

Public Health in Florida – Yesteryear

FLORIDA'S PUBLIC HEALTH CENTENNIAL

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Figure 1. Cover of Florida Journal of Public Health
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Abstract

Florida's State Board of Health (SBH) was created on February 20, 1889. Historical records during the next century, document that public health programs and policies have influenced the state's political, social and economic infrastructure as well as the quality of life of its populace. Quarantine, fumigation, vaccination, sanitation, and public education were initially used to control yellow fever, malaria, dengue fever, smallpox, and cholera. World War I brought venereal disease (VD) and epidemics of influenza, dengue fever and plague were encountered shortly thereafter. Statewide mosquito control efforts made the state more habitable. Then hurricanes wreaked havoc when the Great Depression caused massive cuts in budgets and programs. Federal "relief" programs provided some funds for health needs, but not enough. VD was again a problem during World War II. Health care for military dependents, the exploding population and industrial development brought new challenges. Federal, state and local resources funded programs to meet these needs. In the mid 1960's, political, social, and economic issues changed the thrust, structure and programmatic direction of the SBH. Its authority was transferred to the Department of Health and Rehabilitative Services (HRS) in 1969; followed by a reorganization in 1975. The state's public health system under HRS has in 1989, emerged stronger and more dynamic than ever before.

Post Script: Since this article was written, the state's Public Health Agency has undergone a dramatic transformation. Perhaps the most significant event occurred in January 1997 when the state legislature split HRS into two agencies: The Department of Children and Families and the Department of Health. Efforts are currently underway to prepare the new health agency for another century of exemplary service.

Introduction

February 20, 1989 marked the 100th anniversary of Florida's public health agency. The development of public health policies and programs during the last century have had a lasting influence upon the state's political, social and economic infrastructure as well as the quality of life for its populace. It is proper that we pause, reflect on and salute the efforts of those many outstanding men and women who contributed to the development of Florida's public health system. We here today enjoy the fruits of their endeavors.

One gains considerable appreciation for the dedication, sacrifices, and achievements of public health workers during the first 75 years by reading a State Board of Health Monograph entitled "Millstones and Milestones" by Albert Hardy and May Pynchon (1). A centennial edition of this out-of-print publication is now in preparation. Over one-half century of detailed recollections are also summarized in the memoirs of two outstanding state health officers, Joseph Y. Porter, M.D. (1889-1917) and Wilson T. Sowder, M.D., M.P.H. (1945-1974) (2, 3). The following brief vignette of Florida's public health history this past century is presented to remind us that an understanding of past events can influence our perspective of current issues and future challenges.

Historical Background

Florida's early development was largely oriented toward the establishment and maintenance of strategic military fortifications. Many of these early colonies had evolved into substantial commercial centers and seaports by the middle of the 19th century. The largest cities such as Jacksonville, Key West, Tampa and Pensacola, were particularly vulnerable to outbreaks of yellow fever, smallpox and cholera introduced from foreign countries. Most municipal governments were empowered to preserve the public health and to cope with these situations. It was apparent by the mid 1800's that local agencies did not have either the inclination or resources necessary to contain the explosive epidemics of yellow fever that originated in Cuba and repeatedly swept through the state.

It is somewhat ironic that the State's first constitution was framed in St. Joseph (now Port St. Joe) in 1838 and Mrs. Duval, the first governor's wife, died of yellow fever while visiting friends there in 1841. Hundreds of lives were lost to "yellow jack" and as an epidemic progressed, entire populations panicked and fled the afflicted city. One outbreak in 1874 at Pensacola caused 354 deaths among the city's 1,400 residents. Another massive epidemic in 1877 felled all but 100 of the 1600 residents of Fernandina and hundreds of the victims died (4).



Figure 2. Personification of Yellow Fever Dragging Down Florida as Columbia Rushed to the Rescue – Source: Frank Leslie's Illustrated Magazine, 1873 at Gray library Photo Archives, Tallahassee.

The issue of creating an agency to cope with epidemic diseases was ultimately brought to the attention of the state government. The first bill to establish a state health agency was presented to the legislature in 1873, but failed ostensibly because the required appropriation of \$200 was deemed exorbitant (1). Repeated efforts by the Florida Medical Association (FMA) and others during the next decade also failed. However, in 1881 the legislature passed an act establishing Boards of Health in towns of over 300 inhabitants and four years later the

state constitution provided for County Boards of Health "where necessary." (5) Finally, at the constitutional convention of 1885 a Hillsborough County legislator, Dr. John P. Wall, ex-president of the FMA inserted a brief article that "provided for an authority to prevent or suppress diseases that threaten the health of the people of the state." (2) The 1887 legislature failed to establish the agency, even though this ordinance, creating a State Board of Health, was adopted and ratified as part of the 1886 constitution.

A gubernatorial candidate, Francis P. Fleming was personally inconvenienced in August 1888, and otherwise impressed with the general panic, chaotic conditions and quarantine restrictions that disrupted the transportation and commerce of Jacksonville during a yellow fever epidemic. His first official act as governor was to call a special session of the legislature which approved a bill on February 20, 1889, that established a State Board of Health (SBH).

The First Quarter (1889-1914)

Thus, Florida's public health authority was established because of the need to "administer protective measures free from extreme fear or unreasonable restrictions." (1) The institution of a public health agency launched an era of disease control and environmental sanitation that dramatically influenced the future development of the state. A three member health board chose Joseph Yates Porter, M.D., an officer with the U.S. Marine Hospital Service at Key West, to be the state's first health officer. He waged a relentless battle against the major infectious diseases in the state's port cities and towns. It is said that during his career "Dr. Porter encountered fear, ignorance, lethargy and politics, that he sought to assure the fearful, educate the ignorant and inspire the lethargic, but with politics he refused to compromise." (1)

Quarantine, Fumigation, Vaccination and Epidemiology

Dr. Porter was an experienced health officer and physician who had successfully controlled outbreaks of yellow fever and cholera in Key West. A few months before his selection, he had been assigned to assist with an epidemic of yellow fever in Jacksonville that had devastated the city's social, economic and governmental infrastructure. It was not unexpected that he used maritime quarantines and sulphur fumigation procedures to prevent the importation of yellow fever, malaria, dengue fever, smallpox, and cholera into Florida. Other infectious diseases such as "consumption" (tuberculosis), "LaGrippe" (influenza), measles, mumps, pneumonia and typhoid fever were not uncommon in some counties throughout the 1890's (1).



Figure 3. Santa Rosa Quarantine Station, Pensacola, 1903 – Source: Florida State Board of Health Annual Report 1903.

Yellow fever was finally brought under control by quarantine and fumigation around the turn of the century. The last epidemic in the state occurred in 1905 with 572 reported cases and 82 deaths. However, dengue fever was still quite prevalent in the keys and peninsular Florida. One epidemic in 1894 felled 97 of 115 (84%) men at a military barracks in Key West (6). There was some alarm in 1892 that cholera would spread throughout the state because the federal government had allowed thousands of Russian immigrants from infected areas to enter the United States.



The discipline of epidemiology was practiced by the SBH long before it was identified as a specialty practice of public health. Epidemiologic observations gave support to the hypothesis that yellow fever was spread by mosquitoes. Smallpox was another major threat at that time as it occurred both as sporadic infections and as epidemics. Severe outbreaks were reported as late as 1900. Epidemiologic methods were again used to develop control measures and eventually eradicate this disease. Smallpox patients were initially isolated and cared for in "pest houses" at a cost of \$6.95 per case, houses where cases occurred were disinfected and populations in affected areas were vaccinated. The last major epidemic of this disease, which involved 3,000 cases and was controlled with 60,000 vaccinations, occurred in 1912.

Figure 4. Black man from North Florida with Smallpox about 1902 – Source: Florida Department of Health Photo Archives at Grav Library .Tallahassee.

Vital Statistics, Disease Reporting and Investigation

Shortly after its creation, the SBH issued a regulation requiring all city councils and county boards to provide the state with a monthly report on vital events and a record of prevailing diseases. The response was less than enthusiastic. A vital statistics law enacted in 1899 legalized the SBH regulation, but reporting did not improve. A fire in Jacksonville in 1901 destroyed all records collected to date. Then there was a decade of schemes to improve the reporting system, including one which paid 10 cents to midwives and physicians for reporting births and deaths. A vital statistician was appointed in 1913 and all cities and towns were encouraged to pass a "model ordinance" requiring the reporting of births and deaths.

Outbreaks of rabies among dogs in 1895 prompted the legislature to adopt a law empowering the president of the SBH and health officers to "investigate all cases of yellow fever, smallpox, cholera and quarantine animals and otherwise protect the community from hydrophobia or rabies." (1) Additional problems with glanders in horses, hog cholera and tick fever and tuberculosis in cattle provided impetus in 1903 for establishment of a Veterinary Division in the SBH which shared responsibility with the University of Florida. Hog cholera vaccine was purchased and distributed free of charge by the SBH during the next decade.

Public Education, Health Care and Laboratory Services

Dr. Porter strongly advocated education of the public in health matters. He had a major hand in revising the rules of the SBH in 1892 and is purported to have said:

"The day is close at hand when security of human life will be recognized for what it is - the basis of all values." (1)

He introduced a public health magazine entitled Florida Health Notes in July of that same year to "stimulate an interest in sanitary matters, not only in the masses, but arouse those who are charged with the protection of the public health in the counties to active measures." (1)

The health of women and children had been a priority commitment of Dr. Porter and the SBH from the outset. Pre-marital and pre-natal examinations were encouraged for women and annual medical examinations, improved seating arrangements and recital posture were recommended for school children. The legislature authorized the SBH to build a hospital to treat indigent crippled children in 1906, but funds were not available until 1911.

Dr. Porter emphasized the urgent need for a public health laboratory service in 1901 and 1902, but at this time the biennial budget was only about \$50,000. He felt a bacteriological laboratory would facilitate the process of diagnosing communicable diseases and the reporting of outbreaks. The first specimen was accepted for examination in January 1903 and within a year "physicians of the larger cities and towns ... availed themselves of the privileges of the laboratory which the board generously and gratuitously proffered the profession." (1)

The Second Quarter (1915-1939)

The second quarter century has been labeled an "era of retarded growth." (1) A succession of six state health officers attempted to keep the SBH on course during this period of political, social, environmental and economic crises when Dr. Porter retired. Budget cuts, personnel changes and the curtailment or elimination of programs were a constant problem as the state population continued to grow rapidly. Despite these problems SBH staff initiated a statewide mosquito control campaign, combated epidemics of venereal disease and influenza during WW I, then plague and dengue shortly thereafter. They also served the homeless and helpless during three devastating hurricanes, provided essential health services during the Great Depression and established the legislative foundation for the development of county health units. It was not until the mid 1930's, when federal "relief" program initiatives provided essential funds and personnel, that the state's public health programs began to seriously address identified needs.

Nurses, Cattle Ticks, Surveys, Education and Sanitation

Three nurses were employed by the SBH in 1914 to care for tuberculosis (TB) patients at home since construction of a state sanatorium was not politically expedient at the time. Thirteen nurses were providing antituberculosis nursing services within two years and soon this home visitation program was extended in scope to include all types of nursing services.

Tuberculin testing of cattle was instituted in 1915, and the control of tick fever in cattle became a major economic issue. A SBH tick eradication campaign was not initially accepted by the cattle industry and acts of overt resistance, including shootings and vandalism, were reported. However, once a few counties were granted permission to ship tick-free cattle to any part of the country, other counties soon complied.



In 1914, a SBH Assistant Health Officer traveled to the Everglades, a three day trip from Ft. Myers, to assess the medical needs of the Seminole Indians. Later SBH staff worked closely with federal officials to provide necessary health services to the state's indian population. Dr. Porter used a mail survey in 1915 to poll private physicians on the status of pellagra in the state - 502 cases were reported. SBH education campaigns were credited with reducing the incidence of this nutritional disease during the next decade. That same year the legislature authorized establishment of a Bureau of Vital Statistics and in 1916 a three-car health train exhibit and public health library were initiated. Other SBH activities underscored the need for potable water supplies, adequate sewage disposal, mosquito control and other environmental sanitation measures necessary for disease prevention. Thus a Bureau of Engineering was established in 1916.

Figure 5. Seminole indian woman with infant circa 1914 – Source: Florida Department of Health Photo Archives at Grav Library, Tallahassee.

Budget Cuts, VD Control, Influenza, and Cancer Clinics

Dr. Porter retired in 1917 when Governor Sidney J. Catts took office because "they saw little in the same light." (1) The SBH had seven district health officers and nurses at that time who were supplemented by "county agents:" private physicians designated in different counties to serve as representatives of the State Health Officer. The SBH was then organized into six bureaus: Communicable Disease, Education, Child Welfare, Engineering, Vital Statistics and Veterinary Science. It operated on a budget of about \$165,500.

After Governor Catts took office there were four State Health Officers in the next decade (W. H. Cox, M.D., 1917-1919; R. N. Greene, M.D., 1919-1921; R. C. Turck, M.D., 1921-1925; and B. L. Arms, M.D., 1925-1929). Despite their best efforts health programs were continually curtailed or eliminated. Budget cuts drastically reduced district nursing services, health education, veterinary services, and child welfare. However, one highlight was the creation of a Bureau of Venereal Disease (VD) Control in 1918. Another was the establishment of the first cancer clinic in 1921 in Jacksonville. This pioneering effort provided free physician services and radium treatment for indigent cases with inoperable disease.

The influenza pandemic, that swept through the United States in 1918, hit Florida in late September of that year when 16 cases were originally reported. Then it proceeded to savagely sweep through the state's military bases and major metropolitan areas. Over 9,300 cases with 2,712 deaths (29%) were reported in October. By the end of a four month period, ending in January 1919, 12,944 cases and over 4,000 deaths had been reported (7). This tragic event created a new demand for public health nurses and underscored the need for local health units.



Figure 6. WWI Troops at port of embarkation in Key West – Source: State Photo Archives at Grav Library, Tallahassee.

Mosquito Control, Plague, Privies and Hurricanes



Figure 7. Mosquito Control drainage ditch at Vero Beach circa early 1920's –
Source: State Department of Health Photo Archives.

An outbreak of dengue fever that began in Miami in the fall of 1921, became an extensive statewide epidemic in 1922 with Jacksonville and Tampa/St. Petersburg (2,405 and 1,645 cases, respectively) being the hardest hit (7). However, at that time malaria was viewed as an even larger threat to public health. Between 900 and 1,900 cases were reported annually from 1918 to 1924. Highest case rates were consistently reported from Suwannee, Levy, Lafayette and Taylor Counties. It was difficult to recruit and retain workers to harvest cypress trees from the nearby swamps. As a result, in 1919 Taylor County undertook an intensive ditch and draining mosquito control operation in collaboration with a local lumber company and the Perry city council. The success of this project soon led to a statewide mosquito control campaign in 1922. The Florida Anti-mosquito Association was established at that time. Then in 1931, a Malaria Research Station funded by the Rockefeller Foundation was established in Tallahassee. The next year a Division of Malaria Control Studies was established within the SBH.

The infamous black plague only visited the State of Florida once in the past century. It was brought to the port city of Pensacola in 1920 by a ship harboring infected rats. A vigorous rat eradication campaign conducted by the SBH, effectively controlled the epidemic and prevented its spread to other areas of the state. The SBH established a Bureau of Epidemiology the next year to handle future events of this nature.

In 1924, Taylor County again took the initiative in sponsoring a campaign to control hookworm through community education and the construction of sanitary privies. Before the campaign 60% of the county population had hookworm and two years later only 47% were infected. The success of the project stimulated other counties to conduct similar programs.



Figure 8. Poster issued by State Board of Health to promote rat eradication campaign in the 1920's –
Source: Florida Department of Health Archives.



Figure 9. Hurricane damage at South Bay near Lake Okeechobee in 1928 – Source: Florida Department of Health Photo Archives at Gray library, Tallahassee.

The devastation wreaked by hurricanes striking Florida's southeast coast in 1926, 1928 and 1935 far surpassed any previously recorded. The destruction cost many lives and losses in property damage ran into the millions. Fortunately SBH and local public health personnel were able to arrive on the scene, administer typhoid and tetanus antitoxin, purify water, inspect foodstuffs and otherwise ensure adequate health care and sanitation. The SBH then established a health mobilization program that facilitated the response to, and handling of such catastrophic events as part of the National Civil Defense Program. The creation of an effective national hurricane-warning service, coupled with improved building codes, ultimately reduced the threat of such natural disasters.

Midwives, Public Health Nurses, and County Health Units

A federal initiative, the Sheppard-Towner Act, provided matching funds for a maternal and infant health program in 1922. A public health nurse directed the program which focused on regulating and improving midwifery services to reduce the maternal death rate. More than 3,000 women were attending births in Florida as midwives at that time and about 500 withdrew from practice when a SBH Certificate of Fitness was required. Still, a law requiring midwife licensure was not passed until 1931.



Figure 10. Training midwives for licensure in the 1930's – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.



Figure 11. State Board of Health Nurses making home visits in the 1930's - Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

That same year the SBH created a Division of Public Health Nursing as a separate organizational unit. Emphasis was placed on training and health education with programs geared toward improving the health of mothers and children. Local committees were organized to support and facilitate nursing clinics and home visits for the sick, elderly and disabled. The next great leap forward for public health nursing was in 1934 when the Federal Emergency Relief Administration (FERA) Nursing Project made 286 nurses available to the SBH.

Certain counties were so impressed with the public health nurses work that funds were made available to provide local health services. One of Dr. Porter's earliest priorities was to provide SBH support for the development of local health services. His concept of Regional Offices somewhat addressed this need. The Bureau of Venereal Diseases was renamed in 1921 as the Bureau of Communicable Diseases and Health Units, but the depressed economy precluded unit development. The annual report for that year announced that "plans for establishment of Health Units have been temporarily abandoned on account of lack of funds." (8) The state legislature, at the urging of the State Health Officer, Dr. Henry Hanson, enacted legislation (Chapter 154, F.S.) that authorized the SBH and County Commissions to establish County Health Units (CHUs) in 1931 (1). This unique legislation made it possible for county governments to consolidate a variety of private and public agency health programs and utilize state and federal resources to meet local needs. The voluntary arrangement for financing could include special county taxes and a minimum staff, a physician, public health nurse, sanitarian and clerk was required.

Taylor County established the state's first CHU in 1930, but due to lack of funds it was not in operation from 1933-35. Leon County was the second county to establish a CHU (1931) with Escambia County following shortly thereafter in 1932. The SBH in 1933, acknowledged "that CHUs render locally the service that would otherwise come from the state, and they render it more completely because the personnel is more nearly adequate for the area and population served." (8) The first few CHUs were initially supported with U.S. Public Health Service (PHS) funds since state appropriations were not available for the implementation of this legislation. Once state funds were available more CHUs were organized. Seventeen counties had established CHUs by the end of 1938.



Figure 12. Movie Truck used to promote public health practices in rural communities while County Health Units were being organized in the late 1930's – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

Allies, Federal "Relief" Programs and New Facilities

The SBH worked very closely with a variety of related agencies, professional associations and voluntary organizations to better serve public needs during the latter part of this quarter. The FMA was a very valuable friend to Dr. Porter and the SBH during the early years, and continued providing essential support for subsequent State Health Officers and their public health policies and programs. The Florida Tuberculosis and Health Association was organized in 1916 and in 1922 collaborated with the SBH on a public health educational program called the "Modern Health Crusade." The Florida Public Health Association (FPHA), an organization for everyone interested in public health, was formally chartered in 1931 with Henry Hanson, M.D., the State Health Officer (1929-1935), as its first president. The State Federation of Women's Clubs had an active interest in the health and welfare of mothers and children; and initial public health work in this area was started with their support.

While the FERA Nursing Project of 1934 dramatically improved public health nursing services throughout the state the Works Progress Administration (WPA) projects dredged swamps and marshes for mosquito control, built privies, screen doors and windows and constructed water and sewage facilities. Then the Social Security Law, implemented in 1936, when W. A. McPhaul, M.D., (1935-1939) was State Health Officer, provided federal funds for expansion of maternal and child health programs (1).



Figure 13. Using Works Progress Administration (WPA) funds to construct privies in the mid 1930's – Source: Florida Department of Health Photo Archives.

The first TB Control mobile x-ray unit was put into service in 1933 to facilitate screening of populations with limited access to stationary facilities. Five years later the first TB hospital opened in Orlando. The SBH physical plant in Jacksonville was also expanded in 1937 with the addition of new buildings for the laboratory, administrative services and vital statistics.

The Third Quarter (1940-1964)

The scope and dimensions of Florida's public health programs expanded very rapidly during the century's third quarter. It started off with a grim report on the health situation of the state by a study team from the American Public Health Association (APHA). Then the years during WW II brought unique challenges associated with the construction of military bases, venereal diseases in Army and Navy personnel, and health care for their dependents. After the war there were new and urgent demands on the SBH brought about by the state's exploding population, expanding cities and new industries. Fortunately adequate federal, state and local resources were

available to meet these needs. The effectiveness of the SBH had earned it a reputation as one of the best in the nation by the end of the period. The progressive development of the SBH during this time can in large measure be attributed to the leadership of Dr. Wilson T. Sowder who served as State Health Officer from 1945-1974.

Sanitary Codes, Sanitary Engineers and Sanitarians



Figure 14. Kids playing in pond near sewage outfall in early 1940's – Source: Florida Department of Health Photo Archives.



Figure 15. Air pollution from power generating station in Jacksonville – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

A. B. McCreary, M.D. (1939-1940), W. H. Pickett, M.D. (1941-1942) and Henry Hanson, M.D. (Second term - 1942-1945) served as State Health Officers during the critical years before and during WW II. The responsibilities in sanitary engineering expanded to keep pace with the growth of industry and population. The State Legislature adopted the "State Sanitary Code" law in 1939. On the basis of this authority, the Bureau of Sanitary Engineering in 1941 drew up the first State Sanitary Code containing chapters on subjects relating to sanitation and quarantine necessary for protection of the public health. The Bureau's new responsibility for approval of plans began to foster long-term efficiency and economy in public works. Activities related to the war effort followed shortly thereafter. Federal funds provided for the installation of sewage treatment plants and provision of safe water supplies as the population mushroomed.

Sanitation problems associated with improper handling of sewage and industrial wastes began to emerge after the war. Water supplies were becoming contaminated, recreational facilities fouled and shellfish areas eliminated. Control on the quality of waters in areas used for the harvesting of shellfish was especially demanding and troublesome. Additionally suburbs, built in areas that had soil saturation during rainy seasons, began having problems with septic tanks. SBH engineers encouraged developers to install sanitary sewage systems. However, the law only allowed the use of "recommendations and persuasion" in this regard and the situation became critical in some areas (1).

Air pollution emerged as a major public health issue in the state by the early 1950's. The SBH was authorized to establish regulations for control of air pollution in 1955. Two years later an Air Pollution Control Commission was formed. Auto exhausts, burning dumps, power plant and phosphate processing emissions, and dust and smoke from asphalt plants and sawmills were among the most prominently identified offenders. The SBH included air pollution in the Sanitary Code in 1961, and delegated local health units the authority to regulate air pollution nuisances.

A Division of Sanitation was established in the SBH Bureau of Local Health Services in 1958. Its responsibilities originally included consultation to local health units, recruitment and training of sanitarians and food handler training. Within the next few years the Division was assigned responsibility for general sanitation in the

following areas: tourist and trailer parks; migrant labor camps; food processing, sales and service; abattoirs; rendering plants; certification of common carrier facilities for water, bottled water plants; water and waste disposal for private homes; housing; schools; child care centers; public buildings and facilities; food and waste handling problems in disposal of solid waste, and sanitary nuisances. Local sanitarians carried out these Environmental Health programs with the assistance of SBH staff.

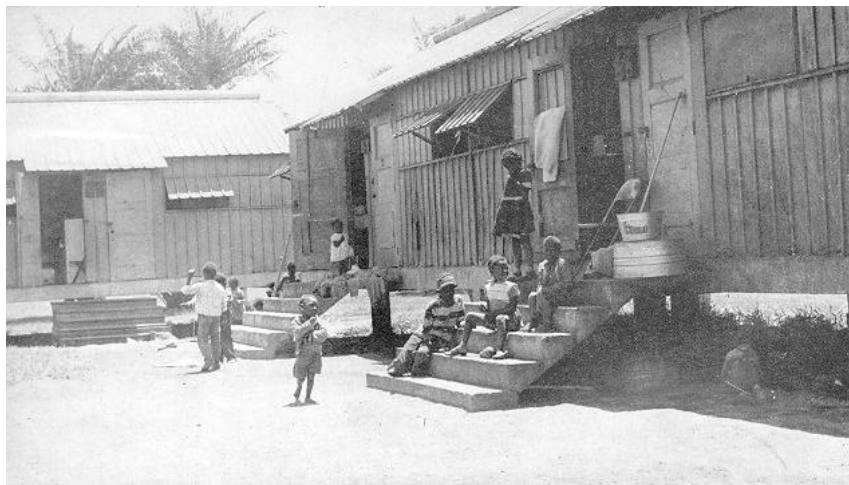


Figure 16. “Tin Shelter Housing” at migrant labor camp near Okeechobee – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

Local Health Services and Veterinary Public Health

The promotion, direction and supervision of CHUs became the duty of the Director of the Bureau of County Health Work in the late 1930's. This action helped to consolidate many existing City Health Departments and CHUs into a single entity for the sake of economy and efficiency. Staff of this Bureau represented various disciplines responsible for technical consultation and recruitment, orientation and training of CHU personnel. The Bureau was renamed Local Health Services in 1944 and at that time CHUs were designated as County Health Departments (CHDs). By then a total of 41 CHDs had been organized and those counties without coverage were served by four District Offices. Still, it was not until 1960 that all 67 counties in Florida were under the supervision of the SBH. This included 42 CHDs; 26 single county, 7 bi-county and 9 tri-county (9).

Rabies, an old problem, tended to change over time. Wild animals, notably the fox, raccoon, and skunk were found to be important viral reservoirs. Of even greater interest, rabies was found in bats, with the initial identification in the United States being made by the SBH Tampa Laboratory in 1953. The SBH established a Division of Veterinary Public Health (VPH) in 1948 to prevent and control zoonotic diseases. Initial efforts of the Division were directed towards establishment of rabies vaccination and stray dog programs through local dog control ordinances. Epidemic rabies in dogs was considered no longer a problem in the state by 1951. Outbreaks of rabies in fox populations began to occur throughout north Florida during the late 1950's. Attempts to reduce fox populations by trapping and bounty payment plans were not always effective.

A VPH Section was added to the Bureau of Laboratories in 1949. This new diagnostic dimension of the program later helped to develop the, now standard, Fluorescent Rabies Antibody (FRA) test. It also ultimately presented opportunities for investigators to study other zoonotic diseases such as leptospirosis, brucellosis, listeriosis, equine encephalitis, Q fever, tularemia, psittacosis and creeping eruption.



Figure 17. County Health Department Physician examining child in the mid 1940's –Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

School Health, Migrants, and Refugees

In the summer of 1939, the State Department of Education, the SBH, and several voluntary health agencies met at the University of Florida to discuss plans for a school health program. The state began a newly developed and coordinated school health program in 1940. That same year the SBH expanded its health education team to include a public relations specialist, a health educator and a graphic artist and improved the medical and film libraries.

The arrival of migrant construction and agricultural workers and their families in 1941 and 1942 gave rise to sanitation problems. Jobs on construction projects for military camps and work in the fields were readily available and hoards of people swarmed into Florida. Small towns and villages near the building sites and fields were overwhelmed with the influx of migrants. Whenever there was a need to provide emergency services for this transient population the responsibility for aid and assistance fell to public health personnel.

The SBH Bureau of Maternal and Child Health began a series of activities in 1954 that were designed to meet the health needs of migrant agricultural workers who "winter" in the state. Shortly thereafter, the SBH collaborated with the PHS, Communicable Disease Center (CDC), Florida State University, and the Palm Beach CHD to carry out an extensive study of migrants and their problems (10). The project was funded by the U.S. Department of Health, Education and Welfare (DHEW), Children's Bureau. The Palm Beach CHD conducted an in-depth study between 1956 and 1961 of the migrant population of that county to identify health needs and develop appropriate services (11).

The sudden arrival of 100,000 Cuban refugees on south Florida's shores in the early 1960's created a definite emergency. As expected, responsibility for their medical care was assigned to the SBH and the Dade CHD. They met this challenge by administering a special hospitalization program that provided both in and outpatient medical services to those in need. This unique and essential program continued until 1974, about one year after airlift flights from Cuba were discontinued.



Figure 18. University of Florida physicians test children for tuberculosis – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.



Figure 19. Public Health nurse makes a home visit to migrant laborer's family – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

VD Control, War Babies, TB Screening and Immunizations

The major public health program during WW II was the control of VD associated with large concentrations of military and naval forces stationed at bases and training camps throughout the state. It was particularly disturbing to find that Florida's VD rate was one of the highest in the country. The PHS assisted the SBH with its VD control program by assigning medical officers to problem areas. Wilson T. Sowder, M.D., a PHS Officer, originally assigned to close a red light district in Pensacola in 1940 was subsequently appointed State Health Officer in 1945. VD treatment was protracted. To better assure continuity of medication, Rapid Treatment Centers were established in 1943. The introduction of penicillin in 1944 brought about a dramatic change in the treatment of both syphilis and gonorrhea.

One wartime program which reached every part of the state was the Emergency Maternity and Infant Care Program. More than 40,000 babies were born in Florida in 1943, and the number increased each year. Many of the fathers of these babies were in the Armed Services and could not provide maternity medical and hospital care for their wives and infants. Special programs were begun to improve the care of premature babies.



Figure 20. Patient being examined at VD Rapid Treatment Center during WWII – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.



Figure 21. Public health Nurse examines twins at migrant labor camp – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

The TB picture changed rapidly within the brief span of less than two decades. Three more TB hospitals were added and fully used for a time. Despite the growing population, the number of new cases decreased and one hospital was transformed to other use. The period began with the procurement of more mobile radiological units and a vigorous program seeking periodic chest x-rays on all adults.

Most of the deadly communicable diseases except smallpox, were generally under control by this time. The availability of specific preventive measures had made diphtheria, pertussis, tetanus, and typhoid relatively rare diseases. Most of the short history of poliomyelitis in Florida was in this era. Polio did not commonly occur in the South prior to the 1940's. The SBH conducted an epidemiological investigation of a major epidemic in Monroe County in 1946 but could find no cause for the spread of this disease. During the next decade, disturbing epidemics occurred with some regularity in major metropolitan areas. After polio vaccine became available in the mid-1950's, the disease was a rarity in the state within a decade. The SBH and CHDs had an active role in the early tests of the efficacy of first the Salk (Dade CHD) and then the Sabin vaccines (Dade and Hillsborough CHDs) (12).

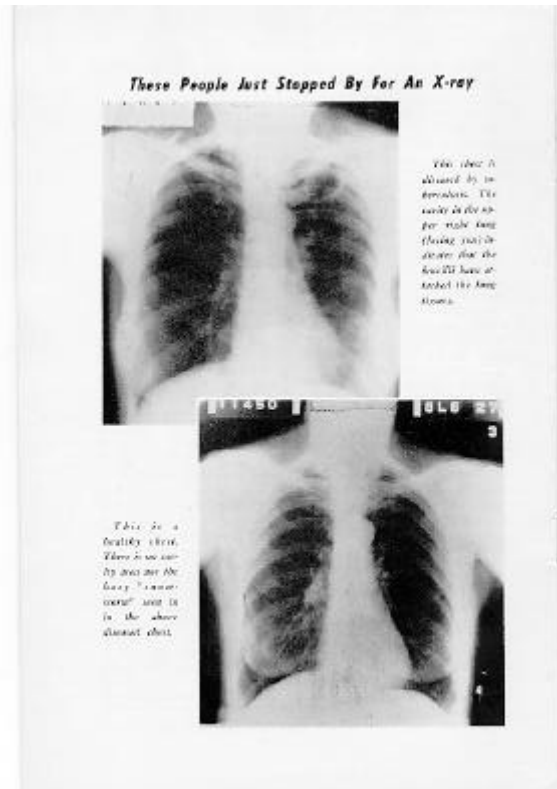
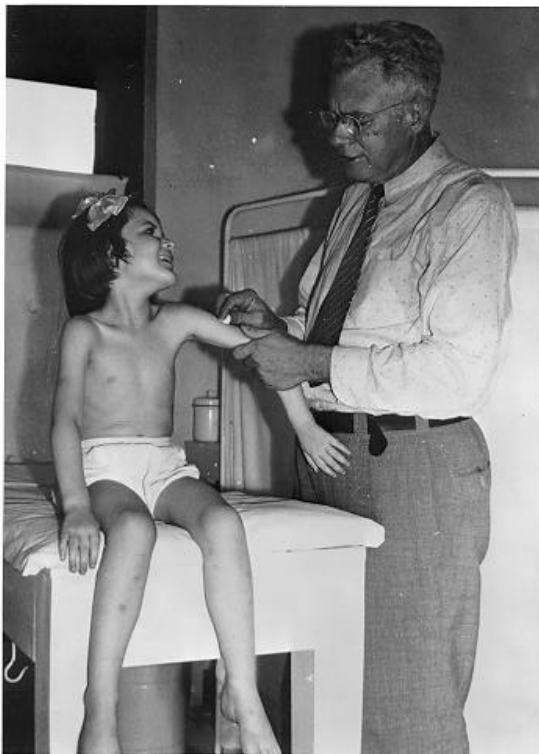


Figure 22. Comparison of healthy x-ray with one of a diagnosed TB patient – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

Figure 23. Child being vaccinated at a County Health Clinic for one of the many Immunizable diseases – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

Entomology, Malaria Eradication and Encephalitis

A Division of Entomology was established in the SBH Bureau of Sanitary Engineering in 1946. Three years later, the legislature authorized state aid to 12 Mosquito Control Districts throughout the state. The PHS funded a SBH/CHD operated anti-typhus campaign directed at controlling rats and their fleas in the post-WW II years through 1950. This very active Division was elevated to Bureau status by 1953. Another notable development in the Bureau of Entomology was the planning, authorization, and development of the Florida Medical Entomology Laboratory (FMEL) in Vero Beach in 1953 and the West Florida Arthropod Research Laboratory in 1963. The purpose of these research facilities was to acquire basic knowledge needed for effective insect control and to apply this knowledge to practical operating programs. This Bureau was also assigned responsibility for the administration of the Structural Pest Control Law passed in 1947.

After years of battling mosquitoes, malaria was still at the head of the list of diseases to be conquered in 1941. That year the SBH in collaboration with the Rockefeller Institute, established a Bureau of Malaria Control. Within a few months the PHS was charged with the responsibility of conducting a program of malaria control in war areas. With the supplementary aid of the newly introduced insecticide DDT, this program proved to be one of the outstanding success stories of public health in Florida, the nation and the world. The rapid decline in mortality and morbidity from malaria continued as the vector was completely eradicated from the state by 1950.

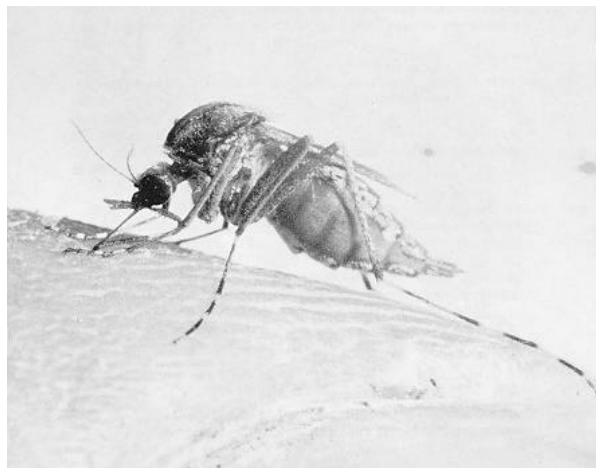


Figure 24. Mosquito taking a blood meal from a human finger – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

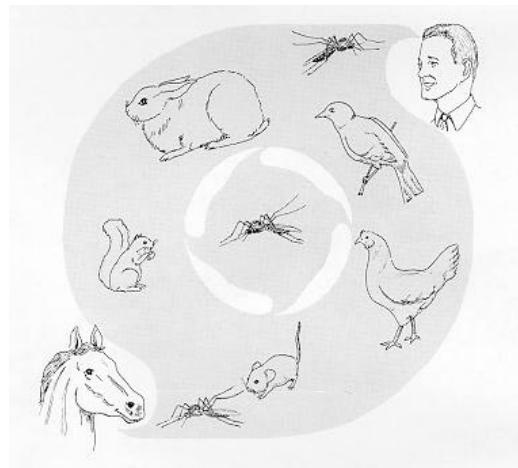


Figure 25. Illustration of arthropod-borne diseases cycle demonstrating the risk for transmission of disease – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

Though many infectious disease problems declined, epidemics of St. Louis Encephalitis (SLE), were a serious threat in the early 1960's. A small outbreak of SLE in the Tampa Bay area in 1959, another in 1961 and a substantial epidemic in 1962 resulted in a total of 315 cases with 15 deaths. This stimulated the establishment of a laboratory in Tampa for researching mosquito borne disease and mosquito control and abatement activities. Florida's Encephalitis Research Center (ERC) was established in the fall of 1962 in space made available by the Southwest Tuberculosis Hospital in Tampa. Support was obtained through a National Institutes of Health (NIH) research grant and a special state appropriation.

Premie Care, Mental Health and Dental Health

The SBH Bureau of Maternal and Child Health with the collaboration of the CHDs continued to explore ways to improve the quality of life by modeling unique and distinctive programs. The Bureau and Dade CHD established a Premature Demonstration Center at Jackson Memorial Hospital, Miami in 1950 in order to increase the chances of survival for premature infants (preemies). The Center provided care for premature infants of that area, and after 1958 served also as a training, demonstration and study center. Success in reducing death rates, morbidity and developmental disabilities in "preemies" served by this model stimulated other hospitals to organize similar programs.

The mental health of Florida's children was a very special interest of Dr. Sowder's. After some persuasion, the Governor designated the SBH as Florida's Mental Health Authority in 1947. Florida's Community Mental Health Program (CMHP) was initiated within the SBH Bureau of Maternal and Child Health. This soon became an independent Bureau and one of the most rapidly growing in the SBH. The CMHP, with the assistance of local organizations and the CHDs, soon developed a reputation as perhaps the best in the South.

The SBH Bureau of Dental Health, organized in 1936, also contributed significantly to the health of children, particularly those of indigent families, and to a lesser degree of adults. Health education, dental examinations and treatment services in CHDs were expanded considerably during this quarter. There were also two developments of outstanding importance. One was the fluoridation of public water supplies. This activity was started in 1949, with no expectation that it would become the focus of a wide public controversy. Community education programs were used to explain the benefits of fluoridation and overcome local resistance. Ultimately the populace of most major metropolitan areas accepted this very cost effective prevention measure. The procurement of dentists for the Dental Health Program had been an obstacle from its beginning. This situation was partially resolved in 1957 when the Florida Dental Preceptorship Plan was initiated. Under this plan, recent graduates in dentistry, still unlicensed, were employed by the CHDs, but worked under the guidance and supervision of local practicing dentists. This initiative was discontinued in 1969.



Figure 26. Child receiving dental health examination at a County Health Clinic – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

Partners, Research, and Structural Improvements

The FMA, other health related professions and their national counterparts have been prime supporters of public health in Florida throughout the years. Their efforts have stimulated the development and expansion of statewide public health programs and aided the delivery of local health services in areas of need. Likewise numerous state and national voluntary health agencies have dedicated their energies to pioneering public health programs and activities related to their specific interests. Federal agencies such as the DHEW, the NIH and PHS, in particular the CDC and Regional Office have been enormously helpful over the years. The provision of technical expertise and financial support by these agencies to expand programs and implement new initiatives has, time and again, proven to be essential to the overall development of Florida's public health system. Other organizations such as the Association of State and Territorial Health Officials (ASTHO) and the related professional organizations it has spawned, and the APHA and its Southern Branch have also made outstanding contributions to the development of the state's public health system.

State public health organizations such as the FPHA, the Florida Association of County Health Officers (FACHO), the Florida Environmental Health Association (FEHA) and the Conference of Public Health Nurse Consultants, Administrators, Supervisors and Educators (CASE) have to be recognized as playing a significant

role in the evolution of the state's public health agency and its policies, programs and professional staff. Still, among all of these the FPHA deserves special mention. The FPHA initial thrust in the 1920's and 1930's was to hold annual meetings that "serve as a clearing house for ideas for the improvement of health work." (1) Its scope broadened in the next two decades as nationally known experts were invited to present new concepts and special sections for professional development were formed. By the 1960's, the FPHA was recognized as a potent professional organization whose membership included representation from all public health disciplines. The Association's annual, regional and sectional meetings still serve as a forum for the candid interchanges of knowledge and ideas. More importantly, they provide an opportunity for group discussions and debates to "sound out" the implications of proposed public health policies and programs before they are implemented.

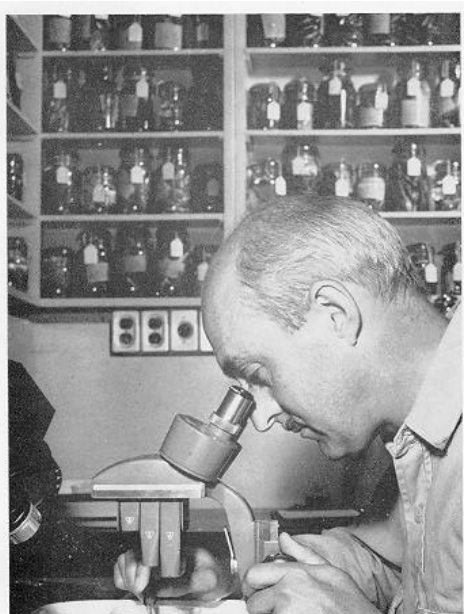


Figure 27. Laboratory examination of specimens for public health studies – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

Research, broadly defined, has been a part of public health efforts in Florida since the establishment of the SBH. Early activities focused primarily on yellow fever and malaria vector studies. The major interest in public health research following WW II was in infectious diseases, such as enteric infections, rabies, typhus fever, pulmonary disease simulating tuberculosis and viral encephalitis. Insect vector and natural history studies began in the early 1950's at the newly created FMEL. Most public health related research conducted during this quarter was supported by federal grants supplemented by funds and other resources from the SBH, CHDs and state universities. Many of the major studies and projects are mentioned elsewhere in this paper. Nearly all state public health research has been published in SBH/HRS DH Monographs or in professional journals. It was not until 1956 that the SBH formally coordinated research activities within the agency and a Bureau of Research was established in 1964.

Many CHD buildings, facilities and equipment were outdated and inadequate by 1945. The matching of state appropriations with available federal grant funds (Hill-Burton) in 1958 provided for the construction and renovation of many CHD offices throughout the next decade. New buildings with modern equipment were also obtained for the laboratories in Jacksonville, Miami and Orlando in 1954, 1957 and 1958, respectively. Plans for new laboratories in Tampa and Pensacola had been drawn by the end of the quarter with dedications scheduled for 1965 and 1966, respectively.

Chronic Diseases, Nutrition and Services for the Aged

The SBH Bureau of Special Health Services included a variety of organized activities which eventually evolved as substantial programs. Services associated with chronic diseases (diabetes, cancer, heart disease, and glaucoma), focused on case finding, diagnostic examination, consultation, public and professional education and encouragement of preventive and rehabilitative measures. Considering the magnitude of needs, this was but the earliest beginning of the role of public health in chronic disease control. Still, even at this stage of development there was recognition that these programs could only succeed through the collaboration of official, voluntary, and private health agencies.

The decline of pellagra in the 1920's and 1930's saw the SBH give but limited attention to nutrition services. Then in 1941, the Maternal and Child Health Program made a special effort to improve nutrition through educational programs. The next year the SBH created a Nutrition Consultant position and in 1946 it established a state funded Department of Nutrition Investigations and Services. This was the first organization of its kind in the nation. The investigations of anemia and education, demonstration and consultation services carried out by this pioneer project created wide interest throughout the country. The first County Public Health Nutritionist was employed by the Hillsborough CHD in 1957 and a Division of Nutrition was established within the SBH in 1958.

Dr. Sowder felt very strongly that the SBH was not doing enough to serve the rapidly increasing aged population of the state. Near the end of this quarter he lamented that:

"The lot of the aged is a sad one. We know enough to be doing more than we are. Our generation is deeply in debt to the one that just preceded us. We have the means and we have the obligation to pay this debt by doing all that is within our power to restore dignity and serenity to the declining years of our older citizens." (1)

Public health programs for the aging were admittedly in a developmental phase during this period.



Figure 29. Skilled nursing services provided to the elderly at home – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.



Figure 28. Family serving nutritious meals to promote good health – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

The SBH and the Pinellas CHD in 1958, with the assistance of a PHS grant initiated "A Comprehensive Public Health Program for the Aged" in St. Petersburg (13). The main objectives of this project were to assess the health status and health needs of a concentrated, largely transplanted elderly population and determine the extent, adequacy, acceptability and use of existing health-care resources. Information gathered from these surveys was then used to initiate and evaluate the effectiveness of specific activities designed to satisfy demonstrated needs. It was hoped that the results of this project would suggest reallocation of public health resources from acute, infectious communicable diseases to chronic diseases.

Radiological Health and Accident Prevention

Radiological and Occupational Health activities began in 1947 as the Division of Industrial Hygiene in the SBH. With the advent of newly assigned responsibilities it was renamed the Division of Radiological and Occupational Health in 1960. It was originally concerned with the detection and correction of health hazards in the workplace and to reduce radiologic hazards associated with the use of x-rays. The SBH in 1961, enacted a comprehensive set of regulations as part of the Sanitary Code that

assured the maximum safety for persons exposed to all sources of ionizing radiation and required the registration of all radiation producing machines.



Figure 30. Radiologist following State Board of Health radiological protection procedures - Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

There was also concern in the 1950's that radiological fallout from the use of nuclear weapons could cause widespread contamination of the atmosphere and soil. A radiological laboratory was established in Orlando in 1957 to provide support services for statewide surveillance activities. Extensive surveys showed that risk associated with this type of radiologic exposure was insignificant when compared to the risk from exposure to medical and dental x-ray machines (at that time radon was not measured as part of the background radiation level, recent surveys contradict this finding). The U.S. Congress amended the Atomic Energy Act of 1954 to provide for the transfer of certain regulatory powers from the Atomic Energy Commission to qualified states in 1959. The SBH, in 1964, was certified to control certain categories of radioactive materials.

The SBH established an Accident Prevention Program in 1958, in recognition of the increasing importance of accidents as a major cause of disability and death. This signaled the rise of emergency medical care as a future public health issue.

The Fourth Quarter (1965-1989)

Dramatic changes occurred during this period that affected the philosophical thrust, organizational structure, and programmatic direction of the SBH. Several federal and state legislative initiatives caused many public health programs to be assigned to other agencies during the 1960's. Then the 1969 legislature stripped the State Health Officer of his authority and the SBH became an administrative Division under a new umbrella agency called the Department of Health and Rehabilitative Services. Another extensive reform mandated by the state legislature in 1975, threatened to disrupt the integrity of federal, state and local funding mechanisms and severely alter the state's role in the delivery of local health services, which had remained constant for nearly half a century. After more than a decade of successfully coping with the endless challenges associated with reorganization, federal and state austerity initiatives, and critical public health issues, the state's health agency has emerged stronger and more dynamic than ever before.

Program Transfer, Expansion and Development

After some period of debate about whether public health should be concerned at the community level with mental as well as physical health the 1965 legislature decided to transfer the state's Mental Health Authority from the SBH to the newly established Board of Mental Health. The advent of the federal Medicare and Medicaid initiatives in 1965 and 1969, respectively, removed public health from most areas of responsibility related to arranging for and authorizing health care services for the indigent. Other losses included responsibility for narcotic control which was transferred to the Florida Bureau of Law Enforcement; responsibility for air and water pollution was given to a new commission with that name that subsequently became the state Department of Environmental Regulation; and responsibility for dairy inspection and quality assurance of milk products was transferred to the state Department of Agriculture and Consumer Services .

Despite these serious losses, progress continued as evidenced by the expansion of existing programs and implementation of new initiatives. The HRS budget for public health programs nearly tripled between 1965 and 1975, increasing from 33 to 90 million dollars. During this decade the Division of Nutrition grew from a professional staff of 10 nutritionists to a total of 60 with 25 of these assigned to CHDs. A comprehensive study of migrant nutrition funded by the PHS/CDC was conducted by the Division of Nutrition and Lee and Palm Beach CHDs between 1970 and 1972 (14). Then in 1974, PHS funds supported implementation of a new Supplemental Food Program for Women, Infants and Children (WIC) in six counties.

The Maternal Health and Family Planning Programs expanded services dramatically during this period as did the Immunization Program with the advent of new vaccines to prevent measles and mumps. The Child Health Program initiated a new federally funded Medicaid program to provide Early Periodic Screening, Diagnostic and Treatment (EPSDT) services to eligible dependent children. During the 1960's there was also slow, but continuing progress in extending the use of fluoridated water to community water supplies. Only one-quarter of the state population had the benefit of fluoride in their drinking water by 1974. Another major effort was to extend the use of topical fluoride applications for the maintenance of dental health in children.

The Bureau of Laboratories also expanded its scope dramatically by providing a variety of diagnostic services at branch laboratories throughout the state. The Bureau of Health Facilities also expanded rapidly beginning in 1965 to include certification of service providers such as hospitals, nursing homes, home health agencies and independent laboratories.

Metabolic Screening, EMS and Adult Health Services

Using the preventive approach, the SBH in 1964, initiated a program for the screening of newborn infants for phenylketonuria (PKU) and other metabolic disorders. Soon thereafter, the legislature mandated that PKU screening be performed on all infants. Mothers of positive infants were counseled as part of the program and the special diets required were made available to families unable to purchase the costly prepared foods.

State legislation, modeled after the Federal Highway Safety Act served as an initial step in developing a statewide Emergency Medical Services (EMS) system in 1966. The purpose was to assure that acutely ill or



Figure 31. Public Health Nurse examining child for the EPSDT program – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

injured patients were afforded the best emergency medical care possible at the scene of the accident, during transportation to the hospital and in the emergency room. The SBH was assigned authority to license ambulances and define the role and education of ambulance drivers. However, it was not until 1969, that a formal EMS Program was created. Two years later a program to certify Emergency Medical Technicians was established. New legislation in 1973, expanded the program authority to include telecommunications systems (911 hotline), EMS grants to local governments and regulate medical transportation services throughout the state.



Figure 32. Responding to highway accidents prompts development of Emergency Medical Services – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

The SBH established a Bureau of Adult Health Services and Chronic Disease in 1966 to give new emphasis to programs addressing diabetes, cancer and heart disease. The federal Regional Medical Program sponsored a series of grants in 1968 to develop, test and evaluate the effectiveness of cardiovascular screening as a disease prevention activity. Funds were directed to the SBH as well as other health organizations throughout the state. Encouraging results with this initiative spawned development of a statewide Hypertension Screening Program in the 1970's in conjunction with the federally supported National High Blood Pressure Education Program. Today, each local health unit has a Hypertension Control Program.



Figure 33. Public health nurse checks blood pressure of a heart patient – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

Legislative Reorganization and New initiatives

The revised and new state constitution in 1969 consolidated more than 200 state agencies into 23 departments. Some 25 health and social services agencies were grouped to become the Department of Health and Rehabilitative Services (HRS). The Board of Health was abolished and the public health functions of the new department became the Division of Health (DH), but CHDs remained essentially unchanged. An editorial in the Ocala Star-Banner dated June 23, 1969 was captioned, "Board of Health is Dead." (3)

The legislature in 1974 appropriated \$300,000 for HRS to define a minimum public health program and determine its cost. That same year new federal mandates (Public Laws 93-641 and 92-603) created a State Health Planning and Development Agency (HSPDA), Health Systems Agencies (HSA) and Professional Standards Review Organizations (PSRO). Dr. Sowder retired after 28 years of dedicated service in July 1974 and E. Charlton Prather, M.D., M.P.H., then Director of the Bureau of Preventable Diseases, was appointed his successor. The legislature passed the "HRS Reorganization Act" in 1975, to decentralize and unify the provision of health, rehabilitative and social services. This mandate had tremendous impact upon the existing public health organization as bureaus, sections and units were restructured and/or reassigned to one of eleven HRS District Offices throughout the state or one of three HRS Central Offices (administration, planning and program development and operations) in Tallahassee.

Post-reorganization Challenges

During his tenure Dr. Prather was faced with myriad political dilemmas, administrative problems and programmatic changes that could not in any way be compared to those of his predecessors. In the summer of

1976, HRS reassigned and relocated key staff from Jacksonville to Tallahassee and district offices around the state. Many senior DH staff retired or transferred to other positions rather than move to Tallahassee and serve in the HRS Health Program Office (HPO). This newly created program in the HRS Office of Program Planning and Development was assigned responsibility for health program planning, policy development, quality assurance and standard setting.

Key HPO staff, only one of whom had experience in planning, were somewhat unprepared for their new assignments. They were expected to carry out departmental directives with minimal orientation and training while maintaining some semblance of continuity in existing programs delivered by the CHDs.

The CHDs had operated rather independently up until this time in a coalition with SBH and later the DH under the County Health Unit Enabling Act of 1931. Now they were mandated to function within the context of both statutes. This precipitated confusion regarding the roles, responsibilities, and relationships between the state and local public health agencies. The CHDs were renamed County Health Units (CHUs) under the new configuration and they retained their identity as local governmental bodies as provided by Chapter 154, F.S. However, each unit now derived operational supervision and direction from its respective HRS District Office rather than the new HPO. The state's role in the delivery of local health services, which had remained unchanged for nearly half a century, became the subject of considerable discussion and controversy as a result of these changes. The newly created HPO immediately began to explore alternatives for establishing viable linkages with departmental District Offices and CHUs.

Uniform Programs, Accountability and Improved Services

The Secretary of HRS initiated a special study to review problems facing public health in Florida in mid 1977. A panel of distinguished public health experts from around the nation discussed issues related to the structure, function and funding of public health programs in Florida as part of this study. Their recommendations included: 1) a redefinition of the public health mission, which emphasized improved services and coordination with other governmental units, private providers and voluntary organizations and 2) establishment of a uniform public health program with established performance standards, defined target populations and measurable outcomes.

Based on the recommendations of this committee, the Secretary of HRS directed the HPO to develop a "Comprehensive County Health Unit Program." Shortly thereafter, HPO staff began to collaborate with staff from District Offices and CHUs to develop, test, implement and refine a CHU management system that satisfied legislative intent as well as met all HRS goals and objectives. It was intended that the system would ultimately allow the CHUs to improve their image and demonstrate the ability to develop, manage and account for any new program or funding initiative.

Some long standing programs and essential support services were eliminated in the 1976 reorganization. The VPH program created in 1904 by Dr. Porter to control rabies was cut, publication of the annual report (a continuous historical record since 1889, with the exception of the depression years between 1921 and 1933) and "Florida Health Notes", both originated by Dr. Porter, were halted. The Nursing, Health Education, Nutrition, and Research Programs and most notably, the Bureau of Local Health Services were also eliminated. Within two years an extensive Educational Film Library was dismantled and the excellent Medical Reference Library was transferred to the University of Florida, Borland Library.



Figure 34. Public health nurse with child whose mother participated in the Improved Pregnancy Outcome Program – Source: Florida Department of Health Photo Archives.



Figure 35. State Board of Health Sanitary Engineers assure safe drinking water – Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

and a computerized system for accountability had been built (15). Activities related to data input and management, report production and linkages to other departmental systems are continually being improved. Today, the CHU Management System provides timely information for a wide variety of national, state and local applications.

Only a few programs were able to expand during the years immediately following the departmental reorganization. The President's Commission on Diabetes identified diabetes as a major public health problem in 1975. The next year the state legislature provided statutory authority for establishment of Diabetes Treatment and Research Centers at three of the state's universities. The legislature mandated the HRS Radiation Control Program to conduct a fee-supported program to certify radiologic technologists in 1978. That same year the PKU legislation was amended to include other genetic and/or metabolic diseases and the next year screening tests for hypothyroidism, galactosemia and maple syrup urine disease (MSUD) were added. (The screening of newborns for hemoglobinopathies became mandatory in 1988.) The federal Safe Drinking Water Act provided impetus for testing community and private water supplies for a variety of toxic chemicals and radionuclides in 1979. Other federal and state initiatives spawned during the late 1970's and early 1980's supported dramatic expansion of the Family Planning Program, implementation of the WIC program in all CHUs and the development of Improved Pregnancy Outcome (IPO) projects in selected areas of critical need.

Management Systems, District Offices and County Contracts

Dr. Prather served until the summer of 1979 when he became a District Health Officer. He was succeeded by James T. Howell, M.D., M.P.H., Assistant Health officer for the Palm Beach CHU. One major agenda item during Dr. Howell's term was successful implementation of the CHU Management System. This complex undertaking was a tremendously tedious, stressful, and at times, utterly frustrating experience for all parties concerned. The Pogoism "we have met the enemy and they is us" at one critical point seemed to best describe the obstacles presented by departmental procedures involved in the development of program manuals and the new automated data system. However, by July 1981, after a concerted effort on the part of many dedicated individuals throughout the state, a strong, yet flexible, foundation of program policies, operational protocols

When the Bureau of Local Health Services was eliminated in the reorganization process former professional field consultants were assigned to various HRS District Offices. All Districts had established positions for Health Program Supervisors and/or Specialists to direct liaison, operation and coordination of all health related functions, including the CHUs. Some host districts supported Health Technical Assistance Units to provide special consultative services, resources and technical assistance to CHUs. It was felt that this arrangement did not provide for adequate liaison between these professional staff and state level programs. Special multi-disciplinary teams were then formed to bridge the gap with staff assigned to the HPO for supervision, but housed within five District Offices.

This organizational configuration was not very effective for a variety of reasons and after implementation of the CHU Management System in 1981, these staff were again reassigned to District Health Offices (DHO). The public health professional staff assigned to DHOs have gained enormous credibility in recent years by providing technical assistance and consultation in areas where CHUs have limited expertise and capability. DHOs are now an integral part of a complex departmental network that translates public health policies and programs into a statewide service delivery system that is responsive to local needs.

Dr. Howell was appointed Deputy Secretary of HRS in November 1981 where he served with distinction as an advocate for public health issues during the next four years. He also continued as Acting Director of the Health Program Office until April 1982 when Stephen A. King, M.D., on temporary assignment from the PHS was appointed director. Shortly thereafter, a state budget shortfall caused "productivity cuts" that forced HRS and the HPO to reassess program priorities and make necessary adjustments. A legislative mandate in mid-1982 also formalized the relationship of state and local governments for the delivery of local health services. This included a provision for annual contracts, clarified accountability for public health services and designated the CHUs as County Public Health Units (CPHUs). Since then, one of the most significant applications of the automated management system has been the production of service delivery information for the creation of annual departmental contracts with CPHUs.

Environmental Hazards, Toxicology and Cancer Registry

Both Dr. Howell and Dr. King were heavily committed to the development of an environmental epidemiology capability within the HPO. Existing resources were used to create a new, expanded Disease Control, Epidemiology Program in early 1983, which included a Chronic Disease Unit and Environmental Hazards Unit in addition to the exemplary Acute and Communicable Disease Control Unit (16). Major concerns related to chemical, radiologic and heavy metal contamination of drinking water supplies. However, crisis issues which focused on agricultural chemicals, such as aldicarb and ethylene dibromide (EDB), contaminating private and community drinking water wells, immediately challenged the capability of this new program. Lacking technical expertise in this area the Disease Control Program established a Toxicology Unit in 1985 (17). HRS District offices, CPHUs, and laboratory also lacked sufficient resources and experience in this area. Still, they worked tirelessly with other state and local agencies to calm public fears, conduct appropriate tests, provide alternate sources of potable water and seek long term solutions to the problem.

Shortly thereafter, the HPO Environmental Epidemiology and Toxicology Units and HRS Office of Laboratory Services received general revenue funding. Today, staff from these new programs are studying congenital defects, and participating in the investigation of cancer clusters and other non-communicable disease outbreaks. They are also collaborating with other state agencies, CPHUs and laboratory staff to fulfill the mandate of the State Underground Petroleum Emergency Response (SUPER) Act of 1986 to identify and rehabilitate leaking underground storage tanks. Other responsibilities include a study of water quality in private wells through the state, environmental surveys for heavy metals and chemicals and the assessment of health risks in areas near toxic waste dumps.

A statewide cancer registry, the Florida Cancer Data System (FCDS) was implemented in 1979 as part of a legislative mandate to measure the magnitude of the cancer problem in Florida. All hospitals (except psychiatric hospitals) in the state are required by law (Chapter 385, F.S.) to report each case of cancer admitted for treatment. After seven years of operation the registry provides basic information for epidemiological studies and investigations carried out by HRS, medical schools and local hospitals throughout the state. Today, it is also used to define areas of need for improvement of cancer programs, expansion of cancer care facilities and evaluation of long term service programs.

AIDS, STDs, Primary Care and Chronic Diseases

The HPO began to conduct surveillance on acquired immune deficiency syndrome (AIDS) cases reported from Florida in early 1981. AIDS was declared a reportable disease by the State Health Officer in mid 1983 after a total of 165 cases had been reported. State funds were not available to develop programs to address this rapidly escalating problem. Fortunately, in 1984 and 1985 a series of PHS/CDC grants totaling more than \$1,000,000 supported initial surveillance, health education activities, an AIDS "Hotline" and human immunodeficiency virus (HIV) counseling and testing services. Shortly thereafter, the legislature appropriated the first state general revenue funds for AIDS. The HPO established a formal Disease Control, AIDS Program in late 1985.

Dr. King resigned in November 1985, and Dr. Howell served a second term as State Health Officer until August 1986. He was instrumental in the creation of a Governor's Task Force on AIDS during this time. This group has since formulated AIDS prevention policies and guidelines and facilitated health care and treatment services for AIDS patients. The AIDS Program has experienced phenomenal growth in recent years. The 1988-89 fiscal year budget of over \$30,000,000 supports a wide range of activities and services. These include the continued development of surveillance, education and counseling and testing activities, a variety of services including: risk reduction education, partner notification and patient care, a series of serologic surveys to assess HIV antibody status in selected populations and an epidemiologic study of HIV infection in children attending CPHU clinics.

The scope of the VD Program which until 1981 had addressed only the five classical infections has been expanded to a wide variety of sexually transmitted diseases (STDs) and renamed accordingly. The statewide STD Program encompassed Chlamydia trachomatis, genital herpes, and HIV infections by 1985. The latter included counseling, testing, partner notification and health education/risk reduction activities. During this period syphilis cases doubled, congenital syphilis cases increased 20 fold and 3% to 8% of STD Program clients were found to be infected with HIV. A new legislative mandate for the control of STDs (Chapter 384, F.S.) now provides a model for the nation. Recent increases in state and federal funding and resources should greatly reduce most STDs to a manageable level in the next decade.



Figure 36. STD and AIDS prevention and control programs promote healthy lifestyles and wellness— Source: Florida Department of Health Photo Archives at Gray Library, Tallahassee.

Several social issues have changed public health programs and the delivery of local health services between 1975 and 1988. Perhaps the most dramatic was precipitated by the legislature directing attention to the medical care needs of the indigent in the late 1970's. The Health Care Access Act of 1982 declared that access to health care was a right of every Floridian and directed HRS CPHUs to provide "sick care" where there was manifest need. The Indigent Health Care Act of 1984 expanded the philosophy of provision of medical care for the indigent through CPHUs and provided funding. Dr. Prather who served his second term as State Health Officer from August 1986 through 1987 and Charles Mahan, M.D., the current State Health Officer, were both instrumental in the development and implementation of this program. Primary medical care services were being provided in all 67 CPHUs by 1988. Statewide some 25% of the local effort was devoted to this one activity at an annual expenditure of \$32,000,000. A companion program directed at the recruitment of National Health Services Corps scholarship physicians and private physicians for placement in medically underserved areas has supported this effort.



Figure 37. Awaiting primary medical care services at a County Health Department – Source: Florida Department of Health Photo Archives.

The HPO Chronic Disease Program collaborated with the PHS/CDC in 1985 to establish a Behavioral Risk Factor Surveillance System for randomly surveying Florida residents regarding their health behaviors. The next year the state legislature provided support for development of a model Comprehensive Health Improvement Project (CHIP) in HRS CPHUs. CHIP activities are directed toward the prevention of heart disease, high blood pressure, diabetes and cancer in both CPHU clients and the community. Fifteen counties currently operate CHIP Programs. In 1987, the PHS/CDC funded a project in the Leon CPHU to develop and implement a Longterm Integrated Noncommunicable Disease Activity (LINDA) project. This model could have future application for all CPHUs.

Future Outlook

The outstanding characteristic of Florida in these 100 years has been change with a rapid, but geographically irregular, growth in population and industrial development. Again and again, since the SBH was established, public health and the economy have reacted, each on the other. There has been an expanding economy with more adequate incomes, better homes, and improved nutrition. Schools, universities, and hospitals have been constructed; medical science and medical practice have advanced and, in recent years, social and welfare services have generally improved (1).

The development of the state public health system during this time has been pretty much of a roller coaster ride. Public health programs and policies have opened the state for development, arrived on scene "with too little too late", been at "the right place at the right time" and even led the way and had no one follow -- at least not right away. Still, over time, solid working relationships have been developed with nearly all of the professional associations, organizations, voluntary agencies, educational institutions and advocate groups that relate to and support public health. Additionally, a continuous array of public health initiatives, some federal,

some state, and some local, have emerged to meet demonstrated needs. Many of these evolved into statewide programs that have expanded, strengthened and proved their worthiness beyond a shadow of a doubt.

There is no question that Florida's population will continue to grow very rapidly. Such accelerated growth brings with it a multitude of physical, mental, social, environmental and economic problems. The state's generally pristine drinking water supply is already beginning to be affected by chemical contamination and adequate quantities are lacking in selected areas. Major metropolitan communities and industrial areas have air pollution conditions that are continuing to worsen. Public buildings and private residences are contaminated with asbestos and radon. Problems related to the disposal of sewage, toxic chemicals, radioactive materials, infectious hazards and other solid waste disposal along coastal zones and other environmentally sensitive areas also beg resolution. These are just some of the public health issues that will affect all Floridians, visitors and residents alike. A multitude of complex medical/social issues with ethical, religious and moral overtones and the rising cost of health care will also have a definite impact on the delivery of public health services to specific populations.

There is currently a dramatic rise in teenage suicides and accidents, teenage pregnancy, and infant morbidity and mortality including; congenital syphilis, fetal alcohol syndrome, cocaine addiction, herpes and HIV infections. The use of illegal substances, alcohol and tobacco is constantly increasing. Related health conditions, i.e. lung cancer, emphysema, heart disease, STDs, TB and AIDS will continue to impact productivity, impair the quality of life and cause premature death. The prevention and control of AIDS and treatment of AIDS patients will be the most important public health challenge of the next century. Refugees from economically depressed countries continue to immigrate into south Florida at an alarming rate. Retirees on limited incomes, migrant workers and the homeless from other states also present special concerns. More than ever before the adult population is practicing risk-taking behavior: improper diet, lack of exercise and poor stress management. There are also many chronic debilitating diseases, traumatic events like abuse and sexual battery and needs related to health care access for the indigent and elderly that have yet to be adequately addressed.

These and other future public health issues can be resolved by highly skilled, competent and well respected HRS staff cooperating with other agencies, organizations, associations and institutions. Through most of this past century the SBH was recognized as one of the nation's finest state public health agencies. Relegation to the status of a Division (DH) and then an Office (HPO) within HRS after reorganization somewhat diminished the visibility of public health accomplishments for over a decade. In recent years, the achievements of the HRS HPO, District Offices and CPHUs have once again merited national recognition with the implementation of AIDS, Primary Care, Maternal/Child Health, IPO, Low Birth Weight, Nutrition and Chronic Disease initiatives. It was most appropriate that the legislature revised the Florida Statutes in 1988 to elevate the status of the HPO within HRS by naming the State Health Officer as Deputy Secretary for Health, consolidating all public health activities into a single program entity and establishing more viable linkages with HRS District Offices and CPHUs. The HPO has been renamed the State Health Office (SHO), each District Office now has a Deputy District Administrator for Health and Assistant State Health Officers are now responsible for key state level program areas including Environmental Health.

Regardless of all these changes in recent years the public health mission has remained essentially the same. Past experience has shown public health workers throughout the state have the determination, flexibility and commitment necessary to unselfishly participate in collaborative projects that serve public needs. State level staff have worked diligently over the years to gain authorization for, plan, develop and otherwise support program initiatives. On the other hand, regional, district and local health unit staff, in particular, have consistently shown that they are extremely creative and adept at translating federal and state initiatives into viable and efficient service delivery programs. Likewise they have also been astute enough to recognize potential community health problems and devise unique ways to resolve them. It is not unusual for the results of such model projects and studies to have state and national application.

Beginning with the catastrophic crises of "yellow jack" which precipitated the birth of modern public health programs in Florida and extending through the present day epidemic of AIDS, the state's public health system has risen to the occasion. Thus, there is every reason to believe that the HRS SHO, District Health Offices

and CPHUs will meet whatever challenges the future may bring and continue to improve the quality of life for all Floridians.

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Much of the chronological records of recent public health accomplishments have not been documented because state level annual reports were discontinued in 1974. Excerpts from reports provided by HRS SHO Program Staff for preparation of a centennial edition of "Millstones and Milestones" were used to reconstruct an overview of significant events that occurred since 1974. Their contributions are sincerely appreciated. I am especially grateful to Dr. E. C. Prather for his contributions and critical review of the manuscript. Editorial reviews by Mr. William Mahoney, Ms. Shannon Fenn, Dr. Michael Wilder and Mrs. Deborah Murphy were most helpful as was the manuscript preparation by Ms. Sheri-lyn Dunlap.

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