It is now slightly more than seven months since the 20 members of the Steering Committee met in Raleigh, North Carolina, to plan an organization for people involved in infection control. In three days of intense work, initial officers were selected, committees formed, and planning began for the future. In the succeeding interval, our membership has slowly grown to over 400. Countless large and small decisions have been made, and we have all learned a great deal from our accomplishments as well as from our mistakes. The achievements seem small when compared with the needs to be met—regional programs, continuing educational programs for new and experienced practitioners alike, some rational standards to be applied in our work, and a host of other needs. The organization is young, the work demanding but challenging.

These words, written in 1973 by APIC's first president, Pat Lynch, still are true for us today. Certainly APIC is now 10 years old, and we can look back on many significant accomplishments. But the original enthusiasm remains, and new challenges replace old ones as we evolve as an organization and as individuals in a demanding profession.

I would like to share with you some of the thoughts of past APIC presidents, who are listed in Table 1. These people led the organization during its formative years and served as spokespersons for the organization. They represent the hundreds of APIC members who worked long hours to bring the organization to its current status as an internationally respected body. Some of their thoughts are taken from past president's messages, and some were written as recently as a few months ago.

Pat's current thoughts about APIC's beginnings include:

Any new organization spends a considerable amount of time and energy on management activities such as developing policies and objectives and carrying out the functions of the organization. It has been rewarding for the APIC founders to note that few major changes in the structure and organization of the Association have been necessary. APIC seems to have made a successful transition from infancy to adolescence.

The organization continued to grow, and continued to develop its structure and place in the health care field. As Shirly Chewick (president, 1974) said, "The main thing is that we did it... [We] took the bull by the horns and said we have a serious problem and we intend to make the situation better. Join us." As its internal structure was being formed, APIC sought input from its members, a process that continues today. "...[The] priority will be given to consideration of how the national organization can relate more effectively with local groups and the individual practitioner."

The late Carole DeMille was APIC's president from 1975 to 1976; under her enthusiastic leadership the organization made strides internally and in the community.

In five years, we have developed an excellent reputation as a professional association. We enjoy a rapport with the Center for Disease Control... We have a liaison with the American Hospital Association... Industry now comes to our excellent Education Committee for assistance... We meet with the Federation of Nurse Specialty Associations and the American Nurses Association to participate in their discussions relevant to nursing.

In those same five years, we've provided for the continuing education of APIC members through our national annual conferences... We have accepted 17 areas into APIC chapter membership. There has been a great deal of input from the chapters and there is no area which more vividly demonstrates our honest effort to maintain open communication with members than in the development of local chapters.

Carole's thoughts for the future of APIC are words for today as well.

In the future we must develop and demonstrate...
accountability for the quality of infection control standards of care. We must also initiate the mechanism for certification of those individuals within our field who have developed a competency to practice. Unless we accept the challenges of the present we alone will be responsible for our lack of identity in the future. My directive—APIC, prepare for the future with confidence. Enjoy!5

Shirly Bradley held the presidency in 1977. During this time, the work of volunteers on a variety of committees greatly expanded.

This year has represented a transition period for APIC. The second ad hoc committee has completed and published the position paper [on the role of the infection control practitioner]. The Bylaws Committee has submitted the first amendment to the Bylaws. . . . The first regional educational program took place. . . . The APIC Starter Kit has reached its final production stage. There are now thirty-nine official chapters. . . . The future holds almost limitless opportunities to grow and expand our horizons. The activity being generated in all the committees gives evidence that this is happening.6

More people became involved in APIC and the field of infection control. Although the basic concerns for education and communication did not change, more attention was turned to the visibility of the organization and the need to act rather than react. Kathy DeLuca, APIC president in 1978, stated:

I am very optimistic about the future of infection control. The field has unlimited possibilities, [and] its scope is not yet fully appreciated. The key to our continued growth is unity as a specialty. We must set standards and become actively involved with regulatory agencies. As a group we must move in this direction, or we may indeed find that we must function under unrealistic constraints. We have reached a point now that we can write our own destiny.7

Cheryl Cox, APIC president in 1979, broadened APIC’s visions further. The organization, through committees, individuals, and chapters, was continuing to grow and develop its internal structure. At the same time, more effort was directed outward to establish APIC as a political force in health care.

The establishment of a Standards Committee and a Certification Committee was the formal start of a process that continues today. Cheryl stated a number of mandates for APIC, among them:

| Table 1. APIC presidents from the founding of the organization |
|-------------|-------------|
| **Past presidents** | **Year** |
| Pat Lynch | 1972-1973 |
| Shirley Chewick | 1974 |
| †Carole DelMille | 1975-1976 |
| Shirley Bradley | 1977 |
| Kathy DeLuca | 1978 |
| Cheryl Cox | 1979 |
| Katherine Holl | 1980 |
| Mary Jane Freeburn | 1981 |
| Jean Harret | 1982 |
| George Counts | 1983 |

†Deceased.

We must continue to educate our members at all levels of practice. . . . We must create a high standard of core curriculum for certification. . . . We must begin to create inroads into local, state and national regulations that affect our field. . . . We need to become more involved in the development of standards pertinent to our field.8

Katherine Holl, APIC president in 1980, summarized the efforts and accomplishments as APIC turned some of these ideas into reality:

As a recognized leader in the field of infection control, APIC certainly must assume responsibility in meeting the many challenges facing us today. As one looks at the myriad needs for meaningful scientific research, development of standards for practice, better continuing educational opportunities for all disciplines, influencing health legislation, effecting change in regulatory agencies, and consultative liaison with industry, to mention a few, one realizes that goals of such magnitude can be accomplished only through combined efforts.

. . . We take pride in past and present achievements. The National Program Committee was a mirage that has become a reality. A program devoted to continuing education for the hospital epidemiologist reveals the progress and expertise of the Education Committee.9

Further progress was made during the presidency of Mary Jane Freeburn, 1981.

The establishment of a voluntary certification program came closer to being a reality with the formation of the APIC Certification Association (APICCA). . . . The Curriculum Committee will continue to work on the development of the Core Study Guide to assist ICPs in preparing for the certification examination. The American Journal of Infection Control has shown continued growth. . . . [and] has been accepted for in-
dexing in *Index Medicus*. . . We established a formal liaison with the newly formed Society of Hospital Epidemiologists of America (SHEA).

And now, it is 1982 and APIC has reached its 10th year. Much has been accomplished, by many people. In reviewing the 10 years via the thoughts of past presidents, I am struck by the vision of the founders of this organization: from the start, they set a course that we are still on.

The early, introverted focus of the organization has been replaced by an outward view of our professional world. We have a strong, stable organization, because of their careful efforts to establish structure. Now, from this base, we can move outward: first, to have an impact on our own membership, by certification and standards for educational programs; second, to have an impact on health care delivery and our position in the health care system.

During 1982, I will pursue these same goals, through the establishment of an ad hoc committee to study the activities of APIC and to develop short- and long-range goals for our next 10 years. I encourage and support the continuation of current activities, including:

1. Development of *The APIC Curriculum for Infection Control Practice*
2. Standards Committee activities
3. Liaison relationships with other organizations

The courage and dedication of the APIC founders continue in members, old and new, who work toward the goal of establishing and maintaining APIC as the policy-making body in infection control practice. At the same time, APIC remains as an organization of and for individual practitioners and must continue to be responsive to members. The next 10 years present somewhat different challenges than the first. The combined enthusiasm and dedication of the members and supporters will make the next 10 years for APIC as exciting and rewarding as its first decade.

References