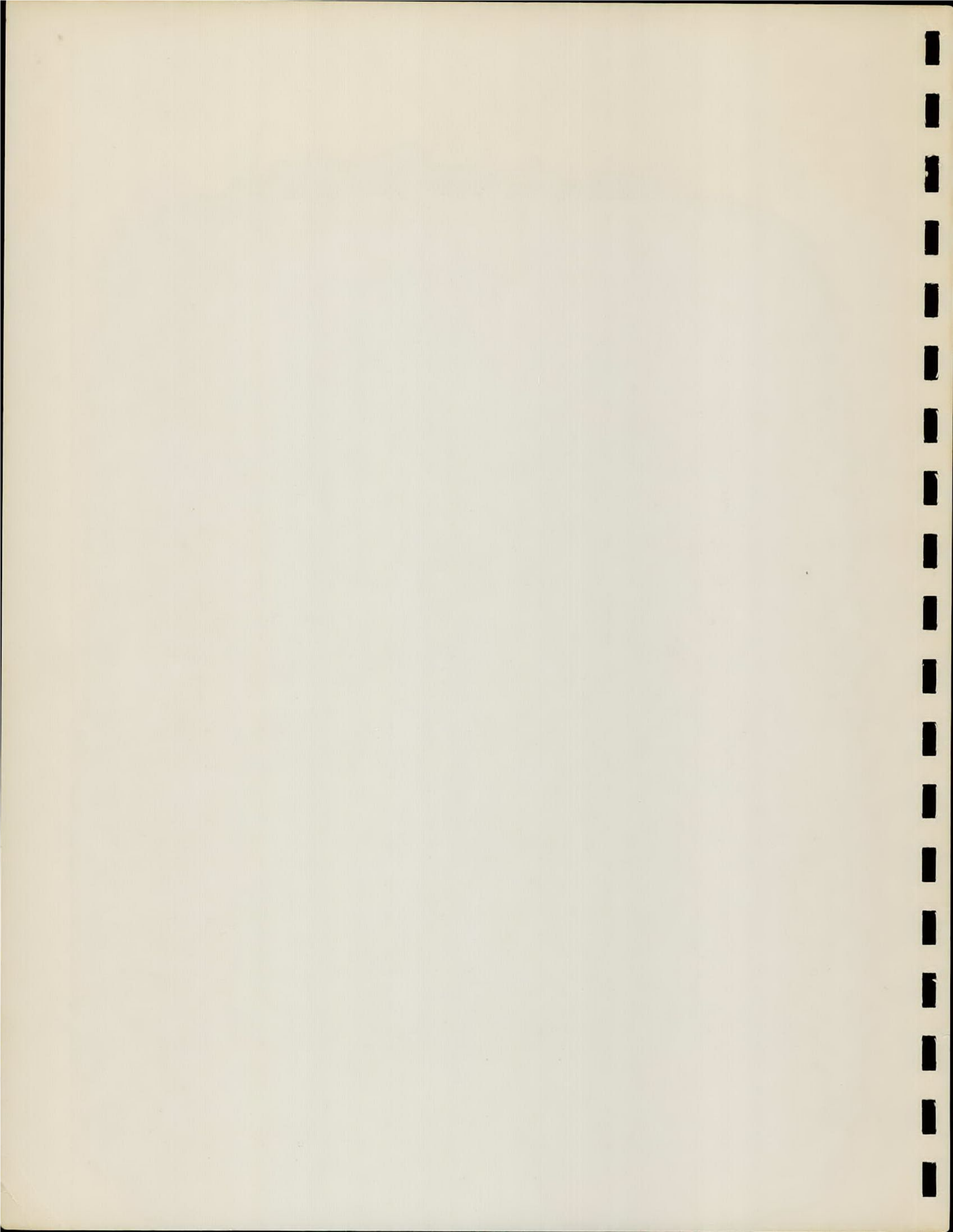




A Century of Progress :  
Public Health in West Virginia



John D. Rockefeller IV  
Governor



L. Clark Hansbarger, M.D.  
Director

# State of West Virginia

DEPARTMENT OF HEALTH

CHARLESTON 25305

September 14, 1981

The Membership  
West Virginia Public Health Association

It is, indeed, a long way from the statement made by the first chairman of the West Virginia Board of Health:

"Physicians, who have given attention to the subject, know that by a strict observance of the now well established principle of hygiene, at least one-third of the deaths annually occurring from the four greatest factors of mortality, namely, so-called "consumption," scarlet fever, diphtheria, and enteric or typhoid fever may be prevented."

to the purpose of our 1981 health law which states that:

"It is the policy of this State to effect a significant improvement in the delivery of health and mental health services for the benefit of the citizens of this State; to develop and implement a coordinated and comprehensive continuum of health and mental health services to meet current and future needs at a reasonable cost; to promote the delivery of preventive care by emphasis on primary care and community based services; to achieve equal access to all types of quality care for all citizens of this State in matters relating to the delivery of health and mental health services; ..."

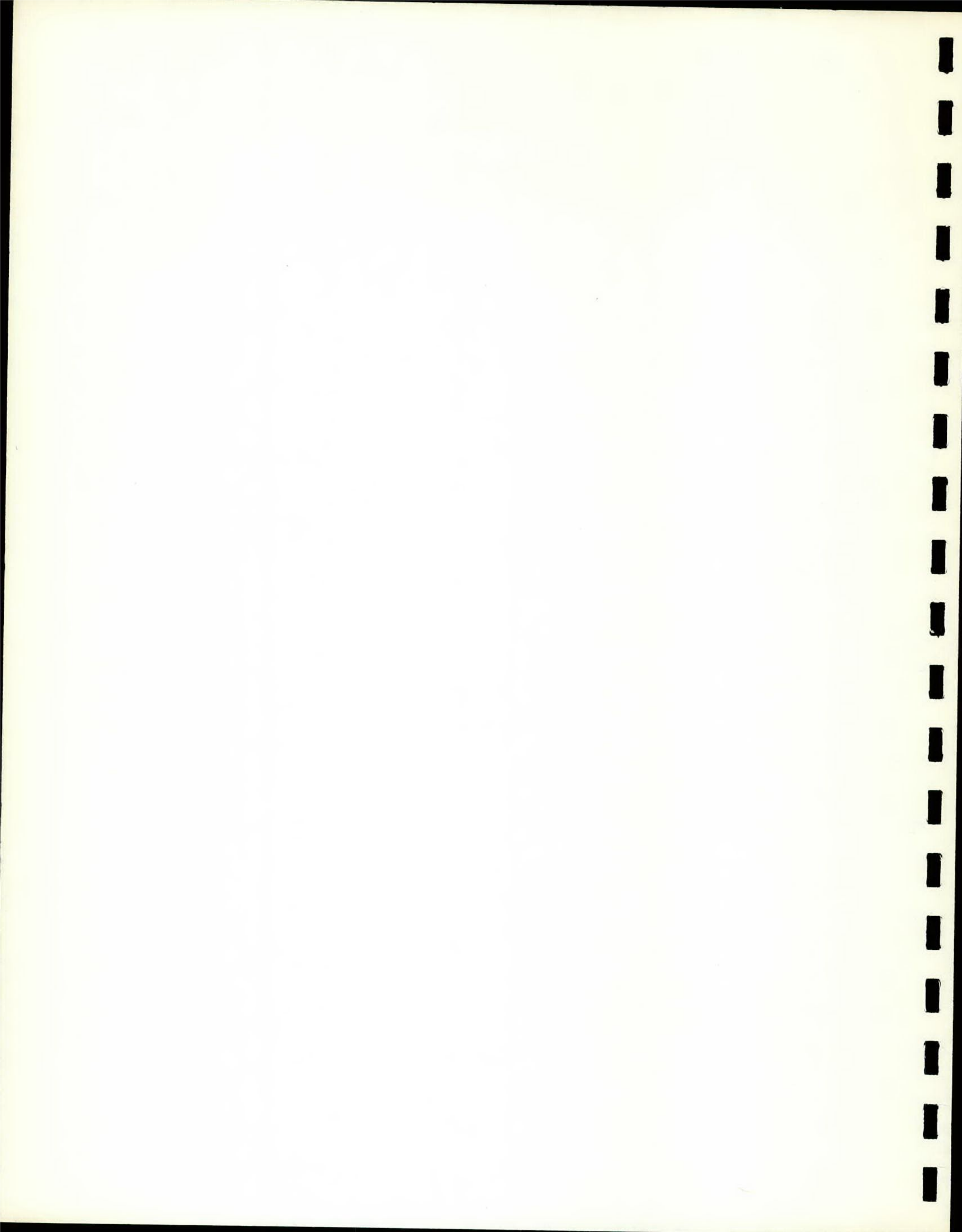
As we celebrate the 100th Anniversary of public health in the State of West Virginia, I believe what we are really celebrating is the contribution that each of us, our peers, and our predecessors have made to move us from that period of time to this.

This 100th-year Anniversary of public health in the State of West Virginia is not only time to be grateful for past and present contributions, but a time to rededicate ourselves to the work that is still to be done. While it fills us with pride to look back, I would urge us to look forward with enthusiasm and optimism considering what we and those who come after us can accomplish in the future to create a public health climate within the State of West Virginia that will allow each of our citizens access to quality care in a setting that maintains individual humanity across the entire span of our lives.

Sincerely,

A handwritten signature in cursive script that reads "L. Clark Hansbarger, M.D.".

L. Clark Hansbarger, M.D.  
Director



## FOREWORD

To record, even briefly, a century of public health in West Virginia would take months of research and reams of paper. And so, these pages cannot justifiably be called a report nor even a summary of 100 years of public health.

We have tried to pick up the main threads of facts and have tried to weave them into a tapestry but due to the need for brevity many "stitches" in the tapestry are missing or have been dropped -- it was unavoidable.

We would be remiss, however, if we failed to recognize a figure who dominated the public health scene for 31 years as Director of the Department of Health, Dr. N. H. Dyer.

If a tapestry of progress in public health in West Virginia has been woven, then perhaps Dr. Dyer was the weaver. Much of his life has been dedicated to the health of West Virginians. His words, which were recorded in the November 1956 issue of The West Virginia Medical Journal, were a source of information for this paper.

However, his 31 years of service would be of little consequence if it were not for the hundreds of dedicated people who preceded him and laid the foundation on which the "Century of Progress" was built.

As we start a new century we can only dream of the medical breakthroughs which will be achieved, of the preventive measures which will be discovered, of the diseases which will be eliminated and of the new and unforeseen obstacles which we may face.

A century, though longer than a lifespan for most, is actually a short span of time. Perhaps Alfred Lord Tennyson was best at putting a century into perspective when he said:

"The days will grow to weeks,  
the weeks to months,  
The months will add themselves  
and make the years,  
The years will roll themselves  
into the centuries...."

And so we go forward into the new century of public health in West Virginia full of anticipation of the future and with great respect for the past.



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George B. Moffett, M.D., 1881-1884  
T. A. Harris, M.D., 1884-1885  
C. T. Richardson, M.D., 1885-1888  
W. P. Ewing, M.D., 1888-1897  
C. B. Blubaugh, M.D., 1897-1900  
S. N. Myers, M.D., 1900-1903  
A. N. Frame, M.D., 1903-1905  
D. P. Morgan, M.D., 1905-1907  
J. E. Robins, M.D., 1907-1909  
John L. Dickey, M.D., 1909-1911  
R. E. Vickers, M.D., 1911-1912

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V. T. Churchman, M.D., 1918-1921  
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W. M. Babb, M.D., 1923-1925  
H. G. Camper, M.D., 1925-1929  
B. O. Robinson, M.D., 1929-1933  
Albert H. Hoge, M.D., 1933-1937  
Walter E. Vest, M.D., 1937-1949

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William Jarrett, M.D., 1949-1953  
D. A. MacGregor, M.D., 1953-1955  
Stanley Turk, 1955-1957  
Roy W. Eshenaur, D.O., 1957-1959  
Phill A. McDaniel, 1959-1961  
P. R. Higginbotham, M.D., 1961-1963  
Mrs. R. E. Fisher, 1963-1965  
Edgar B. Moore, R.Ph., 1965-1967  
J. Bernard Poindexter, Jr., DDS 1967-1969  
Hu C. Myers, M.D., 1969-1971  
Harold B. Ashworth, M.D., 1971-1974  
Joseph W. Kessel, 1974-1976  
Harry O. Copher, D.D.S., 1977-1979  
Samuel G. Nazzaro, 1979-

## A CENTURY OF PROGRESS

A century, 100 years, 10 decades, however it is written, designates a significant period of time.

This marking of time is particularly important this year in the area of public health in West Virginia. Of course there has always been public health in one form or another but 100 years ago the West Virginia Legislature formally recognized the importance of public health by establishing the first State Board of Health. The law provided for local boards of health in every county of the state and an annual budget of \$1,000 was authorized. Thus began a Century of Progress in Public Health in West Virginia.

Preliminary plans for the establishment of a State Board of Health were discussed at the annual meeting of the State Medical Society in 1875.

This early effort failed and it was not until March 8, 1881 that the "Act to Establish a State Board of Health and Regulating the Practice of Medicine and Surgery" was passed by the legislature. The law became effective June 8, 1881.

The first meeting of the Board was held in the Executive Chamber at the Capitol in Wheeling on the 21st day of June, 1881. Dr. George H. Carpenter was elected temporary secretary, Dr. James E. Reeves temporary chairman and the first president of the Board was Dr. George Moffett.

In his remarks Dr. Reeves said, "Physicians, who have given attention to the subject, know that by a strict observance of the now well established principle of hygiene, at least one-third of the deaths annually occurring from the four greatest factors of mortality, namely, so-called "consumption, scarlet fever, diphtheria and enteric or typhoid fever may be prevented."

The three classifications for license to practice medicine and surgery as set forth in the original legislative act, were:

- (1) Graduates of reputable medical colleges upon presentation of diploma to receive certificates to practice, without examination.
- (2) All persons who had practiced medicine in the state continuously for 10 years prior to 1881 were eligible for license without examination.
- (3) Others, not graduates of medical schools and who had not practiced, but who presented themselves to the State Board of Health for examination.



The first three applicants to pass the Board's first examination were Dr. Lew S. Franklin of Glenville, Dr. Leonard Eskey of Benwood, and Dr. George I. Garrison of Burton. During the first year 843 physicians were licensed.

The Act of 1881 also provided that the Governor appoint two physicians from each congressional district as members of the Board. The requirements were that the appointed physician must be a graduate of a respectable medical college and must have practiced medicine for 12 years prior to the appointment.

The principal duties of the State Board were to conduct sanitary investigations regarding causes of diseases in both humans and animals, to maintain quarantine centers in order to prevent spread of contagious diseases, to establish county health boards with the consent of local governments, and to license physicians to practice medicine in the state.

From 1881 to 1913 there was little change in public health legislation in West Virginia. In 1913, during the term of Governor Henry D. Hatfield, himself a physician, the Board of Health was reorganized. Two members-at-large were added and the office of State Health Commissioner was created. The Commissioner became the Secretary and was designated an ex officio member of the Board.

The reorganized Board of Health was authorized to carry out additional health measures such as the inspection of food, drink and drugs for sale to the public, and the examination of public water supplies, drainage and municipal sewage systems. It also was authorized to keep on hand, in the Secretary's office, a supply of preventive serums for distribution when necessary.

The State Hygienic Laboratory was established in 1913, in connection with the University at Morgantown.

In 1915, the State Board of Health was abolished, and the State Department of Health was created. The Department consisted of a Commissioner of Health and a six-member Public Health Council. The Commissioner was appointed by the Governor for a term of four years. His annual salary was \$3,000. The requirements for office were that he be a physician, skilled in sanitary science and experienced in public health laws and regulations of the Department of Health, to draft rules and regulations for consideration by the Public Health Council, to assist local health offices in county sanitary surveys, to settle jurisdictional disputes between local health officers and to study causes of morbidity and mortality from diseases in the state.

The six members of the Public Health Council were physicians and were appointed for a four-year-term. All were required to be graduates of regular medical schools, with five years experience in practice. The duties of the Council were to promulgate rules and regulations, to take evidence in appeals,

to approve plans and appointments, to hold hearings, to advise the Commissioner of Health, to define qualifications of local health officers and directors of divisions, and to license qualified physicians to practice medicine and surgery.

The 1915 legislature created the Division of Preventable Diseases and the Division of Sanitary Engineering. These were the first "Divisions" of the State Department of Health.

The Division of Maternal and Child Hygiene was created by the legislature in 1919, and the Division of Vital Statistics in 1921, the latter for the purpose of obtaining and preserving state records of births, deaths and marriages.

In 1934 the legislature created the Division of Barbers and Beauticians with a State Committee under the State Department of Health. These divisions continue to function though their areas of concentration, their goals and the modus operandi may have changed.

The Division of Cancer Control was created in 1943 to administer the health laws relating to the diagnosis and treatment of patients with cancer. Authority was given to provide educational programs, establish cancer clinics, furnish certain diagnostic service with regard to tissue specimen, and provide surgical, X-ray and radium treatment in indigent and medically indigent cases. It was terminated in 1977.

Following legislative action authorizing the State Health Commissioner to form a Bureau of Mental Health, the Bureau was established in 1947.

A major change was made in the organization of the Department in 1949 when the legislature enacted a law abolishing the Public Health Council and authorizing the organizational change back to the State Board of Health, setting up a separate Medical Licensing Board and changing the title "State Health Commissioner" to "State Director of Health." The nine members of the new Board consisted of three medical doctors, a pharmacist, a doctor of dental surgery, a hospital representative, a Doctor of Osteopathy, and two citizen representatives. Not more than five could be members of the same political party and not more than two could come from the same congressional district.

The Board of Health had all the duties, rights and powers of the former Public Health Council except that of licensing physicians, chiropodists and chiropractors. It also appointed the State Director of Health for an indefinite term.

The Bureau of Nutrition was established in the same year and West Virginia became the second state to establish a children's clinic.

Statewide distribution of Salk polio vaccine began in 1953 as a step toward the prevention of paralytic poliomyelitis following a year when 21,000 new cases were reported.

The Division of Disease Control with the assistance of a Federal Grant, began a statewide polio vaccination program in 1957. Salk vaccine was administered to persons up to 20 years of age and to expectant mothers. This proved to be a turning point in the fight against this crippling disease. The last case of polio was reported in 1968.

The Legislature in 1957, created a Department of Mental Health to operate the five state mental hospitals and community mental health programs. Mental Health remained a separate division until Senate Bill 585 was passed in 1977 returning community mental health programs, hospitals, etc. to the Department of Health, effective July 1, 1977.

The same legislation gave the governor the authority to appoint the chief executive officer of the Department of Health, with the advice and consent of the Senate.

Senate Bill 585 also placed the hospitals, which had been in the Department of Public Institutions, under the umbrella of the Department of Health.

After the merger of the Departments of Health and Mental Health in 1977, the Division of Behavioral Health Services was established to carry on administrative functions, such as funding, monitoring, establishing standards, etc. for community mental health programs.

At the present time, there are 14 mental health catchment areas providing a continuum of preventive, diagnostic, therapeutic, and rehabilitation services for over 40,000 citizens in West Virginia.

The Division of Maternal and Child Health reached a long sought goal in 1980 when the Infant Mortality Rate dropped below the national average. The state had an average of 11.9 per 1,000 live births compared to a 12.8 national average (both statistics are provisional).

## INTERESTING FACTS

In 1903, the death rate from smallpox was reported as being from 12 to 20 percent of reported cases. The Board of Health recommended that authorities urge everyone to be vaccinated, and revaccinated at every remotely suspected exposure to the disease. In 1927, 1,099 cases of smallpox were reported. Due to the action of the Board of Health and continued vaccination programs, the last case of smallpox was reported in 1948. In 1906, 19 cases of smallpox were reported in Hampshire County within a radius of four miles. Quarantine had not been properly enforced due to a difference of opinion regarding the diagnosis. One physician diagnosed the illness as "Cuban itch."

In the same year, the Pullman Company complained to the Board of Health about carrying a five percent solution of carbolic acid in cuspidors and posting anti-spitting orders in its cars. The Board exempted the Pullman Company from the carbolic acid requirement but stood firm on the anti-spitting order.

The Ohio Valley Electric Railway Company requested an extension of time for compliance with the anti-spitting and the cuspidor order citing the fact that during the summer the Company was operating open cars, or closed cars with all windows open, and that therefore there would be less need for cuspidors during the summer months. The extension was granted.

A special meeting of the State Board of Health was called for April 11, 1910, to consider a petition by citizens living on Brooks Street in Charleston which stated that a physician residing in the area kept and maintained a lot on which a number of cows were kept. No specific action was taken by the State Board.

On July 29, 1912, the State Board adopted a resolution abolishing the common drinking cup.

On November 28 and 29, 1913, the Board of Health held its first meeting, as a school of instruction for local health officers, in the Hotel Chancellor in Parkersburg. Governor Henry D. Hatfield addressed the group and discussed the following topics: typhoid fever and illegal practitioners; experience with epidemics of smallpox; production and distribution of milk; duties and trials of county health officers; and fads, fakes and faith cures.

The same year, a list of reportable communicable and contagious diseases was approved. The list is very similar to the one used today.

In 1915, the Board resolved to require one year of college work as premedical education for the school term of 1916-17.

The first public health nurse was employed December 3, 1918, at a salary of \$1,800 per year.

The total expenditures of the State Department of Health for Fiscal Year 1919-20 were \$32,825.45.

In 1920, there were 2,073 cases of diphtheria and 1,050 cases of typhoid fever reported in West Virginia. In contrast, in 1955, 20 cases of diphtheria and 39 cases of typhoid fever were reported. In 1980, there were only five cases of typhoid fever. The last case of diphtheria was reported in 1976.

An Immunization Program was initiated in 1963. In 1965, measles vaccine became available and rubella vaccine was introduced in 1969. In both instances, mass immunization campaigns were conducted on a statewide basis. In 1975, mumps vaccine also became part of the program. Today the occurrence of measles, rubella and mumps are the lowest in the recorded history of the state.

## HISTORICAL HIGHLIGHTS

1881

Legislation passed establishing the first West Virginia State Board of Health with an annual state appropriation of \$1,000 and providing for local boards of health in every county of the state.

First meeting of Board of Health held at the State Capitol.

1887

Spencer Hospital is authorized by an Act of Legislature.

Regulation passed requiring cases of certain communicable diseases to be reported by quickest means to the State Board of Health.

1890

Local Boards of Health established in all counties except one.

Local Health Officers instructed to have all houses or premises placarded, where smallpox, scarlet fever, measles or diphtheria were known to exist.

1892

Leading cause of death was cholera infantum which precipitated regulations for prevention of cholera.

1893

Leading cause of death was diphtheria.

1894

Local Boards of Health established in all counties of the State.

1895

Law regulating License to Practice Medicine in West Virginia passed.

Spencer Hospital is formally opened as a hospital for the mentally ill.

1897

Huntington State Hospital, a hospital for the treatment of the mentally ill, is authorized by the Legislature.

1899

An Act of the Legislature authorizes construction of a hospital at Welch known as Miner's Hospital Number One.

Miner's Hospital Three is constructed at Fairmont.

1908

State Board of Health recommended that the state make provisions for the care and treatment of tuberculosis since it was leading cause of death in the world.

West Virginia standards of medical education and requirements recognized nationally.

1910

Site for the State Tuberculosis Sanitarium selected at Terra Alta.

1912

Miner's Hospital Number One is renamed Welch Hospital Number One.

1913

Located near Terra Alta, Hopemont Sanitarium is founded to provide treatment for tubercular patients.

1917

Denmar Sanitarium for the Black Tubercular Patient is established.

1918

The Chamberlain-Kahn Act providing grants to states for the control of venereal diseases passed by Congress which paved the way for the first Federal Grant for public health in West Virginia during Fiscal Year 1919, in the amount of \$12,535.

The Bureau of Venereal Disease control is created and the State Hygienic Laboratory is moved to Charleston.

A "Health Car," a vestibuled railway coach, is rented by the State Department of Health and sent to the rural sections of the state in the interest of public health education.

1919

Lakin Hospital is founded by an Act of the Legislature.

1920

Free clinics established for venereal diseases in key cities of West Virginia.

1921

The Vital Statistic Law which provided for compulsory registration of vital events with the State Health Department passed.

The West Virginia Training School in St. Marys is established by an Act of the Legislature as a residential treatment center for the mentally retarded.

The Sheppard-Towner Act, a congressional act making Federal funds available to the state to assist in developing Maternal and Child Health Programs, passed.

West Virginia received \$110,000 in Federal funds from 1922-1929.

1922

Bureau of Public Health Education and a small separate Division of Vital Statistics are established.

1924

West Virginia Public Health Association organized.

1926

Lakin Hospital is opened for the reception and treatment of Negroes suffering from mental and nervous disorders.

1927

First meeting for discussion of a statewide nutrition campaign is held.

Statewide milk control program began and the Standard Milk Ordinance was adopted.

Pinecrest Hospital is authorized by the Legislature for the care of tubercular patients.

1931

West Virginia leads the nation in a rural sanitation program which includes the construction of almost 300,000 sanitary privies during 1931-1941.

Survey found 276 municipal garbage-refuse dumps including five that could be classed as sanitary landfills.

Welch Hospital Number One is renamed Welch Emergency Hospital.

1933

Compulsory examination and licensing of water plant operators inaugurated.



1934

Law governing the practice of barbering and beauty culture in West Virginia passed and the Division of Barbers and Beauticians established.

1935

The Social Security Act is signed into law providing for a federal-state partnership to promote maternal and child health administered by the Children's Bureau.

1936

Bureau of Industrial Hygiene established.

The Bureau of Public Health Nursing established by action of the Public Health Council.

Legislation enacted making preschool immunization against smallpox and diphtheria compulsory.

1937

Division of Child Hygiene is changed to Division of Maternal and Child Health. This change reflects the growing recognition of the importance of the mother's health in producing healthy babies and a recognition of the need for reducing maternal mortality.

1938

Bureau of Dental Hygiene established as a section of the Division of Maternal and Child Hygiene.

1939

West Virginia adopts premarital law requiring applicants for marriage license to submit to the standard blood test for syphilis.

A new facility is constructed at Denmar.

One out of 84 deaths under 1 year of age is caused by syphilis.

1940

West Virginia Milk Advisory Board is established.

Bureau of Tuberculosis Control is established and a 4 x 5 photofluorographic X-ray machine is purchased and mounted in a semi-trailer tractor unit.

1942

Premature Infant Incubator Service began.

1944

Ground is broken at Morgantown for the first modern health center with the aid of Federal funds.

The Division of Cancer Control is established.

1945

Bureau of Dental Hygiene is made an independent bureau.

Blood tests for pregnant women are made compulsory with the passage of the Prenatal Law.

Legislature assigned advisory medical supervision of state mental hospitals to the State Department of Health.

The State Legislature passed House Bill 12 authorizing the State Health Commissioner "to promote mental health by establishing a Bureau of Mental Health."

1946

The Infant Mortality Rate was 40.9 per 1,000 live births.

1947

Bureau of Mental Health established.

A survey of the silicosis hazards existing in coal mining industry began.

West Virginia's first mental health clinic established at West Virginia State College, Institute, W. Va.

First diagnostic chest clinic began in Boone County.

1948

Maternal and Child Health Division implements a premature nursery at Thomas Hospital. A small ambulance-type operation is developed to transport the neonates with electric heating, etc.

Inspections of state institutions by the State Fire Marshall and local sanitarians inaugurated as part of the hospital licensing program.

1949

Reorganization legislation creates modern State Department of Health; Public Health Council is abolished, a State Board of Health created, and a separate Medical Licensing Board formed.

West Virginia became the second state to establish a Children's Clinic.

Bureau of Nutrition is established.

1952

There are 21,000 new cases of paralytic polio.

The State Department of Health moved into the new State Office Building, occupying one and one-half floors, marking the first time in approximately 20 years that the six divisions, 10 bureaus and an office of central administration were housed under the same roof.

1953

Statewide program for the distribution of immune serum globulin, as means toward prevention of paralytic poliomyelitis began.

Institute and Charleston Mental Hygiene Clinics merged to form Charleston Memorial Guidance.

1954

The new State Hygienic Laboratory, one of the very earliest laboratory projects under the Hill-Burton Program was completed at a cost of about \$700,000.

The staff and patient population at Lakin Hospital are integrated and the name changed to Lakin State Hospital.

1955

The services to school-aged children includes pediatric clinics in Morgantown and Charleston which provides complete diagnostic and treatment services and hospitalization services.

1956

A 96-bed annex is completed at the Andrew S. Rowan Memorial Home.

The advent of community fluoridation in West Virginia initiates a new era.

1957

Due to the decline in the incidence of TB, Denmar Sanitarium is converted to Denmar State Hospital for the chronically ill.

The West Virginia Department of Mental Health is created by an Act of the Legislature as a separate agency and is given the responsibility for administration of the five state mental hospitals, a residential center for retarded children and for community mental health services.

Prior to this action the Department of Mental Health had been under the administration of the Board of Control and the responsibility of the Department of Health.

1963

Dentistry is made a division due to its involvement with public institutions, four penal and two long-term care institutions.

1963 (continued)

An Immunization Program is initiated.

A program which President John Kennedy proposed is enacted into law, the Maternal and Child Health and Mental Retardation Plan Amendment of 1963 of project grants to stimulate state and local health departments to plan, initiate, and develop comprehensive maternity and child health care service programs.

1964

The first mental retardation project began.

1965

Measles vaccine becomes available.

The name of Hopemont Sanitarium is changed to Hopemont Hospital by an Act of the Legislature and is designated as a long-term-care facility for the chronically ill.

PKU program mandated by state law requiring the first of many thousands of specimens to be tested annually.

1967

Early and Periodic Screening Diagnosis and Treatment (EPSDT) is one of the first federally funded preventive health care programs made possible by a 1967 Amendment to Title XIX of the Social Security Act for children eligible under Medicaid.

A comprehensive survey resulted in the first Solid Waste Regulations. That survey found 276 municipal garbage-refuse dumps including five that could be classed as sanitary landfills.

1968

A comprehensive set of Radiological Health Regulations is developed.

Cervical cancer screening program began.

1969

Rubella vaccine was introduced. In both instances, mass immunization campaigns were conducted on a statewide basis.

1970

The Sewage Disposal Division began. The Public Health Laws of West Virginia and State Board of Health Administrative Regulations necessitate that the Sewage Disposal Division perform review of design of sewage treatment facilities and of plans and specifications for sewage collection and treatment facilities,

1970 (continued)

construction inspections, inspection of plan operations, on-site investigations of proposed sewage treatment facilities, proposed mobile home parks, review of sewage treatment plant operational reports together with the training and certifications of sewage treatment operators.

1972

Gonorrhea culture screening program with examinations of specimens on a statewide basis started.

The Early Childhood Development Project is established and seeks to identify and provide quality health services to indigent expectant mothers and children to age six as an effort to reduce maternal and infant deaths, prematurity, low birth weight infants, and other handicapping conditions of the newborn.

1973

The Special Supplemental Food Program for Women, Infants and Children (WIC) is authorized by Congress and in West Virginia is administered by the State Department of Health, which subcontracts with local health agencies for the provision of services to eligible participants.

The Early, Periodic, Screening and Diagnosis and Treatment Project is established to provide a mechanism for the early identification of health problems in Medicaid eligible children.

Infant Mortality Rate has dropped to 19.4 in West Virginia compared to 17.7 nationwide.

As a result of a key breakthrough in the development of laboratory detection and transport methods for gonorrhea specimens, a statewide screening effort is launched through public health funded programs and selected practitioners.

The EPSDT, administered by the Department of Health in conjunction with the Department of Welfare, was initiated. Under this agreement the Division of Maternal and Child Health provides outreach services, clinical services and referrals in 46 counties.

The idea of approval for solid waste systems is developed and modified to permits. Until the late 60's, solid waste was not a program but rather a general sanitation activity in the Department.

The General Environmental Health Division enters into a contract with the Food and Drug Administration to place under an inspection and surveillance program all of the canneries, beverage bottling plants, bakeries and similar food manufacturing or processing plants engaged in interstate sale of such foodstuff.

1974

A 100-bed expansion is completed at the Andrew S. Rowan facility.

1975

The "Safe Drinking Water Act" is enacted and, as a result, the surveillance activity of public drinking water supplies increased dramatically.

Mumps vaccine became part of the immunization program. As a result, the occurrence of measles, rubella and mumps are the lowest in the recorded history of the state.

1977

The Certificate of Need Program was established to administer the State Certificate of Need Law passed earlier. Certificate of need regulates capital expenditures and the offering of new health services by health care facilities.

The Division of Alcoholism was established by the 1963 Legislature as a section of the West Virginia Department of Mental Health. The Legislative Act of 1977 caused the program to cease direct service delivery. The program now is a part of the Division of Behavioral Health Services and is delivered through contractual arrangements with community agencies.

The State Developmental Disabilities Planning Council became a key component of the Division of Behavioral Health Services with the reorganization. Originally, the Federal DD Act was to promote services for individuals with mental retardation, cerebral palsy and epilepsy. Later, the Act mandated a protection and advocacy system for each state and eligibility was broadened.

The Legislature appropriated \$2 million for a new Emergency Medical Services statewide system. The statutory Office of Emergency Medical Services (created by Act of the Legislature in 1976) from the Governor's Office to the Department of Health.

Although medical examiner legislation covering medicolegal death investigation was passed in 1963, the funding for a medical examiner agency was not accomplished until 1975. By 1977, the entire state was operating under the expertise of the medical sub-specialty of forensic pathology as, in many counties, the archaic coroner system was replaced by the current medical examiner system.

The medical examiner system is charged with the responsibility of medicolegal death investigation involving unattended natural deaths, accident homicide and suicide deaths. Approximately 4,000 of the total 20,000 persons dying each year in the state fall within the realm of medical examiner investigation.

1978

Created along with the establishment of OHPE, the Health Facilities Evaluation Program consolidated several state health care facility licensure and federal certification functions previously carried out by independent units. This Division is currently responsible for licensing facilities based on the findings of on-site visits conducted by teams of health care professionals.

The Health Statistics Center was formed from two existing programs -- the Mental Health Data System, developed by the Department of Mental Health, and the Cooperative Health Statistics System, which had been developed by the Vital Statistics Division in the Department of Health.

1978 (continued)

In a joint decision of the Governor and the Director of the Department of Health, Barboursville Hospital, Roney's Point and Guthrie Center are closed.

The Housing Division is established. The primary responsibilities of this Division are to develop means to simplify the sewage permit system, test innovative and alternative sewer and water systems and provide technical assistance to home builders concerning sewer and water systems -- all relating to housing.

Testing program for hypothyroidism ( $T_4$ ) mandated by state law was started.

By Executive Order, Governor Rockefeller designated the Department of Health as the "State Health Planning and Development Agency" (SHPDA) for the performance of functions under P.L. 93-741, the National Health Planning and Resource Development Act. In order to integrate and coordinate the SHPDA responsibilities with several related programs of the Department, a new "Office of Health Planning and Evaluation" was created to carry out the Department's health care planning, regulatory and data management functions.

1979

The Governor appointed a 51 member Statewide Health Coordinating Council (SHCC), to advise the Department and OHPE with respect to SHPDA functions. One of the major functions of the SHCC was to adopt a State Health Plan. The First State Health Plan was adopted this year.

The Vital Statistics Division was incorporated into the Health Statistics Center. The Vital Statistics unit had existed as a separate division since 1921 when the vital statistics law was enacted.

The Department of Health is awarded a five-year grant from the National Institute of Mental Health for Human Resources Development.

Screening test for lead and drugs began.

Training Resources Center (TRC) is established through a contractual alliance between the Department of Health and the Department of Behavioral Medicine and Psychiatry of West Virginia University. The mission of the TRC is to enhance mental health concepts and skills among the state's institutional and community mental health providers.

The Health Education-Risk Reduction Program began in 1979-80 to extend technical assistance for communities to establish an organized approach to risk reduction.

The Black Lung Clinic Program, made possible by the Benefits Reform Act of 1977, is implemented. The goals of the program are to educate patients and family members about pulmonary disease; to expand the capacity to perform examinations of miners seeking Black Lung benefits and to provide quality effective patient care.

A gonococcal pelvic inflammatory disease initiative is introduced to confront this most frequently reported early complication of venereal disease.

Children's Clinics are available in 34 counties.

1980

Lakin Hospital is changed from a psychiatric facility to a long-term-care facility.

There are currently 103 statewide Family Planning clinic facilities and three special programs serving an ongoing patient population approaching 60,000. There are no considerations of income or residency eligibility.

In its 15th year the Foster Grandparent Program (FGP) continues to provide remedial care to children in selected Health Department facilities and affiliated agencies. Programs are located at seven sites.

The Legislature appropriated \$2 million for renovation of Pinecrest Hospital, the only state facility still providing care for tubercular patients.

A new facility is under construction at Welch. The new hospital will be a general hospital and will be called Welch Hospital Center.

Immunization levels of preschool and kindergarten children have reached 97 percent. School age and day care levels are much lower.

Twenty-four hour nursing coverage is made available to residents of Andrew S. Rowan Memorial Home, a personal care home for the elderly.

The number of "active" cases of tuberculosis is reduced by 76 percent to 203 cases; 12 persons remain in the sanatorium.

A new hospital is completed at Fairmont replacing the old Fairmont Emergency Hospital which was constructed in 1899.

Health Statistics is designated as the official health statistics agency in the State of West Virginia.

West Virginia dropped below the National average in the infant mortality rate.

Through the efforts of the state's first full-time physician recruiter, employed in 1978, 50 physicians have been employed by state hospitals.

1981

The Health Professions Recruitment Project is established to improve the recruitment capabilities of rural communities and to promote interest in rural practice.

The Regulatory Services Program is established to assist all units of the Department with responsibilities for the enforcement of regulations. It assists them with the process of preparing and adopting regulations and its staff serves as hearing officers in the conduct of contested case hearings.

The WIC Program is operational in 50 of the 55 counties. The 11 local health agencies which administer the program serve a total of 16,955 participants during a one-month period.



