

A Historical Perspective...

With the understanding that a healthy merchant marine was vital for economic prosperity and a strong national defense, President John Adams signed into law in 1798 an act which provided medical relief to merchant seamen. A monthly deduction from the seamen's wage was used to furnish medical care for the seamen in existing hospitals or to build new hospitals. The medical care of sick seamen remained the major function of the Marine Hospital Service until 1878.

In 1799 Boston became the first city to establish a Board of Health. Paul Revere was appointed as chairman which established him as the first Health Officer in the nation.

Between 1800 and 1850 epidemics of smallpox, yellow fever, cholera, typhoid, and typhus spread over the United States. In 1849, Dr. Charles McSherry, along with his wife and son, settled in Muskegon making him this area's first physician. In addition to the above mentioned afflictions, Muskegon's most prevalent diseases during this time included malaria, ague, diphtheria, and industrial accidents occurring at the lumber mills.

From 1861-1865 many physicians served in the Civil War. One regimental surgeon, Dr. Henry Baker, returned to Michigan after the war to face diseases such as measles, whooping cough, scarlet fever, typhoid fever, smallpox and cholera. Residents were also frequently injured or died from arsenical wallpaper and explosive illuminating oils used for lighting.

In 1870, Dr. Baker advocated for a State Board of Health with little success. In 1871 he convinced a few other physicians, including Dr. Ira Bartholomew, to join his cause. In 1872 Dr. Bartholomew was elected to the legislature and introduced a bill establishing a State Board of Health. Despite opposition, it was signed into law on July 30, 1873, making Michigan the fifth state in the nation to create such a service.

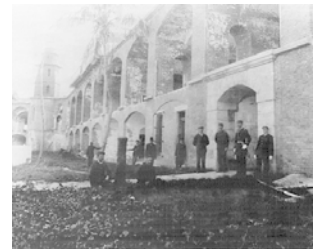
The new State Board of Health was assigned the duties of studying vital statistics, conducting sanitary investigations into the cause of diseases, advising the government on health matters related to public or institutional buildings, and recommending hygiene standards for schools throughout the state. Perhaps most challenging for the new Board, was the fact that their creation came at a time when the germ theory of disease had yet to gain recognition.

In 1878, the prevalence of epidemic diseases such as smallpox, yellow fever, and cholera spurred the U.S. Congress to enact a law to prevent the spread of contagious and infectious diseases into the nation, and later between states.

The Marine Hospital Service inherited this new task of controlling epidemic diseases through quarantine, disinfection measures, and immunization programs throughout the nation. Because of the broadening responsibilities, its name was changed to the Public Health and Marine Hospital Service and again to just the Public Health Service.



The first Marine Hospitals were in port cities along the East Coast. As trade routes expanded inland towards the Great Lakes, so did the Marine Hospitals. (c. 1860)



Public Health Service officers in front of a quarantine hospital in Florida (c. 1895).



Immigrants coming into the United States were given a health inspection by Public Health Service physicians (c. 1910).

A Brief History of Public Health in Muskegon County

In Michigan in 1878, the State Board of Health was focused on quarantine for smallpox, scarlet fever, and measles and had just begun to investigate water supplies, typhoid fever, and dysentery. In an effort to educate residents, the Board began holding sanitary conventions throughout the state to convince people of the importance of clean water and the fight against germs.

Another major effort began in 1878 as the State Board of Health began organizing city, village, and township boards of health with active health officers in an effort to make a larger impact on sanitary conditions in the state. The City of Muskegon was the first in the county to pass a local ordinance on December 15, 1879 to establish a City Board of Health.



Public Health Service
Officers (c. 1912)

The newly developed City Board of Health was established with the goal of preserving and promoting the health of its inhabitants and was limited only by the laws of the State and the needs of the City. It was organized around 10 sections of responsibilities focused on controlling infectious disease. These duties gave the City Board of Health power to not only investigate threats and detain hazardous persons, but also to take possession of any property when a nuisance exists that could be injurious to public health. Physicians were also required to report certain infectious diseases to and infected persons were prohibited from socializing about the city. Burial of persons deceased as a result of certain infectious diseases was also closely monitored. It was not only the duty of the City Board of Health but also the Marshal and all Police Constables to enforce the ordinance to prevent violation.

As the nation entered the twentieth century, the roles and importance of public health continued to expand. While much emphasis was on improving sanitary conditions in the early 1900s, concern about prevention and treatment in addition to isolation of communicable disease gained attention.

During World War I, the concept that healthy soldiers were necessary for a strong national defense was revisited. A high rate of prospective servicemen were found to be unfit for performing military duty because of syphilis infection. Therefore, in 1917 the State Board of Health began testing men for free. Also in 1917, a law was passed authorizing the formation of health districts composed of townships and villages.

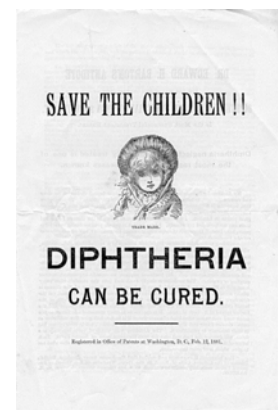


As sailors and soldiers fell ill, doctors puzzled over the mystery illness they were confronting.

As World War I raged on, soldiers from all sides found a larger enemy in influenza. The Influenza Pandemic of 1918, the Spanish Flu, sickened approximately 20 to 40 percent of the worldwide population and killed over 20 million people. Approximately 500,000 deaths from the flu occurred in the U.S. alone between September 1918 and April 1919.

Shortly after recovering from the Influenza Pandemic, Michigan faced further devastation as its diphtheria death rate became the highest in the world. To combat this disease, the state began producing and distributing free vaccines for the control of communicable disease.

Muskegon area physicians spent a great deal of time addressing tuberculosis during the 1920s. During this time, the Muskegon County Tuberculosis Association was founded. In addition to obtaining the services of tuberculosis nurses and establishing a permanent free clinic, the Association campaigned to pass a county ordinance to build a local sanitarium. Thanks to two thousand posters distributed throughout the



county stating “Save Lives, Vote Yes, County Tuberculosis Sanitarium, April 8th,” the ordinance passed. Christmas Seal sales were used to fund the associations various efforts.



By 1923 public health had been in Michigan for 50 years and its attention had begun to include not just communicable diseases, but also chronic and noninfectious diseases such as goiter. In 1924 Michigan was known as the goiter state. An investigation found that iodizing salt nearly eliminated the disease.

The Establishment of the County Health Department...

In 1927 counties were given the authority to establish local health departments. Muskegon County would wait another 10 years before the establishment of a local health department in 1937. Area physicians opposed the formation of a county health department for various reasons. In addition to fearing that it would take business away from the family physician, they also believed that a politically appointed Health Officer would be bound to the interests of the politicians and lose sight of public health needs.

Ultimately, they thought that the County’s lack of funds would prevent the formation of a health department, however in October of 1937 a part time Health Officer, Dr. Charles Eckerman, and two nurses were appointed to serve as Muskegon County’s first Health Department.

The Health Department floundered for the next six months, as the County and the area Medical Society disagreed about its role. In 1938 all parties concurred the Health Department’s primary objectives should be education and administration rather than treatment. A new full time Health Officer, Dr. Rube J. Harrington, was appointed. Harrington had previously served on the City of Muskegon Board and was the City Physician for fourteen years. In his new role as Health Officer, he set out to stimulate every physician in Muskegon County to practice preventive medicine.

During the 1940s several public health advancements were made, such as the creation of mobile x-ray units, production and distribution of blood products, fluoridation of water supplies, and testing for hearing and vision impairments. Again during wartime, emphasis was placed on reducing venereal diseases such as syphilis and gonorrhea.



This WWII ad informs soldiers about a new drug that cures gonorrhea. (c.1944)

The postwar decades were very successful in terms of the development of medical technology. A variety of vaccines were developed and improvements were made in communicable disease testing. During the 1950s Michigan’s children were among the first in the nation to receive the polio vaccine. Emphasis returned to environmental concerns , such as wastewater control, air pollution, and solid waste disposal in the 1960s. In addition, exploration into how environmental pollutants impacted human health began.

New concerns emerged in the 1970s and 1980s. Alcoholism and drug abuse were quickly becoming a health threat, therefore, programs for treatment and prevention were developed. Human Immunodeficiency Virus (HIV) appeared and shattered a growing belief that medical science and technology would protect us from wide spread epidemic diseases. In the meantime, occurrence of chronic diseases such as heart disease and cancer continued to grow.

As the 1990s began, new leadership took office in Michigan and placed little importance on public health for the next ten years. By the end of the decade, the Michigan Department of Public Health had been dismantled. Public health programs were redistributed to the newly created Department of Community Health, the Department of Environmental Quality, and the Department of Agriculture. In addition, the State privatized the vaccine production division by putting it up for bid in 1998.

Future Considerations...

As the twenty-first century begins, public health professionals are faced with finding ways to maintain the progress made in improving public health over the past 200 years while at the same time tackling new, and sometimes re-emerging, public health threats.

At present, the nation is menaced by the uncertainties regarding terrorism via biological warfare. Local public health departments will serve a vital role in preparing for and responding to biological threats should they materialize. The Health Department is and will continue to be responsible for monitoring disease activity, examining water, air, and food supplies, as well as organizing the community's medical response.

Communicable diseases that were once quelled have grown resistant to treatment due to antibiotic overuse. In addition, communicable diseases new to the United States, such as West Nile virus, have appeared and caught an unprepared public health system, nationwide, off guard.

Historically, chronic diseases have been ignored. Thanks to vast accomplishments in the management and treatment of communicable diseases, the development and utilization of new technologies, and dramatic shifts in lifestyle choices over the decades, chronic diseases have reached a heightened level of awareness. Six of the top ten current leading causes of death in Muskegon County can be attributed to chronic diseases.

Aside from the above mentioned concerns, attention must be paid to protecting our environment, reducing and eliminating health disparities, addressing mental health, improving the quality and safety of life, reducing violence and crime, and increasing access to health care.

In order to continue protecting and promoting health, governmental public health infrastructure must be repaired and strengthened. In 2002 the Institute of Medicine recommended that all levels of government work toward reforming state public health law. They also recommended local government develop strategies to ensure and support public health worker competency, prioritize leadership training, and recognize communication as a critical core competency of public health practice.



West Nile virus is transmitted by mosquitoes. It sickened 504 and killed 41 Michigan residents in 2002.

Public Health Timeline

- 1873 The State Board of Health is established.
- 1878 The State Board of Health began organizing city, village and township boards of health.
- 1917 A law passed authorizing the formation of health districts composed of townships and villages.
- 1919 The State Board of Health was abolished and replaced by a State Council of Health.
- 1927 County Boards of Supervisors were given the authority to establish local health departments.
- 1958 City and county health departments located in the same county were encouraged to consolidate so as to provide better health services to the public.
- 1963 The Constitution of Michigan includes a declaration that “the public health and general welfare of the people of the state are hereby declared to be matters of primary public concern. The legislature shall pass suitable laws for the protection and promotion of the public health.” (Art IV, Sec. 51)
- 1965 New legislation made it mandatory that all Michigan counties establish a health department. That same year 120 state agencies were consolidated into 19 and given the name Michigan Department of Public Health.
- 1973 The Michigan Department of Public Health commemorated the 100th anniversary of the presence of Public Health in Michigan by holding a conference. The attendees were assigned the task of providing the Governor with a charge for dealing with the current and future public health challenges.
- 1978 After five years of work initially begun at the centennial conference, the Michigan Public Health Code was signed into law.

The Michigan Public Health Code

In 1978 the Michigan Public Health Code was passed by the Legislature and signed by the Governor. The “Code” establishes a State/Local system to carry out the responsibility to protect and promote public health. The Code establishes the Michigan Department of Public Health with the following responsibility:

“Pursuant to section 51 of article 4 of the state constitution of 1963, the department shall continually and diligently endeavor to prevent disease, prolong life, and promote public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and agencies and health service delivery systems; and regulation of health care facilities and agencies and health delivery systems to the extent provided by law.” – Act 368 of 1978 as amended, Sec. 2221 (1)

The Michigan Department of Public Health’s charge in the Public Health Code is:

“Pursuant to this code, the department shall promote an adequate and appropriate system of local health services throughout the state and shall endeavor to develop and establish arrangements and procedures for the effective coordination and integration of all public health services including effective cooperation between public and nonpublic entities to provide a unified system of statewide health care.” – Act 368 of 1978 as amended, Sec. 2224

The Public Health Code requires every county to provide for a local health department. County Boards of Commissioners are required to organize county or district health departments:

“Except if a district health department is created pursuant to section 2415, the local governing entity of a county shall provide for a county health department which meets the requirements of this part, and may appoint a board of health.” – Act 368 of 1978 as amended, Sec. 2413

The Public Health Code charges the local health department with the same basic responsibilities that are given to the State:

(1) “A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health delivery systems; and regulation of health care facilities and health services to the extent provided by law.”

(2) A local health department shall:

- (a) Implement and enforce laws for which responsibility is vested in the local health department.
- (b) Utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.
- (c) Make investigations and inquiries as to:
 - (i) The causes of diseases and especially epidemics.

(ii) The causes of morbidity and mortality.

(iii) The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.

(d) Plan, implement, and evaluate health education through the provision of expert technical assistance or financial support, or both.

(e) Provide or demonstrate the provision of required services as set forth in section 2473(2).

(f) Have powers necessary or appropriate to perform the duties and exercises given by law to the local health officer and which are not otherwise prohibited by law.

(g) Plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both.

(3) This section does not limit the powers or duties of a local health officer otherwise vested by law.” – Act 368 of 1978 as amended, Sec. 2433

The Muskegon County Board of Commissioners has responded to this mandate by establishing the Muskegon County Health Department as a department of Muskegon County government. Each year, through the budget process and through contracts established with the State, the Board of Commissioners determines which programs and services will be established and maintained to respond to the legal requirements to prevent disease, prolong life, and promote the public health of the citizens of Muskegon County.

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