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Forty-Fourth Biennial Report  
OF THE  
NORTH CAROLINA  
STATE BOARD OF HEALTH



July 1, 1970 — June 30, 1972



101 1 1973



## **Biennial Report**

**The North Carolina State Board of Health**



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Forty-Fourth Biennial Report  
OF THE  
NORTH CAROLINA  
STATE BOARD OF HEALTH



July 1, 1970 — June 30, 1972

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STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

STATE BOARD OF HEALTH

P O Box 2091

RALEIGH 27602

January 15, 1973

ROBERT W. SCOTT  
GOVERNOR

LENOX D. BAKER, M.D.  
SECRETARY

JACOB KOOMEN, M.D., M.P.H.  
STATE HEALTH DIRECTOR AND  
SECRETARY TREASURER

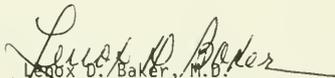
W BURNS JONES, JR., M.D., M.P.H.  
ASSISTANT STATE HEALTH DIRECTOR

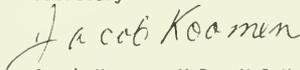
The Honorable James E. Holshouser, Jr.  
Governor of the State of North Carolina  
Administration Building  
Raleigh, North Carolina

Dear Governor Holshouser:

In accordance with the General Statutes of North Carolina, Chapter 130, Article 2, Section 120-11(12), we have the honor to submit to you, and through you to the Honorable Senate and House of Representatives, the biennial report of the North Carolina State Board of Health for the fiscal years July 1, 1970, to June 30, 1972.

Very truly yours,

  
Lenox D. Baker, M.D.  
Secretary

  
Jacob Koomen, M.D., M.P.H.  
State Health Director



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## NORTH CAROLINA STATE BOARD OF HEALTH

(Nine member policy-making body, five members appointed by the Governor and four members elected by the Medical Society of the State of North Carolina, each serving a four-year term.)

### Members Appointed by the Governor

Charles T. Barker, D.D.S.  
Appointed 1969  
Term expires 1973

Ralph W. Coonrad, M.D.  
Appointed 1972  
Term expires 1973

Donald W. Lackey, D.V.M.  
Appointed 1972  
Term expires 1975

Robert B. Nichols, Jr.  
Appointed 1972  
Term expires 1973

Ernest A. Randleman, Jr., B.S.Ph.  
Appointed 1972  
Term expires 1975

### Members Elected by the Medical Society of the State of North Carolina

James S. Raper, M.D., President  
Elected 1963  
Term expires 1975

Paul M. Maness, M.D., Vice President  
Elected 1965  
Term expires 1975

Joseph S. Hiatt, Jr., M.D.  
Elected 1965  
Term expires 1973

Jesse H. Meredith, M.D.  
Elected 1969  
Term expires 1973

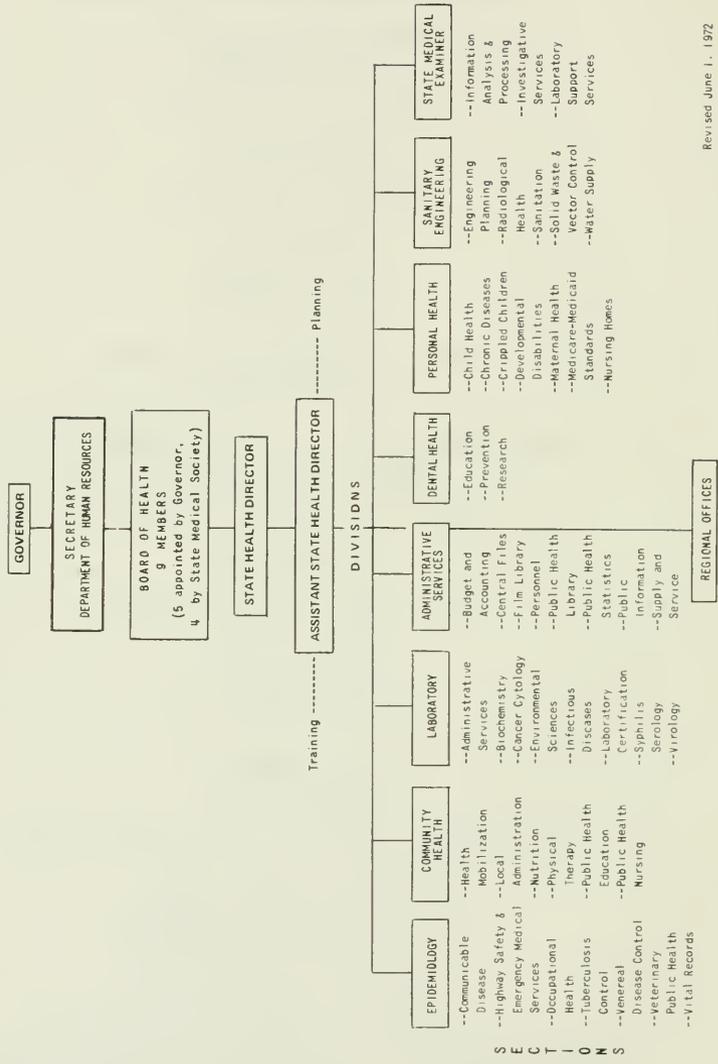
### EXECUTIVE STAFF AS OF JUNE 30, 1972

Jacob Koomen, M.D., M.P.H.  
Secretary and State Health Director  
(Term expires June 30, 1975)

W. Burns Jones, Jr., M.D., M.P.H.  
Assistant State Health Director  
(Term concurrent with the State Health Director)

Ben Eaton, LL.B., Director, Administrative Services Division  
Martin P. Hines, D.V.M., M.P.H., Director, Epidemiology Division  
Marshall Staton, B.C.E., M.S.S.E., Director, Sanitary Engineering Division  
Ronald H. Levine, M.D., M.P.H., Director, Community Health Division  
Lynn G. Maddry, Ph.D., M.S.P.H., Director, Laboratory Division  
E. A. Pearson, Jr., D.D.S., M.P.H., Director, Dental Health Division  
Theodore D. Scurletis, M.D., M.P.H., Director, Personal Health Division  
R. Page Hudson, Jr., M.D., Director, Medical Examiner Division

**DEPARTMENT OF HUMAN RESOURCES**  
**NORTH CAROLINA STATE BOARD OF HEALTH**  
**ORGANIZATION CHART**



Revised June 1, 1972

# NORTH CAROLINA STATE BOARD OF HEALTH

## Local Health Directors

- Alamance—Dr. W. L. Norville, Graham-Hopedale Road, Burlington, N.C. 27215  
—(919) 227-7451 or 228-1734
- Alleghany-Ashe-Watauga°—Mr. Carl D. Tuttle, P.O. Box 233, Boone, N.C. 28607  
—(704) 297-2126 or 297-2127
- Anson—P.O. Box 473, Wadesboro, N.C. 28170—(704) 694-2516
- Avery—P.O. Box 325, Newland, N.C. 28657—(704) 733-4971
- Beaufort—Dr. Karl L. Van Horn, P.O. Box 432, Harvey St., Washington, N.C.  
27889—(919) 946-1902 or 946-1903
- Bertie—Windsor, N.C. 27983—(919) 794-2057
- Bladen—Dr. Caroline Callison, P.O. Box 188, Elizabethtown, N.C. 28337—  
(919) 862-2536 or 862-2537
- Brunswick—Mr. W. Richard Walker, P.O. Box 398, Southport, N.C. 28461—  
(919) 457-6655
- Buncombe—Dr. H. W. Stevens, Mr. Lawrence Burwell, Assistant Director, 35  
Woodfin St., P.O. Box 7607, Asheville, N.C. 28807—(704) 255-5671
- Burke—Dr. Lewis Bock, P.O. Box 945, Morganton, N.C. 28655 (704) 437-5152
- Cabarrus—Mr. Albert J. Klimas, P.O. Box 1149, Concord, N.C. 28025—(704)  
782-4121
- Caldwell—Dr. Marjorie Strawn, 1121 East Harper Ave., P.O. Box 777, Lenoir,  
N.C. 28645—(704) 758-8451
- Carteret—Dr. Luther Fulcher, P.T., Drawer B, Beaufort, N.C. 28516—(919)  
728-4557 or 728-3046
- °Catawba-Lincoln-Alexander—Dr. Melvin F. Eyerman, P.O. Box 1448, Hickory,  
N.C. 28601—(704) 328-2561
- °Cherokee-Clay-Graham—Box 309, Murphy, N.C. 28906—(704) 837-2311
- Cleveland—Mr. Richard G. Steeves, 315 Grover St., Shelby, N.C. 28150— (704)  
487-8511
- Columbus—Dr. John R. Black, Chadbourne Road, P.O. Box 786, Whiteville, N.C.  
28472—(919) 642-4145 or 642-4146
- Craven—Dr. Verna Y. Barefoot, 403 George St., P.O. Box 1390, New Bern, N.C.  
28560—(919) 637-3121
- Cumberland—Dr. Carl Hammer, Box 470, 515 Person St., Fayetteville, N.C.  
28302—(919) 483-9046
- Currituck—Dr. John Sledge, Jr., Currituck, N.C. 27929—(919) 453-2506
- Dare—Dr. John Sledge, Jr., P.O. Box 248, Manteo, N.C. 27954—(919) 473-3431
- Davidson—Dr. Dermot Lohr, P.O. Box 439, Lexington, N.C. 27292—(704)  
246-5953
- °Davie-Wilkes-Yadkin—Mr. Alton Brown, Hospital Street, P.O. Box 457, Mocks-  
ville, N.C. 27028—(704) 634-5985 or 634-5986
- Duplin—Dr. John F. Powers, P.T., Kenansville, N.C. 28349—(919) 296-4241
- Durham—Dr. O. L. Ader, 300 E. Main St., Durham, N.C. 27701—(919) 682-8176
- Edgecombe—Mr. Hugh Young, 2909 Main St., Tarboro, N.C. 27886—(919)  
823-2174 or 823-2175
- Forsyth—Dr. James A. Finger, P.O. Box 2975, 720 Ridge Avenue, Winston-Salem,  
N.C. 27102—(919) 727-2434
- Franklin—Dr. J. B. Wheless, P.T., P.O. Box 300, Louisburg, N.C. 27549—(919)  
496-3553
- Gaston—Dr. B. M. Drake, P.O. Box 819, 615 N. Highland St., Gastonia, N.C.  
28052—(704) 864-4331
- Granville—Dr. J. U. Weaver, P.O. Box 367, Oxford, N.C. 27565—(919) 693-2141
- Greene—Dr. J. L. Campbell, Box 67, Snow Hill, N.C. 28580—(919) 747-3578
- Guilford—Dr. Sarah T. Morrow, 300 E. Northwood St., Greensboro, N.C. 27401  
—(919) 275-0911

Halifax—Dr. Leslie G. Hoag, P.O. Box 178, Halifax, N.C. 27839—(919) 583-2191  
 Harnett—P.O. Box 36, Lillington, N.C. 27546—(919) 893-3425  
 Haywood—Dr. R. S. Roberson, P.T., 2216 Asheville Rd., Waynesville, N.C. 28786—(704) 456-3542  
 Henderson—Dr. Richard C. Irving, P.O. Box 925, Hendersonville, N.C. 28739—(704) 692-4223  
 °Hertford-Gates—Box 246, Winton, N.C. 27986—(919) 358-3191  
 Hoke—P.O. Box 638, Raeford, N.C. 28376—(919) 875-3717  
 Hyde—Dr. John Sledge, Jr., P.O. Box 254, Swan Quarter, N.C. 27885—(919) 926-3566  
 Iredell—Dr. J. H. Nicholson, Acting, 735 Hartness Road, P.O. Box 1268, Statesville, N.C. 28677—(704) 873-7271  
 °Jackson-Macon-Swain—8 Ridgeway St., Sylva, N.C. 28779—(704) 586-2913  
 Johnston—618 N. Eighth St., Smithfield, N.C. 27577—(919) 934-4168  
 Jones—Dr. John A. Parrott, P.O. Box 216, Trenton, N.C. 28585—(919) 448-2701  
 Lenoir—Dr. John A. Parrott, P.O. Box 1315, 200 Rhodes Avenue, Kinston, N.C. 28501—(919) 527-7116  
 McDowell—Mr. Clifford Fields, State St., Marion, N.C. 28752—(704) 652-6811  
 Madison—Mr. Lawrence Burwell, P.T., Route #5, Box 231, Marshall, N.C. 28753—(704) 649-3531 or 649-2910  
 Martin—Mr. Homer Glover, P.O. Box 546, Williamston, N.C. 27892—(919) 792-4133  
 Mecklenburg—Dr. Maurice Kamp, 1200 Blythe Blvd., Charlotte, N.C. 28203—(704) 374-2164  
 Mitchell—Box 132, Bakersville, N.C. 28705—(704) 688-2371 or 688-3421  
 Montgomery—Dr. G. H. Armstrong, P.T., South Main Street, Troy, N.C. 27371—(919) 572-1393  
 Moore—Dr. Alfred G. Siege, Carthage, N.C. 28327—(919) 947-2711  
 Nash—Dr. J. S. Chamblee, P.O. Box 497, Nashville, N.C. 27856—(919) 459-3112  
 New Hanover—Dr. Joseph C. Knox, 21 N. 4th St., Wilmington, N.C. 28401—(919) 762-1863  
 Northampton—P.O. Box 635, Jackson, N.C. 27845—(919) 534-3071 or 534-5841  
 Onslow—Dr. Eleanor Williams, Georgetown Road, P.O. Box 460, Jacksonville, N.C. 28540—(919) 347-2154 or 347-6021  
 °Orange-Person-Chatham-Lee-Caswell—Dr. O. David Garvin, Dr. C. S. Fuller, Assistant Director, P.O. Box 191, Old Frat. Row, U.N.C. Campus, Chapel Hill, N.C. 27514—(919) 942-4168  
 Pamlico—Dr. Verna Y. Barefoot, Bayboro, N.C. 28515—(919) 745-2506  
 °Pasquotank-Perquimans-Camden-Chowan—Mr. Howard Campbell, Box 189, Elizabeth City, N.C. 27909—(919) 335-5429  
 Pender—Dr. N. C. Wolfe, P.T., P.O. Box 455, Burgaw, N.C. 28425—(919) 259-4026  
 Pitt—Dr. Robert D. May, P.O. Box 1903, Greenville, N.C. 27834—(919) 752-4141 or 752-4142  
 Randolph—Dr. Hugh Fitzpatrick, P.T., 139 N. Cox St., P.O. Box 1007, Asheboro, N.C. 27203—(919) 629-2131 Ext. 280  
 Richmond—Dr. Z. F. Long, P.T., P.O. Box 419, Rockingham, N.C. 28379—(919) 895-6304  
 Robeson—Dr. M. B. Pate, Box 1088, Lumberton, N.C. 28358—(919) 739-3344  
 Rockingham—Mr. William Thompson, 205 Boone Road, Eden, N.C. 27288—(919) 623-9778 or 623-9779  
 Rowan—Mr. Herbert Hawley, 1216 W. Innes St., Salisbury, N.C. 28144—(704) 633-0411  
 °Rutherford-Polk—Mr. Clifford Fields, 225 W. 3rd St., Rutherfordton, N.C. 28139—(704) 287-4931  
 Sampson—Dr. Caroline Callison, 400 Cooper Drive, Clinton, N.C., 28328—(919) 592-6177

Scotland—South Main St., Laurinburg, N.C. 28352—(919) 276-1411  
 Stanly—Dr. George M. Leiby, 921 N. Third St., Albemarle, N.C. 28001—  
 (704) 982-9171  
 Stokes—Dr. J. S. Taylor, P.T., Danbury, N.C. 27016—(919) 593-8788  
 Surry—Dr. Robert Caldwell, 113 S. Gilmer, P.O. Box 1267, Mt. Airy, N.C. 27030  
 —(919) 786-4163 or 786-4164  
 Transylvania—Dr. John R. Folger, P.T., Box 666, Brevard, N.C. 28712—(704)  
 883-4255  
 Tyrrell-°Washington—Mr. Homer Clover, P.O. Box 396, Plymouth, N.C. 27962  
 —(919) 793-4416  
 Union—Dr. C. A. Bolt, 300 S. Hayne St., Monroe, N.C. 28110—(704) 289-4535  
 Vance—Dr. J. U. Weaver, P.O. Box 824, County Home Road, Henderson, N.C.  
 27536—(919) 492-1176  
 Wake—Dr. M. B. Bethel, Dr. Jane H. Wooten, Assistant Director, P.O. Box 949,  
 Raleigh, N.C. 27602—(919) 833-1655  
 Warren—Dr. J. U. Weaver, 540 W. Ridgeway Road, Warrenton, N.C. 27589—  
 (919) 257-3373  
 Wayne—Dr. O. Aiken Mays, P.O. Box 1537, Goldsboro, N.C. 27530—(919)  
 735-4331 Ext. 280  
 Wilson—Dr. Joseph Campbell, Route 5, Box 91, Wilson, N.C. 27893—(919)  
 237-3141  
 Yancey—P.O. Box 7, Burnsville, N.C. 28714—(704) 682-2127  
 (CITY DEPARTMENT) Rocky Mount—Dr. J. S. Chamblee, 1616 W. Thomas  
 St., Rocky Mount, N.C. 27801—(919) 442-5181 Ext. 270 or Ext. 271  
 °District Headquarters  
 P.T.—Part-Time

### Branch Offices

Alleghany—Mr. Carl Tuttle, Rt. #2 Box 13, Sparta, N.C. 28675—(919) 372-4346  
 Alexander—Dr. Melvin F. Eyerman, 324 1st Ave., S.W., Taylorsville, N.C. 28681  
 —(704) 632-3101  
 Ashe—Mr. Carl Tuttle, P.O. Box 208, Jefferson, N.C. 28640—(919) 246-9449  
 Brunswick—Mr. W. Richard Walker, Box 116, Shallotte, N.C. 28459—(919)  
 754-6611  
 Camden—Mr. Howard Campbell, Camden, N.C. 27921—(919) 335-4486  
 Caswell—Dr. O. David Garvin, Dr. C. S. Fuller, Asst., Box 327, Yanceyville,  
 N.C. 27379—(919) 694-4222  
 Catawba—Dr. Melvin F. Eyerman, Newton, N.C. 28658—(704) 464-2027  
 Chatham—Dr. O. David Garvin, Dr. C. S. Fuller, Asst., City Hall, Siler City,  
 N.C. 27344—(919) 742-3441  
 Chatham—Dr. O. David Garvin, Dr. C. S. Fuller, Asst., Route #1 Box 1A,  
 Pittsboro, N.C. 27312—(919) 542-2924  
 Chowan—Mr. Howard Campbell, P.O. Box 178, Edenton, N.C. 27932—(919)  
 482-2511  
 Clay—P.O. Box 55, Hayesville, N.C. 28904—(704) 389-8214  
 Davidson—Dr. Dermot Lohr, 10 W. Guilford St., Thomasville, N.C. 27360—  
 (919) 475-2356  
 Gaston—Dr. B. M. Drake, 132 W. Virginia Ave., Bessemer City, N.C. 28016—  
 (704) 629-2031  
 Gaston—Dr. B. M. Drake, Cherryville, N.C. 28021—(704) 435-6411  
 Gaston—Dr. B. M. Drake, 37 E. Woodrow Ave., Belmont, N.C. 28012—(704)  
 825-2178  
 Gaston—Dr. B. M. Drake, S. Main St., Mount Holly, N.C. 28120—(704)  
 827-5151  
 Gates—P.O. Box 71, Gatesville, N.C. 27938—(919) 357-6141  
 Graham—Robbinsville, N.C. 28771—(704) 479-3525

**Guilford**—Dr. Sarah T. Morrow, 936 Montlieu Ave., High Point, N.C. 27262—(919) 883-9166  
**Harnett**—P.O. Box 491, Dunn, N.C. 28334—(919) 892-2424  
**Iredell**—115 Institute St., Mooresville, N.C. 28115—(704) 664-5281  
**Lee**—Dr. O. David Garvin, Dr. C. S. Fuller, Asst., 402 W. Makepeace, Sanford, N.C. 27330—(919) 776-3512  
**Lincoln**—Dr. Melvin F. Eyerman, P.O. Box 636, Lincolnnton, N.C. 28092—(704) 735-3001 or 735-3002  
**Macon**—55 Riverview St., Franklin, N.C. 28734—(704) 524-2718  
**Orange**—Dr. O. David Garvin, Dr. C. S. Fuller, Asst., 144 E. Margaret Lane, Hillsborough, N.C. 27278—(919) 732-8139  
**Perquimans**—Mr. Howard Campbell, Hertford, N.C. 27944—(919) 426-5488  
**Person**—Dr. O. David Garvin, Dr. C. S. Fuller, Asst., P.O. Box 29, Roxboro, N.C. 27573—(919) 599-3414  
**Polk**—Mr. Clifford Fields, Columbus, N.C. 28722—(704) 894-8271  
**Rockingham**—Mr. William Thompson, 506 Sprinkle St., Reidsville, N.C. 27320—(919) 342-2989  
**Rockingham**—Mr. William Thompson, West Main St., Madison-Mayodan Office, Mayodan, N.C. 27027—(919) 548-6335  
**Swain**—P.O. Box 546, Bryson City, N.C. 28713—(704) 488-2586  
**Tyrrell**—Mr. Homer Glover, Road St., Columbia, N.C. 27925—(919) 796-2681  
**Wilkes**—Mr. Alton Brown, West College St., P.O. Box 30, Wilkesboro, N.C. 28697—(919) 838-5591 or 838-5512  
**Yadkin**—Mr. Alton Brown, P.O. Box 457, Yadkinville, N.C. 27055—(919) 679-2252 or 679-8876

## REGIONAL OFFICES

**Asheboro Regional Office**  
 Ingram-Brinson Building  
 146 S. Fayetteville St.  
 Asheboro, N.C. 27203  
 (919) 629-3181

**Raleigh Regional Office**  
 Cotton Building  
 P.O. Box 2091  
 Raleigh, N.C. 27602  
 (919) 829-7413

**Greenville Regional Office**  
 3205 S. Memorial Drive  
 Greenville, N.C. 27834  
 (919) 756-1343

**Southeastern Regional Office**  
 203 Grace Pittman Building  
 Fayetteville, N.C. 28301  
 (919) 483-3635 or 483-3636

**Hickory Regional Office**  
 1008 Highway 321 West (Bypass)  
 Hickory, N.C. 28601  
 (704) 328-5341

**Western Regional Office**  
 N.C. State Board of Health  
 Biltmore Plaza Office Building  
 Asheville, N.C. 28803  
 (704) 253-8424

**REPORT OF THE SECRETARY-TREASURER  
AND STATE HEALTH DIRECTOR**

ABRIDGED REPORT OF THE ACTIVITIES OF THE STATE  
BOARD OF HEALTH AS RECORDED IN THE MINUTES

**Thursday, October 22, 1970**

The North Carolina State Board of Health met in the Board Room of the Cooper Memorial Health Building, Raleigh, North Carolina, on Thursday, October 22, 1970, at 1:00 p.m. Dr. James S. Raper, President, presided.

The following members were present:

**James S. Raper, M.D., President**  
**Joseph S. Hiatt, Jr., M.D.**  
**Ernest A. Randleman**  
**Charles T. Barker, D.D.S.**  
**Ben W. Dawsey, D.V.M.**  
**Jesse H. Meredith, M.D.**

The invocation was given by Dr. Paul F. Maness.

Dr. Raper said he was sorry that Mr. J. M. Lackey and Dr. Lenox Baker were unable to attend. Dr. Koomen introduced members of the staff and news media who were present.

A motion was made by Dr. Dawsey, seconded by Dr. Maness, that the minutes of the last meeting be approved as circulated. The motion was carried.

The first matter of business was a discussion of future meeting places. Dr. Raper said: "Ever since I have been on the Board we have met in Raleigh with one exception when we met in Western North Carolina for a fine one-day meeting. This adds, I think, to the esprit de corps of the State Board of Health. With this in mind, it was suggested that we hold a meeting in the eastern part of the State if the Board so desires. The members were polled as to their feeling about this and there was a little difference of opinion. I think this should be discussed today. There is only one stated meeting with the place designated, and this is the spring meeting in Pinehurst with the State Medical Society. There is nothing in the statutes or rules that says we have to meet in Raleigh; if the Board feels it would be good to meet outside of Raleigh, perhaps once a year, I think this would be entirely correct." The floor was opened for discussion.

Dr. Barker said he would welcome the Board to the eastern part of the State for a meeting.

Dr. Maness said he would be glad to go wherever the Board decided to meet, but he did not want to make it appear that it was for the purpose of recreation rather than the official business of the Board. Dr. Koomen read a letter from Dr. Baker regarding this matter, and Dr. Raper asked that this letter be made a part of the official minutes. A copy is attached.

Dr. Raper said he was completely in sympathy with Dr. Baker's remarks about expense to the taxpayers; therefore, a tabulation was prepared reflecting the expenses of our Raleigh meetings, and those of the Western meeting last year. The result was that when the Board met in Western North Carolina, the cost was actually a few dollars cheaper than when meeting in Raleigh.

A motion was made by Dr. Dawsey that the Board meet in other areas of the State from time to time, at the discretion of the President. The motion was seconded by Dr. Maness and carried.

Dr. Isa Grant, Chief, Chronic Disease Section, gave a report on current planning for kidney dialysis and transplantation. In May, 1970, Dr. T. D. Scurletis, Director, Personal Health Division, reported to you on the general plan developed by a large planning committee representing all localities and interested groups in the state. You will recall it gave a picture of the problem in North Carolina and gave a means of saving North Carolinians suffering from this disease, but it did not give specific steps or localities as to how this may be done. In June, the planning committee met and suggested that the planning be continued to include specific locations and means of getting the patient into the medical care system. Dr. Jacob Koomen accepted the challenge of continuation of planning and assigned the responsibility to the Chronic Disease Section. He requested from the Advisory Budget Commission a transfer of \$20,000 unexpended funds to pay the salary and expenses of an administrator and his secretary. The transfer was granted and such an administrator has been hired. He is Mr. Charles Lee, formerly of Charlotte. Because a position was not available in the Chronic Disease Section, Mr. Lee is working in the office of the North Carolina Regional Medical Program. As planning proceeds it will be determined whether or not a new section should be established. Two committees have been appointed by Dr. Koomen. One is an Advisory Committee, chaired by Dr. Louis G. Welt, and including representatives of the medical schools, localities where dialysis and transplantation may be done, Vocational Rehabilitation, the insurance companies, Comprehensive Health Planning, and the public and volunteer kidney associations. Also a special ad hoc committee has prepared a grant proposal to be submitted to the North

Carolina Regional Medical Program for funding. Dr. Roscoe Robinson is chairman of this Committee. It includes representatives from all groups that may utilize these funds. If the proposal is funded, it will enable the State Board of Health to begin the initial phase of a state-wide kidney program beginning July 1, 1971.

Dr. T. D. Scurletis, Director, Personal Health Division, gave a report on the proposed regulations for implementation of quality control for Medicaid. He reported as follows: The Title XIX Advisory Committee to the Department of Social Services recommended that quality control mechanisms be established with this program as a means of justifying and controlling expenditures in the Title XIX program. The mechanism recommended includes the following:

1. That the State Board of Health as part of its contractual arrangements with the Department of Social Services shall implement utilization review mechanisms of Title XVIII on suppliers of services for Title XIX (hospitals, nursing homes, home health services).
2. That the intermediary (Blue Cross-Blue Shield) shall develop patient profiles and physician profiles to evaluate services rendered by private practitioners of medicine, dentistry, etc.
3. That the Department of Social Services shall develop mechanisms of monitoring drug prescriptions and optical services.

In order to put this in perspective, one must recognize that the Department of Social Services is the primary agency and that we can only implement these programs through contractual agreements with them.

Dr. Scurletis also was asked to report on recent developments with regard to rostering of physicians in the Crippled Children's program. He told the Board that the Advisory Committee established by the Medical Society of the State of North Carolina met in September. The first part of the meeting was in the form of an open hearing at which various members of the Medical Society expressed their feelings concerning the rostering program. There was liberal discussion about past history of the program, the present program, and finally the mechanisms being advocated for rostering. That same evening, the Committee met behind closed doors and Dr. Ruth Burroughs, Chief, Crippled Children's Section, and Dr. T. D. Scurletis were invited. They discussed the many facets of the problem and decided that they should reconsider this problem after the membership has had an opportunity to reflect on the total aspects of the discussions. The Committee hopes to be able to report a recommendation by the next Board meeting, and

in the meantime the staff is available to them for consultation and preparation. They made several generalizations which they felt were indicated, and these related to the fact that all disciplines should be treated alike and that national standards for certification of specialties should be generally adhered to. However, these are merely conclusions at this point and are not to be inferred as actual recommendations. The Board at a previous meeting had asked that they be informed at each meeting of those physicians applying for rostering, and whether they were rostered or not. Dr. Scurletis distributed such a list to the members, reflecting those physicians rostered in North Carolina since May 20, 1970. A copy is attached to the official minutes. Dr. Raper asked Dr. Barker if he still wished to have an Orthodontist included in the membership of the Committee. Dr. Barker said two Orthodontists had spoken to him about this, and before the next Board meeting he would get in touch with them and see just what their interest was.

Dr. R. Page Hudson, Chief Medical Examiner, was recognized and reported on the present status of the Medical Examiner System. There are at present 55 counties participating in the System, representing 66 percent of the population. The problem with getting Medical Examiners in most of the counties is that physicians are reticent to become Medical Examiners because of misconceptions as to what is involved. It is anticipated that by spring, possibly 90 counties will have Medical Examiners. In the 1971 General Assembly, we hope to have a bill introduced which would provide that in those counties having a Medical Examiner System, the office of "coroner" would be abolished upon the expiration of the term of the current coroner. Also, counties have expressed the hope many times that the General Assembly would take action to require the State to pay autopsy fees, rather than having counties pay the fees. Dr. Hudson said the Medical Examiner System is working more and more with other State agencies, such as the Highway Department and the State Bureau of Investigation, and received excellent cooperation from them as well as from various sections here at the State Board of Health.

Dr. Jacob Koomen, State Health Director, shared the following items of information with the Board:

1. The Sanitary Engineering Division, and the Iredell County Health Department, is to be commended for making the Love Valley Rock Festival as safe as it could be made. Helpful information was received from other areas having had similar festivals, and other State agencies with whom we worked on this proved to be unusually competent and did a fine job.

2. Dr. Page Hudson and his staff have been hard at work with the Institute of Government on the matters which they hope to propose to the Legislature.

3. The "B" Budget has been presented to the Advisory Budget Commission. We were warmly received personally, and were asked some very good questions. It will be some time, however, before we know the outcome.

4. Dr. Koomen expressed the hope that all members of the Board would feel comfortable in talking with our staff, and in asking questions of them. "I know you are asked many questions; sometimes these require study and sometimes they require an immediate answer. We are always here and glad to help you in any way we can."

There being no further business, the meeting adjourned.

**MINUTES**  
**NORTH CAROLINA STATE BOARD OF HEALTH**

**Thursday, March 11, 1971**

The North Carolina State Board of Health met in the Board Room of the Cooper Memorial Health Building, Raleigh, North Carolina, on Thursday, March 11, 1971, at 10:30 a.m. Dr. James S. Raper, President, presided.

The following members were present:

**James S. Raper, M.D., President**  
**Lenox D. Baker, M.D., Vice-President**  
**Joseph S. Hiatt, Jr., M.D.**  
**Ernest A. Randleman, Jr., B.S.Ph.**  
**Charles T. Barker, D.D.S.**  
**Ben W. Dawsey, D.V.M.**  
**Jesse H. Meredith, M.D.**  
**Paul F. Maness, M.D.**

The invocation was given by Dr. Paul F. Maness.

Dr. Jacob Koomen, State Health Director, read citations honoring the following former members of the State Board of Health staff:

Dr. J. W. R. Norton — State Health Director, Emeritus  
Dr. Watson S. Rankin — State Health Director, Emeritus  
Dr. C. C. Applewhite — Director of Local Health, Emeritus  
Dr. A. H. Elliot — Director of Personal Health, Emeritus  
Mr. Maurice M. Jarrett — Director of Sanitary Engineering, Emeritus.

Dr. Norton, Dr. Elliot, and Mr. Jarrett were present to accept their awards. Letters were read from Dr. Applewhite, and from Mrs. Watson S. Rankin, expressing appreciation for this honor. Dr. Charles T. Barker, son-in-law of Dr. Rankin, accepted on behalf of Mrs. Rankin.

Motion was made by Dr. Dawsey, seconded by Dr. Maness, that the minutes of the last meeting be approved as circulated. The motion was carried.

Mr. Marshall Staton, Director, Sanitary Engineering Division, presented a proposed resolution to extend the boundary lines of the Sedgfield Sanitary District located in Guilford County, North Carolina. He said all transactions regarding this matter had been reviewed with the Attorney General's office, and were found to be in order. He recommended that this proposal be approved to provide water and sewage to the people in this area. Dr. Raper inquired if

any member of the public desired a hearing on this matter and instructed the secretary to let the minutes show that no one was heard. Motion was made by Mr. Randleman, seconded by Dr. Dawsey, **that the proposed resolution of the North Carolina State Board of Health extending the boundary lines of the Sedgefield Sanitary District located in Guilford County, North Carolina, be approved.** The motion was carried. (Copy is attached to the official minutes.)

Mr. Staton presented a proposed resolution recommending extension of the boundary lines of the Roanoke Rapids Sanitary District located in Halifax County, North Carolina. He advised that all legal aspects had been discussed with the Attorney General's office and were found to be in order, and recommended that annexation be approved to give these people the benefit of receiving water and sewage. Dr. Raper inquired if any member of the public wished to be heard, and instructed the secretary to let the minutes show that no member of the public appeared. Motion was made by Dr. Meredith, seconded by Dr. Maness, **that the proposed resolution of the North Carolina State Board of Health extending the boundary lines of the Roanoke Rapids Sanitary District located in Halifax County, North Carolina, be approved.** The motion was carried. (Copy is attached to the official minutes.)

A proposed resolution was presented by Mr. Staton recommending creation of the Cooleemee Sanitary District located in Davie County, North Carolina. The petition for creation of this district has been signed by 51 percent of the resident freeholders living within the district. A hearing was held in January, 1971, and no opposition was expressed; however, a representative of Burlington Industries requested that all industrial properties owned by the industry be excluded from the sanitary district and these properties have been excluded. The Attorney General's office has found this matter to be in order, and Mr. Staton recommended that the resolution be approved. Dr. Raper inquired if any member of the public wished to be heard, and instructed the secretary to let the minutes show that no one requested a hearing. Motion was made by Dr. Dawsey, seconded by Dr. Hiatt, **that the resolution of the North Carolina State Board of Health creating the Cooleemee Sanitary District located in Davie County, North Carolina, be approved.** The motion was carried. (Copy is attached to the official minutes.)

The next item of business was the proposed name change of the administrative agency from State Board of Health to State Department of Health. Some background information was distributed, explaining that with the approval of the State Board of Health, a study has been

undertaken of the proposed name change under the guidance and supervision of the State Health Director. Dr. Koomen appointed a committee composed of: Dr. W. Burns Jones, Jr., Assistant State Health Director; Dr. Ronald H. Levine, Director, Community Health Division; Mr. Marshall S. Staton, Director, Sanitary Engineering Division; and, Mr. Ben Eaton, Director, Administrative Services Division. The Institute of Government, under the direction of Mr. David G. Warren, was asked to serve as a resource to supply the necessary technical assistance to the project and to draft the required legislation to implement the objectives. This task has been completed and the legislation has been drafted for submission to the General Assembly, pending approval of the proposed change by the State Board of Health. In the material distributed, the "Purposes and Objectives" were defined, the advantages of the change were reviewed, and a brief description was given of review procedures and the scope of statutory changes. The committee recommended to the Board that proposed legislation be approved by the State Board of Health to incorporate the concept of identifying the policymaking body as "State Board of Health" and the administrative agency as "State Department of Health". Also given to the Board were copies of a Bill to be entitled "An Act to Change the Name of the Administrative Agency from the State Board of Health to the State Department of Health". Dr. Raper asked if any member of the public wished to be heard on this matter, and no one was heard. Motion was made by Mr. Randleman, seconded by Dr. Maness **that this matter be deferred to the Executive Committee of the State Board of Health and that this committee report back to the Board in closed session.** Dr. Maness pointed out that since he had been a Board member a fair amount of discussion had centered about this matter. He realized time was important in order to get this before the General Assembly this Session, but he also felt it would be good to have the Executive Committee discuss the matter and bring a report to the Board at its May meeting in Pinehurst. Dr. Barker mentioned that, according to information presented, 47 other States in the Union use the name "State Department of Health", and apparently the term "State Board of Health" has outlived its usefulness. He pointed out that if we wait until the May meeting of the Board, it may be too late to have the General Assembly take action on it. "Two years of work has gone into it, and I feel we should not drag our feet any longer, that we need action now." Several others expressed opinions, and Mr. Eaton summarized: Great care has been exercised to preserve the intent of the Legislature throughout, and also to preserve existing practices and existing circumstances. This change will not cost a cent more, but it

does clear up tremendous confusion that exists in the minds of the public, the General Assembly, and even the agency, as to how we should function. There is no change in the existing philosophy whatever, but it will bring about, we believe, consistency in our operations, consistency in respect to how other state agencies are set up and we believe you will find it a very satisfactory and wholesome plan. Dr. Barker moved that the motion be amended to include the following: **the Executive Committee would have the power to act on this matter.** This would permit them to change the name now if they feel it necessary, or to study it further. The amendment was seconded by Dr. Dawsey, and the motion was carried unanimously. Dr. Raper called for a vote on the original motion as amended, and it was carried unanimously.

Mr. Marshall Staton presented a recommendation to amend Section C.401(c) of The North Carolina Regulations for Protection Against Radiation. He explained: Before changes can be made in these regulations, the Governor must approve the change. Written approval has been received from Governor Robert W. Scott approving the amendment. (Copy of letter attached to official minutes.) The purpose in changing the wording of this Section of the Regulations is that it might comply with that of the Atomic Energy Commission, except we use the word **definite** where they use the word **permanent**. Dr. Raper asked if any member of the public wished to be heard, and the secretary was instructed to let the minutes show that no one was heard. A motion was made by Dr. Meredith, seconded by Dr. Barker, that **the request to amend Section C.401(c) of The North Carolina Regulations for Protection Against Radiation be approved.** The motion was carried unanimously.

Mr. Staton presented proposed revision of rules and regulations governing sanitation of summer camps. He explained that there are at present 171 camps in North Carolina which come under these regulations, and the proposed rules and regulations are intended to replace those now in effect which were adopted by the State Board of Health in 1947. The proposed revision has been reviewed by a committee of local camp directors and sanitarians who have camps in their counties, the revision also includes certain requirements of the American Camp Association. The principal changes consist of bringing the regulations up to date primarily in the area of food service and by adding such procedures as investigation of camp sites. After some discussion, two changes were suggested. Dr. Raper asked if any member of the public wished to be heard, and instructed the secretary to let the minutes show that no one was heard. Motion was made by

Dr. Maness, seconded by Dr. Barker, that the Revised Rules and Regulations Governing the Sanitation of Summer Camps in North Carolina be approved as amended, the effective date to be January 1, 1972. The motion was carried unanimously. (Copy is attached to the official minutes.)

Mr. Staton discussed the establishment of rules and regulations providing for solid waste disposal. A bill was presented during the last Session of the General Assembly designating the State Board of Health as the official State agency responsible for solid waste disposal. We have conducted 60 individual county studies in North Carolina and prepared plans for solid waste disposal programs in these counties. Thirteen additional counties have requested studies and recommendations. We are well underway with this program, but we have been short of manpower. The A and B Budgets contain provisions for additional staff and the Advisory Budget Commission recommended that this program be staffed. The proposed rules and regulations have been reviewed by the North Carolina League of Municipalities and the Association of County Commissioners. The League of Municipalities made two minor suggestions for changes; these are clarifying words and do not affect the whole intent of the regulations in any way. Dr. Raper inquired if any member of the public desired a hearing on this matter. Mr. Lonnie C. Poole, of Waste Industries, spoke briefly representing private enterprise. He said: We are getting involved in the landfill business and can offer some alternatives in cost to the solid waste program. I think overall the proposed regulations show a great deal of professionalism on the part of the public and private enterprise involved. They have done a nice piece of work. Motion was made by Dr. Dawsey, seconded by Dr. Meredith, that the Rules and Regulations Providing Standards for Solid Waste Disposal be adopted, incorporating the changes suggested by the League of Municipalities, the effective date to be March 11, 1971. The motion was carried unanimously. (Copy is attached to the official minutes.)

Dr. Martin P. Hines, Director, Division of Epidemiology, gave the following information reports:

**Byssinosis:** Field work for the cooperative study of the prevalence of byssinosis among cotton textile workers is virtually complete. Teams of physicians and technicians from the State Board of Health and Duke Medical Center have interviewed, x-rayed and performed pulmonary function tests on 4,000 workers in this industry in the past nine months. Concurrently, engineers have collected 2,000 air samples in the work places for dust analysis. A dust sampling device

developed specifically for this study shows promise in other areas of air sampling for toxic aerosols. Although the data collected has not yet been analyzed, there appears to be a definite relationship between the incidence of byssinosis and the exposure of the individuals to respirable-size dust, not cotton fibers, in the workrooms. Synthetic fiber and wool workers known to be essentially free of byssinosis were used as control groups in this study. The efforts of the study group are now being directed toward determining an effective and economically feasible method for control of this occupational disease. Studies relating to the long-term effects of exposure to cotton dust are also planned.

**Pesticides Program:** The overall objective of this program, established in January, 1969, is to study the health effects of man's usage of pesticides, and where problems emerge, initiate sound corrective measures. Accomplishments have been made in each of the areas included in the work scope. This year we are working with pesticide formulating plants and other facilities with high occupational exposure risk to pesticides. We will hopefully set up a cholinesterase monitoring service to these groups to measure organophosphate exposure. We also will be working in cooperation with a large tobacco processing company in evaluating occupational hazards in their operations due to pesticides. We will be cooperating with the Department of Agriculture and N. C. State University in residue studies of parathion on the extension experiment stations this summer. Additionally, we will attempt to evaluate typical usage patterns of this chemical on selected farms.

**Driver Medical Evaluation of Visually Handicapped:** As a result of an amendment to G.S. 111-28 by the 1969 General Assembly, the number of drivers being medically evaluated for visual problems has greatly increased over the past several months. This change in the law authorized the Commission for the Blind to release to the Department of Motor Vehicles the name and medical record of any person listed on the register of the blind or added to the register in the future. The initial screening of this register turned up over 300 individuals with valid driving licenses. These cases were referred to the State Board of Health for evaluation to determine to what extent their visual difficulties would interfere with their ability to safely operate motor vehicles. The medical evaluation has been completed on approximately two-thirds of these cases, resulting in approximately 60 percent being denied driving privileges. Of the approximately 40 percent authorized to continue driving, many are being severely restricted, such as restriction to corrective lenses, daylight driving only,

and 45 MPH speed limit. Since North Carolina has no legal visual standards for driving, these cases have been medically reviewed on the basis of guidelines established by the American Medical Association and the U. S. Department of Health, Education and Welfare. A need exists, however, for more definitive visual standards to be established for guidance of driver license examiners, medical consultant panels, and the Medical Review Board. With this in mind, representatives of the State Board of Health and the Department of Motor Vehicles have met with a group of ophthalmologists and an optometrist to recommend visual standards for adoption by the Commissioner of Motor Vehicles. These standards, hopefully, will be developed during the next few months.

Dr. T. D. Scurletis, Director, Personal Health Division, reported on the following:

**Family Planning:** The State Board of Health is participating in a Task Force for the development of a total comprehensive, coordinated plan for family planning. This Task Force was established by the Department of Administration and includes the Departments of Social Services, Mental Health, Education, Health, Local Affairs, the Population Center of the University of North Carolina, Medical Society of the State of North Carolina, Old North State Medical Society. The State Board of Health has been designated as the lead agency in developing and recommending the total plan. This effort is aimed at coordinating all state and federal funding sources and programs into an integrated comprehensive plan to meet the needs of North Carolina citizens. The initial plan is due to be submitted on April 1, 1971, but this will be just the beginning of the long-range coordinated effort so that the plan will be expanded and periodically updated to meet changing situations.

**Kidney Planning:** This is an interim report on the progress of the planning for a total kidney program for the State of North Carolina as a result of the efforts of the initial kidney plan venture which was begun approximately three years ago. A program has been advocated and a project written for the development of the training components and is presently being considered by the Regional Medical Program. Legislation has been introduced by Senator Currie (copies of the bill were distributed) which will mandate the State Board of Health to maintain the planning and coordination of the development of a total kidney chronic disease program. The legislation calls for the development of an Advisory Group which is essentially the same as the Planning and Advisory Committee. This group is to advise the State Board of Health in the development and coordination of a system of

service for dialysis and transplantation, continued study of the needs, the development of total educational program and finally the initiation of a program to assist medically indigent patients in securing service. This has been an excellent demonstration of what can be accomplished by combination and coordination of efforts of health agencies, medical training institutions, providers of service and third party interest.

Dr. Scurletis distributed a list of those physicians who have applied for rostering in the Crippled Children's Program, and indicating those who have been rostered, since the last Board meeting. (Copy attached to the official minutes.)

Dr. Jacob Koomen commented on Budget Requests: We have been very warmly treated by the Advisory Budget Commission. For the Health Aid to Counties item, nearly \$1 million has been projected in the A Budget to help the counties carry their enormous burden. In the B Budget, we requested support for six items: Medical Examiner System, Environmental Health Services, Pesticides Program, Communicable Disease Program (in particular, the purchase of vaccines), Crippled Children's Program, and the Cancer Control Program. The Advisory Budget Commission has recommended to the General Assembly approximately \$22 million in support of the State Board of Health, up some 25 percent over the present budget. We have also presented before the Appropriations Committee and requested: (1) Additional money for Health Aid to Counties, particularly to strengthen their environmental health work (this would involve sufficient funds to purchase services of 54 sanitarians and six supervisors in this field); (2) Money to continue the cancer registry; (3) Additional money for Occupational Health; (4) Additional money to expand child screening clinics; (5) Expansion of the family planning program; (6) Modest expansion of the services for mentally retarded, which would involve increasing the number of child development clinics from 11 to 15; (7) Expansion of the Multiphasic Screening Program. In summary, we requested a total of \$19½ million in the A Budget (approximately \$2 million over the prior two years), and \$2,458,000 in the B Budget (an increase of around \$4½ million).

Mr. Ben Eaton, Director, Administrative Services Division, reported on the status of the new health building. Ten days ago the bids were let and the total cost of the project comes to approximately \$4,200,000. The construction cost alone is \$3,960,000; the cost per square foot will be approximately \$31.57. A Greensboro firm, W. H. Weaver Company, has contracted for the construction. The building will face Wilmington Street on the corner of Lane and North Streets, and will have an

exterior of precast stone. The two top floors of the five-story building will be for the Laboratory and will almost double their present space. We are working out which of the other Divisions will move to the new building — those who work more closely together, and with the Laboratory, will probably be relocated there. The gross square footage is about 124,000 but the usable office space will be about 68,000 square feet, compared with 87,000 at present. Upon completion of the building, all State Board of Health offices will be relocated in the Cooper Building and the new building, as opposed to our present arrangement of nine different locations.

Dr. Koomen commented that there are about six Day Care bills now before the General Assembly. We have a strong role in the inspection of these facilities. No resolution has come about in the bills so far proposed.

Dr. Koomen also mentioned the proposed revision of the Abortion Law which has been processed by the House Health Committee and Representative Nancy B. Chase. This bill has been passed by the House and is now before the Senate Health Committee. (Copies were distributed).

Dr. Raper concluded: "Everybody performed beautifully! Thank you for coming today."

There was no further business, and the meeting adjourned.

**MINUTES**  
**NORTH CAROLINA STATE BOARD OF HEALTH**

Wednesday, May 19, 1971

The North Carolina State Board of Health met in the Dutch Room of The Carolina, Pinehurst, North Carolina, at 8:00 a.m., on May 19, 1971.

Dr. James S. Raper, President, presided. Other members in attendance were:

**Lenox D. Baker, M.D., Vice-President**  
**Joseph S. Hiatt, Jr., M.D.**  
**Ernest A. Randleman, Jr., B.S.Ph.**  
**Charles T. Barker, D.D.S.**  
**Ben W. Dawsey, D.V.M.**  
**Paul F. Maness, M.D.**

The invocation was given by Dr. Joseph S. Hiatt.

The minutes of the last meeting were discussed. It was pointed out that the effective date of the Revised Rules and Regulations Governing the Sanitation of Summer Camps in North Carolina should have been January 1, 1972 rather than January 1, 1971. This change will be made in the minutes. There were no further corrections, and upon motion of Dr. Dawsey, seconded by Dr. Barker, the minutes were approved as circulated.

Dr. Raper reported that the House of Delegates of the State Medical Society had taken action with regard to the rostering of physicians in the Crippled Children's Program. Dr. Koomen read the resolution which was adopted on May 18, 1971, as follows:

"The physician's eligibility for participation should be dependent upon (1) having unrestricted license to practice medicine in North Carolina (2) provision of curriculum vitae and a brief summary of his training and clinical experience in the category in which he is applying and (3) furnishing evidence of membership on the staff of hospitals having adequate facilities to provide satisfactory care in the category in which he is applying."

Comments were heard from several members; however, no action was required on this matter.

The first item of new business was the consideration of proposed Rules and Regulations Governing the Statewide Medical Examiner System, and these were presented by Dr. R. Page Hudson, Chief Medical Examiner. Dr. Hudson answered several questions and after discussion Dr. Raper inquired if any member of the public wished to be heard. He instructed the secretary to let the minutes show that

no one was heard. Motion was made by Dr. Hiatt, seconded by Dr. Dawsey that the **Rules and Regulations Governing The Statewide Medical Examiner System be approved.** The motion was carried. (Copy is attached to the official minutes.)

Dr. Martin P. Hines, Director, Division of Epidemiology, presented a proposed revision of Regulations Governing Chemical Tests for Breath Alcohol. He explained that these regulations were originally adopted by the Board on May 10, 1964 and amended February 15, 1969. The amendments to be considered today represent changes which are deemed necessary after seven year's experience with the program. "They have been carefully reviewed and concurred in by Dr. Arthur McBay and by an ad hoc committee on chemical tests for alcohol. We request that these regulations become effective August 1, 1971." Dr. Hines pointed out the major facts in the regulations, and invited questions. Dr. Raper inquired if any member of the public wished to be heard, and instructed the secretary to let the minutes show that no one appeared. Motion was made by Dr. Baker, seconded by Dr. Maness that the **revision of Regulations Governing Chemical Tests for Breath Alcohol be accepted as presented.** The motion was carried unanimously. (Copy attached to official minutes.)

Dr. Hines then presented for the Board's consideration approval of vaccine preparation and dosages. He said: The 1971 General Assembly has passed a rewrite of the state immunization laws, combining old Articles 9 and 9A of Chapter 130 of the general statutes into a single Article 9. In addition to the requirements of the old statutes relating to immunization against diphtheria, whooping cough, tetanus, polio, and smallpox, the new law requires administration of measles (rubeola) vaccine before two years of age; immunization against polio is now required by one year of age. Section 130-87 of the new law (copy attached to official minutes) provides that the State Board of Health will determine how many doses of each of the vaccines shall be required and which vaccine preparations shall be approved for use. It was suggested that the following list of doses be approved as the minimum acceptable by the ages specified in the law for the specified vaccines:

DPT — Three (3) doses by age one (1) year.

Oral polio vaccine — Trivalent type — Two (2) doses by age one (1) year; or Monovalent type — One (1) dose of each type by age one (1) year.

Measles vaccine — One (1) dose by age two (2) years.

Smallpox vaccine — One (1) successful vaccination by age six (6) years.

It is further suggested that all vaccine preparations licensed for interstate use by the Division of Biologic Standards of the U. S. Public Health Service (list attached) be approved for use in fulfilling the requirements of this law.

Motion was made by Dr. Maness, seconded by Dr. Dawsey, that the suggested list of doses be approved as the minimum acceptable by the ages specified in the law for the specified vaccines. Dr. Raper inquired if any member of the public desired a hearing on this matter, and instructed the secretary to let the minutes show that no one was heard. The motion was carried unanimously.

At this point, the Board adjourned to the Conjoint Session of the State Board of Health and the Medical Society of the State of North Carolina, at which time Dr. Jacob Koomen, State Health Director, presented his report, entitled "Transportation Versus Trauma: A Public Health Perspective of the Automobile". (Copy attached to the official minutes.)

The Board reconvened following the Conjoint Session, and Dr. Charles T. Barker discussed Senate Bill 311 and Senate Bill 312 which are now pending in the General Assembly. The Dental Health Division is trying very hard to get these bills passed, representing a pioneer effort in support of the Preventive Dental Program. Dr. Barker explained: It has only been within the last two years that dentists have really found out what is probably the cause of oral disease. Dental disease affects 95-96 percent of human beings. We want to teach the Bass Technique to the dentists and children of North Carolina. Senate Bill 311, short-titled "Preventive Dental Program", calls for employment of 20 dental hygienists who will "implement major innovations in the preventive dental program", providing salary, travel, dental equipment, supplies and materials; also funds to provide special training in plaque control for private-practicing dentists. The total requested amounts to \$545,050.00. Senate Bill 312, short-titled "School Dental Health", asks \$77,706 to purchase equipment and supplies to fluoridate some 40 rural school water systems and for salaries and travel for two engineering technicians to maintain and monitor all the rural school water fluoridators. Dr. Barker said he would like to invite the Committee on Plaque Control to attend the next meeting of the Board to demonstrate the Bass Technique to the Board. He asked that each Board member talk with his legislator about this program and these two bills.

Dr. Raper excused Dr. Koomen and Dr. Jones and brought to the Board's attention that their appointments as State Health Director and Assistant State Health Director expire June 30, 1971. It is up to

this Board to take action to recommend to the Governor that their services be retained, or that they be replaced. Dr. Maness moved **that both Dr. Koomen and Dr. Jones be retained; They are outstanding physicians rendering excellent service and I do not think we could do better.** The motion was seconded by Dr. Dawsey, and carried unanimously. This action will be reported to the Governor by the President.

Dr. Jacob Koomen stated that Mr. J. M. Lackey of Hiddenite had been elected County Commissioner of Alexander County. Holding this position as well as membership on the State Board of Health would make him a "double officeholder"; therefore, Mr. Lackey submitted his resignation to the Governor. Dr. Koomen wished to know the feelings of the Board about writing a resolution citing Mr. Lackey's good services. Motion was made by Dr. Maness, seconded by Dr. Barker, **that a resolution be written and presented to Mr. J. M. Lackey citing his outstanding services to the State Board of Health.** The motion was carried unanimously.

The hour of the annual meeting of the Board with the State Medical Society (in Pinelhurst each year) was discussed. It was pointed out that the Public Health Section meets on Tuesday morning, and if the Conjoint Report could be given at the Tuesday noon session, and the State Board of Health could meet on Tuesday afternoon, it would be possible for Health Directors and others to come to the Board meeting and to participate in the Conjoint Report. Dr. Koomen stated that by law the Board must meet annually with the State Medical Society, but a change of meeting time could be discussed with the Society. Dr. Raper said he would be happy to write to Dr. Charles W. Styron, with a copy to Mr. William N. Hilliard, Executive Director of the State Medical Society, to ask that this change be made. It was the consensus of the group that this should be done.

The place of the next meeting was discussed; it was felt that since the Board had met in the western part of the State, it would be good to hold a meeting in the East. Dr. Charles Barker and Dr. Koomen will make the necessary arrangements for the next meeting in the East.

Dr. Raper reported that the Executive Committee of the Board had met regarding the name change, as directed at the last meeting of the Board. They decided to get a legal opinion on this matter; this was done, but not in time to act on it at today's meeting. Dr. Raper said, "It is my opinion that we would do well not to force this".

There was no further business and the meeting adjourned.

MINUTES  
NORTH CAROLINA STATE BOARD OF HEALTH

Thursday, October 28, 1971

The North Carolina State Board of Health met in the Nighthawk Room of the Blockade Runner, Wilmington, North Carolina, at 9:30 a.m., on October 28, 1971.

Dr. James S. Raper, President, presided. Other members in attendance were:

Paul F. Maness, M.D.  
Ernest A. Randleman, Jr., B.S.Ph.  
Ben W. Dawsey, D.V.M.  
Charles T. Barker, D.D.S.  
Jesse H. Meredith, M.D.

The invocation was given by Dr. Paul F. Maness.

The minutes of the last meeting were brought to the attention of the Board. There were no corrections and upon motion of Dr. Dawsey, seconded by Dr. Meredith, the minutes were approved as circulated.

Nominations were received for President and Vice-President of the North Carolina State Board of Health. Dr. Barker nominated Dr. Raper to continue as President of the Board and the motion was seconded by Dr. Maness. Dr. Meredith moved that the nominations be closed, and the motion was seconded by Dr. Dawsey. A vote was taken and Dr. Raper was elected unanimously. Dr. Dawsey nominated for the Vice-President of the Board Dr. Paul F. Maness, with Dr. Barker seconding his motion. Some discussion was held in relation to this nomination and Mr. Ben Eaton was called upon to clarify the matter. Dr. Maness was then elected Vice-President of the State Board of Health.

Dr. Barker and Dr. Meredith were nominated and unanimously elected to serve on the Executive Committee.

Dr. Jacob Koomen was recognized and introduced staff members and others in attendance.

The following items of new business were introduced by Mr. Marshall Staton, Director, Sanitary Engineering Division:

1. **Standards for Design and Construction of Public Water Supply Systems to Serve Residential Communities:** Mr. Staton stated these regulations had been needed for some time. The 1969 General Assembly directed the Legislative Research Commission to study cer-

tain water and air resource laws and to report its findings and recommendations to the 1971 General Assembly. Public hearings were held and testimony received from quite a number of people in the State concerning the status of small water supplies — particularly, those serving mobile home courts and housing subdivisions. Many deficiencies were found in these places, and the Attorney General's Office expressed the opinion that our laws were not broad enough to cover some of the deficiencies in existence. The 1971 General Assembly enacted new public water supply legislation based on the Legislative Research Commission's recommendations. This legislation authorized the State Board of Health to adopt more stringent regulations. We were pleased to have an opportunity to prepare these regulations, a copy of which, along with a copy of the bill passed by the General Assembly, was sent to the Board. The regulations are quite lengthy and technical but in general cover the source of water, the distribution system, storage facilities, etc. They are prepared in two sections — one for housing communities, and one for mobile home courts. Following discussion, a motion was made by Dr. Dawsey, seconded by Dr. Meredith, **that the Standards for Design and Construction of Public Water Supply Systems be approved.** Dr. Raper inquired if any member of the public wished to be heard, and instructed the secretary to let the minutes show that no one was heard. The motion was carried. (Copy of Standards attached.)

**2. Rules and Regulations to Protect the Health, Welfare, and Safety of Those Attending Mass Gatherings and of Other Persons Who May Be Affected By Mass Gatherings:** Mr. Staton explained that these regulations originated as a result of a law passed by the 1971 General Assembly. The regulations are lengthy and cover, in general, water supply, sewage disposal, plans for emergencies, solid wastes, food dispensing and other provisions applicable to mass gatherings, including Rock Festivals. There was no discussion and Dr. Raper inquired if any member of the public wished to be heard; no one was heard. Motion was made by Mr. Randleman, seconded by Dr. Barker, **that the proposed Rules and Regulations Governing Mass Gatherings be Approved and Become Effective October 28, 1971.** The motion was carried unanimously. (Copy of Rules and Regulations is attached.)

**3. Rules and Regulations Governing the Disposal of Sewage From Any Residence, Place of Business or Place of Public Assembly in North Carolina:** Mr. Staton said that these amendments would mean that: (a) the person owning or controlling the property will be responsible for the maintenance of the septic tank, and (b) persons in the business of cleaning septic tanks must not only go to the health

department and get a permit but also must discharge the wastes at a location and in a manner approved by the Local Health Director. A motion was made by Dr. Meredith and seconded by Dr. Dawsey that the proposed Amendments to the Rules and Regulations Governing the Disposal of Sewage From Any Residence, Place of Business or Place of Public Assembly in North Carolina be approved and made effective January 1, 1972. The President inquired if any member of the public wished to be heard regarding this matter, and instructed the secretary to let the minutes show that no one was heard. The motion was carried unanimously. (Copy of Amendments is attached.)

**4. Resolution of the North Carolina State Board of Health Extending the Boundary Lines of the Walkertown Sanitary District Located in Forsyth County, North Carolina:** Mr. Staton explained that the Board of Commissioners of the Walkertown Sanitary District wish to extend the boundary lines to include properties described in a petition submitted to them on June 10, 1969. More than 51 percent of the owners of the real property within the territory proposed to be annexed have signed the petition. Plans for boundary extensions have been submitted to the Engineering Section of the Sanitary Engineering Division, and have been found acceptable. The Sanitary Engineering Division, therefore, recommends approval of the annexation. The Attorney General's Office has been consulted and advises that everything is in order. Dr. Maness moved, and Mr. Randleman seconded, that the Petition to Extend Boundaries of Walkertown Sanitary District, Forsyth County, North Carolina, be approved. Dr. Raper inquired if any member of the public wished to be heard and no one appeared. The motion was carried unanimously. (Copy of resolution is attached.)

The next item of business was hearing on Legislative Room Rate Limitation for Nursing Homes established by the 1971 General Assembly. Mr. James T. Johnson, President, North Carolina Association of Nursing Homes, was heard and made the suggestion that "we have a liaison committee for the Nursing Homes Association and the State Board of Health". He stated that according to figures supplied by the Department of Social Services "one-half of the nursing home beds in the State of North Carolina which were paid for in the month of September exceeded \$14.00 in cost". Dr. Raper responded to the remarks of Mr. Johnson. The Board has discussed with county commissioners for years in an effort to get them to pay even close to the cost for hospital care of the indigent patients. Nursing Homes in general are profit organizations and hospitals are primarily non-profit. The obvious answer is that they charge the private patients

more to make up for the slack. It isn't correct, but it's the only alternative that you have. This report was received as information. No action was taken on this matter.

Dr. Arthur McBay, Chief Toxicologist for the North Carolina Medical Examiner System, presented a summary of the North Carolina Controlled Substances Act enacted, which will become effective January 1, 1972. The Attorney General's office had advised that the State Board of Health should formally review, approve and establish regulations for emergency prescriptions as required in G.S. 90-106 of the new law. A motion was made by Dr. Meredith, seconded by Dr. Dawsey, **that Regulations Governing Emergency Prescriptions of Controlled Substances be approved.** Dr. Raper inquired if any member of the public wished to be heard and instructed the secretary to let the minutes show that no one appeared or requested a hearing. The motion was carried unanimously. (Copy of the Regulations is attached.)

Dr. Ronald Levine, Director, Community Health Division, reviewed the 1971 General Assembly Resolution to Create a Study Commission on Organization and Delivery of Health Services. Dr. Maness moved that Dr. Levine's report be accepted as information. Dr. Baker seconded the motion and it was carried unanimously.

Dr. Isa Grant, Chief, Chronic Disease Section, gave an information report concerning the Kidney Disease Program. She used flip charts to show the locations of the Dialysis Centers which have been approved by the Advisory Committee — namely, Bowman-Gray School of Medicine, Winston-Salem; University of North Carolina, Chapel Hill; Duke University School of Medicine, Durham. In addition, there are smaller centers in Asheville, Charlotte and Greenville.

Dr. Scurletis presented the rules and regulations concerning procedures for issuing a Certificate of Need which were developed by the staff with the cooperation of the Institute of Government and the North Carolina Medical Care Commission. The legal basis for issuing these regulations is Chapter 1164 of the 1971 North Carolina General Assembly Session Laws. Motion was made by Dr. Dawsey and seconded by Dr. Maness **that the proposed Regulations Governing the Certificate of Need be approved.** Dr. Raper inquired if any member of the public wished to be heard and the secretary was instructed to let the minutes show that no one was heard, and that the regulations were approved unanimously. (Copy of regulations is attached.)

Dr. T. D. Scurletis, Director, Personal Health Division, presented proposed **Regulations Governing Licensing of Home Health Agencies.**

Recently the Legislature passed a bill requiring the licensing of Home Health Agencies, the purpose of which was to allow organizations other than non-profit organizations to provide home health services and is related to the Federal Medicare Law. The bill established the State Board of Health as the licensing agency and empowered it to develop rules and regulations. The regulations insure that any home health agency in this State must comply with Medicare-Medicaid Standards. They apply only to non-public agencies. We believe that these are relatively all-inclusive and that they fully cover the purpose of the law as passed by our legislature and are not in conflict with any Federal guidelines. The motion was made by Dr. Dawsey and seconded by Dr. Meredith **that the proposed Regulations Governing Licensing of Home Health Agencies be approved.** Dr. Raper inquired if any member of the public wished to be heard and instructed the secretary to let the minutes show that no one was heard. (Copy of Regulations is attached.)

The next item of business related to the Revision of Nursing Home Regulations. Dr. Scurletis, in presenting this to the Board, said that these revisions introduce the Certificate of Need into our licensing requirement. He directed the Board's attention to the proposed revisions and answered questions from the Board. A motion was made by Dr. Maness, seconded by Dr. Dawsey, **that the proposed Revisions of Nursing Home Regulations be accepted, effective January 1, 1972.** The motion was carried unanimously. (Copy of Revision is attached.)

Consideration was then given to rostering of physicians for the Crippled Children's Program, and quite a lengthy discussion was held around this. Dr. Scurletis stated that this matter dated back to May of 1970 when the Board directed that the President of the Board consult with the Medical Society and establish an Advisory Committee to make recommendations for rostering of physicians for this program. This committee has met and agreed upon a set of requirements, which are presented to you today for your approval. Motion was made by Dr. Dawsey and seconded by Dr. Meredith **that the proposed Rules and Regulations Governing the Procedures for Rostering of Physicians For The Crippled Children's Program be approved.** Dr. Raper inquired if any member of the public wished to be heard and instructed the secretary to let the minutes show that no one was heard. The motion was carried unanimously. (Copy of Rules and Regulations is attached.)

The next presentation, in reference to the Repeal of Requirements for Health Cards for Food Handlers, was presented by Dr. Martin P. Hines, Director, Division of Epidemiology. Examples of health cards were distributed and Dr. Hines said this repeal was being proposed

with the complete approval and cooperation of the Sanitary Engineering Division. Motion was made by Dr. Dawsey, seconded by Dr. Meredith that the **Requirements for Health Cards for Food Handlers Be Repealed and that the effective date be January 1, 1972.** Dr. Raper inquired if any member of the public wished to be heard and instructed the secretary to let the minutes show that no one was heard. The motion was passed unanimously.

Dr. Hines also presented a proposal for the creation of a new section in the Division of Epidemiology. A motion was made by Dr. Meredith, seconded by Dr. Barker, that the **Highway Safety Unit be made a Section in the Division of Epidemiology.** The motion was carried.

Dr. Hines presented the matter of Recognition of Live Tissue Culture Rabies Vaccine for Dogs and asked the Board to pass the proposed resolution that the modified tissue vaccine will be recommended for a period of three years as well as the chicken embryo. Motion was made by Dr. Dawsey, seconded by Dr. Maness, that **Recognition of Live Tissue Culture Rabies Vaccine for Dogs be Approved.** Dr. Raper inquired if any member of the public wished to be heard and so instructed the secretary to let the minutes show that no one was heard. The effective date of this resolution will be October 28, 1971. The motion was carried. (Copy attached.)

The next item for consideration was the addition of equipment items on emergency vehicles. Dr. Hines stated: The Advisory Committee to the State Board of Health on Ambulance Services met on October 1 and recommended unanimously that a poison kit and obstetrical kit be added to the list of equipment on all emergency vehicles in the State (the cost involved for both items would be very small). The effective date is to be January 1, 1972, if approved by the Board. Dr. Dawson moved, and Dr. Maness seconded, a motion that a **poison control kit and obstetrical kit be added as an equipment item on emergency vehicles, the effective date to be January 1, 1972.** Dr. Raper inquired if any member of the public wished to be heard and instructed the secretary to let the minutes show that no one was heard.

The motion was carried.

Mr. David Warren, Associate Professor of Public Law and Government of the Institute of Government, Chapel Hill, addressed the Board briefly on the law as it pertains to the medical field in relation to eighteen-year-olds. A statute was enacted by the 1971 General Assembly which states that any person who is eighteen years of age or older or who is emancipated may consent to any medical

assistance to himself or his child. This helps solve the difficulty that the physicians and hospital administrators have been confronted with over the years.

Final comments were heard from Dr. Jacob Koomen, State Health Director, and thereafter Dr. Raper declared the meeting adjourned.

**MINUTES**  
**NORTH CAROLINA STATE BOARD OF HEALTH**

Thursday, March 23, 1972

The North Carolina State Board of Health met in the Board Room of the Cooper Memorial Health Building at 10:00 a.m., on Thursday, March 23, 1972. Dr. James S. Raper, President, presided. Other members in attendance were:

**Paul F. Maness, M.D., Vice-President**  
**Joseph S. Hiatt, M.D.**  
**Charles D. Barker, D.D.S.**  
**Jesse H. Meredith, M.D.**  
**Donald W. Lackey, D.V.M.**  
**Ernest A. Randleman, Jr., B.S.Ph.**  
**Ralph W. Coonrad, M.D.**  
**Robert B. Nichols, Jr.**

The invocation was given by Dr. Paul F. Maness.

Dr. Lenox D. Baker, Secretary, Department of Human Resources, spoke briefly to the Board regarding reorganization. He displayed an organization chart of the new Department and referred to it as a "road map" showing how the Department will get where it wants to go. He expressed the hope that the five major offices could be combined into "a committee to run the Department. This is what you call teamwork and without this we cannot survive. We must have your (the Board's) help, your drive, your knowledge, to help us find the way to work most efficiently for the taxpayer."

Dr. Raper welcomed the three new members of the Board—Dr. Ralph W. Coonrad, Mr. Robert B. Nichols, Jr. and Dr. Donald W. Lackey. He congratulated Mr. Ernest A. Randleman on his reappointment. Members of the staff and other present introduced themselves to the Board.

Dr. Jacob Koomen, State Health Director, read an "Expression of Appreciation" to Dr. Lenox D. Baker, former member of the Board. Motion was made by Dr. Maness, seconded by Dr. Meredith, that this be approved. Motion was carried.

Dr. Koomen also presented a similar expression written to Dr. Ben W. Dawsey, who has just completed 12 years as the Veterinary member of the Board. A motion was made by Mr. Nichols, seconded by Dr. Maness, that this expression be approved. The motion was carried.

The minutes of the last meeting were presented for approval. One correction was brought out and duly noted the minutes. Dr. Meredith moved that the minutes be approved with correction; Dr. Barker seconded the motion and it was passed unanimously.

Dr. Martin P. Hines, Director, Division of Epidemiology, discussed proposed regulations governing the sale of turtles. He said there had been some concern over this matter for a number of years, as these turtles carry a variety of species of salmonella. Several epidemiological investigations have been made, and culture surveys have been done; Dr. Hines recommended that the Board approve the proposed regulations. A motion was made by Dr. Barker, seconded by Mr. Randleman, **that the Rules and Regulations Governing the Sale of Turtles be approved.** Dr. Raper inquired if any member of the public wished to be heard on this matter, and instructed the secretary to let the minutes show that no one was heard. The motion passed without opposition.

Dr. Hines gave an information report on changes taking place in immunization laws and commented on smallpox vaccine. He said: An Advisory Committee to the Surgeon General in Washington released recently information to the effect that there is no need to immunize against smallpox. We feel now that this policy should be abandoned. Dr. Raper asked that each member of the Board think about this thoroughly and look into it, in order to be ready to vote when the time comes. No action is required at the present time; action of the General Assembly may be necessary.

Dr. Hines distributed, for informational purposes, sample copies of new forms being used by the State Board of Health, Division of Epidemiology, for reporting purposes — namely: Therapeutic Abortion Report, Removal of Graves Certificate, and Medical Examiner's Certificate of Death. He also reported on: (1) the status of removal of health card requirement for foodhandlers; (2) the immunization program — nearly 340,000 children will be immunized this year; (3) the gonorrhoea program which is just unfolding — plans are underway for a mass state-wide control program, and funds have been allocated by Congress for this purpose. It is hoped that this program will result in about 31,000 females being brought to treatment.

Dr. Arthur McBay, Chief Toxicologist for the Medical Examiner System, presented proposed Rules and Regulations Governing North Carolina Controlled Substances Act, Chapter 90, Article V. Mr. Henry Poole of the Attorney General's Office was present and responded to questions by the Board. Motion was made by Dr. Meredith, seconded by Mr. Randleman, **that the proposed Rules and Regulations Govern-**

ing North Carolina Controlled Substances Act, Chapter 90, Article V, be approved. Dr. Raper inquired if any member of the public wished to be heard, and instructed the secretary to let the minutes show that no one was heard. The motion was carried. Dr. McBay also discussed proposed rescheduling from Schedule III, G.S. 90-91 (Article V) to Schedule II, G.S. 90-90, the following drugs: (a) Amphetamine, its salts and isomers; (b) Phenmetrazine and its salts; (c) Any substance except injectionable liquid which contains methamphetamine and its salts and isomers; (d) Metholphenidate. Motion was made by Mr. Randleman, seconded by Dr. Coonrad, **that the proposed Rescheduling be approved.** Dr. Raper inquired if any member of the public would like to be heard; the secretary was instructed to let the minutes show that no one appeared. The motion was carried without opposition. Dr. McBay then presented for action the proposed exclusion of the drug, naloxone hydrochloride, from Schedule II, G.S. 90-9, and the entire Article V. Dr. Barker moved, and Dr. Maness seconded, a motion **that the drug Naloxone Hydrochloride be excluded from Schedule II, G.S. 90-9, and the entire Article V.** Dr. Raper inquired if any member of the public wished to be heard, and instructed the secretary to let the minutes show that no one was heard. The motion was carried.

Mr. Randleman introduced discussion of the drug, paregoric. He said it was his interpretation that, even though this is not a scheduled drug, it could not be sold without a prescription. He further stated that he would like Dr. McBay and the Board to investigate this and see if anything can be done. Dr. McBay said he had been assured by the Attorney General's office that the Board can take action should it see fit.

Mr. Marshall Staton, Director, Sanitary Engineering Division, presented the following for the Board's consideration:

1. Proposed Amendment to Summer Camp Regulations — This amendment would eliminate the requirement that all employees and campers should give evidence of a successful vaccination against smallpox within 10 years of arrival at camp. Motion was made by Dr. Maness, seconded by Dr. Coonrad, **that the proposed Amendment to Summer Camp Regulations be approved.** Dr. Raper inquired if any member of the public wished to be heard; he instructed the secretary to let the minutes show that no one was heard. The motion was carried unanimously.

2. Resolution Extending the Boundary Lines of the Roanoke Rapids Sanitary District — Mr. Staton explained that this proposal had been reviewed by the Attorney General's office and found to be in

order. Motion was made by Dr. Maness, seconded by Dr. Coonrad, that the **Resolution of the North Carolina State Board of Health Extending the Boundary Lines of the Roanoke Rapids Sanitary District Located in Halifax County, North Carolina, be approved.** Dr. Raper asked if any member of the public wished to be heard and instructed the secretary to let the minutes show that no one was heard. The motion was carried.

Mr. Staton said that since the first proposed resolution had been mailed to the Board, an urgent request had been received from the Roanoke Rapids Sanitary District to annex two additional areas — the Lincoln Heights area and the West Rosemary area. These areas are presently served by individual wells, many of which are contaminated due to the close proximity of septic tanks and privies. The Sanitary District has recently received confirmation of a Federal grant which will assist in providing the needed water and sewerage facilities to serve these two areas; however, to receive this financial assistance construction must begin in 90 days. For this to be accomplished, it is necessary that annexation of these areas be considered at this time. Favorable action by the Board will allow water and sewer facilities to be installed, which will eliminate unsanitary conditions which now exist in these areas. Motion was made by Dr. Barker, seconded by Dr. Coonrad, that the **Resolution of the North Carolina State Board of Health Extending the Boundary Lines of the Roanoke Rapids Sanitary District to Include the Areas of Lincoln Heights and West Rosemary be approved.** Dr. Raper asked if any member of the public wished to be heard, and instructed the secretary to let the minutes show that no one was heard. The motion passed without opposition.

3. Resolution Extending the Boundary Lines of the Sedgefield Sanitary District — Mr. Staton said this resolution had been discussed with the Attorney General's office and was found to be in order, and he recommended adoption. A motion was made by Dr. Maness, seconded by Dr. Hiatt, that the **Resolution of the North Carolina State Board of Health Extending the Boundary Lines of the Sedgefield Sanitary District Located in Guilford County, North Carolina be approved.** Dr. Raper asked if any member of the public wished to speak, and instructed the secretary to let the minutes show that no one was heard. The motion was carried unanimously.

Dr. T. D. Scurletis, Director, Personal Health Division, distributed copies of the North Carolina Cancer Registry, 1970 Annual Report, for information. This report, the third produced by the North Carolina Cancer Registry, marks a year of growth for the program. The number of participating hospitals increased from 10 to 19 and the 3,099 cases

assessed during the year bring the total number of cases in the Registry's master file to more than 8,000.

In reporting on the Kidney Program, Dr. Scurletis said this program has been operational in the sense of sponsoring some patients since mid-November. The scope of services the Program can provide are: financial assistance for in-hospital dialysis, financial assistance for home training dialysis, provision of expendable supplies used in home dialysis, financial assistance for other special needs of kidney patients if the petition is approved by the Renal Disease Advisory Committee. An example of a special need would be the payment of a kidney donor's expenses. Another service available to kidney patients was initiated by program personnel, but is administered by the Laboratory Division; this refers to the Biochemistry Section's performing SMA-6 and SMA-12 and hematocrit tests on serum submitted by kidney patients and their dialysis partners. Currently there are six hospitals in which program sponsored patients may be dialyzed. They are located in Asheville, Charlotte, Chapel Hill, Durham, Greenville and Winston-Salem. The Renal Disease Advisory Committee meets March 9, and is expected to raise the number of affiliations to seven with the approval of the Danville, Virginia Dialysis Center. The Committee is also expected to approve a new program service—the provision of non-prescription drugs, such as Vitamin A and B, to sponsored patients at the request of their physicians. The program has been sponsoring home patients since early January. Probably one of the more satisfying accomplishments to date has been the coordination between the program, the Department of Social Services, and Vocational Rehabilitation. These other agencies are involved in providing services to kidney patients, and program personnel have evolved what appears to be an excellent continuum of services for patients from the first dialysis to the transplantation.

Dr. Scurletis called attention to the matter of the Certificate of Need. Regulations were approved by the Board at its last meeting, but it now appears that a revision is needed in order to specify the steps involved in processing public hearings concerning the issuance of a certificate of need by the State Board of Health. The requirement for public hearings is mandatory under the law in order to provide an administrative review of decisions contrary to the request of the affected applicant or the Areawide Health Planning Council. Dr. Scurletis proposed the acceptance of these two changes in the Rules and Regulations. Dr. Maness made, and Mr. Randleman seconded, a motion that the proposed Revision to the Rules and Regulations Governing the Certificate of Need be approved. Dr. Raper inquired if any mem-

ber of the public wished to be heard, and instructed the secretary to let the minutes show that no one was heard. The motion was carried without opposition.

Dr. Scurletis then distributed a list of physicians rostered in the Crippled Children's Program since the last report to the Board, a list of physicians pending rostering, as well as a copy of the Rules and Regulations Governing the Procedure for Rostering Physicians. Dr. Maness made, and Dr. Coonrad seconded, a motion that these three items be accepted by the Board as information. The motion was carried.

Dr. W. Burns Jones, Jr., Assistant State Health Director, spoke briefly to the Board on the biennial budget cycle; the budgetary process has taken a fairly substantial change this year. The new system under which we will be operating is known as the Base Budget and the Change Budget. The Base Budget will be restricted to those funds which were previously allocated for the past biennium—the only increases allowed will be for salary increases. All requests for additional funds will be shown in the Change Budget. This will ultimately be a good thing because we are working more and more toward a program budget—an actual program distribution of the amount of money being spent, how it is being spent, what results it is having, etc. The other aspect is that we will be working toward a zero base budget. This means that we would have to justify the first dollar spent and every dollar thereafter. This will necessitate additional planning and will put responsibility on the staff—a very forward step in State Government. The Base Budget is due April 1 and the Change Budget is due June 1; the Board will have opportunity to review the Change Budget.

Dr. Jacob Koomen commented as follows:

1. A time will be selected in the near future for a formal portrait of the Board and advance notice will be given.

2. The next meeting will be held on May 24 at Pinchurst—by law the Board is required to meet with the Medical Society; the Conjoint Report to the Board and to the Medical Society is given at that time.

3. We welcome the new members of the Board—we are here to serve you and invite you to call us at any time we can help you.

4. The last legislature established a Legislative Study Commission—the Governor has appointed these members, including Dr.

Ronald H. Levine, Director, Community Health Division. The first meeting will be held soon.

Dr. R. Page Hudson, Chief Medical Examiner, invited the Board members to visit the offices of the Medical Examiner System any time they have opportunity to be in Chapel Hill.

There was no further business, and the Chairman adjourned the meeting.

MINUTES  
NORTH CAROLINA STATE BOARD OF HEALTH

May 24, 1972

The North Carolina State Board of Health met in the Azalea Room of The Carolina, Pinehurst, North Carolina, at 8:00 a.m., on May 24, 1972.

Dr. Paul F. Maness, Vice-President, presided. Other Board members present were:

Dr. Charles T. Barker  
Dr. Ralph W. Coonrad  
Mr. Robert B. Nichols, Jr.  
Dr. Joseph S. Hiatt, Jr.  
Dr. Donald W. Lackey

The invocation was given by Dr. Hiatt.

The first item of business was an information report by Dr. W. Burns Jones, Assistant State Health Director, on the State Board of Health's "Change Budget" requests for the 1973-1975 biennium, a summary of which had been mailed to the Board prior to the meeting. Dr. Jones stated that of the 56 requests made (totaling some \$10-\$15 million), 22 (totaling about \$5 million) had been selected as being of a higher priority than others.

Dr. Maness invited Dr. Jacob Koomen to comment and he stated that Division Directors have had to look carefully at what they do and what their hopes for the future are. He said that, realizing it highly unlikely that the Legislature could possibly grant all requests, these had been reduced to a minimum in priority order. In the past, budget requests have been presented to the Advisory Budget Commission only; now there are many hands involved, including the Secretary of the Department of Human Resources, the Governor, a "legislative watchdog committee", and finally the Advisory Budget Commission. Dr. Koomen emphasized that "in these times of austerity, we don't know how much of our request will be honored, but we felt impelled to ask for the funds."

A motion was made by Dr. Barker, seconded by Dr. Hiatt, that **the Board endorse the budget request as submitted.** The motion carried. (Copy attached to the official minutes.)

Mr. Marshall Staton, Director, Sanitary Engineering Division, was recognized for presentation of several items, the first of which was a request received on April 17 from the directors of Camp Illahee in Brevard, North Carolina, for a public hearing concerning

the Summer Camp Regulations recently adopted by the Board. The portion of the Regulations which concerns them is Section 5-B requiring hot water at certain locations; Camp Illahee has lavatories but no hot water at these locations. Mr. Staton said the constraints of today's meeting had been explained to the camp directors, including the limited time for discussion, and the suggestion had been made that the hearing be delayed until facts were gathered and there was ample time for consideration of the matter. This was satisfactory with the directors; however, they asked that the Board authorize them to operate the camp without complying with this particular requirement until they could have a hearing with the Board. In response to a question, Mr. Staton explained that no other such requests or complaints have been received from the 60-65 camps in North Carolina. Two sanitarians have visited the camp to explain the necessity of such regulations, but Mr. Staton said he felt the group should have the privilege of expressing their feelings to the Board. A motion was made by Dr. Coonrad, seconded by Dr. Barker, that the request of Camp Illahee for a public hearing before the State Board of Health be granted and that the camp be authorized to operate without complying with the requirement in question until a hearing can be held. The motion passed without opposition.

Mr. Staton then referred to the North Carolina Clean Water Bond Act, which was passed by the voters on May 6, 1972, and which will involve \$150 million in bonds for water and sewer improvements. \$70 million will be used for water improvements and the State Board of Health will be the project reviewing agency for use of these funds. Regulations are being prepared to implement this construction grant program and it may be necessary to call a meeting of the State Board of Health prior to its next regular meeting to consider these regulations.

A resolution requesting extension of the boundary lines of the Rural Hall Sanitary District was presented by Mr. Staton. He said that 100 percent of the people living in this area had requested annexation into this district so they might be provided with water and sewerage. The Attorney General's office finds this resolution in order. A motion was made by Mr. Nichols, seconded by Dr. Coonrad, that the Resolution to the North Carolina State Board of Health Extending the Boundary Lines of the Rural Hall Sanitary District in Forsyth County, North Carolina, be approved. Dr. Maness inquired if any member of the public wished to be heard, and instructed the secretary to let the minutes show that no one was heard. The motion was carried. (Copy of the Resolution is attached to the official minutes.)

Mr. Staton then presented a proposed resolution to create the Ocracoke Sanitary District in Hyde County, North Carolina, stating that the tourist trade has increased greatly and is imposing a water problem in this area. Over 51 percent of the property owners of this area have signed a petition requesting that Ocracoke Island in its entirety, except for that area now designated as National Seashore, be created as a sanitary district so that adequate water supply might be provided. Mr. Staton said the Attorney General's office finds this resolution in order. Dr. Coonrad moved, and Dr. Hiatt seconded, a motion that the **Resolution of the North Carolina State Board of Health Creating the Ocracoke Sanitary District Located in Hyde County, North Carolina, be approved.** Dr. Maness asked if any member of the public wished to comment, and instructed the secretary to let the minutes show that no one was heard. The motion was passed unanimously. (Copy of the Resolution is attached to the official minutes.)

Mr. Ben Eaton, Director, Administrative Services Division, spoke to the Board regarding Rules and Regulations Governing the Controlled Substances Act which were adopted by the Board at its last meeting. He said that since the approval of these Regulations, the Federal Government has adopted a few "definitions" which were not in the original act. Since the preparation of today's agenda, this item has been discussed with the Attorney General's office, reaching the conclusion that even though this is just a matter of definition, 30 day's legal notice is necessary. Mr. Eaton requested that this item be deferred until the next meeting, and the Board concurred.

Dr. Martin P. Hines, Director, Epidemiology Division, was recognized and discussed the Rules and Regulations Governing the Sale of Turtles, adopted by the Board at its last meeting. Since the approval of these Regulations, the Federal Government has published proposed regulations, which will probably become effective on or about July 1, 1972, and which differ from North Carolina's regulations in several respects. In order to avoid duplication and conflict of regulations, it is requested that the effective date for the Regulations adopted by the North Carolina State Board of Health be changed from July 1, 1972 to January 1, 1973. This delay will permit assessment of the effectiveness of the Federal regulations and the possible revision of the North Carolina regulations at the fall meeting of the Board to complement the Federal regulations. Dr. Lackey moved, and Dr. Hiatt seconded, a motion that the **effective date for the Regulations approved by the North Carolina State Board of Health Governing the Sale of Turtles be changed from July 1, 1972 to**

January 1, 1973. Dr. Maness inquired if any member of the public wished to be heard, and the secretary was instructed to let the minutes show that no one was heard. The motion passed without opposition.

Dr. Ronald H. Levine, Director, Community Health Division, gave a progress report on the Legislative Study Commission for Organization and Delivery of Health Services in North Carolina. At the fall meeting last year, the Board was presented with a bill passed by the 1971 General Assembly establishing this Commission; its charge is to examine the relationships of state and local government in projection, delivery and financing of public health services to the people. Dr. Levine is on the 11-member Commission appointed by the Governor. Dr. Jacob Koomen was asked to call the first meeting and to preside; this organization meeting took place on May 18 and the Commission unanimously elected Representative Nancy Chase of Wayne County as its Chairman. Representative Carl M. Smith of Orange County was elected Vice-Chairman. Mr. David G. Warren, Assistant Director of the Institute of Government at Chapel Hill, addressed the group on the current status of public health and his views of major issues which might be considered by the Commission. The next meeting will be held on June 7, at which time Dr. Levine will make a presentation covering in some detail the scope of public health services provided by local health departments and define relationships of the departments providing these services, in order that the Commission might be able to draw some parallels as to what can be done to strengthen public health services.

Dr. T. D. Scurletis, Director, Personal Health Division, gave a report on the status of prevention of Ophthalmia Neonatorum. He stated that an investigation had taken place regarding this; in essence the only issue which was raised was that the American Academy of Ophthalmology recommended the use of Bacitracin Ophthalmia ointment as replacement for silver nitrate on occasion. The National Association for Prevention of Blindness and the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists felt that silver nitrate was the only drug of choice for three reasons: (1) it has been an effective drug over the years; (2) the organism that we are dealing with is one that has already demonstrated ability to develop antibiotic resistance; and, (3) there is no evidence whatsoever available to indicate that there is an increase in the incidence of conjunctivitis in newborns with silver nitrate.

Dr. Scurletis recommended that this regulation should be maintained as it is today — namely, that silver nitrate be the only drug

approved in the State of North Carolina. The Health Department does provide silver nitrate in wax sealed ampuls to all hospitals in North Carolina. Dr. Scurletis suggested that the Board reaffirm this regulation. Dr. Hiatt made a motion, seconded by Dr. Coonrad, **that the Board Reaffirm that One Percent Silver Nitrate Solution Stored in Individual Wax Capsules Remain the Only Acceptable Prophylactic Agent in North Carolina.** Dr. Maness inquired if any member of the public wished to be heard, and instructed the secretary to let the minutes show that one was heard. The motion was carried.

A list was distributed of those physicians rostered for the Crippled Children's Program since the last Board meeting, as well as a list of those whose application is pending. (Copies of both lists attached to the official minutes.)

Dr. Maness thanked the group for attending at such an early hour and expressed the hope that sometime in the near future this meeting can be changed to a more convenient time when there can be more representation.

Dr. R. Page Hudson, Chief Medical Examiner, informed the Board that Dr. David Wiecking, Associate Medical Examiner, has resigned his position here to accept appointment as Chief Medical Examiner for the Commonwealth of Virginia.

Dr. Barker commented on the urgency of getting the plaque control program before the school children of the State, and expressed hope that this item will be among those approved in the Change Budget.

Dr. Jacob Koomen, State Health Director, commented:

1. In follow-up of Dr. Barker's remarks, Dr. Koomen stated he was sympathetic towards a strong dental program in the State.

2. Dr. Lenox D. Baker, Secretary, Department of Human Resources, has appointed as his Deputy, Mr. William F. Henderson, who was long-time Executive Director of the Medical Care Commission. Mr. Henderson is an enormously competent individual. Dr. Baker has appointed as Associate Secretary for Administration Mr. Ben W. Aiken, former Business Manager for the Mental Health System. These men will be great assets.

3. The minutes of the Board meetings are highly technical and are a legal document; therefore, they require careful preparation and review. The interval between the last meeting and today's meeting being a short one, it was not possible to have the minutes in final form for approval today; therefore, they will be acted upon at the next meeting.

4. At the request of Dr. Raper, Dr. Koomen asked the Board's feeling about holding the next meeting away from Raleigh, possibly in the western part of the State. Several members stated they would be willing to attend in any location agreed upon by the group; there were no objections to this idea.

5. Dr. W. Burns Jones, Jr. will not be in Europe this summer, as previously planned. Details could not be worked out for the trip, but Dr. Jones appreciates the Board granting its approval.

There being no further business to come before the Board, the meeting was adjourned to the Conjoint Session of the State Board of Health and the Medical Society of the State of North Carolina, at which time Dr. Jacob Koomen, State Health Director, presented his report, entitled "A Public Health Perspective on the Limitation of Births". (Copy attached to the official minutes.)

**1970° CONJOINT REPORT**

by

**Jacob Koomen, M.D., M.P.H.**

State Health Director

North Carolina State Board of Health

Customarily, the report to the Conjoint Session by the State Health Director has been that of an overview of North Carolina's health needs and a synopsis of the State Board of Health's attempts to meet these needs. This report will depart from custom, in that a single issue will be addressed, in order to give greater coverage to a specific problem.

The topic chosen is automobile safety. The product of a technological triumph and cause of a revolution in mobility, the motor vehicle has at the same time proved to be a health hazard of critical proportions. This paper will offer a public health perspective on the problem of transportation versus trauma.

The magnitude of the problem will be indicated, followed by a description of some control measures. Two common and convenient categories will be used, that of prevention and treatment. In discussing prevention, the classic epidemiological model, the host-vector-environment triad, will be used. A paper such as this, with limited scope, cannot be an exhaustive study; rather, it is a resumé of salient factors relevant to an important health condition.

New York City claims the dubious distinction of reporting both the first motor vehicle accident and the first traffic fatality. On May 30, 1896, Evelyne Thomas, while riding her bicycle, was struck by a Duryea Motor Wagon; she sustained a fractured leg and went down in history as the first casualty of a new automotive miracle, the horseless carriage. On September 13, 1899, Henry H. Bliss, a real estate broker, 68 years old, was knocked down and run over while alighting from a street car near Central Park. His death became the first in an ever-increasing parade of statistics reflecting the negative side of automobile transportation.

By 1916, our own state was reporting 54 deaths from motor vehicle accidents (including pedestrians), at a rate of 2.1 per 100,000 persons. (Table 1) Except for a marked reduction during World War II, there has been a steady increase in traffic deaths. By 1969, there

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°(Delivered before the Conjoint Session, North Carolina State Board of Health and the Medical Society of the State of North Carolina, Pinehurst, N.C., May 19, 1971.)

were 1,791 fatalities, at a rate of 35.7, making this the fourth leading cause of death.

TABLE 1

FATAL MOTOR VEHICLE ACCIDENTS, NORTH CAROLINA, 1916-1969							
Year	1916	1925	1935	1945	1955	1965	1969
Number	54	410	1,015	767	1,217	1,629	1,791
Rate <sup>a</sup>	2.1	14.2	30.0	21.8	28.2	33.8	35.7

"Deaths From Selected Causes With Rates, North Carolina, 1916-1969". Public Health Statistics Section, North Carolina State Board of Health, Raleigh, N.C.

<sup>a</sup>Per 100,000 Population

Fatalities are accompanied by injuries. In 1970, 58,622 injuries were reported. (Table 2) Many of these resulted in costly hospitalization and loss of income, others resulted in permanent disability or disfigurement.

TABLE 2

VEHICLE TRAFFIC ACCIDENTS AND INJURIES, NORTH CAROLINA, 1968-1970			
Year	1968	1969	1970
Traffic Accidents	109,383	120,493	124,784
Persons Injured	55,127	58,605	58,622

N.C. Department of Motor Vehicles

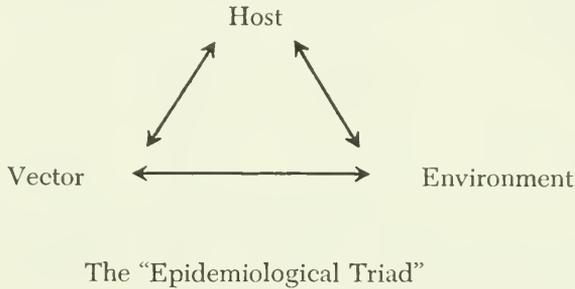
Economically, losses are also tremendous. The 120,493 traffic accidents in North Carolina during 1969 cost \$98,205,008, not counting losses in man-hours of work or earning power.

The problem is complicated by an interplay of social, psychological, economic, legal, and other forces. Driving an automobile is usually a jealously-guarded prerogative at the individual level, and a sensitive issue at the political level. Viewed both as a basic transportation necessity and a status symbol, as the late product of the industrial revolution and an important factor in the present social revolution, the motor car becomes a more complex object than its component metal, rubber, glass, and other material.

There are, however, principles of disease control applicable to highway safety. Let us look at some of these measures, beginning with those designed to prevent traffic accidents or reduce their effect on the victim.

Referring to the epidemiological model (Figure 1), we will identify the driver as "host". Control begins here by limiting the number of drivers to those who demonstrate minimal skills through a testing procedure. This is the rationale for the driver's license, based on the principle that operation of a motor vehicle is a privilege granted by the State through a licensing process.

**FIGURE 1**



The physician has an important contribution to make through North Carolina's medical evaluation system. Cases for medical review are initiated by examiners of the Driver License Division, courts, or law enforcement officers, by an applicant's own admission of impairment, or as the cause of an accident. The first step in the review process is examination by a physician of a patient's choosing, followed by evaluation by a three-member panel of physicians (of which there are 36 in the State). From there, a hearing may be requested before the Driver License Medical Review Board, consisting of four physicians appointed by the President of the State Board of Health, plus a representative from the Department of Motor Vehicles. This Board has authority to restore, restrict, or uphold denial of driving privileges and their decisions are binding on the Commissioner of Motor Vehicles (although subject to Superior Court review).

During 1970, 4,764 medical reports were reviewed by the panels. Sixty-eight percent were new cases; the remainder were follow-up cases, previously identified. Of the total, 789 (17 percent) were denied

driving privileges; 1,014 (21 percent) were allowed to continue to drive with restriction; the remaining 2,961 (62 percent) will continue to drive without restriction, but most will continue to submit follow-up medical reports. (Table 3)

TABLE 3

DRIVER LICENSE MEDICAL REVIEW, NORTH CAROLINA, 1970							
Nature of Primary Medical Problem	Total Reviewed No.	Approved with or Without future Medical Report		Approved with Restrictions		Disap- proved	
		No.	%	No.	%	No.	%
Cardiac	1,462	884	60%	480	33%	98	7%
Neurological	873	584	67%	106	12%	183	21%
Mental/Nervous Disorders	856	658	77%	73	9%	125	15%
Alcoholism	772	487	63%	55	7%	230	30%
Vision	315	28	9%	184	58%	103	33%
Endocrine Disorders	159	116	73%	34	21%	9	6%
Orthopedic	116	39	34%	68	59%	9	8%
All Others	211	165	78%	14	7%	32	15%
Total	4,764	2,961	62%	1,014	21%	789	17%

Division of Epidemiology, N.C. State Board of Health, Raleigh, N.C.

One hundred seventy-two drivers denied licenses in 1970 appealed to the Driver License Medical Review Board: 77 (45 percent) had their licenses restored, most with restrictions; the remaining 95 (55 percent) continued to have their licenses denied. Several cases have been appealed to the State's Superior Courts.

Law enforcement is an important measure in the control of the drinking driver or the driver who consistently or flagrantly breaks traffic laws. North Carolina is fortunate in having a competent and dedicated Highway Patrol. Space and the medical orientation of this paper did not allow justice to be done to their good work. There is criticism of the judicial system, however, by many who feel not that insufficient punishment is meted out, but that the legal process does not remove the offending driver from the highway nor prevent his continuing to operate the vehicle, even with a suspended or revoked license. The controversy includes debate between those who feel fines and suspended sentences do not protect the public and those who argue the economic necessity for most people to continue to drive.

Of particular significance is the relationship between alcohol and highway accidents. A study by the North Carolina State Medical Examiner's Office of blood alcohol analysis of 486 operators and pedestrians killed in 1970 revealed that 65 percent of those dying in single car accidents were "under the influence", i.e. had a blood alcohol level of 0.1 percent by weight. One-third of those killed in multiple car collisions showed the same degree of intoxication, while 62 percent of slain pedestrians were under the influence (Table 4).

TABLE 4

## ALCOHOL AND AUTO FATALITIES, NORTH CAROLINA, 1970

Type of Accident	Total Deaths		Under the <sup>o</sup>		Drinking <sup>oo</sup>		Sober <sup>ooo</sup>	
	No.	%	No.	%	No.	%	No.	%
Single-Vehicle Crashes	219	100	141	65	25	11	53	24
Multiple-Vehicle Crashes	147	100	50	34	15	10	82	56
Pedestrians over 15 years	102	100	63	62	4	4	35	34

<sup>o</sup> Blood Alcohol Concentration 0.1% by weight

<sup>oo</sup> Blood Alcohol Concentration < 0.1% by weight (Symbol indicates "less than")

<sup>ooo</sup> No blood alcohol

Office of the Chief Medical Examiner, North Carolina State Board of Health, Chapel Hill, North Carolina.

The State Board of Health is responsible for approving the breath-testing devices used in identifying the intoxicated driver, as well as issuing permits to qualified operators of the chemical analyzers. The State's Department of Community Colleges conducts training programs for analysts. There are presently around 250 breath-testing devices throughout the State, and over 950 officers hold valid permits issued by the State health agency.

Rounding out this picture of control of the "host", one must mention driver education as a means to improve the skill and competence of motor vehicle operators.

Regarding the automobile itself as the "vector" in the epidemiologic equation, considerable effort is beginning to go into improved safety standards. In this area, one can cite "crash packaging" and other engineering and design techniques intended to strengthen the vehicle or protect the driver from effect of forces unleashed in an accident.

In most instances of disease control, an attempt is made to either eliminate the vector or reduce it to a minimum (e.g., mosquito or fly eradication). This is hardly possible for the automobile, nor even desirable; nonetheless, it is not frivolous to consider modifications of the technique. For instance, alternatives to automobile travel are being explored, such as mass transit systems. Also, spatial separation of pedestrian and bicycle traffic and automobile traffic is in effect in many places. These measures have their principle but not sole application in urban areas. Where such efforts bring about not only improved safety, but also curtailing internal-combustion engine emissions, ameliorating parking and other problems, and slowing down the decay of our cities, they have much to commend them.

Incidentally, it is here that one finds another area of controversy. Many consumer advocates accuse the automotive industry of indifference to the safety of the driver or passenger, and government of laxity in its concern for protection of the public by not being vigorous in adopting and policing more adequate standards.

The third element in our model is the environment. While this involves important geographic and meteorological factors, it also includes, for our purposes, streets and roads and other structures involving automobile transportation. Here, too, effective measures may be taken to prevent or minimize the condition to which we address ourselves.

Improved highway engineering and construction is an important undertaking. Arterial superhighways with medians, ramps, and parallel service roads, are designed to accommodate high-speed vehicular movement. Correction of existing problems also merits attention. For instance, early highways employed the crown drainage system, permitting the water to run off the roadway from a high point in the middle, sloping to either side. When cars traveled at 35 to 40 miles per hour, this presented little difficulty. It is decidedly awkward nowadays, however, for one to go careening full tilt around a curve on a winding country road and suddenly find himself banked in the wrong direction. This has been cited as one of the factors that causes North Carolina to have such an extraordinarily high rate of single-car accidents on rural roads.

Other safety features, such as improved guard-rails and "break-away" road signs are being increasingly utilized.

A modern highway system and adequate urban and suburban street systems, are therefore an important consideration in reducing

hazards. It is an interesting aside to note that North Carolina has the largest state road network in the nation.

Since differences of opinions have been mentioned, another important one should be considered. This is the debate between those who emphasize attempts to change the behavior of the driver, as opposed to those who concentrate on changing his surroundings (i.e., the car and the highway). Many feel strongly that effective accident control can only be accomplished by mechanical and engineering methods which prevent or control the release of trauma-producing energy. This is a position (in the words of Dr. William Haddon, Jr.)—"Fundamentally at variance with those who . . . regard harmful inter-actions between man and his environment as problems requiring reforming imperfect man rather than suitably modifying his environment."

The latter of the two major categories is treatment. Emphasis will be given here to prompt and effective attention to victims of highway accidents. Emergency medical services are the chief factor in this phase. Here again, the State Board of Health and practicing physicians play a vital part.

The 1967 General Assembly passed an "Act to Assure Adequate and Continuing Ambulance Services to the Citizens of North Carolina". This Act gave responsibility to the State Board of Health to develop and apply minimum standards of safety, sanitation, equipment, and training in regulating ambulance services. An Advisory Committee on ambulances was also established, among whom is a member of the Medical Society of the State of North Carolina.

The major basic training course for ambulance attendants has been provided by Community Colleges and technical institutes. The course outlined was developed by North Carolina physicians in 1966 and has been periodically revised in consultation with them. From the effective date of the rules and regulations governing ambulance service, January 10, 1968 through April 1, 1971, 122 courses have been conducted. Over 500 physicians have served as instructors.

As of April 1, 1971, there were 3,051 ambulance attendants currently certified; 306 ambulance services currently operate 560 ambulances. These include 115 funeral homes, 116 rescue squads, 36 governmental units, and 39 commercial services. Approximately 80 percent of North Carolina's counties support these services by subsidization or direct operation.

Additional studies are being conducted to improve emergency medical services, mostly in the area of communications systems.

vehicles, and other equipment. A few states have successfully used helicopters in programs of this nature. These are costly, but can be effective in either remote areas or intense urban congestion. The implications for helicopters in North Carolina have yet to be explored.

Care of accident victims in emergency rooms is important in the chain of life-saving events. Thorough analysis of this area needs to be made, but studies that have been done indicate improvements are necessary. It is expected that this will be the next step in our efforts to respond to the medical crises precipitated by motor vehicle accidents.

Once an accident victim has been through the emergency medical services stage, he enters the regular medical care system. It is that first reaction to an accident that is critical: speedy response to a call, effective and accurate first-aid at the scene, prompt yet safe transportation, and adequate emergency room services, are all characteristics of a system designed to rescue the unfortunate victim from the effects of trauma once an accident has occurred.

An attempt has been made to summarize the complicated picture of highway safety, viewed principally from a health perspective. Attention has been given to the importance of automobile accidents as a major cause of death and disability. The roles of the private practitioners of medicine, and the State Board of Health have been emphasized. A continuing partnership between these two allies, in league with others concerned with this problem of major proportions, is necessary if the continuing toll of life and health is to be abated on our highways.

**1971° CONJOINT REPORT**

by

**Jacob Koomen, M.D., M.P.H.****State Health Director****North Carolina State Board of Health**

In keeping with the precedent set in 1971, the report to the Conjoint Session of the North Carolina State Board of Health and the Medical Society of the State of North Carolina will focus on a topic of timely and significant interest. The subject chosen is planned parenthood. Because of the growing concern over population control, it is appropriate to seriously consider this matter, and to share a public health perspective on the limitation of births with the medical profession.

Any discussion of this topic immediately confronts the essayist with a number of terms, about which there is not either general agreement or general acceptance. Planned parenthood, birth control, family planning, contraception, and other expressions, are all widely used, but to many have limits to their usefulness. Some time ago, the word "prevention" was used, but apparently has not gained popularity. It is hoped that in a broad survey article, one may be forgiven for using terms more or less indiscriminately. However, in a field where there is not consensus about definitive terms, interchangeable expressions may be excusable.

These various terms all relate to birth limitation. This limitation may occur prior to conception or after. In this paper, emphasis will be given on the prevention of conception. This is perhaps in keeping with public health's historical attention to prevention. Interruption of pregnancy must nevertheless be part of the perspective. Indeed, today in many countries such as Japan, abortion is part and parcel of population control.

Birth control may be regarded from several points of view. Most personal, and perhaps of greatest concern to the medical practitioner, is that of the individual. This is a concern shared by public health workers as well. This was reflected in the words of Dr. C.-E. A. Winslow thirty-five years ago: "The mother able to bear children should have adequate prenatal care; the mother able to bear children should have competent . . . obstetrical care; and the woman who is unable to bear children should be protected against the hazards of

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°(Delivered before the Conjoint Session, North Carolina State Board of Health and the Medical Society of the State of North Carolina, Pinchurst, N.C., May 24, 1972.)

childbirth." Today, in both the private and public sector, this care for conception control for health reasons has been liberalized and extended to recognize "one of the most basic of human rights — that to freely determine the number and timing of one's children."

A somewhat broader point of view would include the family and the community. The consequences of a large number of children in a household of limited means are well known to public health workers, social service workers, and almost any family doctor. To quote Dr. Winslow again, "The new child itself is one of the chief sufferers in a family that grows too fast for its economic resources. We owe it to future generations that children should not be born into families unable to provide for them homes which ensure a reasonable minimum of physical and mental health." Even more tragic is the "unwanted child" who suffers abuse or neglect. The entire community becomes involved, with its responsibility for supporting the impoverished family through social services and financial aid.

On the widest scale, there is some alarm about an over-crowded planet. "People pollution", and the possible breakdown of our life-sustaining ecosystems, are matters which cause grave anxiety to many who consider the future. There is considerable worry over at least the deterioration of the quality of our life style, if not even more serious repercussions. The classic author on this subject, The Reverend Thomas Malthus, raised this specter at the turn of the 18th century: "If we multiply too fast, we die miserably of poverty and contagious diseases . . . we have followed these impulses too far, so as to trench upon some other law which equally demands attention." Discounted for many years, the realization of the exponentially-growing problems of an expanding world population (reaching six billion by 1995) has reawakened concern. Doomsday predictions, the most recent one by The Massachusetts Institute of Technology, raise doubts about the world's ability to sustain itself without catastrophe for another 100 years.

It is not within the scope of this paper to critically examine this latter aspect of birth control, much less resolve the controversy. Suffice it to say that population limitation involves a wide range of concern, from the most intensely personal to the global. Taking a middle-range view, it is relevant to look at some population particulars in the United States and in North Carolina.

Looking at the undifferentiated mass of people, one sees first that our numbers are growing. Using different variables, projections of the population for the United States by the year 2000 lie between 322,277,000 and 271,082,000. North Carolina may be expected to contain

as many as 7,000,000 persons by the same year. However, a more careful examination reveals significant changes in the characteristics of the population. The reader is referred elsewhere for references to the age distribution of our people, since limitations on space prohibit a detailed statistical analysis. It will be instructive to look at selected data pertinent to reproduction.

North Carolina has historically shown a substantially higher birth rate than the national average. The graph (Figure 1) shows that these rates are converging. One will also note the variation in birth rates occurring in both the state and the nation: the remarkable decline during the depression years, the post-war "baby boom", followed by the contemporary decline that has again occurred.

**FIGURE 1.**

**ANNUAL BIRTH RATE: UNITED STATES AND NORTH CAROLINA, 1920-1971**

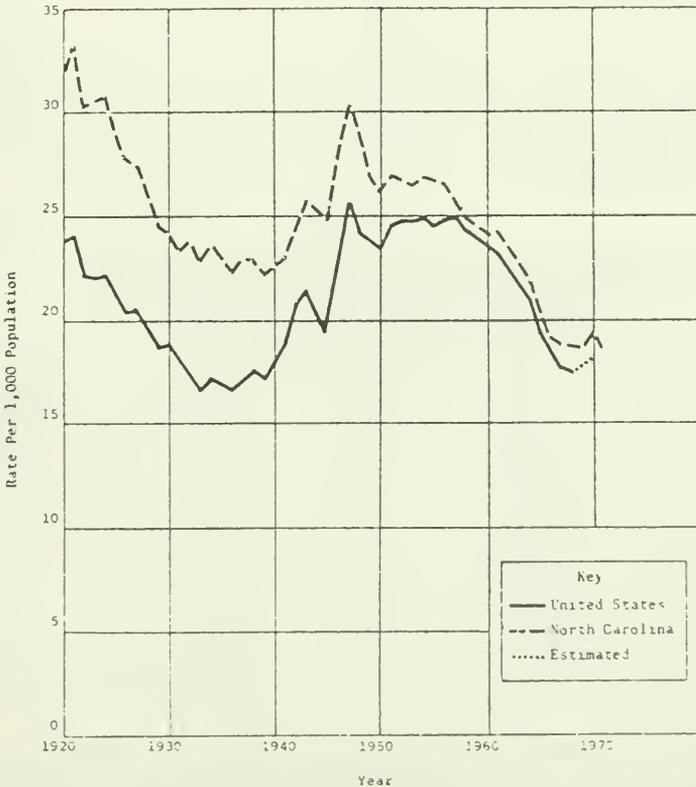


Table 1 shows comparative decennial figures from 1920 to 1970 for live births, as well as for fertility ratios.

TABLE 1

FERTILITY RATIOS, NORTH CAROLINA, 1920-1970			
Year	Births	Population <sup>a</sup>	Ratio
1920	81,407	574,452	0.1417
1930	76,772	746,005	0.1029
1940	80,455	893,621	0.0900
1950	106,486	959,074	0.1110
1960	109,774	966,427	0.1136
1970	98,455	857,341	0.1148

<sup>a</sup>Females between the ages of 14 and 44.

Public Health Statistics Section

North Carolina State Board of Health

Table 2 repeats the number of live births, this time to show comparatively the increase in both the number and percentage of illegitimate births — no doubt something of a judgement on our current birth control programs.

TABLE 2

TOTAL LIVE BIRTHS SHOWING NUMBER AND PERCENT ILLEGITIMATE NORTH CAROLINA, 1920-1970			
Year	Total	Illegitimate Live Births	
		Number	Percent
1920	81,407	4,092	5.0
1930	76,772	5,409	7.0
1940	80,455	6,538	8.1
1950	106,486	8,661	8.1
1960	109,774	9,912	9.0
1970	98,455	12,413	12.6

One comment should be inserted here. Statistics on illegitimate births are still useful in planning public health programs. However, social mores are changing, and the moral judgment that every illegiti-

mate birth results in an unwanted child, and is an unmitigated evil, is no longer tenable.

Additional illustrations serve to show the changes in family size. Table 3 indicates the steady decline in the number of live births occurring after the fourth child, and substantiates the decrease in popularity of the large family.

**TABLE 3**  
**NUMBER AND PERCENT OF LIVE BIRTHS**  
**ABOVE BIRTH ORDER 4**  
**NORTH CAROLINA 1920-1970**

Year	Number	Percent
1920	26,922	33.1
1930	22,678	29.5
1940	19,684	24.5
1950	20,693	19.4
1960	20,026	18.2
1970	10,846	11.0

The steady decline in the number of persons per household (United States) further documents this trend.

**TABLE 4**  
**PERSONS PER HOUSEHOLD: UNITED STATES**  
**AND NORTH CAROLINA 1920-1970**

Year	United States	North Carolina
1920	4.34	NA
1930	4.11	NA
1940	3.77	NA
1950	3.52	3.95
1960	3.29	3.66
1970	3.11	3.24

NA — not available

An interesting sidelight, prohibited by a desire to keep this essay within reasonable bounds, is the exploration of the history of conception control. The definitive text on the subject, *A Medical History of*

*Contraception*, by Norman E. Himes, makes interesting browsing. The briefest of excerpts may be permitted: "Man's attempts to control the increase in his numbers reach so far into the dim past, that it is impossible to discern their real origin. Some forms of limitation on the rate of increase are undoubtedly as old as the life history of man."

Dr. Himes points out that, sadly, the major means for population control up until modern times were infanticide and abortion. Although the use of a sheath, or condom, was known for some time (being discouraged upon by the doubtful Casanova), it was largely for the prevention of venereal disease. Intra-vaginal devices and medications were at best unacceptable and unreliable until relatively recently. Dr. Alan Guttmacher notes the late arrival of effective, safe conception control procedures developed by medical technology and made available to the public. He states, "The three most important developments in contraception since 1935 are: (1) the more extensive and accurate use of the rhythm method; (2) the development of a modified intra-uterine ring; (3) the first truly physiologic method of contraception — the inhibition of ovulation by oral medication."

Coupled with the lack of readily available technology were the constraints limiting the prescriptions and procedures relative to contraception. The judicial overthrow of the restrictive "Constock laws", occurring in 1936, was a milestone decision that unshackled the hands of the medical profession. Further decisions, in 1965 and as recently as March, 1972, have had the same effect on similar state laws. In North Carolina physicians and public health workers, to say nothing of the public, have been fortunate in being free of restrictive legislation, and in enjoying a relatively liberal climate of opinion regarding contraception.

We would do well to recall that North Carolina took the leadership in developing a statewide, public, planned parenthood program. As early as 1932, the North Carolina Conference for Social Services had endorsed such a movement, followed by the North Carolina Federation of Women's Clubs. The practicing physicians of the state have always been in the forefront. The first contraceptive clinic in this state was established privately in 1922. The Wake, Forsyth, and Nash-Edgecombe Medical Societies were the first to endorse public planned parenthood programs.

In March of 1937, a philanthropic grant was made to the state by Dr. Clarence J. Gamble, heir of the Proctor and Gamble Soap fortune and at that time a member of the medical faculty of the University of Pennsylvania. This grant enabled the employment of a full-time public health nurse, Miss Roberta Pratt, who worked throughout

the state helping local health departments establish birth control clinics. Dr. George Marion Cooper, then Assistant State Health Officer, provided the foresight and inspired leadership that made the program possible. The director of the program, who also had the distinction of presenting the first paper on birth control ever read before the American Public Health Association, was a young man making a name for himself in the public health field: our own Dr. J. W. Roy Norton. County medical societies were quick to endorse and support the new program, thereby ensuring its success.

Since that auspicious beginning, public contraceptive services in North Carolina have grown. Today each of our 100 counties offers some type of family planning service. In 1970, 31,764 patients were served by county health departments. An additional 5,497 were served by OEO-sponsored projects, while three special projects funded by the National Center for Family Planning Services saw 4,328. Thus, public programs ministered to 41,589 persons.

With a major increase in Federal financial support, the state's contraceptive services will continue to expand. The Medical Society of the State of North Carolina has reiterated its support of this program.

The limitation of births is a practice that requires careful and responsible consideration. There are many who reserve personal, social, and religious scruples about contraception. On the other hand, there are those who feel that persons who are judged socially or morally irresponsible should be restrained from bearing children by legal mandate if necessary. Further, physicians must be prepared to remind society that reproduction is not a disease, but a normal and even desirable physiological process. Indeed, the physician has perhaps had to make the greatest adjustment; until quite recently, the risks of pregnancy and childbirth were such that medical tradition and ethics taught that salvage of the products of conception had the highest priority. Doctors were too busy keeping mothers and babies alive to be concerned with over-population, and even the risk of defective children was no justification for fetal destruction. Now, the medical profession must constrain its concern for preservation of life, without reservations, with concern both for the quality of that life and the impact of an increasing number of lives upon our ability to remain viable as a society. In this light, the question of unrestricted abortion will continue to vex us.

A reference to C.-E. A. Winslow may be helpful: "The primary dictionary definition of 'control' is 'power of directing, command'. This is the sense in which we must use the term. 'Control' should imply intelligent and purposeful adjustment of the life of the individual and

the community to its physical and social environment. 'Birth control' should imply protection against conception when the coming of a child would be detrimental; but also the provision of expert advice to the considerable group of persons who desire more children than they have."

In spite of these sobering thoughts, the principle of contraception is generally that of bringing good. It is a personal good, which the privately-practicing physician may bring to his patient. It is also a public good, and in that it confers well-being upon the public, it becomes part of the responsibility of public health. Through a continuing partnership between the public and private sectors, this benefit can and should be extended to all who need and want it.

**BIENNIAL REPORT  
ADMINISTRATIVE SERVICES DIVISION**

July 1, 1970 — June 30, 1972

The Administrative Services Division has the following organizational units: Budget and Accounting, Personnel, Public Health Statistics, Public Information, Film Library, Public Health Library, Central Files, and Supply and Service.

The Director coordinates the activities of the above Sections with the administrative requirements of all Divisions of the Department. He also assists the State Health Director, the Assistant State Health Director, and the Division Directors in developing, coordinating, and implementing the administrative functions of this Agency which are essential to the conduct of the health programs.

These responsibilities include procedures, methods, functions, and activities which may involve legal implications. Various studies and surveys are under continuous consideration by the Division with the objective of improving efficiency and of establishing more effective control.

Significant developments and activities during the biennium included the following:

**Personnel**

Personnel of the State Board of Health increased from 563 to 591. Employees in local health departments increased from 1,979 to 2,199.

The Management Development program conducted by the State Personnel Department was continued and was extended to include professional and technical personnel without supervisory responsibility.

Professional orientation was provided for approximately 120 people on the State and local levels.

The 1971 General Assembly further liberalized the North Carolina Teachers and State Employees Retirement Act, reducing the requirements for disability to five years and vested-right requirements to five years.

The General Assembly also passed a Bill to establish and administer a program of hospital and medical care benefits. Funds were appropriated which also provided disability insurance for all State Employees.

New personnel policies were established which included maternity leave, overtime compensation, holiday premium pay, non-competitive promotions and holidays to coincide with Federal holidays.

The Continuing Education and Training Program was expanded and the Off-Campus Masters Program was continued.

### Budget and Accounting

As indicated by the accompanying analysis, the volume of funds administered by the Budget and Accounting Office increased considerably during the 1970-72 biennium. With this volume increase was a substantial increase in the workload of the Section. During the biennium, considerable progress has been made in converting accounting activities to electronic data processing. Plans are underway for further conversions which will be accomplished in gradual and well-planned stages.

#### NORTH CAROLINA STATE BOARD OF HEALTH STATE, FEDERAL AND LOCAL APPROPRIATIONS

FISCAL YEAR	APPROPRIATIONS			
	STATE	FEDERAL	LOCAL	TOTAL
1935-36	\$ 308,900	\$ 198,517	\$ 413,225	\$ 926,642
1936-37	313,200	531,821	636,650	1,481,671
1937-38	375,910	541,521	764,190	1,681,621
1938-39	385,910	601,585	901,531	1,889,026
1939-40	377,294	767,325	949,080	2,093,699
1940-41	402,294	892,564	993,381	2,288,239
1941-42	391,998	1,074,747	1,049,102	2,515,847
1942-43	437,801	1,152,997	1,023,441	2,614,239
1943-44	465,949	1,134,257	1,230,066	2,830,252
1944-45	470,194	1,116,326	1,380,717	2,967,237
1945-46	558,042	1,094,309	1,517,013	3,169,364
1946-47	583,934	1,517,178	1,835,519	3,936,631
1947-48	862,264	1,681,958	2,125,385	4,669,607
1948-49	919,348	1,825,134	2,467,860	5,212,342
1949-50	1,959,386	2,088,236	2,693,246	6,740,868
1950-51	2,004,857	2,078,596	2,964,175	7,047,628
1951-52	2,148,930	2,085,801	3,252,812	7,487,543
1952-53	2,225,448	1,929,713	3,508,547	7,663,708
1953-54	2,319,605	1,708,414	3,873,002	7,901,021
1954-55	2,366,905	1,674,365	4,195,463	8,236,733
1955-56	2,365,843	4,240,450	4,587,874	11,194,167
1956-57	2,538,031	3,526,807	4,896,286	10,961,124
1957-58	2,847,407	2,274,076	5,334,965	10,456,448
1958-59	3,005,344	2,170,585	5,619,843	10,795,772
1959-60	(1) 2,972,417	2,373,546	6,157,105	11,503,068
1960-61	(1) 2,985,627	2,543,402	6,650,171	12,179,200
1961-62	4,095,431	3,172,638	7,075,119	14,343,188
1962-63	4,227,765	3,593,456	7,704,168	15,525,389
1963-64	4,366,153	3,806,069	7,610,792	15,783,014
1964-65	4,532,202	4,180,922	8,026,990	16,740,114
1965-66	5,136,725	5,826,009	8,882,254	19,844,988
1966-67	5,329,027	6,248,045	9,230,469	20,807,541
1967-68	7,240,631	6,453,262	10,642,301	24,336,194
1968-69	7,724,561	6,705,800	11,661,047	26,091,408
1969-70	9,076,754	6,911,534	13,119,920	29,108,208
1970-71	9,466,715	7,159,528	15,618,370	32,244,613
1971-72	12,005,223	7,810,677	16,793,161	36,609,061

(1) The Division of Water Pollution Control and its budget was transferred from the State Board of Health to the Department of Water Resources on September 1, 1959; therefore, the State Appropriation for these fiscal years has been reduced as follows:

1959-60 \$158,432; 1960-61 \$158,297

**Budget and Accounting**

The specific amounts available for the current biennium as compared with the amounts available for the preceding biennium are as follows:

	TOTAL ALL FUNDS	STATE APPROPRIATION	FEDERAL FUNDS	DEPARTMENTAL RECEIPTS	LOCAL APPROPRIATIONS
1970-72	\$68,853,674	\$20,376,470	14,970,205	\$ 1,095,468	\$32,411,531
1968-70	55,199,616	15,930,661	13,617,334	870,654	\$24,780,967
Total Increase	\$13,654,058	\$ 4,445,809	\$ 1,352,871	\$ 224,814	\$ 7,630,564
% Increase	24.73%	27.91%	9.93%	25.82%	30.79%

**BIENNIAL REPORT FOR LOCAL HEALTH DEPARTMENTS**

SOURCE OF FUNDS	BIENNIAL REPORT			FOR LOCAL HEALTH DEPARTMENTS	
	TOTAL FOR ALL PURPOSES	FOR OTHER PURPOSES	TOTAL FOR LOCAL UNITS	REGULAR APPROPRIATIONS	SPECIAL PROJECT GRANTS
<b>Fiscal Year Ending June 30, 1971:</b>					
State Appropriations	\$ 8,963,740	\$ 6,697,379	\$ 2,266,361	\$ 2,028,824	\$ 237,537
Federal Funds	7,159,528	6,126,478	1,033,050	83,637	949,413
Departmental Receipts	502,975	502,975	—	—	—
Local Appropriations	15,618,370	—	15,618,370	15,618,370	—
Fiscal Year Totals	\$32,244,613	\$13,326,832	\$18,917,781	\$17,730,831	\$ 1,186,950
<b>Fiscal Year Ending June 30, 1972:</b>					
State Appropriations	\$11,412,730	\$ 8,745,522	\$ 2,667,208	\$ 2,400,909	\$ 266,299
Federal Funds	7,810,677	6,852,618	958,059	76,826	881,233
Departmental Receipts	592,493	592,493	—	—	—
Local Appropriations	16,793,161	—	16,793,161	16,793,161	—
Fiscal Year Totals	36,609,061	16,190,633	20,418,428	19,270,896	1,147,532
Total for the Biennium	\$68,853,674	\$29,517,465	\$39,336,209	\$37,001,727	\$ 2,334,482

Number of Purchase Orders Written

3,816

Number of Vouchers Written

35,565

### **Public Information**

North Carolinians' interest in public health continues to grow as more and more people are affected by expanding and innovative public health programs. Using all available media, the Public Information Office plays a key role in disseminating information to the public concerning public health programs and activities.

Services provided by this office have been broadened considerably during the past two years. News releases have been produced on a regular basis concerning activities and programs within the State Board of Health. In addition, feature stories have been published in newspapers and *The Health Bulletin* about the functions of all service-oriented sections of the agency. County health departments have also been brought into this area of the office's activity. Increasingly, county health departments are calling upon the Public Information Office for assistance in generating news releases. The Agency's house organ, *The Newsletter*, has redefined its purpose from a primarily socially-oriented publication to that of providing informative news of local health departments and the State Board of Health.

The Public Information Office maintains contact with staff members of the State Board of Health, county health departments, medically-oriented organizations and teaching institutions to obtain timely and interesting articles for *The Health Bulletin* (38,000 circulation). The weekly radio program (broadcast over 80 stations) provides the public with timely health and health-related news from a variety of sources. Through close contact with Agency personnel, the office stays abreast of happenings of potential news value. There has been an increased number of news releases and a wider use of public health news by all communications media.

When the General Assembly is in session, the Public Information Office gathers, organizes and distributes legislative information pertinent to health and health-related legislation.

### **Public Health Statistics**

As advanced computer-based statistical systems continued to grow in both size and complexity, this unit was transferred to the Administrative Services Division in March, 1972, with the title of Public Health Statistics Section. Re-emphasis was given to vital statistics as the Public Health Statistics Section developed a comprehensive automated vital statistics system and established new standards for timeli-

ness of reports. Administration of the vital records system remained in the Division of Epidemiology and was identified as the Vital Records Section.

Personnel development was a central theme during the biennium, as 22 staff members received in-house training in computer systems technology.

Two Computer Systems Analysts joined the staff to form the basis of a new scientific systems development branch of the Public Health Statistics Section. Plans were developed for utilization of computer processing where appropriate. New systems developments included the computer-based Family Planning Patient Information System and the Abortion Information System.

Increasing statistical support was given to many programs of the Agency, among which was an important state-wide Nutrition Survey.

### **Public Health Library**

Expanding activity in all areas of Public Health has increased the requests for services and support that the Public Health Library can provide for the State Board of Health, local health departments, students, and the general public.

This increased activity is reflected in an expanding collection with the acquisition and cataloging of an additional 1,420 books, texts, references, monographs, government publications, and other material. Two-hundred twelve journals, magazines and other subscription-type material are currently received.

A line item budget for book and journal expenditures was established for the first time with each program contributing its share for expenses incurred for these items.

There has been a continuing utilization of the library resources of area and regional medical libraries, especially inter-library loans for books and requests for copies of articles not available in our Public Health Library.

The State Library supplies valuable cooperative efforts in providing consulting, cataloging, and other services.

### **Film Library**

The Film Library continues to reflect an increasing demand for its services from borrowers throughout the State.

During this period, the Library purchased 490 new films at a cost of \$72,587.32. With the wear and tear the films experience, the Library repaired 332 films at a cost of \$5,569.43.

The Film Library distributed 121,567 films. Even with this vast distribution, the Library was not able to supply the demand fully. The Library received 30,592 pieces of correspondence.

The Film Library received a total of 12,124 visitors during this two-year period as compared to 10,880 for the previous biennium. Approximately 20,000 film catalogs and supplemental catalogs were printed and distributed.

### Supply and Service

The following indicates the scope and volume of activities of the Supply and Service Section for the biennium:

Multilith Copies Reproduced .....	20,273,084
Number of New and Revised Instructions and Forms .....	13,539
Number of Copies Cut .....	5,677,410
Copies Padded .....	4,454,650
Educational Materials and Forms Distributed .....	7,790,980
Bottles of Medicine Distributed to Local Health Departments	128,854
Monthly, Quarterly, and Provisional Reports Mailed .....	402,011

### Central Files

The addition of new personnel and programs further expanded the activities of Central Files during this period. Official records are recorded, protected, filed, and retrieved as necessary by this centralized control of records. The systematic retirement of records to storage or disposal, which are not of historical, research, or legal value, is also supervised and controlled.

During this period, 650,849 records were filed and 61,748 searches were made for various information. Accuracy of maintenance and control of records and assistance in record-keeping problems of the Department are stressed in this system.

## DIVISION OF EPIDEMIOLOGY

The formal organization of the Division of Epidemiology underwent some revision during the biennium, with seven present sections as follows: Communicable Disease Control, Veterinary Public Health, Vital Records, Highway Safety and Emergency Medical Services, Venereal Disease Control, Tuberculosis Control, and Occupational Health.

The division director continues to serve on the Governor's Highway Safety Committee, the Governor's Council on Occupational Health, and a Special Committee to Study the Feasibility of Establishing a School of Veterinary Medicine in North Carolina to which he was appointed by Governor Robert W. Scott during the previous biennium.

### Administrative and Morbidity Unit

The Administrative and Morbidity Unit functions as a part of the director's office, providing administrative, statistical, and secretarial support as needed and directed. The division newsletter, "Epidemiological Notes and Communicable Disease Morbidity Report," which was initiated during the last biennium met with good response from North Carolina physicians and continues to be distributed from this office.

### Communicable Disease Control Section

The Communicable Disease Control Section promotes the prevention, investigation, and reporting of all reportable communicable diseases which occur in the state. This section has given assistance in numerous outbreaks of communicable diseases during the biennium. Rocky Mountain spotted fever has been of particular interest as North Carolina led the nation in reported cases of this disease during 1970 and 1971.

### Immunization Activity Program

The Immunization Activity Program is a part of the Communicable Disease Control Section and is partly supported by federal funds. Legislation was enacted in 1971 which provided for the addition of red measles to the list of immunizations required by age two and before admission to school. Mass immunization campaigns to immunize children against both red measles and rubella were launched with approximately 500,000 children receiving this vaccine. This brings our state into the top half of the 50 states in percentage of children immunized against these two diseases.

### **Venereal Disease Control Section**

The Venereal Disease Control Section, with the aid of federal funds, began a statewide project this year for the reduction and ultimate control of gonorrhea in the state. The drastic cut of personnel during the first part of the biennium was followed by an increase in the latter part to provide for the control of syphilis and the carrying out of the gonorrhea project. Early syphilis is on the increase in our state and gonorrhea is epidemic. The leadership of the medical profession met at Quail Roost in June, 1972 to discuss ways and means of controlling the venereal diseases.

### **Tuberculosis Control Section**

The Tuberculosis Control Section has continued to provide support to local county control programs by provision of state/federal funds. Funds amounting to \$388,147 were utilized in 37 counties and one city health department to support personnel in full-time tuberculosis activities. The number of new active tuberculosis cases has declined during this period.

### **Occupational Health Section**

The Occupational Health Section conducted a study for the prevalence of byssinosis among cotton textile workers in cooperation with Burlington Industries and Duke Medical Center. The added knowledge of this disease resulted in the recognition of byssinosis as a disabling occupational disease in North Carolina and its addition to the Workmen's Compensation Act by the 1971 General Assembly. A new national standard for workroom dust exposure and air sampling techniques is being developed from the study data. In anticipation of the assumption by the state of federal responsibilities under the Occupational Safety and Health Act of 1970, the N.C. Department of Labor has requested that this section perform all health investigations required by this Act. An agreement to this effect has been signed by the State Health Director and the Commissioner of Labor.

### **Highway Safety and Emergency Medical Services Section**

The Accident Prevention Section was reorganized as follows during the biennium. The Farm-Home Accident Prevention Program was transferred to the Veterinary Public Health Section and the remaining programs combined to form a new Highway Safety and Emergency Medical Services Section. Recruiting for a section chief is presently under way. The Chemical Tests for Alcohol Program was initiated

within this section in the early part of the biennium and a full-time Alcohol Breath Test Inspector employed to coordinate program activities. The Driver Medical Evaluation Program grew significantly in the number of drivers evaluated for medical, physical, or mental handicaps which might seriously impair their ability to safely operate a motor vehicle. The Emergency Medical Services Program added two education and training specialists to its staff to work in the organization and coordination of ambulance attendant training courses and assist in course presentation. Over 3,000 ambulance attendants were certified by this program during the biennium. Legislation was introduced in the 1971 General Assembly which would require that two certified attendants be on board each emergency vehicle when transporting patients, but this proposed bill failed to pass.

### **Veterinary Public Health Section**

The Veterinary Public Health Section was expanded to include the Farm-Home Accident Prevention Program. The emphasis in this program has shifted from educational to epidemiological, with investigations of certain types of accidents occurring in the home or farm-associated (e.g., tractor accidents). An Accident Epidemiologist has been employed to assist in implementing the new approach to accident prevention. The Pesticides Program has added one Pesticides Epidemiologist to its staff to assist in the investigation of pesticide accidents or illnesses and to maintain surveillance of such occurrences. A monthly "Poison Control Notes" newsletter has been initiated in association with the division newsletter and is mailed to all physicians across the state. In addition, at least one training course has been sponsored to better acquaint public health personnel with the dangers associated with pesticides and their use. The Veterinary Public Health Program activities continue to be directed toward the control of zoonotic diseases transmissible to man, with surveillance of ongoing rabies control programs at the local level.

### **Vital Records Section**

The Vital Records Section was created in March 1972 as a result of the reorganization of the Public Health Statistics Section. The Public Health Statistics Section was transferred to the Administrative Services Division. The new Vital Records Section has responsibility for the collection, preservation, and storage of records of vital events occurring in North Carolina. Legislation was enacted by the 1971 General Assembly which provides for the mass removal of graves for purposes such as highway construction and the creation of reservoirs.

## LABORATORY DIVISION

The Laboratory Division experienced phenomenal growth in some areas during the biennium. Rubella and toxoplasmosis examinations each increased over 250 percent from the first six months to the last six months of the biennium. Examinations on water samples increased 53 percent and examinations in multiphasic screening increased 40 percent. Two areas experienced decreases: Cancer Cytology — because private physician's specimens were phased out January 1, 1971; however, increased emphasis on cancer detection in public health clinics has replaced 45 percent of the loss from private physicians. Microbiology — as a result of a concerted effort towards more selectivity in specimens accepted and increased emphasis on improvement of laboratory services on a local level.

Significant accomplishments include the following:

The Water Microbiology Laboratory, the Radiation Surveillance Laboratory, and the Shellfish Laboratory were evaluated and/or certified by the Environmental Protection Agency.

Dr. Francis Forrester, Virologist at the Center for Disease Control (CDC) in Atlanta, spent two months in the Virology Section aiding in evaluation of the staff and procedures and in our continuing efforts to improve the quality of services.

The Infectious Diseases Section staff participated in presenting nine short courses during the biennium. Three projects in proficiency testing as follow-up of training and to evaluate needs for further training were also completed during the biennium.

The Syphilis Serology Section was selected by CDC to be a control laboratory, in their National Proficiency Testing Program, for the FTA-ABS test during 1971. This Section was one of the first laboratories to observe an atypical "beaded" fluorescence in the FTA-ABS test. This work was published in *Health Laboratory Science*, January, 1972.

Construction on the new building to house the Laboratory is on schedule and due to be completed by the middle of 1973.

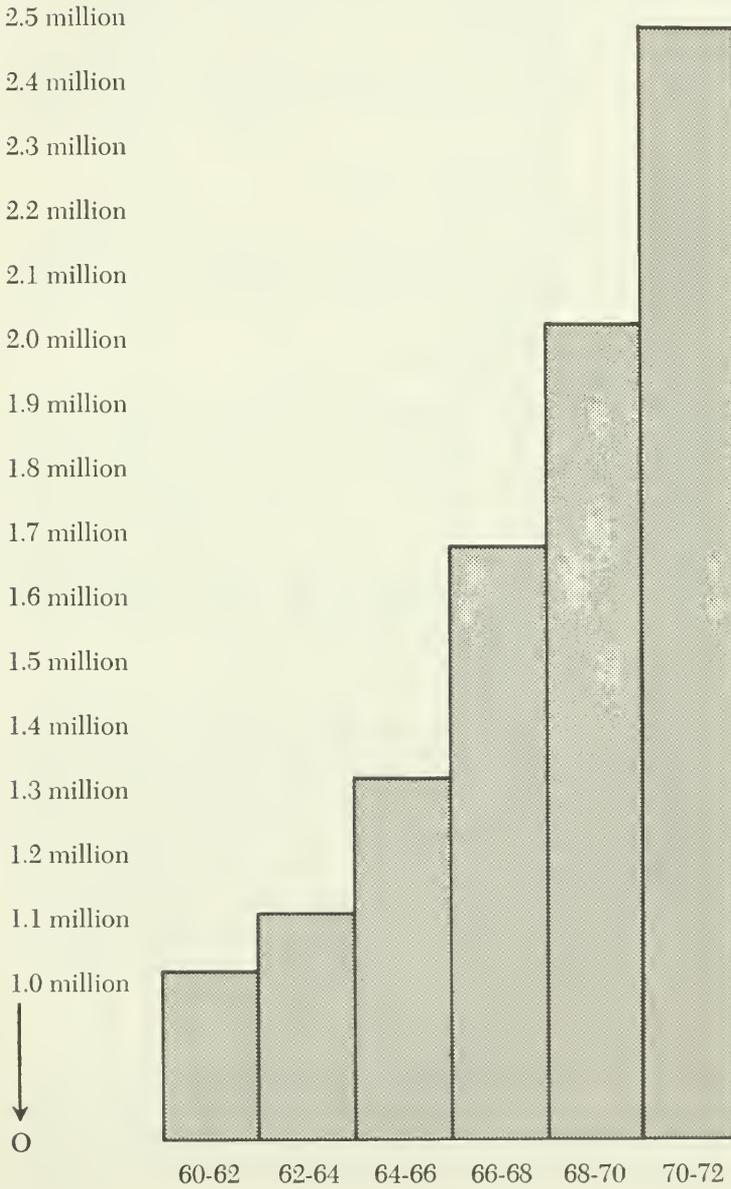
Important changes occurring during this period included the following:

### Cancer Cytology Section

During the first fiscal year smears reported as suspicious included both those Class III smears on which a repeat smear was recommended and those Class III smears on which biopsy was recommended. In

LABORATORY DIVISION

NUMBER OF EXAMINATIONS BY BIENNIUM  
1960-62 — 1970-72



**LABORATORY DIVISION**  
**TOTAL SPECIMENS AND EXAMINATIONS BY SECTION**  
**JULY 1, 1970 — JUNE 30, 1972**

Section	Specimens Examinations 1970-1971		Specimens Examinations 1971-1972		Specimens Examinations 1970-1972	
Biochemistry	140,589	287,408	145,783	405,456	286,372	692,864
Cancer Cytology	120,452	120,452	96,758	96,758	217,210	217,210
Environmental Sciences	43,289	214,809	48,153	256,211	91,442	470,020
Infectious Diseases	83,868	125,506	74,404	115,564	158,272	241,070
Syphilis Serology	343,600	376,940	334,556	366,083	678,156	743,023
Virology	28,676	46,712	35,190	55,082	63,866	101,794
<b>TOTALS</b>	<b>760,474</b>	<b>1,171,827</b>	<b>734,844</b>	<b>1,295,154</b>	<b>1,495,318</b>	<b>2,465,981</b>

the second fiscal year only those Class III smears on which biopsy was recommended were recorded as suspicious smears.

### Biochemistry Section

Nine tests have been made available, upon special request, in addition to the traditional 12 in the Multiphasic Screening Program. In a service offered only the last six months of the biennium, 27 renal dialysis patients and their partners were regularly checked using 19 tests.

### Certification Section

In January, 1972, this Section began a program of approaching local health department laboratories, upon request, to perform certain water analyses required by State Board of Health regulations.

### Syphilis Serology Section

On August 1, 1971, the Syphilis Serology Unit of the Infectious Diseases Section was given Section status with Mrs. Katie Daniels as Chief. Three new treponemal tests were added during the biennium: 1) the fluorescent darkfield test (DFATP — Direct Fluorescent Antibody for *Treponema pallidum*), 2) the FTA-ABS (IgM) test which distinguishes between congenital syphilis and mother-transferred antibodies, 3) the FTA test on spinal fluids.

## COMMUNITY HEALTH DIVISION

During the 1970-72 Biennium, Community Health Division staff participated actively as instructors of modern planning methodology for Local Health Department personnel. Assistance to these and other health and health-related agencies was provided in many areas of program development, such as the development of Certified Home Health Agencies, continuing education for local health workers, the provision of health care services for migrant agricultural workers and the advancement of meaningful consumer participation on advisory committees, councils and boards.

### Nutrition Section

The Nutrition Section has employed three "food counselors" to work directly and intensively with low-income families and mothers with young children. The Section has made a major contribution to the development of a modern Diet Manual for physicians and institutions.

### Physical Therapy Section

The Physical Therapy Section has compiled "Guidelines for Restorative Care" and "Guidelines for Neuromotor Assessment." They have completed a survey to determine the availability of Physical Therapy services.

### Public Health Nursing Section

The Public Health Nursing Section, in cooperation with Caldwell Community College and the University of North Carolina, has developed a Supervisor Training Program which has prepared about 50 nurses for higher degrees of responsibility.

### Health Mobilization Section

In the Health Mobilization Section, Packaged Disaster Hospital and Hospital Reserve Disaster Inventory rotation agreements were effected with 27 community hospitals. Of these 27, 14 community hospitals accepted PDH planning and training responsibilities in the operational use of this equipment and agreed to rotate the short shelf-life items. A total of 1,500 HRDI beds were accepted by the remaining 13 hospitals. These units increased the inventory levels of pharmaceutical and medical supplies existing at these hospitals by an additional 30-day supply for 1,500 patients. Community wide PDH training programs, designed to prepare community leaders, supporting groups and hospital personnel, were conducted at 10 of our 14 community hospitals participating in our rotation program.

## DENTAL HEALTH DIVISION

A strengthened statewide effort to help control dental disease in the whole population and to make the individual more responsible for his own oral health characterized activity of the Dental Health Division in the biennium.

What was attempted and accomplished was done with the cooperation of the dental professions and involved representatives of the consumer-public.

While the major focus was on prevention in all its aspects—community fluoridation, school fluoridation, application of topical fluorides, oral cancer screening and education on plaque control—routine work of the Division in screening and referral of school children, dental care for disadvantaged children, and research was maintained at the level of past years.

Continued progress was made in the fluoridation of community water supplies, bringing the number of communities adjusting their fluoride levels to 104 (26 have natural fluoride in the water). The rural school water fluoridation system initiated in the previous biennium was expanded to cover 23 schools, assuring more rural children of access to the benefits of fluorides. Topical application of fluorides was used by staff dentists in the treatment of disadvantaged children requiring care. Fifteen oral cancer screening clinics were conducted for adults in 11 counties.

In addition to regular programs on dental health, the Division sponsored experimental plaque control programs in selected schools for the first time; by the end of the biennium, plaque control instruction was being offered in communities, primarily through the Agricultural Extension Service.

A new and productive endeavor for the Division was assistance in developing and carrying out continuing education workshops on new disease control methods for private dental practitioners and their auxiliaries. This was done through the North Carolina Dental Society's Preventive Dentistry Committee, representing the Society, the University of North Carolina School of Dentistry, community colleges, and the Division.

Work was completed on the seven-year fluoride tablet research project, conducted in schools of two counties. The objective of the study, results of which were still being tabulated at the close of this reporting period, was to determine whether fluoride tablets given daily during school months significantly inhibit tooth decay.

The North Carolina Citizens' Committee for Dental Health, a consumer advisory arm of the Division, assisted in advancing both the fluoridation and the new disease control programs in the State.

## SANITARY ENGINEERING DIVISION

### Engineering Planning Section

Plans and specifications for 867 water supply systems were reviewed and approved or disapproved, an increase of more than 33 percent in work load for this activity over the preceding biennium. Plans and specifications for 317 food and lodging projects for hospitals, rest homes, State institutions, restaurants and related facilities were also reviewed for compliance with State regulations. To implement legislation enacted in 1971, standards and criteria were prepared for the design and construction of public water supply systems to serve residential communities, and rules and regulations for the award of

advances of funds to local governments for planning of regional water systems were developed in cooperation with the Office of Water and Air Resources and the Department of Administration.

### **Radiological Health Section**

Inspections were made of 902 of the 3,867 diagnostic x-ray machines registered with the State Board of Health, and of the facilities and procedures of 200 of 284 radioactive material licensees. As a result, enforcement action was required with respect to 450 x-ray machines and 104 licenses to correct deficiencies. A total of 2,598 samples of air, food, water and milk were analyzed for radioactive levels during the biennium, and the development of emergency response and environmental surveillance plans for 3 nuclear electric generating plants was initiated. In addition, 11 radiation accidents were investigated and corrective actions taken.

### **Sanitation Section**

A total of 16,581 food, lodging and other establishments were inspected for compliance with sanitation standards. Of those complying, 14,110, or 86 percent, achieved a "Grade A" rating. Surveillance over shellfish growing waters was intensified during the past two years because of increased pollution in coastal areas. An additional 101,394 acres of growing waters were closed to harvesting, bringing the total area closed to 560,977 acres. A total of 47 local sanitarians were given on-the-job training and specialized training courses were conducted for 83 others. In 1971, it became necessary for the State to supplement the milk sanitation work of local health departments, and Section staff are now inspecting dairy farms producing approximately 30 percent of the total milk supply. Rules and regulations were developed for Mass Gatherings, and sanitation standards for Day Care Facilities. Malfunctioning septic tanks are creating a major sanitation problem throughout the State. A total of 243 complaints were handled directly, and numerous others by local health departments.

### **Solid Waste & Vector Control Section**

State rules and regulations providing standards for solid waste disposal were adopted, and assistance was provided all 100 counties in the development of county-wide solid waste management plans. As of June 30, 1972, 55 counties were in the process of implementing solid waste plans approved by the State Board of Health. During the biennium, State financial assistance was provided to 32 counties and

21 municipalities in the funding of mosquito control projects. State allocation of funds to these projects totaled \$286,225 and local governments contributed \$506,758. In addition, a total of \$575,996 in State funds was allocated for water management projects to which local governments contributed \$360,665. Because of an epidemic of Venezuelan Encephalitis, and an increase in reported cases of Rocky Mountain Spotted Fever, vector control surveillance and technical assistance activities were intensified.

### Water Supply Section

The number of public water supplies increased during the biennium from 1,920 to 2,274 (18 percent) necessitating an increase in inspection and surveillance activities. A total of 479 waterworks operators attended training programs, and 1,020 operators were certified under the mandatory waterworks operators certification law. A total of 68 municipalities, with a combined population of 1,898,000, are now fluoridating their public water supplies; and, under the cooperative Dental Health Division-Sanitary Engineering Division program, fluoridation of drinking water has been initiated at 30 schools having an attendance of 18,500 children. In 1971, legislation was enacted requiring compulsory chlorination of all new public water supplies — a measure which will greatly enhance the safety of such supplies.

### Inter-Departmental Environmental Protection Activities

As required by Federal regulations, the North Carolina Environmental Policy Act and other State laws, Division staff reviewed and submitted recommendations to the State Clearinghouse and Information Center on 362 water supply and other environmental projects; and reviewed and submitted comments to the appropriate State agencies on 664 Dredge & Fill Applications and 263 Environmental Impact Statements.

### PERSONAL HEALTH DIVISION

Although funds were somewhat limited in the sense that the cost of goods and services continued to rise, progress of a general nature was made in all areas of the Division. A number of new staff members were employed and a general feeling of achievement prevails.

Six members of the Division completed work for the Master of Public Health Degree in the three year off-campus program of the UNC School of Public Health. Management Training and Continuing Education of Employees has been stressed.

### **Developmental Disabilities Section**

The Genetic Counseling Program which is a cooperative one between the Developmental Disabilities Section (the new name for the Mental Retardation Section) and the University of North Carolina School of Medicine is funded completely from state monies. It became a really meaningful program during the period and is providing service to almost the maximum number of patients possible. Seven workshops to acquaint the public and health and related agencies have been held across the state.

### **Child Health Section**

The 1971 General Assembly appropriated \$75,000 for the biennium beginning July 1, 1971 for the training of Family Practitioners at the baccalaureate schools of nursing. This program is coordinated by the Child Health Section and a total of 188 nurses have attended courses at five different universities. Most of the nurses were from local health departments, but a few were from other areas.

### **Chronic Disease Section**

The Chronic Disease Section began a Kidney Program in September 1971. Six centers in North Carolina have now been approved for reimbursement under the Kidney Dialysis Program. The Chronic Disease Section became responsible for the Cancer Registry in September 1970 and since that time 15 additional hospitals have been added for a total of 23. The Multiphasic Screening Program has expanded from 14 to 23 areas, and Home Health Services have been expanded from 23 to 36 agencies.

### **Medicare-Medicaid Section**

In the Medicare (Title XVIII) and Medicaid (Title XIX) areas, emphasis has been on improving the delivery of quality of care as opposed to merely enforcing standards. In compliance with a law passed by the 1971 General Assembly requiring non-governmental home health agencies be licensed, regulations were developed and approved by the State Board of Health in October, 1971. Fifteen agencies have now been licensed. A number of Civil Rights and fire safety surveys were conducted.

### **Crippled Children's Section**

The Crippled Children's Section prepared a manual of policies and procedures for providers of service which has proved very bene-

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MULTIPHASIC AND CANCER SCREENING CLINICS

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ficial to all. In October 1971, the State Board of Health approved a requirement that all physicians rendering service in this program be rostered as recommended by an advisory committee of the State Medical Society.

### **Nursing Home Section**

The 1971 General Assembly approved a Certificate of Need Law which required that additional nursing home beds must be certified as needed and approved by area-wide health planning council and licensing authority. This law affected all new construction or conversion of existing facilities. Rules and regulations were adopted in 1971 and since that time the Nursing Home Section has received 56 applications for certificates of need. Counting exemptions and assuming all applications being approved, an additional 5,745 beds would be available within the next two years.

### **Family Planning Section**

Family Planning continued to receive emphasis during the period which was culminated by the State being awarded a Family Planning Grant effective July 1, 1971. A number of Division Personnel were instrumental in the writing of the plan and in setting policies and procedures. As of July 1, 1972, the Division became responsible for the Statewide Family Planning Program and the Family Planning Section was created.

## **NORTH CAROLINA MEDICAL EXAMINER SYSTEM**

The problem addressed by this System is death by criminal act or default, by suicide, while an inmate of any penal or correctional institution, under any suspicious, unusual or unnatural circumstances, and without medical attendance. Some 8,000 to 10,000 deaths in the state each year fall into the above categories. These deaths are in effect symptomatic of a broad range of social problems. Accidental, homicidal, suicidal and medically unattended deaths result from these problems.

General Statute 130, Article 21 sets forth the design and authority of the Statewide Medical Examiner System, provides for the appointment of medical examiners in each county by the Chief Medical Examiner; creation of a Central Office and Laboratories; establishment of District Offices upon approval of the Governor and the performance of investigations, autopsies and testings in the deaths specified above.

**OUTPUT MATRIX**  
**North Carolina Medical Examiner System\***  
**July 1, 1970 through June 30, 1972**  
**TYPES OF INFORMATION PROVIDED**

	Investigation Findings	Autopsy Reports	Laboratory Reports	Court Testimony	Consultations	Statistical Reports	Research	Press Releases	Correspondence	Physical Evidence
COURTS	108	108	108	108						
DISTRICT SOLICITORS	12000	999	999		90				45	
LAW ENFORCEMENT ORGANIZATIONS	11250	3750	3900		6880			6880	300	210
PUBLIC HEALTH AGENCIES	600	150	263		45	6			90	
MEDICAL CARE ORGANIZATIONS	240	75	135			225			60	
LAW MAKING BODIES	60	38	60		6	3			9	
RESEARCH ORGANIZATIONS							9			
INSURANCE ORGANIZATIONS	1500	300	2350		60				18	
MASS MEDIA								300		
FAMILIES OF DECEASED	75	30	53		300	3	3		75	
OTHER MEDICAL EXAMINER SYSTEMS	18	14	15		75	45	3		90	

\*The System is still in the developmental stage, thus measurement of results produced by the information provided is premature. The ultimate achievements of the information should be:

1. Reduction of homicide, suicide, accidental deaths, injuries, and untimely natural deaths.
2. Increased consumer protection in the area of health care.
3. Increased protection of public and individual safety.

The overall goals of the Medical Examiner System are to reduce homicides, suicides, accidental deaths, injuries and untimely natural deaths in North Carolina. In accomplishing these goals the System must investigate deaths and convert the collected information into information products which can be used by the following organizations.

- Judicial System
- Law Enforcement Organizations
- Public Health Agencies
- Medical Care Organizations
- Law Making Bodies
- Research Organizations
- Insurance Organizations
- Mass Media
- Families of Decedents
- Other Medical Examiner Systems

These organizations utilize the information in attainment of goals synonymous with those of the Medical Examiner System. The System thus accomplishes its goals through the provision of necessary information to these organizations.

A high level of coordination and analysis of communication flows must be developed with the information-using organizations in order to measure benefits provided by the System. The accompanying Output Matrix shows the types of information being provided. Development of organizational relationships and the necessary sophistication for benefit measurement is presently underway.

















