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PUBLIC

HEALTH

LLOYD E. ANDERSON, Chairman
WILLIAM L. BRUNNER, Vice Chairman
NEVA ELLIOTT, Secretary

George Burnie
Mrs. A. T. Damskov
John H. Forriaga
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Sylvia Nemer
John W. Sonderer
Stanley N. Swan

W. C. MERRELL
Executive Secretary
227 8411 ext. 339

HOME RULE CHARTER COMMITTEE
of
MULTNOMAH COUNTY

Room 384 Multnomah County Courthouse
1021 S. W. Fourth Avenue
Portland, Oregon 97204

MINUTES

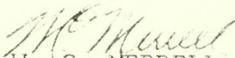
Meeting of Sub-Committee on Public Health
April 27, 1965

The Sub-Committee on Public Health met at 12 noon on Tuesday, April 27, 1965, in Room 384, Multnomah County Courthouse. The following members were present:

Mrs. Arnold Damskov - Chairman
Mrs. Sylvia Nemer

The sub-committee reviewed all its work from the beginning to the present, developed conclusions and tentative recommendations to the committee as a whole, and concluded they would submit their report to the Home Rule Charter Committee on May 11, 1965 outlining the organizational aspects of the medical services of Multnomah County for a proposed charter.

The meeting adjourned at 1:30 p.m.


W. C. MERRELL
Executive Secretary

WCM:md

W. C. MERRELL, Chairman
E. B. STEPHENSON, Vice-Chairman
WETA ELLIOTT, Secretary

George Borne
William L. Brunner
Mrs. A. T. Damskov
Martin A. Fitzgerald
Alden Krieg
Sylvia Nemer
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MINUTES

Meeting of Sub-Committee on Public Health
April 1, 1965

The Sub-Committee on Public Health met at 4:00 p.m. on Thursday, April 1, 1965, in Room 384, Multnomah County Courthouse. The following members were present:

Mrs. Arnold Damskov - Chairman
Mrs. Sylvia Nemer
William Brunner

The Sub-Committee on Public Health reviewed all of its findings to date and discussed the desirability of a joint meeting with the Sub-Committee on Welfare.

The next meeting was scheduled for 12 noon on Wednesday, April 7, 1965, to further review tentative recommendations to the committee as a whole.

The meeting adjourned at 4:50 p.m.


W. C. MERRELL
Executive Secretary

WCM•md

HOME RULE CHARTER COMMITTEE
of
MULTNOMAH COUNTY

George Birnie
William L. Brunner
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MINUTES

Meeting of Sub-Committee on Public Health

March 25, 1965

On Thursday, March 25, 1965, Mr. Richard E. Hatchard, Director of the Air Quality Control Division of the Portland Health Bureau, appeared before the chairman of the public health sub-committee and testified as follows.

Air pollution is a separate problem from water pollution. As contrasted from water pollution, air pollution has no sewage to carry away the waste materials. Air pollution does not follow a geographical boundary as streams and rivers do, and municipal boundaries have no governing effect.

The State of Oregon has seen air pollution as a local problem rather than as a state problem in spite of the fact that the state has jurisdiction by statute. The state possesses the powers and the authority and sets the minimum standards. Local jurisdictions have been encouraged to enter the field, and the City of Portland is the only municipal jurisdiction within the metropolitan area that has done so. The state has the police powers of enforcing air pollution, and, if the local governments do not carry out these responsibilities, the State Sanitary Authority has the responsibility to act within its resources.

The federal government has encouraged local governments to enter the field of air pollution by providing seventy-five percent of the costs on air pollution surveys. The time limit on any survey, however, will not extend beyond twelve months. The federal government is in the position to make grants for operations after the survey period.

About a year ago, the Chairman of the Board of County Commissioners of Multnomah County tried to establish a six county regional approach to air pollution problems. There were problems of organization and finance. The City of Portland was not invited to participate in the compact, and financing was not readily forthcoming from some of the counties. Accordingly, the six county regional approach to air pollution problems has come to naught.

The City of Portland has a budget for their Air Quality Control program of \$60,000 in the current fiscal year. They have five field men in this city program. They anticipate \$117,000 in their budget for the next fiscal year.

Mr. Hatchard feels that the city has an excellent program within their budgetary limitations, and this program should in all likelihood be expanded outside the city limits to get the greatest good of the program for all of the inhabitants of the community. The city program has been in effect since February of 1964, and the ordinance was produced by the unusual cooperative action of the Associated Oregon Industries, the staff of the Portland Bureau of Health, and the Oregon State Sanitary Authority. Mayor Schrunk has indicated the hope of the city council that these efforts will be considered the nucleus of a regional effort towards the airshed type of program, and that it is highly important that such a regional organization be initiated at the earliest practical time.

In his keynote address to the Pacific Northwest International Section of the Air Pollution Control Association, Mayor Schrunk on November 5, 1964 said, "We cannot continue to experience several millions of dollars of property loss each year because of soiling, corrosion, depreciation of land, and other undesirable effects. In a region where tourism is our third largest industry, we cannot continue to hide our magnificent mountains in a pall of smoke and air pollution. We must reverse the trend. We can accomplish these ends - it will take several years and it will require support of the public along with industrial and commercial groups." Mr. Hatchard discussed Senate Bill 242, currently being considered by the legislature, authorizing the governing bodies of cities and counties to enter into contracts and agreements, and establishing the rules for regional air quality control programs.


W. C. MERRELL
Executive Secretary

WCM:md

D. V. McCALLUM, Chairman
C. B. STEPHENSON, Vice-Chairman
NIVA ELLIOTT, Secretary

W. C. MERRELL
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MINUTES

Meeting of Sub-Committee on Public Health

March 18, 1965

The Sub-Committee on Public Health met at 10:30 a.m. on Thursday, March 18 1965, at Multnomah County Hospital. The following members were present:

Mrs. Arnold Damskov - Chairman
Mrs. Sylvia Nemer

The sub-committee heard an explanation from Dr. Jarvis Gould, Administrator of the hospital, of the history and operation of the hospital and the agreement with the University of Oregon Medical School. The sub-committee then toured the hospital.

The next meeting of the sub-committee was set for 4 o'clock p.m. Thursday, April 1, 1965.


W. C. MERRELL
Executive Secretary

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MINUTES

Meeting of Sub-Committee on Public Health

March 4, 1965

The Sub-Committee on Public Health met at 4:00 p.m. on Thursday, March 4, 1965, in Room 384, Multnomah County Courthouse. The following members were present:

Mrs. Arnold Damskov - Chairman
Mrs. Sylvia Nemer
William Brunner

The sub-committee heard an explanation from Dr. Meador of the City of Portland Health Department of the city's health program and his views on a consolidated city-county health department.

The next meeting of the sub-committee was set for 10 o'clock a.m. Thursday, March 18, 1965.

The meeting adjourned at 5:30 p.m.


W. C. MERRELL
Executive Secretary

WCM:md

D. V. McCALLUM, Chairman
C. B. STEPHENSON, Vice-Chairman
NEVA ELLIOTT, Secretary

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MINUTES

Meeting of Sub-Committee on Public Health
February 17, 1965

The Sub-Committee on Public Health met at 1:00 p.m. on Wednesday, February 17, 1965. The following members were present:

Mrs. Arnold Damskov - Chairman
Mrs. Sylvia Nemer

The sub-committee met and made a visitation to the Public Health Building at 122nd and Glisan Streets, Edgefield Manor, and Edgefield Lodge. Each of these activities were toured in company with the official in charge.

The next meeting of the sub-committee was scheduled for 4:00 p.m. Thursday, February 25, 1965, and the Executive Secretary was instructed to invite Dr. Meador of the City of Portland Health Department to meet with the sub-committee.

W. C. Merrell
W. C. MERRELL
Executive Secretary

WCM:md

D. V. McCALLUM, Chairman
C. B. STEPHENSON, Vice-Chairman
NEVA ELLIOTT, Secretary

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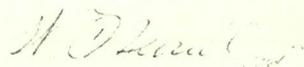
Meeting of Sub-Committee on Public Health
Friday, February 12, 1965

The Sub-Committee on Public Health met at 12 noon on Friday, February 12, 1965. The following members were present:

Mrs. Arnold Damskov - Chairman
Mrs. Sylvia Nemer
Mr. William Brunner

The sub-committee met with Mr. Clarence R. Bradford, Administrative Assistant in the Division of Public Health of Multnomah County. The meeting consisted of a briefing on the organization and operation of the Public Health Department.

The next meeting was scheduled for Thursday, February 18, 1965 at 12 o'clock noon for a field trip of the members to the Public Health institutions.



W. C. MERRELL
Executive Secretary

WCM:md

PRELIMINARY REPORT ON PUBLIC HEALTH

Public Health in Oregon is statewide in scope and direction. In the main, the health laws in Oregon are contained in the Oregon Revised Statutes and in the regulations of the State Board of Health. An understanding of the organization in Multnomah County requires an understanding of the state's organization.

State Board of Health. The State Board of Health is a board of nine members, eight of whom are appointed by the Governor. One member is required to be a dentist, one member must be a pharmacist, and the remainder must be physicians.

State Health Officer. The eight members of the Board of Health appointed by the Governor elect a secretary who by virtue of the election becomes a member of the Board of Health and becomes its executive officer.

Advisory Board. The State Board of Health appoints an advisory board on Public Health, and this board consists of six members composed of one registered nurse, one optometrist, one chiropractor, one veterinarian, one professional engineer, and one podiatrist.

Powers and Duties. The Board of Health has almost unlimited powers in the field of Public Health. They have the authority by statute to make rules and regulations and to enforce these rules and regulations. These rules and regulations have the force and effect of law, and local officers of both cities and counties have the obligation to carry them out. The State Health Officer has authority to take direct charge of a city or county whenever local officials neglect or refuse to enforce either the statutes on health or the rules and regulations of the Board of Health. The Board of Health alone is designated as the state agency to apply and receive grants from the federal government for public health purposes. The Board of Health controls the merit system of county health department employees.

Local Board of Health. The Board of County Commissioners is the County Board of Health ex-officio and is authorized to appoint a public health advisory board to advise the governing body on matters of public health.

Permissive Legislation. When authorized by a majority of the voters of the county, the governing body may appoint a County Board of Health consisting of one member of the county governing body; one member of the administrative school board, the county school board, or the intermediate education district board; the mayor of the largest city of the county (which has not withdrawn from participation); one physician; one dentist; two others; and in counties in which a member of the State Board of Health is a resident, that member while he is a resident of the county and a member of the State Board of Health. The physician, the dentist, and the two other members are to be appointed by the member representing the county governing body, the member representing the school board, and the mayor of the central city. The County Board of Health is vested with all the powers and charged with all the duties that are vested in the State Board of Health insofar as they are applicable to the conditions and situations within the county. The board may adopt rules and regulations necessary to the performance of these duties, but it shall not adopt any rule or regulation not in compliance with the rules and regulations of the State Board of Health. It shall appoint a Public Health Officer who shall be a

physician licensed by the State Board of Medical Examiners and who shall serve as administrator for the County Health Board and act as Secretary and Executive Officer of the County Board of Health. Whenever any county governing body establishes a County Board of Health, city boards of health in such counties shall be abolished, and the County Board of Health shall have charge of all health activities in the county except that any city having a population of 100,000 (Portland) may elect to maintain a separate Board of Health under existing laws.

Legal Questions. It would appear that the reference to "when authorized to do so by a majority of the voters of the county" is in reference to a referendum by the Board of County Commissioners. There is a likelihood that this would be equally applicable as a part of charter content. The reference to "any city having a population of 100,000 . . . may elect to maintain a separate Board of Health" would appear to be a decision of the city council, and that decision could be overridden only by initiative or referendum. General counsel should be asked to clarify this point if the sub-committee desires.

Multnomah County Division of Public Health. The overall functions of the Division of Public Health are those of service to the entire community dealing in every phase of public health. The division consists of approximately 100 employees, each assigned to a specific section, covering maternal and child health, control of communicable disease, mental health from child referrals to family counseling, inspection and licensing of all food handling establishments, inspection and approval of all plumbing and sewage disposals, recording vital statistics, etc.

Mental Health. This section has made tremendous growth since its inception about three years ago, and now has a staff of 12 full time employees and 15 part-time psychologists and psychiatrists. During the calendar year of 1963, approximately 7,000 appointments were made for office visits, and approximately one-half of these visits were for the diagnosis and treatment of children. Community needs are constantly increasing with activities now extending to Public Welfare, the Juvenile Court, School District #1, and the Community Child Guidance Clinic in addition to the regular county referrals. The employees of this section work with the Public Health Nurses in follow-up care of patients released from the State Mental Hospitals, and a Parent-Teacher Education Center was instituted at the Parkrose-Sacramento School early in October of last year. An additional center is now open at Peninsula. With the prospect of the new project for emotionally disturbed children at Troutdale, the work of the Mental Health Section will be greatly increased.

Public Health Sanitation Section. The work of the Sanitation Section has greatly increased over the years. The staff now consists of 5 staff members with a supervising sanitarian. In 1964 the plumbing inspection was added to this section, and two plumbing inspectors were added to the staff. During 1963 this staff conducted 11,000 field investigations, made 17,000 inspections with approximately 4,500 office conferences and interviews. The law requires inspection of all eating and drinking establishments at least twice a year. Inspection of farm labor camps involve many visits and inspections in addition to assisting with water supply and sewage problems. Among the many services required of this section are rodent control, inspection and testing of water bathing places, inspection and sampling of school water supply, etc.

Public Health Survey Center. The City-County Survey Center has been in operation since 1944. The chest X-Ray program has been well accepted by the community, and two units annually take approximately 120,000 films. Over the years approximately one-third of the cases of tuberculosis reported have been discovered initially by a miniature film X-Ray.

A new program in Multnomah County is an effort at diabetes detection. The development of a piece of laboratory equipment which can automatically do blood chemistry with a high degree of accuracy at the rate of approximately 40 to 60 samples per hour makes it possible to do mass blood examinations at a cost comparable to the mass chest X-Ray program. Diabetes is best diagnosed early by a blood test following a meal containing a specific amount of carbohydrates. Pilot programs in other areas have indicated that as many as 9.5 previously unknown cases of diabetes were found per 1,000 people screened. \$9,000 was appropriated in the current budget for personnel and operating expenses of the diabetes detection unit.

Edgefield Lodge. At this moment Edgefield Lodge does not yet exist. The building that will house this facility was originally established as a tuberculosis pavillion but with the disappearance of tuberculosis, the facility was used as a convalescent hospital for patients transferred from the County Hospital. With the opening of the new convalescent wing in Edgefield Manor, this facility was closed and is scheduled to reopen this year as a treatment facility for approximately 40 emotionally disturbed children. The facility will fill a void in the community, for the two private institutions in the metropolitan area are unable to take care of all of the children in need of treatment. \$200,000 was appropriated in the budget of the current fiscal year for this residential treatment center of which approximately \$50,000 was scheduled for remodeling the building and \$150,000 for personnel and maintenance for the year.

Public Health Nursing. The Public Health Nursing Section consists of a staff of 31 public health nurses and 2 registered clinic nurses. During 1963 there were 2,900 home visits made in behalf of tuberculosis alone, and 5,600 tubercullin tests were given through the division. Each nurse has from 1,000 to 2,400 school children in her jurisdiction and they make regular visits to the schools, assist with vision screening physical examinations, etc. The Mental Health Program involves the attendance of a nurse at the School Guidance Committees of which there are 33 scheduled throughout the county. There is an ever increasing demand for bedside nursing, referrals from private physicians, hospitals, etc. An extensive venereal disease program is carried on through Rocky Butte Jail and the Juvenile Home. Pre-natal counseling and post-partum follow-up involve many visits and extend into the well child conferences which are held regularly throughout the county. During 1963 approximately 2,000 children under 6 years of age were visited in 5,000 home visits and 1,200 office visits.

Insect Control. The City Bureau of Insect Control is administered by the City Health Officer. Multnomah County has a contract with the city in which they share on a 50-50 basis the actual expenditures for mosquito control.

County Physician. The County Physician's office is physically located in the out-patient clinic at the University of Oregon Medical School. It is the admitting agency for the County Hospital and for Edgefield Manor. It also supplies medical care to welfare recipients and the medically indigent throughout the county. The patients are seen and treated either in the office or at home.

Edgefield Manor. Not too many years ago, Multnomah County operated a poor farm. When the depression ended, there was no longer any need for a poor farm. A building facility was in existence, however, and there was a need for care of our indigent elderly. Accordingly, the county established the Multnomah County Home and Farm which was a licensed nursing home caring for approximately 250 indigent elderly Multnomah County residents. Last year the Farm and the Home were divorced and made separate organizational entities. The name of the Home was changed to Edgefield Manor to get away from the connotation of a poor farm. At the same time the name was changed, a new wing was opened in this facility, licensed as a hospital, rendering physical and occupational therapy to approximately 15 elderly stroke victims preparing them to be self-sufficient, or nearly so, in taking care of their own needs.

The purpose of Edgefield Manor is to provide nursing home care for the aged and helpless, to provide a home for the aged who are unable to live alone and care for themselves, and to provide a rehabilitation section for the treatment of certain disabling conditions with the idea of restoring such people to health and self-care.

At the present time the facility cares for approximately 250 people with a ratio of about $2\frac{1}{2}$ men to 1 woman. The facility is under the supervision of a licensed nursing home administrator who has charge of the general operation of the institution under the Public Health Officer.

Chart I is the operational organization of the Division of Public Health.

Chart II is a functional organization chart of the Division of Public Health.

Appended hereto are copies of the statutes pertaining to the State Board of Health, the State Health Officer, the Local Boards of Health, and the powers and duties of the Local Health Boards. There are literally hundreds of statutes pertaining to Public Health, but their inclusion in this report would be redundant.

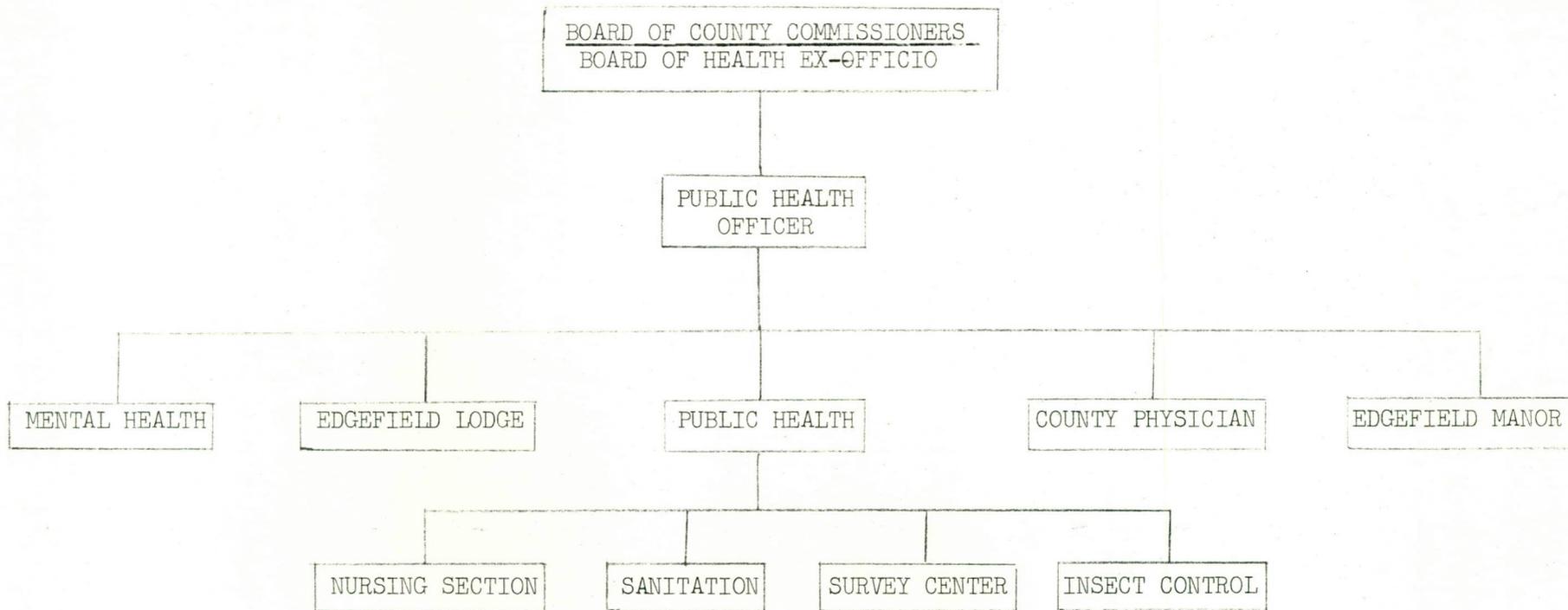


CHART I

BOARD OF COUNTY COMMISSIONERS
BOARD OF HEALTH EX-OFFICIO

PUBLIC HEALTH OFFICER

- 1. Enforces state health laws and rules and regulations of State Board of Health.
- 2. Carries out policies and directives of Board of County Commissioners.

MENTAL HEALTH SECTION

- 1. Diagnoses and treats mentally ill and emotionally disturbed indigents.
- 2. Gives follow-up care to patients released from State Mental Institution.
- 3. Provides treatment for inmates of Edgefield Lodge.

EDGEFIELD LODGE

- 1. Provides in-patient care for emotionally disturbed children.

PUBLIC HEALTH

COUNTY PHYSICIAN

- 1. Admitting officer for County Hospital and Edgefield Manor.
- 2. Provides medical care to indigents.

EDGEFIELD MANOR

- 1. Provides nursing home care.
- 2. Provides home for aged.
- 3. Provides rehabilitation therapy for disabling conditions.

NURSING SECTION

- 1. Makes home visits to ill.
- 2. Visiting school nurses.
- 3. Provides bedside nursing when needed and warranted.
- 4. Provides pre-natal counseling, post-partum follow-up.

SANITATION

- 1. Provides plumbing inspection and enforcement of plumbing code.
- 2. Inspects eating establishments.
- 3. Inspects farm labor camps.
- 4. Inspects public bathing facilities.
- 5. Inspects school water supply.

SURVEY CENTER

- 1. Conducts TB X-Ray detection.
- 2. Conducts diabetes detection.

INSECT CONTROL

- 1. City service under contract.

II - 30 - 6

CHART II

THE STATE BOARD OF HEALTH

431.010 The State Board of Health; membership; appointment; term; vacancy.

(1) There hereby is established the State Board of Health.

(2) The board shall consist of nine members, eight of whom shall be appointed by the Governor, with the consent of the Senate, and one a secretary to be appointed by the board as provided in ORS 431.030.

(3) Upon the expiration of the term of any member, the Governor, with the consent of the Senate, shall appoint a new member for a term of four years.

(4) Any vacancy on the board may be filled by the Governor.

431.020 Qualifications of board members. (1) Seven of the members of the State Board of Health shall be physicians.

(2) One member shall be a dentist who has been actively engaged in the practice of dentistry in this state five years immediately prior to his appointment.

(3) One member shall be a registered pharmacist who shall also be a member of the Board of Pharmacy.

(4) All members shall be selected for their especial fitness.

431.030 The State Health Officer; election; removal. (1) At the first meeting, or as soon thereafter as a competent and suitable person can be secured, the board shall elect a secretary, who shall, by virtue of such election, become a member of the board and its executive officer.

(2) The secretary shall be officially known as the State Health Officer, who shall be a regularly graduated and reputable physician.

(3) The State Health Officer shall hold his office so long as he faithfully discharges its duties. He may be removed for just cause at any meeting of the board, a majority of the members voting in favor of removal.

431.070 Public health advisory board. The State Board of Health shall appoint a public health advisory board for terms of four years, the terms to expire annually on February 1. The first appointments shall be for terms of one, two, three and four years as designated by the state board in making the appointments. The advisory board shall meet regularly to advise the state board on matters of public health. The advisory board shall consist of:

(1) One registered nurse licensed by the Oregon State Board of Nursing who has had public health training or experience.

(2) One optometrist licensed by the Oregon State Board of Examiners in Optometry.

(3) One chiropractor licensed by the State Board of Chiropractic Examiners.

(4) One veterinarian licensed by the Oregon State Veterinary Medical Examining Board.

(5) One professional engineer licensed by the State Board of Engineering Examiners.

(6) One podiatrist licensed by the State Podiatrists' Examining Board.

[1961 c.723 §1]

431.080 to 431.100 [Reserved for expansion]

ENFORCEMENT OF HEALTH LAWS AND REGULATIONS; DUTIES OF STATE HEALTH OFFICER

431.110 General powers and duties of State Board of Health. The State Board of Health shall:

(1) Have direct supervision of all matters relating to the preservation of life and health of the people of the state.

(2) Keep the vital statistics of the state.

(3) Make sanitary surveys and investigations and inquiries respecting the causes and prevention of diseases, especially of epidemics.

(4) Have full power in the control of all communicable diseases.

(5) Have authority to send the State Health Officer or a committee of the board to any part of the state when deemed necessary.

(6) From time to time, publish and distribute to the public in such form as the board determines, such information as in its judgment may be useful in carrying on the work or purposes for which the board was established.

(7) Biennially, before the third day of each January preceding the meeting of the Legislative Assembly, make a report to the Governor concerning the work of the board for the preceding biennium and containing such other information as the board considers to be of interest to the Governor, the Legislative Assembly or the public.

[Amended by 1955 c.105 §1]

431.120 Duties of State Health Officer.
The State Health Officer shall:

(1) Perform the duties prescribed by the statutes listed in ORS 431.130 or required by the State Board of Health.

(2) Keep a record of the transactions of the board.

(3) Have the custody of all books, papers, documents and other property belonging to the board, which may be deposited in his office.

(4) Communicate with the other state boards of health and with the county boards of health throughout the state and keep and file reports received from such boards, and all correspondence of the office appertaining to the business of the board.

(5) Prepare all blank forms for the State Board of Health and all subordinate boards of health.

(6) Give such instructions as may be necessary, and forward them to the various health officers throughout the state.

431.130 Rules and regulations of the board. (1) The State Board of Health shall, in accordance with the provisions of ORS

chapter 183, make such rules and regulations as, in its judgment, are necessary for carrying out ORS 146.030 to 146.060, 146.420 to 146.470, 146.560 to 146.590, subsection (2) of 276.990, ORS 357.810, 418.405 to 418.455, 418.505, 418.515 to 418.530, 431.010 to 431.060, 431.110 to 431.180, 431.310, 431.320, 431.410, 431.420 to 431.460, 433.005, 433.010, 433.105 to 433.155, 433.205 to 433.220, 433.230, 433.255 to 433.270, 433.705, 433.715, 434.260, 434.270, 437.010, 437.020, subsection (2) of 437.040, ORS 437.140, 437.410 to 437.550, 449.105, 449.125 to 449.135, 449.210 to 449.245, 449.325, 449.545, 449.575, 654.105 and 690.200, including rules and regulations concerning the control of venereal diseases and the care, treatment and quarantine of persons infected therewith.

(2) The State Board of Health may enforce the rules and regulations for the control of any of the communicable diseases by quarantining or by the adoption of such other reasonable measures as seem best for limiting the spread of communicable diseases and for the preservation of the public health.
[Amended by 1959 c.629 §5; 1959 c. 684 §2; 1961 c.725 §10; 1963 c.32 §1]

431.140 Effect of rules and regulations upon local and state officers and the public in general. (1) All rules and regulations made pursuant to ORS 431.130 and under ORS 446.600 and 446.660 shall be binding upon all county and municipal health officers and other persons affected by the statutes listed in ORS 431.130 and by ORS 446.510 to 446.660 and shall have the force and effect of law.

(2) All executive officers, including police officers, sheriffs, constables and all county officers and employes of the state, shall enforce such regulations subject to the authority of the State Health Officer.
[Amended by 1959 c.314 §21]

431.150 Enforcement of health laws generally. (1) The local health officers hereby are charged with the strict and thorough enforcement of the statutes listed in ORS 431.130 and of ORS 446.510 to 446.660 and subsections (4) and (5) of 446.990 in their districts, under the supervision and direction of the State Health Officer. They shall make an immediate report to the State Health Officer of any violation of the statutes listed in ORS 431.130 or of ORS 446.510 to 446.660 and subsections (4) and (5) of 446.990 coming to their notice by observation, or upon the complaint of any person, or otherwise.

(2) The State Health Officer hereby is charged with the thorough and efficient execution of the statutes listed in ORS 431.130 and of ORS 446.510 to 446.660 and subsections (4) and (5) of 446.990 in every part of the state, and with supervisory powers over all health officers, to the end that all the requirements are complied with.

(3) The State Health Officer may investigate cases of irregularity or violation of law, personally or by accredited representative. All health officers shall aid him, upon request, in such investigation.

(4) When deemed necessary, the State Health Officer shall report cases of violation of the statutes listed in ORS 431.130 or of ORS 446.510 to 446.660 and subsections (4) and (5) of 446.990 to the district attorney of the proper county with the statement of the facts and circumstances. When any such case of violation is reported to them by the State Health Officer, all district attorneys or officials acting in said capacity shall forthwith initiate and promptly follow up the necessary court proceedings against the parties responsible for the alleged violations of law.

(5) Upon request of the State Health Officer, the Attorney General shall likewise assist in the enforcement of the statutes listed in ORS 431.130 and of ORS 446.510 to 446.660 and subsections (4) and (5) of 446.990.

431.170 Enforcing rules and regulations when local officers are delinquent. (1) The State Health Officer shall take direct charge of any county or city whenever any county or city official neglects or refuses to enforce the rules and regulations of the statutes listed in ORS 431.130 or of ORS 446.510 to 446.660 or the peace officers of a county or city refuse to or are unable to enforce those rules and regulations when directed to do so.

(2) The State Health Officer may call to his aid such assistance as is necessary for the enforcement of the rules and regulations, the expense of which shall be borne by the county or city making the use of this procedure necessary, to be paid out of the respective county or city treasury upon vouchers properly certified by the State Health Officer.

431.250 Federal grants to be handled by State Board of Health; disbursement; planning; merit system. (1) The State Board of Health hereby is designated as the state agency to apply to and receive from the Federal Government or any agency thereof such grants for promoting public health and the prevention of disease, including grants for cancer control and industrial hygiene programs, as may be available to this state or any of its political subdivisions or agencies.

(2) For the purposes of subsection (1) of this section, the board shall:

(a) Disburse or supervise the disbursement of all funds made available at any time by the Federal Government or this state for those purposes, except the funds made available by the state for the care of dependent or delinquent children in public or private institutions.

(b) Adopt, carry out and administer plans for those purposes. Plans so adopted shall be made statewide in application in so far as reasonably feasible, possible or permissible, and shall be so devised as to meet the approval of the Federal Government or any of its agencies, not inconsistent with the laws of the state.

(c) Establish a merit system covering the employed personnel of district and county health departments engaged in the administration of public health laws, and promulgate rules and regulations necessary to establish and maintain such a merit system.

LOCAL BOARDS OF HEALTH

431.405 Purpose of ORS 431.405 to 431.510. It is the purpose of ORS 431.405 to 431.510 to encourage improvement and standardization of health departments in order to provide a more effective and more efficient public health service throughout the state.

[1961 c.610 §1]

431.410 Boards of health for counties and cities. The governing body of each county, and the governing body of each city, except where a regularly constituted board of health by statute or by ordinance of such city exists or may, by statute or ordinance, be created, shall constitute a board of health ex officio, for each county and city, respectively, of the state and may appoint a public health advisory board as provided in subsection (5) of ORS 431.412 to advise the governing body on matters of public health.

[Amended by 1953 c.189 §3; 1961 c.610 §2]

431.412 County board of health; formation; composition; advisory board. (1) The governing body of any county shall establish a county board of health, when authorized so to do by a majority of voters of the county at any general or special election, and may, if such authorization is made, establish a public health advisory board as provided in subsection (5) of this section.

(2) The county board of health shall consist of:

(a) One member of the county governing body selected by the body.

(b) One member of the administrative school board, the county school board or the intermediate education district board who resides in the county and is selected by the intermediate education district board and the mayor of the largest city of the county which has not withdrawn from participation under ORS 431.480.

(c) One physician who has been licensed to practice medicine in this state by the State Board of Medical Examiners.

(d) One dentist who has been licensed to practice dentistry in this state by the State Board of Dental Examiners.

(e) Two others.

(f) In counties in which a member of the State Board of Health is a resident, he shall be a member of the board while he is a resident of the county and a member of the State Board of Health.

(3) The members referred to in paragraphs (c) to (e) of subsection (2) of this section shall be appointed by the members serving under paragraphs (a) and (b) of subsection (2) of this section. The term of

office of each of such appointed members shall be four years, the term of one to expire annually on February 1. The first appointments shall be for terms of one, two, three and four years, as designated by the appointing members of the board.

(4) Whenever a county board of health is created under this section, such board shall be in lieu of the board provided for in ORS 431.410.

(5) The governing body of the county may, as provided in subsection (1) of this section, appoint a public health advisory board for terms of four years, the terms to expire annually on February 1. The first appointments shall be for terms of one, two, three or four years as designated by the governing body. The advisory board shall meet regularly to advise the county board of health on matters of public health. The advisory board shall consist of:

(a) One registered nurse licensed by the Oregon State Board of Nursing who has had public health training or experience.

(b) One optometrist licensed by the Oregon State Board of Examiners in Optometry.

(c) One chiropractor licensed by the State Board of Chiropractic Examiners.

(d) One veterinarian licensed by the Oregon State Veterinary Medical Examining Board.

(e) One sanitarian registered with the Department of Sanitarians of the State Board of Health.

(f) One other person who is well informed on public health matters.

431.415 Powers and duties of local health boards. (1) The district, county or city board of health is vested with all the powers and charged with all the duties that are vested in the State Board of Health in so far as they may be applicable to the conditions and situations within the area under the jurisdiction of the board.

(2) The district, county or city board of health shall adopt rules and regulations necessary to the performance of its duties but shall adopt no rule or regulation not in compliance with the rules and regulations of the State Board of Health.

[1961 c.610 §6]

431.416 Local departments of health; duties. The district, county or city department of health shall:

(1) Administer and enforce the rules and regulations of the board and of the State Board of Health and the health and sanitary laws of the state.

(2) Conduct activities necessary for the preservation of health or prevention of disease in the area under its jurisdiction.

[1961 c.610 §8]

431.418 Local public health officer; duties; term; salary. (1) Each district, county or city board of health shall appoint a public health officer who shall be licensed by the State Board of Medical Examiners and who shall be the health officer of the appointing board.

(2) The health officer shall:

(a) Serve as administrator for the district, county or city health board and shall, together with the staff appointed under paragraph (c) of this section, act as the district, county or city health department which he shall administer.

(b) Act as secretary and executive officer of the district, county or city board of health.

(c) Appoint with the approval of the appointing board, deputy health officers, public health nurses, sanitarians and such other staff as are necessary to the proper performance of his duties.

(d) Report to the board at appropriate intervals concerning the activities of the department and submit an annual budget for the approval of the county or city governing body. If the health officer is a district officer, he shall submit his budget to the governing bodies of the participating counties for approval.

(e) Act as official agent for enforcing state laws and rules and regulations of the State Board of Health including such sanitary inspection of hospitals and related institutions as may be requested by the State Board of Health.

(f) Perform such other duties as may be required by law.

(3) The health officer shall serve until such time as he may be removed by the appointing board or by the State Board of Health under ORS 431.420. He shall engage in no occupation which conflicts with his official duties and shall devote full time to his duties as health officer. However, if the health officer is appointed by a board created under ORS 431.410, the appointing board may require less than full time service. The health officer shall receive a salary fixed by the appointing board in conformance with appropriate merit rating and shall receive the actual expenses incurred in the performance of his duties.

[1961 c.610 §7]

431.440 Health officers have police powers. All district, county and city health officers shall possess the powers of constables or other peace officers in all matters pertaining to the public health.

[Amended by 1961 c.610 §11]

431.480 District or county board to supersede city boards; expenditure of funds obtained from city or school district. (1) Whenever any county governing body establishes a county board of health under ORS 431.412 or two or more counties establish

district board of health under ORS 431.414 city boards of health in such county shall be abolished, and such board of health shall have charge of all health activities in the county except that any city having a population of 100,000 as determined by the latest federal decennial census or more may elect to maintain a separate board of health under existing laws.

(2) Any city or school district in a county which established a board under ORS 431.412 or a district under ORS 431.414 may appropriate money to be expended for public health measures in such city or school district by the district or county board of health.

[Amended by 1961 c.610 §5]

431.490 [Repealed by 1961 c.610 §18]

431.500 [Amended by 1953 c.189 §3; repealed by 1961 c.610 §18]

432.030 Duties of State Registrar. The State Registrar:

(1) Under the supervision of the State Health Officer, shall have charge of the Bureau of Vital Statistics.

(2) Shall act as custodian of all certificates and records received by him, and perform such other duties as the board may prescribe.

(3) Is charged with the execution of this chapter and of the regulations of the board throughout the state.

(4) Shall have supervisory power over the local registrars and deputy local registrars.

(5) May investigate in behalf of the board all cases of irregularity or of violation of this chapter and of any regulations of the board.

(6) May submit to the legislature and the Governor an annual report of the administration of this chapter.

432.035 County and local registrars. The board shall appoint in each county a county registrar, and may, when convenient, appoint one or more deputy county registrars in any county; provided that so far as practical, the county health officer shall be appointed county registrar. The board may, where convenient, appoint local registrars and deputy local registrars in any county.

432.040 Duties of county and local registrars. The county and local registrars and their deputies shall:

(1) Comply with all instructions of the State Registrar.

(2) Check upon the compliance by others with the provisions of this chapter and with the regulations of the board.

(3) Make an immediate report to the State Registrar of any violation of this chapter or of the regulations of the board coming to their notice by observation or upon complaint of any person, or otherwise.

432.115 Issuance of certified copies. limitations. The State Registrar and county registrars shall, upon request, subject to ORS 432.120, furnish to any applicant a certified copy of the original certificates or any parts thereof, filed in his office, or permit their inspection. However, a certified copy of a copy of a certificate may not be issued, except that the county registrar shall certify or permit the inspection of any abstract of death certificate on file in his office.