PUBLIC HEALTH ADMINISTRATION IN NEVADA

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NEVADA LEGISLATIVE COUNSEL BUREAU

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FOREWORD

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The primary purpose of the Bureau is to assist citizens and officials in obtaining effective State government at a reasonable cost. The plan is to search out facts about government and to render unbiased interpretations of them. Its aim is to cooperate with public officials and to be helpful rather than critical. Your suggestions, comments, and criticisms will greatly aid in accomplishing the object for which we are all working -- the promotion of the welfare of the State of Nevada.

PREFACE

During the 1953 Session of the Nevada Legislature, the Senate adopted Senate Resolution No. 8 memorializing the Legislative Counsel Bureau to study the organization, administration, operations, and finances of the Nevada State Department of Health, and to present a report on the findings of the study to the 1955 Session of the Nevada Legislature.

The study begins with a brief historical survey of health and related legislation in Nevada. Part II of the study ventures into detail on the organization of the State Department of Health as it is presently organized. Part III covers the functions and operations of the Department as actually performed, and considers the technical service, regulatory, clinical, and educational programs of the Department. Part IV examines the actual administrative operations and procedures of the Department and presents recommendations for improving present administrative methods. Part V presents the conclusions drawn from the study together with the recommendations which appear to be warranted from the study. In the appendices at the end of the study are statistical and financial data pertaining to the finances of the Department.

The Legislative Counsel Bureau presents this study in an effort to provide the legislators and citizens of Nevada with a factual analysis of the Nevada State Department of Health in order that such an analysis may lead toward improvements in legislation and administration of health laws for Nevada.

The study was conducted and completed by Mr. John E. Westburg, legislative analyst and research counsel of the Nevada Legislative Counsel Bureau. Mr. Westburg and the Legislative Counsel Bureau gratefully acknowledge the valuable assistance and cooperation of Dr. Daniel J. Hurley, State Health Officer; Mr. John J. Sullivan, Director, Division of Vital Statistics; Miss Lillian Bergevin, Fiscal Officer and Accountant; Mr. Donald A. Baker, Hospital Services Consultant; Mr. John Culnan, Health Educator; Mr. W. W. White, Director, Division of Public Health Engineering; Mrs. Vera E. Young, Director, Division of Laboratories; Dr. L. R. Brigman, Director, Division of Preventive Medical Services, Dr. C. R. Locke, Clinical Consultant in Tuberculosis Control; Dr. Martin S. Levine, Clinical Psychologist; Dr. Omar Seifert, Director, Division of Dental Health; Mr. E. L. Randall, Commissioner of Food and Drugs and State Sealer; and the many others who have contributed to the factual information and the conclusions drawn from this study.

Copies of this study may be obtained free of charge from the Nevada Legislative Counsel Bureau, Carson City, Nevada

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A wise Governor of Nevada once said, "No aspect of government is closer to the hearts of the people and their officials in government than is the protection of the public health. A healthy population is the cornerstone on which all progress must rest. The interest of Nevada citizens in this extremely important endeavor has been shown by the great improvement in our public health programs during the past ten years." The citizens and Legislature of Nevada have shown a progressively increased concern and enlightenment with regard to health legislation throughout the years since Nevada first emerged as a fullfledged state in the American union.

During territorial and pioneer days the subject of public health was limited almost entirely to local and county efforts to reduce contagious diseases and epidemics. In the modern era public health has come to mean a broad and far reaching exercise of the health "police power" inherent in the very nature of the state and has come to include a broad gamut of health measures and activities among which, to mention a few, are care of the mentally ill, consumer protection from quack practitioners and from deleterious foods and drugs, health education, establishment of hospitals, collection and analyses of vital statistics and morbidity data, control of such degenerative diseases as cancer and of such infectious diseases as tuberculosis, and the general provision of clinical services to children and indigents, and even active care and treatment of children suffering from crippling conditions.

Public efforts in Nevada, as well as the world over, have throughout the last half century made such remarkable advances as would have amazed the frontiersman who first made his way to the Nevada territory. As wonderful as modern public improvements in the field of public health have been, reasonable men, however, throughout the state are well aware that there is much more ahead that needs to be accomplished. In view of this, the Nevada State Legislature, in its wisdom, memorialized the Legislative Counsel Bureau, during the 1953 Session, to conduct a study of the organization, administration, operations, and finances of the State Department of Health. In accordance with that memorial, a study of the Department of Health has been made. As a result of this study, a number of recommendations have been made toward improving the organization, administration, operations, and finances of the Department of Health. Among these recommendations made, the following are worthy of special note and consideration:

1. That the title of the State Health Officer be changed to "Commissioner of Public Health."

2. That the Commissioner of Public Health be appointed by the Governor but appointed within the State Personnel System.

3. That the Commissioner of Public Health be qualified as a graduate public administrator, with an advanced degree from an accredited college or university in public administration, public health, public health administration or engineering, or political science, that the exclusive requirement that the Commissioner be a licensed practitioner of one of the fields of healing arts be eliminated, and that the requirement that he be a resident of Nevada be likewise eliminated.

4. That the Commissioner of Public Health be directly accountable to the Governor but that he be accorded sufficient administrative authority so as to carry out his responsibilities under law, including such authority as making rules and regulations, enforcing rules and regulations, making administrative adjudication of administrative decisions made in regulatory programs, and requiring contesting regulatees appearing before him to exhaust the administrative remedy before making appeals to the courts and requiring such appellants to present the complete and final record of evidence to the Commissioner before appealing to the courts, and granting the Commissioner legal authority to subpoena witnesses and to administer oaths, and to delegate his authority to subordinate assistants.

5. That the Commissioner of Public Health be assisted by a competent administrative assistant who holds at least one graduate degree in public administration, political science, or public health administration.

6. That the Commissioner of Public Health be assisted by an advisory board or advisory council, appointed by the Governor, and composed of members of the public at large to the extent that its membership is not weighted in favor of any one single profession or group of related professions, and that the present administrative State Board of Health be abolished.

7. That the Commissioner of Public Health be furnished with an adequate staff of professional persons, including physicians, nurses, public health engineers, dentists, clinical psychologists, sanitarians, dental hygienists, laboratory technicians, chemists, bacteriologists, pathologists, statisticians, health educators, nutritionists, medical social workers and psychiatric social workers, and other supporting professional assistants and staff members, so that the bare minimum of a well rounded statewide public health service can be made effective.

8. That the Department of Health be reorganized by function so that all related functions are structurally related together; that the Department be organized to include the following organizational units directly responsible to the

Commissioner: (1) Division of General Administration, (2) Division of Vital Statistics, (3) Division of Local Health Services, (4) Division of Public Health Engineering, (5) Division of Public Health Nursing, (6) Division of Health Education and Information, (7) Division of Laboratories, and (8) The Bureau of Clinical Services. The Bureau of Clinical Services should be, in turn, composed of the following divisions: (a) the Division of Crippled Childrens Services, (b) the Division of Maternal and Child Health Services, (c) the Division of Dental Health Service, (d) the Division of Mental Health Service, and (e) the Division of Special Disease Control. The Division of Special Disease Control should include all of the disease control programs such as venereal disease control, tuberculosis control, cancer control, heart disease control, etc. The Division of Local Health Services should include (a) the Section of Hospital and Health Center Services, (b) the Autopsy Examiners Section, and (c) the Communicable Disease Control Section.

9. That the consumer protection functions now assigned by law to the Commissioner of Food and Drugs be transferred and assigned to the Commissioner of Health; that the present commissioner of Food and Drugs be offered the position of Director of the Division of Laboratories in the Department of Health, at a salary increase, within the State Personnel System; that the Food and Drug and related consumer protection laboratories be assigned as a unit in the Division of Laboratories and be co-equal (as a chemical laboratory) to the present (bacteriological) laboratory in the Department; and that the inspectors now assigned to the food and drug and related consumer protection units be transferred and reassigned to the Division of Public Health Engineering to serve as inspector-sanitarians to perform the necessary investigative operations entailed in the consumer protection program.

10. That the petroleum inspection fee fund, as an earmarked and restricted categorical fund, now with the present Food and Drug Commissioner and his related consumer protection operations be eliminated and that all such inspection fees be collected and paid into the General Fund.

11. That the Legislature appropriate sufficient funds and necessary authority for the Department of Health to construct a new laboratory building, designed architecturally to fit the needs of the Division of Laboratories, to replace the present building, which is now rented from private parties, and which for so many years has been totally inadequate for laboratory purposes.

12. That the Legislature appropriate sufficient funds for the construction of a single structure at Reno for housing the main offices of the Department of Health and all the professional personnel of the Department; but that the Legislature also consider appropriating state money to match federal grants-in-aid for the construction of local public health centers (to be operated jointly by the Department of Health and the local health departments concerned) at Elko, as well as at Reno and Las Vegas, such public health centers to supplement existing facilities. It is recommended, in the event such local public health centers are established, that the Commissioner of Public Health make every possible endeavor to place a sanitarian, a public health nurse, a laboratory technician, public health dentist, clinical psychologist, necessary secretary help, etc., in each of these public health centers, as well as necessary facilities and equipment.

13. That the Division of Dental Health be provided with a mobile dental unit, preferably two, for providing dental service, particularly for children, throughout the isolated regions of the state.

14. That the Division of Mental Health Service be augmented by the addition of at least three mental health "trios" (i.e., psychologist, psychiatrist, and psychiatric social worker), one "trio" for each of the three major sections of Nevada, i.e., Reno, Las Vegas, and Elko.

15. That "advisory committees" to assist and participate in the regulatory programs of the Department of Health, specifically in those programs actually administered by the Division of Public Health Engineering, be provided for at law, such advisory committees to include at least representatives of the dairy interests, the food establishment interests, the hotel and motel interests, administrators of schools and eleemosynary institutions, etc.

16. That the hotel inspection law be strengthened to the extent that high standards of sanitation and the elimination of health and safety hazards in hotels, etc., can be enforced adequately by the Division of Public Health Engineering.

17. That the Commissioner of Public Health be authorized by law to award "ratings", "commendations", etc., for regulatees who faithfully and habitually meet high standards of health, etc., in the public health regulatory programs, in order to foster and encourage public compliance with such regulatory programs, etc.

18. That facilities be provided in the Division of Laboratories and with the Division of Public Health Engineering for the collection and testing of samples of sewage in order that the efficacy of sewage plant operations may be readily determined.

19. That the Legislature create a system of autopsy examiners within the Department of Health to replace the coroner functions now assigned by law to the Justices of the Peace.

20. That the Legislature consider methods for encouraging private practitioners of the healing arts to locate in the isolated areas of the state and for obtaining full time professional personnel for the staffing of the Department of Health. In this connection, for example, loans or outright grants or scholarships may be given to outstanding graduates

of the University of Nevada who wish to attend professional schools and who expect upon completion of their professional training to locate in Nevada. Moreover, special consideration should be given to repealing the present laws which prohibit educational stipends and leaves of absences for certain professional employees--namely public health nurses, dental hygienists, sanitarians, statisticians, administrative assistants, laboratory technicians, etc. It should be noted, also, that adequate salaries for professional personnel employed by the Department of Health could be the most effective inducement for obtaining qualified personnel to fill such vacancies as those which now exist in the Division of Public Health Nursing, and in the Division of Dental Health Services, etc.

21. That a nutrition program, as well as medical social work program, be established in the proposed Bureau of Clinical Services in the Department of Health. A nutritionist, for example, with the Bureau, could do much with regard to furnishing guidance on dietary matters, not only for mothers and their infants, but for the aged and those with disabling heart conditions. Medical social workers, whether assigned to the Department of Health or attached on loan from the State Welfare Department, could perform invaluable assistance to the dentists, psychologists, and physicians working with specific cases, by preparing case histories, and assisting patients, particularly children (such as amputees) to rehabilitate themselves.

22. That the Health Education and Information program be stepped up, by adding at least one additional public relations expert or creative staff writer to the Department, in order that a more extensive and intensive program of public health education can be effected. It should be noted that public health education is a major key for achieving a high degree of efficacy in every other aspect of public health. In this connection the close liaison with the Superintendent of Public Instruction should be further facilitated.

23. That at least one additional trained statistician be employed in the Division of Vital Statistics, that fire-proof storage facilities be provided in that Division for the protection and preservation of the valuable vital statistics records, that a centralized statewide system of marriage and divorce registration be established, and that much greater emphasis be placed on a program for statistical analysis of day to day health and morbidity data with view of evaluating such data in order that facilities may be provided for meeting whatever critical health problems such an evaluation might disclose.

24. That the authority of the Commissioner of Public Health (and of the Director of the Division of Public Health Engineering) be strengthened to the extent that they may condemn and confiscate property which is dangerous to the health and safety of the public.

25. That sufficient funds and personnel be provided for the Department of Health for the specific purpose of emphasizing and stepping-up the program for heart disease control (heart disease being the number one killing disease in the state), with particular emphasis to be placed on diet and health education.

This study has been conducted under the premise that the Department of Health is a kind of autonomous organism of state government, which, if not exactly suffering from a socially pathological disorder, is at least undergoing an evolutionary development toward a hitherto uncharted point of maturity. With this premise in mind, this study has not attempted to do any more than to recommend methods and devices for integrating, coordinating, streamlining, and polishing the rough edges of the existing forms and functions of public health operations in Nevada. It should be noted, therefore, that no effort has been made to deviate from the traditional patterns of public health administration. There is no effort to invent new and drastic public health programs which depart from what traditionalists might consider the "normal". Yet, within this traditional framework, there are recommended certain minor deviations from the iron-clad patterns established in other states and in other times and places; but this has been, it is felt, very necessary in order to adapt the conservative conventionalisms to meet the specific conditions of Twentieth Century Nevada, for Nevada, geographically considered, requires in many instances solutions which are peculiar to itself, and this era of the Twentieth Century, likewise, warrants solutions which are in tune with the times.

A middle of the road approach has been followed throughout this study. The study has in mind the thought that public health services and administration are established by the people of Nevada for all of the people of Nevada, that such services are not the special prerogative of any particular segment of the population to the exclusion of others. The study has in mind an efficient and responsible system for giving these services to the people in order that the highest possible standards of health may be achieved. Yet, the study considers realistically the problems and costs involved in achieving such standards. This study is not a plea to drain the financial resources of the State Government. The study does not recommend an expensive bureaucracy for the Department of Health, but does recommend, indeed, that the Department be financed to a degree which is consistent with the great value of its services to the people, for the one thing which this study has disclosed is that the Department of Health has been grossly underfinanced year after year. The wonder is how the Department has functioned so well and so efficiently as it has in view of the very limited funds it has had to work with.

PART I. INTRODUCTION AND HISTORICAL BACKGROUND

CHAPTER I.

INTRODUCTION

Senate Resolution Memorializing the Study

During the 1953 Session of the Nevada State Legislature, on February 23, the Senate read and adopted Senate Resolution No. 8 which memorialized the Legislative Counsel Bureau to study the organization, administration, operations, and finances of the Nevada State Department of Health and to present a report relative thereto to the 1955 Session of the Nevada Legislature for study and consideration.

The Role of the State Health Department

Public health service is one of the major service functions of Nevada State Government. There are several boards, agencies, and institutions in Nevada which are concerned with public health matters in one aspect or another. The State Hospital for Mental Diseases probides care, confinement, and treatment for mental patients. The Food and Drug Laboratory of the Public Service Division of the University of Nevada analyzes foods, drugs, and cosmetics in order, for the general protection of consumers, to detect injurious adulterants harmful to the health of consumers. The Fish and Game Commission and the State Engineer, along with the State Department of Health, are concerned with water pollution control. The State Department of Agriculture and the State Board of Sheep Commissioners are interested in the control of diseases in livestock the control of which not only assists the livestock industry in producing healthy livestock for marketing but which also assists in preventing the transmission of livestock diseases to human beings. The State Department of Agriculture is also concerned with control of rodents, insects, and noxious weeds which may have indirect and direct effects on the health of human beings. The Industrial Commission and the Labor Commissioner are interested in industrial safety and occupational disease control programs. The Department of Education participates in programs for child health and child safety. The several autonomous professional examining boards, such as the State Board of Medical Examiners, are ostensibly interested in seeing that the citizens of Nevada are served by an adequate number of competent practitioners in the healing arts and sciences.

The State Department of Health, however, is the primary agency in public health matters, for the Legislature has changed it with the overall responsibility for the statewide protection of the people's health. The Department of Health is not a large agency in view of its tremendous responsibilities and the scope of its many programs. It has but 47 full time employees. Its 1953 biennial appropriation from the general fund of the State amounted to but slightly more than $300,000, much less than the appropriations for public education, public safety, and public welfare. The Department of Health is responsible for protecting the health of more than 200,000 permanent Nevada residents and of thousands of tourists who visit the state annually and is responsible for the public health policing and protection of an area of 109,789 square land miles. The responsibilities of the Department include nearly every aspect of traditional public health services and activities, such as regulating environmental sanitation, controlling epidemics and contagious diseases, furnishing miscellaneous clinical services, collecting vital statistics, and providing public health education.

The small size of the Department, together with the broad scope of its operations, make it an excellent subject for the general overall study and analysis of public health organization, operations, and administration in general. Its organization is not so extensive, its functions not so numerous, nor its administration so complex, as to preclude them from being easily observed and comprehended by a single investigator; but yet they are sufficiently extensive as to afford a complete view of the normal operations of a typical state health agency. The Nevada State Department of Health is almost a microcosmic miniature of other state health departments throughout the United States in general, with the exceptions, of course, of those aspects adapted to meet the local conditions and environment peculiar in each instance.

The Problem of the Study

STATEMENT OF THE PROBLEM

The problem of this study is to investigate the nature of the organization, operations, administration, and finances of the Nevada State Department of Health. The problem includes making a brief historical resume of

major public health legislation from 1862 to 1953, a detailed study of the various divisions and sections of the department, their various functions and programs, the internal and external administration of the Department, and the statement of its financial situation. The study undertakes the consideration of what the Department's responsibilities are under statutory law, the manner in which it is structurally organized, what its operations and functions are, and how the Department is administered. The problem also entails the offering of recommendations and suggestions to the Nevada State Legislature and to the State Health Officer with view to effecting such improvements as prudence may dictate and as may become evident during the course of the study.

IMPORTANCE OF THE STUDY

The Nevada State Legislature during the last sixty years or so since it first created the State Board of Health in 1893, has at nearly each of its biennial sessions added new responsibilities to the State Board of Health, the executive organ of the State Department of Health. At the present time there are more than 175 pages of statutory law now in effect which assign specific and general responsibilities to the Department. At no time during the period since the State Board of Health was originally created has any kind of a study been made exclusively of the State Board of Health or the State Department of Health, until the present time. In view of the many responsibilities of the Department, as evidenced in state public health legislation through the years, there is a definite need for such a study to be made in order that the facts concerning the Department and its functions can be obtained upon which intelligent public health legislation can be based.

Moreover, intelligent legislators and citizens are showing an increased concern for public health. This concern may be perceived in the increased attention which newspapers and radio programs devote to public health matters and in the activity of public and civic groups to promote specific public health programs. It is common knowledge that research scientists are continually acquiring new knowledge and developing new skills in the healing arts and sciences. It is also common knowledge that in the last fifty years public health programs have demonstrated the efficacy of public and government participation in eliminating and controlling such contagious diseases as smallpox, diphtheria, and even cholera, and such preventable diseases as trench mouth, botulism, and dysentery. It is, therefore, natural that intelligent legislators and citizens should consider what further role local and state governments, as well as the federal government and international organizations, should play in advancing effective public health programs.

In such consideration, questions arise as to what should be the extent and nature of public or private participation in programs for public health. In England the National Insurance Act of 1946 and the National Insurance Industrial Injuries Act of 1946, enacted by the British Parliament, and which went effect in 1948, covering the whole population with contributory and compulsory health insurance, have attracted considerable attention in this country, some viewing such a comprehensive program with fears, others viewing it with hope. Some are fearful of a threat, phantom or otherwise, of "socialized medicine", and some are hopeful that such a program for this country will hasten the arrival of a blissful era entirely free of human diseases. Some "state's righters" while objecting to a "national" health program would encourage far-reaching health programs on the state level, allowing each state to set its own pace and standards. Some, however, object to any kind of government participation in health matters and would even prefer to see existing health programs, state or federal, entirely eliminated.

Between these extremes of fear and hope it may be possible to find a proper solution. It is this that intelligent legislators and citizens seek. One compromise may be the stepping up of local and state public health operations in order to preclude the possibility of federal or national intervention into the affairs of the states in superimposing national programs without regard to the particular conditions of the states. There may be, of course, other solutions which may in part appease both the hopes and fears of opponents and proponents.

Regardless of the opinions and motivation of those many persons who are now concerned with public health and public health legislation, whether interested in advancing an extreme form of "socialized medicine" or interested in maintaining the status quo of professional monopolies, or merely out of humanitarian motives only, there can be no adequate solution forthcoming on the problems of public health without much study of all the facts involved in these problems.

A necessary beginning for such studies is to ascertain what the existing facts are with regard to present legislation and present execution of health laws. The intent of this study is to examine into the present situation with regard to public health operations in the State of Nevada. The modest contribution which this study hopes to make, together with the collective efforts of many other studies being made or which may be made elsewhere, may lead toward realizable solutions for Nevada. The immediate intent of this study, however, is to ascertain the nature of present measures in Nevada as pertain to the organization, operations, administration, and finances of the Nevada State Department of Health. In seeking to achieve this intent the study is concerned only with facts as they may be found with regard to, and related to, the Nevada State Department of Health, and with such immediate and

pertinent recommendations as may be warranted and reasonably attainable.

DEFINITIONS OF TERMS USED

THE STATE BOARD OF HEALTH. The State Board of Health in Nevada is the plural executive body of the Nevada State Department of Health. The Board is composed of five members, including the Governor of Nevada who appoints the other four members, two of whom by law must be physicians, one a dental surgeon, and one a layman. The Legislature has declared the Board to be supreme in all health matters in the State, pursuant to the Act of March 27, 1911, as amended.

THE STATE HEALTH OFFICER. The State Health Officer, a physician, is appointed by the State Board of Health to serve as the Executive Secretary of the Board, as State Registrar of Vital Statistics, and as the agency director for the State Department of Health. He is not a member of the Board which he serves.

THE STATE DEPARTMENT OF HEALTH. The Nevada State Department of Health is composed of the State Board of Health, the State Health Officer, and the subordinate Divisions and sections which have been created either by statute or by the Board to carry out the responsibilities of the Board under law. The Department is organized into "Divisions" which are in turn composed of "sections".

ORGANIZATION. In this study the term "organization" refers to the structure and plan by which the relationships, hierarchy, and communications among the units of the State Department of Health are arranged, ordered, and established.

OPERATIONS. As used in this study the term "operations" refers to the performance of administrative and substantive functions, activities, and programs for which the Department is charged by law or lawful order to execute.

ADMINISTRATION. As generally used in this study the term "administration" refers to the management of the affairs and the supervision of the operations of the Department and the procedures used to accomplish such management and supervison.

FINANCES. The term "finances" in this study refers to such fiscal procedures as budgeting and accounting and to such matters as costs and estimated costs of operations and administration.

REVIEW OF SOURCES CONSULTED

There has never been any kind of an intensive study of the Nevada State Department of Health. The existing literature concerning the Department consists of the pertinent legislative enactments in the Statutes of Nevada, the unpublished minutes of the proceedings of the State Board of Health, the rules and regulations issued by the Department, newspaper and radio press releases, issued by the Department or as contained in Nevada newspapers, the biennial reports of the State Board of Health, the written opinions of the Attorney General with regard to the Department, pertinent court decisions, pertinent entries in the Journal of the Senate and in the Journal of the Assembly, and various fiscal and financial reports of such state officials as the Legislative auditor.

There are three general studies of the Nevada State Government which either contain small sections on the State Department of Health or which make references to it. These are (1) the Report of the State Survey Commission to the Governor and the Legislature, a study made by Dr. A. E. Buck and published in 1925 by the Reno Publishing Company; (2) A Survey of the Functions of the Offices, Departments, Institutions, and Agencies of the State of Nevada and What They Cost, Bulletin No. 1, Legislative Counsel Bureau, January 1947, a study by Frank Helmick, published by the Nevada State Printing Office; and (3) Administrative Reorganization for Effective Government Management in Nevada, Bulletin No. 4, Legislative Counsel Bureau, December 1948, which Dr. Albert Gorvine prepared for the Legislative Counsel Bureau and which the State Printing Office published. The "Gorvine Report" was later used as the basis for Gorvine's doctoral dissertation, The Governor and Administration, State of Nevada, New York University, March 1950.

Among the specialized references used in this study may be mentioned the mimeographed Program Review, Fiscal Year 1952, Nevada State Department of Health, undated, prepared by the Children's Bureau and the Public Health Service, Federal Security Agency, Region X; the mimeographed Central Nevada Drainage Basin, A

Cooperative Report on Water Pollution Control, prepared by W. W. White, Director, Division of Public Health Engineering, Nevada State Department of Health, in cooperation with the Federal Security Agency, June 1952; mineographed Report on Water Pollution Control, Lake Tahoe Watershed, prepared by W. W. White, February 1953; Report on Water Pollution Control, Northwestern Lahontan Basin, prepared by the U.S. Department of Health, Education, and Welfare in cooperation with the Nevada State Department of Health and the California Lahontan Regional Water Pollution Control Board, mimeographed, April 1953; the unpublished Nevada Public Health Plan prepared by the State Health Officer for the years 1954-1955 in compliance with requirements of the U.S. Department of Health, Education, and Welfare; and Nevada Hospital Plan, 5th annual revision, 1954-1955, prepared by Donald A. Baker in compliance with federal gram-in-aid provisions of Public Law 725 of the 79th Congress dated August 13, 1946.

This present study of the Nevada State Department of Health has not relied on many written or published materials other than as indicated above, but rather has relied heavily on the actual study of the Department in operation, by personal interviews, conferences, and consultations with Dr. Daniel J. Hurley, the State Health Officer; and the members of his staff, namely, as follows: Donald A. Baker, Hospital Services Consultant; Miss Lillian Bergevin, Fiscal Officer; Dr. L. R. Brigman, Director, Division of Preventive Medical Services; John Culnan, Health Educator; Dr. Martin S. Levine, State Clinical Psychologist and Director, Mental Hygiene Section; Dr. C. R. Locke, Tuberculosis Consultant; Dr. Omar Seifert, Director, Division of Dental Health; John J. Sullivan, Director, Vital Statistics Division; W. W. White, Director, Division of Public Health Engineering; and Mrs. Vera E. Young, Director, Division of Laboratories.

The State Police Power Over Public Health

There are no provisions in the Constitution of the State of Nevada explicitly providing for the health of the citizens of the State. Nor were there explicit provisions for public health in the Organic Law of the Territory of Nevada. However, the Constitution provides that the legislative authority of the State is vested in the Legislature of the State of Nevada; and the Organic Law of the Territory provided that "the legislative power of the Territory shall extend to all rightful subjects of legislation consistent with the Constitution of the United States and the provisions of this Act...."

As a state admitted on equal footing with other states of the federal union, the State of Nevada possesses the same residual and inherent powers as does any other State, including the original 13 States. The original 13 States, as sovereign states, possessed inherent powers. Upon associating together in a federal union they delegated certain specific powers to the new federal government which they created by the Constitution of the United States, as provided for by the state delegates at the Constitutional Convention in 1787, and as ratified by each of the original 13 States. Among the residual powers retained by the individual States, at the same time certain other powers were delegated to the federal government, is the State Police Power. It is an inherent and residual power never given up by the States nor delegated to the federal union. The State Police Power is the power of the States to restrict and regulate personal liberty and private property in order to protect the health, safety, morals, good order, convenience, and general welfare of all of the citizens of the State.

The State Health Police Power is, therefore, the authority of the sovereign state to regulate and provide for the health of the citizens. It is by virtue of the inherent police power of the State that the Legislature is empowered to exercise the power to provide health laws for the protection and improvement of public health, even to the extent of establishing quarantines and care, treatment, and confinement of unhealthy persons.

CHAPTER II

HISTORICAL REVIEW OF HEALTH LEGISLATION IN NEVADA

The Period of Public Health Pioneering, 1862-1913

Although the health police power is an attribute of the state government, it has been traditionally delegated to local governments by virtue of specific acts of the State Legislature pertaining to the authority of local governments, or in some cases by the silence of the Legislature. The Constitution of the State of Nevada makes the general provisions that "the legislature shall establish a system of county and township government, which shall be uniform throughout the state."

In some of the early acts to incorporate towns and cities, the Legislature neglected to provide specifically for local public health administration, but most of the early charter acts provided some such authority to enable local officials to make "such ordinances as may be necessary for the health of the inhabitants of the town" or to "establish a Board of Health to prevent the introdiction and spread of disease, to establish a city infirmary and provide for the indigent."

After the Territory of Nevada had been admitted to the federal union as a state there was still no apparent consistency in the town charter acts with respect to public health. By 1905, however, the Legislature had begun to provide extensive authority for public health in nearly all of the city charter acts, providing, for example, authority for the local boards of health to inspect food products, to make quarantine laws, to control infectious and contagious diseases, nuisances dangerous to life and health, unsafe buildings, stagnant and impure waters, trades and employment dangerous to public health, and authorized the building of a city hospital, the creation of a Board of Health, the appointment of a health officer, and provided the town council with authority to restrain persons with infectious or contagious diseases "until duly discharged" from the hospital.

So far as concerns the unincorporated towns and cities of the state, the Legislature by an act of 1879 granted a limited authority to the town authorities to levy and collect taxes for "sanitary purposes," and specified the procedures for doing so.

COUNTY RESPONSIBILITIES FOR PUBLIC HEALTH, 1862-1913

In 1865, the Legislature of the newly admitted State of Nevada re-established a board of county commissioners for each county. In defining the duties and powers of these boards the Legislature was silent with respect to public health. An amendment in 1881 empowered the county commissioners to give charity to sick persons. In another act of 1881, the legislature gave extensive powers to the boards of county commissioners over the towns and cities situated within their respective counties, including the power to establish and maintain local boards of health.

The legislature in 1905 passed an act creating a county board of health in each county, composed of the county physician, the county sheriff and the county commissioners.

INITIAL EFFORTS TOWARD STATE EXERCISE AND ADMINISTRATION OF STATE HEALTH POLICE POWER

The initial efforts of the state government toward a direct exercise of the health police power were feeble and limited. These efforts were limited merely to the objective of disease prevention.

The first territorial law providing for disease prevention was an act in 1862 authorizing the Governor to appoint "a graduate in medicine" as a vaccine agent to obtain "vaccine matter" from the federal government pursuant to the congressional act of 1813. In 1869 the Legislature prohibited the use of clothing and bedding that had been used by a person afflicted with small pox or other contagious disease. In 1879, the legislature enacted a law prohibiting the disinterment of a deceased person who had died of a "contagious or loathsome disease." In 1885, a new step was taken for the protection of public health by an act that required hygiene to be taught in the public schools. Other acts followed, in 1903 on quarantine, and in 1909 on the disposal of garbage and dead animals in unincorporated towns.

COORDINATING STATE AND LOCAL HEALTH PROGRAMS

The first signal effort under the health police power of the state to coordinate state and local health programs for public health occurred in 1893 when the State Legislature created the State Board of Health.

CREATION OF THE STATE BOARD OF HEALTH. This state agency came into existence in 1893 when the Legislature passed "An Act to prevent the spreading of contagious diseases and to establish a State Board of Health."

This act authorized the Governor to appoint "three reputable physicians, citizens of this state," as members of the newly authorized State Board of Health. The Board was empowered to appoint a secretary, "a reputable physician, resident of this state". The duties of the Board were "to take cognizance of the interests of life and health among the inhabitants of the State" and to make, or provide for making, investigation of the causes of diseases and epidemics, the means for preventing them, and the sources of mortality in the state. The act directed the Board to study "the effect of localities, employment, habits, and circumstances of life on public health", to consult with officers of local governments "with regard to the location, drainage, water supply, heating and ventilation of public building, and the drainage and sewerage of towns and cities."

The Legislature delegated to the Board authority to make and enforce public health regulations and directed sheriffs and other local police officers to assist in the enforcement of health laws and regulations.

An amendment of 1895 made the State Board of Health responsible for inspecting sheep, cattle, and horses for infectious diseases.

Between 1895 and 1911 the Legislature made little effort toward extending the exercise of state health police powers. In 1911 the Legislature re-created the State Board of Health, extending its powers and duties, specifying that the secretary of the board "shall keep a record of all vital statistics". It assigned to local health officers the responsibility for collection vital statistics, and for issuing burial permits. The act of 1905 which created the county boards of health also provided that they "shall act in conjunction with and under the supervision of the State Board of Health."

In 1913 an amendment required the keeping of vital statistics and required attending physicians to report communicable diseases.

THE STATE HYGIENIC LABORATORY. In 1909 the Legislature provided the first ancillary medical facility, other than the Nevada Hospital for Mental Diseases, for facilitating public health operations. In that year the State Hygienic Laboratory at the University of Nevada was authorized by the Legislature for medical research and the diagnosis of infectious diseases and for the free use of health officers.

CARE OF MENTALLY ILL PERSONS. Prior to 1881 the mentally ill persons of Nevada were cared for under contracts made by the Secretary of State with the Asylum for the Insane at Stockton, California, but no provision was made for the care of harmless mental patients. The legislative policy was that only those patients dangerous to themselves and to society should be confined. In 1881, after considerable preliminary groundwork for the establishment of a mental hospital, the legislature provided for the erection and management of an asylum to be built in Reno. Until 1893, mental patients were considered to be a public safely rather than a public health or medical problem, but in 1893, the Legislature changed its policy to allow harmless mental patients to be admitted to the asylum. Two years later, in accordance with this new policy, the legislature changed the name of the State Insane Asylum to that of Nevada Hospital for Mental Diseases. The institution continued to be under the direction of the Board of Commissioners for the Care of the Insane. This board, composed of the Governor, State Controller, and the State Treasurer had been reorganized in 1887.

FOOD PRODUCTS, DRUGS, AND WATER, 1879-1913. Consumer protection is an aspect of public health. In 1879, the Legislature prohibited adulteration of milk and traffic in impure milk. An act to prevent the adulteration of candy was enacted in 1879. In 1901, the Legislature created the State Board of Pharmacy, not only to regulate the practice of pharmacy, but also to investigate the dispensing of adulterated drugs and illegal poisons. The act was extensively revised in 1913. In 1903, the Legislature prohibited persons from dumping rubbish in Nevada lakes, streams, and ditches, the act being amended in 1907 and by three different amendments in 1909, chiefly for the purpose of clarifying the term "ditches".

The first significant pure food and drug act in Nevada followed similar legislation by the federal Congress. The publication of Upton Sinclair's popular novel, The Jungle, in 1906 awakened the need for reforms to protect American consumers from unsanitary meat and meat products. After an intensive campaign in the American press, President Theodore Roosevelt asked Congress for corrective legislation of Nevada responded to the public demand and enacted the first pure food and drug law in the state. In 1913, the act was amended authorizing the board of control of the Agricultural Experiment Station to appoint a commissioner to inspect foods and drugs.

LIVESTOCK QUARANTINE LAWS, 1887-1913. Like any other power of the state, the health police power may be perverted from providing general benefits for all of the people to providing special benefits for particular interests. Beginning in 1887, the Legislature of the State of Nevada became the center for political maneuvering between opposing pressure interests sponsored by the cattle and sheep men. The cattle men sought legislation that would, in effect, drive the sheep from the Nevada range. In turn, the sheep men quarreled among themselves, the land-owning sheep men seeking to drive the landless sheep men out of the state. For this purpose the landed sheep men and the cattle men cooperated together temporarily to ease the landless sheep men off the range. A series of state quarantine laws resulted, which together with discriminating tax laws, served the dual purpose of protecting the health of Nevada livestock and of driving the landless and out-of-state sheep raisers off the Nevada ranges. Some of these laws specifically exempted domestic sheep or sheep in the state for six months from the provision of the quarantine acts.

In 1887, the Legislature prohibited any person from bringing diseased domestic animals into the state. In 1891, the Legislature also prohibited butchers, merchants, and others from selling diseased poultry, fish, game, and other articles to the general public. In 1893, a specific act was enacted to prevent importing sheep into the state without first having the sheep inspected by a sheep inspector. In 1899, the law was strengthened by increasing the power of sheep inspectors. Acts of 1891 and 1895 authorized the State Board of Health to employ a veterinary surgeon to inspect livestock and issue certificates of health before such livestock could be brought into the state. In 1899, the Legislature authorized the Governor to appoint a livestock inspector. An act of 1905 providing for the appointment of a state veterinarian was repealed in 1913 by "An Act providing for the better prevention, control and extermination of infectious, contagious, and destructive diseases, parasites and insect pests, affecting animals, poultry, bees or agricultural or horticultural plants, trees, or shrubs, injurious to any industry in the state....." In 1907, the Legislature created the State Board of Sheep Commissioners. In 1913, it enacted an act to prevent diseases among apiaries. In that same year, the Legislature created the position of State Quarantine Officer.

The Intermediate Period, Moving Toward Modernity, 1915-1941

In the broad sense of the meaning of public health, the legislation on public health during the period 1915-1941 included a variety of provisions both within and outside of the jurisdiction of the state and local health boards. During this period occurred the reorganization of the State Board of Health, and the assignment to it of increased responsibilities. Together the State Health Officer and the State Board of Health became the State Department of Health. New responsibilities were assigned to it and former responsibilities were clarified. There was legislation on the control and prevention of diseases and on sanitation. In the public health programs beyond the jurisdiction of the State Department of Health, the Legislature continued to provide for agrarian quarantine laws, consumer protection from impure foods and dangerous drugs, care of the mentally ill, and for the establishment of county hospitals.

THE STATE BOARD AND DEPARTMENT OF HEALTH, 1915-1941

The most significant act of this period was the amendment in 1919 to the act of 1911 which had reconstituted the State Board of Health and the act of 1939 which again reconstituted the State Board of Health. The 1919 amendment changed the composition of the Board to include the Governor and the Secretary of State and three graduate physicians with an M. D. degree. In 1939, the membership of the five-man Board was changed to include the Governor, two doctors of medicine and one doctor of dental surgery, the professional members all to be licensed practitioners in the State of Nevada for at least five years. The 1919 act provided for one of the members of the Board to be the State Health Officer. The 1939 act authorized the State Board of Health, with the approval of the Governor, to appoint a State Health Officer, a physician with the M. D. degree and a resident of the State of Nevada for five years preceding his appointment, licensed to practice in Nevada, with at least one year of post-graduate training in public health or three years experience as a public health official.

The 1919 amendment provided for the organization and authority of the local Boards of Health, for the appointment of local health officers, the collection and reporting of vital statistics, and designated the State Hygienic Laboratory of the State University as the official laboratory of the State Board of Health. It repealed the acts of 1887, 1903, 1905, 1911, and 1913. Another act of 1919 provided for the registration of all births and deaths in Nevada, specifically assigning this responsibility to the State Board of Health.

The 1939 statutes declared the State Board of Health and the State Health Officer together to be the

State Department of Health, and declared the Board to be supreme in all health matters, with "general supervision over all matters relating to the preservation of the health and life of citizens of the state and over the work of the state health officer and all local (district, county, and city) health departments, boards of health, and health officers." This act also designated the State Department of Health to be the agency to cooperate with the federal authorities in the federal grant-in-aid programs for maternal and child health services, treatment of crippled children and for the general promotion of health. The act also authorized the creation of health districts composed of two or more counties. An amendment in 1941 prescribed procedures for making, and required the execution of, certificates of death and stillbirth, the filing of birth certificates, but required proper sequestration. The amendment also required attending physicians and midwives to cause serological tests for syphilis to be made for pregnant women.

In 1917, the Legislature made the State Board of Health responsible for supervising the examination, by public school teachers, of school chindren for defective vision, hearing and teeth, and mouth breathing.

In 1923, the legislature created a child welfare division in the State Board of Health, consisting of five members appointed by the Governor, to receive grant-in-aid benefits from the federal government, but the act was repealed in 1929.

An act regulating the sanitation and ventilation of road camps was enacted into law in 1923, to be administered by the State Board of Health.

In 1931, the Legislature directed the State Board of Health to regulate the construction of mausoleums, vaults and crypts, and as amended in 1933, provided standards for the permanent entombment of human bodies.

In 1933, the Uniform Narcotic Drug Act was enacted prohibiting the unlawful use or possession of narcotic drugs and establishing the regulations for the lawful use of such drugs. The act was amended in 1935. The Uniform Narcotic Drug Act of 1937 required the State Board of Health to administer certain provisions of the act, such as issuing licenses to possess or use narcotic drugs, prescribing the forms of records to be kept by commercial and professional handlers, and enforcing the law, along with all peace officers.

The State Board of Health was assigned responsibilities in 1935 for supervising the sanitation of swimming pools, for prescribing methods for sterilizing used bedding, and for issuing food handlers' health certificates. In 1937 the requirement for food handlers' health certificates was repealed, but other responsibilities were assigned to the Board. The Board was assigned the responsibility for administering aid to crippled children and for providing maternal and child health services pursuant to the grant-in-aid provisions of the federal Social Security Act.

OTHER PUBLIC HEALTH LEGISLATION, 1915-1941.

During the period 1915-1941 public health legislation other than that prescribing responsibilities of the State Board or Department of Health included legislation on rabies, treatment of newborn infants, an occupational disease survey, distribution of antitoxin, sanitation, consumer protection, care of the mentally ill, hospitals, and agrarian quarantine provisions.

RABIES. In 1921, the Legislature created the State Rabies Commission and the county rabies board, by an act which was amended in 1923. In 1953, the Legislature repealed this act.

TREATMENT OF NEWBORN INFANTS. In an act of 1921, the Legislature required attending physicians and midwives to instill in the eyes of new born infants "some germicide of proven efficiency" to prevent blindness from opthalmia neonatorum.

OCCUPATIONAL DISEASE SURVEY. The Legislature authorized the Nevada Industrial Commission to make a survey of occupational diseases in the state in 1925.

DIPTHERIA ANTITOXIN. In 1927 the Legislature provided for the appointment of agents to distribute diptheria antitoxin in each county of the state.

SANITATION. The Legislature prescribed sanitary standards in 1915 for hotels and lodging houses, to be enforced by the Food and Drug Commissioner. The earlier acts pertaining to water pollution were amended in 1915 to prohibit the discharge of cyanide or other poisons in Nevada streams; the 1917 Legislature amended an act of 1908 with respect to the licensing of embalmers and providing sanitary measures for the transportation of dead bodies. The same session of the Legislature also prescribed sanitary standards for barber shops. An act of 1925 prohibited throwing dead animals, garbage and other refuse on public highways. In 1927 legislation provided sanitary standards for slaughterhouses, in 1929 and 1931 for barber shops, and in 1931 for burial vaults and crypts.

CONSUMER PROTECTION. Legislation for consumer protection during the period 1915-1941 included pure food and drug laws. In general, the responsibilities for the administration and enforcement of these laws were divided between the Food and Drug Commissioner and the State Board of Pharmacy.

The pure food laws included prohibitions on the sale of impure butter and ice cream (1917), standards of butterfat content for cream (1917), definitions of adulterated foods and drugs (act of 1909 as amended in 1917), standardization of testing equipment and methods in creameries (1921), standardizing the grading and labeling of eggs (1927), and providing standards for ice cream (1931).

In 1931 the State Quarantine Officer was placed in charge of enforcing laws on the standards and grading of eggs. Also in 1931 the Commissioner of Food and Drugs was made responsible for enforcing the sanitary and purity laws concerning the manufacture and sale of ice cream. The Nevada Food, Drug, and Cosmetic Act of 1931 made him also responsible for enforcing the provisions of that act to prevent the manufacture, sale, and false advertising of adulterated, misbranded, or deleterious foods, drugs, devices, and cosmetics in Nevada.

Other laws pertaining to drugs included the regulation of traffic in poisons and narcotic drugs (1917), prohibitions against the advertising, manufacture, and sale of cures for venereal diseases and sexual weakness (1921), regulations for the use and possession of narcotic drugs (1923 and 1931), regulations for the distribution and sale of caustic or corrosive acids and alkalies and the proper branding of poisons (1925), and authorization for the State Board of Pharmacy to permit general rural dealers to sell certain medicines under conditions that do not justify employing a registered pharmacist (1925).

The act of 1913, as amended in 1915, 1917, and 1921, pertaining to the dispensing of drugs and poisons, was further amended in 1931, 1935, and 1941. As amended, the act enumerated the drugs and poisons controlled by the act, prescribed the form of records to be kept, provided regulations for filling prescriptions and for the restrictions and exemptions as to the sale of such drugs. The responsibility for its enforcement rested with the State Board of Pharmacy with which the Commissioner for Food and Drugs was directed to cooperate. The current food and drug act now enforced is the act of 1939.

CARE OF THE MENTALLY ILL. Legislation on the care of the mentally ill, between 1915 and 1941, was chiefly concerned with commitment procedures; the authority and powers of the Superintendent of the Nevada State Hospital for Mental Diseases; care of feeble-minded persons, including minors, at the state hospital; fiscal and financial provisions; building improvements; and the legal capacity of the insane. In 1923 the Legislature provided for the employment of a resident physician to serve as general superintendent of the institution.

COUNTY HOSPITALS. In some of the town and city charter acts the Legislature had authorized the establishment of hospitals. In 1923, however, the Legislature provided authority and procedures for the counties to establish public hospitals. In 1929 the act was repealed in favor of a new act for the same purpose. In 1931 and 1937 the act was amended, changing procedures, and also providing for the appointment and election of hospital trustees, and providing for bond elections, etc. An act in 1941 provided procedures for the payment of charges made to paying patients in the county hospitals, and another act in 1941 extended hospital privileges to residents of other counties.

AGRARIAN QUARANTINE LAWS. Most of the agrarian quarantine laws made for the inspection and quarantine of sheep and other livestock, including bees, during the period of 1915 and 1941 were enacted between 1915 and 1923. The Legislature also provided numerous laws for preventing and controlling diseases of agricultural and horticultural products. There is a mass of legislation pertaining to the inspection and quarantine of livestock and other agricultural produce and products. During this period the Board of Sheep Commissioners continued as an independent commission. In 1915 most of the responsibilities for the inspection and quarantine of livestock were transfered from the county governments to the state government, by an act that created the State Board of Stock Commissioners. The State Quarantine Officer, who was also the director of the State Veterinary Control Service created in 1915, was the officer on whom most of the responsibility for agrarian quarantine operations rested.

With respect to the control and suppression of rabies, the Legislature in 1921 had created the State Rabies Commission, composed of the Governor and four other members appointed by him to include the Director of the Veterinary Control Service, one member each from the Board of Sheep Commissioners, and the Board of Stock Commissioners and one member from the State Board of Health. This same act also provided for county rabies boards. In 1923 the Legislature replaced the member of the Commission from the State Board of Health with the Director of the State Hygienic Laboratory. The new act of 1923 continued the authorization of the Commission to cooperate with Bureau of Biological Survey of the United States Department of Agriculture for the control and eradication of rabies and predatory and noxious animals. The act was repealed in 1953, since rabies no longer constituted a problem in Nevada.

CHAPTER III

A PROGRESSIVE ERA OF HEALTH LEGISLATION IN NEVADA, 1943-1953

The State Department of Health

THE STATE HEALTH OFFICER.

In 1943 the Legislature, in an amendment to the act of 1911, continued to empower the State Board of Health to appoint the State Health Officer with the approval of the Governor. The Legislature required that the Health Officer shall be "a physician having the degree of doctor of medicine", "a resident of Nevada for at least five years preceding the date of his appointment", licensed to practice medicine in Nevada, and with "at least one year's post-graduate training in public health or at least three years experience as a public health official." He may be removed by the unanimous consent of the Board.

In 1945 another amendment authorized the merit system for filling all positions in the department of health, with the exception of the State Health Officer and professional persons employed part time.

ORGANIZATION OF THE STATE DEPARTMENT OF HEALTH.

The Legislature in a 1947 amendment to the act of 1911 specified that the State Department of Health is to be organized to include not only a Division of Vital Statistics, a Division of Public Health Engineering, a Division of Laboratories, but also a new Division of Preventive Medical Services; and also authorized the State Board of Health to create other divisions. It specified that division directors are to be specially trained or experienced.

STATE HYGIENIC LABORATORY.

In 1939 and 1945 the Legislature re-defined the purposes of the State Hygienic Laboratory, directed that the State Department of Health is to maintain it and authorized the Department to estabish branch laboratories as necessary.

COUNTY BOARDS OF HEALTH.

In 1947 the Legislature continued the provisions of the 1945 amendment to the act of 1911 as to the composition of county boards of health. The amendment provided for each county to establish a county board of health composed of the board of county commissioners, the sheriff, and the local health officer who is to be chairman and the county clerk who is to be clerk of the board.

PROGRAMS OF THE STATE DEPARTMENT OF HEALTH.

The major programs of the State Department of Health as specifically provided for in legislation between 1943 and 1953 included the collection of vital statistics, water pollution control, sanitation, dental health, disease control, and regulation of hospitals.

VITAL STATISTICS. In 1943 the Legislature required that substantial proofs be submitted with an application for a delayed birth certificate, amending the act of 1911, as amended. In 1943 the Legislature amended the act of 1929 to require all moneys and fees collected for registration of birth and death certificates to be deposited with the State Treasurer for the general fund. In 1945 the Legislature again continued the amendment to the act of 1929 which required the State Registrar of Vital Statistics to supply birth statements to parents free of charge when such statements are required by their children for school or employment. The amendment also required the Registrar to charge 50¢ for each certified copy of a birth or death certificate furnished.

SANITATION. Sanitation laws included legislation on the inspection and licensing of food establishments and hotels, regulation of the sale of used bedding, inspection of state institutions and regulation of burials of deceased persons.

Inspection of Food Establishments. A law in 1943 required the State Department of Health to inspect food establishments, broadly defining the term "food establishments." The act granted to the State Health Officer power to adopt an interpretive code on sampling and condemning food products, on regulating the control of infectious diseases in food handlers, regulating the inspection and grading of food establishments and setting standards of sanitation. The act authorized the State Health Officer to issue or revoke permits to operate food establishments, and provided detailed requirements and prohibitions on sanitation of food establishments.

Hotels. An act in 1945, broadly defining "hotels", made the State Health Officer responsible for supervising the sanitation and ventilation of hotels in accordance with the standards of the act.

State Institutions. The act of 1945 which required the State Health Officer to supervise the sanitation of state institutions was amended in 1947 to include his supervision of the sanitation of public schools.

Sale of Used Bedding. In 1945 an amendment to an act of 1935 on the sale of used bedding, made the State Health Officer responsible for enforcing regulations on used bedding.

Burials. In 1951 an amendment to an act of 1933 on burials and cemeteries continued to require the directors of cemetery corporations to create and keep a maintenance fund, the amount of the fund to be determined by the State Board of Health.

Water Pollution Control. In 1949 the Legislature designated the State Board of Health to be the agency to cooperate with the Federal Security Agency and the Surgeon General of the Public Health Service pursuant to the federal Water Pollution Control Act of 1948. In 1949, also, the Legislature authorized the State Board of Health to enforce sanitary laws governing the Lake Tahoe watershed area and to grant or withhold permission for the construction of dwellings, disposal of sewage, and procurement of drinking water, in the watershed.

DISEASE CONTROL. In 1943 the Legislature appropriated $2,000 for the support of a Venereal Disease Division of the State Board of Health created in 1929, in cooperation with the federal government. It also appropriated $9,500 as a supplemental appropriation for the support of the Crippled Children Service Division of the State Board of Health for control of rheumatic fever and aid to crippled children, in cooperation with the Children's Bureau of the Federal Security Agency, now the Department of Health, Education, and Welfare. The appropriation was increased in 1949 and 1951.

In 1945 the Legislature provided for payment of grants to each county maintaining a facility for the treatment of persons with tuberculosis as approved by the State Department of Health. In 1947 this act was repealed in favor of a similar act granting authority to the State Board of Health to formulate policies and rules for carrying out the grant provisions, and providing for grants to hospitals for the care of needy tuberculosis patients. The act was amended in 1949 as to financial procedures, the payments to be made to each county rather than to each county hospital. A 1953 amendment restricted payment of grants only to counties that comply with the residence requirements of the State Board of Health with regard to patients. These appropriations increased from $10,000 in 1943 to $140,000 in 1953.

The act of 1911 was amended in 1951 to require persons in charge of hosptals and similar institutions, public or private, to keep records on all inmates and patients, required physicians to report certain contagious diseases and to establish quarantines on persons and premises afflicted with certain diseases. The act was again amended in 1953 to authorize the State Board of Health to promulgate rules and regulations on the reporting of diseases and requiring local health officers to establish isolation and quarantines in certain cases.

HOSPITALS. In 1943 the act of 1929 pertaining to couty hospitals, as amended in 1937, clarified and broadened the powers and responsibilities of boards of hospital trustees. The Legislature also authorized county commissioners to impose a limited tax for the county public hospital, upon request of the trustees, amending an act of 1931. The 1929 act was also amended in 1943 and 1949 to provide procedures for county commissioners to establish county hospitals and for levying taxes and issuing bonds for such a purpose; it was again amended in 1953 as to appointment of hospital trustees and as to procedures for the establishment of county hospitals.

In 1945 the State Board of Health was empowered to regulate, inspect, and license maternity homes and maternity hospitals.

In 1949 the Legislature authorized tax exemptions for the Carson-Tahoe Hospital, a private hospital, This policy of granting tax exemptions to private hospitals helps to provide incentives for the establishments of such hospitals.

The Nevada Hospital Survey and Construction Act of 1949 authorized the State Board of Health, in cooperation with an Advisory Hospital Council appointed by the Governor, to conduct a survey of the need for hospital facilities in the state with the long-range view of future hospital construction programs pursuant to the grant-in-aid provisions of the federal government's Hospital Survey and Construction Act of 1946. The Nevada act, defining hospitals in a broad sense, required that the State Board of Health prepare and submit a plan for hospital construction to the surgeon general of the United States Public Health Service. The act also authorized the State Department of Health to establish the standards for the construction of hospitals, and to receive applications for hospital construction from local governments and public and non-profit agencies.

In 1951 the Legislature required that all hospitals in the state be licensed by the State Department of Health; and authorized the Department to inspect, adopt regulations and standards for hospitals, and to grant and withhold licenses. This act also authorized the Governor to appoint an Hospital Advisory Council composed of the State Health Officer, three hospital superintendents, one graduate nurse, one medical doctor, one doctor of osteopathy, and one non-professional member.

DENTAL HEALTH. In 1951 the Legislature appropriated $25,000 for the Division of Dental Health in the State Department of Health, to cooperate with the dental health program of the Federal Security Agency.

Public Health Legislation Other Than on the Department of Health

MENTAL HEALTH.

In 1945 the Legislature appropriated additional money for construction purposes at the Nevada State Hospital, re-created the Board of Commissioners for the Care of Indigent Insane, authorized the Board to elect a medical doctor with psychiatric experience to be superintendent of the hospital, and eliminated fees charged by county officials in proceedings to restore persons to the legal status of sanity. In 1947 the Legislature defined "mentally ill" persons, outlined procedures for the admittance and commitment of mentally ill persons to the State Hospital, and authorized the rebuilding of a residence for the superintendent which had been destroyed by fire. In 1949 the Legislature authorized the state hospital to care for voluntarily admitted mentally ill persons not legally adjudged to be insane, authorized the temporary commitment and admission of dipsomaniacs and drug addicts, and revised commitment and admission procedures. This act repealed the act of 1947. Another act of 1949 increased the authority and powers of the superintendent of the hospital, especially as to parole of patients and repatriation of non-resident patients. In 1951 the Legislature made an appropriation for the construction of a new male ward at the hospital.

In 1950 the Nevada Legislative Counsel Bureau published its findings on the survey of the facilities, operations, and organization of the State Hospital in a detailed report, with recommendations, entitled Survey of the Nevada Hospital for Mental Diseases. As a result of this study, the Legislature in 1951 enacted the most comprehensive provisions in the history of the state for the care of mentally ill persons. This act provided for the administration, organization, and operations of the State Hospital, officially changed the name of the institution from "Nevada Hospital for Mental Disease" to "Nevada State Hospital," created an advisory board, broadened the powers of the Superintendent, and provided for professional and technical personnel to be employed. This act also included within it the legal procedures for commitment and admission, and habeas corpus proceedings, etc. It repealed the acts of 1881, 1921, 1923, 1925, 1931, 1949 and all other acts and parts of acts in conflict with its provisions. In 1953 the Legislature amended the act to provide additional powers and responsibilities for the superintendent, temporary commitments, admission of uneducable minor children, and discharge procedures for cured indigent persons.

CONSUMER PROTECTION.

In 1945 the Legislature designated the Commissioner of Food and Drugs as the ex officio Sealer of Weights and Measures. In 1947 the Legislature defined standards of quality for ice cream. In 1951 the Legislature amended the act of 1921 with respect to the powers of the Commissioner of Food and Drugs, authorizing him, upon complaint of a licensed milk producer, to investigate and re-test dairy products tested by licensed milk testers.

In 1947 the Legislature amended the act of 1913 regulating the practice of pharmacy, continuing to authorize the State Board of Pharmacy to issue permits for the sale of household remedies in rural districts by general dealers and to issue licenses for the sale of drugs. The State Board of Pharmacy was designated to enforce the act. In 1949 the act was amended to restrict the sale of drugs by unauthorized dealers, and was further amended in 1951 as to the powers of the State Board of Pharmacy to regulate the practice of pharmacy, the sale of poisons, and the certification of pharmacists. The powers of the Board were still further clarified and broadened by another amendment in 1953.

OCCUPATIONAL DISEASES.

The Nevada Occupational Disease Act was passed in 1947, in conjunction with the Nevada Industrial Insurance Act of that year, strictly defining occupational disease, including anthrax, glanders, chemical poisonings, compressed air illness, bursitis and silicosis, and providing limited insurance compensation for these occupational diseases. These acts designated the Nevada Industrial Commission to administer their provisions. The Occupational Disease Act was amended in 1949, 1951, and 1953.

BARBERS.

The 1947 Legislature amended the act creating the State Board of Barber Health and Sanitation. The Board was empowered to examine the qualifications of barbers, and to inspect and prescribe sanitary requirements for barbershops.

AGRARIAN QUARANTINE LAWS.

In 1943, 1945, and 1947 the Legislature appropriated funds to the State Board of Stock Commissioners for the control and eradication of tuberculosis, brucellosis and other diseases of livestock communicable to human beings, in cooperation with the United States Bureau of Animal Industry.

The act of 1915 which had created the State Board of Stock Commissioners was amended in 1949 to broaden the powers of the Board for controlling infectious livestock diseases menacing public health.

In 1945 the Legislature amended acts of 1929 and 1941 relating to the power of the State Quarantine Officer to control noxious weeds and plant diseases.

In 1945 the Legislature amended the act of 1919 concerning the State Board of Sheep Commissioners, as to its composition and appointment of members, and as to its powers to inspect, quarantine and compel the cleaning of corrals and slaughterhouses and the disinfecting of sheep and buildings.

CHAPTER IV

STATE, LOCAL, AND FEDERAL AGENCIES CONCERNED WITH PUBLIC HEALTH IN NEVADA

The State of Nevada maintains under its health police and other state powers the following general programs involving public health: (1) Agrarian, (2) Consumer Protection, (3) Insurance, (4) Professional and Vocational Examination and Certification, (5) Professional Education and Training, (6) State Hospitals, Hospital Construction and ancillary facilities, (7) Sanitation, (8) and Water Pollution Control.

In addition to those programs carried out directly by state officers, agencies, and operations, there are also local governmental aspects and federal governmental aspects of public health. The local governmental aspects are carried out pursuant to authority delegated by the state to the local governments. These aspects include chiefly (1) County Boards of Health, (2) County Physicians or Health Officers, (3) Coroner system, (4) County Hospitals, and (5) County sanitary boards. The federal governmental aspects owing to the absence of federal consitutional police powers, are chiefly carried out by means of legislation involving grant-in-aid provisions for federal grants of money made to the state, providing the state legislature accepts the grants of money and meets the federal government's conditions and terms. Federal governmental aspects also apply in certain cases involving interstate commerce, such as in the case if the federal pure food and drug laws.

State Aspects and Programs on Public Health

AGRARIAN ASPECTS OF PUBLIC HEALTH.

The State Department of Agriculture, The State Board of Sheep Commissioners and the State University of Nevada are concerned with the public health aspects of livestock, agriculture, and related agrarian fields.

The Division of Animal Industry is concerned with diseases of livestock, immunization, inspection, and quarantine of livestock and other preventative and control measures. The Division of Plant Industry is concerned with plan quarantine activity and weed and insect control. The Apiary Commission is concerned with disease prevention and control in bees. The State Department of Agriculture is the same as the State Board of Stock Commissioners.

The State Board of Sheep Commissioners is an agency established by the Legislature to enable the sheep industry to police itself, principally for the control of communicable diseases in sheep.

The State University of Nevada is concerned with livestock and plant diseases and quarantines, not only through College of Agriculture, the School of Home Economics and the Agricultural Experiment Station, but more particularly through its Public Service Divisions. Included within the Public Service Divisions are the Office of the State Food and Drug Commissioner, who is also the Commissioner of Weights and Measures (in the Department of Food and Drugs and Weights and Measures), and the State Veterinary Control Service. The Director of the State Veterinary Control Service in 1915 was also designated as the State Quarantine Officer. The State Veterinary Control Service maintains laboratory facilities for testing livestock and poultry and dairy products. The laboratory is the official laboratory for the State Department of Agriculture, but its services are also available to all veterinarians and the public for examination of domestic and game animals suspected of having infectious diseases or parasites.

CONSUMER PROTECTION.

The Public Service Divisions of the University of Nevada and the State Board of Pharmacy are concerned with the protection of public health by protecting consumers from harmful foods, drugs, or devices and cosmetics.

As with the agrarian aspects of public health, the Director of the Veterinary Control Service and the Commissioner of Food and Drugs and Weights and Measures are concerned with consumer protection.

The Veterinary Control Service, for example, makes certain limited laboratory tests and analyses of milk, cattle and poultry, and enforces the grading and standardization of eggs and performs related functions.

The Commissioner of Food and Drugs and the State Sealer for Weights and Measures enforces the Nevada food and drug laws, maintains a laboratory for examining food and drug samples for adulterated and misbranded products and for quality of food products, etc., including butter fat content of milk. He also enforces the laws for standard weights and measures for the protection of the consuming public.

The State Board of Pharmacy performs two major functions, one the examination and registration of pharmacists, the other the enforcement of laws regulating the sale of harmful drugs and poisons.

INSURANCE ASPECTS OF PUBLIC HEALTH.

The State Industrial Commission performs the only insurance functions relating to public health in the State of Nevada. These functions are limited to certain specified occupational disease only. These functions are performed pursuant to the Occupational Disease Act of 1947, as amended in 1949, 1951, and 1953.

PROFESSIONAL AND VOCATIONAL EXAMINING BOARDS.

There are fourteen separate and independent professional and vocational examination boards in Nevada. While they are directly concerned, not only with the professional and vocational qualifications of practitioners and operators, but also with certain functions for the protections of public health, they are not officially related with the State Department of Public Health. These boards are as follows: (1) Barbers Health and Sanitation Board, (2) Board of Examiners in Basic Scineces, (3) State Board of Chiropractic Examiners, (4) State Board of Chiropody, (5) State Board of Cosmetology, (6) State Board of Dental Examiners, (7) State Board of Embalmers, (8) State Board of Medical Examiners, (9) Board of Dispensing Opticians, (10) State Board of Optometry, (11) State Board of Osteopathy, (12) State Board of Pharmacy, (13) State Board of Nurse Examiners, and (14) the Board of Veterinary Medical Examiners.

PROFESSIONAL EDUCATION AND TRAINING RELATED TO PUBLIC HEALTH.

There are at present, no facilities in the State of Nevada for the professional training of students in the medical arts and sciences. The State University of Nevada, however, does have curricula for pre-medical, pre-dental, pre-veterinary medical, pre-nursing and pre-medical technologist training. Nevada students who desire professional degrees of doctor of medicine, doctor of dental surgery, doctor of veterinary medicine, and bachelor or advanced degrees in nursing and medical technology must go to other states.

While ther are 22 county and private hospitals in the state, none of them has a program for training nurses for the registered nurse certificate. Many of them do, however, have programs for training nurse aids or pra ctical nurses. The state law of 1929, as amended, which authorizes the establishment of county hospitals, also authorizes counties to maintain, in conjunction with the county hospitals, schools for nursing, but none, so far, has taken advantage of the authorization. A law in 1947, amended in 1949, on professional nursing, authorizes the State Board of Nurse Examiners to accredit schools of nursing in the state where the curricula meets the standards provided for in the law.

HOSPITALS, HOSPITAL CONSTRUCTION, AND ANCILLARY FACILITIES.

There is but one hospital maintained and operated by the state, the Nevada State Hospital, which is exclusively for the care and treatment of mentally ill persons. Since the State University of Nevada maintains no medical, nursing or related schools, there is no state general hospital maintained in connection with the university as is done in most states. The University does maintain, however, infirmary facilities for the care of its students.

There is a total of 22 county and private hospitals in the state, with a total bed capacity of 1,111. The hospital with the largest bed-capacity is the Washoe Medical Center in Reno with 238 beds. The smallest is an individual proprietary hospital at Wells with two beds. The mean average bed-capacity of each in the state is 50.46 beds. The two oldest private hospitals in the state are St. Mary's Hospital in Reno with 125 beds, and Steptoe Valley Hospital in East Ely, with 30 beds, both established in 1907. The newest hospital, also a private institution, is the Carson-Tahoe Hospital, established in 1949, with 28 beds. The oldest county hospital is the Washoe Medical Center, with 238 beds, established in 1862.

In addition to these hospitals there are also 12 related institutions, e. g., rest homes, convalescent homes, and nursing homes, with a total bed capacity of 142; these related institution are privately operated with the exception of the Eureka County Nursing Home and the Lander County Nursing Home.

In 1945 the Legislature empowered the State Board of Health to inspect, regulate, and license maternity homes and maternity hospitals. Since 1951, the Legislature required that the State Department of Health inspect, regulate, and license all hospitals in the state, with the exception of the Nevada State Hospital, which, according to an opinion of the Attorney General, is not licensable. A Hospital Advisory Council (For licensing) assists the State Health Officer in administering the license provisions of the law.

The State Department of Health is also charged with carrying out the provisions of the Nevada Hospital Survey and Construction Act of 1949, for surveying state hospital needs, establishing hospital standards and receiving applications for hospital construction pursuant to the state act and the federal act granting aid to the state for hospital construction.

As for ancillary medical facilities, the state maintains the State Hygienic Laboratory, the Veterinary Control laboratory, and the Food and Drugs Control Laboratory.

The State Hygienic Laboratory, under the jurisdiction of the Division of Laboratories of the State Department of Health, includes the main laboratory at Reno and a branch laboratory in Las Vegas. The laboratories make bacteriological examinations of water and milk, bacteriological analyses of stream pollution, diagnosis of specimens and cultures for tuberculosis, and serological tests for syphilis. The branch laboratory in Las Vegas is operated in conjunction with the Las Vegas-Clark County Health Department. These laboratories serve the State Hospital, the Indian Agency, the Nevada State Prison, the Veterans Administration, the Washoe General Hospital, the County Prenatal Clinic and the V. D. Clinic, as well as private physicians.

The Veterinary Control Laboratory makes examinations of livestock and animal products for infectious and contagious diseases. The Food and Drugs Laboratory makes analyses of food, cosmetic and drug samples, to detect the presence of adulterants and contaminating material, and makes mineral analyses of water. Both of these laboratories are a part of the Public Services Division of the University of Nevada.

SANITATION.

Other than the activities and programs of the county and district sanitation boards, the activities in the state for the promotion of sanitary measures are conducted by the State Department of Health and, for certain specialized aspects, by the Department of Agriculture, the Board of Sheep Commissioners, and the Barbers Health and Sanitation Board.

The State Department of Health is, by far, the most concerned with the enforcement of sanitary laws and regulations. Its jurisdiction includes the inspection and supervision of sanitary standards in auto camps, bath-houses, swimming pools, construction camps, dance halls, food establishments and creameries, state institutions and schools, mausoleums and cemeteries, privies, nudist colonies, maternity homes, hospitals, etc. It is also concerned with waste disposal facilities, meat handling, fumigation, quarantines, milk inspection, burial of the dead, wells and water supplies, and used bedding.

The Board of Sheep Commissioners is exclusively concerned with the inspection and disinfecting of sheep, sheep corrals, quarantines, etc.

The Department of Agriculture is concerned with sanitation with respect to livestock and livestock and crop production.

It is interesting to note that, at the present time, the State Board of Stock Commissioners also does business in the capacity of the State Department of Agriculture and that the Executive Officer of the State Board of Agriculture is the same appointee who is also the Director of the Veterinary Control Service and the State Quarantine Officer.

WATER POLLUTION CONTROL.

The State Department of Health is directly concerned with water pollution control. The State Engineer is indirectly concerned by reason of his jurisdiction over water supply, distribution, and conservation in the state. The Attorney General is charged with the responsibility of instituting legal action against persons, municipalities, and associations polluting public waters.

Local Governmental Aspects of Public Health

THE CORONER SYSTEM.

In each township in the state, the justice of the peace, elected by the voters of the township, serves in the capacity of an ex officio coroner. While the duties of the coroner are partially legal and partially police, and partially medical, including such functions as investigating and certifying the cause of death, the coroner is not concerned with the aspects of public health as to the disposition of the remains of the deceased person. Such aspects of public health on the level of local government devolve upon the local or county health officer.

LOCAL HEALTH OFFICERS AND LOCAL BOARDS OF HEALTH.

First and second class cities are required to establish by ordinance city boards of health. Third class cities may do so if they wish. The city board of health is to be composed of three members appointed by the city mayor. One member must be "learned in sanitary science and public health practice and experienced in the diagnosis of infectious diseases". He is designated as the city health officer and executive of the board. The duties of the city board of health include overseeing all sanitary conditions in the city, making rules and regulations for the prevention, suppression, and control of infectious diseases, and abating nuisances. The board may also establish a temporary isolation hospital and quarantine and disinfect infected persons and may

also appoint local quarantine officers. Incorporated cities, however, may abolish their local boards of health in order to be included in a county or district health department.

In each county, the county commissioners are required to establish a county board of health, consisting of the board of county commissioners, the sheriff and the local health officer of the county, as its chairman, and the county clerk as its clerk. Two or more counties, with the approval of the State Board of Health, may form a health district in order to employ in common between them a district board of health.

Each local health officer is charged with the enforcement of local health laws and state health laws and regulations under the supervision and direction of the State Board of Health. His duties include, among others, the prevention and control of infectious diseases, and epidemics, in accordance with the rules and regulations of the State Board of Health; enforcing quarantine and disinfection laws; collecting vital statistics; issuing permits for the burial, removal, and other disposition of deceased persons; and enforcing sanitary laws.

COUNTY HOSPITALS.

Chapter 258 of the Statutes of Nevada 1953, establishes the procedure for each county to establish a county hospital. The law provides for petitioning the county board of commissioners, by 30% of the taxpayers of the county to call for submitting the question to the voters at the next following general election, or 50% of the taxpayers to call for a special election; and provides for expansion of hospital facilities; for taxation to meet the expenses of building and maintaining the hospital and for the issuing of bonds. This act is an amendment to the act of 1929.

Pursuant to the provisions of the act of 1929, as amended, there have been fifteen hospitals established or continued, in Nevada. They include, with the number of beds, and the date of establishment, the following:

NAME OF HOSPITAL	DATE ESTABLISHED	NUMBER OF BEDS
Battle Mountain General Hospital Battle Mountain, Nevada	1916	12
Boulder City Hospital, Inc. Boulder City, Nevada	Unknown	25
Churchill Public Hospital Fallon, Nevada	1949	44
Elko General Hospital Elko, Nevada	1921	50
Humboldt General Hospital Winnemucca, Nevada	1908	65
Lincoln County Hospital Caliente, Nevada	1939	28
Lyon County Hospital Yerington, Nevada	1923	21
Mineral County Hospital Hawthorne, Nevada	1914	25
Nye General Hospital	Unknown	34
Pershing General Hospital Lovelock, Nevada	1943	31
Southern Nevada Memorial Hospital Las Vegas, Nevada	1944	182

Southern Nevada Memorial Hospital Mesquite Branch, Mesquite, Nevada	1944	4
Southern Nevada Memorial Hospital Overton Branch, Overton, Nevada	1944	5
Washoe Medical Center Reno, Nevada	1862	238
White Pine County General Hospital Ely, Nevada	1911	43

The county hospitals established before 1929 were established pursuant to previous legislative authority. The board of county commissioners is empowered to appoint the board of trustees for the county hospitals. The above list does not include county homes for the indigent which are sometimes called "hospitals," e.g., The Ormsby County Hospital.

COUNTY SANITARY BOARDS.

The county sanitary board consists of the board of county commissioners. The sanitary assessor is the county assessor and the county clerk is ex officio clerk for the sanitary board. The county sanitary board is empowered to establish sewage districts, water districts or garbage disposal districts, or combination districts, in the county; to set the boundaries for these districts; to make contracts with municipal and other local governments; to acquire property, water rights, and easements; to construct and maintain sewage, water and garbage disposal systems; and to perform other related and necessary functions.

In addition to the water districts established by the county sanitary boards, the legislature has also created specific districts, such as the Las Vegas Water District and the Las Vegas Sewage District.

Municipalities have similar powers to construct and maintain local waste disposal and water districts.

Federal Governmental Aspects of Public Health

In view of the absence of a police power delegated to the federal government, the activities of the federal government, with respect to public health, are limited to what can be accomplished pursuant to those powers which are delegated to it, such as the interstate and foreign commerce power, and the power to levy taxes and spend money.

In actual practice, however, the federal government exerts tremendous power over the states by virtue of its spending power. Under this authority the federal government may offer grants of money to the states with certain conditions attached to the use of such grants, such as: the grant must be used for a specific purpose; and the execution of the programs for which the grant is made must meet certain standards of efficiency in administration and performance; must comply with certain standards of uniformity set by the federal government; and the states must contribute a portion to the costs.

The United States Government has maintained some kind of a public health service since 1798 when provisions were made for the health of the merchant marine.

With the enactment of the Social Security Act of 1935, the Public Health Service Act of 1944, and the Water Polution Control Act of 1948, as well as of earlier pure food and drug laws, the federal government provided extensive measures for protecting public health, chiefly pursuant to the commerce and grant-in-aid powers.

The Social Security Act by Title V, Part I, provides for grants to the state for maternal and child health services, and by Title V, Part 2 , for services for crippled children. Title VI provides for grants to the states, and to local governments, for the establishment and maintenance of an adequate public health service, including trained personnel for state and local public health work and for investigation of diseases and problems of sanitation.

The Public Health Service Act also, in addition to its other provisions, provides for grants and services to the state for prevention and treatment of tuberculosis, aid to state and local health agencies, and health education and information. There are no appropriations at present for its control and preventions of venereal diseases. The act also provides for grants to the states for projects to study and control cancer, communicable diseases, heart disease, dental health, mental diseases, malaria and tropical diseases, industrial hygiene, etc; and provides for training nurses, for a quarantine service, and for miscellaneous health and sanitation activities.

Amendments to the act of 1944 include the Hospital Survey and Construction Act of 1946 and the National Mental Health Act of 1946. The Hospital Survey and Construction Act provides for grants to the states for conducting a survey of hospital needs in the states, and for the construction of new hospital facilities, including public health centers. Priority is to be given by the states to rural areas with small resources.

The act limits the total number of hospitals, in terms of beds, for the state, to be constructed with the aid of federal funds. The number of beds is not to exceed 4.5 per 1,000 population, except in states with a population of less than 12 and not more than 6 persons per square mile, which may have 5.5 beds per 1,000 population. The act, however, provides "but if, in any area (as defined in the regulations) within a State, there are more beds than required by the standards required by the Surgeon General, the excess over such standards may be eliminated in calculating this maximum allowance." The number of beds for tuberculosis patients is limited to two times the average annual deaths from tuberculosis in 1940-1944. The number of beds for mental patients is limited to five per 1,000 population, for patients with chronic diseases, two per 1,000. There may not be more than one public health center per 30,000 population, except in states with less than 12 persons per square mile, which may have a public health center for each 20,000 population.

The Mental Health Act of 1946 creates a national advisory mental health council and provides for the granting of financial assistance to universities, laboratories, public or private institutions, and provides for research, investigations, and for training personnel.

The Water Pollution Control Act of 1948 authorizes states to enter into interstate compacts for controlling pollution of interstate streams and waters, and provides for grants to be made to states "to aid in financing the cost of engineering, architectural, and economic investigations, surveys, designs, plans....., and other action preliminary to the construction of projects approved by the appropriate State water pollution agency or agencies and by the Surgeon General." These grants are not to exceed $20,000 or 33-1/3 per cent of the cost, the states themselves making up the difference in cost.

Chapter 227, Nevada Statutes 1949, designates the State Board of Health as the State Water Pollution Control Agency to cooperate with the Surgeon General of the United States Public Health Service and other federal agencies, with other states and with interstate agencies, in all matters relating to water pollution control. These statutes enable the Nevada health authorities to participate in joint federal-state programs, the federal authority for federal government participation being the Water Pollution Control Act of 1948 which requires the United States Public Health Service to cooperate with the states.

The Federal Reorganization Plan No. 1 of March 1953 revised the administrative structure of the federal government with respect to its public health activities. The plan, effective on April 11, 1953, provided for the creation of the Department of Health, Education and Welfare. This new department assumed the responsibilities and functions formerly belonging to the Federal Security Agency which was abolished.

The Department of Health, Education and Welfare thus assumed responsibility for integrating the work of the Public Health Service, the various advisory health boards (such as for mental health, cancer, dental research, heart research, mental health, neurology, and blindness control), and the Children's Bureau in the Division of Health Services.

It also assumed responsibility for the collection of vital statistics, which function in 1946 had been transferred from the Bureau of the Census of the Department of Commerce to the now extinct Federal Security Agency.

The Surgeon General, head of the Public Health Service, is responsible for the administration of grants to the states under the provisions of the Public Health Service Act, and with the Federal Works Administrator for administering the grant-in-aid provisions of the Water Pollution Control Act of 1948. He also administers the grant-in-aid provisions of the Hospital Survey and Construction Act of 1946, and the National Mental Health Act of 1946. These grant-in-aid provisions are actually carried out by the Bureau of State Services in the Department of Health, Education, and Welfare.

The grant-in-aid provisions of the Social Security Act for maternal and child health services and services to crippled children are administered by the federal Children's Bureau. This also includes dental care for children, nutrition education, health services for school children, child health conferences, and medical and dental consultation services, as well as surgical and corrective and medical treatment of crippled children, including diagnosis, hospitalization, and after-care.

The other programs of the Bureau of State Services, under the Surgeon General, include venereal disease control, control of chronic diseases, heart disease, tuberculosis, and communicable diseases, water pollution control, dental public health, sanitation, occupational health, environmental health investigations, vital statistics, public health nursing and education, and, of course, the administration of grants to the state for these programs.

Pursuant to the above provisions for federal grants to the states for public health services, the Department of Health in Nevada participates in the following programs: tuberculosis control, venereal disease control, dental health, hospital survey and services, water pollution control, mental health control, cancer control, and health education. It also receives federal grants for the central administration of the Department of Health, for public health engineering, the State Hygienic Laboratory, public health nursing, and the Reno Cancer Detection Center. Pursuant to the Social Security Act, and in cooperation with the federal Children's Bureau, it receives federal grants for maternal and child health services, services to crippled children, and for rheumatic fever programs.

PART II. THE ORGANIZATION OF THE STATE DEPARTMENT OF HEALTH

CHAPTER V

THE STATE DEPARTMENT OF HEALTH IN GENERAL

The Nevada State Department of Health, according to the strict sense of the act of 1939, consists of the State Board of Health and the State Health Officer. The act of March 27, 1911 as amended by section 1 of the act of March 31, 1947, specifies that the State Department of Health shall include the Division of Vital Statistics, the Division of Public Health Engineering, the Division of Laboratories, and the Division of Preventive Medical Services, but also authorizes the State Board of Health, subject to the approval of the Governor, to create other Divisions and subdivisions as may be necessary, and to divide, abolish, or consolidate any division.

As presently organized the State Department of Health includes the following divisions and sections:

1. The Division of Vital Statistics and Personnel
2. The Division of Preventive Medical Services
   a. The Section on Maternal and Child Health Services
   b. The Section on Public Health Nursing Services
   c. The Tuberculosis Control Section
   d. The Venereal Disease Control Section
   e. The Cancer Control Section
   f. The Mental Health Section
3. The Division of Public Health Engineering
4. The Division of Dental Health
5. The Division of Epidemiology and Local Health Administration
   a. The Hospital Services Section
   b. The Heart Disease Control Section
   c. The Crippled Children's Services Section
   d. The Section for Local Health Services
6. The Division of Public Health Laboratories
   a. The State Hygienic Laboratory (Main Laboratory)
   b. The Las Vegas Branch Laboratory

In addition to these operational and service divisions there is the administrative staff of the Department of Health, which includes the State Health Officer, the Office of Accounting, and the Section of Health Education Services.

The State Board of Health

The State Board of Health consists of the Governor and four members appointed by him. The law requires that the appointed members must include two doctors of medicine "who have been licensed to practice in this state and who have been engaged in the practice of medicine in this state for not less than five years immediately prior to their appointment," and one doctor of dental surgery "who has been licensed to practice in this state, and who has been engaged in the practice of dentistry in this state for not less than five years immediately prior to his appointment."

The Board is required by law to meet at Carson City on the second Tuesday in January and the second Tuesday in July in each year, and to hold special meetings on call of its chairman. The State Health Officer or two members of the Board may request special meetings.

The members hold staggered terms, for four years, each, one person being appointed each year. The State Health Officer serves as Secretary of the B oard but is not a Board member. Three members constitute a quorum, but a concurrence of at least a majority is required for a decision on any question. The members are paid $20 per day salary while attending meetings, plus traveling expenses as authorized by law.

The State Board of Health is "declared to be supreme in all health matters, and it shall have the general supervision over all matters relating to the preservation of the health and life of citizens of the State and over the work of the State Health Officer and the local (district, county, and city) health departments, boards of health and health officers."

The Board has the power, by affirmative vote of a majority of its members to adopt, promulgate, amend and enforce reasonable regulations consistent with law:

> (a) to define and control dangerous communicable diseases; (b) to prevent and control nuisances; (c) to regulate sanitation and sanitary practices in the interests of the public health; (d) to provide for the sanitary protection of the water and food supplies and the control of sewerage disposal; (e) to govern and define the powers and duties of local boards of health and health officers; (f) to protect and promote the public health generally; and (g) to carry out all other purposes of this Act (of March 27, 1911, as amended).

The rules and regulations made and adopted by the Board of Health have the force and effect of law "and shall supersede all local ordinances and regulations heretofore or hereafter enacted inconsistent therewith." Copies of each regulation adopted are required to be filed with the Secretary of State and are to be published in pamphlet form. The board is also empowered to hold hearings and to summon witnesses to testify before it. The Board is required to make a biennial report to the Governor, "setting forth the condition of public health in the State and making such recommendation for legislation, appropriations and other matters as are deemed necessary or desirable."

The responsibilities of the Board are, in general, to "take such measures as may be necessary to prevent the spread of sickness and disease", and to this end is granted "all powers necessary to fulfill the duties and exercise the authority prescribed in this Act and to bring actions in the courts for the enforcement of all health laws and lawful rules and regulations."

The State Health Officer

The law says, "The State Board of Health, with the approval of the Governor, shall appoint the State Health Officer. He shall be a physician having the degree of doctor of medicine. He shall be a resident of Nevada for at least five years preceding the date of his appointment; he shall be licensed to practice in Nevada and shall have had at least one year's postgraduate training in public health or at least three years' experience as a public health official. The State Health Officer shall be appointed for a term of four years. He may be removed from office by the State Board of Health for cause and after a hearing, or he may be removed at any time at the pleasure of the Board upon the unanimous vote of all the members of said board."

The law furthermore prohibits him from engaging in private practice. His salary is fixed by law at $7,000 a year. The State Health Officer, by law, is the executive officer of the State Board of Health and the State Registrar of Vital Statistics. His principle duty is to enforce the laws and regulations on public health. "He shall investigate causes of disease, epidemics, source of mortality, nuisances affecting the public health, and all matters related to the health and life of the people...". To carry out his duties he is authorized to enter upon and inspect any public or private property in the state. He may delegate his responsibilities to subordinates.

He is charged with responsibility for supervising the sanitation of public institutions, administration of vital statistics matters such as registration of births and deaths, providing a uniform system for vital statistics registration among local health officers, suppression of communicable disease, establishing of quarantine regulations, administration of federal maternal and child health programs, administration of the federal crippled children's aid program, and performance of other duties, as directed by the board, and to execute its responsibilities.

The Administrative Staff

As presently organized, the administrative staff includes the Division of General Administration and the part of the functions of the Director of Vital Statistics and Personnel which pertain to personnel administration within the Department of Health.

THE DIVISION OF GENERAL ADMINISTRATION.

The Division of General Administration includes the Office of the State Health Officer, the Office of Accounting, and the Section of Health Education Services. The State Health Officer has no administrative assistant.

THE OFFICE OF ACCOUNTING. The Board of Health created the Office of Accounting, which is directly responsible to the State Health Officer, pursuant to the authority granted in section 5260 of the Nevada Compiled Laws. The Office of Accounting is responsible for keeping the ledgers of the Department of Health, for the internal auditing of the records and accounts of the Department, for supervising the preparation of Department budgets, for preparing expenditure and special fiscal reports, and for preparing and maintaining pay rolls and fiscal records of the Department.

The Office of Accounting is headed by the Fiscal Officer. The position of Fiscal Officer requires a thorough knowledge of accounting theory and practice, extensive knowledge of the fiscal laws and regulations of the State of Nevada and of the Federal Social Security Act, as amended, extensive knowledge of the organization and programs of the Department of Health, and knowledge of modern office procedures and equipment. The position also requires ability to organize, direct, and work with a group of employees, ability to deal tactfully with the public, and ability to exercise good judgment in appraising situations and in rendering sound decisions.

The Fiscal Officer consults with the Division directors of the Department periodically concerning their fund balances and the fiscal aspects of current and contemplated program and plans; coordinates all of the financial activities of the Department, not only within the Department, but also with regard to its financial relationship to federal and county agencies and the agencies of the state. The Fiscal Officer is responsible for justifying to the federal agencies concerned, expenditures of all categorical federal grants made to the state for the Department's programs. The Fiscal Officer assists the State Health Officer in making financial arrangements with county and city governments, and with the Nevada school districts for their financial participation in cooperative public health programs.

The Fiscal Officer also handles the administrative details involved in purchasing items necessary for the Department, prepares purchasing reports, audits requisitions, is responsible for the records pertaining to central purchasing, prepares and keeps records of purchases made for the Department, prepares request for bids for the purchase of supplies, equipment, and biological and other drugs, for the Department; and approves all requisitions, claims, and cost statements relative to the purchasing of supplies, equipment, biological, and other drugs, and hospital, medical and business services for the Department; negotiates for the rental of office space for the Department, and prepares special studies on and tabulates the results of purchasing programs. The Fiscal Officer also developes procedures for accumulating data required for administrative reports and prepares such reports.

The Fiscal Officer receives financial statements from the American Cancer Society branch in Reno and from the Pure Food and Drug Laboratory in order to fulfill federal requirements for matching state appropriations with federal grants-in-aid within the general funds of the Department of Health.

The Fiscal Officer is the only employee in the Office of Accounting and has neither accounting nor clerical assistants. The office is equipped with a Borrough's bookkeeping machine, adding machines, typewriter, files and cabinets.

THE SECTION OF HEALTH EDUCATION SERVICES. The State Board of Health created the Section of Health Education Services pursuant to the authority contained in section 5260 of the Nevada Compiled Laws and in accordance with accepted principles of public health administration relative to information services to the public.

The Section was first created on October 1, 1947, was inactivated on January 31, 1948 and was reactiviated on September 16, 1949. The Section, as presently organized, consists of one full time Health Educator and a part-time clerk-typist. The position of Health Educator requires a person who is graduated from a recognized college or university and with at least four years of public health or education experience. Each year of pertinent experience may be substituted for one year of college training. The Section was created in order to assist the State Health Officer to inform the public as to health problems concerning state and local communities. The section assists the State Health Officer in letting state and local officials and the public at large to know the services that the Department of Health can make available to the public.

The Section works closely in cooperation with the division heads of the Department in order to encourage an enlightened citizenry to become acquainted with proven and effective techniques of health preservation,

personal hygiene, home and community sanitation, accident prevention, and of precautionary measures to prevent the spread of disease. It seeks to encourage popular understanding of simple but effective methods for achieving high standards of personal and environmental health, safety and protection.

The Health Educator is responsible for planning and conducting the programs for disseminating information on public health and for stimulating popular interest and cooperation with regard to essential health, hygienic and sanitation programs conducted by state and community officials and civic leaders. The Health Educator consults with professional persons and specialists with regard to the technical content of health education programs.

The Section renders services to physicians, local health officers, schools, civic groups, service clubs, and to individual citizens. The Section distributes informational material to physicians of professional interest to them, particularly with regard to recent developments in improved methods for treating particular diseases and with regard to facilities of the Department of Health available to physicians. The section furnished public schools throughout the state with pamphlets and other health education materials, and lists of films and pamphlets on health which are available for use of teachers in the schools. The section has also distributed a wall chart of communicable diseases, an official handbook, The Control of Communicable Diseases in Man, and other publications on health to local health officers, public health nurses, and to school superintendents. The section cooperates with civic groups and service clubs by furnishing appropriate films, and literature on public health. It has cooperated with such groups as the American Cancer Society, the Nevada Tuberculosis and Health Association, all service clubs, veterans' organizations, and the Parent Teachers Associations throughout the state. The section also responds to individual requests of citizens on particular subjects of public health and public health services. It furnishes guidance materials to mothers of first-born children on prenatal, infant, and child care.

The section is engaged at present in performing the following functions: (1) maintaining a library of health films, (2) preparing radio and television programs, (3) preparing news press and radio releases, (4) promoting the Ormsby County Demonstration Project for Child Safety in and about Home and School, and (5) distributing printed materials procured by purchase or by gift from private and other sources interested in public health.

The section has two typewriters, ample shelf space and filing cabinets, and has the use of departmental addressograph and mimeograph equipment.

PERSONAL ADMINISTRATION

The State Health Officer has delegated all matters pertaining to routine personnel administration to the Director of Vital Statistics. The Director devotes approximately one-third of his time to personnel matters. He maintains the personnel records, including leave and attendance records, some direct recruitment of personnel by mail, administers the compensation plan, and has handled the details concerning the change-over from the Merit System to the Department of Personnel. He handles some interviewing of prospective employees, but technical prospective employees are interviewed also by the division directors concerned, by the State Health Officer, and in some cases by the State Board of Health.

CHAPTER VI

DIVISION OF EPIDEMIOLOGY AND LOCAL HEALTH ADMINISTRATION

The Division of Epidemiology and Local Health Administration was created by the Legislature in the Department of Health by Chapter 184, Statutes of Nevada 1939, and was continued by the State Health Officer pursuant to the authority of sections 5259.02 and 5260 of the Nevada Compiled Laws, 1929, and Supplements.

The Division is organized into four sections: (1) Hospital Services Section, (2) Crippled Children's Section, (3) Heart Disease Control Section, and (4) Local Health Services.

The acting State Health Officer, Dr. Daniel J. Hurley, is also filling the positions of Director of the Division and Director of Crippled Children's Services, Heart Disease Control, and Local Health Administration. Since the directorship of the Division--as well as of three of its sections and the position of acting State Health Officer are embodied in the same person, Dr. Hurley, he is directly responsible to the State Board of Health for the administration of each of these.

The requirements for appointment to the position of Director of this Division include graduation from an approved school of medicine, one year's internship and one year's graduate work in public health, at least five year's experience in the practice of medicine, including three years of progressively responsible experience in public health work, and possession of a license to practice medicine in Nevada or eligibility for such license.

The general responsibilities of the Division Director are as follows:

(1) To investigate and control any epidemic or unusual outbreak of communicable disease in the state.
(2) To promote better reporting, by medical practitioners and personnel, of communicable diseases.
(3) To supervise the Hospital Service Program.
(4) To coordinate state public health services and those of local health officers and health units.
(5) To offer consultation and services to local health officers and to private practitioners.
(6) To assist local health officers and the executive bodies of local governments in organizing full-time public health units.
(7) To direct the Heart Disease Control Program.
(8) To administer the Crippled Children's Services Program.

The Section of Hospital Services

The federal Hospital Survey and Construction Act of 1946 (the Hill-Burton Act) provides for grants- in-aid to the states for conducting surveys on the need for hospitals and hospital services in the states and for the construction of hospitals and public health centers. The Nevada Legislature by the act of March 28, 1949 (Chapter 219, Statutes of Nevada 1949) designated the State Department of Health as the state agency to cooperate with the federal government pursuant to the provisions of the Hill-Burton Act.

The State Board of Health then created the Section of Hospital Services to carry out the provisions of the federal and state enabling acts. To meet the federal statutory requirements, the state enabling act required the Governor to appoint an advisory hospital council to advise and consult with the Department on the surveys and construction of hospital facilities. The act required that the advisory council consist of the State Health Officer who serves as ex officio chairman and of six members, "representatives of nongovernment organizations or groups, and of state agencies, concerned with the operation, construction, or utilization of hospitals, including representatives of the consumers of hospital services selected from among persons familiar with the need for such services." Members now serve staggered terms of four years each, half being appointed every two years. This council is known as "The Advisory Hospital Council."

In Chapter 336 of the Statutues of Nevada 1951, the Legislature provided for the licensing and regulation of hospitals and maternity homes in Nevada. The Legislature designated the State Department of Health to administer the licensing program, which responsibility was in turn delegated to the Director of the Section of Hospital Services. The law provided for the appointment of a hospital advisory council consisting of the State Health Officer, as ex officio member and council director, and seven members appointed by the Governor to advise the State Health Officer on the licensing and regulation of hospitals. This council is generally known as "The Hospital Advisory Council" and is composed of three hospital administrators or superintendents who serve for three years each, one physician and one osteopathic physician who serve for two years each, one graduate nurse supervisor and "one person not associated with hospitals, allied institutions, or practicing of the healing arts" who serve one year each.

The Section of Hospital Services is thus responsible for three major operations, (1) conducting surveys of the need for hospital services and facilities in Nevada, (2) administering the hospital and public health center construction program in the state, (3) and administering the hospital and maternity home licensing and regulation programs.

The Section, under the close supervision of the State Health Officer, maintains almost a continuous liaison with two hospital advisory boards provided for in state statutes, one board for matters pertaining to hospital construction, the other for matters pertaining to hospital licensing. In addition to this liaison, the Section provides services to, and consults frequently with medical, architectural, engineering and nursing professional associations, hospital administrators, boards of county hospitals and hospital trustees, boards of county commissioners, and non-profit hospital associations.

The Section is headed by a director who is the Hospital Services Consultant. He has no immediate administrative or clerical assistants, but does have, upon occasion, access to the stenographic services of the clerk-stenographer in the office of the State Health Officer. The section has an office furnished with usual office equipment and a 1951 Chevrolet 4-door sedan.

The Section of Crippled Children's Service

Title V, Part 2 of the federal Social Security Act of 1935 provides for federal grants-in-aid to the states for the purpose of furnishing professional medical care and treatment to crippled children, the term "crippled children" being broadly defined. By Chapter 119, Statutes of Nevada 1937, the Legislature designated and authorized the State Board of Health to carry out and administer a crippled children's aid program for the state in conjunction with the federal government. The Crippled Children's Service was created when the enabling act became effective on July 1, 1937. In July 1951 the Board of Health made the Crippled Children's Service a section in the Division of Epidemiology and Local Health Administration.

The Director of the Section is appointed by, and is directly responsible to, the State Health Officer. The position requires the following qualifications for appointment: graduation from an approved school of medicine, one year's interneship and one year of graduate study in a recognized school of public health, three year's experience in the practice of medicine, including one year of experience in public health work, and possession of a license to practice medicine in Nevada.

The Director is responsible for the following functions:

(1) To provide for the finding, diagnosis, and treatment of crippling conditions of childhood, including rheumatic fever.
(2) To administer, develop, extend and improve services for locating crippled children in the state and to provide medical, surgical corrective and other services, facilities, hospitalization, and after care for crippled children.
(3) To prepare and submit plans for such programs to the Chief of Crippled Children's Division of the Department of Health, Education and Welfare of the United States for approval.
(4) To maintain records and prepare reports to federal authorities on services rendered crippled children in the State.
(5) To cooperate with other state agencies, and associations interested in medical, health, nursing and welfare activities and interested in vocational rehabilitation of physically handicapped children.
(6) To receive and expend in accordance with law and approved plan federal grants made available to the State Board of Health, as well as funds made available by the state, local governments, or by others.
(7) To cooperate with the Department of Health, Education and Welfare of the federal government in developing and expanding services and facilities for crippled children in the state.

The Section performs professional and technical services for physicians, nurses, dentists, hospitals, schools, private civic associations, and directly to individual children who require care and treatment. It provides consultation services to physicians, refers cases requiring care to private physicians, reports diagnositc findings to the attending physician of the patient concerned, and consults with private physicians as to the selection of patients for care and treatment, and collaborates with the public health advisory committee of the Nevada State Medical Association. It cooperates with industrial, school, and other public health nurses who help locate crippled children for the Section. Nurses send the names of crippled children located to the Section, help furnish transportation of of children to clinics, make follow-up reports to the local public health nurse or to the Section when children are returned from hospitals, and help in making clinical appointments and clinical arrangements for crippled children. The Section also cooperates with the dental public health advisory committee, appointed by the Nevada State Dental Society, and with the private dentists who work with the Section on a conference basis. Consultation service with regard to specific and general problems is given by the Section staff to hospitals, school superintendents, and to physicians employed on a part-time basis.

The Section provides special services to crippled children sponsored by welfare committees, and civic service, and church organizations, etc. The Section cooperates with the Nevada Society for Crippled Children, Inc., the National Foundation for Infantile Paralysis, American Cancer Society, State Elks Association, and groups of professional and business women who have been among the most active sponsors of state legislation for crippled children and rheumatic fever treatment. Often individual members of various local Business and Professional Women's Clubs throughout the stat act as volunteer assistants at the itinerant clinics. The Nevada Society for Crippled Children, Inc. provides a speech therapist and a physiotherapist who work with the staff members of the Section on the crippled children's services programs.

The Section is assisted by two physicians, carried on the Department payroll on part-time basis, four orthopedic surgeons, and three consulting pediatricians, from both Reno and Las Vegas, who are paid as consultants on a daily fee basis.

The Section provides direct service to crippled children by holding clinics for diagnosis and treatment for children and arranges for and provides hospitalization for children. The children are selected for treatment in accordance with the relative urgency of each case and on the basis of "means", priority being given to children from families having low incomes. Clinics are held in Reno and Las Vegas four times each year and are held in seven of the outlying communities of the state twice each year, once in the spring and once in the fall. Four hospitals in the state qualify for the care of crippled children under the state program: Saint Mary's Hospital and Washoe Medical Center in Reno, and Southern Memorial Hospital in Las Vegas, and Rose de Lima Hospital in Henderson.

In 1951 the Legislature empowered the State Department of Health to enter into cooperative agreements with the Children's Bureau of the Federal Security Agency (now the Department of Health, Education, and Welfare) for finding, making diagnoses, and providing treatment of the crippling conditions of childhood, including rheumatic fever. The Section of Crippled Children's Services administers the combined rheumatic fever and heart disease control program which is almost entirely devoted to rheumatic fever and congenital heart disease of children only. This program also cooperates with the Heart Disease Control Section on therapeutic, palliative, and terminal care of heart disease patients, particularly children.

The office of the Section is at 506 Humboldt Street in Reno. Its facilities include necessary special and diagnostic instruments, besides the usual office equipment, and one 1954 Ford sedan.

The Heart Disease Control Section

The federal Public Health Service Act provides for making grants-in-aid to the states for, among other purposes, the study and control of heart disease. The 1947 Nevada Legislative act, which amended the 1911 act creating the State Board of Health, designated the State Department of Health to receive and expend all federal funds granted to the Department for the general promotion of public health, and constitutes the general enabling authority for the program for heart disease control and the creation of the Heart Disease Control Section. This Section was originally created in 1947 in the Division of Preventive Medical Services and was transfered by the Board of Health to the Division of Epidemiology and Local Health Administration on April 10, 1953.

The Section is headed by the Director of the Division of Epidemiology and Local Health Administration. No specific qualifications have been established for the position, but it is assumed that the Section must be headed by a qualified physician with requirements little short of those of the Division Director.

The Section is devoted exclusively to the problems of controlling heart disease, but the heart disease control program is tied in with the rheumatic fever program of the Section of Crippled Children's Services. The diagnostic clinics combine both heart disease and rheumatic fever diagnosis and treatment, and are called Rheumatic Fever and Heart Clinics. The chief reason for this is owing to the fact that rheumatic fever affects the heart, especially of children. There is also a practical administrative reason for combining the two activities, for the heart disease control funds and the state matching funds are used to pay the cost of operating the diagnositc clinics and the crippled children funds and state matching funds are used to pay for the care and treatment of the patients.

The Health Grants Manual of the United State Public Health Service lists the following purposes for which such funds may not be used:

(1) Maintenance of or purchase of care in sanatoria, hospitals or institutions for heart disease.
(2) Supplementing the salary of Public Health Service employees assigned to the states.
(3) Palliative or terminal care for heart disease patients.
(4) Drugs for disease therapy (exclusive of drugs for prophylaxis in rheumatic fever and sub-acute bacterial endocarditis).

The Heart Disease Control Section cooperates with the California Crippled Children's Service and the Regional Heart Center supported by the Federal Children's Bureau in the case of children suffering from congenital heart

lesions. These children are given a thorough diagnostic work-up in the clinic at Reno or Las Vegas where reports are prepared in each case, including electrocardiogram records and X-rays, and are sent with the child to the Regional Heart Center. The medical staff of the Regional Center makes special diagnoses, and when necessary, performs necessary operations. These services at the Regional Heart Center are carried out without cost to the State of Nevada. After care and follow-up care are given by the clinics at Reno or Las Vegas. In some cases, the children are checked at regular intervals in the clinics. The services of the Heart Disease Control Section are made available directly to individual citizens and patients.

The Section of Local Health Services

Local health administration and services have been of major concern to the State Department of Health ever since the first State Board of Health was created in 1893. Then the Legislature directed the Board to study the relationships between local environment and public health and to consult with local governmental officials on specific problems of local sanitation and control of diseases. Since 1939, the State Department of Health has exercised some degree of police power, granted by the Legislature in that year, for the general supervision of the work of local health departments and boards and of local health officers.

The legal authority for the operations of the Section of Local Health Service is contained in the basic legislation on the general powers and responsibilities of the State Department of Health. This leaves the State Health Officer much latitude in selecting which aspects of local health services and administration are to receive attention.

At the present time, it appears that the State Health Officer, as director of this Section, is concerned with planning programs to encourage the development of local health services; coordinating indirectly the work of public health nurses on the local levels of administration; participating in certain activities of the two major areas of the state, i.e., Washoe and Clark Counties, ; furnishing consultation services to local health officers, visiting with them frequently during the course of each year, and discussing with them local health problems; and attempting to work out plans with local government officials for improving health services, and for obtaining town and county cooperation in such programs as creating district boards of health composed of representatives of two or more counties which normally have insufficient funds and personnel for operating independent health programs.

The coroner system is completely outside of the integral system of local health administration and is, thus, omitted from departmental supervision and assistance.

The State Health Officer allows local health officers much latitude in the operation of local health services at a minimum of supervision from the state level. Contacts with local health officers are generally made with regard to local problems at the same time that specific problems arise concerning the other programs and activities conducted by the Department, such as when childrens' clinics are held, etc.

Since the total number of physicians in the state is small, and the Nevada State Medical Association is active, the regular meetings of the association afford opportunities for the State Health Officer and his professional assistants to consult with local medical officers. The relationship between the State Health Officer and the local health officers is thus a personal one as well as official.

Few overall state programs are being worked out on a formal basis with regard to local health services. However, plans are now being considered to achieve a goal to have major public health centers at Reno, Las Vegas, and Elko for the purpose of facilitating and improving local health services in the regions conveniently served by these centers. In connection with this plan, the State Health Officer is concerned with giving assistance to the local governments to see that all seventeen of the counties are served by local health officers. At the present time, all seventeen of the counties have the benefit of such service, even though each county does not have a full time local health officer of its own. The positions in 13 counties are filled by physicians in general practice who devote part of their time to public health matters. Clark and Washoe counties each has a full time county health department. Esmeralda and Storey counties have no resident physicians; doctors from adjoining counties serve as part-time health officers in those counties. The lone Nevada physician in Douglas County, besides being part-time health officer in his county, serves also as part-time health officer for two California counties. The position of health officer in Eureka County had been temporarily vacant since July to September of this year.

The State Health Officer has no other personnel than himself for performing the functions required in the Section of Local Health Services in the Department.

CHAPTER VII

THE DIVISION OF PREVENTIVE MEDICAL SERVICES

The Division of Preventive Medical Services was created pursuant to the act of 1911 as amended. The Division is responsible for carrying out programs for the prevention of disease, for the prolongation of life, and for the promotion of good health for the people of Nevada. Toward these ends the Division is concerned with providing maternal and child health examination and diagnostic services, immunizing children against communicable diseases, educating citizens on how to preserve human life and prevent accidents, providing public health nursing services, and controlling cancer, venereal diseases, tuberculosis and mental diseases.

The Division is organized by the State Board of Health into six sections: (1) The Section on Maternal and Child Health Services, (2) The Section on Public Health Nursing services, (3) The Tuberculosis Control Section, (4) The Cancer Control Section, (5) The Mental Health Section, and (6) The Venereal Disease Control Section.

The Division is headed by a Director who devotes his full time to administering the programs of the entire division. He is also the nominal and administrative head of the Section on Maternal and Child Health Services, the Venereal Disease Control Section, the Cancer Control Section, and temporarily as head of the Public Health Nursing Services Section. A part-time tuberculosis consultant and a full-time clinical psychologist, together with a consulting psychiatrist and a second clinical psychologist assist the Division Director but in their respective sections.

The Department of Health has set the qualifications for the position of Division Director to include the requirements that he be a doctor of medicine, a full-time employee devoting at least seventy percent of his time to Maternal and Child Health Services. The act of 1911 as amended in 1947 requires that division directors be persons specially trained or adequately experienced in the duties of their divisions. The Director has the full time service of a secretary who is on loan from one of the Sections. The Office is located at 506 Humboldt Street in Reno.

Various private organizations, civic, service, and professional associations work with the Division, some furnishing volunteer personnel to assist in the work of the Division. The Division works closely with, or through the Reno Cancer Detection unit of the American Cancer Society, paying for its rent in Reno.

The Section of Maternal and Child Health Services

In accordance with the federal grant-in-aid provisions of Part 1 of Title V of the Social Security Act of 1935, and with the provisions of the state enabling act of March 23, 1937, the State Board of Health created the Section on Maternal and Child Health Services to carry out the provisions of these acts, effective July 1, 1937.

The Director of the Division of Preventive Medical Services directly administers the programs of this Section in his capacity as its head. Other personnel participating in the work of the Section include five full time public health nurses employed by the Department of Health assigned to Washoe County, and, when available, two volunteer workers. Public health nursing personnel is also available in nine of the seventeen counties of the state, four in Clark County, two in Mineral County, and one each for seven other counties. A limited number of attending or consulting physicians and dentists are employed for the well-child, prenatal, and dental conferences, being paid daily fees at rates approved by the State Board of Health. The office is located at 506 Humboldt Street in Reno.

Much of the work performed under this program is performed by public health nurses and the local board of health under the guidance of the Section head. The nurses try to visit all of the patients who attend the prenatal clinics and also visit others (i.e., prenatal cases) whom welfare offices and private physicians may recommend.

The services of the Section appear to be quite varied, but also quite general, toward promoting the general health and physicial well-being of expectant mothers, mothers, and their children. The Section holds regular clinics for prenatal examinations and diagnosis in Washoe County. The Section also seeks to carry out programs to sponsor lectures for in-service and post-graduate education for nurses of the Department, furnishes facilities for laboratory and X-ray services, consults with the medical staffs in general hospitals on maternity service, conducts studies of infant mortality and moribidity, expecially in Clark and Washoe Counties, and seeks to improve preventive and curative health service to school children with regard to sanitation and immunization measures. The Section administers an immunization program for children. Immunization is performed by local health officers and public health nurses under the supervision of the Section head and in accordance with schedules he prepares.

The federal Department of Health, Education, and Welfare prohibits the use of federal grants to the states when diagnostic services are not made available to all mothers and children. Therefore, any mother or child may make use of the diagnostic services of the Maternal and Child Health program without regard to financial means and economic status.

The general de-facto policy of the State Board of Health, as carried out by this Section, is to furnish no active care or treatment whatsoever for patients participating in the Maternal and Child Health programs, but rather to refer them to private practitioners, county hospitals, or charity establishments after examination and diagnosis are made. There are no policy restrictions on eligibility of patients and children to receive immunization treatments.

The section cooperates closely with the American Medical Association, the Nevada State Medical Association, and the Public Health Advisory Committee appointed by the President of the State Medical Association. It also works with the local chapters of the American Red Cross, the National Foundation for Infantile Paralysis, the Heart Association, the Tuberculosis and Health Associations, and the Cerebral Palsy and Blind Associations, and received one grant from the Fleischmann Foundation amounting to $264 for prizes for the Accident Prevention contest program in Ormsby County.

The Section of Public Health Nursing Services

The Section on Public Health Nursing Services was created in 1936 in the then Division of Maternal and Child Health Services, pursuant to the authority contained in section 5260 of the Nevada Compiled Laws of 1929. In 1947, the State Board of Health made the Public Health Nursing Service a separate Division. On April 10, 1953, the Board made the Public Health Nursing Service a Section in the Division of Preventive Medical Services. The office is located at 506 Humboldt Street in Reno.

The section is headed by a Public Health Nurse Supervisor, a position that is now vacant. The Director of the Division of Preventive Medical Services has temporarily assumed responsibility for the Section himself, until such time as the present vacancy can be filled. This position may be filled soon as a result of a competitive examination to be administered by the State Personnel Department.

The requirements for the position of Public Health Nurse Supervisor are: graduation from an approved college or university including thirty semester hours in public health nursing; and graduation from a school of nursing meeting the minimum requirements set by state law and connected with a general hospital having a daily average of one hundred bed patients with programs of study and experience in obstetrics, pediatrics, medical and surgical nursing; and at least six years of professional nursing experience under supervision and two years in a supervisory or consulting capacity.

The responsibilities of the Public Health Nurse Supervisor are to assist the State Health Officer in developing and interpreting policies and standards for public health nursing in the state; to assist in recruiting and training public health nurses in the state; to assist in preparing budget estimates for public health nursing needs; to work with school administrators in planning school health surveys; to supervise public health nurses and to assist local nurses in organizing local health councils; to interpret nursing services and policies to other state agencies and to the public; to participate in professional conferences and programs on health; and to participate in public relations activities with regard to public health nursing services.

There are thirteen public health nurses on the staff of the Department of Health and four on the Clark County staff. These thirteen nurses are detailed to various counties in the state. The local governments share in paying the salaries of the nurses in accordance with special arrangements made with each local government concerned. Five nurses are assigned to Washoe County, their salaries being paid, through the Department of Health, by funds contributed jointly by the state, Washoe County, and the Reno School District. There are two nurses assigned to Mineral County, and one each to the seven counties of Ormsby, Churchill, Pershing, Humboldt, White Pine, Lincoln, and Elko. The position in Elko is vacant at present. One half of the salary of each of these nurses is paid by the local governments, i. e., the county government and school districts, and half by the state. There are four nurses employed by the Las Vegas-Clark County Health Department, their salaries being paid through the office of the Clark County treasurer, by funds contributed by the federal, state and Clark County governments and also by the cities of Las Vegas, North Las Vegas, and Henderson.

These nurses perform general public health nursing services under the general supervision and in accordance with instructions of local health officers, and in individual cases under the direction of county physicians and private physicians. They assist in nearly every health program conducted by the Department of Health, performing most of the "leg-work", details, and the actual operations of many of these programs. In some cases they serve not only as the county nurse, but as the school nurse as well. They investigate the occurrence of

infectious diseases, including tuberculosis and venereal diseases, assist in conducting well-child and other health conferences, arrange for crippled children's clinics, and administer inoculations against contagious diseases.

The nurses gather information for case histories on behalf of the physicians conducting health clinics and conferences, assist in giving medical examinations, develop conference plans, and manage the operation of the conferences, confer with the mothers of children attending conferences, and assist them when they are referred to other community agencies such as hospitals and welfare agencies or to private physicians.

The nurses also assist in the health programs of public schools, instructing teachers on methods of weighing and measuring pupils, on methods of testingvision and eye diseases, recheck children referred to them by teachers, interpret physicians recommendations to teachers and parents, arrange testing programs and follow-ups on children needing medical attention, making home calls when necessary. They also give instruction to pupils to assist teachers in health education.

The nurses also perform much of the work in preparation for, and the operation of maternity and child health clinics, and follow-up care, especially with regard to nutrition, clothing, mental hygiene, etc., for expectant mothers. In programs for infant health care, they provide instruction for parents by means of pamphlets, talks and special classes, and make home and office visits. In programs for health service for preschool children, they give information on communicable disease control, immunization, nutrition, dental care, mental hygiene, etc.

One of the major programs which the nurses assist in is the program for the care of crippled children, carrying out duties assigned to or expected of them by the clinic physicians.

The nurses cooperate with the Nevada State Nurses' Association, the State Tuberculosis Association, the State Tuberculosis Association, the National Foundation for Infantile Paralysis, the National Society for Crippled Children and Adults, and with government agencies such as the Bureau of Indian Affairs, Child Welfare Services, and Vocational Rehabilitation Services and with law enforcement agencies.

Nurses are requred to furnish their own uniforms which are prescribed by the Public Health Nurse Supervisor. Two cars are assigned to the nurses. The other nurses furnish their own automobiles but receive a mileage allowance for driving on official business.

The Mental Hygiene Section

The Mental Hygiene Section of the Division of Preventive Medical Services came into existence with the employment of the first full time clinical pyschologist in the Department of Health in 1949. The State Board of Health created the Section pursuant to its authority under Sections 5260 and 5259.02 of the Nevada Compiled Laws, 1929, Supplement, 1931-1941, and pursuant to the federal grant-in-aid provisions of the National Mental Health Act of 1946, an amendment to the Public Health Service Act of 1944.

There are two full time clinical pyschologists in the Section, one of whom is located at Reno and is the Section head, the other located at Las Vegas, effective August 12, 1954. The main office of the Section is located at 506 Humboldt Street in Reno. The office has one 1953 Ford sedan.

The requirements for the position of clinical pyschologist are: graduation from an approved college or university with a degree of doctor of philosophy in psychology and at least one year of experience in the practice of clinical psychology, including some work in a child guidance clinic or related work in children's psychology. Both of the clinical psychologists in this Section, however, have degrees of doctor of philosophy in clinical psychology. They are assisted by one consulting psychiatrist who devotes approximately fifteen hours per month to the work of the Section on a consulting fee basis. The salaries of the two clinical pyschologists are paid from funds contributed jointly by the federal and state governments, supplemented by contributions to their salary requirements from Reno, Sparks, and Las Vegas school districts.

Both of the clinical psychologists perform the same kinds of duties, one in the Reno area, the other in the Las Vegas area. The Mental Health Section is responsible for whatever mental health services the psychologists feel are necessary and available. They work chiefly with the local school systems which contribute to their support. They are responsible for diagnosing psychological problems in children, such as with regard to mental defects, emotional disturbances, and physical handicaps which interfere with a child's school and social adjustment. In some cases, they provide direct treatment for both the child concerned and the child's parents. They are, at times, assisted by the consultative help of the psychiatrist. In all instances the clinical psychologists make recommendations to help responsible adults to understand the child and his problems.

The two clinical psychologists have no assistance, such as from a psychiatric social worker, other than that of a secretary and the assistance of the consulting psychiatrist.

The Director of the Section is responsible for creating a preventive mental health program, to include public mental health education, inservice training for teachers and nurses, distribution of pamphlets on mental health, giving lectures and talks before civic and other organizations interested in mental health, etc. He also consults with government agencies and private organizations, as well as with individuals, with regard to the general nature of, and the social implications of, child mental health problems.

The functions of the Mental Health Section are fundamentally preventive in nature rather than treatmental, in order to reduce the frequency and severity of mental illness in the coming generations of adults and children.

Public health nurses and school teachers refer individual children to the clinical pyschologist for interview and consultation, as well as referring the parents of such children to him. Welfare agencies, hospitals, and physicians also refer children and parents to the psychologist. In some cases, parents and children come to the psychologist on their own initiative for consultation. In almost every instance where a child is seen, the psychologist discusses the problems of the child with the parents, giving the parents also the opportunity to consult with the consultant psychiatrist. When a case is referred by teachers or public health nurses, a report is sent to them summarizing the psychological findings and recommendations.

The Tuberculosis Control Section

The State Board of Health created the Tuberculosis Control Section pursuant to the provisions of the federal Public Health Service Act of 1944 as amended and pursuant to the authority contained in the Nevada acts of March 25, 1939, and March 27 and 31, 1947.

The Section has no full time personnel, its functions being handled almost entirely by a part time consultant who receives a small salary from the Department funds. He is assisted by a secretary shared with the Division Director.

The Section is responsible for administering the federal and state subsidies for the control of tuberculosis, providing consultive service to nurses and physicians and patients throughout the state concerning the problems of diagnosis, treatment, and disposition of tubercular patients and suspects, and for maintaining a case register of all known cases of tuberculosis in the state. The section provides free consultation service on tuberculosis problems to all professional persons and institutions in the state concerned with such problems. As a general rule, the services are furnished to physicians, nurses, and hospital staffs rather than directly to individual patients. Occasionally, legal and law enforcement authorities are advised on medicolegal matters pertaining to tuberculosis, tuberculosis quarantine, etc. The Section works closely with the Nevada State Tuberculosis Association and its subsidiaries. On occasion this Section and the Association have cooperatively conducted a case finding program consisting of tubercular testing and chest X-rays. The office of the Section is shared with the Director of the Division of Preventive Medical Services at 506 Humboldt Street in Reno.

The Venereal Disease Control Section

The Legislature, by the Act of March 26, 1937, authorized the State Board of Health to accept federal grants-in-aid to be used for the control, prevention, and cure of venereal diseases. The act does not specify the federal acts authorizing such grants but allows the Board to accept federal funds generally made available for venereal disease control. Funds could be made available pursuant to chapter xv, section 3, of Public Law 193, Chapter 143, 65th Congress, 1st Session.

Pursuant to the Act of March 26, 1937, the Board of Health created the Venereal Disease Control Section. Pursuant to the amendment of March 25, 1939, to the Act of 1911 which created the Board of Health, the Venereal Disease Control Section was redesignated the Division of Venereal Disease Control. By the time of the department reorganization of July 10, 1951, the unit on venereal disease control was again made a section within the Division of Preventive Medical Services.

The Venereal Disease Control Section is presently headed by the Director of the Division of Preventive Medicine. At one time, a physician was employed in the section with two full time venereal disease investigators. At the present time there are no funds available for the employment of personnel in the section. Federal grant funds were discontinued by Congress in 1953. A request has been made (October, 1954) to the Public Health Service for the loan of a Venereal Disease Investigator. The section makes use of the public health nurses and local law enforcement agencies to perform its functions.

The functions include cooperation with the federal Public Health Service in controlling, preventing, and treating venereal diseases in the state, cooperation with physicians, hospitals, clinics, education and eleemosynary institutions, and local health officers, and the making of rules and regulations for controlling venereal diseases,

the conducting of public education on venereal diseases, etc. The Board of Health is authorized to establish and financially support clinics, dispensaries, and prophylactic stations necessary for controlling venereal diseases. The section may issue medical supplies to dispensaries and physicians for the treatment of venereal diseases, and, through the public health laboratory, conduct serological tests for disease. The section also keeps records of all cases of venereal diseases which physicians, nurses, and other concerned, are required by law to report.

Cancer Control Section

The Cancer Control Section was created in the fiscal year 1948 upon receipt of federal grants for cancer control, upon the authority of the State Board of Health contained in the state act of March 31, 1947. There is no record of the formal creation of this section.

The Section is headed by the Director of the Division for Preventive Medical Services. There is no personnel assigned to the section.

The responsibilities of the Director of the Division for Preventive Medical Services in this field have never been clearly stated nor assigned. In general, his responsibilities include providing educational material on cancer to medical practitioners and to other persons in the state and contributing financial support to the Reno Cancer Detection Center and working with the Tumor Board of Washoe Medical Center.

The Administration of the (Cancer Control) Section is the responsibility of the Division Director. The program of the section is conducted in cooperation with two organizations, the American Cancer Society and the Tumor Board of Washoe Medical Center with the State Medical Association supplying the personnel for each of these organizations. Washoe County Chapter of the American Cancer Society operates the Detection Center with a professional staff selected by the County Medical Society. A member of the staff examines patients to determine their condition and refers them to their private physicians or the Tumor Board with a report of the findings at the examination. Non-cancerous patients who have private physicians are on their own, but cancerous patients and indigents are sent to the Tumor Board where a more thor ough examination is carried out and treatment advised and given, e.g. surgery, X-ray, radium, or drugs. By this plan, the patients receive necessary care. The State Health Department pays the rent for the Cancer Detection Center, private physicians donate their professional service. The Public Health Service furnishes grants-in-aid for the cancer control fund.

While the State Health Officer says that cancer is the third ranking cause of death in Nevada, no extension of the program is planned for the fiscal year 1954-1955. It is planned, however, to continue to pay professional fees to outstanding physicians who attend sessions of the Reno Turnor Board and clinics at Las Vegas. Professional fees are paid to speakers on cancer who address the Nevada State Medical Society, the Reno Surgical Society, and the larger county medical societies. The categorical federal grant for cancer control will probably be reduced or eliminated during the next biennium.

CHAPTER VIII

THE DIVISIONS OF VITAL STATISTICS, PUBLIC HEALTH ENGINEERING, DENTAL HEALTH, AND LABORATORIES

The Division of Vital Statistics and Personnel

The Secretary of the State Board of Health, i. e., the State Health Officer, is the State Registrar of Vital Statistics. The State Registrar, has, however, delegated the responsibility for the administration and operation of vital statistics affairs to the Director of the Division of Vital Statistics. The State Health Officer has also delegated the tasks of internal administration of personnel matters to the Director of the Division of Vital Statistics.

The Division of Vital Statistics was formally established on March 25, 1939, pursuant to the amendment of March 25, 1939, to the act of March 27, 1911, which re-created the State Board of Health. However, the functions and responsibilities of the State Health Officer concerning vital statistics had been performed since the act of 1911.

The legal authority and responsibility of the Division of Vital Statistics consist of a hodgepodge of amendments, repeals, and enactments, included in more than thirty-five sections of the 1929 Nevada Compiled Laws and Supplements, and in the various annual statutes since 1929. The responsibilities of the Division, in general, concern registration, recording, statistics and analyses. The Division registers births, deaths, and stillbirths in compliance with the state laws; performs tabulating services, compiles and analyzes vital statistics, publishes results of statistical findings, and offers advice and consultation to the staff and division directors of the Department as to statistical and research methods, sources, and analyses.

The Division performs many services to individual citizens, public officials, professional and national health associations, and to the other officials of the Department of Health. Such services are numerous and include, among others, preparing copies of birth certificates and furnishing copies of maternal death certificates to the Division of Preventive Medical Services, information on cases and deaths by tuberculosis to the Tuberculosis Control Section, furnishing venereal disease case reports to the Section of Venereal Disease Control, preparing population estimates for public and official use, furnishing information on deaths of aliens to foreign consulates and to the Immigration and Naturalization Service, furnishing lists of polio cases to the National Foundation of Infantile Paralysis, and providing other kinds of records as requested by various agencies and associations, such as the California Tumor Registry, Communicable Disease Center, National Office of Vital Statistics, American Medical Association, State Veterans' Service Commissioners, County Clerks, etc. There appears to be a close working relationship between the Division and such professional associations in Nevada as the Funeral Operators Association, the Nevada State Medical Association, etc.

The Director, in brief, furnishes certified copies of the record of birth or death to proper applicants; develops and interprets policies on state-wide programs pertaining to registration and record-keeping of vital statistics; maintains the state records on vital statistics; prepares statistical data and reports on vital statistics; prepares statistical data and reports; develops systems and procedures on records and statistics; investigates violations of reporting laws and regulations, recommending appropriate action; and prepares a variety of statistics and reports required by the various Divisions of the Department. He also furnishes death reports to the County Clerks for the purpose of revising lists of registered voters.

The Director of Vital Statistics is assisted by a Senior Clerk-Stenographer and a Clerk-Stenographer. While the present Director is unusually well-qualified and competent for his position, he has no trained statistician in the Division to assist him. Technical and office equipment available to the Division includes an adding machine, calculator, manual typewriter, Remington-Rand Dexigraph, Jr., photo equipment, and microfilm equipment. The Division has no machine record-keeping units, punch card equipment, etc., nor fire resistant storage facilities.

The Division of Public Health Engineering

The history of state and local concern for public health engineering in Nevada extends back to territorial days, especially with regard to sanitation, drainage, sewerage, water supply, ventilation of public buildings and similar environmental conditions. The act of March 27, 1911, which re-created and reorganized the operations of the Board of Health, made the Board responsible for making and enforcing regulations on sanitation and related environmental health matters. The first state law requiring the Department of Health to include within its organizational structure a Division of Public Health Engineering was the amendment of March 25, 1939, to the act of 1911. The Division as such, however, has existed, pursuant to the action of the Board of Health, since August 1936 under authority of the act

of 1911. The Division as such, however, has existed, pursuant to the action of the Board of Health, since August 1936, when the present director of public health engineering received his appointment.

The Division is headed by a Director of Public Health Engineering. The present requirements for the position of Director are graduation from a recognized college or university with an engineering degree and advanced training in public health engineering, and at least six years of progressively responsible experience in the field of environmental sanitation or public health engineering. The Director is assisted in his office by one full time secretary and four full time senior Sanitarians. The requirements for appointment to the position of Senior Sanitarian are graduation from a recognized college or university, preferably with courses in environmental sanitation, and at least four years' experience in environmental sanitation work or health engineering, but the requirements allow substituting each additional year of pertinent experience for one year of college training.

The Director's duties are, in part, to assist the State Health Officer in developing and interpreting administrative policies with respect to environmental sanitation and public health engineering; to supervise the work of the Senior Sanitarians and other members of his staff; to examine plans and sepcifications for the construction of water supply, sewerage, waste disposal systems and swimming pools; to furnish advice on industrial hygiene, housing , milk and food sanitation, and sanitation of hotels, schools, institutions, etc.; to furnish consultant services to public officials, private organizations, and other interested groups; and to participate in public health education and information programs.

The duties of the Senior Sanitarians include enforcing and interpreting laws and regulations on environmental sanitation, making sanitary inspections, issuing and revoking permits as applicable to dairy and milk processing plants, swimming pools, auto courts, hotels, labor camps, food and food handling establishments, carrier water supplies, camps hospitals, schools, and public and private institutions. They also examine plans and specifications and assist in planning new construction works for compliance with public health laws and regulations, carry out educational programs for such groups as food handlers and school lunch personnel, and consult with officials of local governments, civic groups and others concerned with water supplies, sewerage, milk and food supplies and on other matters which public health laws and regulations make them responsible.

Three of the Senior Sanitarians operate from the offices of the Division of Public Health Engineering at 325 West Street in Reno, and one Senior Sanitarian has desk space in the Elko City Hall.

The Division Director has assigned to each sanitarian an area in the state for which he is completely responsible with regard to sanitation matters.

In general, the responsibilities of the Division are to prevent and control nuisances, to regulate sanitation and sanitary practices in the interest of public health, to provide for the sanitary protection of water and food supplies and the control of sewage disposal, and to protect and promote the public health generally.

The State Board of Health has delegated much of its responsibility with regard to sanitary measures to the Division of Public Health Engineering. There are more than twenty-five particular acts of the Legislature on public health engineering matters which the Division of Public Health Engineering is responsible for enforcing. These include acts to prevent pollution of public waters, acts on waste disposal and water supplies, privies, public nuisances, disposal of dead animals and garbage, inspection of vaults and mausoleums, inspection of swimming pools, bath houses, food establishments, hotels, construction camps, public schools and institutions, on preventing the importing of diseased animals in the state, inspecting sanitary conditions for the handling of meat, milk and ice cream, and acts prohibiting the use of common towels in public places, providing separate lavatory and toilet facilities for men and women in buildings where both are employed, and on the use of fumigation materials and on inspection of used mattresses and bedding.

The Division provides consultive services to private enterprisers and to officials of the state and local governments. The sanitarians consult with professional engineers, architects, contractors, and builders as to engineering designs and standards, water and sewage problems, etc., with operations of hotels, food establishments, dairies and milk processing establishments, and water and sewage plant operators, and with representatives of the various professional and trade associations concerned. They also conduct tests and studies on such problems as industrial sanitation, air pollution and workers' environmental conditions. The Division also provides consultive services to local governments officials on problems concerning environmental health conditions, surveys, reports, preparation of local health ordinances, training of personnel, investigation of nuisances, and rodent and insect control measures, etc. The Division spends considerable time in attending to the problems of individual citizens on nuisance investigation, control of rodents and insects, and water supply, sewage disposal, and constructions works.

The facilities of the Division include three small rooms on the second floor of an office building at 325 West Street in Reno, costing $150 per month, and basic equipment for field tests and demonstrations. The sanitarians use their own private automobiles at the usual mileage and per diem rates.

The Division of Dental Health

The State Board of Health created the Division of Dental Health in 1938 pursuant to its authority under section 26 of the Act of March 27, 1911, as amended, and upon receiving federal grant-in-aid funds for the dental care of children and pregnant women under the provisions of Part 1 of Title V of the federal Social Security Act of 1935 and the state enabling act of March 23, 1937. Further general authority for the creation of this Division was forthcoming in the provisions of section 1 of the March 31, 1947 amendment, section 6-1/2 of the March 25, 1939 amendment, and section 26, as amended, of the act of March 27, 1911.

According to the legal responsibility of the Division, a large share of its functions are devoted to providing dental examinations and care for mothers, expectant mothers, and children. Its other functions include providing dental examinations and parental consultation for all school children in the state; planning and organizing a state-wide program of dental public health education; and encouraging and assisting local communities and local governments to develop dental care programs, and to develop and maintain the cooperation of individual dentists, educators, public health workers and nurses, and professional associations and civic organizations. The Division also provides dental care for the State Childrens' Home, and the State Industrial School, and assists in the rheumatic fever program and the Crippled Children Services programs, etc.

Dental care is provided for mothers, expectant mothers, and children on the basis of a "means test", in accordance with the financial ability of the patients or their families. Those who are judged to be financially able to pay for private dental treatment are excluded from the dental care program.

The Division furnishes other services to private practitioners in the medical professions, to institutions, and private organizations and professional associations. It arranges for some refresher short courses or instruction in children's dentistry to private dentists, workshops for teachers, and consultation service to the State Hospital; and consultation, advice, and cooperation with city and county health officers. Staff members serve as officers or members of boards, such as the Board of Directors of the Washoe County Unit of the American Cancer Society. Service rendered directly to individual citizens, outside of the services based on the economic means test to indigent mothers, expectant mothers, and children, include dental examinations and topical fluoride treatments for all children up to twelve years of age, and consultation and advice to any individual on dental health and such allied fields as nutrition, oral cancer, etc.

Among the professional and civic groups cooperating with the Division are the local units of the Parent Teachers Association which often furnishes voluntary personnel from their local health committees at the request of the Division Director, and sometimes furnishes financial aid on a limited basis for individual cases not otherwise elligible under the existing laws and regulations of the Department of Health. The Nevada Dental Society and the county dental societies, as well as the American Dental Association, cooperate and work with the Dental Division on dental public health activities, and assist the Division in providing clinical equipment, educational materials and exhibits on an exchange and loan basis. Some civic groups and service clubs also cooperate with the Division, as in the case of the Lions' Club of Lovelock which provided plumbing and electrical installations for the Lovelock dental clinic for one year's demonstration program.

The Division of Dental Health is headed by the Dental Director, who is assisted by six to eight private dental practitioners throughout the state who give emergency care in their own offices on an hourly fee basis of $10 per hour. Full time employed personnel in the Division, other than the Director, include one dentist and one Dental Hygienist. There are vacancies on the Director's staff for one Public Health Dentist and one additional Dental Hygienist. The Director also has one half-time clerk stenographer.

The qualifications for Dental Director are graduation from an approved school of dentistry, with special training and interest in children's dentistry, and one year of graduate study at a recognized school of public health, and at least three years experience in the general practice of dentistry or two years experience as a full time public health dentist. The qualifications for Public Health Dentist, are graduation from an approved school of dentistry, preferably with formal training or experience in public health dentistry, and one year of experience in the general practice of dentistry, and a license to practice dentisty in Nevada. There is one vacancy for Public Health Dentist in the Division at present, moreover the Public Health Dentist now employed plans to resign about January 1, 1955 in order to enter private practice, after having been with the Division for 15 months. The qualifications for the position of Dental Hygienist, a position which includes one vacancy at present, are graduation from an approved school of dental hygiene, preferably with special training in children's dentistry, and preferably one year experience in the field of dental public health service, and a license to practice dental hygiene in Nevada

The facilities of the Dental Division include a two-chair dental clinic located at the Washoe Medical Center and one-chair dental clinic located at the Health Center of the Clark County Health Department, three complete dental operatories which include dental unit, chair, operating light, X-ray machine and developing equipment, and an air compressor and necessary operating instruments and supplies; and four portable dental units which include portable chair, dental engine, operating light, air compressor, instrument case and instruments, and one X-ray machine; and

miscellaneous equipment such as water analyzer, educational models, movie films and projector. The Division also has two station wagons. The administrative office and storeroom are located at 506 Humboldt Street in Reno.

The Division of Laboratories

The Legislature authorized the creation of the State Hygienic Laboratory as a part of the University of Nevada by an act of March 25, 1901. Thirty years later, by the amendment of March 25, 1939 to the act of March 27, 1911, concerning the State Board of Health, the Legislature transferred the State Hygienic Laboratory to the State Department of Health and specified that the Department would include a Division of Laboratories.

The personnel of the Division of Laboratories include the Director of the Division, two full-time Serologist-Bacteriologists, one half-time Serologist-Bacteriologist, and one half-time Senior Clerk-Typist, one Laboratory Assistant, and one part-time janitor, all of whom are employed at the main laboratory in Reno.

In additions to the staff employed in the main laboratory there is also one Serologist-Bacteriologist in Las Vegas, who is in charge of the Las Vegas Branch Laboratory. There is one part-time laboratory assistant.

The qualifications for the position of the Director (Director of Public Health Laboratories) are graduation from a recognized college or university with specialization in bacteriology or laboratory sciences and preferably with advanced graduate study in pathology and bacteriology, and graduate training in a recognized school of public health; and at least four years of progressively responsible experience in a medical laboratory, including two years in a public health laboratory. The qualifications for the position of Serologist-Bacteriologist are graduation from a recognized college or university with specialization in bacteriology or laboratory sciences and completion of one year of graduate work in public health or one year of experience in a public health laboratory, but the requirements allow each additional year of laboratory experience to be substituted for one year of college training. The qualification for the position of Laboratory Assistant is graduation from high school, and preferably some experience in laboratory work.

The purposes for which the Legislature created the State Hygienic Laboratory are to offer with or without charge to health officials and licensed physicians of the state, proper laboratory facilities for the prompt diagnosis of communicable diseases; to make necessary examinations and analyses of water, natural ice, sewage, milk, food, and clinical material; to conduct research in the nature, cause, diagnosis and control of diseases; and to undertake technical and other laboratory duties requested by the State Board of Health. The Laboratory conducts routine tests for venereal diseases, typhoid and paratyphoid, undulant fever, tularemia, tests for parasites, bacteria, pinworms, tuberculosis, diphtheria, fungi, etc., and tests suspected food for bacterialogically substances, etc. These tests are all made without charge.

Laboratory service is provided to any physician in the state, to the various divisions of the Department of Health, to the Veterans's Administration, State Mental Hospital, and military, and air installations in the state. The Laboratory provides services in certain cases for individuals. Any individual in the state may have water tested, dairymen may have milk and milk products tested, and patients referred to the Laboratory by physicians may receive certain blood and other tests.

The main Laboratory in Reno has been located in the same building since the Laboratory was first established in 1909. The building is owned by the Episcopal Church which receives $91.66 per month rent for it, which includes no service. Electricity, heat, telephone, janitor service, repairs and maintenance, garbage disposal, etc., costs an additional $2,000 per year. The Branch Laboratory in Las Vegas will be housed in the State Office Building in Las Vegas which is now under construction.

PART III

THE FUNCTIONS OF THE STATE DEPARTMENT OF HEALTH

CHAPTER IX

THE GENERAL PROGRAMS OF THE DEPARTMENT

The functions of the Nevada State Department of Health are embraced in its substantive operational programs. These programs may be classified under the following general catagories; (1) technical service, (2) regulatory, (3) clinical, (4) education, and (5) research.

The technical service programs include (a) laboratory testing, (b) vital statistics, (c) public health nursing, and (d) local health service.

The regulatory programs include procedural and substantive features. The procedural features include fact finding, establishment of rules, regulations and standards, obtaining public compliance, and enforcing sanctions. The substantive features include the actual programs such as the regulation of: (a) burials and burials places; (b) food and drink establishments; (c) milk plants and dairies, (d) water supplies, swimming pools, sewage and garbage disposal systems, and water pollution control; (e) public buildings, schools, and institutions; (f) hotels, auto courts, and labor camps; (g) control and prevention of communicable diseases; (h) hospitals and maternity homes, etc.; and (i) minor regulatory programs, including public nuisances, insect and rodent control, mattresses and used bedding, industrial sanitation and hygiene, narcotics, control, and home safety.

The clinical programs include the administration of clinic programs and programs for the control of particular diseases. The programs include (a) examinations and diagnosis, (b) referral of patients for treatment, (c) treatment and care, and (d) preventive medical treatment and measures.

The educational programs include demonstration projects and programs on environmental sanitation, accident prevention, public and personal hygiene and safety, mental health, dental health, local health service, and official reports and general public health information, regardless of the type of communications media used.

The research programs include (a) the hospital construction survey, (b) state-wide dental caries program survey, (c) survey to locate crippled children, (d) home and school accident survey in Ormsby county, and (e) general routine vital statistics collection.

CHAPTER X

THE TECHNICAL SERVICE PROGRAMS

Laboratory Testing Service

The laboratory testing programs are conducted in the Department of Health exclusively in the laboratories of the Division of Laboratories.

The Division of Laboratories conducts programs for (1) routine tests and (2) special tests. The routine test program includes (a) syphilis serology; (b) agglutination tests for typhoid, tularemia, etc.; (c) feces examination for parasites and bacteria; (d) milk tests for routine plate counts, coliform counts, and for mastitis, etc.; (e) water tests of samples for bacteria, chlorination, etc.; tests of specimens, smears and cultures for tuberculosis; and (f) general bacteriology tests for gonococcus, Vincent's angina, diphtheria, fungi, throat infections, etc. The special tests include examination of food samples for various kinds of bacteriological poisons, such as botulism; serological tests for RH factor and blood type; and many appropriate clinical tests on patients referred to the laboratory by state agencies and clinics, especially in behalf of children and expectant mothers; and performance of intermediary laboratory tests and analyses in behalf of the U. S. Public Health Service Viral and Rickettsial Section Laboratories of the Communicable Disease Center at Mobile, Alabama. School lunch programs and recruits for military services also receive testing services etc,, from the laboratory.

The Division of Laboratories has no funds nor facilities but does have the authorization for conducting programs of continuing experimentation and research.

The testing programs are not conducted as separate and independent programs but are conducted as the overall function of the laboratories to provide services to the other Divisions of the Department of Health and other state agencies and institutions. Chemical tests are performed by the Food and Drug Laboratory.

Vital Statistics Service

The Division of Vital Statistics conductes the following programs; (a) registration and recording, (b) statistics and analysis, (c) certification and verification, and (d) miscellaneous statistics activities. These programs are of two general types (1) administrative and (2) service.

The administrative programs pertain to technical and administrative procedures within the Division for facilitating and expertizing the keeping of records, the receipt of informational and statistical data, review of records and documentary evidence, tabulating data, and other technical aspects of internal administration and direction within the Division.

The service programs are conducted in order to facilitate the operations and programs of the other Divisions in the Department of Health by furnishing them with current facts and data with which they are concerned; and are conducted for providing statistical data to other agencies, local governments, public institutions, civic groups, and private persons.

SERVICE PROGRAMS FOR THE DEPARTMENT.

These programs are conducted as a continuing function of the Division. They include referring information and data obtained from vital records to the various Divisions of the Department, including data on births, deaths, and stillbirths. Special tabulations of basic data are also prepared from vital statistics records upon request of the Divisions to meet the special needs of their respective programs. Such data includes (1) general data on prevalence and situ of communicable diseases, (2) venereal disease morbidity data, (3) tuberculosis morbidity data, (3) lists of deaths due to enteric diseases, (4) home accident fatalities, (5) polio cases, (6) population estimates, (7) other records as requested or required, and (8) advice and instructions on research and statistical methodology.

EXTRA-DEPARTMENTAL SERVICE PROGRAMS.

The Division of Vital Statistics conducts a program of extra-departmental services. The extent and duration of this program fluctuates with the current demand for such services, but requires a continuing effort to collect and maintain the necessary data.

The program includes: (1) issuing certified copies of birth certificates, death and stillbirth records to authorized persons requesting them; (2) verifying facts of birth, death, etc., for various agencies of the federal, state and local governments (e.g., birth dates of applicants for Old Age Security benefits; death records for county clerks in revising lists of registered voters, of aliens for the Immigration and Naturalization Service, of victims of narcotic poisoning for the Federal Food and Drug Administration; and miscellaneous data for law enforcement agencies etc., and (3) and complying with the requests of various civic and professional groups, e.g. California Tumor Registry, Communicable Disease Center, National Foundation of Infantile Paralysis, American Medical Association, American Dental Society, American Cancer Society, etc.

REGISTRATION AND RECORDING.

The Division of Vital Statistics conducts the Registration and Recording program in compliance with state law. The program consists of registering and recording all births, deaths, and stillbirths in the state as reported by physicians and others who are required by law to do so. This program includes reviews of records received for completeness and accuracy and queries to complete inadequate records.

STATISTICS AND ANALYSIS.

This program involves a continual tabulation of basic data from vital records and special tabulation to meet special needs as requested by the Department and other agencies. Venereal disease and tuberculosis morbidity, epidemiological statistical compilation and evaluation, and tabulation of data for the crippled children's program are permanent parts of this program. Other aspects of the program include compilation and evaluation of statistical information for the Health Education office for use in press releases, for special analyses, charts, graphs, and reports for other Divisions of the Department, and for the special and biennal reports.

METHODOLOGY.

The program on statistical methodology is an intra-agency function by which advice and consultation to the Department staff is provided on statistical research techniques, methodology, design of forms, tabulation, analyses, and sources of data, etc.

CERTIFICATION AND VERIFICATION.

This program consists of issuing certified copies and verifications of records on file in the Division in compliance with state law, particularly with regard to the issuing of certified copies of birth and death certificates.

STATISTICAL ACTIVITIES.

The requirements of this program are to develop statistics upon which the various programs of the Department may be based, to advise governmental and other agencies as required or requested, and to provide interested persons and agencies information on the status of health and morbidity of the people in the State as reflected by available statistics.

Public Health Nursing Service

The Public Health Nursing Service has no operational programs conducted on its own but provides public health nursing personnel and services to assist the other Divisions of the Department and local governments in conducting their respective programs. In spite of the tremendous number of services performed by individual nurses, there are no clearly defined programs for them. This lack appears to be the result, not only of the service nature of the section, but also owing to what appears to be lack of informed and energetic executive direction, the lack of efficient channels of communication from the Division office to the individual nurses who perform the actual work, and owing to indefinite and confusing instructions coming from a variety of non-departmental personnel, including welfare and eleeomosynary officials, school officials, local health officers, and private physicians. The section has developed no concrete programs which can be clearly defined, although individual nurses, have, on their own, to a limited extent, worked out routines which enable them to fulfill their numerous duties.

Local Health Service

There are three potentially significant programs concerning local health services which the Department is encouraging: (1) developing plans for area health centers, (2) administering federal grants-in-aid for local hospital construction, and (3) encouraging private physicians to locate in isolated areas and seeking to provide these areas with some kind of service by a county health officer.

The first of these programs, so far, is merely expressed as a hopeful goal to be achieved eventually and embraces the idea of establishing public health centers in each of three major areas of the state, at Elko, Reno, and Las Vegas. The second program is an inducement program by which local authorities and citizens groups are encouraged to construct essential minimum hospital facilities, the inducement being the availability of the federal grants-in-aid for such construction.

The third program, to provide professional medical personnel for isolated areas and counties, is fully recognized as being necessary for meeting critical personnel shortages in some counties. The program consists of administrative juggling of jurisdictions of county health officers and recommendations for attracting medical personnel to locate in the areas where they are needed. Such devices are used as recommending that county physicians or health officers have more than one county to serve, that they be employed on a part-time basis so that the work will not interfere with their private practices and that public health nursing services be utilized to a maximum extent. The State Health Officer corresponds and visits with local government officials and leaders of civic groups from time to time

to offer advice and suggestions on such matters and problems as the attracting or recruiting of professional medical persons to locate where they are needed. The actual arrangements for procuring the services of a resident physician or a local health officer are left to the discretion of the local authorities. In some cases, civic groups, in a spirit which appears to be desperation, offer local inducements in the form of a guaranteed minimum income, favorable rental terms for housing, free office space, etc., but the extent of such inducements has been too limited to be generally effective, although effective in Eureka County. For the most part, in the absence of legislative provisions for such a program, the Department of Health leaves such responsibilities to the local authorities and private groups, offering only advice and suggestions. One of the obstacles to such a program is the limited number of medical practitioners in the state, all of whom are already serving other areas where they are equally needed. Another obstacle is the limited number of new practitioners who are encouraged to come to the state to set up practice, a situation which raises the suspicion that many authorities are indifferent to the imbalance in the supply and demand of medical personnel in Nevada. The State Health Officer, however, should be commended for his successful efforts in obtaining the services of a resident physician in Eureka County. Such efforts should be further encouraged.

The Department is also interested in putting into effect a program for consolidating county health departments for those counties which are too sparsley settled to support a department of their own. By consolidating two or more county health departments or by establishing a district health department to serve two counties, it is hoped that local public health benefits can be more readily provided. Section 5268.01 of Nevada Compiled Laws does permit this kind of action, but the law has not been utilized because the larger counties consider its provisions unequitable since it provides for two representatives only, from each participating county rather than a form of proportional representation.

A more specific program conducted by the department is the reporting of the incidence and occurence of communicable diseases. The Department furnishes printed forms to physicians, nurses, local health officers, etc., for reporting such diseases as diphtheria, small pox, venereal diseases, etc. which are reported as required by law.

Another significant program, which over the years has worked out successfully, is the investigation and assistance furnished by the Department to local health authorities in controlling communicable diseases and epidemics. While this is not relatively a continuing program it goes into operation almost automatically as soon as local epidemics and such matters are brought to the attention of the Department.

CHAPTER XI

THE REGULATORY PROGRAMS

The regulatory programs of the Department of Health may be considered as having two major features, procedural and substantive. The procedural features are the administrative procedures and processes followed in implementing the substantive program. The procedural features, generally speaking, include: (1) fact finding by means of inspections, investigations, studies, surveys, special reports, complaints, hearings, conferences, etc.; (2) establishing standards; (3) determining public compliance in particular cases with public health laws, rules, regulations, standards, etc.; (4) serving notice of violations, compliance, and need for corrective measures, to those whom the law requires to comply; (5) enforcing sanctions against violators or rewarding those who comply, i.e., by granting, withholding, revoking licenses, etc. and taking other legal action as the case may warrant. Records are kept on all action taken.

The substantive features are the subject regulatory programs and their objectives. The general objectives are, of course, to achieve maximum protection of the health and safety of the public by means of controls exercised over sources of possible threats to health and safety. The special objectives are those which each particular program desires to achieve. The primary objectives are those which each particular program seeks to achieve. The primary objectives of the regulatory programs in effect are as follows:

(1) Regulation of mausoleum and burial places and of the transport and burial of human corpses.
(2) Regulation of food and drink establishments as defined by law.
(3) Regulation of water supplies, public and private, including water supplies for interstate common carriers, water pollution control of public waters, sanitation of swimming pools, and regulation of sewage and garbage disposal systems.
(4) Regulation of milk plants and dairies.
(5) Regulation of the sanitation of public buildings, schools and institutions.
(6) Regulation of sanitary conditions of hotels, auto courts and labor camps.
(7) Control and prevention of communicable diseases.
(8) Regulation of hospitals, maternity homes, rest homes, etc.
(9) Regulation of such activities and matters as public nuisances, insect and rodent control, inspection of mattresses and used bedding, industrial sanitation and hygiene, narcotics control, and home safety.

Deceased Persons and Burial Places

Owing to the vagueness of existing legislation on the disposition of deceased persons, the regulatory program of the Department of Health on burials is limited to such activities as prevention of nuisances arising from the indiscriminate burial of persons in unconventional plots, prevention of the spread of contagious diseases by requiring prolonged sealing of caskets containing infected corpses, and requiring permits for the transportation of corpses. The Department has no explicit responsibility with regard to cemeteries and graves, with the exception of mausoleums, vaults and crypts.

The Division of Public Health Engineering examines the plans and specifications for each public and private mausoleum, appoints a construction inspector who inspects its construction at the expense of the builder, determines its compliance with the public health requirements, and issues an "Official Notice" to notify the superintendent of the cemetery where the mausoleum is located as to whether approval has been granted. The Department collects no fees for this service. Before a body may be interred, the Division again inspects the tomb to approve it for interment, and fixes the amount of the fee to be paid by those concerned (e.g., executors, families or owner, etc.) to the cemetery corporation for its perpetual care.

Upon complaint that a mausoleum or tomb is a public nuisance or a menace to public health, and when that fact is verified by inspection, the Department may take legal steps in any court of competent jurisdiction to order responsible persons to make suitable arrangements for repairs or re-interment at their own expense.

Food and Drink Establishments

The Division of Public Health Engineering conducts the program for regulating such food and drink establishments as restaurants, lunch counters, grocery stores, fountains, bars, butcher shops, abattoirs, canneries, etc., and for inspection of articles of food including vegetables and meats and their related products. The Division conducts regular inspections of these establishments, using a standard "check sheet", inspecting the structure for cleanliness, vermin, rodents, ventilation, fly control, toilets, lavatories, water supply, condition of kitchen and utensils, temperature of

water, cleansing facilities, food containers, garbage and sewage disposal, refrigeration, wholesomeness, and protection for food products, cleanliness of food handlers, etc.

A copy of this inspection sheet, with the rating of the establishment is posted. Each establishment is thus graded "A" for very satisfactory, "B" for satisfactory, and "C" for unsatisfactory, in order to inform the public as to its sanitary condition. Articles found to be unwholesome are tagged with a red label marked "Condemned". One copy is presented to the city clerk or county clerk or other such local licensing authority.

Upon completion of the inspection an "Official Notice" is given to the owner or manager which may read "Permit Granted, Grade ___" or "Permit denied, this establishment closed," or "Comply with indicated corrections". The inspecting sanitarian retains one copy of the inspection sheet which is again referred to for subsequent inspections.

After a number of establishments in a particular municipality or county have been inspected within a certain period, a summarizing report is made and sent to local newspapers and local official agencies.

Bars, fountains, groceries, abattoirs, ice cream plants, and bottling plants receive a placard permit showing their official grade. This permit must be presented with the management's application for city, county, or state license and must be posted conspicuously in the establishment. This "Official Grade and Permit" is issued for one year, but is revocable at any time when an unsanitary condition is found to exist.

The Division keeps a permanent record of inspections and violations of each establishment inspected. In the event a case of typhoid or food poisoning develops, the Division conducts an immediate and thorough investigation of all concerned, using its "Typhoid Questionnaire" as a check sheet to be used by those concerned, e.g. owners and operators of food establishments, and other, in making corrective and remedial action.

Meats and animal carcasses in abattoirs are stamped with a blue stamp "NHD INSPD & PASSED NO.___" in the shape of the Nevada map, when approved by the designated veterinarian conducting the inspection.

The Division of Public Health Engineering also conducts inspection programs in behalf of the U. S. Public Health Service for eating and drinking establishments that serve food to persons on board interstate common carriers. The Division uses a special form prepared by the Public Health Service as a check list for catering establishments and flight kitchens serving interstate air lines, another form for general eating and drinking establishments serving any interstate common carrier, and one for frozen dessert plants which furnish frozen desserts to interstate carriers. When the sanitary conditions in such establishments are found to be below standard, a notice of warning is issued, and when violations are noted on two successive inspections, the establishment is "degraded" and its permit to operate is suspended.

In all cases, when a negative action is taken, an "Official Notice" in writing is given to the operator, detailing corrective measures with a time limit for compliance. At the expiration of the time limit, or earlier if requested by the operator, re-inspection is made. If the conditions are then found to be satisfactory, no further action is taken; if unsatisfactory or serious, the operator may be asked to discontinue operations until he can comply. For persistent failure to comply with the sanitary conditions, the Division may file a complaint charging by court action a misdemeanor.

The Division has never lost such a case in court, but rarely finds it necessary to resort to this form of action. Most operators are willing to comply with the first recommendations of the inspecting sanitarians. The administrative powers of the Department of Health under existing statutes are apparently adequate enough to enable the Division to enforce the sanctions for compliance of food and drink establishments to high standards of cleanliness.

Milk Plants and Dairies

The Milk Plant and Dairy Inspection program involves two kinds of inspections, one of milk pasteurization plants and receiving stations, the other of dairy farms. The sanitarians inspect the milk plants periodically, using a special "check sheet" which includes items such as types of floors, walls, ceilings, doors, and windows, washability, cleanliness, effectiveness for fly control, ventilation, adequate toilet facilities, water supply, hand washing facilities, sanitary piping, waste disposal, cleaning facilities for milk containers, bactericidal treatment of equipment and containers, storage, and technical sanitary standards in pasteurization, bottling and capping, and health and cleanliness of employees, etc.

"Official Notices" and "permits" are issued upon completion of inspection and finding of satisfactory conditions.

The dairy farm inspection program follows a similar procedure, using a special "check sheet" adapted to the situation peculiar to dairy farms, including, however, such items as tests for tuberculosis and other diseases in dairy cows. Similar inspections and procedures are used for those dairies which ship milk to California and in interstate commerce. California furnishes the Division with the "check sheets" to meet California requirements and the U. S. Public Health Service furnishes necessary and required forms for those which ship milk in interstate commerce.

The Division issues official notices as to the results of inspections, indicating satisfactory and unsatisfactory conditions found, and issues "Permits" when all requirements are met. The procedure is similar to that used in the case of food and drink establishments.

The Division keeps a record of the inspections made and the results of inspections for each pasteurization plant and dairy inspected, rating surveys are reviewed by the U. S. Public Health Service for "Gold Star Ratings."

Pursuant to the recommendations of the Division of Public Health Engineering, the State Board of Health adopted the "Regulations Governing the Sanitation and Grading of Milk and Milk Products," effective July 12, 1949, and amended July 10, 1951, January 13, 1953, and April 10, 1953.

Water Supplies, Public and Private

The program of the Division of Public Health Engineering for the regulation of water supplies is a broad and general program which involves extensive cooperative activities and relationships with the federal government and with the neighboring states of California and Oregon, as well as with other administrative agencies of the State of Nevada.

FEDERAL COOPERATION.

The programs in cooperation with the federal government involve (1) the Veterans' Administration with regard to inspection and approval of individual sewage disposal systems in homes purchased by certain veterans; (2) the Federal Housing Administration with regard to water supply systems for homes purchased with the aid of FHA home loan guarantees; (3) the U. S. Public Health Service with regard to inspection of water supplies used by interstate carriers, including airlines, at watering points in the state and for such matters as water health pollution control, (4) the U. S. Public Health Service; the Corps of Engineers of the U. S. Department of the Army; the Federal Power Commission; the Agricultural Extension Service, Forest Service, and Soil Conservation Service of the U. S. Department of Commerce; the Bureau of Reclamation, Fish and Wild Life Service, and the Geological Survey of the U. S. Department of the Interior; and various bureaus and divisions of the U. S. Department of Health, Education and Welfare.

INTERSTATE COOPERATION.

Among the neighboring state agencies with which the Division of Public Health Engineering cooperates on water pollution and related control problems are: The California State Division of Forestry of the Department of Natural Resources, The Division of Water Resources of the Department of Public Works, and the Departments of Fish and Game, and Public Health; Columbia River Drainage Basin, The Colorado River Drainage Basin, Wasatch Drainage Basin, Arizona Department of Health.

INTER-AGENCY COOPERATION.

Among the administrative agencies of the State of Nevada with which the Division of Public Health Engineering collaborates in joint programs for water supply and water pollution control are (1) the Agricultural Experiment Station of the Department of Agriculture, (2) the Fish and Game Commission, (3) the State Highway Department, (4) the Office of the State Engineer, and (5) the other divisions of the Department of Health.

WATER SUPPLIES.

There are six special programs for regulating water supplies in Nevada: (1) regulation of water supplies in private dwellings and other buildings: (2) regulation of public drinking fountains and watering places; (3) regulation of water supplies for public carriers in interstate transportation; (4) water pollution control of public waters, and regulation of sewerage drainage, including special programs for the Lake Tahoe Watershed, the Central Nevada Drainage Basin, and the Northwestern Lahontan Basin; (5) regulation of swimming pools; (6) providing technical advisory assistance to municipal governments and other interests on sanitary measures for water supplies in dwellings and other buildings.

In general the regulation of water supply sanitation, regardless of the nature of the water supply or system, consists of inspections of premises and surrounding environment and collection of water samples for laboratory testing. A letter form report is sent to those concerned, and in certain cases, the "Official Notice" and "Permits" are sent, just as in the case of food establishments. Special permits are required for bottling and distribution of bottled water. A record is kept of the inspection, laboratory analyses of water samples, etc., for each establishment, installation, premises inspected.

Where FHA and Veterans' home loan guarantees are involved, special forms, furnished by the federal agency concerned, are used.

Where public carriers in interstate transportation are concerned, special U. S. Public Health forms are used, and when a water supply installation is "unapproved", the U. S. Public Health Service is notified by telegraphic communication, and the facility is closed to further use by common carriers.

In all cases, where the water supply is disapproved, the Division of Public Health Engineering posts near the water taps a notice, "Water Supply Not Safe For Drinking", with the date and signature of the sanitarian making the inspection.

The Division of Public Health Engineering has adopted the "Water Supply Regulations", approved by the State Board of Health, January 8, 1952, with regard to the agency administrative rules and regulations for water

supplies, pumps, wells, plumbing, drinking fountains, water distribution lines, bottled water, etc.

WATER POLLUTION CONTROL AND SEWAGE DRAINAGE.

The water pollution control program and the program for regulating sewage drainage may be considered together.

SEWAGE DISPOSAL SYSTEMS. The program for regulation of sewage disposal plants and garbage disposal systems may be considered as a part of the sewage drainage control program.

Where private sewage disposal systems for individual dwellings are involved for complying with FHA and VA loan guarantees, the Division of Public Health Engineering makes necessary inspections and completes a report form similar to that required for approval of water supplies in such cases, and upon grant of Division approval, the loan can be authorized.

In cases of municipal and industrial sewage treatment plants, the Division conducts routine inspections and reviews construction plans. No special permit form is used, but narrative reports are completed, a copy being sent to those concerned, with an official letter indicating the agency action, whether of approval or of condemnation.

There is no especially established procedure or policy with regard to garbage disposal systems, but when inspections are made, narrative-type reports are prepared, containing the expert opinion of the inspecting sanitarians, and pertinent recommendations. The chief problem in this regard is deficient legislation, which for the most part, leaves these matters to local and town authorities, resulting in indiscriminate dumping of garbage, tin cans, and other trash along roadsides, establishing unsanitary local precedents that have become in some localities almost a tradition.

In the pollution control programs, the Division of Public Health Engineering works closely with corresponding agencies of California, Oregon, Arizona, and the federal government. Detailed information on these programs and their administration may be found in "Report on Water Pollution Control--Lake Tahoe Watershed," published February, 1953 by the Division of Public Health Engineering; Central Nevada Drainage Basin, published June 1952 by the Division of Public Health Engineering in cooperation with the California and Great Basin Drainage Basins Office, Division of Water Pollution Control, U. S. Public Health Service: and Report on Water Pollution Control, published April 1953 by the Division of Public Health Engineering and the California Boards of Lahontan Regional Water Pollution Control and State Water Pollution Control.

THE LAKE TAHOE WATERSHED. The Lake Tahoe Watershed program is directed toward keeping Lake Tahoe and surrounding drainage areas free from pollution by means of sanitary inspection, supervision of construction of waste disposal facilities, and bacteriological examination of water samples. The Division considers written applications from builders who plan to construct commercial buildings, buildings for human occupancy, water distribution systems, or sewage or waste disposal systems. Upon approval of the applications, after all the relevent facts have been investigated, the Division issues written permits authorizing the proposed construction. Permits are denied when the proposed construction is apt to create health hazards. The Division, however, has published recommended construction guides to assist builders in preparing their plans to meet Health Department rules and regulatory requirements. Even when a permit has been granted, it may be revoked at any time upon findings of conditions that appear to constitute a menace to public health. Since Lake Tahoe is on the California-Nevada state boundary line, the Nevada Division of Public Health Engineering and the California Lahontan Regional Water Pollution Control Board have worked out joint but oral agreements for enforcing water pollution control regulations consistent with the laws of each of the two states. Although the regulatory provisions of the Water Pollution Control Act of 1948 of the federal government apply in the case of the Tahoe area, the federal government has never invoked these provisions in practice, but officials of the U. S. Public Health Service have attended some of the joint meetings between the public health engineering officials of Nevada and California.

THE NORTHWESTERN LAHONTAN BASIN. The Northwestern Lahontan Basin is the drainage area, about 35,000 square miles, of northwestern Nevada, northeastern California, and southeastern Oregon, for such streams as the Truckee, Carson, Walker, Susan, and snow melts from the Sierra Nevadas. Municipal sewage, industrial wastes, wastes from recreational areas, and soil erosion contribute to the defilement of the waters of the area. The object of the water pollution control program is to minimize the health hazards arising from the pollution of waters in this basin. The administration of this program is conducted as a routine matter, special attention to it being devoted as special needs arise, but no special surveys have been conducted or hearings held to determine either the extent of pollution or the efficacy of existing measures. For the most part, actual controls are left to the discretion of the municipalities in the area and sanitary districts, with advisory assistance from the Division of Public Health Engineering and the U. S. Public Health Service.

THE CENTRAL NEVADA DRAINAGE BASIN. The Central Nevada Drainage Basin, embracing about one-third of the area of the state in the central and southern Nevada, approximately 36,400 square miles, is the object of a special water pollution control program of the Division of Public Health Engineering. The principal sources of water pollution are sewage wastes from small communities in the area. This program consists chiefly of recommendations made to local authorities for installation of adequate garbage and sewage collection systems, for providing primary

treatment of domestic wastes; and of standing recommendations for industries, which may locate in the area, to determine the quality and quantity of wastes, to reduce the extent of such wastes by sound plant housekeeping, to treat adequately remaining wastes, and comply with existing health regulations by submitting plans and specifications or treatment works for approval to the Division of Public Health Engineering.

Concerning the problem of water pollution control in the State as a whole, it is to be noted that existing legislation in Nevada is not consolidated into a single pollution control law, but consists of numerous scattered legislative acts which leave legalistic lacunae, especially with regard to areas other than the three main areas of the Lake Tahoe Watershed, the Lahontan Basin, and the Central Nevada Drainage Basin. While several state agencies, such as the Office of the State Engineer, the Fish and Game Commision, the State Department of Agriculture, the State Highway Department, and the State Department of Health cooperate together in their respective functions concerning water pollution control, it is noted that this cooperation is largely a personal matter among the respective administrators of these agencies, and that as the State increases in population, etc., and as departments are loaded with correspondingly increased responsibilities, there is the possibility of conflicts in jurisdiction and evasion of responsibility unless the water pollution control legislation, including conservation control, is consolidated, pertinent functions clarified, and definite responsibilities assigned by law.

SWIMMING POOLS.

The program for the regulation of swimming pools is also conducted by the Division of Public Health Engineering. The program includes the receipt of applications to construct or operate a swimming pool or bathing place; consideration of such applications for approval or disapproval with respect to general requirements of the Department of Health as water supply, design of pool, sanitation, safety, and classification; and performance of periodic inspections for continued compliance with the rules and regulations of the Division. Upon the approval of the original application and approval of continued compliance with regulations, the Division issues either an "Official Permit" or an "Official Notice" of deficiencies and required action. In the event of persistent failure of the operator to correct the noted deficiencies, action may be taken to revoke the "permit" resulting in the closing of the pool, action which is enforcible in the courts. The Division has issued rules and regulations governing the sanitation, safety, and cleanliness of public bathing places, adopted by the State Board of Health, April 29, 1937.

Sanitation of Public Buildings, Schools, and Institutions

Public buildings are inspected for fire and safety hazards but there are no legal statutory requirements to be met. When inspectors discover particular hazards, they submit a report to the proper authority with recommendations only. Public schools are inspected as frequently as the inspector happens to be in the area or upon specific request or complaint.

The school inspection program involves, firstly, an inspection of the sanitary conditions of the school lunch system, just as is done with any other kind of food establishment; and involves secondly, an inspection of the school plant, particularly with regard to the condition of the playgrounds; the existence of hazards; the condition of the building; the ventilation, lighting, seating and heating of classrooms; maintenance, cleaning, drinking, shower and other water facilities, fire protection equipment, toilet and lavatory equipment, sewage and waste disposal, etc. For school inspections, the Division sanitation sanitarians use a special "check sheet", a copy of which is furnished to each school superintendent and the state superintendent of education, upon completion, with comments as to recommendations. There is no "permit"issued, for there is no authority at law to enforce compliance. Generally, however, school officials do comply, especially with regard to dangerous conditions which need correcting. Other public institutions are inspected to ascertain the existence of deficiencies in standards, etc. The same principles and procedures apply in this program as with those for the inspection of food establishments, milk plants, housing, etc. No official permits are issued, however, since there is no authority as law to compel compliance, but the inspectors do prepare and submit recommendations to the administration.

Private Dwellings

Inspection of private dwellings usually occurs upon request of the owners. Many private dwellings are inspected, however, upon complaints against them as nuisances. Where such nuisances are found to exist, recommendations are made to the owner, and if compliance is not forthcoming, court action may be taken to enforce compliance.

Sanitation of Hotels, Auto Courts, and Labor Camps

HOTELS.

The sanitarians of the Department of Health, using a standard inspection check sheet, inspect hotels as frequently as there is time to do so. They inspect such matters as the building construction and maintenance, fire protection facilities, water supply, plumbing, illumination, ventilation, garbage and trash disposal, laundry, bedding,

sleeping rooms, drinking glasses, and bath, toilet, shower, and lavatory facilities. A copy of the completed check list is given to the proprietor or operator. This includes an "Official Notice" which notifies him of the facts regarding the inspection and of any corrections he is to make or any instructions with which he is expected to comply.

The actual enforcement of sanitary standards is weak owing to weaknesses in the hotel sanitation law itself. The only authority which the Department of Health has for enforcing its provisions is to resort to legal action and prosecution. For proper enforcement, there should be provided in the law, authority for the Department to effect compliance with the law by means of administrative action, such as requiring permits of hotel operators which the Department may grant or revoke, using a grading system similar to that used in regulating dairies and food establishments. Finally, rather than to take legal action against the individual or individuals concerned (an especially difficult problem when the owners of the hotel are different persons from the lessee or managing operator,) the Department should be empowered to take action against the place, by closing the establishment until the sanitary requirements are met, and in some cases, by condemning the structure itself for human habitation. The use of such a device as "The Gold Star" rating for those hotels that meet the sanitation requirements could also be effective. The provisions in the existing law which grant certain exemptions to certain types of hotels should be eliminated. The idea is completely falacious in actual practice that hotel and motel operators will regulate themselves owing to the intensity of competition among them.

AUTO COURTS.

In the inspection of automobile courts and trailer courts, and motels, the Department of Health follows a procedure similar to that used in the inspection of hotels. After the inspection is made, with the aid of a standard inspection check list, the sanitarians serve an official notice to the operators which specifies the corrections needed. The inspectors look for specific and general unsanitary conditions, the extent of camping space per automobile or trailer, the nature of the water supply, sewage disposal, and fire protections systems, communicable diseases, and the quality of related trailer facilities, records of campers or lodgers registered, and the nature of the management and maintenanance of the place.

LABOR CAMPS.

The Department also conducts inspections of labor and construction camps, using standard inspection check lists, which, when completed, a copy is given to the organization or firm concerned for corrective action, if any.

The Regulatory Program for the Control of Communicable Diseases

The Department of Health uses two standard administrative devices for conducting the program for the control of communicable diseases: (1) recording certain mandatory reports on the occurrence of communicable diseases, and (2) requiring mandatory quarantine in certain kinds of cases. The law places the actual responsibility for reporting communicable diseases and for establishing quarantines on attending physicians.

The law designates certain diseases as reportable and separately designates the disease for which quarantine is required. The Department furnishes booklets of printed forms to physicians to be used in reporting diseases. The law requires physicians to report the occurrence of communicable diseases to local health officers. There are 27 reportable diseases and 14 unusual types of disease occurrences reportable. A physician who fails to report these diseases is subject to a misdeameanor charge, a fine of from $100 to $500 and/or imprisonment in the county jail for a period from 10 to 30 days.

At one time the law required that attending physicians establish quarantines for scarlet fever, smallpox, chickenpox, acute anterior poliomyelitis, cerebrospinal meningitis, diarrheal diseases of children, peurperal septicimia, or mumps, for the person or persons or the family and premises infected. A physician who failed to establish and maintain quarantines is subject to a misdemeanor charge. At the present time only cholera, diarrhea (epidemic diarrhea of the newborn), plague, and small pox are quarantinable; the quarantine to be established by the local health officer.

The Department has issued a "Wall Chart of Communicable Diseases" in the form of instructions concerning certain diseases, immunization, methods of control, and quarantine. The Department does not recommend quarantine for chickenpox, German measles, epidemic menigitis, mumps, poliomyelitis, scarlet fever or typhoid fever, but does recommend exclusion of infected children from school and various degrees of isolation of patients and immunization when it is effective.

In general, the disease reporting program is not working out satisfactorily owing to inadequate enforcement. The program does work out well enough, however, when the reporting of a disease results in some kind of state assistance or treatment. In those cases of diseases for which the state offers no service to facilitate diagnosis and treatment, the reporting program does not work at all. If all the provisions at law requiring compulsory reporting of diseases are to be retained, there should be adequate ways and means for enforcing them. One such means could be to have one or more investigators employed full time in the sections for local health services to contact physicians, nurses, laboratory and hospital directors periodically and to examine their records. Another means that could be

utilized to great advantage is to provide ample public health services in connection with the treatment of diseases now reportable by law.

There are no provisions at law requiring, nor personnel, nor funds, nor facilities available, for conducting either a special or a continuing permanent survey of the extent and nature of any other kinds of disease than contagious diseases and cancer. Morbidity data for the degenerative diseases, which are, so far, known to be among the leading causes of death in the state, would be invaluable in ascertaining and developing effective programs for their control and prevention. While a thorough and complete survey would be prohibitive in cost, a partial survey of limited kinds of degenerative diseases would be practicable and effective. The problem of controlling communicable and contagious diseases is apparently no longer the crucial problem it was a generation or more ago. The problem with regard to disease control is now chiefly how to prevent and control degenerative diseases. In order to initiate adequate control programs essential data must be obtained, on a continuing basis, even though such data is limited to a certain number of diseases only. As the medical sciences, through research and the accumulation of greater knowledge on disease control, develop new techniques, the responsibility and attention of public health authorities should be increased proportionately in order to effect higher standards of health and lower death rates.

Separate provisions are made for the control of venereal diseases. Not only physicians, but also pharmacists, nurses, directors of laboratories and clinics, etc. are required to report the existence of venereal diseases brought to their attention, and to keep a permanent record of such cases. They are also required to instruct diseased persons on precautionary methods of preventing the spread of venereal disease and in the necessity of systematic and prolonged treatment. Diseased persons are required by law to report the source of their infection, to comply with other provisions of the venereal disease control law and to submit to medical examinations and approved treatment and otherwise to conduct themselves so as to prevent spreading the infection to others. Standard serological tests for syphilis in pregnant women are required by law. There are penalties for violation of the venereal disease control law. The Department may resort to mandamus proceedings to compel compliance. The Department relies on its public health nurses and on local law enforcement officers to assist in the venereal disease control program. There are no Venereal Disease inspectors employed by the Department now. In the past, such inspectors have proven very effective. The provisions at law appear to be ample for controlling venereal disease in the state, with the exception that there are no provisions at law making prostitution illegal, but the chief cause of preventing maximum effectiveness is the lack of funds for the employment of full time investigators and for clinical treatment.

Other aspects of the communicable disease control programs include legal prohibitions on the use of used bedding of persons having been infected with contagious diseases, reporting of such diseases by school authorities when found among school children, and exclusion of diseased children from school attendance. The Department has issued rules and regulations for the control of tuberculosis, prescribing reporting procedures, prohibiting certain conduct of infected persons and prescribing certain duties and obligations for them. While isolation has been proven to be an effective method of control, the problems of enforcement have been difficult, owing to the fact that there are no hospital facilities available for forcibly confining tuberculosis patients. It is practically impossible to restrict tuberculosis patients to their dwellings, and some hospital superintendents refuse to maintain a "lock-ward" within their institutions. Where a person refuses to submit to hospitalization, there is not only no authority at law to compel this, but there are no facilities available for confining him at state expense. In the case of the matter of the application of Thero Johnson for a writ of habeas corpus, in the Seventh Judicial Court, in Lincoln County, Case No. 379-B, filed February 14, 1952, the court upheld the petition of habeus corpus to discharge Johnson from detention, even though Johnson was tubercular and apt, by his liberty, to endanger others. In the court order of discharge the court said: ".... the State Board of Health has made no rules, regulations or provision for the quarantine or isolation in such case. And no law being cited authorizing the restraint and detention here complained of. And the court having considered the law and the evidence, being informed in the premise, and such restraint and detention appearing to be oppressive, arbitrary and unauthorized by law: IT IS ORDERED that the said Thero Johnson be and he is hereby discharged from such detention. Dated this 11th day of February, 1952."

As of April 19, 1954, the Department of Health has issued rules and regulations relating to tuberculosis. However, the provisions are not adequately being enforced, owing to the lack of facilities for confining tubercular patients and for treating them at the state expense. The withholding of state aid or the revoking of the hospital license in extreme cases, might possibly be effective in inducing private and county hospitals to accept tubercular patients confined by order of the local health officer, or the State Health Officer. Otherwise, separate facilities must be established.

The Hospital Licensing Program

The act of the 1951 Legislature relating to the licensing of hospitals, and nursing and maternity homes, is probably one of the best acts giving the Department of Health fairly complete administrative authority for regulatory enforcement. In accordance with the procedures and authority provided for in this act, together with the rules

and regulations promulgated by the Department governing the maintenance and operation of hospitals in Nevada (approved November 8, 1951 and amended July 8, 1952.) the Department has been enabled to execute the program effectively and efficiently.

The purpose of this regulatory program is to establish and enforce a high standard for hospital operation and service to the public.

Among the excellent features of the licensing act are: (1) the requirement of a license for hospital operation to be granted or revoked by the Department of Health; (2) the provision for regular and periodic inspection of hospitals by representatives of the Department and authority for them to enter the premises of such establishments for inspection purposes; (3) the specification of general standards to be met, including evidence of the competence of those who are to operate the hospital; (4) the provision of definite procedures, to protect both the interest of the Department and the licensee, for appeals from the administrative decisions of the Department with regard to the suspension or revokation of licenses; (5) the appointment of a hospital advisory council to furnish advice and recommendations on the administering of the licensing program; (6) the elimination of exemptions and immunities to certain hospitals with single exception of those maintained and operated by the federal government (and with the exception of the Nevada State Hospital, pursuant to the decision of the Attorney General ; and (7) the granting to the Department of ample powers to enter into and inspect hospitals, to adopt licensing standards, to adopt rules and regulations, to suspend and revoke licenses, to initiate legal action to enjoin the illegal operation of hospitals, etc., to effect administrative decisions, to conduct agency administrative hearings (including the authority to subpoena witnesses, to determine conclusively findings of fact, etc.), and to receive and disburse funds from the licensure of hospitals.

Hospital Construction Approval Program

The hospital construction program is the result of state acceptance of the federal grant-in-aid features of the federal Hospital Survey and Construction Act of 1946. Pursuant to the provisions of both the state and federal hospital construction acts, the Department of Health has approved ten hospital construction projects which are either completed or drawing to completion. The administrative procedures and operations of this program are established in detail by the federal laws and by the directives from the Department of Health, Education and Welfare of the federal government. These procedures as adopted and used by the Department of Health are well stated in the manual mimeographed and reproduced by the Department as "Nevada Hospital Plan", 5th annual revision, undated. It appears that the administration of this program is more than satisfactory, the chief limitation being in obtaining competent authorities--local, private, and state-- to participate by initiating necessary hospital construction projects eligible for federal aid. The program has accomplished much, however, toward relieving acute shortages of hospital facilities in the state, at an aggregate cost of $3,000,000 of which amount $1,800,000 is from local, private or governmental sources and $1,200,000 from the federal government. Of the 272 beds thus made available 160 are general, 60 mental, 36 tuberculosis, and 16 chronic.

The Department has calculated, in accordance with the standards established by the federal agencies concerned and the federal law, that at present there are 869 existing acceptable general hospital beds in the state, leaving a total of 184 more that may be, and should be constructed, with the aid of federal grants. There are 48 tuberculosis beds in the state, leaving a shortage of 45, since the rate of standards as of the period of 1949 to 1953 allow, and estimate the need, for a total of 93 tuberculosis beds for Nevada. There are 440 existing mental hospital beds in the state, a need for 960, a shortage of 520. There are 16 acceptable chronic hospital beds in the state, a total of 384 needed, leaving a shortage of 368.

According to the standard ratio, established by federal authorities and law, i.e., one public health center per 20,000 population, Nevada is entitled to, and has need for, nine public health centers. At least two of these centers should be equipped with ample laboratory facilities for houwing the State Hygienic Laboratories. There are but two public health centers in the State at present, Reno and Las Vegas, leaving a shortage of seven centers.

Minor Regulatory Programs

REGULATION AND CONTROL OF NUISANCES.

The largest portion of this program is left to the discretion of local health officers and local boards of health. When personnel of the Department of Health participate in the program it is chiefly for the purpose of assisting local authorities, especially with regard to nuisances that are located just beyond the limits of a town or city, which nevertheless constitute a health threat to inhabitants of the town. Nuisances vary from time to time, the term being a general one which includes such health hazards as unsatisfactory outdoor toilets, garbage dumps, unsatisfactory sewerage and drainage facilities, debris, stagnant pools of water, etc. Persuasion of violators as to the necessity for eliminating the nuisance is usually sufficient, but is some instances it has been found necessary to take legal action through the courts to abolish nuisances.

INSECT AND RODENT CONTROL.

This program is administered in connection with the other regulatory programs on sanitation and is usually a part of them, such as, for example, the food establishment regulation program. The actual operations are shared with the State Department of Agriculture which furnishes much assistance, when requested, for exterminating rodents, flies, mosquitoes, etc. In general, the Department of Health is concerned with insect and rodent control operations in urban areas, whereas the Department of Agriculture is more concerned with such controls in rural areas. The program has been effective, especially in the Reno area, where very few rats, for example, are now to be found.

INSPECTION OF MATTRESSES AND USED BEDDING.

If carried out in accordance with the strict interpretation of the law, this program would be time-consuming and would take up most of the time of the sanitarians from tasks which are more urgent. As administered at present, this program consists of inspection of mattress labels and of labels of renovated used bedding. While the officials concerned admit that permits should be issued, this is not done. Approval is chiefly a routine function, the task being delegated to the secretary of the health engineer's office.

INDUSTRIAL SANITATION.

The program for the inspection of industrial plants is not a continuing program. Investigations are made only in response to specific complaints or at the request of plant managers who wish for advice. Generally, plant managers and operators comply with the recommendations of the public health officials, but if they do not choose to follow the recommendations, there is no recourse to compel compliance. This program could well be strengthened by means of more adequate legislation in the interest of workman.

NARCOTICS CONTROL.

The Nevada Uniform Narcotics Act of 1937 requires that wholesalers and manufacturers of narcotic drugs in Nevada obtain a permit from the State Board of Health. There are no such wholesalers or manufacturers in the state. Therefore, this provision of the act has never been invoked. For that reason, also, there have been no standards established for obtaining such a permit. In the event an application for such a permit is made, the State Health Officer, acting with the consent of the State Board of Health, would probably issue a permit in the form of an official letter.

HOME SAFETY.

Upon request of a householder, or upon complaint that a nuisance exists, the Department of Health conducts inspections of private dwellings. Often the head of a household will request this kind of an inspection in order to locate and remove health and safety hazards. A special check list is used which covers such matters as defective wiring of all kinds, defective electrical appliances, unlabeled bottles of poison, ventilation, gas leaks, improper storage of combustibles and fire arms, and unsanitary kitchen equipment and kitchen practices, etc. This is more of a service program than a regulatory program. This service usually is requested by an owner seeking advice and requires no actual enforcement since corrective action is taken on a voluntary basis. When a private dwelling is inspected as a suspected nuisance, the corrective means is usually by persuasion, but an official notice may be served where stronger measures are warranted, and in a few cases, action may be taken through the courts.

CHAPTER XII

THE CLINICAL PROGRAMS

Scope of Clinical Programs

The clinical programs of the State Department of Health embrace four principle aspects: (1) examination of patients and diagnosis of their conditions, (2) referral of patients found to be deficient in health to proper medical personnel or agencies other than those connected with the Department, (3) treatment and careof patients by the medical staff of the Department or by others at Department expense, and (4) preventive treatment and measures to prevent maladies in individuals.

The examination and diagnostic aspects of the clinical programs include provisions for the following: (1) dental caries and disease, (2) mental health, (3) prenatal, postnatal and premature baby clinics, (4) crippled children's diagnosis for rheumatic fever and heart disease, and (5) venereal disease and (6) cancer diagnosis.

The referral program follows as the next step after examination and diagnosis. In effect, there are two procedures in the referral of process, the first referring those found to have maladies to members of the medical private practice or to charity institutions, or to county hospitals, or to some other agency than the Department of Health; the other, referring patients to the medical staff of the Department for care and treatment. All non-pauper cases are referred to private medical practitioners for care and treatment. Indigent cases are referred to charity organizations, public welfare agencies, or to county hospitals for free treatment and care. In a few select cases, as rigidly interpreted from the requirements of federal or state law, some indigent patients are furnished treatment by the Department's medical staff.

The treatment programs conducted by the Department are reserved exclusively, with the exception of mental health treatment for children, to indigent cases selected individually by the State Health Officer in accordance with the policy of the State Board of Health, in order to discourage any appearance of what might be misconstrued as "socialized medicine" in the Department.

The preventive treatment aspects of the clinical programs include topical fluoride applications to the teeth of school children for the purpose of preventing caries and tooth decay: immunization of children from such contagious diseases as small pox and typhoid fever; and prevention of blindness in new born babies by the application of medicines proven to be effective in preventing such afflictions; and providing laboratory service for serologic examinations for syphillis in expectant mothers.

The clinical programs of the Department of Health are chiefly concerned with providing examinations, diagnosis, treatment and preventive measures in behalf of infants, school children, and expectant and young mothers. Excluded from the scope of this catagory are mature adults and those of advanced age. The programs are, furthermore, limited for all practical purposes to the two chief population centers of the State, Reno and Las Vegas, even though at regular intervals visits are made in the rural and isolated areas.

The Operation of the Clinical Programs

The clinical programs embrace the following general operations: (1) dental, (2) mental health, (3) maternal and child health, (4) crippled children, (5) premature baby, (6) immunization, and (7) specific disease control programs including (a) communicable diseases, (b) heart disease control (c) venereal disease control (d) cancer control, and (e) tuberculosis control. There is no clinic for occupational disease control in Nevada.

The Dental Health Program

Dental examinations are provided for all children for the purpose of determining the dental needs of the children examined. The program is carried out principally by the staff dental hygienist, the Dental Division Director, and by the staff public health dentist. The dental care program is provided for low income children and expectant mothers. The "means formula test" is used for determining the eligibility of those who may receive actual care and treatment. Such treatment includes prophylaxis, fillings, extractions, treatments, replacing missing teeth on a limited basis, and simple preventive orthodontic treatment. Services are provided at the two fixed clinics in Reno and Las Vegas. In other areas, a clinic is set up in a school or other public building, the visiting dental surgeon using portable equipment. Six to eight privately practicing dentists throughout the state give emergency care in their own offices on an hourly pay clinic basis of $10.00 per hour. Few privately practicing dentists are willing to assist in the care program owing to the amount of work involved since so many of the patients are from low income families and have unusually severe teeth malformations requiring long-range and difficult treatment--a realistic but unpleasant problem

in obtaining adequate care for those in need. The staff dental hygienist, school nurses, public health nurses, teachers, etc. assist the Dental Director in locating children whose teeth require care. The Dental Director and his assistant, the public health dentist, perform the actual care and treatment for most of the cases brought to their attention. A part of this program is furnishing dental treatment and services for the children in the State Children's Home and the State Industrial School, as well as assisting the other staff members of the Department in the crippled children's, prenatal, rheumatic fever and heart disease program.

Inasmuch as the dental care program is available only to those who are technically classified as "paupers", all other cases of malformed, diseased or decayed teeth discovered in the course of dental health surveys conducted by the dental Director are referred to private dental practitioners or the nearest available dentist. Few cases are referred to charity institutions inasmuch as the dental staff of the Department performs necessary dental work in such cases.

The dental preventive treatment program is conducted for all school children regardless of economic status. This program consists of visits to schools where the dental hygienist makes topical applications of fluoride to the teeth of children, in proper amounts, to reduce dental decay and caries in growing children. Parents are also notified of results of dental examinations. Dental caries incidence and prevalence studies are made.

The Mental Health Programs

The Section of Mental Health examines school children for mental and emotional disorders. School nurses, public health nurses, school teachers and principals, as well as local health officers and private medical practitioners, refer the children to the Division for examination and diagnosis. The examining clinical psychologists look for mental defects and emotional disturbances and ascertain the specific nature of such disorders. In almost every instance where a child is examined, the parents are given an opportunity to discuss the problems with the clinical psychologists or with the consulting psychiatrist. Public health nurses also arrange with school authorities for the visits of the clinical psychologists to examine groups of school children. A written clinical report is sent to the school or other referring agency summarizing the psychological findings and the recommendations made.

The Section of Mental Health actually furnishes treatment for mental and emotional disorders to school children and their parents who are in need of such treatment, without regard to economic status. The clinical psychologists, after determining the existence of mental disorders in a child may refer the child to a private practitioner, or institution, but usually treats the child directly with the assistance of the parents, and in some cases, furnishes treatment to the parents when such treatment is necessary for the mental health of the child.

The mental health preventive program is an object of major concern to the Section of Mental Health. This program embraces consultation with school authorities, parents, public health nurses and officials, and a general mental health education program which seeks to reduce the severity and frequency of mental illnesses in children. It includes distribution of mental health literature, inservice training for teachers and nurses, and lectures or talks to civic, school, and other organizations interested.

The Maternal and Child Health Program

This is chiefly a public health nursing program rather than a medical program. The program barely touches upon the actual functions of the medical profession except in advisory aspects. The Section of Maternal and Child Health Services sponsors regular prenatal clinics in Washoe County, and child health conferences (for well children only) at periodic intervals in several but not all counties, and post-natal clinics in those communities which furnish personnel and facilities for them. The program includes antipartum medical examinations only, such as measurements, tests of blood pressure, and consultation. There are no care and treatment aspects of this program. Nor are hospital services provided. When actual treatment is required, the patient is referred to his own physician--in most instances the examining physician, especially in the outlying areas of the state where he may be the only one in the whole county--on a private fee basis. Public health nurses do, however, make some follow-up home nursing visits for some post-partum patients.

The well-baby clinics are a part of the Maternal and Child Health program. These clinics or conferences are held in nearly every county where there is a public health nurse. At these clinics mothers may bring their children for examinations and physical check-ups. Mothers may also receive instruction in the care and feeding of infants and may have their questions answered with regard to the problems of child health and child growth. The attending physician notes any abnormalities in infants, and in cases where he finds crippling conditions to exist, he may refer the mother and child to the crippled children's services clinic of the Department of Health. If the physician finds that the child is in proper health and at the proper age, etc., he may administer immunization or vaccination treatment to the child. The public health nurse arranges for the holding of these clinics, assists the physician, checks the growth and compares the growth of the children from records of previous growth data, and interprets the physician's recommendations to the mothers. The attending physician who conducts the well-baby clinics in nearly each case

is a local private practitioner who is employed by the Department of Health, for this purpose, on an hourly fee basis. No medical treatment is actually given to any child at these clinics, but where medical treatment is advised, the mother is advised to take her child to a private physician.

The Premature Baby Program

This program is designed to keep premature babies alive. A premature baby is one who weighs less than five and one-half pounds at birth, whether the child's gestation period was nine months or less. This program is for the purpose of saving the lives of both immature and premature infants who otherwise might die. The Department of Health does not actually conduct this program but has merely stimulated such programs which are conducted by private physicians and hospitals. Plans for operating a demonstration project in Reno (for the western area of Nevada) had to be abandoned last year for lack of state appropriations, but not until after the Department of Health had purchased and presented at least two baby incubators to one Reno hospital and had furnished assistance in the training of one nurse at one Reno hospital on the methods and techniques of premature baby care. Further plans for obtaining portable incubators for transporting immature babies to the proposed special demonstration center also had to be abandoned. The Department of Health is not now conducting, but only assisting by advise and consultation, a premature baby program at the present time.

The Crippled Children's Program

The Section of Crippled Children's Services conducts diagnostic clinics, orthopedic clinics, and rheumatic fever and heart clinics. Any child in the State who is under 21 years of age is eligible for this diagnostic service without charge and without regard to his economic status. The purpose of these clinics, which are held generally at the population centers of the State, is to examine children for crippling maladies, including rheumatic fever which affects the heart. Diagnostic service includes examination of the child by a pediatrician and other specialists, either at the clinics or occasionally in the offices of the physicians who are employed on a daily consultation fee basis. The examination includes necessary X-ray and laboratory tests.

The orthopedic clinics are conducted in accordance with special arrangements between the Director of the Section and the others concerned, the examining orthopedist, local health officers, public health nurses, and, when the clinic is held at a hospital, with the hospital staff. These clinics are held in Reno and Las Vegas four times a year and in seven selected out-lying communities twice a year. Emergency service is provided between clinics, for children who are referred to the section by a private doctor or public health nurse. The rheumatic fever and heart clinics for children are held at least twice monthly, but oftener in recent months, at Washoe Medical Center in Reno and about once a month at the Clark County Health Center in Las Vegas. Complete examination services are provided, including blood counts, sedimentation rates, urinalysis, electrocardiographic examinations, throat cultures, and tuberculosis patch tests.

What makes the crippled children's program unique is that its major objective, according to the federal grant-in-aid law providing for it, is to furnish medical and related services and treatment and care directly to children who suffer from crippling maladies. Such services include medical care, surgical corrective operations, hospitalization, and convalescent care, nursing care, and the providing of orthopedic and corrective appliances. While any child in the State is eligible for this care and treatment, the Director of Crippled Children's Services screens each case individually, selecting only those which are considered most urgent, in accordance with the social and economic status of the patient. Indigents are thus provided treatment, whereas others are referred to private practitioners. For those who are eligible and selected for care and treatment, the State Health Officer believes that a sufficient number of beds are available in Nevada hospitals. Four hospitals in the state are qualified and authorized to provide essential care to acutely ill children under this program and two hospitals have a limited number of beds available for the convalescent care of those who are no longer acutely ill. The State Health Officer believes that this limited number of beds has not caused any problem in Nevada so far. Foster home care is also available for the convalescent care of those who are no longer acutely ill. Those patients having prepaid medical or hospital insurance plans in effect are required to pay for the care and treatment they receive. The Department of Health pays the costs of those who are qualified under the "means test" for treatment and care from federal and state--matched funds, but the State Health Officer believes he has liberally constructed the "means test".

Immunization Program

The Department of Health furnishes, serums and other essential drugs for immunization of citizens and children from certain infectious and contagious diseases. Immunization is performed either by the staff members or consultants, or by private physicians who are furnished the necessary materials. The program is a continuing one, but is stepped

up to meet particular needs of certain areas and surrounding areas when the prevalence of contagious diseases approaches the epidemic stage. This program is administered by the Director of the Division of Preventive Medicine. He makes trips to out-lying areas in the state where there are no public health nurses or physicians. In order to administer immunizations and vaccinations to school children. The program is usually administered in the schools, but pre-school children are also brought in.

Specific Disease Control Programs

The Department of Health is engaged in conducting the following specific disease control programs: (1) communicable diseases, (2) heart disease, (3) venereal disease, (4) cancer, (5) tuberculosis, and (6) occupational diseases.

THE COMMUNICABLE DISEASE PROGRAM.

This program is particularly concerned with preventing and controlling epidemics of such communicable diseases as poliomyelities, epidemic meningitis, scarlet fever, small pox, diphtheria, whooping cough, and other such diseases. The program, as with similar programs in other states has been remarkably successful during the last thirty years in eliminating the epidemic scourges of these diseases, especially typhoid fever, diphtheria and small pox.

The program involves such measures as reporting the occurrence of certain diseases in accordance with the state law, establishing and enforcing rigid quarantines, using serums and other methods for immunization of individuals, and isolating infected areas and individuals.

While this is a continuing program requiring continual vigilence and investigation, it has over the years been reduced in its scope and extent as communicable diseases have been correspondingly reduced. At the present time, the machinery of this program goes into operation only when an undue increase in the occurrence of communicable disease is observed. Thirty years ago or more, communicable disease control was the primary and chief activity of the State Board of Health and the local boards of health. Now, the program takes up relatively less time and attention of the health officials, routine control devices being utilized, and the activity of the program being stepped up only to meet specific needs.

THE HEART DISEASE CONTROL PROGRAM.

There is no separate heart disease control program conducted by the Department of Health, but heart disease in children is only diagnosed as a part of the crippled children's diagnostic clinic program. Other cases diagnosed as having some kind of heart ailment are thus referred to private practitioners for treatment or, in the case of indigent children, processed as a part of the crippled children's services program. The Section uses federal heart disease control funds for diagnosis without regard to the age of patients (mostly chidlren, however) and crippled children services funds for diagnosis and care of children. Two thirds of the diagnostic money in this program comes from federal heart disease control funds, the rest of the money comes from crippled children's services funds.

VENEREAL DISEASE CONTROL PROGRAM.

The venereal disease control program is almost entirely administered by the Public Health Nurses and local law enforcement officers as a part of their overall functions. The program, for all practical purposes, so far as concern the Department of Health, is a dormant one, the most energetic activity being the compilation of statistics and the tabulation of reports on new cases. The Director of the Venereal Disease Sections reports, in a special report to the Legislative Counsel Bureau; "There are no funds appropriated and no personnel provided for carrying out this program so we make use of public health nurses and local police where possible to locate suspects and exposures. Local clinics are used for treatment where they exist. It is a motor vehicle without gas, and we are back in the horse and buggy days." The venereal disease clinics, where they now exist, are sponsored by local governments or private groups. In connection with the venereal disease program, the laboratory performs serologic tests free of charge to physicians and midwives who are required, by law, to make serologic tests for syphilis in pregnant mothers. All venereal disease laboratory tests are performed free of charge.

THE CANCER CONTROL PROGRAM.

As with the Heart Disease Control Section and Venereal Disease Control Section, the Cancer Control Section in the Division of Preventive Medical Services is but a nominal one only. It has no personnel and no specific program. The Division Director in the Division of which it is a part, performs only casual supervision of a related program conducted by the American Cancer Society and the Tumor Board of the Washoe Medical Center to whom the Department allocates cancer control funds. However, the State Health Officer and his medical staff do assist at special cancer conferences and furnish consultation, advisement, and related services, consistent with the meager funds available.

In brief, the administration of the section and its potential programs have been relegated to the American Cancer Society and the Tumor Board of Washoe Medical Center, with the State Medical Association supplying the personnel for each organ ization.

The American Cancer Society operates the Cancer Detection Center with a professional staff selected by the County Medical Association. This staff examines patients to determine the existence of cancerous conditions and

refers them to their private physicians or to the Tumor Board with a report of the findings at the examination. Non-cancerous patients who have private physicians are on their own, but cancerous patients and indigents are sent to the Tumor Baord where a more rigid examination is carried out and treatment advised. Patients who are considered able to pay for this treatment are required to do so, but pauper patients are cared for at county expense. The Tumor Board is mainly for consultation. Staff members of Washoe Medical Center conduct the clinic. There is no charge for Tumor Board consultation but private patients pay for necessary laboratory and X-ray examinations.

The State Department of Health pays the rent for the Cancer Detection Center, the only real connection between the two agencies. The State Health Officer and the State Dental Officer are directors of the center.

THE TUBERCULOSIS CONTROL PROGRAM.

The tuberculosis control program is limited to providing free consultation service on tuberculosis problems to professional medical practitioners and tuberculosis institutions. As a general rule of the Department, this service is limited to physicians, public health nurses, and hospitals rather than directly to individual patients. Health Department officials believe, however, that patients ultimately receive the benefit of this service, especially in view of the fact that the present consultant is the only physician specializing in chest diseases in Nevada. He is thus able to give specialized professional advice to his colleagues. Occasionally, the Tuberculosis Control Section furnishes advice to the legal authorities with regard to medical-legal aspects of tuberculosis control. The tuberculosis consultant in charge of the program prepared rules and regulations relating to tuberculosis, promulgated by the State Board of Health effective April 19, 1954, but, according to the tuberculosis consultant in a special report to the Legislative Counsel Bureau, they are not yet enforced owing to insufficient personnel and finances. Of course, the laboratory work of the Department of Health also devotes a large percent of its time to testing cultures of specimens of sputum, etc. for tuberculosis. Physicians send these specimens from their patients.

THE OCCUPATIONAL DISEASE CONTROL.

This program, recently begun in the Division of Public Health Engineering, was established in order to provide consultation service to the industries in Nevada. It is particularly concerned with problems of sanitation and in-plant exposures of workment to gases and dusts, and related problems of industrial hygiene. Little emphasis is placed on this program which is considered to be an added activity to the general work of an already understaffed and overworked Division.

CHAPTER XIII

THE EDUCATIONAL PROGRAMS

The Operations of the Health Educator

The Department of Health follows two different principal means for conducting its educational programs: (1) via the Section of Health Education Services, and (2) via the various Division and section chiefs and staff aids who each conduct expedient educational programs during the normal course of their respective operations. There is reciprocal liaison between the Health Educator and the division heads. However, there is no overall responsibility for agency-wide program direction and coordination except as provided by the informal but mutual assistance exchanged between the Health Educator and the Division heads. This amounts, in general, to the furnishing of technical educational and publicity services by the Health Educator and the furnishing of pertinent technical data, announcements, and miscellaneous information by the Division heads. The Division heads may submit data with requests for certain kinds of public announcements or the Health Educator may request such information in order to meet the needs of a current activity, such as, for a particular press release, radio program, etc.

The Program of Health Education Services

The work of the Section of Health Education Services now is strictly a one-man operation. There are no general programs being developed or executed, since all activities are conducted as but specific aspects of one single program. Thus, while there is no definite program set up for achieving educational objectives for any one division--public health engineering, mental health, local health administration education, etc.--each is covered as best it can be at different times in accordance with current circumstances. This is the result of the one-man operation, it being practically impossible for one man to develop and execute separate programs by himself. This situation has necessarily, as a matter of expedience, forced much responsibility for educational program development on the shoulders of the Division heads who must carry out this responsibility in addition to their substantive operational programs. Since that is the case, the educational programs vary in accordance with the attention and energy the Division heads are able to give them.

The myriad of activities which the Health Education Section carries out cannot be properly considered "programs" in the technical administrative sense of the term. This work in general involves responsibility for planning, organizing and conducting a program covering all departmental activities for the purpose of disseminating information and stimulating interest and public concern in health, hygiene, sanitation, and related fields. The nature of the information disseminated includes (1) information on the services available to the public which the Department of Health provides, and (2) instruction on methods for eliminating health hazards, including warnings and precautions to prevent the occurrence or spreading of certain maladies--for example, instruction and precautionary information on how to avoid botulism poisoning from improperly canned fruits and vegetables, etc.

A popular belief is prevalent that the purpose of public information service is merely to enable an administrative agency to issue propaganda in order to assist it in "empire building", by exaggerating its needs and importance, overemphasizing its role in government, glorifying its administrators, etc. In some instances, this belief may be founded in fact, particularly among huge agencies in the national government, but such a belief or charge is unwarranted and unfounded in fact, so far as concerns the Nevada State Department of Health. In fact, the public information activities of the Deaprtment are inclined toward the opposite extreme, so much so that education and information activities are very weak, resulting in gross misunderstanding among the public as to the imperative necessity for vigorous public health activities on the state and local level.

As the Section of Health Education Services presently operates, it performs the following functions: (1) serves as an agency clearing house for receipt of brochures and literature on health matters which various health societies, professional associations, and private companies (e.g. drug manufacturers, insurance companies, etc.) distribute: (2) serves as an agency clearing house for dissemination of announcements, press releases, brochures, etc, to the public; (3) maintains subject files of public health information, chiefly for the use of the Health Educator and the Division and section heads, but also for supplying information to the public, insluding educational films; (4) maintains liaison with other governments agencies, federal, state, and local, including the federal Public Health Service, and the State Department of Education; (5) maintains liaison with newspaper editors and radio station managers; (6) provides technical service to the Division and section heads in the preparation of information materials, press releases, announcements, etc.; (7) edits materials, including official reports, in behalf of the State Health Officer, with regard to form, style, composition, etc. (8) assists civic groups, public schools, etc, in obtaining public speakers, literature, motion picture films, etc.; and (9) drafts and writes press releases and radio programs, etc. This last item, needless

to say, takes up most of the time of the Health Educator.

In addition to these routine activities, the Health Educator assists in special activities, of which, the accident prevention program in Ormsby County is outstanding. The program, called the Ormsby County Demonstration Project for Child Safety, was established to comply with federal grant-in-aid requirements, and has as its purpose the stimulation of habitual wariness in accident prevention among children in and about the home and school. The Health Educator has played a leading role in the program. He has conducted essay writing contests among school children, poster designing contests, debates on accident prevention subjects among children before high school and civic groups, prepared dramatic skits played by children on radio programs and before service clubs, organized a successful children's parade on accident prevention in Carson City on August 11, 1954, prepared and distributed a brochure to every family in Ormsby County on accident prevention, secured the cooperation of the State Highway Department and high school manual arts teachers and students in the preparation and erecting of highway safety signs, and has prepared numerous news stories and radio programs to publicize the program and its objects.

The section makes use of nearly all available types of communications media, newspapers, radio, brochures, motion picture films, personal appearances, and school class rooms. This has been made possible by the cooperation and public spirit of editors, newscasters, and public school teachers. The Health Educator issues brief stories, usually of not more than five paragraphs each, to newspapers and radio stations in the state. At least one such release has been issued weekly since 1949. Special releases of feature articles and stories are also issued, averaging one per week. Most editors and newscasters are glad to receive them.

The Section of Health Education Services maintained an excellent and effective cooperative arrangement with Radio Station K O H in Reno from May 1950 to May 1954 in the preparation and broadcasting of a popular radio program on public health. This was a 15-minute program held weekly. The Board of Health ordered the stopping of this program in May 1954. Subsequently, the Board of Health authorized the Health Educator to resume the program but subject to certain limiting restrictions. The Board desired that the programs consist only of didactic lecture-type programs, preferably given by members of the medical profession, interdicted humor and anecdotes, and required all programs to be submitted to at least three Board members for censorship and approval well in advance of the broadcasting date. The conditions thus imposed have been too severe to enable the program to be resumed, for the radio station management finds them impractical. It is felt that the didactic lecture-type program is deadly to favorable audience reaction, and past experience has shown that guest speakers or lecturers on continuing radio programs are not always present in time for broadcasts. There are also administrative diffculties involved in submitting programs to three Board members (even t o one member) in advance of broadcasting. This causes delays and often is apt to lead to revisions of the script to meet the whims of the individual members, often contradictory, which serves only to destroy the vitality of the program. Moreover, the concept of censorship is repugnant and enervates the creative spirit of the script writer. It is highly recommended that the Health Educator--in this case an individual with more than 15 years experience in the field and who is by nature temperate and discreet--be allowed the full freedom in his field as is allowed any other expert. As is often the case when amateurs in a given field (even though they may be experts in another field) interfere with matters beyond their own field, the result is apt to be poor performance and loss of the desired objectives. Just as it would be unthinkable for a Board member to step into any other aspect of public health administration and to assume active execution of the pertinent programs, so also should it be unthinkable that the Board members should step into the field of public health education and information to assume such active roles.

The Section also maintains a film library consisting of 58 films which are available to public schools and civic groups interested in public health training and activities. While the present number of films is inadequate to fill the existing need in the state, it appears that a good beginning has been made with this particular media. To supplement the films available in the Department of Health, there should also be motion picture educational films and film strips available at the State Library. Should such facilities be provided for the library, a mutual and workable arrangement could be made between the two agencies for their use and distribution. The films now available are much in demand, especially in the rural areas. Rural schools seem to be "film hungry" and in many cases have given the Health Educator a "carte blanche" to ship them all films possible.

One of the most effective devices for public health education was the small quarterly bulletin, Nevada Health, which the section of Health Education Services prepared and distributed until 1951. The publication was stopped by order of the Board of Health in 1951 after about 18 months publication. This pocket-sized booklet, about 3 X 5 inches, numbering about 24 pages, included many items on public health education and activities. It had wide distribution throughout the state through the 4-H clubs, the Parent Teachers Association, Boy Scouts, Girl Scouts, and the public schools. The articles in it were addressed chiefly to school children, were simple but informative and charming. The evidence of its popularity may be noted in the large number of "fan letters" children sent to its editor and in the extensive participation of school children in the programs which it encouraged, expecially the essay writing contests on health. It might be well to consider its resumption on at least a limited basis.

Other activities of the section include the editing of the official biennial report of the Department of Health, and participation in numerous informational conferences on public health education matters with school officials,

newspaper editors, and others. While the section does not maintain a "speaker's bureau" or a list of competent public speakers on health matters, the section does assist civic groups and others to obtain such speakers, upon request.

Other Health Education Activities in the Department

Public health education is an inherent part of the routine activities of the Divisions of the Department of Health which are engaged in regulatory and clinical functions. The extent and nature of the public health educational activities of the Department's divisions depends upon the enthusiasm and interest of the Division heads. Some of the Division heads have worked out effective and positive programs for promoting health education in their respective fields. The Division of Public Health Engineering and the Division of Dental Health are outstanding in this regard. The Division of Preventive Medical Services (with the single exception of the Section of Public Health Nursing Services) and the Division of Epidemiology and Local Health Adminsitration are relatively weak in this regard, especially in view of the major roles these two divisions are expected to play in the Department as a whole.

In the Division of Dental Health all members of the dental staff assist in public health dental education. The Dental Hygienist cooperates with the State Department of Education in holding teachers workshops and the Dental Officer has prepared a "Dental Health Teachers' Guide" to be used in such workshops. All members of the staff give talks and show educational films and furnish program materials and demonstrations to Parent Teachers Associations, professional societies, service clubs, civic groups, etc. They also distribute booklets and pamphlets on dental health.

The Division of Public Health Engineering is engaged in a continuing program of public health education on sanitation and hygiene. The sanitarians in making personal contacts with the operators of food establishments, milk plants, water and sewage plants, and with local inspectors give informal instruction on public health procedures and operations. They also participate in instructional programs in schools, the University of Nevada, and with groups of food handlers, and civic and professional groups. Studies on water pollution control made in cooperation with the Public Health Service are published and made available to the public. The rules and regulations issued at the behest of the Division Director serve as standards in educating certain segments of the public in sanitation practices.

Most of the educational work of the other divisions is handled by the Section of Health Education Services. Consequently they have no continuing programs in the Divisions as such, although in some instances sections within these Divisions are fairly active. The Director of the Division of Epidemiology gives assistance to the Health Educator in preparing programs on the control of communicable diseases. The Division has also published a wall chart in 1950, and reprinted it in 1953, on communicable disease control, for distribution to school officials, local health officers, and others. In this Division the educational activities with regard to heart disease control and local health services are a nullity, no effort being made to follow through on positive programs, especially on health education. In the Division of Preventive Medical Services the only evidence of any activity in the field of health education may be observed in the Section of Public Health Nursing Services and the Section on Mental Health. Nearly all of the work of the public health nurses involves some kind of health education and instruction. This is very much a part of their daily responsibilities. The clinical psychologists in the Section on Mental Health are energetically engaged in making public appearances before civic and professional groups, working with school officials and other responsible persons in local government, and providing mental health literature and program materials to interested persons and groups.

If the energy with which health education is carried out in the Divisions is a criteria as to the energy with which the substantive programs in the Divisions are carried out, it may appear that the overall administration in some of the Divisions could be vastly improved. Yet such a criteria may be only partially true, a better criteria being the number of full time personnel available in the Divisions. The Divisionss with full time personnel appear to have the most energetic health education programs--the Division of Dental Health, the Division of Public Health Engineering, the Mental Health Section, and the Public Health Nursing Section; and those without full time personnel appear to have the weakest or no program at all--Tuberculosis Control, Venereal Disease Control, Cancer Control, Heart Disease Control, and Local Health Services. As for the Division of Epidemiology and Local Health Services and the Division of Preventive Medical Services, the health education programs on the Division level are poor, largely owing to the fact that the Division Directors are responsible for more adminsitrative units than they can adequately handle, particularly in that they each serve as the head of more than one Division or Section. This condition is only partially offset by the efforts of the Section of Health Education Services to assume the entire burden of health education for those Divisions.

In general, the Health Education Program in the Department of Health, as well as the public information program, is weak and administratively inefficient. The chief reason for this is the failure of the administrators, especially the members of the Board of Health, to comprehend the importance of such programs. These programs, rather than be curbed and hamstrung, should be allowed to develop in proportion to the increasing efficiency and expert knowledge of the Health Educator acquired in the course of the performance of his job. Every effort should be made to encourage and assist in the development of these functions. A further cause of the inadequacy of the health education

programs is lack of sufficient personnel in the Section of Health Education Services. The work and responsibilities now being carried out by one person should more properly be carried out by at least two with the assistance of at least one full time typist.

As the Section of Health Education Services is built up to its proper strength, it will automatically assume more of the functions now being performed on the Division and Section levels of the Department and will be able to carry out functions and programs at present needed but still unborn. While certain health education activities, such as providing public speakers and distributing pertinent literature can be furnished on the Division and Section level by their respective staff members, there is much that is routine and mechanical on one hand, and on the other hand, technically creative from the viewpoint of professional public relations, that ought to be furnished by the specialists in the Section of Health Education Services. Then it will be more possible to plan and execute positive health education programs on a continuing basis in order to assist in achieving high standards of health, hygiene, and sanitation in Nevada.

Demonstration Projects

Demonstration projects or programs may be considered in both the general and special sense. In the general sense a demonstration project in the Department of Health is any kind of a project, state-wide or local, sponsored by the Department for the purpose of demonstrating public health techniques, facilities, equipment, procedures, and processes, etc. The general demonstration project is sponsored by the Department on its own initiative in order to fulfill its various functions. In the special sense a demonstration project is one instituted by the Department to meet the requirements of Part I, Title V of the Social Security Act of 1935 which provides for maternal and child health grants-in-aid. These projects, as now interpreted by the federal Department of Health Education and Welfare, must be approved in advance by the federal government. The department is required to have at least one such project each year.

The Department of Health does not and has not had any demonstration projects in the general sense, but only the minimum as required pursuant to Section 503 (a) (7) of the Social Security Act. The attitude of the administrators in the Department is that they have enough to do "without having to dream up new programs."

The Department of Health has operated three demonstration projects, the Ormsby County Child Safety Project which is now in operation, and the dental health demonstration projects of 1949 to 1953, and the Washoe County Rheumatic Fever Demonstrations program of 1950-1951. Plans for the Premature Baby Demonstration Project had to be abandoned for lack of funds.

THE ORMSBY COUNTY CHILD SAFETY PROJECT.

This project has been chiefly one in public education. Its purpose is to create an awareness of existing and potential hazards to the safety of children in and about the home and school. There are three main aspects of the program, one being the education in alertness to unsafe condtions in the home and school, one being the reporting and recording of accidents occuring among children in the county, and the third being the making of inspections to locate and eliminate hazards to children.

The first aspect has been carried out by means of conferences with local government officials, public school teachers, and various leaders in local service and civic organizations; talks with service clubs on home safety, twenty-one news stories, twenty-eight 3-minute radio programs, dramatic skits sponsored by the Nevada State Childrens Home; student debates in the Carson City High School on public safety issues; publication and distribution of vest-pocket-sized brochures entitled "When the Unexpected Happens" and "Safety at Home"; circulation of 15 sound films on home and school safety to public schools; sponsorship by the Department of essay and poster-making contests among grammar school children on public safety; the display of two public exhibits entitled "Home Hazard Hunt" and "Who's Next Cemetery"; and erection of three sets of highway signs on the "Ever Alert" program in Ormsby County. During the essay writing contest, Ormsby County school children submitted 157 essays, and during the poster-making contest they submitted 158 posters. The Department awarded cash prizes to the outstanding contestants, the prize money being furnished by private persons and by service clubs.

The second aspect of the program is the obtaining of data on accidents involving children. The county public health nurse prepared and sent home with school children 620 questionnaires for obtaining information on the number and kind of accidents occurring in the home since the beginning of the program. Four hundred and twenty-five forms were filled in and returned by the cooperating parents, reporting 155 accidents. Information on the accidents was also obtained from physicians' reports. Statistical data and its evaluation are being prepared. This information will be useful in calling attention to parents and other citizens of the chief sources and causes of accidents among children in order that such causes may be reduced in extent if not entirely eliminated.

The third aspect of the program involves inspection of private homes where there are children in order to locate and eliminate accident hazards. This is done in cooperation with parents and is voluntary on their part. For this

purpose the Director of the Division of Public Health Engineering has detailed a sanitarian to perform the inspection services in Ormsby County. The sanitarian has not only inspected private homes (on request or invitation) but also institutions caring for children, such as the Nevada Childrens Foundationsat Eagle Valley, the Stewart Indian Boarding School, the Nevada Childrens Home, and the public schools in Ormsby County. These inspections have resulted in the elimination of numerous hazards such as un-used ice boxes, trash and junk, poisonous drugs, defective electrical wiring, miscellaneous fire hazards, fire arms, open switch boxes, etc. There was only one instance of a householder refusing to cooperate.

DENTAL HEALTH DEMONSTRATION PROJECTS.

Most of the dental health demonstration projects provide complete dental care for children on a county-wide basis. The Dental Officer selects counties having inadequate dental care facilities. Each of the four projects which the Division of Dental Health has completed has been for a full fiscal year and has consisted of the following:

(1) Setting up a complete dental clinic including X-ray facilities in a central location such as a school room or room in the courthouse, and, for outlying districts, using regular dental equipment.
(2). Making all pre-school and grammar school children eligible for examination, prophylaxis, and topical fluoride treatments.
(3) Making all children from low income families eligible for complete dental care.
(4) Conferring with parents and teachers on dental care, proper diet, proper toothbrushing, etc.

The Division of Dental Health has held demonstrations in Pershing County (1948-1949), Lincoln County (1949-1950), Pershing County (1951-1952), and in Mineral County (1952-1953).

The Dental Officer selected Pershing County a second time in order to evaluate the effects of the previous program. In the 1948-49 project the Dental Officer conducted diet studies among children and in the 1952-53 project he provided orthodontic care for a select small group of children.

The Mineral County Demonstration Program for 1952-1953 is considered to be one of the most successful, largely owing to the cooperation and assistance given by local school personnel and the Parent-Teachers Association. A complete dental clinic including X-ray facilities was set up in one of the rooms of the Elementary School Building in Hawthorne. All corrective work was done at this clinic. Examinations and fluoride treatments were given in each school building in the county, the dentist using portable equipment. The total cost of the program was approximately $5,000. The cost per child varied from $1.93 for fluoride treatment to $18.00 for dental care. Severe cases requiring orthodontic care will require another year for complete treatment. The staff for conducting the project included one registered dental hygienist, two public health nurses, and three doctors of dental surgery, including a specialist in orthodontics. The Parent Teachers Association furnished volunteer personnel and raised $400 to assist in financing the program. The Mineral CountyCitizens Dental Committee assisted in the demonstration. The project was successful in demonstrating the objectives and need for dental care among school children and in demonstrating the efficacy of methods of development, techniques for providing dental care, and administration of dental caries prevention techniques. The principal problem in this kind of a program is to secure personnel for conducting it, especially trained dental personnel.

One demonstration project of short duration (4 days) was performed the last year at the State Fair in Fallon. With parents' consent Dental X-rays were taken for all children and the X-rays sent to their family dentist or dentist of their choice. In addition to the X-ray program an educational booth was set up. This type of short demonstration will probably be repeated as it was very popular as well as educational.

Surveys and Studies

The Department of Health is concerned with the following surveys: (1) the hospital construction survey, (2) the state-wide dental caries survey, (3) survey to locate crippled children, (4) the Ormsby County home and school accident survey. The federal government, through the federal grant-in-aid provisions of various acts of Congress, is responsible for all of these programs. The hospital construction survey is a necessary and preliminary step toward obtaining statistics, and data, as evaluated by local and state health officials, for the purpose of determining the need for increased and improved hospital facilities. The Section of Hospital Services is responsible for making the survey. (In connection with this program, see "Hospital Construction Approval Program", supra, page 52) This program is partially continuing in nature, the information and data obtained being recapitulated, revised and brought up to date from time to time. The state-wide dental caries survey, which the Division of Dental Health conducts, is a part of the maternal and child health program. Its purpose is to determine the prevalence of dental caries among the children in the state. This program is supplemented by the provisions of the act of March 24, 1917, of the Nevada Legislature "Requiring the Examination of School Children" with which teachers in the public schools are required to comply. This program is also supplemented by a continuing study of the fluoride content of water supplies

in the state. The survey to locate crippled children in the state is, like the hospital construction survey, intended to determine the extent of the existence of crippling conditions of childhood and to locate crippled children for the purpose of furnishing them proper diagnosis, care, treatment, and hospitalization. The Department of Health also maintains a good register of crippled children who require attention. This is obtained not by reporting but by attendance of children at the clinics.

The Ormsby County home and school accident survey, conducted largely through the combined efforts of the Division of Public Health Engineering, the Section of Health Education, and the Public Health Nursing Services, is one of the most effective of the survey programs. The program could well be extended to include other counties. Such an extended program should also emphasize accident prevention among pre-school children--a group which suffers from home accidents more than any other group. For further information on the program see "The Ormsby County Child Safety Project", supra, page 62.) One of the chief reasons for its success is owing to the excellent public relations operations of the Department of Health with regard to the accident survey program. The public relations activities have elicited an enthusiastic response for the program and the cooperation of hundreds of individuals in Ormsby County. This program is a testimony and a demonstration of the efficacy of an energetic public relations and health education program. It further demonstrates that when the citizens of a given community are acquainted with the objectives and problems in the community that they will respond enthusiastically to meet the objectives and eliminate the sources of the problems.

The Nevada State Department of Health has no personnel, facilities, or funds for conducting studies or research on health problems in the state. That such studies are needed has been discovered in the course of making this study, for there is none in existence in the state today which sets forth even the problems in public health, not to mention setting forth their solutions. While public health research is a relative new field for state departments of health in the United States generally, the United States Public Health Service and other federal agencies have had some such programs for years. Nearly every state in the Union has facilities of some kind for conducting continuing programs for public health research and studies, whether conducted by state universities, by contract with research agencies, or by their respective departments of health. Nevada is one of the exceptions, for there are no such facilities provided in the state.

The Division of Dental Health is, however, conducting a dental research study of the use of aqueous methyl-red as an indicator of caries activity for patient and public education and the reaction of this indicator as correlated with lactobacillus counts. The lactobacillus counts will be done in the Division of Laboratories.

The Nevada State Department of Health could fill this need, or at least make a considerable contribution toward this end, if the department could expand its public health laboratories to the extent that at least one competent research scientist be employed in each of the two fields of heart disease control and experimental dentistry, and if at least one or two full time research assistants could be added to the Division of Vital Statsitics for the purpose of conducting particularized public health sociological studies of Nevada health requirements and services.

PART IV. THE ADMINISTRATION OF THE STATE DEPARTMENT OF HEALTH

CHAPTER XIV

INTRODUCTION AND STATUS OF ADMINISTRATIVE RELATIONSHIP

Introduction

The adminstration of the State Department of Health may be considered from two different aspects, the aspect of internal administration and the aspect of external or substantive administration. Internal administration concerns the administration of the housekeeping, management, planning supervisory and related matters pertaining to its internal affairs. External or substantive administration is the administration of the substantive programs for which the Department exists.

The scope within which the internal administration of the Department of Health is considered in this study includes (1) the status of administrative relationships; (2) the transmission of the statutory, administrative, and policy objectives and the methods therof; (3) supervisory controls; (4) the methods used for facilitating expert performance; (5) personnel administration; and (6) fiscal and financial aspects of internal administration.

Status of Administrative Relationships

Certain features of the relationships found to exist among the administrative ganglions in the vertical hierarchy, and in the horizontal situs of each, within the entire agency stystem, which warrant particular attnetion, include (a) delegation of authority and assumption of responsibility, (b) selective division of responsibilities within the agency, (c) span of supervisory control, (d) supervisory personnel in dual capacities, (e) mixing housekeeping, planning, and substantive functions.

DELEGATION OF AUTHORITY AND ASSUMPTION OF RESPONSIBILITY.

The authority and responsibilities of the Department of Health emanate from two sources, the Legislature and the Governor. The Legislature as the supreme lawmaking body in the state has assigned certain authority and responsibilities to the State Board of Health, to the State Health Officer, and to both collectively. The authority of the Legislature is clearly conceived in the Constitution and its delegations of responsibility to the Department of Health are clearly perceived in the statutes. The Governor, as the supreme executive authority in the state, and as both a member of the Board and as its appointing authority, has rarely, if ever, by formal action delegated authority to the State Health Officer except through the agency of the Board. Under the existing arrangements there is no need for him to do so and there are reasons of political expediency for him not to. The de facto effect of this situation is that the Governor exerts great weight and influence out of proportion to the responsibility he bears to his role since the responsibility is diffused and beclouded in the Board. This being the case, there is no need for the Governor to assume responsibility by formally delegating authority to the State Health Officer (or to the Board) since he may achieve his will through the Board without the onus of himself being held either responsible or accountable. The only solution for remedying this faulty situation is to eliminate the Board in its administrative capacity, substituting instead a direct line of both authority and responsibility from the electorate, the State Constitution and the Legislature to the Governor and thence to the State Health Officer.

The State Board of Health has rarely granted authority to the State Health Officer in a specific and formal way, although by law it reserves the right to do so. In actual practice the State Health Officer conducts his programs in the name of the State Board of Health subject to the post-approval of the Board. From time to time the State Health Officer receives specific instructions from members of the Board for a particular operation or task, but often enough the State Health Officer presents the original motion before the Board requesting formal approval of a program he has already decided upon. This is a cumbersome procedure, the chief result being that responsibility for the new program or operation is shifted to the Board and dissipated and lost among the members.

The State Health Officer, then, performs his duties pursuant to authority vested in him by the Legislature, vested in him by formal or informal action of the Board of Health and pursuant to subtle but powerful pressures exerted on him by the Governor, either directly or through the Board. On the other hand, the State Health Officer is enabled to shift responsibilities to the Board, the Governor is enabled to shift his responsibilities to the Board, and the Board members as individuals are enabled to shift responsibilities from themselves individually to the Board as a collective entity. The results are injury to responsible administration, a subtle system for "passing the buck," and confusion as to the method of coinciding authority with responsibility.

DELEGATION OF AUTHORITY FROM THE STATE HEALTH OFFICER TO HIS SUBORDINATES.

In some instances state statutes have created certain Divisions in the Department of Health and have assigned specific duties and responsibilities to them. Also, in some instances, as for example, the Division of Vital Statistics, the statutes designate the State Health Officer as State Registrar of Vital Statistics; and he, in turn, has delegated his responsibility to the Director of the Division of Vital Statistics.

The actual procedure for delegating authority from the State Health Officer to his staff and Division heads is very informal. There are no written directives or memoranda issued by the State Health Officer to his subordinates which specifically and formally delegate responsibilities -- even though the work of his subordinates is done in the name of the State Health Officer or of the Board. Since the Division heads and staff aids are technical and professional experts the State Health Officer in effect informally grants them considerable latitude of initiative and administrative discretion, subject only to his very general supervision. There is a similar kind of informality of delegation within each of the Divisions.

The informality in the delegation of authority from the State Health Officer to his subordinates could be formalized to great advantage in order to clarify authority and responsibility -- even if only to avoid the possibility of future misunderstandings. The policy of allowing the subordinates ample freedom of administrative discretion has apparently in some cases resulted in efficient and enthusiastic performance and in others has clearly resulted in confusion.

Such informality in the relations between the State Health Officer and his Division chiefs is poor administration. While informality in personal relationships is desirable from many points of view, a more professional administrative relationship is even more desirable. It is highly recommended that the State Health Officer prepare and issue to his Division chiefs formal directives which prescribe both in general and in detail their authority and responsibility, and that he issue continuing directives from time to time as the occasion arises. Copies of these directives should be kept in a special file in the Office of the State Health Officer as well as in special files in the several offices of the Division chiefs. Thus, the Division chiefs would know precisely what is expected of them. This would prevent confusion as to what the responsibilities are, especially in the event of intra-agency disputes. Such directives would be broad or detailed in accordance with the policy of the agency administrator. The present system leaves ample opportunity for evasion, hedging, and ex post facto administrative decisions, not only on the part of the Division chiefs, but on the part of the agency head as well. A former Division chief, no longer with the Department of Health, expresses the problem that can arise in stating, "I have never been able to get a clear-cut statement of my duties, and I believe that the present confusion (regarding responsibilities and functions) - is because we have no clear-cut understanding .... in relation to the total health department program." The use of informal memoranda and formal agency directives in the administrative delegation of authority and responsibility would contribute much toward clarifying responsibilities and toward creating a smooth administrative operation within the agency. This would also place equal responsibilities on all Division heads, preventing de facto favoritism in such responsibilities as should be common to them all.

SELECTIVE DIVISION OF RESPONSIBILITIES.

The responsibilities of the Department of Health are theoretically divided and apportioned among the respective Divisions in accordance with the following criteria:

(1) The nature of the programs carried out and the nature of the various related programs, with those programs most clearly related being grouped together under one responsible Division.
(2) The number of personnel available to do a given job--limited by reason of departmental policy in the case of medical personnel and by reason of appropriations available.
(3) Geographic location of the offices of the various Divisions, so that those Divisions and their respective programs are within a specific geographic area and may be grouped together for efficient administration and so that certain offices may be near necessary hospital and laboratory facilities, etc.

In brief, the responsibilities are determined from the law and are assigned as equitably as possible to the Divisions in accordance with the major tasks each has to perform. In the past, however, the State Health Officer has found it necessary to shift the former Division of Public Health Nursing to the Division of Preventive Medical Services as a section within that Division for administrative reasons of questionable merit (i.e., for disciplinary reasons); yet the basic responsibilities of Public Health Nursing, in spite of this change, remained the same.

SPAN OF SUPERVISORY CONTROL.

The number of subordinates or administrative units under the immediate supervision of a single individual is known as the span of control. The consensus of opinion among many experts in public administration and industrial management is that the supervisory span of control should not exceed more than from three to six units under normal conditions. Experience in public administration shows that one individual is not capable of efficiently supervising more than six small units or more than three large units. Lower echelon supervisors can generally manage more

units or a larger span of control than can top echelon supervisors, the extent of the efficient span of control becoming smaller at the top levels owing to the increased depth of the hierarchy below.

In the Department of Health, as presently organized, with a small staff with extensive functions, the existing situation with regard to an efficient span of supervisory control is not satisfactory. Two of the departmental Divisions as presently set up are unsatisfactory, the Division of Preventive Medicine and the Division of Epidemiology and Local Health Administration.

In the Division of Preventive Medicine the Division Director supervises six sections. Ordinarily this could be considered satisfactory. Three factors make for the exception: (1) the advanced age of the director himself, (2) the major importance and unusual responsibilities attached to some of the sections within the Division, notably, the Section of Maternal and Child Health Services and the Section of Public Health Nursing Services; and (3) the fact that the Division Director is obliged to administer directly four of the six sections in the Division himself owing to insufficient full time supervisory personnel. In this Division, then, it can be noted that one Director has an actual span of supervisory control amounting to ten units, more than twice what it should be even for a youthful and energetic administrator.

The span of supervisory control in the Division of Epidemiology and Local Health Administration is far from satisfactory. Not only does the Director of the Division also serve as Acting State Health Officer, to the prejudice of the overall administration of the Department and possibly to the prejudice of the Director's health as well, but he also directly and actively administers four of the six sections in the Division. Thus one single individual is responsible for the general supervision of the six major divisions in the Department, plus two staff sections (Accounting and Education), and four operating sections, making a span of 12 administrative units, about four times that which can be efficiently and properly administered by one person.

The solution to this situation is the employment of more full time professional personnel in the Department to assist in assuming the supervisory responsibilities of the Department.

There appears to be no problem with regard to the span of control in the other Divisions and sections of the Department, but rather the general problem of lack of an adequate number of employees for performing required functions.

DIVISION HEADS IN DUAL CAPACITIES.

The present Acting State Health Officer not only serves as the executive head of the Department of Health and in related ex officio capacities but also serves as the administrative chief of the Division of Epidemiology and Local Health Services. In addition to filling those two major capacities, he also serves as the administrative chief for three of the four sections in the Divisions.

A similar situation exists with regard to the Division of Preventive Medical Services. In this Division, the Division chief serves as the administrative head of four of the six sections in the Division.

From the point of view of sound administrative practices, this situation is unsatisfactory for it gives rise to operational inefficiency and concentrates administrative control in the hands of a few to no effective purpose. It is amateurish administration and the only advantage it offers is false economy at best.

The chief reason why this situation exists is because there are not enough professional medical personnel in the Department to fill all of the positions for Division heads and sections chiefs. This has arisen for one reason owing to insufficient funds from the Legislature to employ additional physicians in the Department. A second reason arises from the attitude of key physicians affiliated with the Department. The present attitude of some of the physicians who are now affiliated with the Department of Health is that no fewer than two physicians should be employed in the Department.

Such an attitude appears to border on administrative naivete or lethargy, if not administrative sabotage, merely because some of the administrators disagree with the underlying philosophy and intent of the laws they are charged to execute. This evil arises, in part, as a result of the arrangement by which "organized medicine" is accorded over-representation on the administrative Board and by which the public is accorded under-representation.

For effective and energetic performance of the many functions and responsibilities which state law has assigned to the Department of Health, and which responsibilities require the attention of physicians rather than laymen for proper execution, the present number of two physicians only is less than insufficient. There should, indeed, be no less than five full time physicians in the Department of Health.

Obviously, the position of State Health Officer should be filled by an administrator who can devote his full time to the job, whether he is a physician, a public health engineer, or a professional public administrator. The Division of Epidemiology and Local Health Services should be headed by a full time physician, who at the same time could also serve as deputy state health officer. There should also be a full time physician to serve as the Director of the Division of Preventive Medical Services.

The Section of Crippled Children's Services alone requires the full time service of a physician in order to provide for the necessary care of crippled childen as intended by the federal and state laws which provide for its program. The Director of the Section of Maternal and Child Health Services should also be a physician who can devote his full

time to the maternal and child health programs.

Even such a relatively minor section at present as the Heart Disease Control Section could benefit by having a full time director who is a specialist in heart diseases. Perhaps the employment of a nutritionist, working with the Health Educator on problems and publicity with regard to preventive and dietary aspects of heart disease control, etc., may be a solution. Nevertheless, a full time heart disease specialist, working on this most devastating killer is the best answer ot the problem now. Since heart disease has been for more than a generation the leading and primary cause of deaths in Nevada, that fact alone is sufficient to warrant exerting maximum public effort toward reducing that cause of deaths in the state. While physiologists and internists have not yet discovered all of the answers to the problems of heart disease, there is much that an effective large-scale, state-wide public program can accomplish toward reducing and preventing deaths from heart disease. This aspect of public health warrants serious and concentrated attention.

In brief, the administratively undesirable practice of using Division heads, especially physicians, in dual executive capacities should be supplanted by the employment of a number of full time physicians in the Department to fill its key positions. The present system results in administrative inefficiency, cheats the people of the state by providing them with poor public health service, creates the illusion of economy by the public purchase of wasted energy, and deprives the Department of an adequate staff of medical experts necessary for achieving real results. Under this system the organization and functions of the Department of Health make a splendid appearance in budget plans and organization charts, but accomplishes only half the results for which the Department has been created in the first place.

MIXING HOUSEKEEPING, PLANNING, AND SUBSTANTIVE FUNCTIONS.

It is axiomatic among professional public administrators that the substantive or operational functions of an administrative agency be divorced from the housekeeping and planning functions.

Administrative housekeeping concerns the function of office management, personnel administration, fiscal and financial administration, purchasing, record keeping, messenger service, storage, maintenance of equipment, etc.

Administrative planning is that highly specialized phase of public administration which establishes goals, objectives, plans, and organization; prepares budgets; performs research; analyzes production and performance; studies the effects of current policies; and performs legislative liaison functions, including agency bill drafting, etc.

The substantive or operational functions are those for which the agency has been established to perform. The housekeeping functions are anterior to the substantive, and the planning functions are prior and facilitative to the substantive.

In the Department of Health the accounting functions are the only agency housekeeping functions which are completely separated from the substantive functions. There is no adequate separation of the other aspects of intra-agency housekeeping administration from the Department's substantive programs and operations. As the Department is presently organized such functions as office management in all of its ramifications are handled by the State Health Officer and the Division heads who are also at the same time engaged in administering their respective substantive functions. It is not unreasonable to estimate that approximately 10% to 35% of the time of the Division heads is spent in handling the details of administrative housekeeping chores. This is true from the State Health Officer down to the section chiefs in the Divisions. The Director of the Division of Vital Statistics alone spends approximately 35% of his time attending to agency administrative details, time which could be better taken up in the pursuit of bona fide statistical operations.

With regard to the planning functions all personnel concerned in the actual administration of responsible duties in the Department of Health, including the State Board of Health, the State Health Officer, and the heads of the operational Divisions and sections, are at times burdened with the tasks of planning in all of its phases. This condition is very apt to result in the performance of the planning functions by primitive processes and in a haphazard manner; apt to result in fragmentized planning, distortions, oversights, lacunae, short-sighted views, and an organization that is brittle, sterile, and blind even to its own direction of growth. It is the inevitable result of the failure to divorce technical administrative planning from the operations of the executive heads of the Department and its Divisions. It is inevitable that planning should bog down as Division heads are forced to neglect it in order to perform their paramount operational jobs.

Of the several methods which administrators may use to effect agency planning, the least desirable is to have operational or line executives (in this case the heads of the several Divisions of the Department) to prepare and work out projected plans, studies, analyses, etc. The only advantage to this method is that the Division chiefs are enabled to participate directly in the agency planning activities. The apparent advantage that it is economical is but an illusion, for whatever is saved is lost again in the failure of the agency to take advantage of the hundreds of savings which intelligent planning can point out and achieve.

The most effective and desirable arrangement for achieving a high standard of administrative planning is the employment of a full time staff of public administrators who are specialists in that particular field of public administration.

There are numerous advantages to this kind of an arrangement; it provides continuous rather than spot or spasmodic planning, facilitates long range projection, is comprehensive in that it enables planning to have both breadth and depth, facilitates effective use of specialized skills available within the agency, furnishes flexibility in focusing attention to changing needs, is able to keep abreast of latest developments in public health administration, brings to bear a high degree of knowledge and experience on particular problems, is usually able to anticipate and prevent many problems from occurring, relieves the Division heads of planning activities except as the administrative planner coordinates and consults with them, and assists the agency director in maintaining a highly effective organization for achieving maximal results.

However, as the Department of Health is presently a relatively small administrative agency, it is not feasible that a large staff of both general housekeeping administrative assistants and specialized administrative planners be employed. What is clearly feasible and very desirable is the addition of an administrative assistant who is qualified to assume both the housekeeping and planning functions, keeping these functions clearly separate from the substantive functions of the Department's operational Divisions.

The administrative assistant could attend to budget making, production and achievement analysis, preparation of continuing organizational surveys and reports, personnel administration, general office or "headquarters" management, purchasing, record keeping, drafting of memoranda and directives, preparing training and procedural manuals and work flow charts, preparing and drafting bills for the Department on proposed health legislation and directing the entire Division of General Administration, including the accounting system, furnishing technical advice on administrative procedure to Division heads, etc.

Such an arrangement would not only relieve the State Health Officer from the routine housekeeping and the specialized planning chores of the Department and relieve the several Division heads, including the physicians, of these functions, but would also permit and enable a healthy and dynamic administration of the internal affairs and organization of the Department as a whole. Thus, the executive heads of the Department and of its several Divisions could be free to carry out more efficiently, more economically, and more effectively the substantive programs and objectives for which the Legislature created the Department.

Transmission of policy objectives

Related to the problem of the delegation of authority is that of transmission of policy objectives. Policy objectives may be (1) statutory or (2) administrative. With regard to the transmission of statutory policy objectives, the State Health Officer has prepared and issued a compilation of the Health Laws of the State of Nevada, which the State Printing Office published in 1951. The compilation, which includes some of the rules and regulations concerning public health, has provided the Division heads of the Department, as well as the public at large, with a convenient and readily accessible statement of legislative desires. With regard to the transmission of administrative policy objectives the State Health Officer has done little.

Sound administration requires that once policy objectives have been determined, they should be transmitted to all staff members, Division chiefs, and employees of the agency who are concerned. This should be accomplished by means of formal written statements delivered to subordinates concerned and kept on file as a matter of record. In some cases transmission of policy objectives may be made orally at staff meetings, but when so done, should be prepared in written form, distributed, and recorded. At the present time the Department of Health rarely uses written statements in any form for this purpose. The present procedure is by oral presentation of policy objectives at staff meetings and by means of personal contact and informal and random conversations. When policies have been determined by the State Board of Health the policies may be recorded in the minutes of the meetings and may or may not be transmitted to the operational eschelons of the agency under the present absence of method.

The State Health Officer has prepared and distributed mimeographed copies of the organizational chart of the Department of Health to his staff members and Division heads. This is a good device for assisting, as a supplement, other methods for transmitting policy objectives. In addition to the organizational charts, there should be also work flow charts, especially for the larger Divisions of the Department. Another device found to be in use is a manual which a former Supervisor in the Section on Public Health Nursing Services prepared for the use of public health nurses. This manual is typewritten, in loose leaf form, and except for the fact that it is now out of date, is an excellent one. The use of such manuals for other Disisions of the Department would also prove of great value. The preparation of these manuals, directives, and flow charts should be considered the responsibility of an Administrative Assistant, to be worked out between him and the technicians concerned. It is recommended that the Department of Health, in order to promote effective and responsible transmission of policy objectives from the higher levels to the subordinate levels of the Department, make greater use of such devices as organization and work flow charts, written orders and instructions, circulars and memoranda, and procedural and administrative manuals.

CHAPTER XV

SUPERVISORY CONTROL AND FACILITATING EXPERT PERFORMANCE

Supervisory Evaluation and Enforcement

In public administration, once the administrator or supervisor has assigned and delegated responsibility to his subordinates, his next tasks involve evaluation of the results achieved and the enforcement of standards and corrective measures.

In the Department of Health the State Health Officer follows the general administrative practices of obtaining facts and information on the quality of work performance. His subordinates follow similar procedures.

These practices include (1) special and regular staff meetings, (2) special and routine reports, (3) inspections and field trips to observe operations, (4) special surveys, (5) personal visits and conversations with subordinates, (6) receiving complaints and suggestions from private citizens, and (7) formal and informal conferences with the representatives of such special interest groups as the National Foundation for Infantile Paralysis, the State Medical Association, Associated Nevada Dairymen, etc.

Staff meetings are held approximatlejy once per month but are generally scheduled to meet the convenience of those who attend. The State Health Officer attempts to visit personally all of the local health officers once per year. He also conducts personally field investigations of epidemics as they occur. Special surveys are rare, usually conducted only to meet federal requirements for federal grants-in-aid. Conferences with interest groups or their representatives may be held when special problems arise, usually at the request of such groups. In general, all of these methods are fairly effective, their chief drawback being that they are spasmodic rather than continuing.

Personal visits with subordinates, however, together with special and routine reports which they submit to the Health Officer, render a more continuous, and therefore a more effective, method for the State Health officer to obtain current information on work performance.

The greatest single factor in the general supervision of the affairs in the Department which hinders efficient supervision is the fact that the State Health Officer is required personally to conduct operational and substantive functions himself (e.g., in his capacity as Director of the Division of Epidemiology and Local Health Services and as Director of the Crippled Children's Services Section) rather than to devote his full time to supervision.

The techniques used in the Department for analyzing and evaluating work performance are far more tenuous and lax, more difficult to ascertain owing to the nature of the process. In general, the process consists of a personal evaluation by the supervisor to detect in the course of agency operations such administrative weaknesses as waste, undue complexity, extravagance, and unreasonable failure to achieve reasonable goals. This is supplemented by staff conferences and personal consultation with staff members and line members of the agency as well as with consultations held with specialists, such as attorneys, public health officers with the U. S. Public Health Service, etc. Rarely, however, if ever, have the agency supervisors consulted with experts in public administration, political science, etc. On occasion, consultation is made to technical and professional reference works, professional journals, etc., chiefly in the field of public health. Most of the evaluation of work performance is done in the specialized fields of public health, rather than in the specialized fields of administration.

It appears that, owing to the limited size of the Department, the enforcement of standards and of corrective measures receives slight emphasis, such processes being assimilated and provided for in the other relationships between supervisors and subordinates. Discipline within the agency appears to present no unusual problems.

Facilitating Expert Performance

The Department of Health has no positive or standard procedures in effect for obtaining continuous and progressive expert performance. This is largely owing to the lack of full time planning and administrative analysis personnel.

The Department does, however, resort to make-shift expedients to achieve expert performance, especially at the Division level, supplemented by the general policy of employing the best trained and professional personnel available at the salaries offered.

Professional and technical persons are allowed considerable latitude in the performance of their duties, including the training of their subordinates. The problems of routinizing tasks and of simplifying and standardizing operations are left entirely to the discretion of the Division heads. Consequently, much of the training and instruction which employees receive is "on-the-jbb" training, the employees mastering their work as they do it, under the casual instruction of the Division chiefs.

The effort of the Department toward seeking expert performance by means of routinizing tasks is limited only to such casual concern as may happen to occur to the Division heads, and there is no special stimulation toward this end.

Only one section, The Section of Public Health Nursing Services, has a manual of procedures and operations for

its employees. This manual, a typewritten loose-leaf notebook was issued in 1952 and now needs revision. Each public health nurse is assumed to have a copy of this manual. The manual has proven very helpful especially because of the wide dispersal of the nurses. There are no similar manuals for employees of the other Divisions for the Division heads have no time for their preparation and no staff service is available to them for this purpose. There is no program in the Department to provide for definite progressive in-service training or to improve the efficiency and standards of performance of employees.

At times there are conferences held among certain employees of a particular specialization, such as the nurses, where specialists are hired to give lectures on a consultation fee basis. In some cases, but not frequently, one or two nurses may be selected to attend short courses or conferences of a few days duration at various federal public health centers. It is highly desirable that this policy be supplemented by a program which would enable a certain number of full time employees, especially the technical employees, such as sanitary engineers, statisticians, nurses, laboratory technicians, etc., to attend specialized or graduate courses at Department expense at accredited colleges and universities. Legislation to permit this would raise morale and greatly assist recruiting of professional and technical personnel.

With regard to the problem of keeping posted on recent developments in the various fields of public health, the employees of the Department are largely on their own to purchase books, or to subscribe to professional journals, etc. The Department does, however, maintain a small library of such professional works.

The problem of inter-agency coordination on certain activities which overlap between the Department of Health and other agencies is generally handled on the Division level. For example, the Division of Public Health Engineering and the State Department of Agriculture work closely together on insect and rodent control measures. Inter-agency coordination, as a device for facilitating expert performance, is effective, but is limited chiefly to the personal relationships that exist between employees concerned rather than expanded and formalized by inter-agency agreements.

Record keeping is an elementary device for facilitating expert performance. The record keeping functions of the Department are dispersed among the Divisions and sections of the Department. There is a central file at the main office. It appears to be fairly adequate forpresent purposes, but as the Department increases in functions and size, it may be necessary to establish a more efficient system, such as the Dewey decimal system, for the filing of current records and correspondence. Noticeably absent is a policy file. Such a file, containing all correspondence and documents that pertain to departmental policies, including extracts from minutes of Board proceedings, directives, memoranda, attorney general opinions, court decisions, and agency opinions and decisions in leading administrative cases, would prove of value to the Department.

With regard to record retirement and permanent archives, the records and correspondence are abandoned at present after a few years and stored in the basement of the Capitol Building, under the care of the Secretary of State. If the Department itself had storage space available, the obsolete records could be sorted, the most important retained for the Department's own archives, to be kept for historical references. The present system of record retirement is unsatisfactory, but it is a general problem of real concern to nearly all of the major agencies of the state and should, more properly be solved by the establishment of a common state archives for all state agencies, preferably under the care of such an agency as the State Museum.

In order to facilitate the expert performance of the Department, there is a positive need for additional facilities and equipment, such as a new modern laboratory building for the Division of Public Health Laboratories to be designed specifically for the purposes of laboratory work, at least one complete mobile dental unit for the Division of Dental Health, and additional tabulating and microfilm equipment and fireproof storage facilities and space for the Division of Vital Statistics.

CHAPTER XVI

PERSONNEL ADMINISTRATION

Recruitment of personnel

All employees of the Department are interviewed and hired by the State Health Officer, subject to post-approval of the State Board of Health. The Department recruits technical and professional employees directly in accordance with a tacit working agreement with the State Personnel Director who also conducts recruitment programs. When qualified Nevada residents are not available to fill vacancies, the Department extends its recruitment activities outside of the state, chiefly through correspondence with professional associations.

There is a real problem in obtaining qualified personnel to fill vacancies as they now occur, especially with regard to technical and professional personnel, physicians and nurses. This is a parallel problem to the general state-wide problem of obtaining private practitioners to provide medical care for the normal and growing needs of the Nevada population as a whole, particularly in the isolated areas of the state. The problem can be partially solved by providing attractive inducements for professional persons to locate in the state as private practitioners as well as to work with the Department of Health.

These inducements should be unusually attractive for professional persons to locate in Nevada, greater than normal inducements and advantages other states have to offer. Such inducements must be somewhat extreme in order to offset the natural geographic, demographic, sociological and cultural disadvantages which, whether we like it or not, professional persons view realistically. The fact is that professional persons prefer to locate in population centers where economic opportunity is greater and where the opportunity for professional and cultural associations and facilities are greater. This may be observed in the practice of professional persons, especially medical doctors and dental surgeons, who locate originally in small Nevada communities and who eventually relocate in Reno or Las Vegas or leave the state altogether.

There is at present no state-wide inducement program for encouraging physicians and dentists, as well as nurses, to locate in Nevada. This is a problem of general concern to the public as a whole and which the Department of Health, the professional examining boards, and the professional associations of the state should take steps to solve.

So far as concerns an inducement program for facilitating the recruitment of professional personnel for the Department of Health, there are several effective steps that can be taken. These include (1) eliminating the requirement in the law that the State Health Officer and his assistants be Nevada residents; (2) providing a salary scale above that offered in private practice in Nevada and by neighboring states to their professional employees; (3) adjusting the state-wide salaries scales so that professional employees and technical employees receive a relatively higher salary than unskilled and semi-skilled employees, for at the present time there are gross discrepancies in the state with regard to such pay-scales; (4) enabling the Department of Health to furnish educational stipends to such employees as public health nurses, sanitary engineers, administrators, laboratory technicians, etc.; and (5) offering "fringe benefits" such as state participation in group employee health and hospital insurance, retirement programs, etc.

The problem of recruiting public health nurses warrants special attention. Several steps can be taken to facilitate recruiting. The public health nurses should be provided automobiles for use while performing their professional duties; or, where they furnish their own private automobiles, they should be furnished a realistic mileage allowance at least to cover the actual costs of operation and maintenance of their automobiles. Other special considerations should be accorded the public health nurses located in isolated areas.

It should be noted that one of the most effective programs for attracting public health nurses had been that which authorized educational stipends. This program brought many nurses to Nevada who otherwise would not have come here. By this program a small percentage of the public health nurses were enabled to attend graduate courses in public health and public health nursing at accredited universities. With the enactment of Chapter 152, 1953 Statutes, this program was abolished. It is highly recommended that the law be repealed, not only with regard to employees of the Department of Health, but also with regard to such employees as social case workers, public administrators, and other technical and professional personnel.

Personnel Relations

There is no formalized procedure in the Department of Health for the settlement of intra-agency disputes and issues; nor are there any specific procedures or programs in the Department for stimulating employee enthusiasm. Whether such programs are needed in the Department of Health at this time is open to question. It appears that for the most part the esprit de corps among the employees is high. This is characteristic of an agency where most of the employees are highly trained experts, for as experts they generally take much pride in their efficiency and expert knowledge, continually endeavoring to do the finest job possible and taking a high degree of interest and being enthusiastic in

their work. Yet there are some instances in which programs of the Department are not being carried out with due ehthusiasm, especially in those programs which are clinical, diagnostic and treatmental in nature. As to the correction of this situation no plans have been made, and while some personnel are well aware of the problem, there has been no collective nor formal expression of it.

CHAPTER XVII

THE BUDGET AND ALLOCATION PROCESS

Introduction

The Department of Health follows the same general procedures and policies with regard to budgeting as do all other agencies and offices in the state, with some exceptions. In general this process as applied to the Department of Health is as follows: (1) In August of the year before the State Legislature convenes, the State Budget Director, acting in behalf of the Governor, submits standard forms and instructions to the State Health Officer as head of the agency, requesting that the budget estimate of anticipated costs of operations for the Department be submitted to him at an early date: (2) immediately the State Health Officer, assisted by his Fiscal Officer, and after consultation with the Division heads, prepares and submits on the first day of October the estimate of the budget needs of the Department for the following biennium to the State Budget Director; (3) the Governor, after reviewing and approving or revising the budget estimate, includes it within the Executive Budget of the State and submits it with his budget message to the Legislature; and (4) the Legislature, after receiving and considering the Executive Budget, makes the appropriations it deems necessary in the light of state revenues. While considering the aspects of the budget request which pertain to the Department of Health, the Legislature may summon the State Health Officer and members of his staff to appear before its various committees concerned in order to justify and explain the budget estimate and request as pertains to the Department of Health.

In the Department of Health the Fiscal Officer performs the actual work of preparing the budget estimate for the Department. The Fiscal Officer does this in behalf of the six divisions of the Department, but does so under the immediate and close supervision of the State Health Officer, and after consultation with the Division heads. The Division heads and program directors participate in the budget process only as they are called upon to do so; they do not initiate budget requests for their respective Divisions or programs, this being done for them at the Department level. The State Health Officer and his Fiscal Officer believe that this is a fair enough system and that at the same time it prevents Division heads from submitting outrageously high budget estimates. This is an opinion, however, which is not shared by all Division heads, some of whom would prefer to participate more directly in the budget process. Needless to say, both methods have their advantages and disadvantages, but the present system seems to be working smoothly enough.

The State Health Officer has much latitude and independence of discretion (subject to whatever restraint may be forthcoming from the State Board of Health) for preparing the normal and routine budgets estimates of the Department. Any budget estimates which concern projected programs and operations requiring new legislation, however, are definitely subject to prior review by the State Board of Health for clearance.

The budget estimate is prepared on standard forms devised by the State Budget Director. The budget estimate form shows expenditures of the previous biennium, the actual expenses of the first year of the current biennium, and an estimate of expected expenses of the second year of the current biennium not yet expired. It also shows the amount of appropriations requested for the coming biennium to meet anticipated expenses of operations. The budget form includes estimates of the financial needs for each of the major Divisions and/or programs of the Department; a recapitulation of the estimates by object or category (e.g., salaries, travel, operational expenses, equipment, capital improvements); sources of revenue of the Department (i.e., revenue other than state appropriations of the Legislature); and a detailed breakdown of estimated expenditures of the Department (e.g., listing salaries of individual employees, etc.).

The form in which the budget request is finally submitted by the State Health Officer does not include any kind of supporting documents or evidence to substantiate the requests and estimates made. There is no provision, for example, to indicate the concrete and specific evaluations of the programs involved and the de facto needs of the various Divisions and programs as indicated by substantiated evidence. The only manner in which substantiation is furnished is in personal conferences between the State Health Officer or his representative and the Governor or his representative, the Budget Director, or between the State Health Officer and the pertinent legislative committees concerned in the course of legislative budget hearings. In such cases substantiation depends largely upon the memory and personal knowledge of the State Health Officer and others concerned. While this informal and personal approach may be justified in cases of small time government operations, it is not nearly as efficient not as effective as would be a more formalized system by which the State Health Officer has at his immediate command and at his finger tips all the facts and figures, evaluations and analyses, etc., to demonstrate clearly and precisely the validity of his budget estimate and request. The magnitude of the operations of the State Department of Health justifies a more formal and scientific system for providing facts to support the budget estimate.

There is one major difficulty in budget preparation which faces the State Department of Health. It is the same kind of a problem which other state agencies have to face when they depend in part on federal grants-in-aid. The

problem is how to determine how much the U. S. Congress will increase or decrease appropriations for federal grant-in-aid programs, such as, in the case of the Department of Health, the crippled children's program, the venereal disease control program, etc. The State Legislature, for example, may appropriate a certain sum for venereal disease control in anticipation of a continued federal grant for that program. When the U. S. Congress abolishes or reduces the venereal disease co ntrol program, the program of the State Department of Health is abolished or reduced accordingly, except for as much as the state appropriation alone will support. This means that, even though the State Health Officer in his budget request estimate may be expecting the Department to carry out a broad program for venereal disease control for a whole biennium, it happens that he may be compelled to curtail the program or abolish it altogether in the event of congressional action. This problem can be met only by the awareness of the State Health Officer and the Legislature that sufficient funds must be forthcoming from state appropriation for basic operation of public health programs whether or not federal grants become available. Such a consideration must be kept in mind during the budget preparation as well as in the appropriation process.

Allocating State Appropriations within the Department

The State Legislature makes its appropriations for the Department of Health to each of the major Divisions and/or programs of the Department rather than to the Department as a whole. There is, therefore, no "general fund" for the Department nor a "general administration fund."

Owing to the absence of a departmental "general fund" for the Department as a whole (impossible to create inasmuch as there are so many categorical federal grants involved which can be used only for specific purposes), the Fiscal Officer has commendably invented an artificial fund, created administratively, which is called the "credit balance account."

Moreover, in lieu of a "general administration fund" (sometimes referred to as a "central administration fund") the Department utilizes a portion of the appropriation made for "Preventive Medical Services."

Before considering these two subjects, the "credit balance account" and the Preventive Medical Services appropriation, some consideration should be made of the breakdown of the general appropriation for the Department of Health. During the 1953-1955 biennium the Legislature appropriated money for each of the following units or breakdown for the Department:

1. Crippled Children's Services (a program and section)
2. Dental Health (a division)
3. Laboratories (a division)
4. Preventive Medical Services (a division)
5. Public Health Engineering (a division)
6. Vital Statistics (a division)

It should be noted that all of the Divisions of the Department, except the Division of Epidemiology and Local Health Services, have each received a separate appropriation. It should be further noted that the Crippled Children's Services, a section within the Division of Epidemiology and Local Health Services, has received an appropriation of its own. This "mixed" system of appropriations is not characteristic of good governmental organization. This "mixed" system represents appropriations by function in one instance and by organizational structure in the other instances. It is a maxim of good public administration that when there is a choice between a simple and clear method on the one hand and a complex and confusing system on the other hand, the simple and clear method should be the one followed. It would be more simple and less confusing if all of the appropriations for the Department of Health could be made either in accordance with the functions of the Department or in accordance with the organizational structure of the Department. Obviously, the best system of all would be that by which appropriations could be made by both function and organization -- effectively possible only when the organizational structure of the Department is entirely set up in accordance with the functions. It is recommended that all appropriations for the Department of Health be made in accordance with the organic structure of the Department, and, further recommended that the Department be organized on a functional basis, for example, as follows:

Function	Organizational Unit	Budget or Appropriation Category
1. General Administration	1. General Administration	1. General Administration
2. Vital Statistics	2. Vital Statistics	2. Vital Statistics
3. Local Health Services	3. Local Health Services	3. Local Health Services
4. Public Health Engineering	4. Public Health Engineering	4. Public Health Engineering
5. Public Health Nursing	5. Public Health Nursing	5. Public Health Nursing
6. Health Education	6. Health Education	6. Health Education
7. Laboratories	7. Laboratories	7. Laboratories
8. Clinical Services	8. Clinical Services	8. Clinical Services
a. Crippled Children's Services	a. Crippled Children's Services	a. Crippled Children's Services

b. Maternal and Child Health Service	b. Maternal and Child Health Service	b. Maternal and Child Health Service
c. Dental Health	c. Dental Health	c. Dental Health
d. Mental Health	d. Mental Health	d. Mental Health
e. Special Disease Control	e. Special Disease Control	e. Special Disease Control

In connection with this suggested arrangement there is no disruption of the categorical appropriations for those items and units herein listed as "Clinical Services", i.e., crippled children's services program, maternal and child health program, etc. It should be emphasized, however, that within the category (above) of "Special Disease Control" is meant such disease control programs as tuberculosis, heart disease, cancer, etc., and others for which the federal government makes grants-in-aid available. It should also be emphasized that "Clinical Services" should be embraced, for general administration and operational purposes, within a "Bureau" rather than in a division.

The advantage of this arrangement is that it effects a simple adjustment of functions to organizationsl structure and of organizational structure to budget and appropriation categories, creates a general administration fund for central administrative purposes, and simplifies organization, administration, and finances, etc., particularly so that laymen citizens can comprehend easily how and where the money is spent in the Department of Health, and where the money comes from.

The effecting of such a correction or adjustment could originate at any one of three points: (1) with the State Board of Health or the State Health Officer at the time the agency budget is prepared: (2) with the Governor or his Budget Director at the time the executive budget is prepared; or (3) with the Legislature at the time the actual appropriations are made.

The chief advantage of this proposal as recommended is that when the agency budget estimate is based upon a realistic organizational and functional structure of the agency, it furnishes a realistic and clear picture of its needs for and expenditures of money, etc., and permits bith the Governor and the Legislature to make a more true and careful estimate of the needs for money within the Department and among its Divisions, without having to overemphasize, overlook, or neglect consideration of any other particular aspect at the expense of others. Under the present set up, with a special categorical appropriation for "Crippled Children's Services," there is created an awry picture of the other functions of the Division of Epidemiology and Local Health Services (which receives no categorical appropriation of its own -- and of which Crippled Children's Services is but a section). Such anomalies are not consistent with good administration. This recommendation thus allows both the Governor and the Legislature, as well as interested persons among the public, to have sufficient facts, more and complete -- and in a less labyrinthian form than is done at present -- with regard to appropriations, budgeting, allocations and expenditures of funds within the Department.

There is no reason why the program for crippled children's services -- important as it is indeed and is in fact -- should be de-emphasized in this recommendation -- yet in order to give it its proper emphasis, there is no reason why the organic and administrative structure of the Department should be distorted.

Moreover, there is no reason why the Division of Epidemiology and Local Health Services should not have a categorical appropriation of its own -- rather than to depend indirectly upon the categorical appropriations of the Division of Preventive Medical Services and the Section of Crippled Children's Services. If the Division is to exist at all, it should have its own appropriations; if it cannot have its own appropriation, then it should be eliminated, its functions then to be absorbed by its present component sections.

THE CREDIT BALANCE ACCOUNT

In view of the fact that so many of the appropriations and grants-in-aid, as well as some fees collected, are either for limited use or for special categorical use within the Department of Health, it has never been possible nor practicable to have all of the money expended by the Department assigned to a general fund for the Department. For example, when a federal grant-in-aid specifies that the conditions under which the federal grant is accepted by the state include use of that grant money for a specific purpose only, and when the matching state appropriation must likewise be used for that specific purpose only, the use of the administrative or fiscal device known as the agency "general fund" is legally impossible -- without risk of losing the grant for violations of the conditions under which it was given.

Yet the Department of Health must draw upon from 18 to 20 separate categorical funds -- each of which is maintained as a separate fund -- (in separate accounts, as would be in the case of a private bank) -- in the Office of the State Treasurer and in the Office of the State Controller. Seven of these accounts carry state appropriations only. The others carry funds derived from federal sources, local sources (e.g., county governments), and from state fees and licenses collected by the Department. The expenditures from these funds are disbursed through more than 17 substantive operational programs of the Department; and in some programs as many as eight different funds are drawn upon for their support, and many utilize only two or three different funds.

This situation creates accounting problems as well as disbursing problems. For example, to draw each warrant against a specific fund in each program would create much confusion in the records of the State Treasurer, the State Controller, and the Department of Health, in that several checks would have to be issued to cover the cost of a single

expenditure. In the case of paychecks for employees, it would be practically impossible to handle payrolls by issuing a separate check for each fund from which an employee's salary is drawn. None of the employees in the Department is paid entirely from one single fund only.

In view of this problem, the Fiscal Officer of the Department of Health invented a new system of disbursing which meets the peculiar needs of the Department of Health while at the same time conforming with state law and good accounting practice. This new system, it should be noted, did not change in any way the amount of money available for any program, nor does it alter the restrictions on the use of categorical funds or the matching requirements required by the federal grants-in-aid.

In the words of the Fiscal Officer of the Department of Health the new system, called "the credit balance account", is described as follows:

> "At the present time, we have set up in the Controller's Office in addition to our several funds an account called "Credit Balance Account." All disbursements of the entire Health Department including payrolls are charged to this account. At the end of each quarter a determination is made of the percentage of funds spent by each program. This percentage is applied to the various categorical funds in each program and the fund distribution made. From this information, warrants are drawn against each State, Federal and other fund payable to the "Credit Balance Account". This clears the account quarterly. At all times there is ample money in the various funds to more than cover the "Credit Balance Account". At no time is there a fund or a program operating at a deficit. This method of disbursement allows the Department to operate an encumbrance control accounting system with a bookkeeping machine. This system also precludes the possibility of deficit spending within the Department."

THE GENERAL ADMINISTRATION FUND

The Department of Health has no special fund set up for general (or central) administration. Instead the Department draws upon a portion of the appropriation which is made to the Preventive Medical Services Division. From this appropriation all overhead of Departmental administrative functions are paid, except for portions of federal grants which are prorated to help pay part of this overhead. There is, however, no other state appropriation for this purpose.

There should be established a special appropriation and special fund carried by the Department for general administration. It is an unusual and strange arrangement to have general administration for the Department paid for entirely from the fund of but a component part of the Department. The present system works well enough, but it is unnecessarily complicated and confusing. A more simple system is preferable. The adoption of a general administrative fund, of an appropriation for general administration, and of corresponding changes in bookkeeping and reporting functions would be, naturally, more simple and less complicated. Moreover, the simplified system would have no effect whatsoever on federal grants or the use of the prorated share of federal grants made for administrative overhead. Yet, the agency head of the Department would at the same time continue to have some latitude in planning his administrative programs.

ALLOCATING FEDERAL GRANTS-IN-AID WITHIN THE DEPARTMENT. There are numerous points of contact between the federal governmental agencies and the State Department of Health. Among these the principal points of contact concern the use of federal grants-in-aid funds, chiefly from the U. S. Department of Health, Education and Welfare, but more particularly from the U. S. Public Health Service and the Children's Bureau within that federal department.

In order to receive the various federal grants-in-aid, the Department of Health must comply with special and general regulations and procedures prescribed by the respective agencies of the federal government concerned, to submit to auditing, and to keep its records open for inspection, and is required to transmit special and routine reports as requested.

The federal grants include grants for such purposes as (1) maternal and child health services and crippled children's services, (2) general health, (3) hospital construction, (4) tuberculosis control, (5) mental health, (6) heart disease control, (7) cancer control, and at one time (8) venereal disease control and (9) water pollution control, and (10) in certain emergency circumstances only, for civil defense.

In addition to the matching requirements and the requirements for legislative acceptance of the federal grants-in-aid and their acceptance of their attending conditions, the Department of Health is required to make its internal and general administration conform to certain very definite federal regulations.

These requirements are administrative rules and regulations, issued by the federal agencies concerned, which have the force and effect of law. These requirements are issued in the form of the Public Health Grants Manual, a looseleaf manual composed of directives, orders and instructions, etc. Changes in the specific directives, etc., are made in the form of memoranda which can be inserted as a page to replace that which is superseded. Each is numbered in proper sequence and dated. This manual is issued by the United States Public Health Service and the Children's Bureau of the U. S. Department of Health, Education, and Welfare. In addition to this manual there are also

issued various "plans", "memoranda", "instructions", and "information circulars" from time to time for the Department to comply with. There is also a separate manual for federal grants for special projects concerning public health.

Some of the federal requirements include complying with certain standards such as, for example, with regard to a merit personnel system. These requirements involve complicated procedures and instructions for preparing and submitting pertinent documents, laws, rules, regulations, and compensation and classification plans of the Department to the federal government, etc. These requirements also include specifying the fiscal audit procedures to be followed with regard to the receipt and expenditure of federal grants, preparation and submission of expenditure reports, other annual reports of various kinds, and the preparation and submission of the overall "State Health Plan" each year, etc., etc.

Federal grants are allocated to the Department of Health by the U. S. Department of Health, Education and Welfare in accordance, for example, with population and per capita formulas determined pursuant to federal laws. After having determined the amount of federal funds to be allocated for Nevada for health programs, the Department of Health, Education, and Welfare notifies the State Health Officer of the amount of federal funds he is to receive for carrying out the particular programs for which federal money is available.

The Department of Health, therefore, submits no budget, in the usual sense of a request, to the federal government for federal grants-in-aid, but does submit thorough analyses (the "Budget for Health Services"- PHS -CB Joint Form 3) of how the federal money is expended. All funds which the federal government grants to the State Department of Health are categorical funds, except for those funds for "General Health". This means, for example, that federal grants for tuberculosis control must be used for the actual control of tuberculosis only. The use of this money must be adequately justified.

Consequently, the State Health Officer has only a small margin of flexibility in how he is to allocate federal funds within the Department. He may use "general health" funds in such manner as he pleases. He must use 80% of "crippled children's services" funds for specialized crippled children's services. He may distribute a certain percent of some federal grants to various Divisions in the Department. For example, if one Division is devoting a certain percent of its time to a program such as the crippled children's service, it may receive a corresponding percent of the federal money available for meeting its own cost of operation. (Nevertheless 80% of the crippled children's funds must be expended for actual care and treatment, etc.) The State Health Officer makes such allocations or supplements in accordance with the number of "man hours" devoted to the purpose of the federally financed program. The Division of Public Health Engineering keeps a man hour "log" showing the number of hours each employee devores to each major program. The Division of Laboratories keeps a record of the number of tests it performs, the Public Health Nursing Section keeps a record of the number of visits made, and the Division of Vital Statistics keeps a record of the number of documents processed for each program and the number of hours devoted to each. On such bases grants-in-aid may be allocated within the Department in accordance with the actual amount of work each Division performs in behalf of any given grant-in-aid program.

Budget Estimate to Public Health Service

The State Department of Health submits a "Budget for Health Services" (PHS-CB Joint Form 3) to show the proposed use of the federal health grants and state and local funds and funds from other related agencies covered in the "State Health Plan" (prepared and submitted by the Department of Health to the Public Health Service each July). The "Budget for Health Services" shows the proposed expenditures by source of funds for the entire operation of the Department, for the particular health activities of other state agencies where such funds are used to fulfill matching requirements; for each local or special health project to which the Department allocates federal, state, or private agencies' funds; and for other local projects for which funds are used by the state to fulfill matching requirements; and shows the estimated total cost of the selected categorical programs.

The Department is required to submit this budget estimate on July 1 of each year, along with other planning materials submitted, to the Department of Health,Education, and Welfare for approval by the Children's Bureau and the Public Health Service. When approved, the approval constitutes commitment of the pertinent funds to the extent that funds are actually made available.

The budget estimate form shows the health projects by state services and by local services, amounts budgeted for each Division and Section, clinic and auxiliary services, drugs and biologicals by organizational unit, appliances by organizational unit, maintenance and purchase of care in hospitals, etc., amounts to be spent for personnel training and education, amounts allocated to the state personnel system, etc., amounts for maternal and child health and crippled children services "Fund B Projects", amounts for the approved Public Health Service special projects (e.g., cancer control, water pollution control), and proposed allocations of funds to other state agencies to which the Department allocates funds or whose funds are used to fulfill matching requirements. The budget estimate also shows each city, county, or health district to which the Department allocates state, federal, or private funds or whose funds are being used to fulfill matching requirements, and each private agency to which the Department furnished funds, services, or personnel, or whose funds are being used to fulfill matching requirements. The budget estimate then shows the total amount of all funds to be spent.

The Health Grants Manual suggests (13-2.7, 3H, P.7, 4-5-54) that the budget estimate form be accompanied by ample documents to justify purposes for which funds are to be used, with separate justifications for each subsequent revision in the budget estimate.

The Public Health Service also requires that unless more detailed budget accounts are maintained from which project expenditures can be ascertained, a project control by source of fund to which expenditures and all transfers to and from amounts budgeted will be posted, should be maintained by the Department for each item included in the Budget for Health Services.

CHAPTER XVIII

EXTERNAL OR SUBSTANTIVE ADMINISTRATION

In the Department of Health the problems of external or substantive administration which warrant particular attention are (1) administrative authority and discretion for effecting necessary courses of action, (2) use of maximal facilitative devices for administrative action, and (3) agency programs development, including program planning, inauguration and execution.

Administrative Authority and Discretion

THE AUTHORITY TO INITIATE SUBSTANTIVE ACTION

The State Board of Health has the power to initiate action to alter, abolish, and establish new programs within the limitations of what the Legislature has provided by law. In some cases the Board does exercise its prerogative on such matters, but as the process works in actual practice, the State Health Officer himself makes the decisions subject to the Board's post-approval. The real limitations on administrative initiative are financial and depend upon the amount of appropriations which the Legislature makes available and upon the restrictions imposed by the federal government on the use of categorical federal grants-in-aid. Some aspects of administrative initiative are limited owing to inadequate facilities, such as for example the quarantining of individuals infected with contagious tuberculosis. While there is legal authority for this, the program cannot be carried out because there are no hospitals with "lock wards" where such persons can be confined.

CONFINEMENT TO PRECEDENTS

In the actual administration of agency programs, such as in the making of administrative decisions, rule making, etc., the State Health Officer is not normally limited to existing precedents but may make his decisions based upon the merits of each case, subject only to the post-approval of the Board. This is particularly true with regard to the selection and approval of child care cases for treatment under the crippled children's program.

AUTHORITY TO SUBPOENA WITNESSES

If the state law is strictly interpreted the State Board of Health has no legal authority to subpoens witnesses, but may summon them only. The Board is not empowered to administer oaths, but may prescribe the form for reports and accounting and may prescribe the procedures for submitting reports. It has no authority to enforce compliance, except in the case of vital statistics and communicable disease reporting. When the State Health Officer summons witnesses or requests reports, it is done in the name of the State Board of Health and usually with the prior consent of the Board except in routine matters. In certain cases he may act in his capacity as Executive Secretary of the Board.

RULE MAKING AUTHORITY

The State Board of Health apparently has ample authority for making and promulgating rules and regulations which have the force and effect of law. In actual practice, the Division head who is concerned with the particular rules and regulations involved prepares and drafts the proposed rules and submits them to the Board for approval, revision, etc. The State Health Officer, as agency head, has no authority to approve or disapprove rules, this authority residing with the Board which may also nullify the rules and regulations promulgated by local governments and the local health officers. The actual promulgation of rules and regulations consists of formal approval by the Board, recording of the fact in the Board proceedings, publication and distribution, and filing of copies with the Secretary of State.

Maximal Facilitative Devices

Maximal facilitative devices are those devices by which the agency administrator may resort to higher sovereign authority in order to facilitate the accomplishment of agency objectives. These devices include (1) resort to executive orders and directives from the chief executive of the state; (2) resort to the legal branch of the government, i.e., the courts and the attorney general's office for decisions and opinions; and (3) requests submitted to the Legislature for certain enabling legislation.

EXECUTIVE ORDERS

The State Board of Health has never found it necessary to resort to the use of executive orders from the Governor. Such would occur only in the case of extreme emergency and would probably take the form of a declaration of martial law; or in the case of a minor proclamation, such as the designation of "Health Week", etc.

COURT DECISIONS AND ATTORNEY GENERAL'S OPINIONS

On rare occasions, usually only after a new regulatory program has been inaugurated, the Department of Health has found it necessary to enforce the provisions of law in the state courts.

On numerous occasions, however, the Department of Health has found it expedient or necessary to request legal

opinions on certain matters from the Attorney General's Office. For example, after an opinion from the Attorney General to the effect that the Department of Health had no authority to accept federal funds for the construction of hospitals, the proposed program was delayed until enabling legislation was forthcoming.

ENABLING LEGISLATION

The State Health Officer has sometimes found it necessary to request enabling legislation of the Legislature in order to carry out certain programs or to clarify certain provisions of state law. After the Attorney General's opinion that the Department had no authority to accept federal grants for the hospital construction program, the State Health Officer requested enabling legislation to accept such funds. The resulting legislation was the Nevada Hospital Survey and Construction Act of 1949. (See also Attorney General Opinion No. 619, Report and Official Opinions of the Attorney General, opinion dated May 14, 1948.)

CHAPTER XIX

AGENCY PROGRAM DEVELOPMENT IN THE DEPARTMENT OF HEALTH

Program Planning

DETERMINING PROGRAM OBJECTIVES

When new public health programs are determined, the determination originates with (1) the federal government and its grant-in-aid programs as accepted by the State Legislature, (2) with the Legislature itself, and (3) with influence and pressure exerted by professional and lay groups exerted on both the Department of Health and the Legislature. The State Board of Health does not directly initiate new program objectives. The attitude prevails, as expressed by the State Health Officer, that since there are so many existing programs required by state law to be carried out, and since the staff, facilities, and finances of the Department are hardly extensive enough for carrying out effectively the existing programs, the administrators and staff members of the Department are rarely concerned with planning and drafting new substantive programs.

Even though the Department staff may be well aware of existing need for extended or new programs in the field of public health, no effort is made on their own initiative for creating new programs, except to initiate those for which there may be federal funds available. As a matter of fact, seldom is the awareness of the need for a program even felt until the program has actually been initiated and has gone well underway, for then the statistical data as to the needs begin to unfold and the public response begins to awaken.

While the ideal process would be to conduct a special continuing program of sociological research and statistical analysis, the Department finds that even with the minimum of vital statistics data collected, there is still insufficient data available with regard to the condition of the general health of the people of the state and their health needs. There are no statistics, no studies, no surveys, and no analyses made or gathered except for certain reportable communicable diseases; nothing whatsoever concerning the degenerative diseases, the primary source of ill health and death in the state.

Consequently, the first steps necessary for program planning and determination of program objectives -- that is, the fact finding and fact evaluation steps -- are lacking in the Department. The fact finding function manifests itself outside of the Department in certain especially prominent pressure groups and among the general public as special problems become so acute and critical that the various groups interest themselves in these problems and bring political pressure to bear upon the Legislature to effect corrective legislation. The same or similar processes work with regard to terminating an ineffective or unpopular program, with the exception that when the administrators themselves disapprove of a program by virtue of personal bias and as the result of isolated pressures pin-pointed against them, they tend to commence to drag the program, conducting it on as limited and as restricted a basis as possible, giving it only as much attention as a loose interpretation of the law will allow.

DETERMINING PROGRAM METHODS, STANDARDS, AND SANCTIONS

For the most part, the stage of program planning which concerns program methods, standards, and sanctions is left to the legislative discretion. The standards for program execution are established in the law which sets forth the program. Once the Legislature has established the legislative standards and sanctions for a program, the Department of Health then sets about determining administrative methods and administrative standards as a part of the program inauguration process. However, once the Legislature has set its collective mind to the problem of establishing by law a program for the Department of Health to execute, the State Health Officer and his staff take ad hoc steps to assist by furnishing advice, etc. Within these standards as set by law the State Health Officer and his assistants establish the administrative standards on the basis of their experience, training, and professional knowledge. Precedents established in other administrative agencies, especially in the programs and health departments of other states, and the federal Public Health Service, etc. are considered for comparative purposes. However, the Department does not restrict itself to precedents only. Generally the administrators feel free to accept, modify, or reject the standards as observed in other agencies. Standards as proposed and planned are usually discussed with representatives of special interests in the state concerned or affected by the program, especially with regard to regulatory programs. When possible, surveys and studies are made in order to obtain essential facts upon which decisions may be made with regard to administrative standards. However, little is actually done in fact on a formal basis, even though it is the ideal method, since the time, funds, and personnel available for this purpose are so limited. Generally, consultation with representatives of interest groups is as far as this research goes.

Program Inauguration

As soon as the Legislature has enacted into law specific requirements and responsibilities for a program to be carried out by the Department of Health, the administrators of the Department commence to take action. This action

is program inauguration. The first step in program inauguration is planning and consultation. The State Health Officer holds staff meetings, and in turn meets with experts in the field, invariably consults with the advisory committee which the State Medical Association has appointed, and confers with representatives of the federal Public Health Service. As a part of the planning step, the State Health Officer or his staff may also consult with authorities in other states where similar programs may already have been in operation. The second step is to arrange for necessary facilities, to employ personnel, etc. The third step of program inauguration is to turn the program over to the new program director, delegate authority and responsibility to him, prepare staff procedures, organize the staff, and make necessary public announcements, etc. These procedures as followed by the Department of Health are quite in accord with those followed by most government agencies.

Program Execution

Program execution is a continuing process which involves agency rule making, agency decisions, enforcement, and administrative adjudication and appeals. For the most effective program execution, however, the agency administrator must obtain firstly the cooperation of his staff and secondly the compliance of the principals concerned, especially of regulatees concerned in the regulatory programs.

OBTAINING STAFF COOPERATION

It can be easily understood that staff cooperation is essential in program execution, if only to prevent administrative lethargy. The fact that the key personnel in the Department of Health are all professional and technical experts and career public health employees working in the fields of their respective specialties has helped to create a high esprit de corps among them, for they are justifiably proud of their skills and feel that their work is socially useful and important. This esprit de corps exists even where plant facilities (as in the case of the State Hygienic Laboratory) are inadequate and where key employees (as in the Division of Public Health Engineering, the Division of Preventive Medicine, and the Division of Epidemiology and Local Health Services) have a vast number of responsibilities, more than can be adequately administered without additional competent assistance. In spite of the high morale noted in the Department there does exist what appears to be a kind of lethargy in the Division of Preventive Medicine and in the Division of Epidemiology and Local Health Services. This could be administratively correctible, however, by the employment of additional professional assistance, preferably young physicians who are interested in public health service.

OBTAINING PUBLIC COMPLIANCE

A major problem in program execution is obtaining the compliance of regulatees and other principals concerned with the regulatory programs of the Depar tment of Health. This is not only a problem in public relations but also one of administrative operation. The Department of Health employs several effective devices for achieving voluntary cooperation of the public in its programs.

In the first place the Department solicits voluntary cooperation, consent, and collaboration of regulatees in its programs and encourages special and tacit agreements and understandings. In the administration of the crippled children's service program the State Health Officer gives special attention to the selection of crippled children for care, limiting the care and treatment aspects of the program to "pauper cases" only so as not to offend certain practitioners some of whom believe that the program was stealing their patients who can well afford to pay for private care. Such a policy, while not entirely in accordance with the intent of the federal laws concerned, serves the practical effect of keeping the goodwill and the cooperation of physicians generally.

In the administration of the dairy inspection program the sanitary engineers work closely with the dairymen's association to such an extent that in some milkshed areas the local dairymen accomplish much in the form of self-regulation and insistence that competitive dairies in the milk shed comply with the high standards of dairy cow health and dairy sanitation.

In the case of the hotel regulation and sanitation program, execution has not been effective, chiefly owing to the failure of voluntary cooperation from hotel management generally and owing to faulty and weak legislation. Voluntary cooperation is impossible to achieve on the administrative level without the force and backing of good laws.

The Department of Health has done much, however, toward securing the voluntary cooperation from among those whom the Legislature (and through them the public at large) finds should be regulated. This has been effected through personal contact by the administrators concerned (especially the sanitarians and the sanitary engineer) and through their informal "health and sanitary education" efforts to counteract adverse attitudes. While the personal approach is highly effective and successful, it is only successful where there is a strong law to back up the administrators, as is the case with the program regulating food establishments.

The Division of Public Health Engineering has also accomplished much in achieving the voluntary cooperation of dairymen and restaurant and other food establishments operators by allowing representatives of these groups to participate in policy and program making and in the drafting of rules and regulations. The policy of allowing principals to participate in these functions is, again, effective only when they know, and the administrator knows, that he has a strong law to support him. The reason why hotel regulation in Nevada has been almost a complete

failure, and why voluntary cooperation with hotel interests has failed, is chiefly owing to the fact that the Department of Health has an inadequate law on hotel regulation to back it up.

The Department also uses the "reward" device to obtain cooperation from regulatees. This is noticeable in the Grade A ratings given to those food establishments that comply with the Department of Health standards. It is also noticeable in the "Gold Star" ratings awarded to milkshed areas which steadfastly and regularly adhere to high standards of dairy sanitation. This is a rating that is highly prized by dairymen and which accords them favorable publicity. The "reward" device to regulatees who comply with approved standards in regulatory programs could be well extended to other programs as well as to the sanitation control programs.

Rule Making

In making rules and regulations which have the force and effect of law the administrators of the Department of Health generally proceed by (1) considering the need for the proposed rules, (2) consulting with staff members concerned, (3) consulting with other experts in the area for which the rules are proposed, (4) inviting the principals and regulatees (who are to be regulated by the proposed rules) to offer suggestions, (5) securing the approval of the rules by the State Board of Health, and (6) finally promulgating and recording the new rules.

The fact finding steps in the process are usually informal and include such methods as informal conferences, correspondence, and conversations among the staff members of the Department and with others, including certain representatives of special interest groups. In some instances special studies or surveys are made to obtain essential facts. These, too, are generally informal. The Department rarely holds public and formal hearings on rules before the rules are to be adopted. Rarely does the Department issue notices in a formal way to all who may be concerned in the rules proposed, but rather, the Department (generally the Division head concerned) notifies on a personal basis those persons whom he happens to think may be interested. Invariably, however, prominent members of the State Medical Association are notified and consulted on matters concerning rules on clinical and medical matters; yet it is questionable whether the "rank and file" membership of the Association have an opportunity to participate in the rule making process or whether those practitioners of the other branches of the healing arts are notified or invited to participate. It is realized, of course, that, in spite of factions which may exist, it is physically impossible for the State Health Officer to consult with every physician in the state on every rule making matter. In order to help ease this situation and to relieve adverse criticism, the State Health Officer has arranged by mutual agreement with the president of the State Medical Association to have the president of the Association to appoint, from among the membership at large, an advisory committee to help advise the State Health Officer on Department of Health medical programs, including the rule making aspects. Yet many oversights, partly the result of professional rivalries and ideologies, could be avoided , however, by legal requirements that notification of a rule making hearing be broadly publicized and announced. Thus, all principals who may be concerned, whether representatives of special interest and professional groups or representatives of the public at large, should be notified well in advance of rule making hearings and are enabled to attend and participate.

Since the rule making process in any administrative agency is a quasi-legislative function, the idea is also worthy of consideration that the Legislature be notified of new rules, either at the time the rules are considered and before they go into effect, or as soon after as possible. This would then provide for legislative review of the administrative rules and assists legislators in determining whether such rules are ultra vires and in accord with the intent of the enabling law as the Legislature has intended. Such notification to the Legislature could be by means of (1) sending copies of the proposed (or completed) rules to the Director of the Law Revision Commission and (2) to the Legislative Counsel Bureau.

It is further worthy of consideration that the administrators of the Department of Health submit informally copies of proposed administrative rules to the Attorney General in order that his staff may study them to eliminate informally, after informal consultation, provisions in the rules which are ultra vires and exceed the legal authority of the Department. This process could thus save considerable time and expense in possible legal action arising in litigation which contests the rules in the courts.

At the same time, while the Department has no policy on the matter, it would also be well to consider procedures for allowing interested persons to petition the Department at any time for amendments to be made in existing rules and regulations.

The next step in agency rule making is securing the approval of the State Board of Health. This is generally a redundant step, since approval is generally automatically forth coming, but it is essential in that legally the administrative power to approve rules in the Department resides with the Board. The power to approve rules could just as well, if not better, reside with the agency director, the State Health Officer.

The final step in the agency rule making process is promulgation or publication of the rules and recording them with the Secretary of State. At the present time promulgation consists of printing the rules in booklet form and distributing them to those who request them. The copies of these are generally kept in the offices of the Division heads. Copies should also be kept in the main offices of the Department. In some instances amendments to rules are merely typewritten and carbon copies and are not actually "promulgated" at all, even though they are filed with the Secretary

of State. It appears that the form of publication of the rules could be improved by (1) numbering each of the rules and regulations, and amendments, in numerical sequence, and (2) issuing and publishing them in the form of uniform loose-leaf printed statements. At the present time the law requires that copies of the agency rules and regulations be filed with the Secretary of State.

What makes the problem of administrative rule making difficult in the Department of Health is the lack of a state-wide system for state agency administrative procedures. A uniform administrative procedure act, especially with regard to the quasi-legislative function of agency rule making, would not only facilitate administrative operations in the Department of Health, but also in all other state agencies concerned with regulatory programs. In this connection state law should provide for a system of "judicial declaration" by which regulatees may challenge an administrative rule in the courts without there being an actual case involved and without the petitioner running the risk of having violated a rule in the event he receives an adverse decision.

CHAPTER XX

PROGRAM ENFORCEMENT

Inspection

Some of the Divisions of the Department of Health conduct both routine and special inspections. The inspection process includes, generally, (1) entry upon the private property of the principal concerned, (2) actual examination of the premises by means of observation, testing, or the taking of samples for further analysis, (3) ascertaining and evaluating the results, (4) notifying the principal of the results and findings, (5) reporting the results to the responsible administrator concerned and recording them on permanent records, (6) comparing current evaluation and results with previous records of inspection, and (7) determining the necessary course of action to be taken.

The necessary courses of action to be taken may include the following: (1) notification to the principal of corrective action required, (2) an immediate cease and desist order, (3) suspension of license or permit until compliance is achieved, (4) the making of minor suggestions, (5) resorting to more drastic forms of sanction, (6) no action at all. All of these courses of action may be taken in a single case or any one may be sufficient to achieve compliance with health laws, rules and regulations. The practice usually followed by the inspecting agents is to make on-the-spot suggestions and to take informal corrective action, the resort to sanctions being taken only in the case of extreme or persistent violations.

The Process of Licensing, the Hospital Licensing Program

Several sections and Divisions of the Department of Health are engaged in licensing operations. The licensing operation of the hospital licensing program may be taken as a typical example. The hospital services consultant in the Section of Hospital Services first conducts a study of the necessity for the licensed facility. This study considers the possibility of and the prevention of duplication of like facilities in the same area. This aspect of the study is especially applicable with the program of hospital licensing since the provisions of the related hospital construction act provide that federal grant-in-aid funds can only be used for hospital construction in areas having short facilities or lacking adequate hospital facilities. In addition to the special study made in the case of each applicant for a license, the Section of Hospital Services also conducts an annual survey of the need for hospital facilities in the state. The adequacy of existing facilities is determined in accordance with the specifications provided for in the hospital construction act. The study and surveys also consider the qualifications of the proposed director or operator of the hospitals projected or concerned. These qualifications, as standards, are set forth in the rules and regulations issued by the Section of Hospital Services. Hearings and conferences are held only when special questions are raised or when principals request a hearing or a conference.

Sanctions

In order to enforce the provisions of state health laws and rules and regulations, the State Health Officer may resort to various sanctions to coerce regulatees to comply with the law. The following general kinds of sanctions are available: the threat of prosecution, fines, withdrawal of benefits and services, adverse publicity, revocation of license or permit, and summary seizure and condemnation of property that is found not to meet required health standards. The Department has no authority at law to impose or remit fines, this being a judicial function. Nor has the Department authority to modify licenses or permits as an intermediate sanction between continuing the license in full force and revoking it entirely.

The policy of the Division heads who administer regulatory programs is not to resort to severe sanctions except in extreme cases. The sanction of summary seizure or condemnation of private property (especially substandard dwellings, hotels, and other buildings) has become almost a tradition of taboo and has never been invoked. Wherever possible the policy is to consult with violators informally and to attempt to convince them that certain standards should be met for their own interests as well as for the public interest. In the case of food establishment regulation this policy has been effective, but in the case of hotel sanitation regulations the policy has failed, the discrepancy in the effectiveness of the two programs being the result of adequate legislation in one case and inadequate legislation in the other. It appears that wherever the legal powers of the Department are strong, the mere possession of the power is sufficient to achieve high standards of efficacy even though the law is not invoked.

Efficacy of Sanctions

The efficacy of sanctions first depends on the powers granted to the Department by law, and secondly depends on the quality of program execution and administration. Where sanctions are applied promptly and pertinently and

with a degree of severity appropriate in each case, the sanctions are effective. Most of the programs involving sanitation controls are so administered that they are effective, providing that the basic laws creating the programs grant the Department ample power. The programs for regulating miscellaneous public nuisances and buildings which are potential health and accident hazards dangerous to occupants are not administered with sufficient energy to make them effective. This situation is owing to the fact that the execution of the program touches upon the presently taboo sanction of"condemnation" of private property and owing to the fact that there are not enough investigators in the Department to execute such a program uniformly and effectively throughout the state.

In general, it is observed that the programs that are limited and particular in scope are best administered in the Department, for the legislative intent in particular legislative acts is more clearly and better defined than in general legislative acts on health. The functions that are indicated only broadly and in general terms are usually so broad that the functions are too tenuous and general, resulting in a tendency on the part of the administrators to overlook all of the particular categories of program planning and execution which the general law makes possible. Thus, the entire general function is overlooked. The situation is correctible with either adequate particularized and detailed legislation or energetic and enthusiastic administration -- and sufficient funds.

What actually happens is that the Department of Health retains a latent supervisory jurisdiction over such broad programs, but the actual administration devolves upon the local health officers and local authorities. Those who administer their local programs energetically are applauded, but those who do not are merely ignored until some omission or negligence results in a tragedy, an epidemic, etc., stimulating the attention of the state authorities.

Resort to Law Enforcement

The procedure followed in the actual enforcement of health laws, especially those concerned with regulatory programs, is somewhat as follows: (1) the making of the initial routine or special inspection; (2) notifying the principal or violator of violations and requesting corrective action; (3) making a follow-up inspection to ascertain whether the corrections have been made; (4) if corrective action has not been taken, issuing a summary order requiring immediate mandatory action and threatening legal action through the courts. Generally, the execution of the program to this point is sufficient, but may become complicated at this step as the administrator and the regulatee consult and hold conferences, either on a formal or informal basis, with or without attorneys present. If the matter is still unsettled, the State Health Officer then turns it over to the local law enforcement officers or the district attorney for prosecution of the violators in the courts. At any stage of this process, the regulatee may appeal the decision of the initial investigator to the investigator's Division head, to the State Health Officer, or to the State Board of Health.

Administrative Adjudication in the Department of Health

Administrative decisions with regard to adjudicating cases and appeals in the Department of Health may be decided at any of the following levels: (1) by the inspecting agent at on-the-spot inspections, (2) by the Division head to whom the inspecting agent is responsible, (3) by the State Health Officer, and (4) by the State Board of Health. In actual practice, however, few cases are appealed through the administrative channels of the Department, but are taken directly to the courts without the agency first having the opportunity to handle the appeals.

Thus, when the operator of a food establishment protests the rating which a sanitarian may give the establishment or when he protests the revocation of his permit, he may, if he chooses, appeal through the administrative channels of the Department of Health, or he may take his case directly to the courts. There are no provisions at law requiring him to exhaust the administrative remedy first. However, should he desire to take his appeal to the State Board of Health, the law requires the Board to grant him a hearing.

The judicial techniques used by the Department of Health are informal, there being no established formal procedures to be followed. There are no standard procedures developed in the Department for ascertaining the availability of all the facts in a given case; for noting bias in facts, opinions, etc.; for challenging members of the Board who hear the case; or for providing other public safeguards for fair play and due process. This is a matter to which the administrators in the Department should give some attention or which should be resolved by legislative action.

There is no requirement at law requiring appellants in the event of administrative appeals within the agency to furnish all of the evidence at their disposal to the agency administrators who are conducting the agency hearing. It is possible under the present absence of legal provisions, for an appellant to withhold key evidence in the administrative hearing, only to produce it in the courts later much to the prejudice and embarrassment of the State Health Officer and the Department generally. After the administrative remedy has been exhausted, and after the administrative decision has been made on the basis of the complete and final record, the appellant, if still dissatisfied with the decision, should then be permitted to take his case to court. A standard or uniform administrative act, in fairness to the public, to the Departments, and to the regulatees, by the Legislature should provide for some such procedure.

PART V. CONCLUSIONS AND RECOMMENDATIONS

CHAPTER XXI

General

During the course of this study a number of discrepancies have been discovered with regard to the organization, operations, administration, and finances of the State Department of Health. Yet, the study has also disclosed the fact that the management and operations of the Department are of an unusually high caliber. The personnel in the Department, from the State Health Officer, to the section chiefs, have done extremely well in executing their legal responsibilities. This is true in spite of the many trying difficulties which confront them and which are administratively and legally beyond their control. Most of these difficulties have arisen owing to inadequate financial support and owing to the cumbersome and irresponsible direction inherent in any plural executive body including that of the Department, i.e., the Board of Health. Consequently, the majority of the discrepancies noted in the Department are not correctible by administrative action but only by legislative action.

The most immediate action that should be initiated by the Legislature is to grant appropriations for the adequate financing of the Department.

The second most imperative correction is to abolish the State Board of Health as the administrative and executive body of the State Department of Health, substituting instead (1) a single administrator responsible directly to the Governor, and (2) a Citizens Advisory Board on Public Health.

Administrative and budgetary corrections should include reorganization of the Department and its Divisions more strictly in accordance with the major functions performed. Other legislative corrections should include the provision of sufficient professional medical personnel to perform the clinical functions of the Department; provision of such ancillary facilities as public health centers, a laboratory building, and mobile dental and medical untis; extension of certain programs such as the heart disease control program; combination of certain programs as the laboratory service functions of the Food and Drug Laboratory with those of the State Hygienic Laboratory, etc.; creation of new substantive programs, such as, for the control of degenerative diseases, and for geriatrics service; the strengthening of existing regulatory health laws, such as, the law on hotel sanitation; and provision of adequate administrative powers, procedures, and remedies with regard to agency rule making and administrative adjudication within the Department of Health.

It is recommended that the State Department of Health be organized into seven or eight operational Divisions: (1) The Division of General Administration, (2) The Division of Vital Statistics, (3) The Division of Public Health Engineering, (4) The Division of Local Health Services, (5) The Division of Public Health Nursing, (6) The Bureau of Clinical Services, (7) The Division of Public Health Education and Information, and possibly, (8) a Division of Professional Examinations.

While it is realized that eight or nine units impose a tremendous supervisory responsibility on the State Health Officer, in view of the extremely broad span of supervisory control involved, this disadvantage can be considerably offset by the fact that the State Health Officer is to be free to perform only full time supervisory functions (1) if he is assisted by an administrative assistant and (2) if there is a full time director, an expert in his field, in charge of each Division.

When the Department of Health is properly organized and administratively in a better position for handling the increased responsibilities, it is recommended that careful thought and attention be given to the problems of the professional examinations boards and the problems of the State Hospital for Mental Diseases. Eventually, when the time is more suitable, it may be expedient and wise to integrate these functions with the Department of Health. In such a case, the State Hospital for Mental Diseases should be incorporated into the Department of Health as an institutional Division of the Department, thus making possible a close relationship and liaison between the clinical psychological functions of the Department, outpatient treatment, etc, with the functions of institutional treatment with the State Hospital.

Eventually, it may become advisable, for the sake of efficiency irrespective of the dynamic "political apoplexy" possibly occurring by the pressing of such a proposal, to abolish the existing autonomous professional examination boards with regard to the healing arts and sciences, substituting instead a Division of Professional Examinations in the Department of Health. Such a Division should consist of an organized administrative staff to be used in common by the various units concerned with the actual selection of professional examinations. It should be emphasized that the purpose of having professional examinations so organized is firstly to assure that the people of Nevada are served by competent practitioners of the healing arts; secondly to assure that the people are served by honest practitioners (involving a police function, of sorts), and thirdly, to assure that the people of Nevada are served by an adequate number of such private practitioners to meet the population needs.

This last point should be emphasized, for it means that the purpose of the organization of the professional examiners in the Department of Health is and should be to see that new and young practitioners are encouraged to locate and set up practice in Nevada and to see that no established segment of the professions of the healing arts and sciences sets itself up as a local professional monopoly to the prejudice of the health of the public.

CHAPTER XXII

THE DIVISION OF GENERAL ADMINISTRATION

It is recommended that the Division of General Administration include (1) the Citizens Advisory Board on Public Health to supplant the present State Board of Health, (2) the State Health Officer, (3) the Public Health Administrative Assistant, and (4) the Fiscal Officer. This Division should be, in effect, the headquarters of the Department, the actual administration of Division per se to be under the responsibility of the Public Health Administrative Assistant, a combination of "headquarters commandant", "business manager", and "executive assistant".

It is recommended that a specific appropriation for handling the costs of the operations of this Division by made by the Legislature and that provision for the Division be made in all subsequent budgets. This recommendation does not preclude the use of certain authorized federal funds, to be paid as the pro-rated share of Department expenses by the other Divisions and/or programs in the Department.

Creating the Citizen's Advisory Council on Public Health

It is recommended that (1) the present statutory laws which establish the present State Board of Health be repealed and (2) a citizen's advisory council on public health be created in its place.

The present State Board of Health is a plural executive and administrative head of the State Department of Health. Such an executive and administrative board is an anachronistic device in modern government, especially in such administrative agencies as the Department of Health (tradition to the contrary notwithstanding) where specialized and expert direction is necessary. Plurality in executive direction serves only to lessen the vigor of agency administration. It diffuses responsibility and fails to provide vital and responsible direction and leadership and frustrates expert agency direction.

Wherever a pluralistic group or board is engaged in any common enterprise there is always present the danger of animosity, personal emulation, and bitter dissension, which, if not resulting in the resignation of the minority members, at least results in loss of enthusiasm, in apathetic administration, and in vacillating comprises, which, changing with the balance of power within the board, results in confusion, unreliable changes of programs and policies, and frustration of the very efforts and purposes for which the administration is required.

What is still worse, is that dissension among the board members serves to creat dissension among all principals concerned, the administrator himself, as in this case, the State Health Officer, his staff, the regulatees in the regulatory health programs, and even among the public at large, each adhering differently to irreconcilable factions or individuals. It brings "politics" into agency administration in the worst possible form and without any of the benefits either of tying down responsibility or of pro viding fair representation.

A plural executive head, such as an administrative board, inhibits and frustrates the vigor of the agency administrative assistants who are obliged to serve under its direction. It dissipates energy. Energy in administration is a leading characteristic of good government and is essential to the steady administration of the laws and for preventing factionalism and anarchy in the administration. This essential unity is destroyed when administrative power is vested in a pluralistic board; and can be achieved in such a board only where one board member or faction manages to control and dominate the whole board, in which case such control is not counterbalanced by a corresponding responsibility placed on those in control, for they always have the mask of the entire board behind which they may hide. Moreover, in such a case, there is always the danger to steady administration and duration of policy that the controlling faction will be displaced by a shift in the balance of power within the board; or in the event a balance is achieved, there is the danger of continual factionalism, vacillation, and indecision. Experience in Nevada and in nearly every administrative agency of the United States where attempts have been made to utilize plural executives or boards bears this out and affords excellent instruction on the incapacity and inefficiency of such a device. On the other hand, a strong administrator means unity in administration, duration of continuing policies and programs, and responsibility which is quickly and constantly placed.

Among the strongest objections to this kind of pluralism as may be seen in the present State Board of Health, is that device tends to conceal faults and to destroy responsibility. A multiplicity of administrators tending to a single job adds to the difficulty of detecting the loci and sources of error among them, and amid mutual accusations among the board members, it is difficult for the public at large, even for the principals most concerned, to determine upon whom the responsibility for pernicious measures is to be pinned. Responsibility is shifted from one member to another so dextrously and with such deceiving appearances, that the public is completely frustrated as to whom should be blamed for pernicious, unwise, biased, erroneous, and weak decisions, and even for misconduct and administrative sabotage. The individual who is charged with the actual administration of an agency, under the direction of such a board, however, if he is himself timid, unaggressive, and reluctant to assume necessary responsibilities, may himself favor the mask of the board behind which he may mask his responsibility. Even the chief executive of the State,

the Governor, may find the board a convenience for avoiding the unpleasantness of facing up to responsibility for his executive decisions made through the media of the board.

In addition to being subject to the congenital weaknesses inherent in the very nature of administrative boards, the State Board of Health is further inhibited in its administration of its affairs for the public interest at large by reason of the fact that the membership of the board is weighted in favor of the traditional healing arts professions rather than in the favor of the users of public health services. Three of the five members of the board are required by law to be members of the healing professions. Furthermore, only the traditional fields of the healing arts are represented on the State Board of Health, only the allopathic or homeopathic "schools" and dentistry, all other "schools" of the healing arts being unrepresented. It leads one to believe that certain medical professions consider that the Department of Health was established for their own special benefits and prerogatives rather than for the public at large. The situation is, indeed, suspect.

It is understood, however, that the legislative intent in having professional medical practitioners as members of the board is not to enable the furtherance of a particular professional monopoly but rather in order to furnish technical and professional medical advice and direction in the administration of public health programs. While this is fair enough reasoning, it is only superficial in nature, and fails to consider the dynamic political aspects resulting from the extreme likelihood that the entire agency and its programs will be dominated in the light of the professional interests and associations of the controlling members of the board. This falacious reasoning also fails to consider that the State Health Officer receives ample technical and professional advice and assistance from the members of his staff and his division heads, not only in the field of medical science, but also in the fields of public health engineering, public health nursing, and sanitation.

A reasonable solution to the problems arising from the nature of the administrative board and its composition is to make the board into an advisory board only, composed predominantly of members better fitted to represent the public at large. This preserves the sound principle of government knows as "the non-interest principle". To preserve this principle it is well to avoid requiring professional qualifications for membership on either administrative or advisory boards. In determining the composition of a board consideration should be given, however, to those who can best represent a cross-section of public interests and who are in the best postions for knowing these interests, such as school teachers, welfare and social workers, engineers, labor leaders, farm leaders, etc. rather than medical personnel only. Members of the advisory council should be appointed for a definite period of time by the chief executive of the state.

In the event, for political expediency or for other reasons, it may prove to be impossible to eliminate the administrative State Board of Health, it may be practicable, as an alternative measure, to reconvert the State Board of Health into a limited policy-making board, having powers only to establish policies and approve rules and regulations. At any rate, whether the State Board of Health continues as a plural executive and administrative entity or evolves as a limited policy making body, it is highly recommended that there be established, concurrently with it, the Citizens' Advisory Council on Public Health as outlined in this study. As a check and balance device in governmental practice and as an instrumentality for enabling full public representation and voice in the affairs of the public health policy-making and administration, the advisory board will not in the least be a redundant unit, but serve a worthy function in the public interest.

The Commissioner of Public Health

It follows that when the administrative State Board of Health is replaced by a Citizen's Advisory Council on Public Health, the position of the State Health Officer, as the director of the State Department of Health, must be accordingly strengthened. The title of the position should be changed to "Commissioner of Public Health".

The powers and responsibilities now assigned by law to the administrative board should be transferred to the State Health Officer. The Legislature should place direct responsibility on the State Health Officer for the administration, operations, and the conduct of the affairs of the State Department of Health. It is a maxim of sound government that responsibility should be accompanied by corresponding authority. Consequently, the State Health Officer, as director of the Department and responsible for the execution of health laws and for the entire operations of the Department, should be accorded complete and full freedom in his administration, in selecting his staff assistants and subordinates, in the making of decisions on agency procedural and substantive matters, in rule making, and in agency administrative adjudication. In brief, he should have complete and full authority for carrying out his responsibilities, and he should be held completely and fully responsible for this authority.

It is extremely desirable that the State Health Officer be appointed by the Governor, responsible to the Governor, but appointed within the classified personnel system of the state.

As soon as it occurs that the present position known as that of the State Health Officer is to be filled by a direct

public appointment by the Governor of the State, appointed by virtue of a commission from the Governor, the title of the position should be changed to that of "Commissioner of Public Health". This title is more semantically correct in denoting the specific type of appointment , that is, a commissioner appointment.

The Commissioner of Health (i.e., the State Health Officer), as agency director of the Department of Health, may well be a physician, but the requirement that he be so should not be written into the law, for there may be times when a trained public health administrator, a public health nurse, political scientist, or a sanitary engineer, may be the better qualified person for the post. In the requirements for the position emphasis should be placed on ability, training, and experience as a public administrator, including such background, for example as graduate degrees in public administration, political science, public health, etc. The requirement that the Commissioner of Public Health be a resident of Nevada should also be eliminated from the statutes, for such a requirement precludes the possibility of obtaining the best qualified person available and the best talent available in the United States, but, of course, preference may be given by the appointing authority to qualified Nevada residents.

The Commissioner of Public Health should be responsible for all activities and operations of the Department and should be given corresponding authority at law to carry out his responsibilities. He should have authority to reorganize the Department in accordance with changing needs and circumstances, should have authority to initiate and develop public health programs, to make agency administrative decisions, to make and promulgate rules , to conduct administrative hearings and to make quasi-judicial administrative decisions, and to invoke and resort to administrative sanctions, including authority to withhold or dispense federal grants-in-aid in accordance with provisions of the federal government. He should also have the authority to request the submission of the complete record of evidence to him in administrative hearings and the authority to subpoena witnesses to such hearings.

The Commissioner of Public Health should have no other duties than, and should be limited in his duties to, the supervision of the operations of the entire Department of Health but he should have authority to delegate responsibility to his subordinates.

Appointment of a Public Health Administrative Assistant

In order to relieve the State Health Officer of the many detailed chores pertaining to the internal administration of the Department of Health, it is recommended that a full time public health administrative assistant be employed in the Department. The administrative assistant should perform duties comparable to those performed by the business manager of a large corporation.

The Public Health Administrative Assistant, directly responsible to the Commissioner of Public Health, should be in charge of all internal administrative activities of the Department. His authority should be limited to that which the State Health Officer delegates to him, but generally his authority and responsibilities should include such matters as agency administrative "housekeeping" functions and agency planning functions, e.g., general office management; fiscal and financial administration (other than accounting); routine and special correspondence; filing and record keeping systems; storage; purchases; equipment maintenance; continuous budget preparation and planning; recommending agency programs and goals; recommending organizational and structural changes; preparing all reports, studies, analyses, surveys, etc. with regard to progressive efficiency and economy in Departmental activities and work performance; maintaining all liaison activities with the agencies of the federal government, other state agencies, private groups and interest groups, and the legislature; personnel administration, including recruitment and personnel relations; inservice training of personnel programs; preparation of training manuals; drafting of memoranda, directives, rules, etc.; assisting the Commissioner of Public Health in such agency administrative procedures as rule making, rule promulgation, agency decisions, administrative hearings, and adjudication, and application and invocation of sanctions including handling the requests for assistance from local law enforcement agencies; etc., etc.

The Public Health Administrative Assistant should be appointed by the Commissioner of Public Health but in accordance with the procedures of the State Personnel System. He should be a qualified person by experience, education, and training for the position, holding graduate degrees in political science, public administration, or public health administration, preferably a degree of the doctorate level.

The work of the administrative assistant should be separate and distinct from the accounting and bookkeeping functions, although there should be, necessarily, a close working relationship between this officer and the Fiscal Officer or bookkeeper, the preferable arrangement being to have the bookkeeping functions subordinate to the administrative assistant.

The employment of an administrative assistant would enable a realistic separation to be effected of the internal agency housekeeping and planning functions from the external or substantive functions of the Department, and would thus leave the Commissioner of Public Health and his several Division chiefs free from the hundreds of petty administrative tasks which take valuable time from the major substantive programs of the Department; and would thus assure a high

degree of efficiency and expertness in both aspects, the administrative and the substantive health programs.

There are no recommendations with regard to the Office of Accounting in the Department of Health, except in so far as the recommendations with regard to the employment of an administrative assistant may have an effect on the status of this office. The Office of Accounting (i.e., the Fiscal Officer) could be under the immediate jurisdiction of the Commissioner of Public Health or indirectly under the Commissioner, i.e., under the direct supervision of the administrative assistant. Nevertheless, the responsibilities of the Fiscal Officer should be limited entirely to the technical and professional aspects of accounting, including the preparation of fiscal reports other than the agency budget.

CHAPTER XXIII

THE DIVISION OF VITAL STATISTICS

The Division of Vital Statistics should consist of two distinct sections: (1) Records and Collection Section, and (2) Statistics and Analysis Section. A full time expert in public health administration and vital statistics sciences should be in charge of the Division, as is the case at present, to be assisted by two sections chiefs, one a competent person with records, the other a trained statistician, and at least one general clerk and one stenographer.

The Section Chief in charge of the Records and Collection Section should be in charge of an expanded program with regard to registration of births, etc. and in charge of the statistics files and records. Without the employment of an additional section chief for this responsibility the needed improvements in program execution and work performance are not possible to achieve. A full time person in this position will help to assure greater accuracy in reporting and increased cooperation from the public. This is important in order to obtain more complete and more accurate registration of every birth in the state.

In order to improve the efficiency of the certification and verification programs of the Division, the records filed prior to the year 1940 should be reindexed, a task of major importance, and would benefit nearly every citizen who is required by various laws to produce certified and verified evidence of birth dates, etc. At the present time, this program is hampered and laxly handled merely for the lack of a clerk to work full time on this. Two persons could even do the job better.

At the present time there are no adequate facilities for the storage of vital statistics records. The storage facilities for the preservation and protection of birth, death, and stillbirth records are entirely inadequate. These important records need the protection of a fire proof vault. Until such time as fire resistant facilities are provided, a full time night watchman for duty in this Division, supplied with adequate fire fighting equipment, should be temporarily employed.

In order to assure a proper and complete registration of vital statistics events occurring in the state, and to render a more complete service to the citizens, it is recommended that a centralized system of marriage and divorce records in the state be established within this proposed section of the Division of Vital Statistics. To set up this expanded program will require specific legislative authorization.

It may eventually be desirable, at some time in the future, to conduct either special and local or continuing statewide surveys or programs for ascertaining the extent and prevalence of certain degenerative diseases; this data could thus be used as the basis for determining what public sponsored effort is necessary for eliminating or reducing the extent and incidence of certain of these degenerative diseases. There is no way to plan programs wisely without knowledge of the actual factors effecting the health of the people.

It is highly recommended that a full time statistician be employed in the Division to be in charge of the proposed Statistics and Analysis Section. This, plus the installation of mechanical punch card equipment for the processing of statistical data, would greatly increase the effectiveness of the statistical programs of the Division. A very noticeable weakness in these operations at present is the lack of personnel to interpret the data obtained, to process it properly, and to make significant use of it as the basis for policy and program planning. A full time competent statistician would make this program effective. The growth of population in the state, plus an increase in the awareness of the value of vital statistics records, has increased the workload of this phase of the work to the point that employment of qualified persons formally trained in statistics is necessary.

In the certification and verification program the statutory fee of fifty cents per copy charged for certified copies of birth and death records does not pay for the cost involved in the issuance of copies of such records. The fee should be raised to one dollar or abolished altogether inasmuch as the Department is an agency of the state government supported by government funds.

In connection with the matter of vital statistics legislation in general, it is recommended that all of the mass of special and separate laws which pertain to these programs and to this Division be brought together, reorganized, and incorporated as a single law. The new compilation of the state laws will do much to clarify the laws on vital statistics. However, it is recommended that the "Model Law", as prepared by the National Office of Vital Statistics in cooperation with state vital statistics registrars, be used as the basis for the revision of Nevada vital statistics laws.

It is further recommended again--as was recommended in 1949 in the Governor's Message to the Legislature--that "Records of marriage and divorce now filed only in county offices should also be recorded in the Division of Vital Statistics of the Health Department. I believe that the filing of these records on a Statewide basis in one central office will be of benefit to our people and of value to the Health Department programs." The Legislature should consider the authorization of facilities and funds for the Department of Health to be used for the purpose of maintaining centralized records for marriages and divorces in Nevada. Such a system of centralized divorce and marriage records is now in use in more than 34 states.

CHAPTER XXIV

THE DIVISION OF LABORATORIES

It is recommended that the Division of Laboratories in the Department of Health be expanded so as to include the laboratory functions and responsibilities now assigned by law to the Public Service Division of the University of Nevada, viz., the Department of Food and Drugs, the Department of Weights and Measures, and the Petroleum Products Inspection Laboratory.

It is recommended that the functions and facilities of these laboratories, thus organized together within the Department of Health, to function as coordinated sister units, not only be integrated administratively and operationally, but also be housed together in a single building which should be newly constructed and architecturally designed to meet the specific requirements of these combined scientific laboratories.

It is further recommended that the person who now serves in the dual capacity as Commissioner of Food and Drugs and State Sealer of Weights and Measures be transferred, at no loss in grade or salary, preferably with an upgrading, within the state classified personnel system, to the State Department of Health; and that the Commissioner of Public Health designate him by formal and written directive to be the Director of the Division of Laboratories.

Reasons for Combining the Laboratories

The laboratories of the Department of Food and Drugs, and of the Department of Weights and Measures, and the Petroleum Products Inspection Laboratory, and the laboratories of the Department of Health share many activities in common which are now so divided as to cause hardship on many of the users of these services and so as to cause duplication of functions and expenditures which could well be avoided.

For example, in the case of water analysis, such public users of water as may be required by law to have their water supplies analyzed must at present submit samples to each of two laboratories: the Public Health Laboratory of the Department of Health analyzes the water for bacteria, the Food and Drug Laboratory analyzes the water for limited chemical content. Another example may be noted in the case of milk analysis. The milk producer must submit samples of milk to the Public Health Laboratory for analyzing the bacteriological content of the milk and to the Food and Drug Laboratory for analyzing butterfat content. Other food products may be examined by both laboratories, one searching for adulterants and harmful poisons, the other searching for contaminating materials, spoilage, etc.

With regard to equipment and supplies, both use such items as test tubes, microscopes, slides, desiccators and similar equipment and various acids, reagents, catalysts, etc, which appertain to nearly all chemical-bacteriological laboratories. Both also must use common services of some kinds of personnel, such as laboratory assistants, bottle and glassware washers, janitor service, clerical and secretarial services, etc., which if shared between them the two units could effect considerable savings. It is true that one laboratory is chemical and the other bacteriological, but nevertheless, there are times when each such laboratory requires the assistance of an expert technician in the other field. There are times when the bacteriological technician needs the assistance of a chemist, and vice versa.

It should be noted that consumer protection is one of the major categorical aspects of public health as well as a public service function. The state is concerned with consumer protection for two reasons: (1) to protect the health of users of consumer goods from tainted products and deleterious adulterants, and (2) to protect the consumers from being defrauded by unscrupulous or negligent dealers. Thus the state is concerned whenever a product is marketed which is either adulterated, contains deleterious poisons, is tainted or spoiled, or is not what it is represented as being. For example, one may note the following kinds of instances: a cosmetic preparation containing ingredients which destroy skin tissue, canned meats and vegetables or commercially baked bread containing deleterious substances or preservatives or contaminated by some kind of food poisoning, pharmaceuticals marketed in the state which have not been adequately tested for long-range effects on the human system, biologicals which lost their potency through age or exposure, dairy products containing harmful bacteria and virus, etc., etc., all being matters of concern to public health.

Yet it is realized that not all aspects of consumer protection are public health matters but are police matters as well, e.g., to prevent defrauding of the public. Within the police aspect of consumer protection may be included such matters as the quality and standards of petroleum products, paper products, printing inks, fertilizers, cleaning materials, glass and silica products, paints, plastics, electrical applicances, etc., etc. While it is realized that an engineering laboratory may be more suitable for handling this aspect of consumer protection, including quantitative aspects as in the case of weights, measures, scales, meters, etc., the expense of such an engineering laboratory is probably at present beyond what the state can support. The problem therefore is to determine where the best place is for locating this aspect of consumer protection. There are numerous possible agencies where this function could be

assigned--e.g., the tax commission, the state engineer, department of agriculture, highway department, the Department of Health, etc.

However, it appears that the total sum of functions with regard to consumer protection should be retained together. Since so much of the consumer protection function is a public health matter, it is logical to conclude that the non-health aspects of consumer protection should remain with the health aspects--i.e., in the Department of Health as proposed in this recommendation. Thus the functions and responsibilities with regard to petroleum products inspection and with regard to inspection of weights and measures should be retained with the other aspects (i.e., the public health aspects) of consumer protection--in the Department of Health. Moreover, it should be noted that the physical layout of both the weights and measures unit and the petroleum products inspection unit is comparatively small, taking up relatively a small amount of space; and it should be noted that the functions of these two units can be easily absorbed by the team of consumer protection inspectors (or sanitarians) in the case of weights and measures; and by the chemists of the chemical laboratory in the case of petroleum products, for the chemists now employed in the Food and Drug Laboratory are competent specialists who can handle nearly every aspect of chemical laboratory functions.

Even a cursory examination of the administrative place of the consumer protection units of the Public Service Division of the University of Nevada indicates that their position in the general hierarchy of the university is a neglected one, that they are but a functional stepchild. This is owing to no fault of the administrators of the university nor to the fault of the administrator of the consumer protection units. The whole fault lies with the administrative structure and arrangement. It is obvious that the administration of consumer protection matters is a police and executive function and not the proper function of a university--designed only to be functionally an educational and cultural institution, not a policing agency.

Apparently the existing arrangement was originally made as an expedient, or, as has been expressed by some commentators, as a device for keeping the consumer protection function out of politics. This last reason is completely falacious, for if "politics" exists in one agency, it exists in another, especially in any agency controlled by officials who are elected on a statewide basis, whether they are chief executive of the state or the regents of the university. Perhaps originally the consumer protection laboratories were assigned to the university owing to the fact that the state university was the only state agency having laboratory facilities. If this was a valid reason at the turn of the century, it is no longer a valid one now. In brief, consumer protection has no place in an academic institution, but should be placed within a proper executive agency, and should be placed in an agency where related functions may be coordinated together for administrative efficiency and economy of operation.

Under the existing peculiar arrangement the functions and operations of the Food and Drug Commissioner and the State Sealer of Weights and Measures are so far overshadowed by the magnitude of university operations, and the problems of consumer protection are relegated so far into the background that the role and the objectives of consumer protection are neglected and have failed to keep pace with the normal development and increasing needs of the state for this kind of service. This arrangement not only handicaps the administrators concerned, ties the hands of the Food and Drug Commissioner, is a surplus burden on the university administration--from the regents to the comptroller and the personnel offices, etc. -- but the arrangement is also such that the public is denied much that the Legislature has intended. With the Department of Health, on the other hand, the consumer protection function would be accorded its proper important status within the executive branch of the government, and its director would be accorded the status of chief of a Division within the Department, with far greater access "to the ear of the throne", and far greater opportunity for the proper consideration of budget estimates, for economy of operation, and for unity of administration, etc.

In brief, the laboratories concerned with public hygiene, food and drugs, weights and measures, and other aspects of public health and consumer protection, very properly belong in the State Department of Health, and belong in one administrative and operational unit. It may appear on the surface, and to a superficial examination, that the Petroleum Products Inspection Laboratory has no place with the other aspects of consumer protection in the Department of Health, but a deeper and more thorough examination discloses that in actual fact it can be most economically administered if retained with the other laboratories, with consumer protection in general, and public health in particular. It appears then that the logical place for assigning and administering these laboratories is and should be with the Department of Health rather than with the University of Nevada. Consumer protection is an integral part of public health.

A New Laboratory Building is Essential

It is further recommended that all of these laboratories associated with public health and consumer protection activities be vacated from the present building as soon as possible and that a new laboratory building, equipped along modern lines to suit the specific needs of these laboratories, be constructed for them.

The present building has been in continuous use since 1909. It is hopelessly inadequate, is a health hazard, a fire trap, and a safety hazard. It should be condemned. There are cracks in the walls in the upper story in which daylight may be seen coming through. It is impossible to keep it in the top sanitary condition required for good laboratory operations. It is, moreover, designed as a church building rather than a laboratory, causing considerable waste of space and disorganization of laboratory operations. The petroleum products inspection laboratory, for example, is split into two sections, one on the third floor, one in the basement--they should be together. The building is also unsafe for handling infectious materials which the laboratories necessarily must handle.

This building is rented from a private organization on a month to month basis. The private organization is extremely reluctant to furnish maintenance for the proper care of the building. The repair of the structure is questionable. This fact could at any time result in sudden inconvenience and hardship to the laboratory administration and operations, for the land on which this building is located is valuable business property in Reno, and the owners may at any time desire to order the laboratories to vacate the premises in order that the building can be razed and a new one erected in its place--an economic move highly advantageous to the owners, but which could be embarrassing and disadvantageous to the present tenants.

In view of the high cost of maintenance now borne by the state, including the amount of monthly rent, the expensive inconvenience of operating laboratories in a building not designed for this purpose, etc., it appears that the State of Nevada would be far ahead to construct a new and adequate laboratory building to house these laboratory units. It is relevant to note the comment and recommendation of the laboratory director made in the report of 1926:

> It is exceedingly desirable that new quarters be provided for the State Hygienic Laboratory. The present quarters have become more and more inadequate, inconvenient, and unsafe from the standpoint of handling infectious materials, whereas the work has increased in both quantity and complexity.

The laboratories are still housed in the same building and are doing almost ten times as much work, inspite of the tremendous handicaps to effective performance and to effective economy which arise owing to the unsuitability of the building. Since 1926, the state has paid about $29,000 in rent for this building, plus approximately $58,000 in maintenance and upkeep. There are no statistics compiled as to the costs of rent and operation of the building from the year 1909 to 1926. These figures are for the costs of the State Hygienic Laboratory only and do not include costs arising from rent, etc. paid by the Public Service Division for the consumer protection laboratories. A new laboratory building, constructed, for example by funds raised from a bond issue and amortized over a period of 25 or 30 years, should result in long-run economy to the state. It is entirely feasible and highly advisable.

Rent of other office space in Reno costs over $6400 a year. If office space was made available in proposed new building in Reno, the Health Department offices could be consolidated at considerable saving in rent. In fact, it is highly recommended that a state public health center be established in Reno, preferably by constructing a new building, to house all of the Reno offices of the State Department of Health, including the laboratories.

Administrative Organization of the Division

As recommended herein the Division of Laboratories should consist of two sections: (1) the Section of Hygienic Laboratories, and (2) the Section of Consumer Protection Laboratories. There should, of course, also be the Office of the Division Director of Laboratories.

The Office of the Director should include (a) the administrative personnel of the entire division, including the director, the assistant director, necessary clerical and secretarial assistance, and (b) the Office of Weights and Measures, including the administrative and storage facilities for and the units of the official standard scales and weights, etc.

The Section of Public Health Laboratories should consist of laboratory facilities and units for (1) bacteriological, (2) biochemical, and (3) pathological analyses, testing, and examinations. The Section should be under the supervision of an experienced and trained bacteriologist or serologist with at least the degree of Master of Science. The supervisor should be assisted by at least four full time bacteriologists or serologist-bacteriologists. This supervisor should also be Assistant Division Director.

The Section of Consumer Protection Laboratories should have laboratory facilities for (1) chemical, (2) pharmaceutical, (3) drug, (4) food products, (5) water supply, and (6) petroleum products analyses, testing, and examinations. The Section should be under the supervision of a trained chemist having at least the Master of Science degree in chemistry. He should be assisted by at least four additional chemists, one of whom should be qualified to analyze petroleum products and other liquid fuels.

Both of these laboratory sections should employ and utilize the same clerical and secretarial personnel and the same laboratory technicians and assistants. Three laboratory technicians may be sufficient at the outset, but allowance should be made for the employment of additional assistants as needed. By special arrangements with various intra-state and out-of-state technical schools and hospitals the Division chief may be able to obtain the

services of apprentice-laboratory technicians, thus giving them excellent training on the job while at the same time assuring that there is an adequate supply of qualified laboratory personnel for employment in the state.

Eventually, if the Legislature provides for a system of autopsy examiners, it may be advisable to consider having a separate pathological laboratory for the special use of the autopsy examiners, together with necessary morgue facilities, all to be a part of the Division of Laboratories.

At any rate the Public Health Laboratory should have facilities for the examination of pathological tissues of those suspected of having certain types of degenerative diseases, such as cancer, for example; and new facilities for making X-ray examinations, etc. to supplement serology and sputum tests, etc. The laboratories should also be equipped for assisting law enforcement agencies and autopsy examiners in the testing of blood and stomach contents of persons suspected of having died from the effects of poisoning.

There should also be organized facilities for the examination of sewage and water supplies, so that water samples may be subjected to a complete battery of bacteriological and chemical tests, etc. The chemical laboratory should be equipped for testing pharmaceuticals, biologicals, etc. marketed in Nevada.

Branch laboratories should be established at Las Vegas and Elko, the main laboratory units being located in Reno. The branch laboratories, preferably housed in local Public Health Centers (note the provisions of the Hill-Burton Act), should each include at least one chemist and one bacteriologist-serologist, and one inspector-sanitarian assigned from the Division of Public Health Engineering, all sharing not only office space, etc., but clerical personnel as well. These branch laboratories as created, or when created, should be operationally assigned to the local health departments where they are located, responsible to the local health officer for performance and operations, yet subject to the overall supervision of the State Health Officer and his agents, the Director of the Division, etc. This assignment of responsibility would thus prevent any possibility of evasion or "buck passing" between state and local agencies.

The Division of Laboratories, if one views it from a long-range viewpoint, might eventually include facilities for conducting and performing continuing laboratory research, studies, and experiments for the advancement of practical and applied knowledge in the health sciences in Nevada. As such, it could include facilities for dental research, medical research, experimental testing of drugs, advanced research in biochemistry, cancer research, tuberculosis research, etc. Toward this end the Department of Health (i.e., the Director of the Division of Laboratories) could be authorized and encouraged by statute to accept private grants and grants from various research foundations. This kind of a program may be especially worth while and advisable for Nevada in view of the fact that there are no such laboratory research facilities available at all in the state. Nevada residents who are qualified specialists or students and who are conducting original research to further human knowledge in the healing arts and sciences should be encouraged to make use of such facilities. While this may be a unique thought so far as many states are concerned, it may supply a real need peculiar only to Nevada in view of the lack of comparable facilities anyplace else in the state.

The Problem of Financing the Laboratories

The entire operational and administrative costs of the Division of Laboratories should be paid from regular biennial legislative appropriations, a separately designated appropriation being made for this Division along side other divisional appropriations made the other Divisions of the Department of Health.

This means, then, that the existing provisions of the law which provides for earmarking petroleum products inspection fees (to pay specifically the operations of petroluem inspection) should be repealed. Instead, all such fees should be paid into the general fund of the state. The practice of paying all fees into the general fund of the state and paying for all operational expenses by general appropriations is consistent with sound public administration practices and principles. It makes for better government, preventing misuse of such earmarked funds, and making for more efficient and effective budgetary and accounting controls. It is true that many short-sighted agency heads prefer to have "earmarked" revenue, but such a device is not consistent with the public interest except in extremely unusual instances.

It is further recommended that small fees be charged for certain types of laboratory services performed for the public, and that such fees be paid into the general fund. This is a fair enough device in that it requires the citizens and firms using the service to pay for the service to the extent that they may make use of it, even though the bulk of the overhead is paid by general appropriations.

CHAPTER XXV

THE DIVISION OF PUBLIC HEALTH ENGINEERING

The Division of Public Health Engineering is one of the most important in the Department of Health, its functions and programs rivalling in importance those of the clinical services of the Department. The Division of Public Health Engineering is less known to the popular mind than are the more glamorous clinical services, and where the Division is known it is largely known for its police-like regulatory programs -- not always popular among those who must be regulated. The Division has a large number of essential programs and responsibilities which are performed without fanfare and with inestimable results in helping to achieve high environmental health standards in Nevada.

Nevertheless, the Division is much understaffed and much underrated. It should be considerably augmented in personnel and resources to carry out more effectively the tasks which it has to perform. The present staff of one public health engineer and four sanitarians is not sufficient.

It is recommended that there be employed in the Division at least two graduate public health engineers, because the scope of the operations, responsibilities, and geographic areas to be covered warrant the employment of at least two rather than one as at present. The public health engineers should occupy technical and supervisory positions, one being, of course, the Division Director, the other furnishing assistance in such technical phases of public health engineering as water pollution control, sewage disposal plant regulation, and the planning phase of environmental health and sanitation control measures, and furnishing advice to officials of local governments on technical environmental health engineering problems, etc. This is highly technical work requiring a high degree of professionalcompetence above that of sanitarians and inspectors.

It is also recommended that the number of sanitarians in the Division be increased from four to eight or nine. The present number of four sanitarians is inadequate. In view of the many important functions of these sanitarians and the state-wide area for which they are responsible, it is practically a human impossibility for four men to handle the responsibilities assigned by law. It would be task enough even for eight or nine.

The number of sanitarians may be increased either by adding new sanitarians on the payroll or by transferring into the Division personnel from other state units with related responsibilities and merging them together. This latter alternative is the most likely and the most effective.

In this connection, therefore, it is recommended that the inspectors who are at present with the Food and Drug Department, etc., of the University of Nevada's Public Service Division, be transferred to the Division of Public Health Engineering. There are at present at least four (with the possibility of perhaps four more being added at the time of this writing) of these inspectors. Their duties at present include inspecting food establishments (e.g., bakeries and warehouses, grocery stores, dairies, creameries, etc.); inspecting scales in stores, gasoline pumps, and other measuring devices; and picking up samples of water, milk, cosmetics, etc., for chemical analysis, etc. Their duties, as inspectors, parallel those of the sanitarians of the Department of Health. In fact, there are tacit understandings between some sanitarians and inspectors by which each assists the other in obtaining milk, flour, water, and other samples for analysis (one group looking for adulterants, the other looking for contamination, etc.). In many instances a sanitarian and an inspector may be inspecting the same bakery or dairy at the same time. This indicates the naturally close affinity and relationship between these two kinds of field operatives. It also indicates much duplication of effort. The two functions should be, indeed, integrated together, within one agency, under common direction, resulting in better performance and, of course, better coordination, and more economy.

When the four inspectors and the four sanitarians are associated together in one agency and redesignated "inspector-sanitarians", each should be trained at once in the duties of the other, that is, the present sanitarians should be trained in the work now performed by the inspectors and vice versa.

The transfer of the food and drug inspectors to the jurisdiction of the Director of Public Health Engineering would create numerous advantages and make possible more economy and efficiency than under the present arrangement. Under the present arrangement each unit (i.e., the units of the sanitarians and the inspectors) operates without sufficient personnel. Each unit must dispatch an inspector or a sanitarian to investigate a certain area, often duplicating and covering the same area, at twice the cost and time as would be the case if but one man were dispatched to that area. The problem that faces each administrator, i.e., the Food and Drug Commissioner and the Public Health Engineer, is how to cover the entire state adequately with the limited personnel each has available. Under present arrangements only four areas in the state can be covered at one time, under proposed arrangements eight areas could be covered at one time and the coverage thus being coordinated as well. Of course, to accomplish this will require legislative action transferring the responsibilities of the Food and Drug Commissioner, etc. to the Commissioner of Public Health.

Organization of the Division

The internal organization of the Division should be a matter left to the discretion of the Division chief. However, it may be worth noting that there are two feasible kinds of organizational structures suitable for the division. One is the compartmentalized system, by which the Division is organized into separate sections, each being assigned certain functions. By this method, for example, there might be sections for (1) General Hygiene and Sanitation, (2) Water Pollution Control and related water inspecting activities, (3) Hotel and Food Establishment Sanitation, and (4) Dairy and Creamery Sanitation. This method has the advantage in that responsibilities for the many functions of the Division are definitely assigned, there is more opportunity for section chiefs to exercise their own initiative and discretion, making for more enthusiasm in execution of responsibilities, etc. Its disadvantage is that, since personnel are compartmentalized, it is not a system so fluid as to permit the dispatching of inspector-sanitarians as they are available for duty, regardless of which section they might be attached to. This disadvantage is offset, however, by the fact that central supervision is facilitated, for the Division chief is free to carry on supervisory and technical operations without the necessity of maintaining a continuous and close personal direction of the operations of each individual inspector-sanitarian.

The second system of internal organizational structure is the centralized system. By this system the Division chief dispatches each inspector-sanitarian to his assignments on almost a day to day basis. It is an excellent system when the Division chief is energetic in his administration or when the inspector-sanitarians are lethargic. Its advantage is that the Division chief may dispatch all eight of his inspector-sanitarians (assuming that he has that many available) to eight distinct areas, each one covering all aspects of the Division's responsibilities. This is economical in manpower and in money. Its disadvantage is that it requires constant and close operational supervision on the part of the Division chief, who as (at present) the only Public Health Engineer in the Division must also perform his more technical and professional functions. It has the additional disadvantage in that it fails to allow subordinates to assume and carry definite responsibilities on their own shoulders. Under present arrangements, with only four sanitarians, the centralized system is in effect, working efficiently, in view of the small number of sanitarians in the Division. In view of this, there is no reason for contemplating a change in the system. However, should the Division be enlarged, the problem should be reviewed, at least to the extent that inspector-sanitarians are completely clear as to their own responsibilities, whether by function or by area, or by both.

Regardless of which system is used, there should be definite area responsibilities assigned to the inspector-sanitarians, the areas to be determined on a geographic basis, with area headquarters located at the public health centers of Reno, Las Vegas, and Elko.

Facilitative Administrative Devices for the Division

In view of the variety and nature of the regulatory functions of the Division of Public Health Engineering there are certain facilitative administrative devices which should be considered. The first of these concerns the establishment of advisory committees representing regulated groups. For example, there should be created at law or by administrative order a permanent advisory committee composed of representatives of the major dairy and creamery areas of the state. If created by law, the members of the advisory committee should be appointed by the Governor; if created by administrative order, they should be appointed by the State Health Officer. Such an advisory committee should be created in order that dairy owners (producers) and creamery operators may have a voice in and may participate in the agency processes (e.g., rule-making, rule enforcement, etc.) which concern them. This is "fair play" in that they are accorded fair representation, yet since they are "advisory" only, they cannot dominate the operations. There should also be similar advisory committees established for every other group of regulatees, i.e., such groups as hotel and motor court operators, petroleum distributors, food and drug establishment operators, etc.

Furthermore, the Division should be authorized to extend its system of "rating" regulatees (e.g., food establishment operators) in accordance with the manner in which standards of sanitation are met. For example, food establishments are rated "Grade A", "Grade B", or "Grade C". This system should be extended to hotels, motels, etc., as well. It is a fair and reasonable system for it rewards those who comply with health and sanitation standards while withholding benefits to those who do not. Thus, the hotel that fails to meet certain standards of safety, sanitation, etc. is penalized with a poor rating; and the hotel that is in excellent sanitary and safety condition is rewarded with a high rating. Moreover, the "Gold Star" rating system, now in use with regard to dairy milkshed areas, should also be used as a model for a system for rating certain localities of the state where groups of regulatees, policing themselves, achieve high health standards, etc.

With regard to hotel, motel, and labor camp, etc. inspection, it is recommended that existing laws be strengthened with more "teeth", so as to grant more administrative and regulatory authority to the Department of Health. Present hotel and motor court inspection laws are so inadequate that there continue to exist many in the state which are not only unsanitary, below standard, and fire-hazards, but which are immune from public health regulation. The Public Health Engineer, in the name of the State Health Officer, should have authority for inspecting, and condemning and

closing down any hotel in the state that fails to conform to established minimum standards of health, sanitation, and safety. The law should provide for no exemptions to its provisions--not even for those buildings erected prior to the establishment of the law, (but, of course, reasonable time, by administrative decision, should be accorded to operators of older substandard hotels, etc. to renovate and bring them up to required standards). The law should be strong enough so as to enable public health officials to enforce fully and completely high standards of health and safety for all hotels, railroad depots, motels, auto courts, tourist camps, labor camps, etc. Such a provision at law would not only accomplish much in making the state a better place for visiting tourists, but may also save countless numbers of lives by making possible the elimination of health hazards and fire traps now existing in some transients' sleeping places.

With regard to food inspection, it is recommended that the sanitarians (i.e., the Public Health Engineer) be authorized to confiscate any uninspected meats--meats that have not been inspected in accordance with consumer protection laws--and be authorized to donate such confiscated meats (provided such meats are fit for human consumption) to the State Children's Home or to other state eleemosynary institutions. This recommendation has the twofold advantage in that it is a punishment for violators of the meat inspection act and it is at the same time a device to prevent the waste of human food and saves some tax money which otherwise would be spent for meats for the eleemosynary institutions.

With regard to water supplies it is recommended that existing laws be strengthened so as to provide for inspection and analysis--both chemical and bacteriological--of all sources of water used for drinking purposes and human consumption. This should include analyses for domestic, industrial, and agricultural water supplies, for urban dwellers, rural dwellers, industrial plants, for livestock, etc.

As a corollary to this there should be provisions at law with regard to sewage analysis and inspection. There are at present no laws or facilities in Nevada for analyses or tests to determine the efficiency or proper plant operation of sewage disposal plants. The Division of Laboratories does perform limited tests on coli determinations, but these are not sufficient.

With regard to milk and dairy laws, it is recommended that special study be made, of the two-fold aspects of such laws, i.e., with regard to economic distribution as well as with regard to sanitary standards, for it appears that there is much unrest among milk producers at to present methods of handling butterfat determinations, etc. and of the prices paid by distributors to milk producers, such prices being based on butterfat content, etc. The economic and the health or consumer protection aspects are too closely related to be considered separately and apart from each other.

With regard to the growing problems of air pollution control, there could well be at this time some kind of a study program to investigate and study the various aspects of air pollution as applied to Nevada.

CHAPTER XXVI

DIVISION OF LOCAL HEALTH SERVICES

The functions of local health services in the Department of Health are still inchoate and embryonic, having barely been developed even to rudimentary stages. As a bona fide section, the Section of Local Health Services, barely exists except in name only, the functions, which pass for its own, being actually performed in the course of top level statewide supervision of local health services, and even then these being limited to "advice" and "visits" rather than supervision. There is much to be done in Nevada with regard to local health services, including, for example, such matters, as encouraging private physicians and dentists to enter into the state for the private practice of their professions in rural areas, providing local health officers public health nursing services in each county, establishing and maintaining local public health centers and auxiliary facilities at least for maternity cases, establishing a system of post-mortem examinations, stepping up traditional programs for the control of contagious diseases, providing and disseminating educational materials to adults and children alike on health and hygienic matters, etc., etc. While much of this is but a question of evolutionary development of public health services on the state and local level, there is much that deserves immediate attention.

There are three aspects of local health services which are concrete and definite and which can be reasonably and easily achieved, at minimum expense, and to the great advantage of the state as a whole. These three aspects are hospital and local health center services, autopsy examinations, and communicable disease control. These can form the basis for organizing and improving local health services.

It is, therefore, recommended that the Department of Health include a Division of Local Health Services which should consist of three sections as follows: (1) The Hospital and Health Center Services, (2) the Autopsy Examinations Section, and (3) the Section for Local Health Services and Communicable Disease Control.

The Hospital and Health Center Services

The Hospital and Health Center Services should be continued much as it exists at present, but not in the present Division of Epidemiology and Local Health Services, but rather in the proposed Division of Local Health Services. Its functions should continue as they are at present, i.e., administering the grant-in-aid program for hospital survey and construction and administering the state program for hospital licensing. However, its programs should be stepped up, preferably with permanent and continuing state assistance, to establish public health centers in Nevada, under the provisions of the Hill-Burton Act. According to the ratio, pursuant to the Hill-Burton Act, of one health center for each 20,000 population, Nevada is entitled to nine health centers under the provisions of that grant-in-aid act. It is generally conceded, by a loose construction of the act, that Nevada already has two "health centers" at Reno and Las Vegas. It is thus possible to establish and construct seven additional centers under this program. The Commissioner of Public Health and his present Hospital Services Consultant are passively considering the establishment of such a health center, pursuant to the provisions of this program, at Elko, where one is certainly needed. However, active thought should also be given to encouraging state participation, pursuant to authorization and appropriations of the Legislature, in the establishment of health centers in such places, for example as (1) Tonopah, (2) Eureka, (3) Winnemucca, (4) Fallon, (5) Pioche, and (6) Austin. Federal money is available for such a program, providing state matching funds are also made available.

Autopsy Examiners Section

It is recommended that the Legislature create a Section of Autopsy Examination in the Division of Local Health Services of the Department of Health. The purpose of such establishment is to replace the present coroner system in Nevada, i.e., the system of local justices of the peace acting as coroners. It is recommended that a full time autopsy examiner be employed for this section, together with necessary clerical assistants. The State Autopsy Examiner should be authorized to appoint deputy autopsy examiners, one for each county of the State. The autopsy examiner and his deputies should be persons who hold degrees of doctor of medicine, preferably having experience or training in pathology. The State Autopsy Examiner should be employed in the Department under the State Personnel System, but the county autopsy examiners (or deputies) should be retained on fee basis, either permanently or ad hoc. The functions of these officials is to investigate the cause of each death within their respective jurisdiction, the State Autopsy Examiner keeping permanent and complete records of each. The State Autopsy Examiner should also be authorized to work with a State Bureau of Criminal Identification and Investigation, if and when such is created, and to employ on an ad hoc basis private investigators or consulting attorneys as necessary in the futherance of a full-scale investigation of a death in the state, particularly when the death is surrounded by suspicious circumstances. He should also, however, work with, as necessary, the district attorneys in the state. In the holding of inquests the State

Autopsy Examiner should have the authority to subpoena witnesses and administer oaths and the authority to delegate this authority to the deputy autopsy examiners. Facilities for holding autopsies could be provided for (1) at the state laboratories, (2) at the public health centers, or (3) at county or private hospitals by special arrangement. It would be preferable to have a Section of Medical Pathology in the Division of Laboratories to work with the autopsy examiners.

The function of autopsy examiners is closely related to the functions of the Division of Vital Statistics, local health officers, hospitals, law enforcement agencies, morticians, etc. As such, the function deserves status effective for working and correlating these various activities at a central level. The present system, though affiliated with the justices of the peace, fails in this essential task of integration and coordination. A single unit, as a part of local health services of the Department of Health, to be concerned with this integration is highly desirable. Conflicts in the laws can be reconciled, and ambiguous provisions of the present laws can be clarified in execution by means of such a single unit within the Department of Health.

The statement in the pamphlet, Coroners in North Carolina, by Richard A. Myren, of the University of North Carolina, is just as applicable to Nevada as to North Carolina. To quote:

> It is obvious that much of the dissatisfaction with the coroner system as it is now operating is warranted. It seems that much of the difficulty lies with the inadequate legal framework within which these officials must carry out their duties (i.e., justices of the peace, in Nevada). These inadequacies are so fundamental and of such long standing that they have led to popular condemnation of the whole system. They have also led to disrespect in many cases for the men who hold the office. But in spite of these glaring inadequacies, the office of coroner can and should serve a useful function in society.....
>
> Coroners are concerned with the separation of deaths which involve foul play from those which do not. There also exists the similar public health problem of separating those deaths which involve contagious disease and industrial hazard from other deaths. In other words, there is an overall need for a breakdown of all deaths not attended and explained by physicians into three groups; those involving foul play, those involving contagious disease or industrial hazard, and those involving neither foul play nor contagious disease and industrial hazard. It is obvious that the first two of these groupings may overlap; that foul play and contagious disease may be involved in the same case.

In brief, Myren has stated the chief reasons why the functions of the coroner (or autopsy examiner) should be coordinated within one agency comprised of experts. It should also be noted that the work is and should be closely related for statistical operations of the Division of Vital Statistics. The opinion that the work of autopsy examiners should be performed by experts is expressed in The Coroner System in Minnesota, a pamphlet published by the Minnesota Legislative Research Committee: To quote:

> Licensed doctors of medicine are the best qualified to act as coroners or medical (i.e., autopsy) examiners. In many cases the cause of death can be established only by an autopsy. It is considered essential that the official who is held responsible for certification of the death should have the authority to require an autopsy when deemed necessary to definitely (sic) ascertain the cause of death. Autopsies should be requested in many cases of heart attack, abortion, accidental deaths, (including automobile accidents), poisonings, drownings, and suicides, and always in the case of murder.
>
> In some instances it is necessary that specialists assist in autopsies. An experienced pathologist (one who makes post mortem examinations, diagnoses the morbid changes in tissues removed at operations, etc.) should be available for autopsy work, and the services of a toxicologist (one who deals with poisons, their effects, antidotes, detection, etc.) and a histologist (one who deals with minute structure of animal and vegetable tissues as seen with a microscope) with modern laboratory equipment are essential..... The pathologist and other specialists concerned with official post mortem work should have training and experience in the detection of crime.
>
> Effective utilization of medicolegal knowledge in an efficient system of post mortem investigations would benefit the public by protecting the innocent through providing scientific evidence for prosecution of the guilty and furnishing the basis for equitable settlement of civil claims involving insurance and workmen's compensation.

The Section of General Local Health Services

The third section, the Section of General Local Health Services, should be concerned with all other aspects of local health services, liaison with local health officers and local boards of health; epidemiology; communicable disease control especially with regard to environmental measures; quarantines; consultations, visits, and advice;

and coordination of other state health services with the needs and requirements of the local governments, etc. There should be at least one physician, osteopathic physician, or veterinarian detailed to this section for carrying on the necessary liaison activities. This could be the least significant of the sections of the Department of Health or it could be one of the most important; its success will depend entirely on the intelligence, imagination, ingenuity, energy and training of the individual who is placed in charge of it, subject, of course, to the amount of appropriations which are made available for its upkeep.

CHAPTER XXVII

THE DIVISION OF PUBLIC HEALTH NURSING

The recent history of the role of public health nursing in Nevada and its organizational place in the hierarchy of the Department of Health indicates there is much disagreement as to whether the nursing services should be under the immediate supervision of the Commissioner of Public Health (i.e., the State Health Officer) or relegated to the status of a unit in a lower echelon. The question is: should the Division of Public Health Nursing Services be of a coordinate status with such divisions as the Division of Preventive Medical Services, or should the nurses be placed in a subordinate position within the Division of Preventive Medical Services?

In accordance with traditional principles of public administration, principles which public administrators generally have no quarrel with, a decision of this kind should be left to the discretion of the agency director, that is, to the State Health Officer or the Commissioner of Public Health. However, it should be considered that the nurses serve, as technicians and in their professional capacities, nearly every unit in the Department of Health. In view of this fact, it might be more proper to make this unit independent of the others so far as administration, supervision, etc. are concerned. Moreover, in support of the policy to keep the nurses in a separate administrative unit of their own, rather than subordinate to another, it should be realized that the nurses have a separate and independent profession of their own, being not a subordinate but rather a supporting profession to the medical doctors; and as such, due dignity for their professional status in their own right should be recognized and accorded. The dignity of the nursing profession extends from time immemorial. It is important to reflect on such considerations if the nursing profession is to remain attractive enough to induce young women (and men, too) to take up this profession and to fill the many existing shortages the nation as a whole now feels so acutely. After some consideration of the problem, this study does recommend that the Division of Public Health Nursing be again elevated to a division status, the Supervisor of Nursing Services to be responsible directly to the Commissioner of Public Health. However, the final decision on this matter should, of course, remain with the agency administrator himself.

At the present time there is no public health nurse at the head of this unit. It is highly recommended that, until such time as a head of this unit can be recruited and employed, one of the local health nurses, preferably the senior one in training and service, be elevated to the temporary and acting position as Division chief. It appears that this may be done.

It is noted that the present system, with regard to the employment, assignment, and meeting the costs of this service, is that the public health nurses are employed by the State Health Officer, but that the money for the payment of their salaries comes in part from local governmental units, each county and school district having a unique system of its own, each obtaining public health nursing services only in proportion to the amount of money it contributes to the cost of such services. The counties and school districts fortunate in having sufficient funds (or far-sighted leaders) to initiate a public health nursing program for their respective jurisdictions are thus enabled to have such services but those other counties without such funds or far-sightedness (usually without funds) have to do without them or may have the services only on a very limited basis. The present system not only results in inequitable distribution of nursing services in the state but also in complications with regard to accounting and receiving of money from the local governmental units, each, apparently, having a separate formula and system, even though the money is paid into a general fund.

In view of the clumsiness and inequities of the present system, it is recommended as the best system, that all of the public health nurses be paid entirely from state appropriations as matched to federal grant-in-aid funds and that all of the personnel administration with regard to the public health nurses be performed by the Department of Health rather than by the local governments. This would not however, preclude local health departments, such as at Washoe or Clark Counties, from employing their own local health nurses as county employees. However, it may be more expedient to follow a "second best" system since federal funds are matched to the limit now and probably will be reduced.

It is believed that if the public health nurses are considered bona fide employees of the Department of Health rather than of both the Department of Health and the Local Health Officers, etc. that much improvement in the morale of these nurses could be effected. What the present system amounts to is that these nurses have plural bosses, i.e., more than one superior who is authorized to give them their instructions and orders. It works a hardship on the nurses themselves, causing confusion and frustration.

The chief problem that faces the Department of Health with regard to the public health nurses is one of morale: namely, recruitment and retaining the nurses as employees. In this regard the problem is entirely one of personnel policy. It is believed that with a more enlightened personnel policy with regard to the nurses, there would be no difficulties in keeping the staff vacancies filled. It is highly recommended that public health nurses be given special inducements to seek employment with the Department of Health in Nevada, such inducements as salary adjustments

in realistic proportion to the specialized nature of their professions, opportunities for educational stipends and educational leaves, special bonus for duty in the more undesirable sections and sparsely settled sections of the state, etc.

It is also recommended that an adequate and sufficient number of public health nurses be employed in the Department in order that (1) nurses now employed are not overworked for periods longer than eight hours a day, (2) in order that adequate public health nursing services may be provided to each county. There are at present 13 public health nurses on the staff, and of these five are in Washoe County, and eight in the other counties of the State. There are also four county nurses in Clark County who are not on the department staff. This is not adequate. It is estimated that ideally there should be at least one public health nurse for each 5,000 population in the state and perhaps with a minimum of one public health nurse to each county, or at least that nursing service be available in each county. According to this estimate there should be ten public health nurses each for Washoe and Clark Counties, two each for Elko and White Pine Counties, and one for each of the other counties. It could well be expedient to have a reserve force of at least two nurses who could be available for emergency assignment by the Division chief to various counties to fill in or assist as needed. This provision would also enable at least two public health nurses to be on educational leave at all times without jeopardizing any part or any area of the public health nursing programs.

CHAPTER XXVIII

THE BUREAU OF CLINICAL SERVICES

It is recommended that there be created in the Department of Health a "bureau of clinical services." The bureau should consist of divisions, each organized in accordance with major functions of each, and each, where necessary, organized into sections. It is believed that the magnitude and significance of the group of functions generally categorized as "clinical" warrant, not only that they be grouped together operationally and administratively, but that a larger administrative and operational unit, such as the bureau, be created for them.

The Bureau of Clinical Services should consist of five distinct Divisions: (1) The Maternal and Child Health Services Division, (2) the Crippled Children's Services Division, (3) the Division of Dental Health Service, (4) the Division of Mental Health Service, and (5) the Division for Special Disease Control. This last Division should consist of five sections: (a) Tuberculosis Control, (b) Heart Disease Control, (c) Cancer Control, (d) Venereal Disease Control, and (e) Occupational Disease Control. It may also be well to consider that the Division might include within it a Section for Geriatrics and Control of Degenerative Diseases.

The reorganization as proposed with regard to clinical services should not substantially effect any changes as to the programs now being conducted. There should be no substantial internal changes with regard to each of these units concerned, except with regard to heart disease control, a program that should be certainly stepped up in intensity in view of the fact that heart disease is the number one killer in Nevada (as well as in the nation at large).

This Bureau of Clinical Services should be headed by a full time physician, who at the same time could also very well serve in the capacity of deputy state health officer. There should also be a full time physician in charge of the Maternal and Child Health Services and the Crippled Children's Services Sections. But perhaps there could be one full time physician employed by the Department in charge of these sections. The Division of Dental Health Service should be continued, much as it is at present, with a full time dental surgeon in charge of it. The Division Mental Health Service should also be continued as it is at present with a full time clinical psychologist in charge. The proposed Division for Special Disease Control ought to be in charge of a full time physician employed by the Department but assisted by professional consultants in such specialized phases of public health as venereal disease control, tuberculosis, cancer, heart disease, etc.

All of the programs of the proposed Bureau of Clinical Services are supported to a great extent by federal grants-in-aid. The use of federal grants-in-aid, of course, are of real benefit to the state. However, since the programs are so dependent upon them, it should be considered that in the event such federal funds are ever curtailed or stopped entirely, the programs of the proposed Bureau of Clinical Services will suffer correspondingly--as has already happened with the venereal disease control program. This means that the Legislature should be prepared either to abandon these programs, limit them merely to token programs, or to make sufficient state funds available for their continuance. So far as the general health and welfare of the people of Nevada are concerned, continued support of these programs is highly desirable, if not, indeed, necessary. In fact, the question arises as to whether the merit and worth of these programs are so great as to warrant a progressive and increased expansion of them, regardless of the extent of federal aid available. After all, the human resources of the state are the state's greatest resources, and the health of the people is and should be, by any criterion of logic, the prime concern of the people.

The Division of Dental Health and the Division of Mental Health present some special problems which should be considered. With regard to the Division of Dental Health there is the problem, as in the case of the public health nurses, of recruiting and retaining qualified dental personnel, both dental surgeons and dental hygienists. This can be corrected only by offering sufficient inducements to dental personnel to accept employment with the Department of Health. It is believed that the salaries now offered for such personnel are very much out of line with what those in private practice of dentistry are earning. A vital adjustment in salary scales of dental personnel should do much toward encouraging dental personnel to accept employment in the Division of Dental Health, thus filling the existing staff vacancies.

Two other matters in the Division of Dental Health can bear considerable attention, the stepping up of the dental fluoride and water treatment program, and the providing of mobile dental units for covering the isolated and remote areas of the state and providing these areas with adequate dental services. In the Program Review, Fiscal Year 1952, Nevada State Department of Health, prepared by the U. S. Public Health Service, it was recommended that "the Board of Health should express a positive attitude toward water fluoridation" and that "policies and procedures for those communities desiring to fluoridate should be established immediately, and issued in written form." It was further recommended that "plans should now be made to meet the increases in budget and personnel necessary to meet the inevitable demand for services which the widespread acceptance of fluoridation will make upon the Department." These recommendations are just as valid today as they were in 1952.

It has been observed during the course of this study that dental services, especially diagnostic and treatment, are very inadequate in most parts of the state. In order to correct this, so far as the Department of Health is concerned, one method to be followed is the establishment of a Dental Health Mobile Unit, preferably two of them, to travel

throughout the state on fixed and predetermined itineraries. These units should be completely furnished with dental equipment and personnel. It is recommended that the initial cost of these units and their equipment, together with the continued maintenance, be borne by the Department of Health. It is recommended that a competent dental surgeon be placed in charge of each, that he be paid a minimum salary (or guaranteed a minimum annual income), but that he be permitted at the same time to conduct a private practice from the mobile unit. It is felt that such a "mixed" system of remuneration will serve two ends, firstly assuring that there will be a competent dental surgeon available to the general public in remote and isolated areas, and secondly assuring that such service made available will be at a minimum cost to the state. The obligation of this dental surgeon, in return for state assistance and guarantees, is to provide adequate dental service in the remote and isolated areas, to furnish diagnostic service without charge for all children in the area he serves, to furnish free topical fluoride treatment for children, and to furnish such other treatment as is required of the dental staff of the Department, but that his obligation is not to extend to the point where he cannot conduct privately a practice of his own.

It should be emphasized, before leaving the subject of Dental Health Services, herein proposed, that, owing to the peculiar differences between the co-equal dental and medical professions, the Dental Health Service be attached to the Division of Clinical Services only for administration and coordination purposes and not for operations. The dental profession and its practitioners should not be placed in a position, within the organizational structure per se, which might make them appear to be subordinate rather than of coordinate and co-equal status to the medical profession.

With regard to Mental Health Services, now conducting programs which are in their infancy in Nevada, there is much that yet remains to be accomplished. The needs of Nevada, in view of its population and geographic factors, warrant the establishment of three complete mental health clinics, each to include necessary operating personnel, for the Reno, Elko, and Las Vegas areas. For a mental health program to function effectively there should be in each of these proposed clinics a "psychiatric trio": (1) a psychiatrist, (2) a clinical psychologist, and (3) a psychiatric social worker. Today Nevada is not adequately served by the Department of Health in regard to mental health needs and services. There is but one consultant psychiatrist, employed on a part time or fee basis, and but two clinical psychologists, and no psychiatric social workers.

It should be noted that the two clinical psychologists now with the Department of Health are being called on for more and more service and psychological treatment of children in the state. This means that not only is the child interviewed and furnished with necessary professional treatment, but it also means that the parents of the child must be interviewed as well. It is a matter of wide professional acceptance among psychologists that it is best for the child to be seen by one psychologist and the parents by another, and that the family be considered as a unit. This is the basis for the psychiatric trio, each professional member of the trio lending his own particular diagnostic or social work skills to the group effort and all sharing in the responsibility for treatment. There is, indeed, at the present time, a very real need for a psychiatric social worker to be a member of the Mental Health Service, to help in treatment, training, consultation, and with case work with families in situ.

It is also recommended that the Bureau of Clinical Services employ at a very early date at least one trained nutritionist and at least two medical social workers. The nutritionist should be assigned to work with special dietary problems of underprivileged children, the aged, those with heart disease or potential heart conditions. Inasmuch as proper or improper diet is a key determining factor in the health and well-being of everyone, particularly for those people who are faced with particular dietary problems, the employment of such a nutritionist would be of very great value to the people of Nevada--particularly for the very young, the very old, and those with low incomes. The medical social workers are now critically needed in the Department of Health for the maternal and child health and crippled children's clinics programs. The responsibility of the medical social worker is to prepare summaries of case histories for the professional medical aids, etc. to examine in order that proper decisions with regard to patients can be made. The preparation of these case histories is a highly specialized function and is a time consuming one. Medical social workers also work with problems of rehabiliating child amputees, work with persons compulsorily hospitalized for tuberculosis, etc., and with other patients, especially those patients, such as mothers or fathers, whose illness poses tremendous social, economic, and family problems.

CHAPTER XXIX

THE DIVISION OF PUBLIC HEALTH EDUCATION AND INFORMATION

The Division of Public Health Education and Information should be created to replace the present Section of Health Education Services. This section should be raised to the dignified status of a Division, owing to the importance of this section, when correctly used, for attaining high standards of success in all of the other programs of the Department. The success of existing public health programs depends entirely on the extent to which the public is informed at to methods and means for achieving better health. Health education should reach nearly every individual in the state, not as a barrage of health information which outweighs all else, but rather as a subtle flow which implants ideas for, and reminds individuals of, precautions and techniques for achieving better personal and community health.

This Division should have a sufficient number of staff members for performing efficiently the job it has to do. There should be at least two full time staff members, one to serve as chief of the Division. There should be one staff member whose major task is the drafting and preparing of written materials, including radio script, radio programs, and newspaper press releases. This staff member should be a trained and competent writer, with more emphasis placed on his imagination, sense of humor and moral stability than on his formal education; for as a writer of original programs for popular consumption these innate qualities are of paramount importance. The other staff member should be selected with emphasis on his educational background and formal training in the specialized field of public relations, preferably with experience, as well, in public health education.

While the functions of one staff member (the script writer) are creative and imaginative, the functions of the other should be technical and administrative. The first should be left free from all other chores and tasks so that he may devote his thought and time to his creative functions. The other should be concerned with all other aspects of public health education and information, such as, receiving and dispensing of documents and data, formal research, making public appearances (for example to school groups, etc.), circulating documentary films on public health, performing routine public relations activities in behalf of the State Health Officer and his various subordinate' Division and section chiefs, and maintaining liaison with various public groups who are concerned with and interested in public health.

There should also be a competent typist or stenographer for this section, inasmuch as so much of the work of this office involves the manual typing of releases, script, programs, etc.

It is recommended that the Division of Public Health Education and Information be free to develop programs on the initiative of its staff members but not that it become the exclusive information dispensing unit of the Department of Health. It is not the intent of such units in administrative agencies to assume undemocratic and dictatorial roles by preventing all sources of information from getting to the public or from prohibiting Division chiefs and section chiefs from having access to the "public ear". It is recommended that the present system of having Division chiefs and section chiefs conduct whatever separate education programs they feel are necessary be continued but that they be encouraged (but not compelled) to make use of the facilities and services available in the Division of Public Health Education and Information. For example, the chief of the Division of Public Health Engineering may find it desirable to conduct a program for providing training courses for persons employed in public eating places--a program of instruction in sanitary food handling techniques, etc. For conducting such a specialized and technical program the Division of Public Health Engineering might be better qualified than the Division of Public Health Education and Information even though it may call upon the latter for certain types of assistance. On the other hand the Health Educators might be in a better position than the Division of Vital Statistics for preparing and disseminating instructions' to practicing physicians, hospital personnel, and morticians on proper proeedures and methods of reporting and recording births, deaths, stillbirths, etc.--but pursuant to the technical direction of the chief of the Division of Vital Statistics.

APPENDICES

DEPARTMENT OF HEALTH - CENTRAL ADMINISTRATION - ALL FUNDS

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
Balance, beginning of period			- -			- -
Funds provided from:						
Federal		$ 9,073.00	$ 9,073.00		$ 6,973.00	$ 6,973.00
Transfer from Preventive Medical Services	$13,950.18		13,950.18	$13,173.78		13,173.78
Total funds provided	$13,950.18	$ 9,073.00	$23,023.18	$13,173.78	$ 6,973.00	$20,146.78
Disbursements:						
Salaries			$14,920.00			$15,066.70
Travel			2,268.49			1,730.53
Board members expense			348.85			372.25
Office supplies			2,444.99			2,592.55
Equipment			3,040.85			384.75
Total disbursements	$13,950.18	$ 9,073.00	$23,023.18	$13,173.78	$ 6,973.00	$20,146.78
Balance, end of period	- -	- -	- -	- -	- -	- -

DEPARTMENT OF HEALTH - DIVISION OF VITAL STATISTICS

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
Balance, beginning of period	$12,328.62		$12,328.62			
Funds proveded from:						
Federal		$ 3,527.08	3,527.08		$ 1,656.71	$ 1,656.71
Appropriation				$28,613.00		28,613.00
Total funds provided	$12,328.62	$ 3,527.08	$15,855.70	$28,613.00	$ 1,656.71	$30,269.71
Disbursements:						
Salaries			$11,954.55			$12,600.00
Travel			255.45			160.45
Office supplies			3,577.08			2,875.96
Equipment						326.30
Reversion, state funds			68.62			
Total disbursements	$12,328.62	$3,527.08	$15,855.70	$14,306.00	$ 1,656.71	$15,962.71
Balance, end of period	- -	- -	- -	$14,307.00	- -	$14,307.00

NOTE: Appendix A, pp. i-xii, are extracted from pp. 185-196, Report of the Legislative Auditor 1953-1954, Bulletin No. 22, Nevada Legislative Counsel Bureau, December 1954

DEPARTMENT OF HEALTH

Local & Private Funds

	Fiscal Year 1952-1953	Fiscal Year 1953-1954
Balance, beginning of period	$ 3,482.99	$ 4,482.99
Receipts: Funds provided from		
Private (Indian Service contract	$ 9,625.00	$10,500.00
Local	24,006.10	30,214.64
Total funds provided during period	$33,631.10	$40,714.64
Total to be accounted for	$37,114.09	$45,197.63
Disbursements:		
(See "Local, Private, State & Federal Funds combined)	$32,631.10	$39,239.64
	$ 4,482.99 **	$ 5,957.99 **

** Balances represented by private funds only.

State Appropriated Funds

Balance, beginning of period:	Division of Vital Statistics	$ 12,328.62	- -
	Division Public Health Engineering	18,962.07	- -
	Public Health Laboratory	28,639.78	- -
	Division of Dental Health	15,094.13	- -
	Tuberculosis Control	76,098.37	- -
	Crippled Children's Services	57,005.13	- -
	Hospital Licensure Administration	1,466.14	1,591.24
	Preventive Medical Services	56,282.13	- -
	Total Balance	$265,876.37	$ 1,591.24
Receipts: Funds provided from			
	Appropriation		$468,440.00
	License fees	$ 820.00	780.00
	Total funds provided during period	$266,696.37	$470,811.24
Disbursements:			
	(See "Local, Private, State, and Federal Funds Combined")	$265,105.13	$239,274.03
Balance, end of period		$ 1,591.24 *	$231,537.21

* Hospital Licensure administration, non-reverting.

Federal Funds

Balance, beginning of period	$ 39,621.60	$ 65,968.32
Funds provided from:		
Federal	$235,472.08	$184,607.91
Total to be accounted for	$275,093.68	$250,576.23
Disbursements:		
See "Local, Private, State and Federal Funds Combined")	$209,125.36	$207,835.13
Balance, end of period	$ 65,968.32	$ 42,741.10

HEALTH DEPARTMENT - TRAVEL

Fiscal Year 1953-1954

DIVISION	Out-of-state	In-state	Total
Central Administration	$ 518.00	$ 1,212.53	$ 1,730.53
Vital Statistics		160.45	160.45
Public Health Engineering	613.35	5,021.86	5,635.21
Hygienic Laboratory	455.00	154.40	609.40
Tuberculosis Control		154.13	154.13
Dental Health	221.35	4,868.72	5,090.07
Public Health Nursing		8,385.45	8,385.45
Maternal & Child Health	180.00	427.13	607.13
Crippled Children's Services		476.34	476.34
Mental Health	276.30	561.45	837.75
Hospital Services	55.00	747.25	802.25
Health Education		148.20	148.20
Totals	$2,319.00	$22,317.91	$24,636.91

DEPARTMENT OF HEALTH - FEDERAL, STATE AND LOCAL FUNDS

	Fiscal Year 1952-1953	Fiscal Year 1953-1954
Balances, beginning of period:		
Local & private funds	$ 3,482.99	$ 4,482.99
Federal	39,621.60	65,968.32
State balance	265,876.37	1,591.24
Total balance	$308,980.96	$ 72,042.55
Receipts provided from:		
State appropriation		$468,440.00
Federal	$235,472.08	184,607.91
Local	24,006.10	30,214.64
* Private	9,625.00	10,500.00
License fees	820.00	780.00
Total funds provided during period	$269,923.18	$694,542.55
Total to be accounted for	$578,904.14	$766,585.10
Disbursements:		
Salaries	$206,690.24	$206,616.19
Travel	25,183.09	24,636.91
Board members expense	348.85	466.56
Office Supplies	3,737.17	19,844.75
Equipment	8,548.56	3,052.67
Other supplies	30,954.82	15,133.32
Hospital care	123,185.43	126,156.91
Professional services & films	42,411.76	51,850.31
Drugs & biologics	5,130.05	317.06
Appliances	2,482.70	2,748.00
Refresher course for physician	159.80	
Joint Merit System	1,932.73	2,019.23
Board meeting cost	49.90	
Refunds	20.00	
Clark County Health Unit	21,350.00	20,525.00
Rent	1,740.00	1,740.00
Unliquidated encumbrances	3,278.48	9,056.34
Other expense	2,691.80	2,185.55
Transfer from Hospital Lincensure to Public Health Engineering	625.00	
Reversions (state funds)	26,341.21	
Total disbursements	$506,861.59	$486,348.80
Balance, end of period	$ 72,042.55**	$280,236.30

* Denotes money from Indian Service Contract.

** Balance June 30, 1953 represents local & federal balance only as state balance reverted to General Fund.

DEPARTMENT OF HEALTH - DIVISION OF PUBLIC HEALTH ENGINEERING

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
Balance, beginning of period	$18,962.07		$18,962.07			
Funds provided from:						
Federal		$24,568.18	24,568.18		$22,452.55	$22,452.55
Appropriation				$41,697.00		41,697.00
Transfer Hospital Licensure Admin.	625.00		625.00	750.00		750.00
Private (Indian Service Contract)	625.00		625.00	1,000.00		1,000.00
Total funds provided	$20,212.07	$24,568.18	$44,780.25	$43,447.00	$22,452.55	$65,899.55
Disbursements:						
Salaries			$33,702.31			$33,840.00
Travel			5,769.78			5,635.21
Office Supplies			4,725.09			4,490.22
Equipment			16.00			610.00
Reversion, state funds			567.07			
Total disbursements	$20,212.07	$24,568.18	$44,780.25	$22,122.88	$22,452.55	$44,575.43
Balance, end of period	- -	- -	- -	$21,324.12	- -	$21,324.12

DEPARTMENT OF HEALTH - PUBLIC HEALTH LABORATORY

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
Balance,						
Beginning of period	$28,639.78		$28,639.78			
Funds provided from:						
Private				$ 250.00		$ 250.00
Federal		$10,101.00	10,101.00		$ 7,018.95	7,018.95
Appropriation				57,192.00		57,192.00
Total funds provided	$28,639.78	$10,101.00	$38,740.78	$57,442.00	$ 7,018.95	$64,460.95
Disbursements:						
Salaries			$29,383.48			$26,297.86
Travel			401.70			609.40
Office supplies			8,309.55			7,263.46
Equipment			572.74			694.62
Reversion, state funds			73.31			
Total disbursements	$28,639.78	$10,101.00	$38,740.78	$27,846.39	$ 7,018.95	$34,865.34
Balance, end of period	--	- -	- -	$29,595.61	- -	$29,595.61

DEPARTMENT OF HEALTH - TUBERCULOSIS CONTROL

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
Balance, beginning of period	$76,098.37		$76,098.37			
Funds provided from						
Transfer Preventive Medical Svcs.	2,970.00		2,970.00	$ 3,300.00		$ 3,300.00
Federal		$ 3,738.54	3,738.54		$ 2,227.48	2,227.48
Appropriation				140,000.00		140,000.00
Private				500.00		500.00
Total funds provided	$79,068.37	$ 3,738.54	$82,806.91	$143,800.00	$ 2,227.48	$146,027.48
Disbursements:						
Salaries			$ 4,695.64			$ 4,788.75
Travel			146.50			154.13
Supplies			695.50			629.60
Hospital care			76,071.56			82,539.76
Professional services & films			1,170.90			455.00
Reversion, state funds			26.81			
Total disbursements	$79,068.37	$ 3,738.54	$82,806.91	$ 86,339.76	$ 2,227.48	$ 88,567.24
Balance, end of period	- -	- -	- -	$ 57,460.24	- -	$57,460.24

V1

DEPARTMENT OF HEALTH - VENEREAL DISEASE CONTROL

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
Balance, beginning of period			- -			- -
Funds provided from:						
Transfer Preventive Medical Svcs.	$ 5,360.97		$ 5,360.97	$ 2,390.20		$ 2,390.20
Federal		$ 5,997.02	5,997.02			
Total funds provided	$ 5,360.97	$ 5,997.02	$11,357.99	$ 2,390.20	- -	$ 2,390.20
Disbursements:						
Salaries			$ 9,066.31			$ 1,788.75
Supplies			1,473.71			601.45
Drugs & biologics			817.97			
Total disbursements	$ 5,360.97	$ 5,997.02	$11,357.99	$ 2,390.20		$ 2,390.20
Balance, end of period	- -	- -	- -	- -	- -	- -

DEPARTMENT OF HEALTH - DIVISION OF DENTAL HEALTH

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
Balance, beginning of period	$15,094.13		$15,094.13			
Funds provided from						
Local				$ 1,700.00		$ 1,700.00
Federal		$16,750.00	16,750.00		$20,883.00	20,883.00
Appropriation				29,694.00		29,694.00
Total funds provided	$15,094.13	$16,750.00	$31,844.13	$31,394.00	$20,883.00	$52,277.00
Disbursements:						
Salaries			$20,994.09			$23,390.36
Travel			3,471.91			5,090.07
Supplies			2,558.50			3,090.24
Professional services			3,745.00			5,080.00
Equipment			354.17			
Reversion, state funds			720.46			
Total disbursements	$15,094.13	$16,750.00	$31,844.13	$15,767.67	$20,883.00	$36,650.67
Balance, end of period	- -	- -	- -	$15,626.33	- -	$15,626.33

V.T.

DEPARTMENT OF HEALTH - PUBLIC HEALTH NURSING

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	Private & Local	Federal	Total	Private & Local	Federal	Total
Funds provided from:						
Private	$ 8,000.00		$ 8,000.00	$ 7,275.00		$ 7,275.00
Local	23,381.10		23,381.10	24,269.64		24,269.64
Federal		$26,927.00	26,927.00		$28,294.00	28,294.00
Total funds provided	$31,381.10	$26,927.00	$58,308.10	$31,544.64	$28,294.00	$59,838.64
Disbursements:						
Salaries			$44,012.26			$47,731.03
Travel			9,107.79			8,385.45
Supplies			3,995.44			3,722.16
Equipment - automobile			1,192.61			
Total disbursements	$31,381.10	$26,927.00	$58,308.10	$31,544.64	$28,294.00	$59,838.64
Balance, end of period	- -	- -	- -	- -	- -	- -

DEPARTMENT OF HEALTH - MATERNAL & CHILD HEALTH

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
Balance, beginning of period			- -			- -
Funds provided from:						
Preventive Medical Svcs.	$ 8,687.40		$ 8,687.40	$ 6,052.95		$ 6,052.95
Federal		$12,962.08	12,962.08		$10,860.00	10,860.00
Total funds provided	$ 8,687.40	$12,962.08	$21,649.48	$ 6,052.95	$10,860.00	$16,912.95
Disbursements:						
Salaries			$ 7,275.00			$ 8,788.75
Travel			786.71			607.13
Professional services			6,275.00			4,185.00
Drugs and biologics			4,312.08			317.06
Equipment			645.00			353.00
Supplies			2,355.69			2,662.01
Total disbursements	$ 8,687.40	$12,962.08	$21,649.48	$6,052.95	$10,860.00	$16,912.95
Balance, end of period	- -	- -	- -	- -	- -	- -

DEPARTMENT OF HEALTH - CRIPPLED CHILDRENS SERVICES

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
Balance, beginning of period	$ 57,005.13		$ 57,005.13			
Funds provided from:						
Federal		$ 47,670.00	47,670.00		$ 56,852.09	$ 56,852.09
Appropriation				$ 88,000.00		88,000.00
Local				1,750.00		1,750.00
Total funds provided	$ 57,005.13	$ 47,670.00	$104,675.13	$ 89,750.00	$ 56,852.09	$146,602.09
Disbursements:						
Salaries			$ 11,397.50			$ 12,624.74
Travel			205.85			476.34
Professional services			30,920.86			40,950.31
Hospital care			47,113.87			43,617.15
Appliances			2,482.70			2,748.00
Equipment			1,272.40			
Other expense			2,691.80			2,185.55
Reversion, state funds			8,590.15			
Total disbursements	$ 57,005.13	$ 47,670.00	$104,675.13	$ 45,750.00	$ 56,852.09	$102,602.09
Balance, end of period	- -	- -	- -	$ 44,000.00	- -	$ 44,000.00

DEPARTMENT OF HEALTH - MENTAL HEALTH CONTROL

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
Funds provided from:						
Preventive Medical Services	$ 2,571.06		$ 2,571.06	$ 4,300.00		$ 4,300.00
Federal		$ 4,200.00	4,200.00		$ 7,532.31	7,532.31
Local				1,745.00		1,745.00
Total funds provided	$ 2,571.06	$ 4,200.00	$ 6,771.06	$ 6,045.00	$ 7,532.31	$13,577.31
Disbursements:						
Salaries			$ 3,969.83			$ 8,653.00
Travel			201.71			837.75
Office supplies			1,292.18			2,622.56
Equipment			1,307.34			684.00
Professional services						780.00
Total disbursements	$ 2,571.06	$ 4,200.00	$ 6,771.06	$ 6,045.00	$ 7,532.31	$13,577.31
Balance, end of period	- -	- -	- -	- -	- -	- -

DEPARTMENT OF HEALTH - CANCER CONTROL

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
Balance, beginning of period			- -			- -
Funds provided from:						
Federal		$1,298.02	$1,298.02		$2,451.94	$2,451.94
Total funds provided	- -	$1,298.02	$1,298.02	- -	$2,451.94	$2,451.94
Disbursements:						
Salaries			$ 795.00			$ 788.75
Professional services			300.00			400.00
Supplies & educational material			203.02			1,263.19
Total disbursements	- -	$1,298.02	$1,298.02	- -	$2,451.94	$2,451.94
Balance, end of period	- -	- -	- -	- -	- -	- -

DEPARTMENT OF HEALTH - HOSPITAL SERVICES

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
Balance, beginning of period			- -			- -
Funds provided from:						
Preventive medical svcs.	$5,488.67		$5,488.67	$5,554.34		$5,554.34
Federal		$1,175.00	1,175.00		$1,268.00	1,268.00
Total funds provided	$5,488.67	$1,175.00	$6,663.67	$5,554.34	$1,268.00	$6,822.34
Disbursements:						
Salaries			$5,160.00			$5,160.00
Travel			762.36			802.25
Supplies			741.31			860.09
Total disbursements	$5,488.67	$1,175.00	$6,663.67	$5,554.34	$1,268.00	$6,822.34
Balance, end of period	- -	- -	- -	- -	- -	- -

DEPARTMENT OF HEALTH - TRAINING

Funds provided from:						
Federal		$ 158.90	$ 158.90			
Disbursements:						
Refresher course for physician		$ 158.90	$ 158.90			
Balance, end of period	- -	- -	- -	-	- -	- -

DEPARTMENT OF HEALTH - HEALTH EDUCATIONAL SERVICES

Funds provided from:						
Preventive Medical Svcs.	$ 959.06		$ 959.06	$ 730.00		$ 730.00
Federal		$7,730.00	7,730.00		$6,774.53	6,774.53
Total funds provided	$ 959.06	$7,730.00	$8,689.06	$ 730.00	$6,774.53	$7,504.53
Disbursements:						
Salaries			$6,091.14			$5,097.50
Travel			163.15			148.20
Supplies			2,287.32			2,258.83
Equipment			147.45			
Total disbursements	$ 959.06	$7,730.00	$8,689.06	$ 730.00	$6,774.53	$7,504.53
Balance, end of period	- -	- -	- -	- -	- -	- -

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
DEPARTMENT OF HEALTH - MERIT SYSTEM						
Funds provided from:						
Federal	———	$1,932.73	$1,932.73	———	$2,019.23	$2,019.23
Disbursements:						
Health Department pro rata share	———	$1,932.73	$1,932.73	———	$2,019.23	$2,019.23
Balance, end of period	- -	- -	- -	- -	- -	- -
DEPARTMENT OF HEALTH - SPECIAL V. D. PROJECT						
Funds provided from:						
Federal	———	$4,947.43	$4,947.43	———	———	———
Disbursements:						
Salaries			$3,273.13			
Travel			1,641.69			
Supplies			32.61			
Total disbursements	———	$4,947.43	$4,947.43	———	———	———
Balance, end of period	- -	- -	- -	- -	- -	- -
DEPARTMENT OF HEALTH - HOSPITAL LICENSURE ADMINISTRATION						
Balance, beginning of period	$1,466.14		$1,466.14	$1,591.24		$1,591.24
Funds provided from:						
License fees	820.00	———	820.00	780.00	———	780.00
Total funds provided	$2,286.14	———	$2,286.14	$2,371.24	———	$2,371.24
Disbursements:						
Supplies				$ 45.75		$ 45.75
Board meeting costs	$ 49.90		$ 49.90	94.31		94.31
Refund	20.00		20.00			
Transfer to Div. of Public Health Engineering for Hospital inspection	625.00	———	625.00	750.00	———	750.00
Total disbursements	$ 694.90	- -	$ 694.90	$ 890.06	- -	$ 890.06
Balance, end of period	$1,591.24	- -	$1,591.24	$1,481.18	- -	$1,481.18

	Fiscal Year 1952-1953			Fiscal Year 1953-1954		
	STATE	FEDERAL	TOTAL	STATE	FEDERAL	TOTAL
DEPARTMENT OF HEALTH -- CLARK COUNTY HEALTH UNIT						
Funds provided from:						
Federal		$21,350.00	$21,350.00		$20,525.00	$20,525.00
Disbursements:						
Support of local health unit		$21,350.00	$21,350.00		$20,525.00	$20,525.00
Balance, end of period	- -	- -	- -	- -	- -	- -
DEPARTMENT OF HEALTH - RENO CANCER DETECTION CENTER						
Funds provided from:						
Federal		$1,740.00	$1,740.00		$1,740.00	$1,740.00
Disbursements:						
Rent		$1,740.00	$1,740.00		$1,740.00	$1,740.00
Balance, end of period		- -	- -		- -	- -
DEPARTMENT OF HEALTH - UNLIQUIDATED ENCUMBRANCES						
Funds provided from:						
Federal		$3,278.48	$3,278.48		$9,056.34	$9,056.34
Disbursements:						
Prior year's encumbrances		$3,278.48	$3,278.48		$9,056.34	$9,056.34
Balance, end of period		- -	- -		- -	- -

SUMMARY OF AGENCY BUDGET REQUEST, EXECUTIVE BUDGET RECOMMENDATION, AND LEGISLATIVE BUDGET APPROPRIATIONS FOR THE NEVADA STATE DEPARTMENT OF HEALTH FOR BIENNIUM 1953-1955

TITLE OF PROGRAM	BUDGET REQUESTED *	GOVERNOR'S RECOMMENDATION *	LEGISLATIVE APPROPRIATION
Crippled Children's Services	$224,096.75	$215,700.00	$ 88,000.00
Dental Health	98,564.00	68,745.00	29,694.00
Laboratories	89,769.50	81,414.00	57,192.00
Preventive Medical Services	419,724.80	323,858.00	83,244.00
Public Health Engineering	105,465.00	90,683.00	41,697.00
Vital Statistics	44,044.50	37,782.00	28,613.00
			$327,440.00
OTHER APPROPRIATIONS, 1953 LEGISLATURE, FOR PUBLIC HEALTH			
Tuberculosis Control (Chap. 232, 1953 Statutes)			140,000.00
	Grand Total		$467,440.00

* Including Federal Grants.

ANNUAL STATEMENT OF RECEIPTS AND EXPENDITURES - PUBLIC HEALTH SERVICE CATEGORICAL GRANTS

	GENERAL HEALTH	VENEREAL DISEASE	TUBER-CULOSIS	MENTAL HEALTH	HEART DISEASE	WATER POLLUTION	CANCER	V.D. PROJECT	HOSPITAL SERVICES	INDIAN HEALTH
Balance, July 1, 1953	$ 556.36	$407.70	$ 409.40	$ 3,775.29	$ 210.12	$175.55	$1,786.68	$421.09	$7,762.58	$ 4,482.99
Receipts, Fed. Sec. Agency	29,767.00	.00	9,974.00	12,538.00	8,224.00	.00	5,477.00	.00	.00	10,500.00
Total Available Funds	30,323.36	407.70	10,383.40	16,313.29	8,434.12	175.55	7,263.68	421.09	7,762.58	14,982.99
Disbursements	29,153.76	407.70	9,295.26	11,945.06	8,110.00	175.55	6,651.94	.00	1,268.00	9,025.00
Balance, June 30, 1954	1,169.60	.00	1,088.14	4,368.23	324.12	.00	611.74	421.09	6,494.58	5,957.99
Encumbrances *	1,168.23		1,047.21	1,086.68						
Free Balance	1.37	.00	40.93	3,281.55	324.12	.00	611.74	421.09	6,494.58	5,957.00

ANNUAL STATEMENT OF RECEIPTS AND EXPENDITURES U. S. CHILDREN'S BUREAU

	MATERNAL AND CHILD HEALTH	CRIPPLED CHILDREN'S SERVICES
Balance, July 1953	$18,253.37	$32,210.18
Receipts	91,531.19	55,566.36
Total Available Funds	109,784.56	87,776.54
Disbursements	97,845.99	71,451.51
Balance, June 30, 1954	11,938.57	16,325.03
Encumbrances *	4,253.41	13,462.35
Free Balance	7,685.16	2,862.68

* Obligations of Fiscal Year 1954 which are substantiated by Purchase Orders. These items were not liquidated prior to June 30, but should be considered as part of the cost of operations for Fiscal Year 1954.

SUMMARY OF EXPENDITURES FROM STATE APPROPRIATED FUNDS
June 30, 1954

DIVISION OF VITAL STATISTICS		
Biennial Appropriation		$ 28,613.00
Disbursements		14,306.00
Balance		14,307.00
DIVISION OF PUBLIC HEALTH ENGINEERING		
Biennial Appropriation		$41,697.00
Disbursements		20,372.88
Balance		$21,324.12
PUBLIC HEALTH LABORATORIES		
Biennial Appropriation		$57,192.00
Disbursements		27,596.39
Balance		$29,595.61
DIVISION OF DENTAL HEALTH		
Biennial Appropriation		$29,694.00
Disbursements		14,067.67
Balance		$15,626.33
TUBERCULOSIS CONTROL SUBSIDY		
Biennial Appropriation		$140,000.00
Disbursements		82,539.76
Balance		$57,460.24
CRIPPLED CHILDREN'S SERVICES		
Biennial Appropriation		$88,000.00
Disbursements		44,000.00
Balance		$44,000.00
HOSPITAL LICENSURE ADMINISTRATION		
Balance July 1, 1953		$ 1,591.24
License Fees Received		780.00
Disbursements		890.06
Balance		$ 1,481.18
PREVENTIVE MEDICAL SERVICES		
Biennial Appropriation		$83,244.00
Disbursements by Sections:		
Central Administrative	$13,173.78	
Tuberculosis Control	3,300.00	
V. D. Control	2,390.20	
Maternal & Child Health	6,052.95	
Mental Health	4,300.00	
Hospital Services	5,554.34	
Health Education Services	730.00	35,501.27
Balance		$47,742.73

APPENDIX E

NEVADA STATE DEPARTMENT OF HEALTH SCHEDULE OF DISBURSEMENTS

CENTRAL ADMINISTRATION		
Salaries	$ 15,066.70	
Travel	1,730.53	
Office Supplies	2,592.55	
Equipment	384.75	
Board Members Expense	372.25	$ 20,146.78
VITAL STATISTICS		
Salaries	$12,600.00	
Travel	160.45	
Office Supplies	2,875.96	
Equipment	326.30	15,962.71
PUBLIC HEALTH ENGINEERING		
Salaries	$33,840.00	
Travel	5,635.21	
Office Supplies	4,490.22	
Equipment	610.00	44,575.43
PUBLIC HEALTH LABORATORY		
Salaries	$26,297.86	
Travel	609.40	
Office Supplies	7,263.46	
Equipment	694.62	34,865.34
TUBERCULOSIS CONTROL		
Salaries	$ 4,788.75	
Travel	154.13	
Supplies	629.60	
Hospital Care	82,539.76	
Professional Services and Film	455.00	88,567.24
VENEREAL DISEASE CONTROL		
Salaries	$ 1,788.75	
Supplies	601.45	2,390.20
DENTAL HEALTH		
Salaries	$23,390.36	
Travel	5,090.07	
Supplies	3,090.24	
Professional Services	5,080.00	36,650.67
PUBLIC HEALTH NURSING		
Salaries	$47,731.03	
Travel	8,385.45	
Supplies	3,722.16	59,838.64
MATERNAL AND CHILD HEALTH		
Salaries	$ 8,788.75	
Travel	607.13	
Supplies	2,662.01	
Professional Services	4,185.00	
Biologicals	317.06	
Equipment	353.00	16,912.95
CRIPPLED CHILDREN'S SERVICES		
Salaries	$12,624.74	
Travel	476.34	
Other Expenditures	2,185.55	
Professional Services	40,950.31	
Hospital Care	43,617.15	
Appliances	2,748.00	102,602.09

MENTAL HEALTH PROGRAM		
Salaries	$ 8,653.00	
Travel	837.75	
Office Supplies	2,622.56	
Equipment	684.00	
Professional Services	780.00	13,577.31
CANCER CONTROL		
Salaries	$ 788.75	
Supplies and Educational Material	1,263.19	
Professional Services	400.00	2,451.94
HOSPITAL SERVICES		
Salaries	$ 5,160.00	
Travel	802.25	
Supplies	860.09	6,822.34
HEALTH EDUCATION SERVICES		
Salaries	$ 5,097.50	
Travel	148.20	
Supplies	2,258.83	7,504.53
HOSPITAL LICENSURE ADMINISTRATION		
Board Members Travel	$ 94.31	
Supplies	45.75	140.06
MERIT SYSTEM		
Health Department Pro-rata Share		2,019.23
CLARK COUNTY HEALTH UNIT		
Support of Local Health Unit		20,525.00
RENO CANCER DETECTION CLINIC		
Rent		1,740.00
UNLIQUIDATED ENCUMBRANCES		
Liquidation of Prior Year's Obligations		9,056.34
		$486,348.80

EPARTMENT OF HEALTH, EDUCATION, AND WELFARE
UBLIC HEALTH SERVICE
HILDREN'S BUREAU - SOCIAL SECURITY ADMINISTRATION
EVISED 7-53

APPENDIX F

REPORT OF EXPENDITURES FOR HEALTH SERVICES

(Summary of Expenditures by Project Total)

Form approved
Budget Bureau No. 68-R408.3

Joint Financial Report Form 11.1

Page No. _____

STATE OF NEVADA

STATE HEALTH DEPARTMENT REPORT

For the period beginning July 1, 1953 and ending June 30, 1954

PROJECT (1) NO.	TITLE	TOTAL AMOUNT ALL FUNDS (Sum of cols. 3-8) (2)	DETAIL OF FUND DISTRIBUTION											
			STATE LOCAL PRIVATE AGENCIES (3)		PUBLIC HEALTH SERVICE: GENERAL HEALTH HOSPITAL SURVEY WATER POLLUTION (4)		VENEREAL DISEASE VD SPECIAL PROJ. MENTAL HEALTH (5)		TUBERCULOSIS CANCER HEART DISEASE (6)		CHILDREN'S BUREAU: MCH (7)		CC (8)	
			* FUND	AMOUNT	* FUND	AMOUNT	* FUND	AMOUNT	* FUND	AMOUNT	* FUND	AMOUNT	* FUND	AMOUNT
1.	CENTRAL ADMINISTRATION	20,146.78	S	13,173.78	G	2,483.00	M	725.00	T C HD	550.00 425.00 570.00	A B	850.00 900.00	A	470.00
2.	DIVISION OF VITAL STATISTICS	15,962.71	S	14,306.00			M	340.00	T C HD	375.00 280.00 375.00	A	286.71		
3.	DIV. OF PUB. HEALTH ENG.	44,575.43	L P S	750.00 1,000.00 20,372.88	W G	175.55 20,427.00					A	1,850.00		
4.	PUBLIC HEALTH LABORATORY	34,865.34	P S	250.00 27,596.39	G	2,000.00	V	388.95	T	2,980.00	A	710.00	A	940.00
5.	SEC. OF TUBERCULOSIS CONTROL	88,567.24	P S	500.00 85,839.76					T	2,227.48				
6.	SEC. OF VENEREAL DISEASE	2,390.20	S	2,390.20										
7.	DIV. OF DENTAL HEALTH	36,650.67	L S	1,700.00 14,067.67							A B	15,330.00 5,553.00		
8.	SEC. OF PUBLIC HEALTH NURSING	59,838.64	P L	7,275.00 24,269.64			M	1,245.00	T C HD	1,618.00 525.00 1,245.00	A B	14,186.00 5,500.00	A B	1,900.00 2,075.00
9.	MATERNAL AND CHILD HEALTH	16,912.95	S	6,052.95							A B	4,000.00 6,860.00		
10.	CRIPPLED CHILDREN"S SERVICES	102,602.09	L S	1,750.00 44,000.00					HD	4,500.00			A B	34,226.46 18,125.63
11.	SEC. OF MENTAL HEALTH	13,577.31	L S	1,745.00 4,300.00			M	7,532.31						
12.	SEC. OF CANCER CONTROL	2,451.94							C	2,451.94				
13.	HOSPITAL SERVICES	6,822.34	S	5,554.34	H	1,268.00								
14.	HEALTH EDUCATION SERVICE	7,504.53	S	730.00	G	250.00	M	650.00	T C HD	625.00 465.00 730.00	A B	960.00 2,614.53	A	480.00
15.	MERIT SYSTEM	2,019.23			G	335.56	M	240.00	T C HD	103.67 190.00 190.00	A	575.00	A	385.00
16.	HOSPITAL LICENSURE ADMINISTRATION	140.06	S	140.06										
17.	CLARK COUNTY HEALTH UNIT	20,525.00			G	3,500.00	M	1,200.00	T C HD	750.00 575.00 500.00	A B	10,000.00 1,500.00	A B	1,500.00 1,000.00
18.	RENO CANCER DETECTION CENTER	1,740.00							C	1,740.00				
19.	UNLIQUIDATED ENCUMBRANCES	9,056.34			G	158.20	M V	12.75 18.75	T	66.11	B	201.11	A B	4,331.58 4,267.84
	TOTAL!	486,348.80	S	238,524.03	G	29,153.76	V	407.70	T	9,295.26	A	48,747.71	A	44,233.04
			L	30,214.64	H	1,268.00	VS		C	6,651.94	B	23,128.64	B	25,468.47
			P	9,025.00	W	175.55	M	11,945.06	HD	8,110.00	RB		RB	

*For symbols to identify funds see instructions.

!The totals reported in columns 4-8, inclusive, must agree with the corresponding sums of amounts reported on line 5a of Form 11.

CODE KEY TO SYMBOLS USED IN APPENDIX F

S	State Appropriated Funds
L	Funds from Local Governments
P	Funds from Private Sources, Persons and Groups
G	General Health Funds (Federal)
H	Funds for Hospital Survey and Planning
W	Water Pollution Control Funds (Federal)
V	Venereal Disease Control Funds (Federal)
VS	Venereal Disease Control Special Funds (Federal)
M	Mental Health Funds (Federal)
T	Tuberculosis Control Funds (Federal)
C	Cancer Control Funds (Federal)
HD	Heart Disease Control Funds (Federal)
A	Maternal and Child Health Funds A (Federal)(Column 7)
B	Maternal and Child Health Funds B (Federal)(Column 7)
A	Crippled Children's Services Funds A (Federal) (Column 8)
B	Crippled Children's Services Funds B (Federal) (Column 8)

Note: "A" Fund appropriations require matching on a dollar for dollar basis. The "B" Fund appropriations are free grants and do not require matching.

STATE HEALTH EXPENDITURES
STATE, FEDERAL AND LOCAL FUNDS

	1948-1949	1949-1950	1950-1951	1951-1952
Drugs and Biologics	$ 6,766.47	$ 1,731.06	$ 2,042.30	$ 2,416.66
Hospital Care	45,095.10	83,643.63	25,831.26	104,560.50
Appliances			1,984.00	4,278.20
Other supplies	17,089.83	11,298.36	11,590.59	12,917.39
Clark County Unit	33,052.57	16,043.00	18,600.00	21,850.00
Reno Cancer Clinic		1,640.00	1,740.00	1,740.00
Personal Services	7,630.63	8,507.50	30,855.15	38,705.02
Technical Training	2,927.50	6,947.32		1,193.09
State Quarantine Officer Division of Plant Industry	14,005.36	23,175.38	24,647.74	23,811.55
Stock Inspection Fund	41,606.80	66,323.25	40,065.17	42,538.40
Insect Pest Control	5,403.03	7,585.45	2,907.61	3,548.99
Apiary Inspection Fund	1,363.03	1,426.10	1,242.27	1,244.86
Board of Barber Examiners	4,895.54	1,854.05	2,798.82	2,700.31
Board of Chiropody		33.75	21.00	103.73
Board of Chiropractic Exam.	129.64	4,416.00	7,003.73	5,636.66
Board of Cosmetology	4,373.17	4,252.84	4,159.66	3,524.20
Board of Dental Examiners	337.70	564.65	1,300.75	908.05
Board of Optometry	135.76	168.03		202.46
School Lunch - Federal	33,229.00	31,060.76	43,934.44	41,880.18
School Lunch Administration	11,209.78	9,839.95	9,008.01	9,769.43
Care of Deaf, Dumb & Blind	16,369.93	4,917.48	19,114.00	17,978.67
Board of Embalmers	265.47	423.72	421.95	249.68
Examiners in Basic Sciences				661.46
Hospital for Mental Diseases	156,466.68	242,820.61	357,910.60	331,473.53
Board of Medical Examiners	4,035.48	7,048.58	8,256.37	13,086.34
Board of Nurse Examiners	2,919.88	2,412.66	3,168.05	2,947.46
Board of Osteopathic Exam.	579.01	410.05	243.95	277.95
Board of Pharmacy	3,410.10	7,535.59	7,866.93	8,460.35
Sheep Inspection Fund	15,729.60	8,743.64	9,437.46	15,888.46
Food and Drugs, Weights and Measures		11,961.34	11,807.85	11,621.95
Hospital		23,727.46	21,619.80	16,840.27
Analytical Laboratory		6,926.86	8,665.24	15,773.73
Petroleum Products Inspection		33,256.28	37,042.83	35,388.09
Veterinarian Control Laboratory		15,421.34	10,805.33	15,460.31
	429,162.82	646,284.72	726,206.79	809,804.55

APPENDIX I

FEDERAL ALLOTMENTS TO THE STATE OF NEVADA FOR PUBLIC HEALTH SERVICES

FISCAL YEAR 1955

Tuberculosis Control	$11,600.00
General Health	28,900.00
Mental Health	17,700.00
Heart Disease Control	10,200.00
Cancer Control	6,800.00
Hospital Construction	200,000.00
Maternal and Child Health Services Fund A	47,239.00
Maternal and Child Health Services Fund B	25,000.00
Crippled Children's Services Fund A	46,704.00
Crippled Children's Services Func B	20,000.00
Water Pollution Control	None
Venereal Disease Control	None

APPENDIX J

FEDERAL GRANT-IN-AID MATCHING REQUIREMENTS

Tuberculosis Control (Sec. 314 (b) PHS Act and & PL 472, 83rd Congress)	$1.00 Federal for $1.00 State
General Health (Sec. 314 (c) PHS Act)	$2.00 Federal for $1.00 State
Mental Health (Sec. 314 (c) PHS Act)	$2.00 Federal for $1.00 State
Heart Disease Control (Sec. 314 (3) PHS Act, as amended)	$2.00 Federal for $1.00 State
Cancer Control (PL 472, 83rd Congress)	$2.00 Federal for $1.00 State
Hospital Construction (Sec. 624 PHS Act, as amended)	Matching requirement is variable, based on state standards, Federal share not to be more than 66-2/3% nor less than 33-1/3%, but with minimum federal allotment of $200,000.00.

Maternal and Child Health Services (Title V, Part 1, Social Security Act as amended)

The amount of the grant depends upon amount of appropriation made by Congress for this purpose and as adjusted to each state in accordance with the number of live births of each state in proportion to the total number of live births in the whole United States.

Crippled Children's Services (Title V, Part 2, Social Security Act as amended)

Such sums shall be allotted according to the financial need of each state for assistance in carrying out its state plan, as determined by the (PHS) administrator after taking into consideration the number of crippled children in each state in need of the services referred to in section 511 and the cost of furnishing such services to them. --- Sec. 512

Eighty percent of the federal funds plus matching state funds must be used for specialized care of crippled children and 20% may be used for and allocated to purposes within the scope of the federally approved crippled children's services plan. --- PHS-CB Health Grants Manual Regulations 12-4.

(Note there are two funds for each of these services, funds A and funds B; funds A must be matched dollar for dollar by the states, funds B require no matching. Funds A and B are divided equally from the overall funds available. Funds B are allocated to the states on the basis of financial need, whereas funds A are allocated in flat amounts of grants. Twenty-five percent of funds B fund is to be reserved for special projects of regional or national interest.

APPENDIX K

USE OF GENERAL HEALTH GRANTS (BASED ON PHS-CB
HEALTH GRANTS MANUAL, PARTS 13-3, pp.1-4,
PARTS 13-4, pp. 1-3.

USE OF GENERAL HEALTH GRANTS

Federal grants for general health purposes may be used for any activity of the state health department but may not be used without specific approval by the Public Health Service for preparation of plans, construction, remodeling or purchase of buildings; for rental of public owned buildings; for hospitalization other than cancer patients for diagnostic purposes; cancer surveys and basic research in cancer; supplementing the salary of the executive officer of the state agency; transportation of cancer patients; or expenses of civil defense activities, without specific approval, for which other grant-in-aid funds are available. Requests for using general health funds for these purposes may be submitted to the Public Health Service, however, for consideration, with sufficient justification for such use, preferably prior to the intended expenditure.

In addition to those restrictions, there are also prohibitions on the use of Public Health Service grants such as, for instance, for maintenance or purchase of sanitoria, hospitals, or institutions for tuberculosis, heart disease, or mentally ill patients; or for cancer patients beyond a 3-day period for diagnostic purposes; supplementing the salary of Public Health Service employees assigned to states; palliative or terminal care for cancer or heart disease patients; administering the hospital construction program; dues for membership of an individual in any society or organization; drugs for heart disease therapy (exclusive of drugs for prophylaxis in rheumatic fever and subacute bacterial endocarditis; expenses of central administrative departments of state and local governments with the exception of merit system agencies (e.g., state purchasing office, treasurer's office, attorney general's office); or for matching contributions for grant funds of the Federal Civil Defense Administration.

Federal grants for general health purposes may be used for the cost of the specific programs (e.g. for mental health, heart disease control, VD control, and cancer control) including administrative and generalized services supporting the specialized programs; for training of personnel; for salaries, fees, an d travel of personnel administering the specialized programs or providing consultative, instructional, or direct services to individuals under the state plan; necessary supplies, equipment and other expenses incident to the specific programs, and cost of the central administrative and generalized services rendered to the specialized programs.

USE OF FEDERAL GRANTS FOR MENTAL HEALTH

These grants may be used for the cost of specialized programs including administrative and general services supporting the apecialized programs; and for training of personnel; for salaries, fees, and travel of personnel administering the specialized programs or for providing consultative, instructional, or direct services to individuals; for necessary supplies, equipment and other expenses incident to the specialized program; and for cost of the central administrative and generalized services rendered to the specialized program. But these funds may not be used for all training of personnel, but only for those persons who are engaged in community mental health programs or out-patient treatment clinics.

USE OF FEDERAL GRANTS FOR HEART DISEASE CONTROL

These grants may be used for specialized programs, etc., just as are the grants for mental health, except that there are no limitations on the use of the funds for training personnel as in the case of funds for mental health.

USE OF FEDERAL GRANTS FOR TUBERCULOSIS CONTROL

Federal and state matching funds may be used for tuberculosis prevention and case finding only, but because treatment of the known cases of tuberculosis is one of the primary means of preventing the spread of tuberculosis, treatment services other than those involving purchase of care in hospitals are allowable costs. These funds may be used for direct expenses of casefinding and prevention, including public health education and information and for studies and investigations and for program direction and administration in the organizational unit of the health department or unit responsible for TB casefinding and prevention.

These funds may not be used for purchasing hospital care, for general public health training, for the training of personnel for providing hospital and sanitoria case for personnel, fiscal or general administrative services, for central administration in general.

USE OF FEDERAL GRANTS FOR VENEREAL DISEASE CONTROL

These funds may be used for the cost of the specialized programs, etc., as in the case of the grants for mental health (supra) and heart disease control (supra), and specifically may be expended only for in-patient treatment facilities, out-patient treatment, diagnostic and laboratory services, projects for demonstrating proven control techniques and projects for developing new control techniques, and for payment of fees to private physicians or non-profit institutions for the diagnosis and referral to rapid treatment facilities for treatment of persons with syphilis in infectious stages.

USE OF FEDERAL GRANTS FOR CANCER CONTROL

These funds may be used for the cost of specialized programs, including administrative and general services supporting the specialized programs; and for training of personnel; for salaries, fees, and travel of personnel administering the specialized program or for providing consultative, instructional, or direct services to individuals; for necessary supplies, equipment and other expenses incident to the specialized program; and for cost of the central administrative and generalized services rendered to the specialized program.

These funds may also be used for purchasing in-patient hospital care for diagnostic purposes for a period up to three days. Federal projects funds may be used, however, also for special demonstrations, investigations, and studies in the methods and techniques of casefinding, diagnosis, and control of cancer.

USE OF FEDERAL GRANTS FOR HOSPITAL SURVEY AND PLANNING

These funds may be used for necessary salaries, travel, supplies, equipment and other expenses incurred by the state agency in publicising purposes and procedures of the survey, acquiring, distributing and collecting schedules to inventory existing facilities; evaluating the need for additional facilities; evaluating the need for existing facilities; developing a state-wide hospital construction program; extending a personnel administration system to those employees engaged in survey and planning activities; supervising hospital survey and planning activities. Funds may also be used to pay per diem and travel of members of the state advisory council in attending council meetings. Not more than 15% of the cost for hospital survey, planning and construction activities administration may be paid from these funds, the rest to be paid out of state funds.

USE OF FEDERAL GRANTS FOR WATER POLLUTION CONTROL

These funds may be used only for salaries, travel and necessary supplies, equipment and other expenses in connection with the conduct of investigations, research, surveys and studies related to the prevention and control of water pollution caused by industrial wastes. They may be used for part of the project cost for specific training of personnel in techniques for research on water pollution control caused by industrial wastes. General health funds may also be used for water pollution control. No state matching funds are required.

USE OF FEDERAL PUBLIC HEALTH GRANTS FOR CIVIL DEFENSE

These funds may be used for emergency medical, health and sanitation services, and for expenses of the department incurred in connection with the adjustment of its activities to the needs of the civil defense program, including changes which take place in the work load and program emphasis of established organizational units of the department and for the creation of new units within the department or under its control for coordinatingand directing and planning activities in relation to the general state or local civil defense program.

These funds are not normally available for paying the expense of civil defense activities located in and directed by a state or local defense agency nor for personnel performing such activities on loan or detail from the department of health, nor for purchasing supplies and equipment for stockpiling for civil defense purposes.

The Federal Civil Defense Act of 1950 authorizes financial aid to the states. Grant funds from the Public Health Service may be used for expenses incurred by State and local health departments to adjust health activities to civil defense needs. At the present time there are no provisions in Nevada for using grant funds for civil defense. In brief, there is no fund for this purpose in the specific sense but only potentially from other Public Health Service grants funds already made available for other specific purposes.

USE OF MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN'S SERVICES GRANTS

These funds may be expended through the Department of Health for (1) salaries and travel of personnel directly concerned with administering health services for mothers and children (or who are providing professional medical, dental, nursing, nutrition, or medico-social services to individuals cares for under these programs); (2) other personal services and travel of persons providing services specifically related to the health of mothers, children and crippled children; (3) biologicals and drugs to be used for mothers, children and crippled children; (4) applicances such as braces, artificial limbs, hearing aids, glasses, etc. for children receiving diagnostic or treatment services; (5) hospital, convalescent add foster care homes for mothers, children and crippled children;

(6) transportation of mothers, children and crippled children and of escorts and parents; (7) other expenditures directly related to these MCH and CC programs; (8) training of personnel; (9) rentals, alterations, repairs of buildings used, as justified in the "state plan"; and (10) participation in costs of employee benefit plans, retirement, systems, etc.

These funds may not be used for sanitation, laboratory work, and activities for which other special grant-in aid funds are available -- except in approved (by the Children's Bureau of the Public Health Service) demonstration projects. Nor may these funds be used to pay the salaries or travel of part time health officers; to pay individual membership dues in any society or organization; to pay for academic and vocational education of crippled children; to purchase land or to construct buildings; to purchase food except in connection with food provided with institutional care; to purchase clothing except for aprons and gowns for medical personnel at clinics and except for orthopedic shoes for crippled children; for payment of federal taxes on communications (e.g., telephone calls), refrigerators, gasoline, tires, etc.; and may not be used to pay any salary not in conformity with the merit system (personnel system) compensation plan.