880s and 1890s, also limited the ability of local governments to do anything in response to smallpox other than quarantine and fumigation. By November 1872, Alexandria's Board of Health established a smallpox hospital. City government paid for the food and supplies to maintain the hospital and covered the costs of burying the poor. About a month later, Julia Johns, the daughter of Bishop John Johns of the Episcopal Diocese of Virginia and Julianna Johnson, founded a group of lady managers to administer what became known as the Alexandria Infirmary. It is unclear, however, what relationship—if any—the Infirmary had to the smallpox epidemic.

Perhaps in response to the 1872 smallpox outbreak, Virginia became one of eight states to establish a Board of Health and Vital Statistics in 1872. The Board consisted of seven members, all doctors nominated by the governor. The primary function of the Board was to deal with epidemics affecting the Commonwealth. It also collected data on births and deaths to document the spread of communicable diseases and the possible development and spread of epidemics.

More than two decades later in the 1890s, the threat of scarlet fever and diphtheria compelled City Council to pass more systematic legislation to control the spread of communicable diseases. The new ordinance contained six components, affecting both doctors and citizens:

- Doctors are required to report all communicable diseases to the city health officer within 24 hours of seeing the patient

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10 Alexandria City Records—City Council—Committee—Ad hoc—due bills, Box 19HH, folder 4; Special Collections, Kate Waller Barrett Library, Alexandria, VA; Duffy 179-180, 200-201.

11 “Virginia News,” The Daily State Journal (Alexandria, VA) 19 November 1872, 1; “Small-Pox,” The Evening Star (Washington, D.C.). 4 January 1873, 8; Alexandria City Records—Auditor—Board of Health—Small Pox, 1873; Box 19A, folder 3; Special Collections, Kate Waller Barrett Library, Alexandria, VA.

12 The Alexandria Infirmary later became Alexandria Hospital. Today, it is part of the INOVA health system. “History of Alexandria Hospital is a Story of Growing Services,” Alexandria Gazette 10, March 13, 1953, Clippings, Alexandria Hospital Folder; Special Collections, Kate Waller Barrett Library, Alexandria, VA.

• Doctors are required to place a flag, sign, or placard on the premises of an infected person that cannot be taken down without certification from a doctor
• Infected children and adults will be quarantined and need a certificate from a physician to leave the quarantine
• Residents or doctors will be fined or jailed for fraudulent certificates or signs
• It is illegal for any person to transport a person who is knowingly sick or to sell the personal belongings of a sick person
• Rooms of a sick person must be disinfected and then approved by the city’s board of health

For the first time, Alexandria’s legislation explicitly indicated that the management of communicable diseases was part of the health officer’s responsibilities to the public.

Aside from overseeing response during periodic epidemics, Alexandria’s health officer also responded to sanitation concerns within the community during the late nineteenth century. Early laws had set the precedent that local government would address what was commonly called nuisances: stagnant water, clogged gutters, and trash and dirt in the streets. These ordinances, however, were more about aesthetics than healthfulness. By the end of the nineteenth century, doctors had observed a clear correlation between environment and communicable diseases. Bacteriologists found that microscopic organisms thrived in unsanitary conditions. In turn, these organisms developed into killer diseases affecting nearby human populations. This discovery revolutionized medical practice and, by extension, public health in the U.S.

Around the same time, local leaders—with support from the federal government—began to recognize the role that water played in the circulation of communicable diseases. In fall 1897, scientists from the Hygienic Laboratory at the Marine Hospital Service in Washington, D.C. collected water in Alexandria to see whether any dangerous bacteria were present. Created in 1798 by the United States Congress, the Marine Hospital Service

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16 One of the biggest issues was tied to Washington, D.C.’s trash removal program. Starting in 1894, the federal government hired the National Sanitary Company to collect trash on scows, a flat bottom boat used to transporting trash. The scows, however, were being anchored just across the Potomac River from Alexandria with the stench wafting over the city whenever the wind blew from the northwest. Alexandria’s health officer, Dr. William R. Purvis, requested the company remove the trash, but it refused. In response, he ordered the police department to burn the ships; when that was not effective, he ordered the use of dynamite, which sunk the scows. Purvis stated he would use dynamite whenever necessary to control the smells coming from D.C.’s trash. “Garbage Scows Dynamited,” The Washington Times 4 August 1894, 3; “From Washington,” Alexandria Gazette 16 August 1894, 2; “From Washington,” Alexandria Gazette 16 August 1894, 2; “The Garbage Scows,” Evening Star (Washington, D.C.) 24 June 1895, 3.
provided medical care to sailors at port. Sailors, federal authorities believed, were somehow integral to the spread of communicable diseases, and a space was needed to quarantine them. In the 1880s and 1890s, the Service played a key part in identifying the role mosquitoes played in spreading yellow fever.\footnote{Duffy 159-162, 240-241.}

In two separate tests, scientists at the Marine Hospital Service found raw sewage present in Alexandria’s water supply. Contamination caused by drainage from stables and privy vaults produced bacteria coli commune (today known as Escherichia coli or E. coli), which scientists believed led to typhoid fever. The Alexandria Water Company, a corporation founded in 1851 to provide clean, piped water to the public, announced it would clean up the water supply; its stockholders admitted they also drank the water and wanted it to be clean.\footnote{“Alexandria News in Brief,” \textit{Washington Post} 26 October 1897, 8; “Alexandria News in Brief,” \textit{Washington Post} 12 November 1897, 3; Duffy 201-202; Alexandria Water Company Annual Stockholders’ Meetings, 1851-1878 (Alexandria: Lloyd House, n.d.); Special Collections, Kate Waller Barrett Library, Alexandria, VA.} City government began to install sewer pipes to offset the contamination caused by privies and all residents living near a sewer were required to connect and install indoor plumbing. However, local leaders, including the health officer, were unable to enforce the law.\footnote{“Alexandria News in Brief,” \textit{Washington Post} 1 March 1899, 8.}

The discovery that bacteria caused many of the contagious diseases devastating local communities revolutionized public health in the United States. Communities, such as Alexandria, realized it would take more than quarantines, fumigations, and nuisance laws to defend residents. The protection of water from sewage and other contaminants became one of the main ways in which local governments could protect the public from possible epidemics. By the beginning of the twentieth century, increased professionalization combined with progressivism would expand the role of public health in Alexandria and elsewhere in the United States.

**Early Twentieth-Century Professionalization of Public Health**

Communicable diseases and sanitation still were the concerns of Alexandria’s public health officer in the early twentieth century; however, the responsibilities of the office expanded with new scientific discoveries and the field’s increased professionalization. The implementation of new scientific discoveries meant health officers were now interested in food and drink as sites of contagion. Alexandria would need a laboratory along with scientists to run tests for dangerous microbes. With improvements in vaccinations, the medical community also wanted to immunize dogs and children to stop the spread of certain diseases. By the 1920s, preventive care emerged as a form of public health, and wellness exams for pregnant women, infants, and young children fell under the purview of the health office. The parameters for these new responsibilities, however, were hotly contested among City Council, the mayor, and the medical community, each of whom had their own ideas as to what a health officer could and could not do and, most importantly,
who controlled the selection process. In spite of political wrangling, local leaders established the Health Department with its own professionally trained and full-time staff by the end of World War I.

In the 1900s and 1910s, Alexandria struggled to define the responsibilities of the health officer. The medical community, along with many residents, wanted a much more proactive health officer whose goal was to prevent disease as well as containment. In winter 1899, Alexandria was once again hit with a smallpox epidemic. This time, 100 local residents, including the medical community, petitioned the mayor for radical action:

- A house-to-house inspection of homes and compulsory vaccinations
- Establishment of a "house of detention" with hospital facilities
- The reportage of all smallpox cases to the health officer
- More rigid quarantine of houses
- The mayor be more open to the recommendations of the health officer

City Council approved the petition's suggestions; however, the mayor vetoed it. He argued, against "allow[ing] a Health Officer whose position is so insignificant that the law does not prescribe his duties, to overrule the Mayor's orders to the police officers of the city.” Instead, he wanted the Police Department to manage the “so-called smallpox” epidemic. A week later, City Council met to discuss the conflicts between the mayor and health officer, which brought a large crowd. At the end of the meeting, it approved several ordinances related to the responsibilities of the health officer. The health officer’s new responsibilities included the following:

- Prevent the spread of smallpox
- Keep statistics on smallpox cases and vaccinations
- Receive reports on all cases of contagious diseases

Throughout the early 1900s, the health officer worked aggressively to vaccinate residents and quarantine those who were sick. By the 1920s, only a handful of smallpox cases were recorded.

The professionalization of public health continued throughout the early 1900s. With the passage of a new Virginia constitution in 1902, which was implemented in January 1904, Alexandria was required to reform the current structure of its public health program. In the past, City Council had appointed the board of health with the mayor selecting the health officer. The new state constitution, however, required the corporation judge select three physicians based on recommendations from the local medical society who will serve on the

board along with the mayor and clerk of the corporation court. The new system had its
drawbacks, with medical doctors reportedly refusing to participate on the board without
financial compensation, especially for the board’s secretary.

Ill. 1: Braddock House, circa 1910s (Courtesy of the Library of Congress)

Throughout the early twentieth century, the role of the health officer was a subject of much
political debate. Medical doctors pushed City Council to give the health officer more
control over the city’s management of epidemics and sanitation; they also believed he
needed a clerk to collect statistics and a larger salary. By 1908, the corporation attorney,
Gardiner L. Boothe, ruled that state law pertaining the appointment of medical doctors to
the board of health did not apply to Alexandria. Only jurisdictions creating new boards of
health were required to follow the new constitution; municipalities with boards predating

1902 could follow local ordinances. City Council and the mayor preferred elected officials to have the power to make decisions on public health, including the selection of the public health officer. This led to a board of health consisting of local politicians for much of the early 20th century.

Both politicians and doctors could agree on one area of increasing concern: unsanitary living conditions. Nineteenth century progressives had advocated for safer housing conditions in urban centers, most notably in New York City. Jacob Riis’s *How the Other Half Lives* vividly described in words and photographs the poverty many New Yorkers, especially children, endured at the turn of the century. City officials and the medical community recognized Braddock House, a large boarding house on North Fairfax Street with 150 residents, as a danger to both occupants and passersby. The mayor, health officer, city attorney, and city engineer reportedly expressed that the building should either be improved or closed down. The owner, W. W. Simpson, refused to attach the building to the city sewer line, which was required by law. A large stable underneath the structure was also seen as unsanitary. The situation surrounding the boarding house became volatile in 1909 when a female resident was diagnosed with smallpox and quarantined to prevent the spread of the disease. The city health officer, Dr. Edward A. Gorman, demanded all boarders be vaccinated; however, Simpson refused to vaccinate himself and his family. In response, the health officer arrested him, but the courts ruled Gorman could not compel Simpson without legislative authority. The board of health passed a resolution authorizing the health officer to vaccinate and quarantine residents. Simpson still refused, leading Gorman to forcefully quarantine the boarding house. After the smallpox was contained, Simpson refused to pay for fumigation. Fumigation fees were only charged to those the health officer believed could bear the expense, and Gorman believed Simpson could. A year later, local leaders along with concerned citizens wanted the health officer to inspect Braddock House’s sanitation and residents for possible communicable diseases on a monthly basis.

In 1910, the Virginia Board of Health recommended that Alexandria—because of its size—should hire a full-time medical doctor as health officer. City Council and the mayor


27 Braddock House included what is today known as the Carlyle House, a house museum owned by the Northern Virginia Park Authority that profiles its history as the home of John Carlyle, his family, and slaves in the eighteenth century.


seemed uninterested in such a proposition; however, the passage of new state laws required Alexandria to make additional changes to its public health system. By 1912, the state passed additional laws affecting the organizational structure of Alexandria’s public health system and the powers of its health officer. Alexandria was now required to rename its board of health to the committee on public health, which had to include two members of the board of aldermen and three members of City Council. City Council, instead of the mayor, would elect the health officer by a simple majority.31 The powers of the health officer were also enlarged so that during epidemics he could compel residents to be vaccinated against smallpox and disinfect their houses. He would also receive a salary increase. A deputy health officer would also be hired, whose job was to inspect food for contamination.32

The inspection of food by the deputy health officer was another turning point in the history of public health in Alexandria as well as in the United States. As early as 1800, the quality of drinking water concerned local leaders and residents, so much so that the City established public water pumps. Fifty years later, Alexandria’s elite established the Alexandria Water Company. By the turn of the twentieth century, Americans came to realize that increased industrialization was potentially dangerous to the food system. Scientists had also correlated the spread of certain diseases, such as tuberculosis, brucellosis, and diarrhea, with contaminated milk. Progressives turned to the federal government to protect the public from questionable food practices with the passage of the Pure Food and Drug Act (1906).33

A couple months after the passage of the Pure Food and Drug Act, Alexandria’s health officer had begun inspecting drinking water and milk for dangerous bacteria.34 Six years later, City Council passed new health laws, allowing health officers to inspect meats and milk as well as facilities, such as restaurants and dairies, that sold them. The biggest change included the implementation of a tuberculin test to check milk cows for the bacteria, which many cities had begun doing in the 1890s. Dr. James J. Garvey, Gorman’s assistant health officer, travelled to Alexandria (now Arlington) and Fairfax Counties where all of Alexandria’s milk was produced to inspect facilities and administer the tuberculin test.

31 Sometimes, the selection of a health officer could be contentious. See the reporting on Gorman’s appointment in 1914: “Election is Blocked,” Washington Post 25 November 1914, 11; “Dark Horse may get Health Office Plum,” Washington Herald 27 November 1914, 10; “Fight to a Finish for Health Officer,” The Washington Times 29 November 1914, 17.


test. Milk now had to be in sealed bottles for sale as opposed to being sold from large milk cans. Garvey also inspected restaurants and groceries to ensure the food was protected from flies and other pests, and the garbage cans properly covered.\textsuperscript{35}

Despite the many scientific and medical improvements of the early 1900s and 1910s, epidemics still travelled through Alexandria’s population. Two diseases—typhoid fever and Spanish influenza—devastated the city during the mid-to-late 1910s. In the summer of 1914, typhoid fever had reached epidemic levels with fifty-two confirmed cases. The Virginia Health Department sent Dr. J. A. Waddell to meet Gorman and report on the situation. Waddell’s report pointed to rampant unsanitary conditions throughout the city and recommended no one drink the water until the Alexandria Water Company built a chlorine sterilizing plant to kill bacteria. Later that year, the committee on health recommended stricter enforcement of the sewer law, which required residents to tap into the sewer lines, and pave alleys.\textsuperscript{36} By the summer of 1918, typhoid fever reached epidemic levels again with at least fifty reported cases. Gorman recommended the public boil water since the Alexandria Water Company had still not installed its new filtration system.\textsuperscript{37}

A Lieutenant Colonel Park from Fort Humphrey (now Fort Belvoir) visited Alexandria to assess the situation. He barred all soldiers from purchasing food and drink in Alexandria, causing the loss of thousands of dollars in revenue. Dr. E. G. William, the State Health Commissioner in Richmond, also traveled to Alexandria, noting “the health department here is not supported so it can keep watch as in other cities.” Gorman and other doctors noted that the health officers had no funds to support their work, and neither the health officer nor his assistant worked full time. Furthermore, not enough was being done by local businesses to protect food and drink from flies carrying the disease.\textsuperscript{38}

In response to local government’s refusal to support its public health officers and enforce pre-existing laws, the Virginia Health Department took over all the responsibilities of the health officer. To do this, the state recruited the U.S. Public Health Service to collaborate with Gorman and Garvey to inspect the water supply and milk at all the homes infected with typhoid fever. The U.S. Public Health Service also worked on eradicating mosquito breeding grounds and the possible appearance of malaria. Finally, it vaccinated 600 people against smallpox and inoculated 2,000 residents against typhoid fever. By August 1918, soldiers from Fort Humphrey finally were permitted to visit Alexandria again.\textsuperscript{39}


\textsuperscript{36} “Alarm over Typhoid,” Washington Post 25 August 1914, 11.

\textsuperscript{37} “News of Alexandria,” Washington Post 7 July 1918, 12.


Spanish influenza arrived in Virginia first at Camp Humphrey and Camp Lee (near Petersburg, Virginia) in September 1918. State health authorities tried to educate the public on the disease; however, they recognized that little could be done to control its devastation, which peaked between October 1918 and January 1919 in Virginia. Gorman reported several hundred cases in Alexandria by October. That same month, the Red Cross opened a temporary hospital at Alexandria’s Westminster Building in hopes of making management of the situation easier for doctors and nurses. State government closed down any spaces in which large crowds might mingle, such as churches, schools, pool halls, movie theaters, etc. Service workers—barbers, waiters, and cashiers—were required to wear masks made by the Red Cross and distributed by health officers. By early November, the number of victims began to decline; however, the flu soon traveled to other parts of the state. By the end of September 1919, the state of Virginia reported 320,195 cases and 15,679 deaths from Spanish flu.

The experiences of typhoid fever and Spanish flu during World War I combined with changing attitudes toward healthcare in the United States led to an increased recognition of the need for local government to support public health. By summer 1919, City Council began drafting a proposal for a “full-time, municipal health department that will be modern in every particular.” A city bacteriologist was hired along with a new health officer, Dr. L. E. Foulks, and a new assistant health officer. Stricter enforcement of the law also needed to occur, especially in regard to Alexandria’s water quality. Although the Alexandria Water Company was to have installed a chlorine filtration system, residents were still being told to boil water.

By the early 1920s, the newly established Alexandria Health Department was controlling the spread of communicable diseases. Vaccinations, quarantines, sanitation, and food

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41 *Annual Report of the State Health Commissioner to the Governor of Virginia* (Richmond: Davis Bottom, Superintendent of Public Printing, 1920).

inspections were all used to stop the spread of disease. Daily health clinics for the poor were established, treating 345 patients in its first four months. The doctor also visited the Alexandria Alms and Work Houses and the Anne Lee Memorial Home for the Aged (NOTE: since the nineteenth century, Alexandria had a “physician to the poor” who spent part of his time caring for the sick at the Alms and Work Houses). During World War I, military and government officials openly recognized the damage caused to their troops by venereal diseases (VD), and wanted to educate soldiers and the general public about them. Like many municipalities near military installations, Alexandria opened its first VD clinics in 1919 with support of the state and federal government. All of these programs were reportedly successful. By 1923, many communicable diseases were rapidly declining. For example, because children were required to be vaccinated upon entering school and the Health Department offered these vaccinations, there were fewer cases of smallpox. In 1919, there were 17 smallpox cases, but there were only 2 in 1922. A similar trend was found with scarlet fever. In 1919, there were 27 cases and 1 death; however, there were only 5 cases and no deaths in 1922. Finally, in 1918, there were 200 cases and 13 deaths caused by typhoid fever; but there were only 23 cases and 2 deaths in 1922.

Alexandria’s modern Health Department implemented other practices tied to hygiene and sanitation. Privies were still a major source of disease. Although city government had installed sewer lines throughout large portions of Alexandria, many residents refused to install indoor plumbing and connect to the public sewer. Between 1919 and 1922, the Health Department successfully connected 400 homeowners to the sewers. It also petitioned City Council to install twenty-six sewer line extensions, all of which were approved and implemented. Aggressive penalties were codified into local law for businesses selling tainted food, an issue earlier health officers attempted to address without success. The Health Department wrote to City Council to pass legislation related to the handling of food and drink, including prohibiting the sale of unwrapped bread, coverage of trash with rodent-proof lids, and regulation of dairies selling milk in Alexandria.


46 Ibid.
In response to the increasing responsibilities of the newly established Health Department, City Council put aside a suite of offices in City Hall. Opening in 1925, the new Health Department office had six rooms—emergency room, clinic, nurses’ room, waiting room, office, and laboratory—and two bathrooms with modern plumbing. This would be the location of the Health Department until the construction of the building at 517 North St. Asaph Street in 1944.

Alexandria’s local fight against tuberculosis, also called “consumption” or the “white plague,” increased during the 1920s. By the beginning of the twentieth century, it was the number one cause of death in the United States. In 1908, the Virginia Assembly passed the “Baker Bill” (named after state legislator, Captain William Washington Baker) appropriating $20,000 for the establishment of a sanatorium for tuberculosis patients, the first of which was the Catawba Sanatorium (ca. 1915) for whites near Roanoke followed by the Piedmont Sanatorium (ca. 1918) for African Americans. Since the nineteenth century, medical facilities were either nonexistent for African Americans or segregated in Virginia; however, the extent of segregation in Alexandria’s Health Department is unclear. It appears that preventive medicinal practices and hospital spaces were clearly segregated.

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48 Another clinic was housed at Mount Vernon Avenue after portions of Arlington County were annexed in 1930. “Jefferson to Keeps its Health Center,” *Washington Post* 14 November 1929, 22; “Alexandria Health Considered Good,” *Washington Post* 11 July 1933, 2.
In 1909, the Virginia Anti-Tuberculosis Association was established. Laws pertaining to meat and milk from the early 1910s helped limit the passage of the disease from animals to humans.

The National Association for the Study and Prevention of Tuberculosis (NASPT), which was established in 1904 and changed its name to the National Tuberculosis Association (NTA) in 1919, organized the first major health education program in 1915. The “Modern Health Crusade” rewarded children for the sale of Christmas Seals. The seals always depicted a double-barred cross, modeled on Cross of Lorraine, which the Duke of Lorraine, a leader in the First Crusade, claimed as his own when he became the ruler of Jerusalem (NOTE: this symbol is still used today for the American Lung Association, which emerged from the NTA). The education program taught health and hygiene through pretend play focusing on European medieval chivalry and competition. As children completed each task, they were promoted through medieval society. Alexandrians were involved with the prevention of tuberculosis by the 1910s and focused their energy and money on the fundraising and purchasing Christmas seals.

By the 1920s, the Health Department along with the local chapter of the Anti-Tuberculosis Society worked together to teach the public about the causes of the disease, promote hygiene, and offer free chest screenings. TB clinics were segregated, with African American screenings in the afternoons and white screenings in the mornings; screenings were also divided by ward. By 1928, City Council gave the local chapters of the Anti-Tuberculosis Society and the Red Cross space in City Hall near the Health Department. By 1929, the Virginia State Health Department also offered chest x-rays at periodic clinics held for Alexandrians. In that year, 850 people were given chest x-rays, and doctors found 145 positive cases and 109 suspected cases, all of which were put under immediate medical supervision.


Health Officer Foulks and the health department also focused on the spread of rabies among Alexandria’s dogs. In the late nineteenth and early twentieth centuries, the city dogcatchers were charged with rounding up stray and un-muzzled dogs, which frequently roamed Alexandria’s city streets, and taking them to the local pound. If the animal was believed to have rabies, it would be killed by the local police. A bite from a rabid animal was a horrible experience. Until the invention of the Pasteur treatment, people bitten by rabid animals faced convulsions, disorientation, and death (the disease was also called hydrophobia in humans). In December 1922, Foulks quarantined all dogs in Alexandria for thirty days after a rabid dog roamed the streets for several days, possibly attacking other animals and biting five people. He permitted only leashed dogs in public spaces; any dog

Ill. 3: Health Officer, probably Dr. Garvey, vaccinating a dog at the city stables, circa 1920s (Courtesy of the Library of Congress)


acting erratically would be killed. Two additional dogs, however, attacked several residents later that month and in early January 1923. Foulks responded by requiring all dogs be chained up in yards. If they were not, then the animals could be taken by city dogcatchers or shot by police.55

Dog vaccinations against rabies began in 1922 in the United States and Alexandria began experimenting with vaccinations in summer 1923. By 1925, City Council passed an ordinance requiring the vaccination of all dogs against rabies on an annual basis. Dr. James J. Garvey, the assistant health officer and Health Department’s veterinarian, established a clinic at the city stables where he would vaccinate dogs. The cost to the owner was only 75 cents. Those dogs not vaccinated and/or without a muzzle would be rounded up by dogcatchers, and their owners would be subjected to fines. If dogs were not claimed, then they would be sent to Washington, D.C. where they would be gassed.56 The Health Department ran clinics to vaccinate dogs throughout the 1920s and 1930s.

One of the last new developments under Foulks’s leadership in the 1920s was an interest in preventive care for women and children. As early as October 1924, the Washington Post reported Alexandria’s Health Department had sent nurses on 74 home visits to instruct new mothers on breast-feeding and investigate the hygienic conditions of homes. The Health Department also began using the Schick test to see whether children who had received a diphtheria inoculation needed a follow up booster. In October 1924, 1,500 children received the test.57 An ears, nose, and throat clinic for poor children also opened periodically in the mid-1920s, which offered to remove tonsils and adenoids from chronically sick children.58 By 1927, the Health Department opened a baby clinic with funding from the Kiwanis Club. In the first few months, Health Department staff had given physical exams to 208 babies, attended to 949 young children, and made 599 home visits. Mothers were also given formula and “instructed in the intelligent care of their children.” All babies were immunized against smallpox, diphtheria, and scarlet fever.59

By the 1930s, many of the diseases that developed into epidemics in the nineteenth and early twentieth centuries were contained through a combination of immunizations and sanitation. The Health Department’s role began to shift toward preventive care and served the growing number of poor living in Alexandria during the Great Depression. City Council, however, avoided any attempts at expanding the financial support of the Health Department, which struggled to manage the increasing needs of residents. With World War II, the goals and responsibilities of the Health Department would change again, moving beyond the treatment of communicable diseases and preventive care for the poor, women, and children to what were seen as social and behavioral diseases and environmental dangers. This new emphasis would dramatically change the responsibilities of the Health Department in the post-World War II period.

North St. Asaph Street Clinic

With wartime mobilization during World War II, Alexandria’s population exploded. Workers from throughout the United States, especially the South, migrated to the area to work at the city’s torpedo factory, shipyard, and railroads. Alexandria was also only a few miles away from the Pentagon and Fort Belvoir, both of which saw rapid expansion as a result of war. Every aspect of Alexandria’s infrastructure was put to the test, including its Health Department. To meet demand, the Alexandria Health Department moved out of City Hall by the end of 1944 and into one of the largest municipal buildings in the City—517 North St. Asaph Street.

Alexandria’s Health Department in the 1940s still addressed many of the same problems of the late nineteenth and early twentieth centuries; however, the size of the population it tried to serve was beyond its capacity. Throughout World War II, the health officer still tried to curb outbreaks of rabies among dogs through quarantine and vaccination. Already by 1940, residents working in service industries were required to have annual X-rays to check for tuberculosis. Similar screenings were offered to children, but were not required. The Health Department continued to respond to diseases, such as scarlet fever, measles, meningitis, polio, and spotted fever. Finally, in order to demonstrate the importance of food safety, several food establishments—including the cafeterias at Parker-Gray and George Washington High Schools—were shut down because of unhygienic conditions.60


In 1943, the City of Alexandria recognized the need for a more sizable health department facility. Prior to World War II, it had only three employees. By 1944, there were twenty-six. Ten nurses reportedly shared three rooms; four health inspection officers shared one room; and three people worked in the laboratory. The caseload for the lab had risen from 300 a month prior to the war to 1,700 a month. A new health facility was desperately needed. Any center, however, needed to be approved by several state and federal agencies, the latter of which would provide funding through the Lanham Act (1940). To begin the process, city government first went to the Virginia Health Department to approve its plan, which included space for a state-of-the-art laboratory, venereal disease clinic, tuberculosis clinic, maternal and child care department, auditorium for lectures and health activities, space for 18 public health nurses (it had 10 at the time), offices for 10 sanitary inspectors (it had 5), and x-ray equipment. The initial total cost of the project was $150,000. By January 1944, local government was also working to obtain approval from the U.S. Public Health Service, Federal Works Agency (FWA), and War Production Board, all of which were concerned with Alexandria’s wartime responsibilities and its financial condition. By May 1944, the FWA requested that Alexandria limit the size of its proposed health department from 13,000 to 10,000 square feet and cut the cost to $90,000. It also felt that any new building needed to house Alexandria’s current health staff but no more; Alexandria’s interest post-war expansion would require later additions. Finally, it requested the City find a different location. The North St. Asaph Street location cost $20,000 plus it would require condemning homes. Although there were “4 substandard houses on the site,” the FWA believed it was difficult to justify tearing down homes when housing was such a premium in Alexandria.61

By June, the FWA had approved a smaller version of the Health Department building at the original 517 North St. Asaph Street location. The FWA visited several potential sites in Alexandria, however, none was as promising at the North St. Asaph location. Buckler & Finhagen, an architect firm from Baltimore, designed the building; they had also recently designed the new wing of the Alexandria Hospital. The FWA also put aside building materials, which normally would have been used for the war effort, to construct the health department. City government was to cover 50% of the cost and supply the land and hire


Lee T. Turner, a contractor from Washington, D.C., to construct the building. Construction was to begin in July, and the building was to be occupied by the Health Department some time between November and December 1944.62

Delays, however, pushed the initial construction date to November 1944.63 One problem causing delays was the eviction of an African American family who was quoted saying that “they have no place to go.” Annie Page along with her stepson, Edward Carter, and his wife, Rebecca, lived at 517 North St. Asaph Street for twelve years. On July 7, Page was charged with “maintaining a public nuisance” and evicted from her home. The property reportedly also failed to meet building codes and the “health conditions were substandard.” However, there were very few housing options because of wartime mobilization and the many neighborhoods with white-only housing covenants. The Page-Carter family constructed a makeshift home on the sidewalk in front of their old residence. Dr. William Arkell Browne—who was a temporary replacement for Dr. William D. Schafer who had been deployed with his naval reserve unit—agreed to work with the Alexandria Department of Public Welfare to find a home for the family.64

To add further confusion to the process, Browne resigned from his position as acting health officer to work in Richmond for an assistant health office to the state Health Department and act as a consultant on contagious diseases. Dr. Theodore R. Shrop of the U.S. Public Health Service, who had previously worked in Ohio, became Browne’s replacement.65

The Health Department of the late 1940s—now located in its new home—initially struggled with its mission. In 1947-1948, the League of Women Voters of Alexandria decided to study the Health Department and whether it was meeting its mission. Throughout spring of 1948, members testified in front of City Council, requesting more funding be put aside to support the Department. By March, the League made several recommendations to improve its programming:

62 “Alexandria Health Center Work to Start in 30 Days,” Washington Post 26 June 1944, 5; “Ground Broken in Alexandria for Community Health Center,” Washington Post 7 November 1944, 7; Carl Budewksy, City Manager, Alexandria, VA to Honorable Mayor and Members of the Council, 8 August 1944; City Council of Alexandria, Virginia, Friday, May 5, 1944; City Council Minutes, Alexandria City Archives, Alexandria, VA.


• Higher salaries to attract and keep qualified personnel
• Maternal and child welfare program
• Organized diphtheria immunization
• Greater use of x-ray facilities for TB
• Mass TB survey
• Steps to alleviate financial problems of the Alexandria Hospital

Funding was a key concern for the League; City Council had not invested in the Health Department and the staff could not fully implement the Department’s mission. The report was so scathing that the Virginia Health Department investigated the situation. In October, it released its report, which listed similar concerns:

• “Exceedingly limited” maternal and child health program
• Lack of a program for disabled children
• Negligent inspections of eating and drinking places
• Outdated milk sanitation law and inadequate record keeping
• Existence of outdoor privies

The report also criticized Schafer—who had returned to his previous position after the war—for “inadequate supervision of department personnel and said there was no evidence the health officer adhered to ‘reasonable office hours.’” Schafer stepped down from his position as head of the Health Department a few days before the state issued the report to City Council.

In June 1949, Dr. Thomas J. McGough became the health director. His role, based on criticism from the League of Women Voters and the Virginia Health Department, was to modernize Alexandria’s public health program and enforce present laws. The *Washington Post* reported that McGough recognized four main areas of concern:

• Begin rat, fly, and mosquito control
• Move to indoor plumbing and sewage in city
• Borrow 3 mobile x-ray units to conduct a mass TB clinic

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68 The title of the head of the Health Department changed around this time.
• Have state inspectors survey food establishments for sanitation

A memorandum probably written by McGough to state delegate, Armistead Boothe, listed the Health Department’s current services by 1949. This included vital statistics; immunizations; well-baby clinic; VD, TB, cancer, and heart disease clinics; and a dental program for children. The memo listed many of the same issues as above; it added, however, “the No. 1 goal which has been set by the Alexandria Health Department is the elimination of the can-type toilet, which we feel is a disgrace to this city.”

Before McGough could address the sanitation and hygiene issues in Alexandria, the Health Department had an opportunity to address one of the most crippling of mid-twentieth-century diseases: polio. As early as 1916, local doctors reported cases of “infantile paralysis,” also known as poliomyelitis or polio, to the Alexandria health officer. With the discovery of the poliovirus in 1908, several doctors tried to find a cure. In 1952, Dr. Jonas Salk, while working at the University of Pittsburgh School of Medicine, discovered how to use dead poliovirus cells to make a vaccine. Two years later, Salk and his fellow scientists wanted to test the vaccine on a school population to observe its overall effectiveness. He turned to the Washington, D.C. metropolitan area, asking health departments in Montgomery, Fairfax, and Arlington Counties, as well as Alexandria and Washington, D.C. to participate. Only Fairfax County, however, was willing to test the vaccine. With success in Fairfax County, public and private schools in the Washington, D.C. metro area were again given an opportunity to participate in a larger scale polio vaccination program. This time, Alexandria planned to vaccinate over 4,000 first and second graders at both public and private schools. Parents were required to fill out permission forms before the vaccine would be given; doctors and nurses volunteered to administer the drug and parent groups assisted with paperwork. The first children to

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70 “Report of the Alexandria Health Department for 1949,” Armistead Boothe Papers, Box 170B, folder 1; Special Collections, Kate Waller Barrett Library, Alexandria, VA.
participate in the 1955 immunizations were a group of second graders at an Alexandria private school.\textsuperscript{73}

The 1950s saw the Alexandria Health Department attempt other preventive measures to ensure public health. As early as 1951, the Northern Virginia Dental Society promoted the introduction of fluoride to the drinking water, which the Health Department supported.\textsuperscript{74} McGough also experimented with a weight loss program for women, teaching them about nutrition and portion control.\textsuperscript{75} Periodic physical exams—in conjunction with the Virginia Health Department, U.S. Public Health Service, the Alexandria Tuberculosis Association, and the Red Cross—were available to the public.\textsuperscript{76} Finally, home safety became part of the Health Department’s mission, which won the Department two recognitions by the National Safety Council. In 1951, the National Safety Council gave Alexandria’s Health Department an honorable mention for its “meritorious achievement in home safety education.”\textsuperscript{77} Four years later, the same organization recognized Alexandria for its prevention of accidents in the home.\textsuperscript{78}

Without question, the biggest transformation to the Alexandria Health Department in the 1950s was related to hygiene and sanitation in housing. Prior to World War II, local leaders expressed concerns about the large number of privies in Alexandria even after the installation of sewer lines. Trash in people’s yards, tall weeds, and stagnant water were also recognized as potential sites for the spread of communicable diseases. Health inspectors also looked for rodents and insects at these sites as well as at food establishments.

After World War II, Alexandria’s local leaders became increasingly aware of the city’s blight and decided something had to be done to address the problem. Jon C. Teaford in \textit{The Rough Road to Renaissance} defines blight as “the process of physical deterioration that destroyed property values and undermined the quality of urban life.” To solve these problems, it was


In 1964, Alexandria participated in the oral version of the vaccine created by Dr. Albert Sabin. “Vaccine will be Dispensed at 152 Distribution Stations,” \textit{Washington Post [City Life]} 12 April 1964, B5.


argued that cities, like Alexandria, just needed new highways, sewers, up-to-date housing and commercial buildings, and less pollution. White middle-class families, who had moved away to find safer and more hygienic places to live, would return to Alexandria to live, shop, and work. Thus, instead of addressing the underlying social and economic inequalities, government officials and city boosters adopted physical improvements to remedy the city’s problems.79

The Alexandria Health Department was most concerned with blight relating to unsanitary toilet facilities and the city’s rat and insect problem. In January 1950, McGough told the press that his office’s “No. 1 goal’ this year will be installation of sanitary toilet facilities in all inhabited houses in the city.” He believed there were at least 200 “can toilets,” none of which were attached to the sewer system. For decades, Alexandrians had been required to connect their homes to the sewer system; however, enforcement was relatively lax.

McGough also hoped to begin addressing Alexandria’s rodent and insect problem; however, without legislation, there was little he could do. City Council agreed to pass such an ordinance, and began the process in January 1950. Meanwhile, the U.S. Supreme Court reviewed a U.S. Court of Appeals ruling related to a Washington, D.C. law allowing health inspectors to enter a private home without a warrant to look for rodents. It was deemed unconstitutional, violating the Fourth Amendment related to unlawful search and seizure.80 Alexandria’s City Council decided not to pursue a similar law.

Around the same time, city government began talking about applying for federal monies to go toward an urban renewal project. A 1951 attempt to build a new commercial corridor on Prince Street received much resistance from local residents and the business community, so much so that it was put on hold indefinitely. With the passage of the Housing Act of 1954, Alexandria leaders again decided to pursue federal funds for urban renewal purposes. The requirements under the 1954 law, however, mandated the passage of ordinances requiring owners to maintain their properties to locally established

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standards of structural integrity and healthfulness.\textsuperscript{81} To gain access to these funds, City Council focused on updating its housing codes in compliance with the Housing Act. In January 1956, a report of a rat biting a four-month baby girl in her crib combined with new cases of tuberculosis mobilized city government and civic organizations to finally develop a new sanitation law.\textsuperscript{82}

One of the biggest areas of concern was the amount of square footage deemed as acceptable livable space. The proposal, drafted by Chief Sanitarian A. Clark Slaymaker, contained 200 square feet for one person and an additional 150 per additional person; a rooming house would have to provide 70 square feet for the first person and 50 feet per additional person. A bathroom with indoor plumbing should be available for every 8 people. Some Alexandrians balked at these parameters. John Kerr, Director of the Alexandria Redevelopment and Housing Authority, argued the numbers proposed by the Health Department would have rated most of the city's public housing as "substandard." Other residents complained that many homes and boarding houses would also not meet this measure of livable space.\textsuperscript{83}

The Minimum House-Hygiene Ordinance, passed in December 1957, required all structures be safe and sanitary; have access to natural light, ventilation, and heating; install toilets, bathtubs/showers, have bathrooms and kitchens with cold and hot water; and a limited occupancy based on square footage (150 for one person and 70 feet for each additional person).\textsuperscript{84} Sanitarians, who were hired as part of the Division of Environmental Health in

\textsuperscript{81} Although beyond the scope of this report, the 1954 Act also required that the community be invested in any such project and that housing be supplied to those displaced. Funding—for the first time—could be used for non-residential purposes. Ashley A. Foard and Hilbert Fefferman, “Federal Urban Renewal Legislation,” Urban Renewal: The Record and the Controversy, ed. James Q. Wilson (Cambridge, MA: MIT Press, 1966), 93-99.


\textsuperscript{84} This is a condensed version of the code. See \textit{The Code of the City of Alexandria, Virginia, 1963} (Charlottesville, VA: Michie City Publications Co., 1963), 415-420.
the Health Department, worked alongside the fire department inspecting buildings throughout the city, citing residents for violations and condemning homes. A Housing Hygiene Board would oversee any appeals by owners related to the condemnation of property; either the Health Department or owners could go to court. In 1959, the law was amended to ban the use of portable kerosene heaters in homes, as these heaters had killed seven children in 1958.

By December 1960, city sanitarians reported that 203 homes were in grave violation of the new law and between 1,000 and 1,500 homes in the city were “substandard.” Ironically, a handful of city leaders owned many of the properties in question. V. Ward Boswell, chair of the Alexandria Housing and Redevelopment Authority owned several homes that either needed renovations or to be torn down. The Health Department gave him several months to comply; however, he refused to, saying there was no place for his tenants to go.

Following World War II, African Americans in Alexandria were still experiencing a housing shortage because of segregationist housing practices. Frederik E. Recker, chair of the Housing Hygiene Board; J. Aubrey Matter, city assessor; and Corporation Court Judge William P. Woolls also owned blighted property.

As a response to public officials owning unsafe housing, members of the public petitioned City Council to pursue conflicts of interest legislation. By summer 1961, City Council passed a new ordinance requiring that public officials not own blighted property and that members of the Board of Housing Hygiene must declare the properties they own in Alexandria within 30 days of appointment. City Council asked Boswell to resign from his post; however, he stayed on the ARHA board until his term expired. Recker resigned from his post. Woolls sold his property, and Matter—while remaining in his position—was frequently criticized by the public through the early 1970s.

By the late 1960s, the growing counterculture movement influenced Alexandria’s Health Department in two distinct ways. The sexual revolution and women’s demand for control over their reproductive abilities required the Health Department rethink its role in women’s health. The use of illegal drugs, especially among high school students, also became a community issue in ways previously unseen.

In 1966, Alexandria’s chapter of Planned Parenthood was denied permission to give birth control information to public health nurses and devices to share with poor families. Every city department, except the Health Department, was supportive of such a program; nurses were only allowed to give information if a patient explicitly asked for it. McGough, a member of St. Rita’s Catholic Church, was probably well aware of the debates within the Catholic Church regarding birth control in the 1960s, and the commission established to investigate the subject. In 1968, Pope Paul VI issued the *Humanae Vitae* affirming the

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Ill. 7: Health Department Staff in front of 517 North St. Asaph Street location, ca. 1960s (Courtesy of the City of Alexandria)

church’s conservative stance on any form of birth control.\textsuperscript{89} McGough quipped to the press: “[t]he birth rate in Virginia and in Alexandria is going down and we’re thinking about having a fertility clinic, perhaps.” A few months later, City Council agreed with Planned Parenthood, and overrode McGough’s opinion on birth control information and devices.\textsuperscript{90}

In 1969, City Council organized a citizen commission to study how to control Alexandria’s drug abuse problem, especially among teenagers. A year later the commission, which included members of the public school system, Health Department, Police Department, medical doctors, and the general public, reported that Alexandria’s drug problem was “serious” but not “critical.” Local residents, however, were frustrated by what they saw as a deficient report. Within the next few years, Alexandria opened methadone and alcohol abuse clinics in the Health Department.\textsuperscript{91} By the early 1980s, it was known as the Drug Abuse Services Program and a Narcotic Treatment Center. Neighbors, however, complained that addicts were sleeping on the front steps of the Health Department waiting for it to open and receive treatment.\textsuperscript{92} These programs eventually came under the purview of the Salvation Army, which opened a separate facility for drug addicts and alcoholics in 1989 on Mill Road.\textsuperscript{93}

In 1971, controversy rocked the Health Department again. In June of that year, Alexandria’s recently appointed City Manager, Wayne F. Anderson, contacted the Virginia Health Department to either fire or transfer McGough. Anderson voiced concern over


\textsuperscript{92} Interview with Carolyn Day, Sophia Tep, and Mary Roher, 4480 King Street [Health Department], 4 June 2014.

McGough’s ability to implement Alexandria’s new housing codes along with other programs under the Health Department’s purview. Although McGough had the support of his staff and the medical community, City Council could not legally overturn Anderson’s decision. Ira L. Robinson, the City Council’s first African American member since Reconstruction, also supported Anderson’s decision. The Washington Post noted that McGough “one of several key city government officials criticized in recent years by blacks who charged that they were insensitive to their rights and needs.”94 McGough’s replacement, Dr. Angel A. Cardona, was originally from Puerto Rico and had spent most of his medical career in the army.95

In response to the Health Department’s growing responsibilities and Alexandria’s population growth, city government approved three physical expansions of the Health Department in the 1970s. With the closing of Alexandria Hospital's Duke Street location and relocation to Seminary Road in the West End, local leaders debated whether the Alexandria Community Health Center, which served poor residents, should be moved there as well. Established in 1938 by local doctors who were also members of the Kiwanis Club, the Alexandria Community Health Center initially provided medical care to boys at the local Boy’s Club whose families could not afford it. The organization quickly expanded, offering fifteen clinics per week by 1940 for local residents.96 In 1974, City Council approved the construction of a public health center on the grounds of the new Alexandria Hospital on Seminary Road to be managed by the Health Department and to replace the Alexandria Community Health Center on Duke Street. A smaller clinic, attached to the North St. Asaph Street Health Department building, was also approved to provide general and pediatric services to poorer populations in Old Town so residents could easily walk or ride to the facility. This clinic was the second addition in five years; in 1970, the Alexandria Health Department built an addition at 515 North St. Asaph Street to the original 1944 building.97 In 1975, the state—which was supposed to pay 55% of the new clinics medical staff’s salaries and which was technically responsible (by 1967) for oversight—initiated a hiring freeze, which would potentially delay the opening of the clinic unless Alexandria figured out a way to pay salaries. The new clinic—named the Flora Krause Casey Health Center after its longtime director—opened in 1978.98

96 “The Flora Krause Casey Clinic,” 11 December 1981; Alexandria Health Department, Alexandria, VA.
97 515 North St. Asaph Street, Building Permits, Alexandria City Archives, Alexandria, VA.
By the 1970s, the Health Department’s responsibilities also expanded to include new environmental hazards, namely toxic chemicals in the soil, air, and water. In 1976, the federal government passed the Resource Conservation and Recovery Act, which required strict management of various forms of waste, including hazardous materials. The 1970s saw many attempts on the local, state, and federal level to clean up the environment because of excessive pollution. Alexandria’s waterfront maintained many industries, including the manufacturing of chemical fertilizers. The R. H. Bogle Company, founded in 1923, produced a weed killer used primarily along railways following World War II. By 1976, it was reported that the plant was allowing arsenic-laced wastewater to pour into the Potomac River. The soils around the plant and at nearby public parks were tested by the Health Department and found to have high levels of arsenic and mercury, which (if inhaled) could be lethal. Because children played in the area, the Health Department offered free tests to parents to check children for possible contamination. Within a year, the owners sold the empty plant and land to a developer, who wanted to convert the area into condominiums. Because of the toxic chemicals in the soil, the Health Department reviewed the site plans and monitored the construction site to ensure worker safety.

Under Cardona’s leadership, Alexandria was also the first municipality in Virginia to implement the Women, Infant, and Children Program (WIC). By the mid-1970s, every state with the exception of Virginia and Utah participated in WIC—a federal grant program for “supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women and infants and children up to the age of five.” For two years, Alexandria piloted the program for the state; in 1977, Virginia began the process to integrate WIC into its overall health programs.

Facing the impact of second-wave feminism, Alexandria hired the first woman to head the Health Department, Dr. Anne J. [Bucur] Albertson in 1980. Albertson, who completed medical school in the 1950s, had spent much of her early career taking care of her family and not pursuing her passion for public health. In 1975, Albertson decided to go back to

“Resolution,” 29 March 1967; Alexandria Health Department History, Alexandria Health Department, Alexandria, VA.


school to complete her Masters degree in public health while simultaneously taking a position at the Health Department. In 1979, she was appointed assistant director, working closely with Cardona. A year later, she became head of the Department once Cardona retired.102

It was under Albertson’s guidance that Alexandria’s Health Department addressed two of the biggest issues in the late twentieth century: teen pregnancy and the HIV/AIDS epidemic. By the early 1980s, Alexandria had the highest teen pregnancy rate in Virginia. By 1984, it was reported that there were 152 teen births and 40% of those were women under the age of 18. Mayor James P. Moran Jr. asked City Council to establish a taskforce—the Taskforce on Adolescent Pregnancy—to discuss and address the issues surrounding teen pregnancy and parenthood, with particular interest in the establishment of a clinic. The taskforce believed the Health Department should run a clinic for teens near T.C. Williams High School, although—since it would serve students from private and parochial schools too—could not be within the school itself. With a large majority of the public’s support (with the exception of the Catholic Diocese of Arlington and a group called the Concerned Alexandrians for Teen Health), both the School Board and City Council voted in favor of the clinic. The clinic would house at least one nurse and two counselors who would address any issues related to sexually transmitted diseases or STDs (NOTE: by the 1980s, the term had changed from venereal diseases (VD) to sexually transmitted diseases (STDs); today, they are known as STIs or sexually transmitted infections) as well as overall mental and physical health. By 1987, City Council approved the distribution of contraceptives to high school students, one of the first municipalities in the region to do so. Since the mid-1960s, family planning services were available at North St. Asaph Street location of the Health Department; however, now it would be more accessible to teens by being within walking distance of the high school.103

In September 1988, the Adolescent Health Clinic finally opened at 3801 Braddock Road between the Bradlee Shopping Center and the Minnie Howard tennis courts. To make students aware of the new clinic, staff presented information about their services to high school and junior high school students as well as to teachers and administrators with help from the PTA. An open house was also organized so students and parents could visit the clinic. Staff designed a poster and brochure, both of which were in English and Spanish, and published articles in the school newspaper. The Alfred Street Baptist Church, a historic African American church in Old Town, donated money to pay for the brochures. Finally, the clinic offered free physcials for athletes to introduce students to the clinic. Below is a list of services offered:

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102 Charles Barthold, “Health Boss reaches Goal,” 9-15 July 1980; Clippings, Health Department Historical, Alexandria Health Department, Alexandria, VA.
• Mental Health/Substance Abuse Counseling
• Family Planning
• Athletic Physicals
• Routine Physicals
• Sexually Transmitted Diseases
• Illnesses
• Immunizations

During the first nine months of operation, 569 teenagers, or 14% of the teen population in Alexandria, visited the clinic. By 1994, the impact of the Clinic was finally documented and teen pregnancy numbers began to drop.

Around the same time the Health Department opened its Adolescent Health Clinic, it also faced the HIV/AIDS crisis. By 1985, there were eighty-nine known cases of HIV/AIDS in Virginia. As the number of people diagnosed with the disease increased, the Virginia Health Department laid out guidelines on how to keep track of the spread of infection, provide proper medical care and counseling, and notify sexual and needle partners. Many Virginians—because of the stigma associated with the disease—were afraid of being tested and wanted complete confidentiality. By 1989, the Virginia Health Department established sixteen anonymous testing sites throughout the state, one of which was in Alexandria. Five years later, HIV/AIDS infections were still on the rise; there were 176 known cases in Alexandria.

Debby Dimon, who is currently the PHN Supervisor at the Alexandria Health Department, was hired in 1990 with an interest in HIV/AIDS prevention and treatment. Her work entailed HIV/AIDS prevention within the community; staffing the Taskforce on HIV/AIDS (now known as the Alexandria Committee on HIV/AIDS); supervising STD clinics; and reporting and investigating HIV/AIDS, Syphilis, Chlamydia, and Gonorrhea cases. She—along with Bob Eiffert from the Department of Human Services (who also worked on HIV/AIDS prevention and treatment and predated Dimon on the Taskforce)—wrote a grant to obtain $15,000 in emergency funds through the Ryan White Care Act (1990), which she later implemented. The funds were earmarked for the care of poorer HIV/AIDS victims. By

104 “Report on Adolescent Health Clinic” [Draft], September 1988-March 1990; AHC-History; Alexandria Health Department, Alexandria, VA.
1991, the Flora Krause Casey Health Center was treating sixty people with HIV/AIDS, at least fifteen of whom were low-income residents in need of financial support.\(^{107}\)

In our interview, Dimon noted that Alexandria’s aggressive stance on HIV/AIDS prevention and treatment is something that residents should be proud of. Unlike other municipalities in northern Virginia, Alexandria’s Health Department could not only diagnose HIV/AIDS, but also manage cases through the Casey Clinic, which has become the model for treatment throughout the country. She also noted that the Alexandria Committee on HIV/AIDS worked diligently to prevent discrimination against patients and ensure access to preventive and healthcare services.\(^{108}\)

The arrival of Dr. Joshua Lipsman in 1991 as director of the Health Department brought additional reforms. In 1993, the Health Department was rocked by allegations that it was not doing enough to notify patients of their HIV/AIDS status. In an investigation, it was found that twenty-four files did not contain proper documentation as to whether individuals had been contacted. It was alleged that a handful of individuals passed the disease to sexual partners, and at least one became pregnant. Six months later, the Virginia Health Department reported that the problem was merely a paperwork issue and that Alexandria’s offices had rectified the situation.\(^{109}\)

In 1994, Lipsman proposed to City Council the establishment of a mobile van to get information, clean needles, and condoms out into the community in order to stop the spread of HIV/AIDS. This practice was being experimented with in larger cities, such as New York; however, Alexandria would have been one of the first medium-sized cities to experiment with such a program. Alexandria had started a program to hand out bleach to intravenous drug users, but reports stated it was not working. Lipsman wanted to focus primarily on the neighborhoods of the Berg, Del Ray, and Madison/Wythe where a majority of the Health Department’s clients lived. State law, however, prohibited the handing out of drug paraphernalia, so without a change to state law, Lipsman’s idea of a mobile clinic

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\(^{108}\) Although beyond the scope of this project, it should be noted that the Alexandria Health Department collaborated with many non-profits and other local government agencies to promote HIV/AIDS awareness and prevention. One such organization was called AHEAD (Alexandria HIV Education and Advertising). The Health Department also worked closely with Hopkins House, a nonprofit minority CBO in Alexandria that focuses its energies on the African American community. A disproportionate number of the HIV/AIDS population was African American. Interview with Debby Dimon, 4480 King Street [Health Department], 4 June 2014.

would not come to fruition. City Council was also not supportive of the endeavor, and it was shelved indefinitely.  

Immigration from Central America and Mexico met with specific challenges for the healthcare community. Many immigrants came from countries where medical services were scarce to nonexistent. Due to experiences in their homelands, immigrants did not necessarily trust government leaders and authority figures. Finally, because they were not citizens, immigrants were ineligible for public insurance programs, which could be used to pay for medical expenses. To cater to the growing Latino community, the Health Department established a clinic in Arlandria, also known as Chirilagua in the 1990s.

In 1992, the Alexandria Health Department received a federal grant from the Department of Health and Human Services to open a comprehensive health clinic for low-income women and children in Arlandria and provide prenatal care, wellness exams, and immunizations. The $1 million demonstration grant covered four years of operation, and the Presidential Greens apartment complex, which had become home to many of Alexandria’s Latino residents, donated a one-room apartment to be used as a clinic. When federal monies ran out in 1996, the Alexandria Health Department could no longer run the facility, which was transferred to a local nonprofit, the Alexandria Neighborhood Health Services Inc. (ANHSI). Dr. Charles Konisburg, Alexandria’s Health Department Director from 1999-2008, helped ANHSI obtain nonprofit status and federal recognition.

A surprising number of Central American and Mexican immigrants were also infected with tuberculosis in comparison the general American public. By 1993, Alexandria had the second highest tuberculosis rate in Virginia, just after Arlington, which also had a large immigrant population. In response, the Alexandria Health Department hired Jane L. Moore to work as the tuberculosis program coordinator, focusing on keeping patients on their

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113 “Arlandria Clinic Meets Desperate Need; Area Immigrants Get Case, Understanding,” Washington Post [Alexandria-Arlington Extra] 2 May 2002, T3; Interview with Debby Dimon, 4480 King Street [Health Department], 4 June 2014.
medicine and ensuring they attended their medical visits. J. Antonio Tapia worked full time on tuberculosis education within the Spanish-speaking community.¹¹⁴

By the early 2000s, the problems that faced public health in the eighteenth and early nineteenth centuries reappeared, but in new forms. The fear smallpox or other communicable diseases could be weaponized was being discussed within the medical community. Alexandria—like the rest of the nation—would be forever changed by the 9/11 terrorist attacks followed by the anthrax scare. By June 2002, Virginia received federal funds through the CDC to put toward hiring an epidemiologist and a bioterrorism coordinator for each of the state’s thirty-five districts, one of which was Alexandria.¹¹⁵ As Debby Dimon recalled, Alexandria’s Health Department was at the forefront of these debates.¹¹⁶

**Conclusion**

In early 2001, Mayor Kerry J. Donley in his annual State of the City address spoke about the three major purposes of city government—“public safety, public health, and public education.” The speech also discussed the changing health needs of the community and the government’s search for a new facility to replace the Health Department’s current headquarters:

> Our goal is to find a location for a new health facility as the current structure located at 517 N. St. Asaph St. is both old and outdated. Staff is currently reviewing possible alternatives for the health department and will be addressing their findings during the up-coming budget. We will be examining alternatives which effectively and efficiently deliver basic health care to Alexandrians who in some cases have no other alternatives.¹¹⁷

Staff who worked at the North St. Asaph Health Department recalled the conditions inside the building. Windows either had been painted shut or had to be propped up with a stick to stay open. The basement was moldy and rodent infested. There was asbestos, and the bathrooms were terrible.¹¹⁸


¹¹⁶ Interview with Debby Dimon, 4480 King Street [Health Department], 4 June 2014.


¹¹⁸ Interview with Carolyn Day, Sophia Tep, and Mary Roher, 4480 King Street [Health Department], 4 June 2014.
Over three years later, on August 16, 2004, city leaders opened a new location for the Health Department in the West End of Alexandria at 4480 King Street and closed the North St. Asaph Street location. The new facility not only allowed for expanded services, but also for what was perceived as “a more inviting atmosphere.” Many of the same services from the past could be found at this new location, ranging from treatment for communicable diseases and obstetrics to wellness exams and laboratories. The new, larger facility also allowed for an in-house dental clinic, children’s play area, and parking for both staff and patients.

Despite the deteriorating conditions inside the North St. Asaph Street location, many staff members had fond memories about their experiences there. One individual recalled that “[w]e were a family there.” Still others mentioned the location was appealing. They loved being able to walk to restaurants in Old Town for lunch or to have a picnic on the waterfront.119 In the Health Department’s Connection newsletter, a staff member recalled the building’s resident ghost, possibly the spirit of a dedicated laboratory technician, Bob Dalton, who reportedly worked day and night at the Health Department. He was also quite

119 Interview with Carolyn Day, Sophia Tep, and Mary Roher, 4480 King Street [Health Department], 4 June 2014.
a local “character” in life—carrying a firearm in the office, reading racy magazines in the laboratory, and caring for his pet tarantula, “Hermy.”

As demonstrated by this report, the history of public health in Alexandria is a long one, dating to the end of the eighteenth century. As new discoveries and ideas impacting medicine were made, Alexandria’s Health Department embraced them. After World War I, a full-time, modernized Health Department was finally established, similar to that found in larger cities. Over time, its priorities expanded and shifted, moving away from managing epidemics and sanitation to preventive care and environmental health. By the twenty-first century, the threat of bioterrorism brought old and new problems together once again.

120 “Some St. Asaph Memories,” Connections [Health Department], July 2004. A special thanks to Carolyn Day for finding this newsletter.
# Appendix A: Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1798</td>
<td>Dr. Elisha C. Dick (1762-1825) is appointed Superintendent of Quarantine in response to the yellow fever epidemic.</td>
</tr>
<tr>
<td>1832</td>
<td>Cholera arrives in Alexandria, and a Board of Health is established to manage the epidemic.</td>
</tr>
<tr>
<td>1896</td>
<td>City Council passes ordinances to facilitate the management of future epidemics.</td>
</tr>
<tr>
<td>1899</td>
<td>City Council empowers the health officer to establish quarantines, disinfect homes, and offer vaccinations.</td>
</tr>
<tr>
<td>1912</td>
<td>Virginia passes laws requiring many reforms to the health officer's role in city government.</td>
</tr>
<tr>
<td>1918</td>
<td>Virginia State Health Department takes over Alexandria's public health program in response to improper handling of a typhoid fever outbreak.</td>
</tr>
<tr>
<td>1919</td>
<td>Alexandria hires a full-time health officer with support staff. The Health Department is officially established.</td>
</tr>
<tr>
<td>1925</td>
<td>A suite of rooms in City Hall are put aside to house the Health Department.</td>
</tr>
<tr>
<td>1944</td>
<td>City leaders—with support from the state and federal governments—builds a Health Department building at 517 North St. Asaph Street.</td>
</tr>
<tr>
<td>1948</td>
<td>The League of Women Voters writes a scathing criticism of the Health Department. The health officer resigns, and new reforms are put in place.</td>
</tr>
<tr>
<td>1957</td>
<td>The Minimum House-Hygiene Ordinance passes, giving the Health Department the power to inspect homes. Hundreds of homes are deemed “substandard.”</td>
</tr>
<tr>
<td>1981</td>
<td>Dr. Anne J. [Bucur] Albertson is appointed the first female director of the Health Department.</td>
</tr>
</tbody>
</table>
1987  City Council approves the establishment of a teen health clinic near T. C. Williams High School to help address Alexandria's teen pregnancy problems.

1992  The Health Department receives a federal grant to establish a health department in Arlandria (Chirilagua) at the Presidential Greens apartment complex, making healthcare more accessible for the growing Central American and Mexican immigrant communities.

2004  The Health Department building at 517 North St. Asaph Street is closed. The Department moves to 4480 King Street in the West End.
## Appendix B: Names and Dates of Alexandria’s Health Officers and Directors, 1870s-Present

<table>
<thead>
<tr>
<th>Name</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Robert C. Powell</td>
<td>ca. 1874-1877</td>
</tr>
<tr>
<td>Dr. E.A. Stapler</td>
<td>ca. 1878-1881</td>
</tr>
<tr>
<td>Dr. Robert C. Powell</td>
<td>ca. 1882</td>
</tr>
<tr>
<td>Dr. T. Marshall Jones</td>
<td>ca. 1887</td>
</tr>
<tr>
<td>Dr. William R. Purvis</td>
<td>1891-1895</td>
</tr>
<tr>
<td>Dr. Julian T. Miller</td>
<td>1895-1900</td>
</tr>
<tr>
<td>Dr. Edward A. Gorman</td>
<td>1901-1918</td>
</tr>
<tr>
<td>Dr. L. E. Foulks</td>
<td>1919-1926</td>
</tr>
<tr>
<td>Dr. W. Clyde West</td>
<td>1927-1929</td>
</tr>
<tr>
<td>Dr. W. Lewis Schafer</td>
<td>1929-1942</td>
</tr>
<tr>
<td>Dr. Arkell Browne</td>
<td>1942-1944</td>
</tr>
<tr>
<td>Dr. Theodore R. Shrop</td>
<td>1945</td>
</tr>
<tr>
<td>Dr. W. Lewis Schafer</td>
<td>1946-1948</td>
</tr>
<tr>
<td>Dr. Thomas J. McGough</td>
<td>1949-1971</td>
</tr>
<tr>
<td>Dr. Angel A. Cardona</td>
<td>1972-1980</td>
</tr>
<tr>
<td>Dr. Anne J. Bucur</td>
<td>1980-1991</td>
</tr>
<tr>
<td>Dr. Joshua Lipsman</td>
<td>1991-1998</td>
</tr>
<tr>
<td>Dr. Charles Konigsberg</td>
<td>1999-2008</td>
</tr>
<tr>
<td>Dr. Lisa Kaplowitz</td>
<td>2009-2010</td>
</tr>
<tr>
<td>Dr. Stephen Haering</td>
<td>2010-Present</td>
</tr>
</tbody>
</table>

1 Data in this chart comes from newspapers and city directories.
Appendix C: Collage to Memorialize the 517 North St. Asaph Street Location in the Health Department’s Connections Newsletter, July 2004
(Courtesy of Carolyn Day)
Appendix D: Photographs of Public Health Nurses at 517 North St. Asaph Street Health Department, 1990-2004 (Courtesy of Debby Dimon)
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