# DOWNLOAD PDF A HISTORY OF THE NORTH CAROLINA STATE BOARD OF HEALTH, 1877-1925

## Chapter 1 : Full text of "A history of the North Carolina State Board of Health, "

*These pages provide links to individual documents in PDF format. You can easily save or print these documents for later use. To search the entire collection, visit the North Carolina History of Health Digital Collection database.*

Used by permission of the publisher. For personal use and not for further distribution. Please submit permission requests for other use directly to the publisher. Joyner, Additional research provided by David L. Cockrell, Andrew Hosfeld, David A. Norris, and Thomas C. Significant Infectious Diseases in North Carolina History The following infectious diseases caused serious damage to the lives and health of North Carolinians before the discovery of successful inoculations and vaccines. An acute form of fever that often damages nerves and is sometimes fatal, ague was present in North Carolina from colonial times until the s. The term was prevalent among early colonists, although ague and malaria shared many symptoms and were often mistaken for one another. In fact, little information exists that relates specifically to ague because the histories of the diseases are so intertwined. Early colonists coined the term "seasoning" to refer to cases of ague and similar diseases. Ague and malaria began to reach epidemic proportions among white colonists after the arrival of ships carrying infected slaves from Africa between and  In the twentieth century, records of ague cases became more accurate. The disease was prevalent on the coast and in the Piedmont , whereas infections were rare in the Mountains. By the s, enhancements in sanitary conditions and better medical treatment began to greatly lessen the threat of ague and similar diseases among North Carolinians. One of the dreaded diseases of both children and adults, diphtheria was present in nineteenth-century North Carolina. The disease is of bacterial origin, the toxin from which causes damage to the throat area with possible obstruction to the breathing passages and subsequent suffocation. Many cases described as croup before the germ theory of contagion were no doubt actually diphtheria, since it is one of the several infections that presents with a "croupy" cough. In diphtheria was listed in official records as the third most important cause of death in North Carolina. During there were 25, reported cases, with 1, deaths attributed to this disease. It was not until the early s that an effective vaccine for diphtheria was developed and not until that compulsory immunization for schoolchildren with the diphtheria vaccine was mandated by the General Assembly. By the early s diphtheria was rare, not only in North Carolina but nationwide, and antibiotics were available for those cases that did occur. An infectious disease of viral origin that is worldwide in distribution, influenza, or "the flu," was first described by Hippocrates , the "Father of Medicine," in B. About 29 pandemics were recorded between and  The causative virus of influenza was first isolated in , and a vaccine was developed in the s. The ability of the virus to shift susceptibility to the vaccine requires an annual change in its composition to ensure the inclusion of protection against the strains most likely to be encountered in that particular year. A major public health problem for decades, malaria was especially prevalent in coastal North Carolina during the early years of settlement. The disease is caused by a protozoan parasite named plasmodium. There are several varieties, all of which are transmitted from person to person by the bite of a female Anopheles mosquito. The year was a particularly bad one for malaria in North Carolina, probably due to an unusually mild winter with no killing frosts. Control of the disease was slow until , when the mechanism of mosquito transmission was identified. Following this discovery, efforts at mosquito control began to see results. In malaria was declared a reportable disease to the State Board of Health; a widespread attempt to obtain blood smears from persons in high-incidence areas was undertaken, and a concerted effort to drain swamps in these areas was intensified. Quinine became available for the treatment of malaria around , although the use of powdered cinchona bark, from which quinine was derived, had been used by the Spanish in Peru as early as and to some extent in the United States. Since , however, chloroquine has been the drug of choice, supplemented by quinine and related substances in resistant cases. Since North Carolina has reported only sporadic incidents of malaria, generally contracted by persons during travel to endemic areas in other parts of the world. A contagious viral infection, polio is manifested by an aseptic meningitis, often with paralytic results that may be permanent or, in the

worst cases, fatal. The disease affects both children and adults, but because of its frequent occurrence in small children, it came to be known as "infantile paralysis. Polio epidemics, occurring especially in the summer, struck terror into the hearts of American parents during the first half of the twentieth century. In , an especially bad year for North Carolina, 2, cases and deaths were reported. A special emergency polio hospital was set up in the Greensboro area since Guilford was the hardest hit county in the state. The National Foundation for Infantile Paralysis, whose annual fund-raising effort is called the " March of Dimes ," was founded on 3 Jan. In the prevaccine era, the so-called iron lung machine -a respirator device into which persons unable to breathe for themselves because of the effects of polio were placed and artificially ventilated-became a familiar sight in all hospitals treating polio patients. In a vaccine named after its developer, Jonas Salk, became available for injection. It was quickly put into general use across North Carolina, resulting in an almost immediate decline both in new cases and deaths from the disease. In North Carolina was the first state to add the polio vaccine to the list of immunizations mandatory for children. In the Sabin vaccine , an improved preparation that could be administered orally, was introduced and soon largely replaced the injectable vaccine. The virtual abolishment of this dreaded disease in households across the nation was one of the most dramatic medical success stories of the twentieth century. Also known as scarlatina, scarlet fever is a febrile illness accompanied by a characteristic red rash and sore throat caused by infection with a toxin-producing strain of Streptococcus bacteria. Before the discovery of penicillin, scarlet fever could only be treated symptomatically and allowed to run its course. To prevent its spread through household contact, strict quarantine was mandated by public health officials. Epidemics of scarlet fever were commonplace in North Carolina until the advent in the s of penicillin , which has been the drug of choice in treatment of this infection. Also known as variola, smallpox, one of the ancient viral illnesses of epidemic and endemic proportions, was introduced into the North American mainland by the earliest European settlers. By smallpox had become endemic among the North Carolina population, including the Indians of the region. Primitive efforts of quarantine and isolation were ineffective in preventing its spread, such as the virulent smallpox epidemic in Charlotte in  In Edward Jenner , an English physician, discovered that an inoculum derived from the cowpox virus, a similar but less potent pathogen, could prevent smallpox in humans. Yet many years elapsed before this type of vaccination became generally acceptable to the public, and many more years passed before it became mandatory. In Ashe County alone reported 70 cases of smallpox. Other North Carolina epidemics occurred in Charlotte in , in Salisbury in , and in Wilmington in  Compulsory smallpox vaccination in schools was required in Hyde County and a portion of Washington County in  The State Board of Health , created by the General Assembly in , led a decades-long battle to promote vaccination against smallpox. Following these important public health measures, the annual cases dropped to 3, by and continued to decline rapidly. The last death from smallpox reported in North Carolina occurred in , and the last reported case in the state was in  Due to the worldwide promotion of immunization by the World Health Organization , smallpox was eliminated as a health hazard, and consequently the requirement for smallpox vaccination in North Carolina was lifted in  Sometimes referred to as the "Great White Plague" and frequently called "consumption," tuberculosis was also introduced into North Carolina by the earliest English settlers. By the latter half of the nineteenth century, tuberculosis was the leading cause of death in the United States. Prior to the advent of antituberculosis drugs, the preferred treatment was institutional care in facilities located in a mountainous environment with pure, cool, and dry air. In North Carolina, Asheville became famous for its large number of private sanatoriums and consequently for the many physicians who specialized in the care of tuberculosis patients drawn to the area. Tuberculosis was made a reportable disease by the State Board of Health in  The first state-supported sanatorium opened near Aberdeen in April ; state-supported tuberculosis hospitals were later established at Wilson, Swannanoa, and Chapel Hill to permit full coverage across North Carolina. In , 1, people died from tuberculosis statewide. There was no effective medicine to treat the disease until the mids, when streptomycin was discovered and began to be used. Subsequently, a number of other antituberculosis drugs were introduced and usually used in combination for optimum treatment. Following the introduction of these drugs, the number of new cases

began to decline. By all county sanatoriums had been closed and the residual patients transferred to one of the state-supported institutions. In the early s tuberculosis continued to be a public health problem in North Carolina. The incidence of tuberculosis was again on the increase, especially among AIDS victims. Periodic skin testing as a means of tuberculosis case-finding remained part of careful medical practice. A bacterial infection depending in large part on contaminated water and food supplies for its transmission, typhoid fever was present in endemic proportions among the earliest settlers in North Carolina. Although the first description of epidemic typhoid fever was penned by Thomas Willis in , it was not until that the typhoid bacillus-the causative agent of the disease-was discovered. The first inoculations with a killed bacterial suspension began in , and the vaccine had a good measure of success during the World War I years of  After that, summertime clinics providing "typhoid shots" were commonplace across the state. A much more effective method of controlling this disease was the effort by public health departments to clean up water, milk, and food supplies. In the s municipal waterworks began to replace wells and public pumps in Raleigh , Charlotte , Wilmington , and Winston-Salem. After another half century, the outdoor privy had virtually disappeared. In there were still 8, to 10, cases of typhoid fever in North Carolina annually. In , when large-scale typhoid immunization programs went into effect, the number dropped to 3, cases and subsequently declined steadily; after fewer than 10 cases were reported annually. The first useful antibiotic for typhoid fever, chloramphenicol, was developed in ; this drug and new antibiotics were very helpful in controlling the disease. An infection caused by a Rickettsial organism transmitted by the bites of lice that have also infested rats, typhus was endemic among early North Carolina colonists, especially in port cities where ships containing many rats in the holds and among the cargo were coming and going. In , during the French and Indian War , a large number of refugees flocked to the Moravian settlement of Bethabara , resulting in an outbreak of typhus that took the lives of many refugees as well as Moravians. In , when 65 cases of typhus were reported in the state, the disease became a concern of public health authorities. A major effort was directed toward rodent control and rat-proofing of buildings; by , only 12 cases were reported, and none occurred by  Still a major health hazard in many Third World countries, yaws was a crippling disease for many North Carolinians in the late seventeenth and early eighteenth centuries. Yaws is contracted through infection by a spirochete, treponema pallidum, associated with primitive living conditions. It is transmitted by skin contact and manifests itself as pimples that, on sloughing off, leave mulberrylike growths of fungi. These tend to develop into malignant ulcers that may cover the body, attacking especially glands of the armpits, groin, throat, palate, and soles of the feet. Believed to have been imported into the American colonies on slave ships from Africa and the West Indies, yaws caused many North Carolina victims to lose their noses and palates. Physicians treated yaws by the same methods used against venereal syphilis, the symptoms of which were nearly identical. The disease appears to have largely disappeared by , although a prominent physician claimed to have found it in coastal areas of the state at the beginning of the twentieth century.

## Chapter 2 : Chapter One â€" NC State Board of Education

*Search the history of over billion web pages on the Internet. Full text of "A history of the North Carolina State Board of Health, ".*

In the General Assembly empowered the Commissioners of Navigation in the various seaports to appoint port physicians and to assist the justices of the peace in enforcing maritime quarantine laws. Throughout much of the nineteenth century, the legislature continued the practice of appointing special commissioners to oversee the operation of other health laws but made no provision for a state agency to promote and enforce public health laws. Following the Civil War, many states established boards of health that eventually evolved into modern public health agencies. In its enabling act, the State Board of Health was charged with caring for the health of the citizenry by investigating the sanitary and environmental conditions related to the causes and prevention of disease, especially epidemics, and with disseminating information on health matters to the public. The board was to report its activities and recommendations to the governor and through him to the legislature. County medical societies affiliated with the State Medical Society were to be constituted as county boards of health and placed under the general direction of the State Board of Health. The proposed cooperation between the state and county boards was intended to create a uniform system of health and sanitation throughout the state. However, the General Assembly appropriated only one hundred dollars to establish this health system; and the existence of the State Board of Health was nominal. In the General Assembly reconstituted the state board with provisions that six of its nine members were to be elected by ballot of the Medical Society from among its active membership and that three members, including a civil engineer, were to be appointed by the governor. Gubernatorial appointees were to serve two-year terms, along with two of the Medical Society representatives. Of the remaining representatives, two were to serve terms of four years, and two were to serve terms of six years. The state board was to elect a president for a two-year term and a secretary-treasurer for a six- year term, with the latter officer also functioning as a salaried chief administrator. An important innovation in the act was the requirement that each county establish an auxiliary board of health and each board elect a local physician to serve as superintendent of health. The secretary of the state board was charged with maintaining a supply of fresh vaccine viruses for issuance to the county superintendents in the event of an outbreak of small pox, and the county superintendents were required to vaccinate all who applied, all prisoners, inmates of public institutions, and school children. The state board also was charged with investigating outbreaks of diseases and issuing informational bulletins to help prevent or to check the spread of diseases. County superintendents were charged with performing autopsies, attending to the health needs of prisoners and inmates of public institutions, and collecting vital have local unsanitary nuisances corrected. In the event of epidemics in the port areas, the state and local boards were to render all possible aid to assist the quarantine officers. In the General Assembly enacted legislation intended to insure the annual registration of vital statistics through the state board. This act required persons listing their taxable property with the county to fill out an additional form prepared and furnished by the state board, in order to capture information such as marital status, births and deaths, causes of death, and infectious disease within the family. However, this registration system does not appear to have been implemented. By the early s, the Medical Society and the county superintendents of health were advocating stronger public health laws. The state board responded by calling for a general health conference to convene in Raleigh in January and to involve officials of state, county, and municipal governments, as well as physicians, lawyers, merchants, and other prominent citizens. The conference produced a bill that was presented to the General Assembly and was subsequently passed. The public health law of was a milestone in providing citizens with better protection against contagious diseases and generally strengthening regulations both at the local and the state levels. The duties of the state board were expanded to include annual inspection of all public institutions, including the State Penitentiary and convict camps under state jurisdiction. The state board was charged with ascertaining

that inland waters were safe sources of domestic water supply, and with advising institutions, towns, and corporations regarding sanitary treatments of water supplies and sewage. Local officials were obligated to submit plans for treatment plants to the state board for approval. The state board was also authorized to regulate common carriers that transported infected persons or the bodies of those who had died of an infectious disease. During epidemics, the state board was authorized to issue regulations to protect the public health in all areas of the state lacking organized local boards of health and to impose penalties as necessary, enforcable by local justices of the peace. By the same law, the composition of the state board was changed to five gubernatorial appointees and four appointees of the Medical Society. The president and secretary of the State Board of Health were made ex officio members of the quarantine board in charge of the facility. The state board and the governor were both authorized to disburse funds for operation of the station. During the last decade of the century, the state board was beginning to develop into the statewide system envisioned by its early leaders. Standing committees gradually evolved into the following bureaus: In the General Assembly passed additional legislation to protect public water supplies from contamination, and the State Board of Health was charged with instructing local health boards and water company inspectors on the procedures for sampling and inspection. All suppliers of public water were required to adhere to standards and regulations established by the state board, and each watershed used as a water supply was to be inspected no less frequently than every three months. In the General Assembly directed the state board to superintend monthly biological analyses and quarterly chemical analyses of each public water supply, including watersheds. Under the law, all field inspectors were required to distribute information on sanitation as supplied by the municipal health officers or the state board. With a legislative appropriation of only six hundred dollars, the state lab required financial assistance from the Department of Agriculture to perform such functions as testing and analyzing samples from public water supplies and other sources significant in the maintenance of public health. In the General Assembly stipulated that each water company pay an annual fee, whether or not analyses of its water were conducted by the state lab. This income, combined with legislative appropriations, made it possible to reorganize the lab and to secure a full-time director in under the supervision of the State Board of Health. In separate legislation, the legislature authorized the board to offer preventive treatment of rabies, providing free services to those unable to pay. Costs were to be met by the occasional transfer of funds from the state lab. In the same year, the General Assembly appropriated funds for the establishment of the North Carolina Sanatorium for the Treatment of Tuberculosis. The sanatorium was opened in in an area now known as McCain in Cumberland County reformed as Hoke County in  Administration of the facility was first vested in a board of directors composed of twelve members appointed by the governor and the secretary of the State Board of Health. The legislature stipulated in that the president of the State Board of Health be elected from the membership of the board to serve for six years and that the secretary be elected from and by the registered physicians of the state, also for a term of six years. Under the law, the secretary was designated by the new title of state health officer and was required to devote full time to public health work. Several months after the installation of the first state health officer, philanthropist John D. Rockefeller donated one million dollars to a campaign to eradicate hookworm disease in the South. In an assistant secretary was appointed to the state board to direct a Hookworm Commission, also known as the North Carolina Campaign Against Hookworm Disease. Subsequently, the state board formed the Bureau of Hookworm Eradication to continue the efforts of the campaign. The bureau placed a director and assistant in each rural community to examine its residents, treat those infected, and insure that residents maintained sanitary privies and reduced soil pollution. These efforts proved successful in reducing the incidence of the disease and exemplified a more modern approach to county health work. The state board was also required to issue bulletins statewide in the event of a dangerous outbreak of disease. To support these expanded duties, the state board established a Bureau of Sanitary Engineering and Education. The public health law provided that county sanitary committees be granted the status of local boards of health and accorded greater regulatory authority. In the General Assembly had replaced the county boards of health with sanitary committees. Consisting of the chairman of the county

commissioners, the mayor of the county seat, the county superintendent of schools, and two physicians, the local board was required after to hire either a full-time county health officer, or a part-time physician who treated patients in local institutions. In the General Assembly enacted a law providing for the statewide registration of births and deaths, including information on the causes of deaths. Based on a model prepared by the U. Bureau of the Census, the law represented a substantial strengthening of one passed in requiring towns with populations of one thousand or more to submit reports of vital statistics. The law had been followed so inconsistently that the Bureau of the Census would not accept North Carolina as a reliable source of statistics until for deaths and for births. The law provided for a central Bureau of Vital Statistics under the jurisdiction of the State Board of Health, with the secretary of the board serving as the state registrar of vital statistics. With the establishment of the bureau, over a thousand local registrars were appointed by county commissioners. The Bureau of Hookworm Sanitation was terminated by the state board in , but its work was continued by the Bureau of Rural Sanitation. The bureau encouraged county boards to solve their own rural sanitation problems. However, counties that could not afford a full-time health officer could contrct with the state board to assist in introducing the principles of health and sanitation to the area and in promoting measures to reduce the incidence of specific infectious diseases, such as typhoid fever. In an administrative reorganization by the State Board of Health resulted in three new divisions: The Bureau of Medical Inspection of Schools soon identified poor dental health as the most prevalent health problem among school children. Lectures and oral hygiene demonstrations were introduced in public schools throughout the state, and volunteer dentists organized portable clinics in schools or other facilities. In the General Assembly also charged the state board with responsibility for the sanitary conditions and the hygienic care of prisoners in state prisons, local jails, county prison camps, and all other places of confinement. Previously, the state board had only been responsible for annual inspections and for making recommendations on sanitation. In the General Assembly authorized the state board to regulate the construction and maintenance of privies and to establish an inspection system to enforce minimum standards. Later, the General Assembly created a system of sanitary districts to be supervised and advised by the state board with the support of the Bureau of Sanitary Engineering. The majority of its support was from federal funds approved for the promotion of the welfare of mothers and infants. In the General Assembly transferred control of the North Carolina Sanatorium for the Treatment of Tuberculosis from the State Board of Health to its own independent governing board composed of gubernatorial appointees. The General Assembly also enacted a law to improve the sanitary conditions under which bedding materials were manufactured and to regulate their marketing practices. Subsequently, the state board established a unit to administer the law. The General Assembly of provided for collection of revenue to go into the Bedding Law Fund for related administrative costs. In Governor O. During that period the board underwent various organizational and administrative changes, including consolidation and renaming major programs as divisions instead of bureaus. Among the immediate changes, the Division of County Health Work and Epidemiology was formed from two previously separate bureaus, and it was eventually renamed the Division of Epidemiology. The most dramatic change occurred when the General Assembly abolished the state board and terminated the service of all board members. Terms of the state health officer and a new board were set at four years, and board terms were staggered to end at two-year intervals. Unexpired terms could no longer be filled by the board; the governor and the executive committee of the Medical Society would fill unexpired terms among their respective appointees. The selection of the state health officer could become effective only after approval by the governor, and the term of service was limited to four years. In the dental care program was established as a separate Division of Oral Hygiene and expanded its efforts to educate the public preventive dental care. In the early s the Division of Preventive Medicine took responsibility for school health services, health education and information, and maternal and child health services. Later in the decade, they initiated a nutrition program offering consultation services to local health departments, schools, and other institutions requesting services. In the state board established a Division of Industrial Hygiene using allocations from both the General Assembly and the U. During the s the Division of Epidemiology expanded

its programs in several new areas. In the division began to emphasize the control of malaria by encouraging accurate reporting of the disease, identifying high incidence areas, supporting the drainage of swamps in those areas, and promoting community wide sanitation projects financed by Works Progress Administration WPA funds. The division also stressed the control of syphilis, an effort stimulated by an annual donation of one hundred thousand dollars for ten years from the Reynolds Foundation and a grant from the U. Toward the end of the decade, a new section of the division was established to promote the detection and treatment of venereal disease, and treatment clinics were established in participating counties. Within several years, there were monthly clinics throughout the state to diagnose and register cases. Funds were for general hospital care and treatment, convalescent care, and the purchase of orthopedic appliances. The program worked in cooperation with other state hospitals, particularly with the North Carolina Orthopedic Hospital in Gastonia. By almost 20, crippled children had been registered.

## Chapter 3 : North Carolina - HISTORY

*Excerpt from A History of the North Carolina State Board of Health, North Carolina State Board of Health, Raleigh, North Carolina, The two main sources of information regarding public health work in North Carolina are the Biennial Reports of the State Board of Health and the Transactions of the State Medical Society.*

A State Convention in sought a central location for an "unalterable seat of government. His home became such a popular stop with travelers through the region that Lane built a tavern and helped erect a log church, the Asbury Meetinghouse. This small settlement, known as Wake Courthouse or Bloomsbury, was the predecessor of the town of Raleigh. Raleigh was surveyed and planned by William Christmas in April , with Union now Capitol Square reserved for the statehouse in the center, from which the principal streets radiate. Streets were named for the eight state districts--each identified by the name of its principal city--for the commissioners and for other prominent citizens. A brick statehouse was constructed according to the instructions of the commission of legislators. When it was completed in , Raleigh was said to be a "city of streets without houses. State Capitol building, completed in Photo courtesy of North Carolina Division of Archives and History Destructive fires occurred in , and  In the last fire, the brick statehouse was destroyed. In a three-day celebration, with parades, orations and balls marked the completion of the new State Capitol. In , the city limits were extended approximately three blocks on all sides from the original one square-mile boundary. Although there was Union sentiment in Raleigh, a celebration occurred when the State convention voted to secede from the United States on May 20,  Troops were encamped around the city and Gen. View high resolution map by clicking here. Photo courtesy of Library of Congress, Geography and Map Division, digital id gr pm An birdseye view of the City of Raleigh right shows the arrangement of the community shortly after the Civil War. The commercial section emerged along Fayetteville Street, just south of the State Capitol. Foundries, factories and warehouses were located near the tracks on the north and west sides of town. The remaining spaces inside the city limits were occupied with boarding houses, private residences and three hotels inhabited by poor and wealthy, black and white, young and old. Proximity to surface transportation spelled success for merchants in the form of shops and warehouses, stables and hotels. City alderman established streetcar lines and community leaders enlarged churches. Businessmen endeavored to make Raleigh a prosperous city before the turn of the 20th century. From its founding in , until the municipal water works went into operation, Raleigh depended on springs, wells and cisterns for its water supply. The Raleigh Water Works complex, built in at the block of Fayetteville Street, was designed by civil engineer Arthur Winslow. Filtered water was fed to the 2,, gallon holding reservoir. A inch main carried water to the city and elevated storage was provided by a water tower. By the early s, the water supply system had expanded to cover the entire city. The electrified streetcar in the capital city did not materialize until , but for five years before this, mule-drawn, open-sided vehicles ran short routes in the square mile. In the s and s, streetcars, street lighting and the power for newly located textile mills were the only uses to which electricity could be applied. Streetcars were a handy and relatively inexpensive justification for electrification requiring only a few large motors and auxiliary equipment plus the cost of generators and trunk lines. A new Power House was constructed about to power the electric streetcar system and a new streetcar garage was built in , where cars were stored and repaired. The electric streetcar revolutionized transportation technology. Traversing and skirting the central business district, the tracks opened up a suburban ring and enabled the electric trains to travel fast, about four times faster than the horse-drawn systems they replaced. The Peace Institute was incorporated in as a Presbyterian-affiliated school for young women. One of the earliest public education facilities in Raleigh was the N. School for the Blind and Deaf  An agricultural and industrial college, the N. Agriculture Experiment Station, was founded in  The Oakwood neighborhood borrowed its name from the nearby cemetery and was the first district in Raleigh solely created to be an exclusive residential suburb. Many prominent citizens built and lived in the fine one-and two-story, frame and brick Victorian style dwellings

reflecting the primarily middle-class tastes of the era. Residents of the neighborhood were employed in the banking and law firms in the central business district, the local and state governments, and the educational facilities. Oakwood remained a bastion of the middle class through the early 20th century. Laborers and skilled workers were also drawn to Raleigh in search of employment. The domiciles that were constructed by and for them are typical of those found throughout the Southern region of the country. The construction of hospitals, schools, churches and residences added diversity to the urban fabric. Textile production and railroad traffic were expanding in Raleigh. New tall office buildings of seven and 10 stories began to tower above the 19th century two- and three-story stores downtown. From to the tallest building besides the foot-high water tower had been the Briggs Hardware Building , a four-story, red brick, flat-roofed, commercial building with stamped metal trim. In , the seven-story Masonic Temple became the first building in the state to utilize new technological changes and innovations that were completely modernizing the traditional structure and arrangement of the building industry. Designed by South Carolina architect Charles McMillan, the stone-faced building of reinforced concrete and steel exemplifies skyscraper architecture begun in Chicago in the s which continued as a type into the midth century. With a utility infrastructure firmly entrenched, water, electricity and inexpensive transportation provided better living conditions. Proximity to utilities permitted industrial endeavors to locate in or near the city limits. The surface transportation and a centralized, semi-skilled urban labor force were additional incentives to attracting textile mills in the final decade of the 19th century. Professionals such as educators, attorneys, physicians and entrepreneurs were enticed to the city as growth in commerce, health care and education increased.

## Chapter 4 : North Carolina Department of Health and Human Services - Wikipedia

*A history of the North Carolina State Board of Health, / [by Benjamin E. Washburn].*

Department of Human Resources [ edit ] This section needs expansion. You can help by adding to it. The DHR was created in as an umbrella to consolidate what had been more than free-standing state agencies. The first Secretary of Human Resources, Dr. Lenox Baker , was appointed by Governor Robert W. Most of its functions were transferred back to the DHR in , when the agency was renamed the Department of Health and Human Services. ACS was to complete the design by the summer of , though the contract was terminated in July for delays. ACS filed a lawsuit against the state for wrongful work termination , and the civil court case was settled in January , with ACS agreeing to install an additional software suite to help Medicaid generate savings. One of his first actions was to create a zero-tolerance policy for patient abuse. Morgan filed an ethics complaint against Cansler, alleging a conflict of interest when Cansler awarded a no-bid HHS contract to one of his former lobbying clients, Carolinas Center for Medical Excellence. The claim would be dismissed early the next year. Disability Rights North Carolina further reported that people were dying as they waited to be assessed for services. About one of the passed laws, WRAL wrote "federal rules require Medicaid to be managed by a single state agency. S would give the final say in Medicaid appeals to an administrative law judge, not to DHHS, the agency administering the grant. In August , Cansler announced that DHHS would find it "next to impossible to achieve this budget," noting that the relatively long federal approval process for budget cuts might make the April deadline untenable. Cansler explained that without legislative approval of cuts granted in a timely manner, to meet the deadline DHHS would "have to make additional reductions," [10] including potentially cutting services defined as "optional" such as podiatry , dental care , organ transplants and hearing aids. Among other budgetary missteps, the audit claimed that the computer system had been altered after final approval, leading to unexpected changes in the software. DHHS announced in December that it might cut adult services like hospice care and mental health care. As a result, the press reported that disabled but mentally sound North Carolinians could be institutionalized or made homeless. Reimbursements for physicians were also put on the cutting block, though as of January , the federal government had approved less than half of the 54 rate cuts proposed by DHHS. At the time the press described a growing "political fight" on how to fill the budget hole, with "no signs of a solution". The new plan, according to DHHS, made most applicants eligible for long-term care, though some "4, people who now receive services in long-term care facilities will have to find alternative arrangements. Gray, the head of the state Medicaid program, in June The audit criticized DHHS for its lack of record keeping and management concerning various funds, among other budgetary problems. Wos released her responses to the audit, agreeing on all points with the auditor, including the conclusion that DHHS had consistently exceeded budgeted amounts for administrative costs due to lack of oversight. Accenture had previously run into budget issues with other contracted state systems. Wos defended the work contracts, arguing the higher rates were an effort to attract talent and avoid turnover, and that the hires were "an integral part of our effort to deliver more efficient, effective services. The backlog reached about 24, cases by January The first deadline was set as February 10, and required the resolution of the "longest-delay cases. Please update this article to reflect recent events or newly available information. The department announced the system was working "effectively" by July At the time, the state was the "largest state that has not moved from a fee-for-service system to capitated payment. Brajer was praised for the development from lawmakers such as Senator Tommy Tucker , who had previously been vocal in criticizing the department.

## Chapter 5 : A history of the North Carolina State Board of Health, - ECU Libraries Catalog

*Additional Physical Format: Online version: Washburn, Benjamin Earle, History of the North Carolina State Board of*

*Health, Raleigh, North Carolina State Board of Health,*

## Chapter 6 : North Carolina Literary Map

*Title / Author Type Language Date / Edition Publication; 1. A history of the North Carolina State Board of Health, 1.*

## Chapter 7 : Early History-- Raleigh: A Capital City: A National Register of Historic Places Travel Itinerary

*The North Carolina History of Health Digital Collection consists of books, journals, reports, bulletins, minutes, proceedings, and histories covering topics in medicine, public health, dentistry, pharmacy, and nursing, dating from to the present.*

## Chapter 8 : NC Cosmetic Arts

*Benjamin Earle Washburn, A History of the North Carolina State Board of Health, (). Jane Zimmerman, "The Formative Years of the North Carolina Board of Health, ," NCHR 21 (January ).*

## Chapter 9 : Infectious Diseases- Part II: Significant Infectious Diseases in North Carolina History | NCpedia

*North Carolina followed suit in when the General Assembly constituted the entire membership of the Medical Society of North Carolina as the State Board of Health. The Medical Society accepted the state's challenge and planned to appoint an executive committee to act on behalf of the board.*