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ANNUAL REPORT 1989

TEXAS DEPARTMENT OF HEALTH

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Commissioner of Health



FOREWORD

The task of compiling an annual report for the Texas Department of Health requires our reviewing many documents, summaries, charts and even news clippings. It ends when we print the items we believe characterized the year-long chain of achievements.

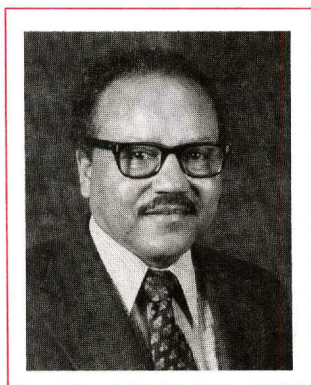
In the interest of readability, we do not attempt to summarize all of the department's operations. Rather, we try to acquaint the public with TDH's perspective on public health issues of greatest concern to the most Texans during the previous fiscal year. This narrative spans the period from September 1, 1988 to August 31, 1989.

Summaries in Section I, recounting the department's response to the state-wide measles epidemic, and other "highlights" illustrate aggressive programs in the public interest.

In Sections II and III, we describe in more detail TDH's role in protecting consumers from unsafe, unhealthful or fraudulent products.

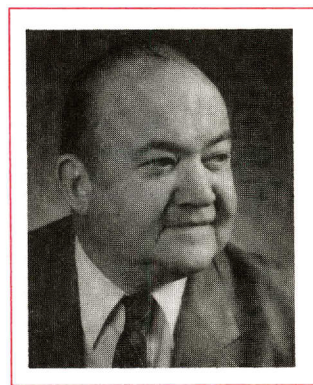
We invite anyone needing details about any program not included here to contact appropriate program personnel.

Thank you for your interest in the Texas Department of Health. We sincerely hope you will find this annual report helpful.



Frank Bryant, Jr.

Frank Bryant, Jr., F.A.A.F.P.
Chairman, Texas Board of Health



Robert Bernstein

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INTRODUCTION

The 1989 fiscal year (Sept. 1, 1988—Aug. 31, 1989) at the Texas Department of Health was one of diversity.

Near the close of one of the fastest-paced decades in the department's history, the year's agenda comprised a complex list of unfinished business, ongoing projects and emerging plans for the 1990s and beyond.

Urgent issues of the '80s, such as the AIDS crisis, a boom in the state's low-income people needing health care, and growing concerns about environmental health, had created the need for new programs and strained most of the department's resources. Continued funding restrictions, resulting from statewide economic woes, impaired some progressive measures to meet public demand.

Despite the many difficulties, however, TDH fulfilled its mandate to guard the public's health. In doing so, the agency relied heavily upon its staff expertise.

SECTION I

Highlights of the 1989 Fiscal Year

The highlights of TDH's 1989 fiscal year do not encompass, but rather suggest, the scope of TDH's commitment to prevent or lessen the threats to public health and safety in Texas.

Although the circumstances differed in each of the selected programs mentioned here, their combined efforts underscored the department's readiness in emergencies, its creativity under unique conditions and its adaptability to necessary change.

Measles

The role of the TDH Immunization Division in guarding the public from vaccine-preventable illness often goes unnoticed until something extraordinary happens. So it was in FY '89, when a series of measles outbreaks reached epidemic proportions in some densely populated areas.

The division oversees the availability of vaccines through local and regional health clinics, and promotes public compliance with laws governing required immunizations. It also detects vaccine-preventable disease outbreaks and coordinates efforts to control their further spread.

However, a major rubeola (red measles) outbreak began in Houston in November of 1988 (FY '89) and quickly spread statewide (see Appendix A, p. 31).

From the start of the Houston outbreak through the end of the fiscal year in August, TDH counted more than 2,800 cases of rubeola in Texas. Among those were nine deaths. The state had not experienced so many cases of the disease since a more severe epidemic in 1971, when 9,585 cases were reported.

The series of outbreaks reached epidemic proportions not only in Texas, but in other states as well. The Immunization Division staff attributed the resurgence of measles to several factors. The probable origin of some of the first infections was a large outbreak raging in Mexico, where perhaps as many as 2,000 patients may have died from the disease.

Many of the Texas patients were infants too young to have been immunized against measles, mumps and rubella (MMR) at 15 months old as recommended. Others were children not attending school or day care, where law requires proof of immunization against these and three other diseases (polio, diphtheria and tetanus).

Clearly, a large number of parents had neglected to ensure that their children were fully immunized. Even after repeated warnings through the media about the dangers of the disease, steadily more cases occurred among preschool children. In cities hardest hit by the measles emergency, public and private physicians began vaccinating children as young as 6 months.

Another factor in the spread of the disease was that— for reasons still unclear—many cases occurred among previously immunized high school and college-aged Texans who should have been immunized before entering the state school system.



These students contracting measles had, because of ineffective vaccine and other reasons, not developed full immunity. Therefore, some school and college health authorities began offering re-immunization to their students.

At the close of fiscal year, the measles outbreaks persisted, despite intensive control measures. The staff of the Immunization Division, after conferring with their counterparts in other states reporting similar outbreaks, as well as with national health authorities, were drafting new guidelines for immunization programs requiring two doses of the vaccine.

Although the measles emergency dominated public concern, the Immunization Division also watched reports for possible outbreaks of other vaccine-preventable diseases. Fortunately, there were no other large-scale outbreaks. For the fiscal year, there were isolated cases and small clusters of cases of mumps (325), rubella (40), and tetanus (4).

There also were 250 reported cases of pertussis (whooping cough) for which vaccination is recommended for children, but not required by law. No cases of polio or diphtheria were reported in FY '89.

Border Health Crisis

Even before the statewide measles outbreak of FY '89 began (see p. 4), TDH was already working to avert outbreaks not only of measles, but other vaccine-preventable diseases among some of the most vulnerable Texas residents.

For decades, along the Texas-Mexico border, numerous neighborhoods of unsanitary shelters, often without electricity, running water or sewer systems, had become home to growing numbers of poverty-stricken families. Called "colonias" in Spanish, these settlements lacked public health care services, including immunizations for their transient populations.

Beginning in FY '88, and in full operation in FY '89, TDH carried out the ambitious task of offering immunizations to the populations (more than 80,000) in some 450 colonias in the El Paso and South Texas border areas.

With federal funding, (\$100,000 initially) the program provided vaccinations of all types. The effort involved administration by the TDH Immunization Division and personnel from TDH regional offices and local health departments of South Texas and the El Paso City-County Health District.

The project called for conducting mobile clinics in each colonia, sometimes in the evenings, at convenient sites such as churches.

The services offered by each clinic were based on the area's most pressing needs, as defined through door-to-door surveys conducted earlier. In general, they offered immunizations against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, and Haemophilus influenzae Type b.

In addition to immunizations, the clinics also administered tuberculosis skin tests, since earlier research showed that the colonias contained more TB cases than did 19 states of the U.S.

The clinics were significant, not only as a way to lessen potential health hazards, but also because they were a long-needed introduction to public health care for many colonia residents.

By the end of August, the project had provided immunizations to more than 20,000 people in the colonias.

Because of the project's success, the federal Centers for Disease Control continued to fund the program in FY 1990. The measles outbreaks appearing statewide by mid-winter of FY '89 were partly fueled by the movement throughout the state of unimmunized, Mexican-born families. Since the immunization project was already in place in many potential carriers' points of entry, the project offered an important asset in controlling part of the contagion.



AIDS: The Epidemic Persists

Throughout FY '89, TDH's AIDS Division sought to improve its existing programs for controlling the spread of the human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS).

Since reporting of AIDS cases became mandatory in 1983, Texas has ranked high among the states with the most reports. At the start of FY '89, Texas ranked fifth, having counted some 4,921 AIDS cases (see Appendix B and C, p. 32). Of those, 2,935 already had died.

Science has not found a cure or vaccine to combat AIDS. Only recently have new drugs and treatments proved to slow the progress of HIV infection. Therefore, TDH's main strategy in fighting the disease has been to mount the most intensive disease prevention effort in the department's history. The bulk of that responsibility rests with the AIDS (now HIV) Division, in TDH's Bureau of AIDS (now HIV) and STD (Sexually Transmitted Disease) Control.*

The division's jobs include overseeing three kinds of public services: (1) education and prevention; (2) surveillance—information gathering—to track HIV's spread and its means of transmission; and (3) assisting community-based organizations in providing medical and social services to lower the costs of care.

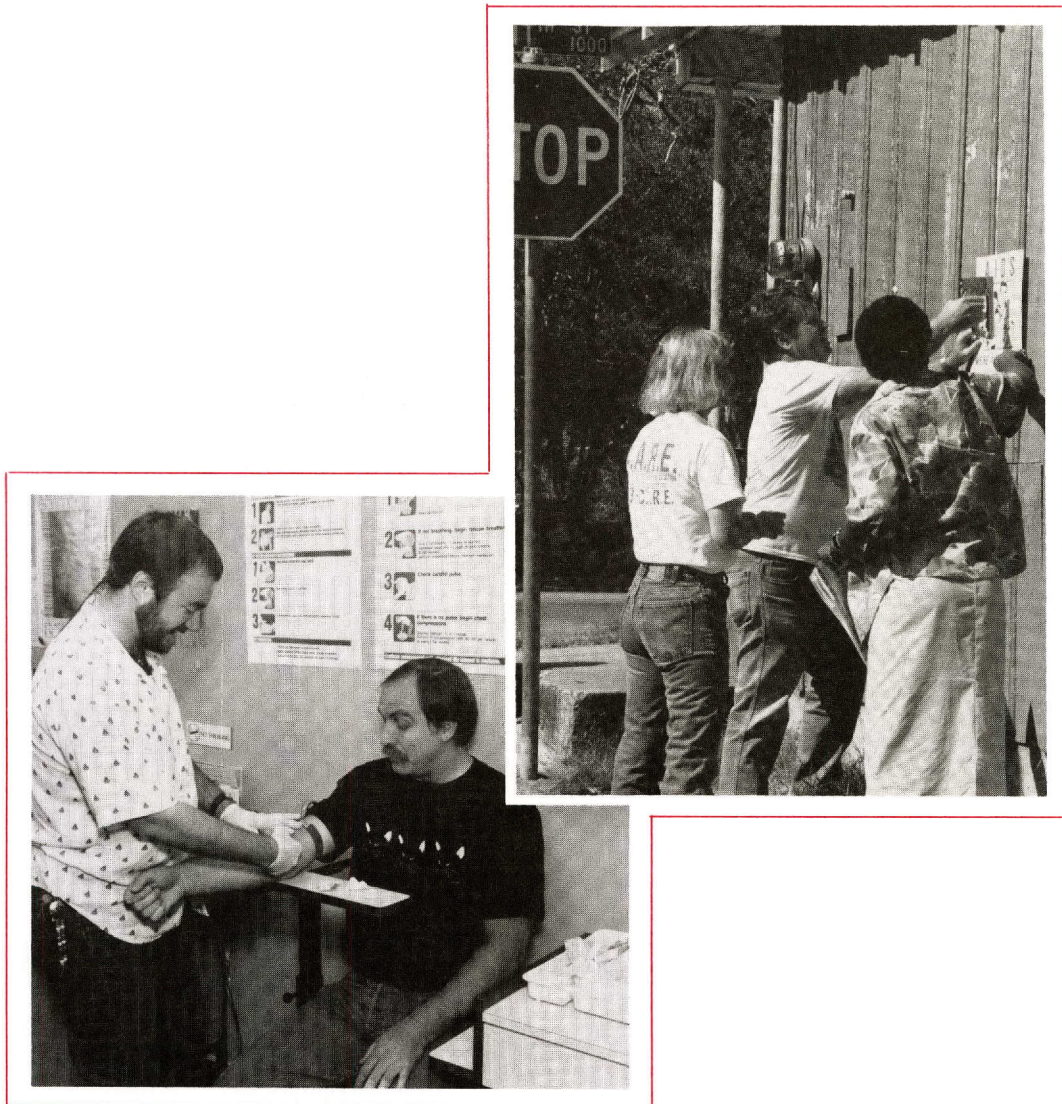
TDH received almost \$2.5 million in state funding and about \$11.9 million from federal sources for AIDS programs in FY 1989. Most of these funds paid for contracts with community organizations and local health departments providing basic services.

TDH used the remainder of the funds to operate an AIDS information telephone line and to provide laboratory testing, counselor training, grants administration, public information and more.

During FY '89 some 1.8 million individuals received at least one kind of AIDS-related service made possible by TDH funding.

Other 1989 activities included:

- The department continued operation of the State AZT Assistance Program administered through the TDH Pharmacy Division. The program helps low-income patients by paying for AZT (azidothymidine), the only drug federally approved specifically for treating AIDS symptoms.
- The AIDS Division conducted a year-long study to learn the characteristic symptoms occurring among children with HIV infections.
- Another study, measuring the prevalence of HIV infection among women of childbearing age, found that nearly one in every 1,000 women giving birth in Texas may be infected with HIV.
- TDH formed a statewide Minorities and AIDS Prevention Advisory Committee to advise the department about special needs among minorities. The department also held two statewide conferences to plan HIV prevention programs specifically for blacks and Hispanics.
- The department named AIDS Regional Coordinators in each of the agency's eight regions during FY '89. Each became responsible for helping TDH contractors in their areas, training HIV counselors, and representing the AIDS Division in matters related to HIV or AIDS.



- The department released the findings of its first statewide telephone survey of Texans' knowledge, attitudes and related behaviors regarding AIDS. Information from the survey was used to create a statewide media campaign early in FY 1990 to better educate the public about AIDS. The survey found that, although Texans seemed to understand the main ways HIV infections spread, about half mistakenly believed that HIV can be transmitted in saliva. The same proportion still avoided donating blood for fear of infection.

- The 71st Legislature, on the recommendations of a special Legislative Task Force on AIDS, considered dozens of bills concerning HIV and AIDS issues. In the end, the lawmakers passed Senate Bill 959, the Human Immunodeficiency Virus Services Act. The bill established TDH as the lead agency responsible for the state's AIDS prevention and services programs.

NOTE* On Sept. 1, 1989, the first day of FY'90, TDH changed the names of the bureau and division, substituting "HIV" for "AIDS".

WIC Continued Expansion

Throughout Fiscal Year 1989, TDH's nutrition program for low-income mothers and their children continued making dramatic improvements in its services.

WIC (formally called the Special Supplemental Food Program for Women, Infants and Children) had in FY '88 pioneered bold cost-containment measures. To combat sharply rising costs for infant formula supplied through the program, TDH had awarded a "sole supplier" contract to the formula manufacturer bidding to pay TDH the largest rebate for each can of its product sold to WIC clients.

So successful was the new idea that the program was able to begin serving record numbers of clients at no additional cost. In fact, while adding some 100,000 eligible participants, including many in 33 previously unserved counties, the newly renamed Bureau of WIC Nutrition collected some \$32 million from formula rebates by the beginning of FY '89.

That money supplemented the nearly \$130 million federal and \$5.7 million state appropriations for WIC in FY '89, and was used primarily to buy food for more participants.

By the end of the fiscal year, the WIC program had expanded to include all but one* of Texas' 254 counties.

In addition to expansion, WIC launched the Farmers' Market Coupon Demonstration Project in June of FY '89. The pilot project allowed more than 50,000 Texas WIC participants in 11 counties to improve their diets by exchanging WIC vouchers for fresh produce. The project benefited not only WIC clients, but also farmers in the participating counties.

In September, WIC co-sponsored a conference to update physicians on breastfeeding. This conference was attended by more than 200 health professionals from across the state.

Important proof of WIC's effectiveness came to light in FY '89, when the department's Bureau of Vital Statistics analyzed its data on the state's infant mortality. The statistics showed that the rate of infant mortality had dropped in 1988 to only nine deaths per 1,000 live births. That all-time low rate met—two years earlier than expected—one of TDH's long range goals set for 1990.

The 30-year decline in infant mortality since the peak of the post-war baby boom was dramatic, since the rate in 1958 was 31.1 deaths per 1,000 live births. The WIC program and the department's Bureau of Maternal and Child Health share much of the responsibility for this important achievement.

NOTE* On April 16, 1990 (FY '90), the Collin County Health Care Services clinic began offering WIC service to local participants. The event marked TDH's attainment of a long-term goal, that of extending nutrition services to eligible participants throughout the state.



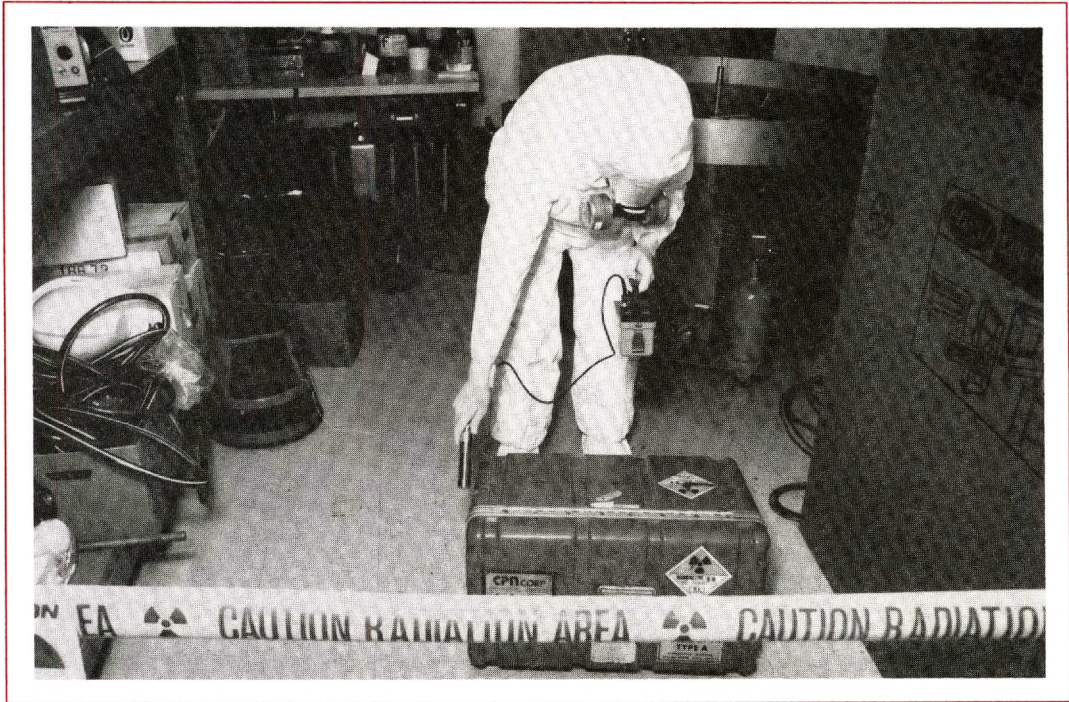
Radiation Control

The TDH Bureau of Radiation Control regulates all domestic uses or transportation of low-level radioactive material in the state. Whether the user is a physician or dentist with X-ray equipment, a hospital administering radiation therapy, or any of the industries using radiation in technology, TDH enforces strict licensing and certification requirements. In FY '89, some 15,000 applicants were either licensed or registered to use radioactive material or devices in Texas.

The bureau also investigated citizen complaints and answered public concerns involving radiation sources. For example, radiation control personnel met with residents of Karnes and Wilson counties regarding human and agricultural health effects of uranium mining in those areas. The citizens had questioned whether the uranium mining in the area posed any health risk to people, their livestock or their crops.

In response, the department collected samples of soil, water and agricultural products from the area, and was able to announce at public hearings in Karnes County that uranium production in the area had not jeopardized either the health of the area residents or the safety of their farm products.

In other activities, the radiation control personnel completed a thorough safety exercise at the Comanche Peak Nuclear Power Plant near Fort Worth. In conducting the exercise, the department proved that the power facility had met the vital safety standards set by the federal Nuclear Regulatory Commission.



Occupational Safety and Health

The department's Occupational Safety and Health Division, responsible for ensuring a non-hazardous environment for the state's workforce, conducted 981 onsite consultations with employers during FY '89, to prevent work-related injuries and illnesses.

The division's personnel advised employers about dangerous worksite conditions, including asbestos and indoor air pollutants. They also kept public records of the hazardous chemicals used by companies throughout the state. Furthermore, they conducted the most comprehensive study ever undertaken to learn the number (more than 700 yearly) and causes of worksite fatalities in Texas.

The division's staff used its expertise in a wide range of professional disciplines, while assessing conditions in all types of work environments. Their specialties included: engineering, medicine, nursing, epidemiology, sanitation, industrial hygiene, safety technology, toxicology, chemistry and others. In their work, they relied heavily upon regional personnel and the services of the TDH Bureau of Laboratories, which processed thousands of samples from worksites during the year.

The division's work, however, became embroiled in the state's economic woes even before the beginning of FY '89.

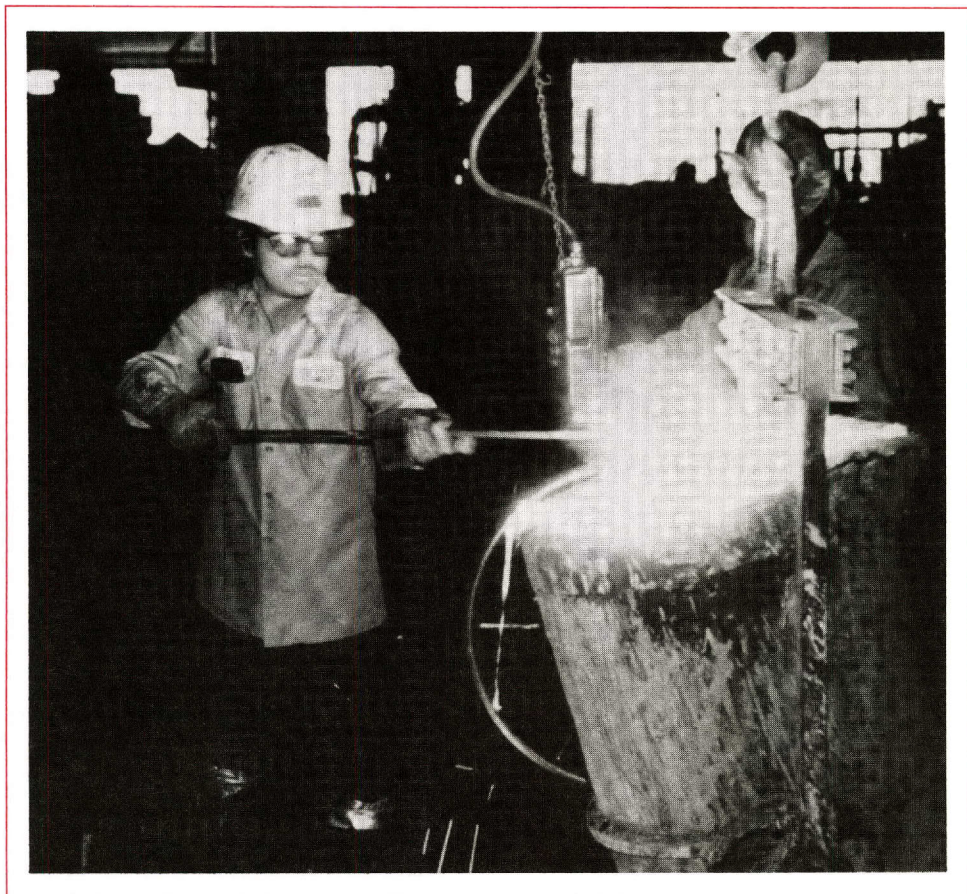
The division already was handicapped both by a lack of funding for enough personnel and by minimal legal authority over violators of health and safety standards. Other agencies with some regulatory authority over industry or the workforce had similar limitations.

By FY '89, the state faced an emergency involving all aspects of the Texas Workers' Compensation System—including the functions of the TDH Occupational Safety and Health Division.

The 71st Texas Legislature attempted to reform the state's Workers' Compensation System in response to serious economic and regulatory problems that had steadily grown throughout preceding years. The system was in crisis, with staggering costs for employers' insurance, increased numbers of on-the-job injuries and illness, and debate between labor and business interests over how best to reduce both costs and claims.

The lawmakers and their constituents looked to the Occupational Safety and Health Division, the Texas Industrial Accident Board, the Texas Employment Commission and other agencies for urgently needed advice. Although lawmakers proposed several reform measures during the regular legislative session and a special session called exclusively to solve the Workers' Compensation System's problems, the crisis did not end during Fiscal Year 1989.*

NOTE: A second special session of the Texas Legislature in December (FY '90) consolidated elements of the TDH Occupational Safety and Health Division into a newly created agency, the Texas Workers' Compensation Commission. Although TDH predicted difficulties, both for the department and for the new TWCC, the department offered its fullest assistance in the interest of the state's workforce.



Water Hygiene

The TDH Division of Water Hygiene is responsible for enforcing laws ensuring the purity and safety of drinking water throughout the state. In doing so, it inspected 5,517 public water systems in FY '89, taking water samples for testing at the TDH laboratories.

During the fiscal year, the division issued or renewed certificates for 3,877 water facility operators and took legal action against 84 operators found to be violating state or federal water quality standards.

In general, the division assures Texas compliance with the federal Safe Drinking Water Act of 1986 and its amendments. However, an added part of its work in FY '89 was enforcing part of the Lead Contamination Control Act signed into law by President Reagan in 1988. In part, that law stated that all U. S. schools, kindergartens, and day care centers must ensure that drinking fountains are lead-free.

Beginning in July, the division issued guidelines for compliance to all school administrators and day care operators. For the remainder of the fiscal year, it oversaw the removal of lead-containing water fountains in schools and facilities throughout the state.



SECTION II

Bureau of Consumer Health Protection

The relative safety and healthful benefits of the products people buy are perhaps the most accurate measure of any society's quality of life. In Texas, TDH has the job of ensuring that Texas' consumer products meet high health and safety standards. When those standards are violated, either by accident or by intent, a specialized staff takes action.

The department's Bureau of Consumer Health Protection is responsible for guarding Texans against unfit or dangerous products as basic as food, drink and medicine needed to sustain life. The bureau also enforces state and federal laws governing the safe materials, production and lawful marketing not only of essential items, but even of toys.

The following are summaries of activities in the bureau's four divisions (see Appendix D, p.34) during the 1989 fiscal year. Some of their achievements, though difficult, were not out of the ordinary. However, as the staff demonstrated on many occasions, their work—and talent during crises—was extraordinary. Since some of the most urgent events involved the bureau's Division of Food and Drugs, special emphasis is placed on its performance (see Section III, p. 27).

Milk and Dairy Products Division

The TDH Milk and Dairy Products Division is responsible for seeing that the milk, ice cream and other dairy products of Texas are safe, clean and nutritious. In so doing, the division's 47 personnel routinely inspect or take samples from the state's more than 2,000 dairies, as well as from pasteurization and processing plants, transporters of all types, and supermarkets. In short, they scrutinize each stage of milk production—literally, from feeding the cows to loading the supermarket shelves.

In its inspections, the division looks for any impurities or contaminants in milk products, unsanitary conditions at any stage of its production, and the level of training among dairy industry employees. The products it tests include not only those made in Texas, but also those produced elsewhere for market in this state.

When the inspectors find any products or conditions which may be unsafe for consumers, the Commissioner of Health has the authority to stop sales, recall products, and even close production facilities until the problem is corrected.

During the 1989 fiscal year, for example, inspectors temporarily suspended the permits of nearly 500 Texas dairies, for a variety of reasons. Also, sampling of about 2,000 products from outside the state resulted in several warning letters issued to producers and one product suspension.

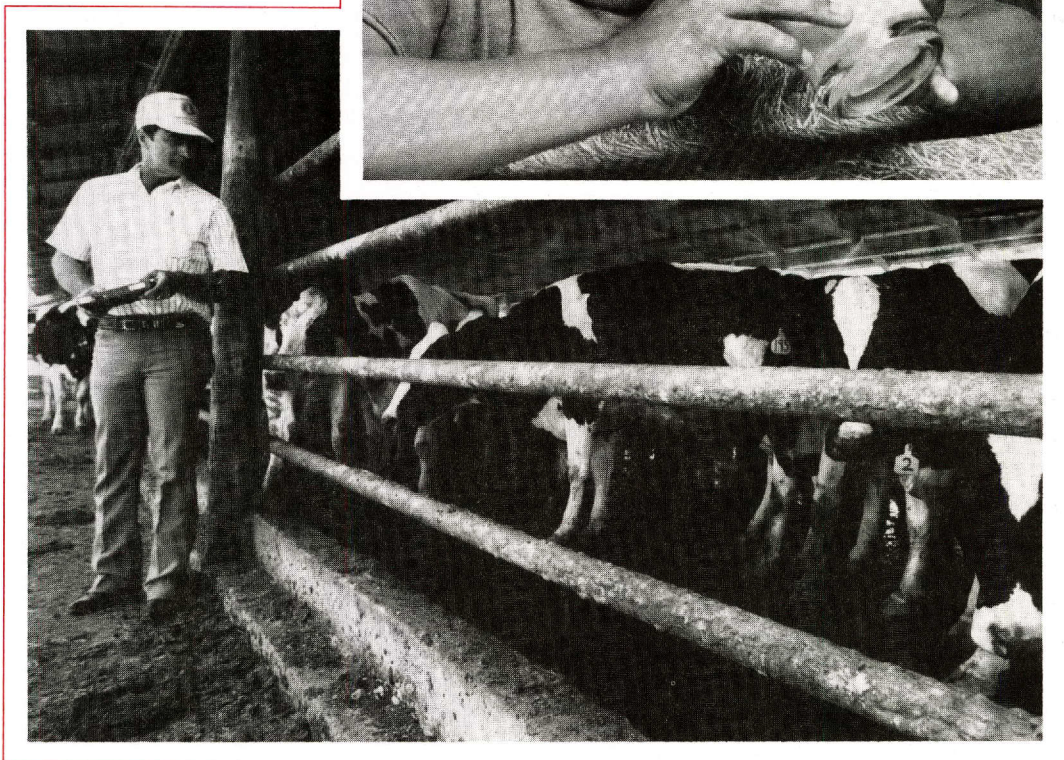
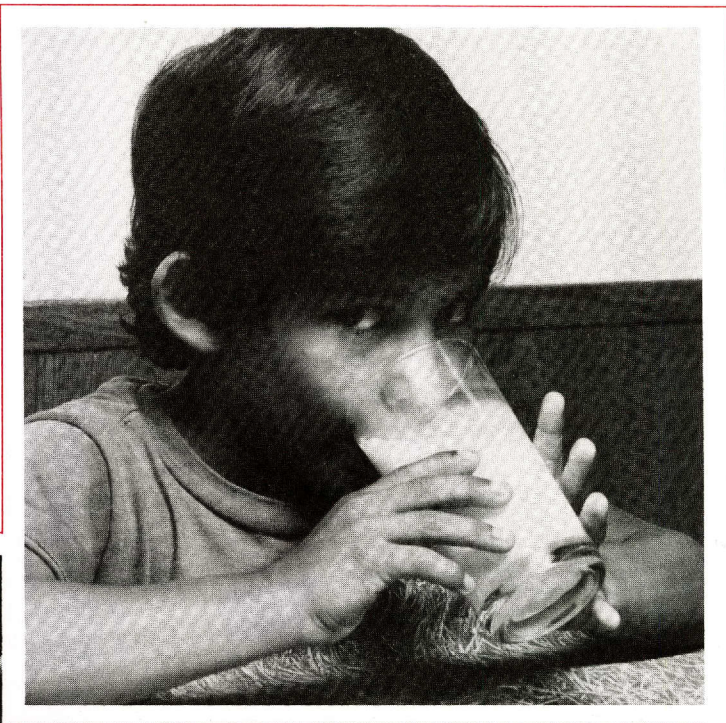
Although the division tested thousands of samples for a broad range of bacteria, radiation, pesticides, and other chemicals, the staff was especially watchful in FY '89 for two kinds of impurities.

One was aflatoxin, a naturally occurring, toxin-producing mold which is common on feed grain. During drought conditions such as those recently experienced in Texas, aflatoxin thrives, and its toxic by-products become concentrated. When cattle eat the grain, the toxins can contaminate the milk or meat of the animals.

In testing more than 2,000 milk samples for aflatoxin, the division found that at least some traces of the chemical were present in the milk supply throughout the state. Although no samples contained dangerously high levels, the division maintained its surveillance throughout the year.

The other contaminant for which the division remained on special alert was sulfamethazine, a possible cancer-causing drug. For several years, the federal Food and Drug Administration has banned this antibiotic, once commonly used to treat infections in cattle.

To detect the extent of contamination with sulfamethazine in the Texas milk supply, the division analyzed milk samples from transporters and producers. The staff found the antibiotic in four tankers and two dairies during an intense sampling program in July. As a result, one milk producer was suspended for violating the ban on using the drug. The testing program continued in the 1990 fiscal year.



Product Safety Program

Another of TDH's programs safeguarding consumers is the Product Safety Program.

By conducting inspections of manufacturing and retail outlets, the program's personnel ensure that products sold to the public meet all state and federal safety and sanitation standards.

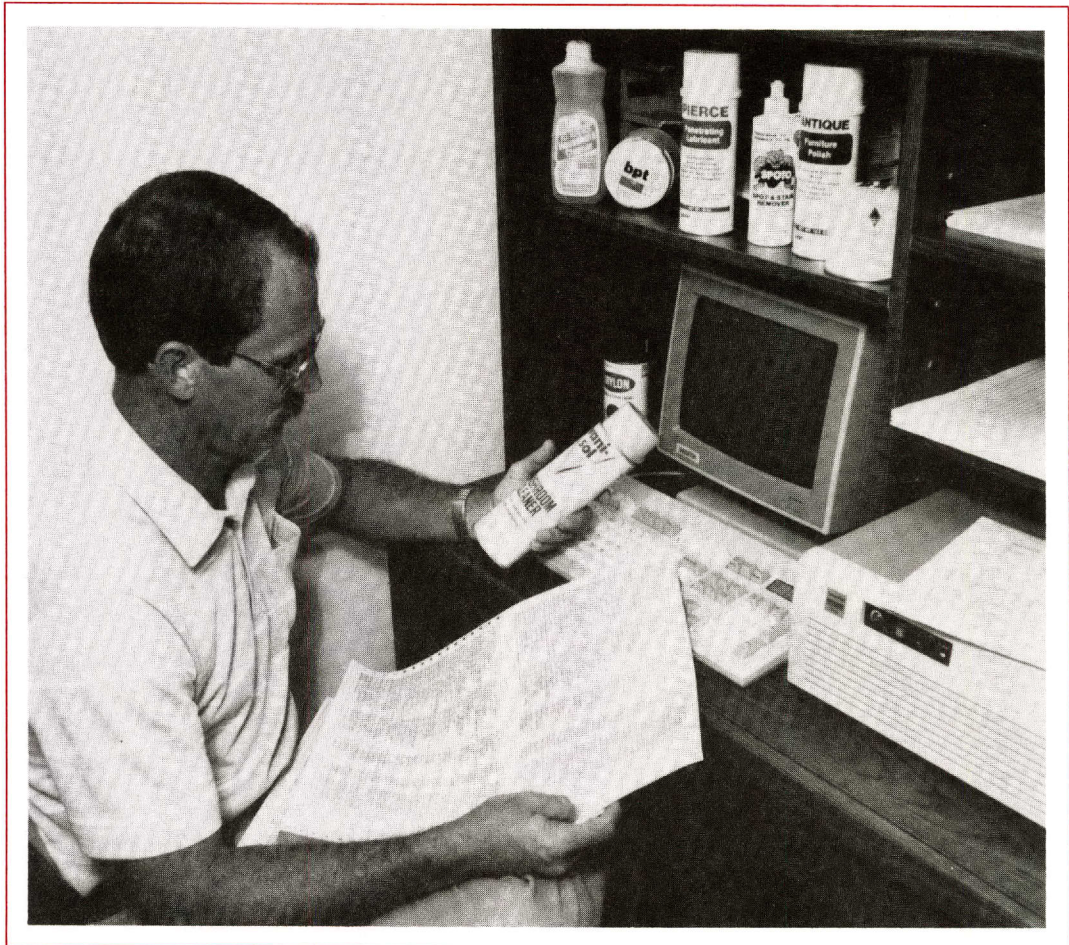
During FY '89, for example, the division conducted 71 "spot checks" at dealerships selling all-terrain vehicles (ATVs), to confirm that none still sold three-wheeled models of the recreational vehicles. Three-wheeled ATVs had been banned by the federal Consumer Product Safety Commission the previous year, after they were proven unsafe.

The division conducted numerous other recall compliance checks for products such as dangerous toys, faulty cigarette lighters, and flammable children's sleepwear.

The staff also enforces the Texas Hazardous Substance Act of 1972, which requires that all potentially toxic, corrosive, cancer-causing or otherwise dangerous chemicals and other substances are properly labeled.

Related to this enforcement is the division's inhalant abuse prevention program, which licenses all retailers of paints, glues and similar products known to be abused, primarily by young people who breathe the product's fumes to "get high." Proceeds from more than 9,700 permits the division issues to retailers are transferred to other agencies operating education programs to fight drug abuse.

The division also issued some 3,000 permits to manufacturers and retailers of mattresses and bedding, certifying that the products were made and sold under sanitary conditions.



Shellfish Sanitation Control Division

The TDH Shellfish Sanitation Control Division protects the public from unsafe or contaminated seafoods, primarily by regulating the oyster and crab industry of the Gulf Coast.

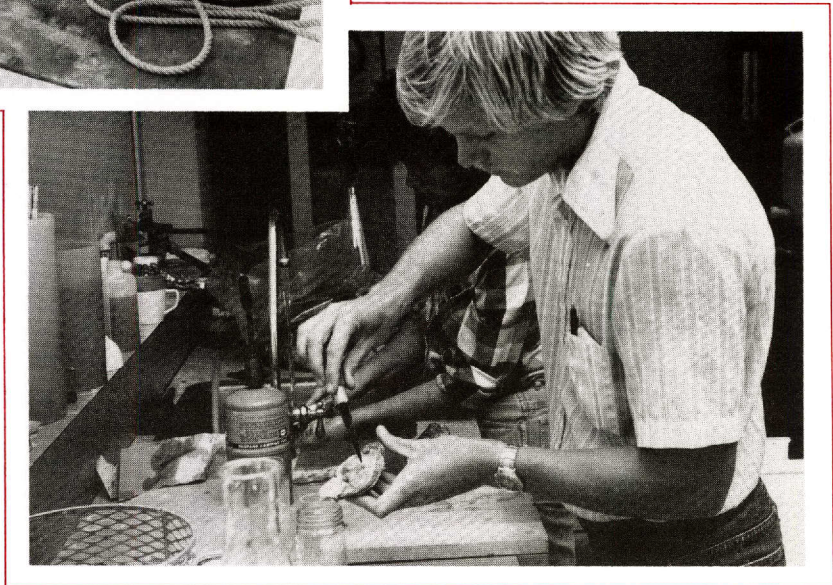
Each step of the harvesting, processing and wholesale marketing of shellfish from Texas waters is closely watched to ensure freshness and cleanliness of the state's shellfish products.

A major part of that job is taking and analyzing water samples from harvesting areas to detect organic and chemical contaminants. When samples are found to contain impurities which would make shellfish unsafe for human consumption, the Commissioner of Health may order the area closed to the taking of shellfish.

In such cases, the ban on commercial harvesting may last for months or years, depending upon the type of contamination found in the shellfish. During the 1989 fiscal year, for example, the department continued (for a second year) a partial closure of Lavaca Bay because of high levels of mercury found in waters near an industrial plant.

The division licenses or certifies all plants which process oysters or crabs. During the fiscal year, the division licensed some 112 fishing enterprises, while inspecting 337 shellfish processing plants and 67 crab plants. In addition to its routine sampling, certification and inspection responsibilities, the division also uses the media to advise the public about health hazards associated with shellfish.

For example, twice during the fiscal year, the division issued warnings about the dangers of eating raw shellfish. Concentrations of a common Gulf microorganism, *Vibrio vulnificus*, in raw seafood may cause serious illness—even death—for people with some health conditions.



SECTION III

Special Emphasis: Food and Drugs Division

Among all of TDH's programs, perhaps none demanded dramatic action more often during FY '89 than did the work of the agency's Food and Drugs Division.

The division's job is to ensure that the food, drugs, cosmetics and health-related devices available to Texans are safe to use and honestly sold. Its small staff (29 during FY '89) included 17 food inspectors statewide, three drug investigators based in Austin, plus administrative support.

Authorized by the Texas Food, Drug and Cosmetics Act, the staff inspects and licenses food and drug manufacturers and distributors, methadone (drug treatment) centers and salvage companies which recondition damaged foods or health items. They also accredit training programs for food handlers.

The 71st Texas Legislature, by amending the Food, Drug and Cosmetics Act, allowed the division to begin using the licensing fees it collects to expand (in FY '90) the size of its staff. The lawmakers also passed another act, authorizing the division to regulate the safe operation of the more than 3,000 tanning booths and salons in the state.

During the fiscal year, the Food and Drugs Division conducted dozens of investigations into deceptively sold or dangerous products. Whenever such products were found, the division seized or removed the products from the market, alerted the public about potential dangers and gathered evidence for use by other state and federal authorities.

The division often coordinated its investigations with the work of other agencies. Some of these were: local health departments, police departments, sheriff's offices, the Texas Department of Public Safety, the Texas Attorney General's Office, the FBI, the U.S. Postal Service, U.S. Food and Drug Administration (FDA), the U.S. Drug Enforcement Agency, the Internal Revenue Service and others.

Some examples of the kinds of investigations and other actions taken by the Food and Drugs Division in FY '89 were:

- In March, 1989, the federal government ordered a temporary nationwide ban on the sale of fruit imported from Chile. The ban followed discovery that some Chilean grapes had been tainted with poison. The ban lasted for several weeks before international investigators found the source and extent of the contamination in Chile.

Meanwhile, all Chilean fruit, including some already sold in Texas, was considered potentially dangerous. The Food and Drugs Division staff warned the public through the media not to eat any of the fruit and oversaw the withdrawal of all the unsold fruit from the Texas market.

- Throughout the year, the division carried out investigations and raids to stop sales of illegal and dangerous drugs, devices, and food products. Between March and early May, for example, investigators carried out 35 separate actions against distributors or retailers of such items.

Many of the raids were seizures of so-called “health aids” which were not approved by FDA. Some products were accidentally—or more often, fraudulently—mis-labeled. Others, such as an aerosol spray containing deadly ethyl chloride, were being sold to young inhalant abusers.

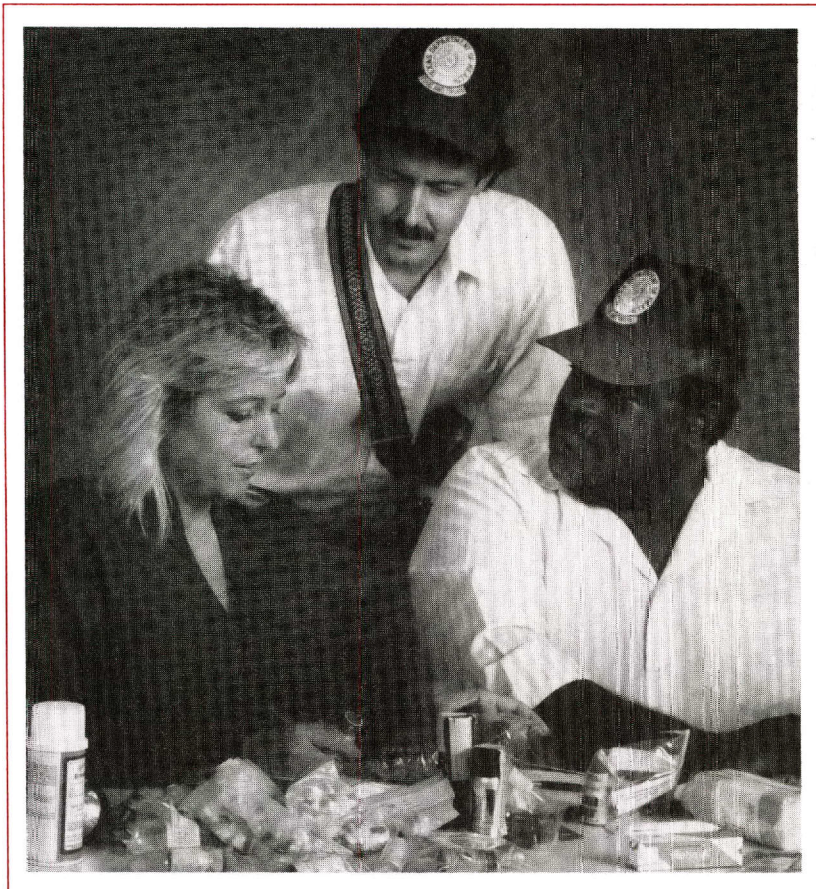
In 33 cases, the division not only initiated the investigation, but also supplied evidence and testimony to prosecutors. Litigation of some cases continued into the 1990 fiscal year.

- Amid the apparent boom in sales of questionable “health products,” the Commissioner of Health and the Food and Drugs Division staff organized a special conference in May, to discuss all aspects of health fraud in Texas. Their guests included experts from FDA, the U.S. Postal Service, the Texas Attorney General’s Office and others.

The authorities agreed that the practice of selling illegal and sometimes dangerous products and services under the guise of medicine continues to be a thriving business in the state. The size of Texas and diversity of its population tend to compound the difficulties of large-scale investigations, while providing rich and varied markets for “quacks.”

The officials also agreed that recent public trends toward seeking the latest health care advances have in some ways created new opportunities for would-be charlatans. As the Commissioner said: “The average layman sometimes is easily duped by a self-proclaimed specialist, whose phoney diplomas look impressive on the wall of a so-called clinic. Basically, all a quack really needs is the gift of persuasion—either in person or by mail—and the lack of a conscience.”

At the conference, the participants formed new strategies for cooperating on health fraud investigations. Among their first priorities was to expose and prosecute quacks selling bogus remedies, claiming to cure AIDS, cancer, and other catastrophic illnesses. Such scams often violate both state and federal laws, while causing physical and financial devastation.



Conclusion

The flurry of activity in the Food and Drugs Division during FY '89 often was news-making. Most of that media attention served the department, by helping to warn the public about dangerous products and the persons selling them.

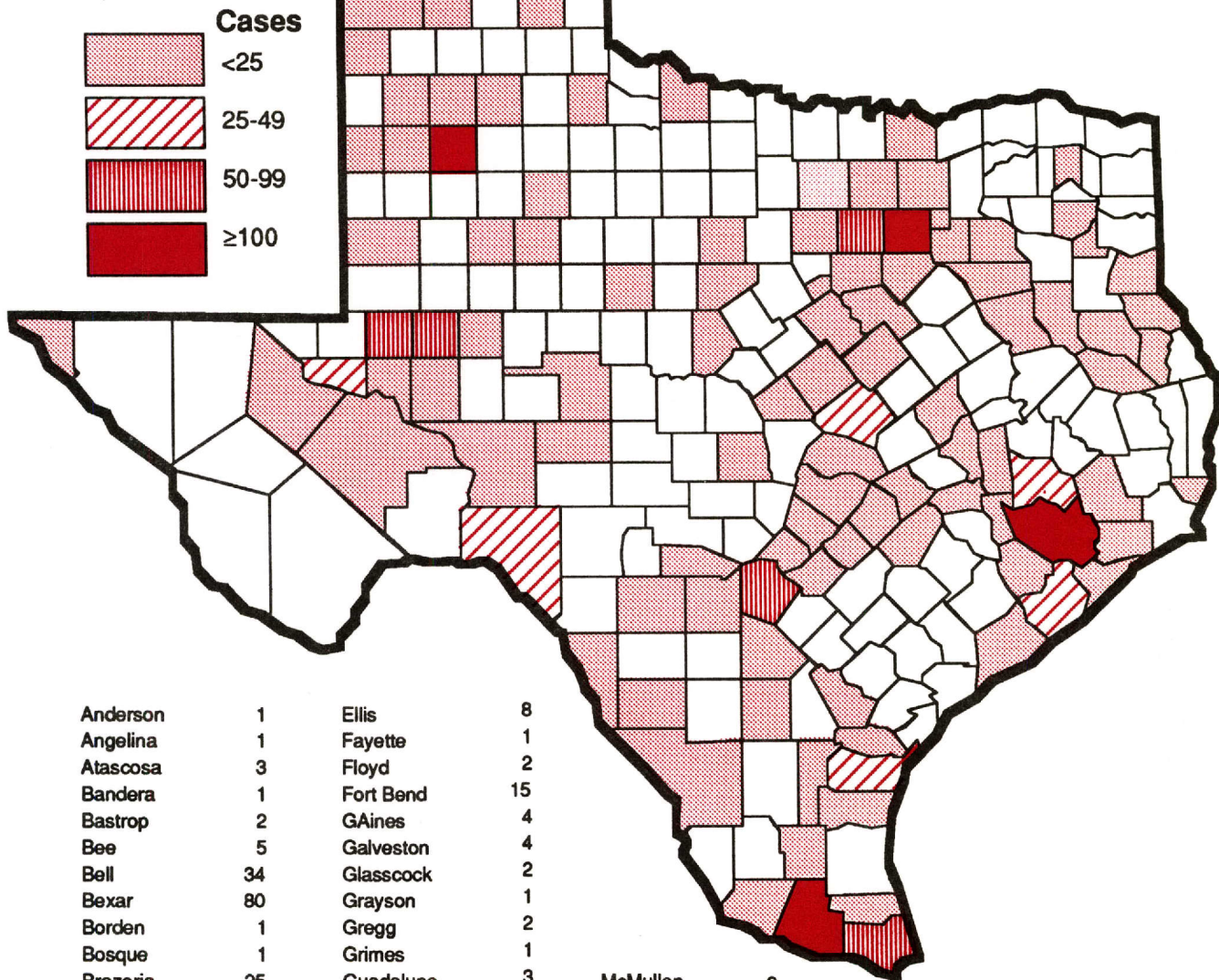
Some other programs, equally vital to the department's service, received little or no fanfare, even in this report.

For a better understanding of how the programs described in this report relate to services not mentioned, please refer to the departmental organizational chart (see Appendix F, p. 36).

APPENDICES

- A. Major Centers of Measles Outbreaks (map)
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- C. Texas Counties Reporting HIV
- D. Bureau of Consumer Health Protection (chart)
- E. Expenditures for Major TDH Programs
- F. TDH Organizational Chart
- G. Public Health Regional Offices
- H. Texas Board of Health

Appendix A
 Measles Case Count
 September 1, 1988-
 August 31, 1989



Cases	
[Light Red Box]	<25
[Red with Diagonal Lines Box]	25-49
[Red with Vertical Lines Box]	50-99
[Solid Red Box]	≥100

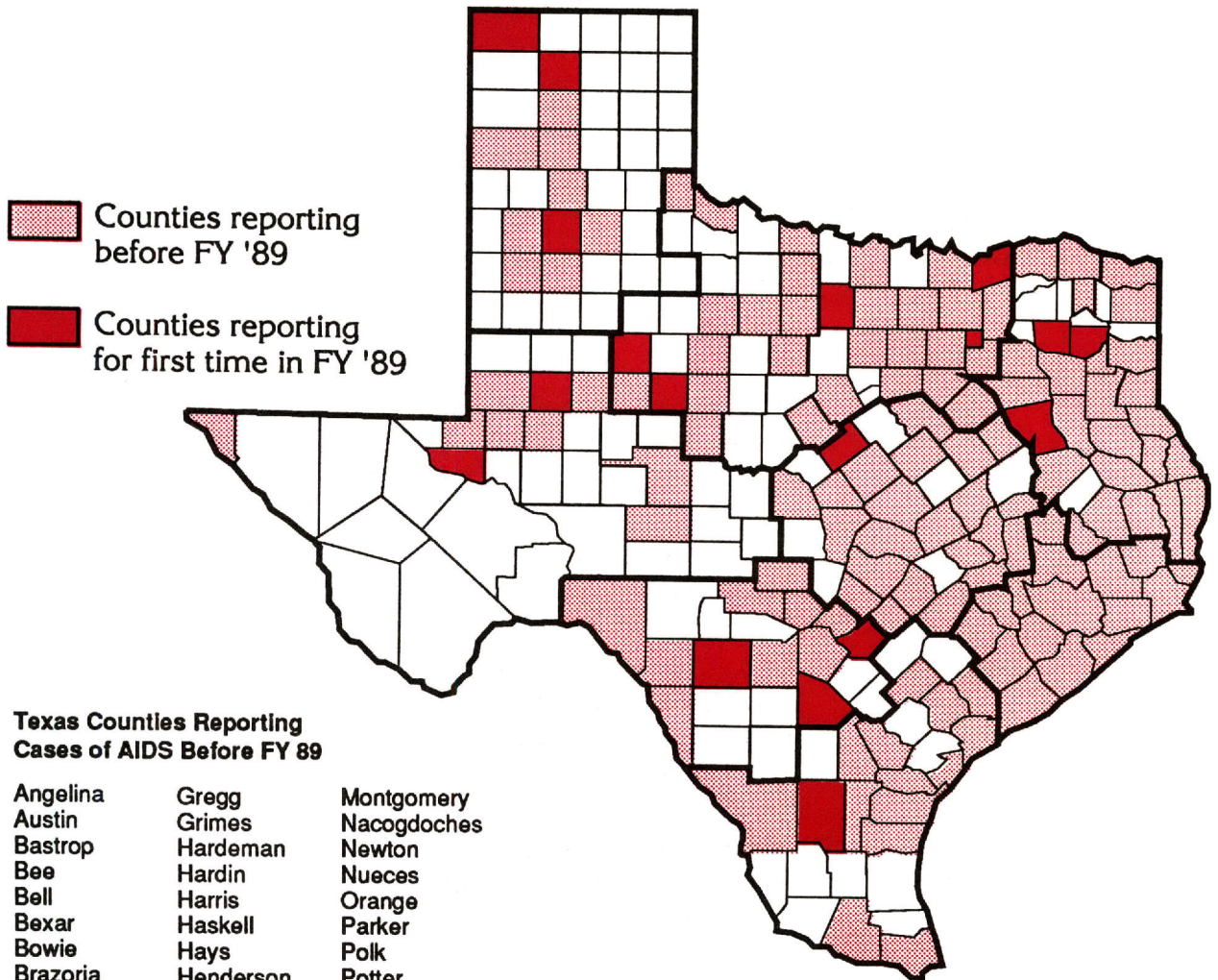
Anderson	1	Ellis	8
Angelina	1	Fayette	1
Atascosa	3	Floyd	2
Bandera	1	Fort Bend	15
Bastrop	2	GAines	4
Bee	5	Galveston	4
Bell	34	Glasscock	2
Bexar	80	Grayson	1
Borden	1	Gregg	2
Bosque	1	Grimes	1
Brazoria	25	Guadalupe	3
Brazos	4	Hale	6
Brooks	9	Harris	1788
Brown	1	Hays	1
Caldwell	6	Henderson	1
Cameron	71	Hidalgo	338
Chambers	4	Hill	3
Cherokee	1	Hockley	2
Cochran	1	Jim Wells	3
Collin	7	Johnson	2
Comal	2	Kaufman	6
Coryell	8	Kent	1
Cottle	1	Kleberg	12
Crane	1	Lamb	1
Crockett	1	Lampasas	2
Dallas	281	Lee	1
Denton	2	Liberty	1
Dimmit	4	LLano	2
Donley	1	Lubbock	336
Eastland	2	Matagorda	1
Ector	65	Maverick	11
El Paso	1	McLennan	1
		McMullen	2
		Medina	1
		Midland	50
		Montgomery	25
		Nacogdoches	15
		Nueces	59
		Oldham	1
		Orange	1
		Panola	1
		Parker	1
		Parmer	5
		Pecos	2
		Potter	2
		Randall	6
		Reeves	2
		Robertson	2
		Rockwall	1
		San Augustine	2
		San Patricio	2
		Schleicher	1
		Sucry	2
		Shelby	9
		Somervell	1
		Starr	4
		Stephens	1
		Tarrant	50
		Taylor	9
		Titus	3
		Tom Green	17
		Travis	16
		Upshur	1
		Upton	1
		Uvalde	17
		Val Verde	33
		Van Zandt	17
		Waller	3
		Ward	31
		Washington	1
		Webb	4
		Wilbarger	3
		Willacy	3
		Williamson	4
		Wise	1

Appendix B
 How HIV Spreads
 In Texas

Mode of Transmission	From 1983 to Aug. 31,1988	From Sept. 1, 1988 to Aug. 31, 1989
Male to male sex contact	3858	1693
Intravenous drug user	206	193
Male/male sex/IV drug user	538	212
Hemophiliac	35	28
Heterosexual contact	54	63
Transfusion with blood/products	137	68
None of the above/other	93	94
Total	4921	2351

Appendix C

Texas Counties Reporting HIV



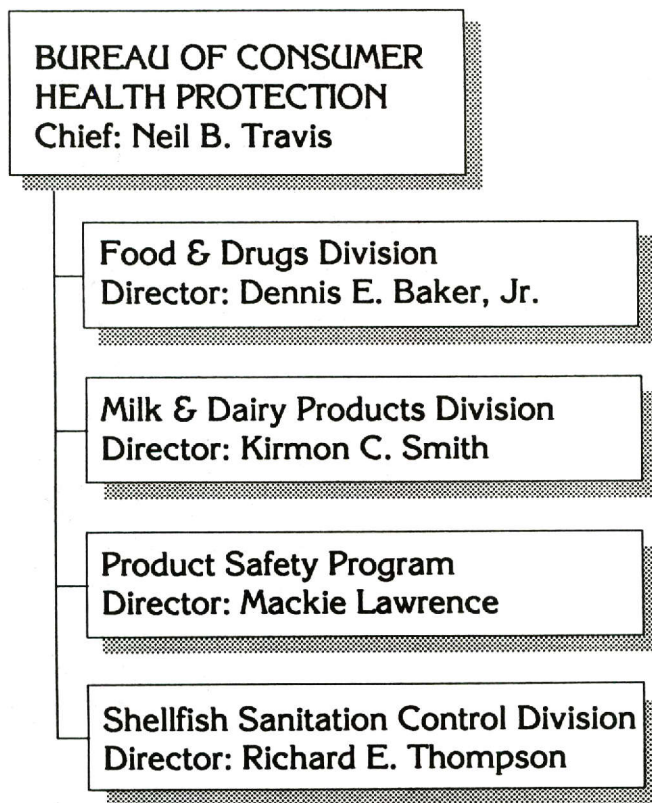
Texas Counties Reporting Cases of AIDS Before FY 89

- | | | | | |
|-----------|-----------|---------------|------------|--------------|
| Angelina | Gregg | Montgomery | | |
| Austin | Grimes | Nacogdoches | | |
| Bastrop | Hardeman | Newton | | |
| Bee | Hardin | Nueces | | |
| Bell | Harris | Orange | | |
| Bexar | Haskell | Parker | | |
| Bowie | Hays | Polk | | |
| Brazoria | Henderson | Potter | | |
| Brazos | Hidalgo | Robertson | | |
| Burleson | Hockley | Rusk | | |
| Burnet | Howard | Sabine | | |
| Calhoun | Hunt | San Augustine | | |
| Cameron | Jasper | San Jacinto | | |
| Cass | Jefferson | San Patricio | | |
| Chambers | Jim Wells | Shelby | | |
| Cherokee | Johnson | Smith | Archer | |
| Childress | Jones | Tarrant | Caldwell | Montague |
| Collin | Kaufman | Taylor | Comanche | Navarro |
| Colorado | Kerr | Tom Green | Deaf Smith | Panola |
| Comal | Kinney | Travis | Floyd | Randall |
| Coryell | Kleberg | Tyler | Freestone | Red River |
| Dallas | Lamar | Van Zant | Gillespie | Runnels |
| Denton | Lamb | Victoria | Guadalupe | San Saba |
| De Witt | Lampasas | Walker | Harrison | Schleicher |
| Ector | Liberty | Waller | Hill | Stephens |
| El Paso | Live Oak | Washington | Houston | Swisher |
| Ellis | Lubbock | Webb | Jackson | Throckmorton |
| Erath | Madison | Wichita | Kendall | Titus |
| Fayette | Matagorda | Williamson | Limestone | Val Verde |
| Fort Bend | McLennan | Winkler | Maverick | Wharton |
| Galveston | Midland | Andrews | Medina | Wise |
| Grayson | Milam | Aransas | Mitchell | Young |

Texas Counties Reporting AIDS Cases During FY 89 (First Time of Report)

- Andersen
- Atascosa
- Callahan
- Dallam
- Duval
- Fannin
- Guadalupe
- Hale
- Hamilton
- Jack
- Martin
- Moore
- Nolan
- Rockwall
- Scurry
- Upshur
- Uvalde
- Ward
- Wood

Appendix D
Bureau of Consumer Health Protection

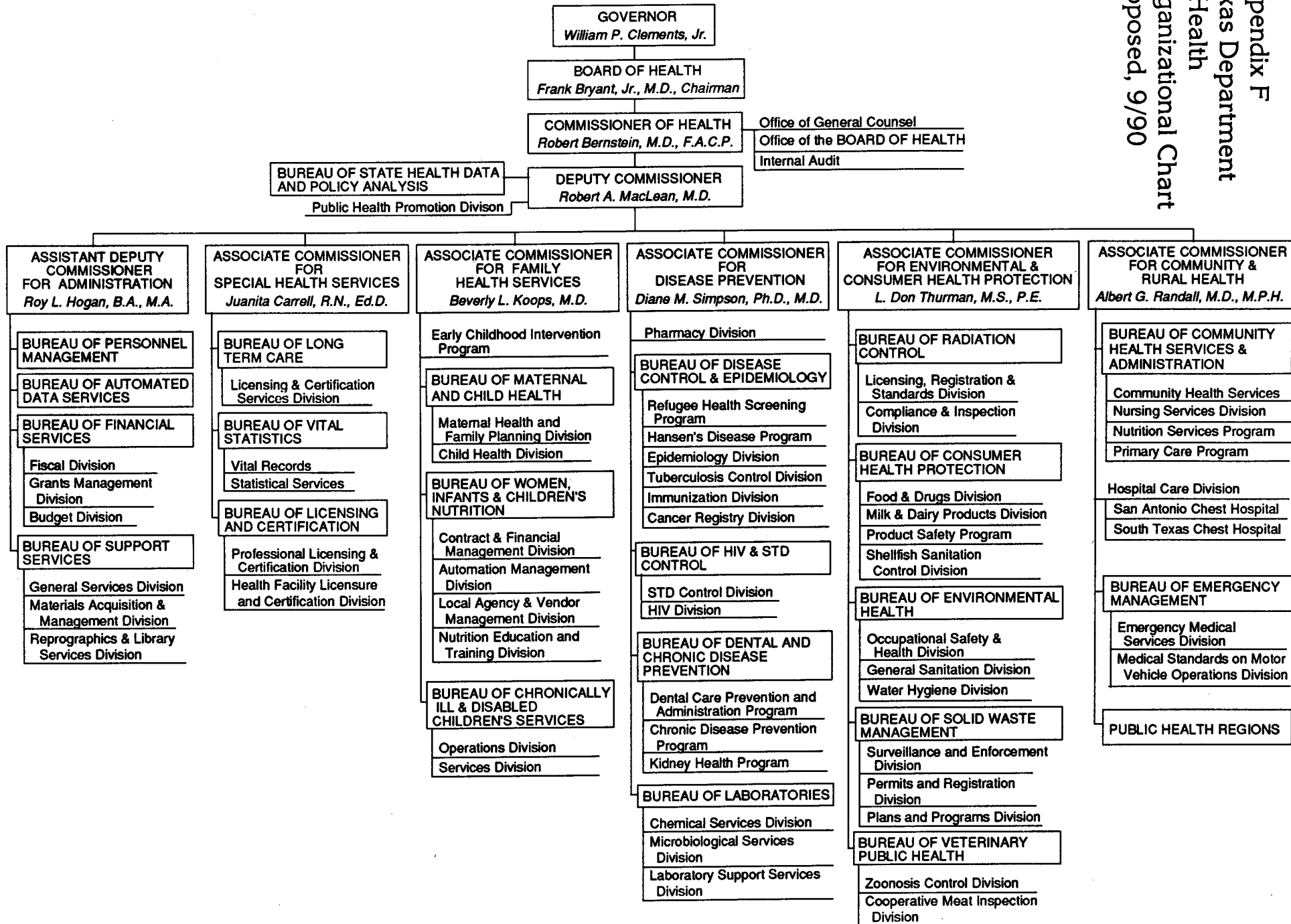


Appendix E
Expenditures for Major TDH Programs

Texas Department of Health
Funding of FY 1989
Expended for Major Programs (In Millions)

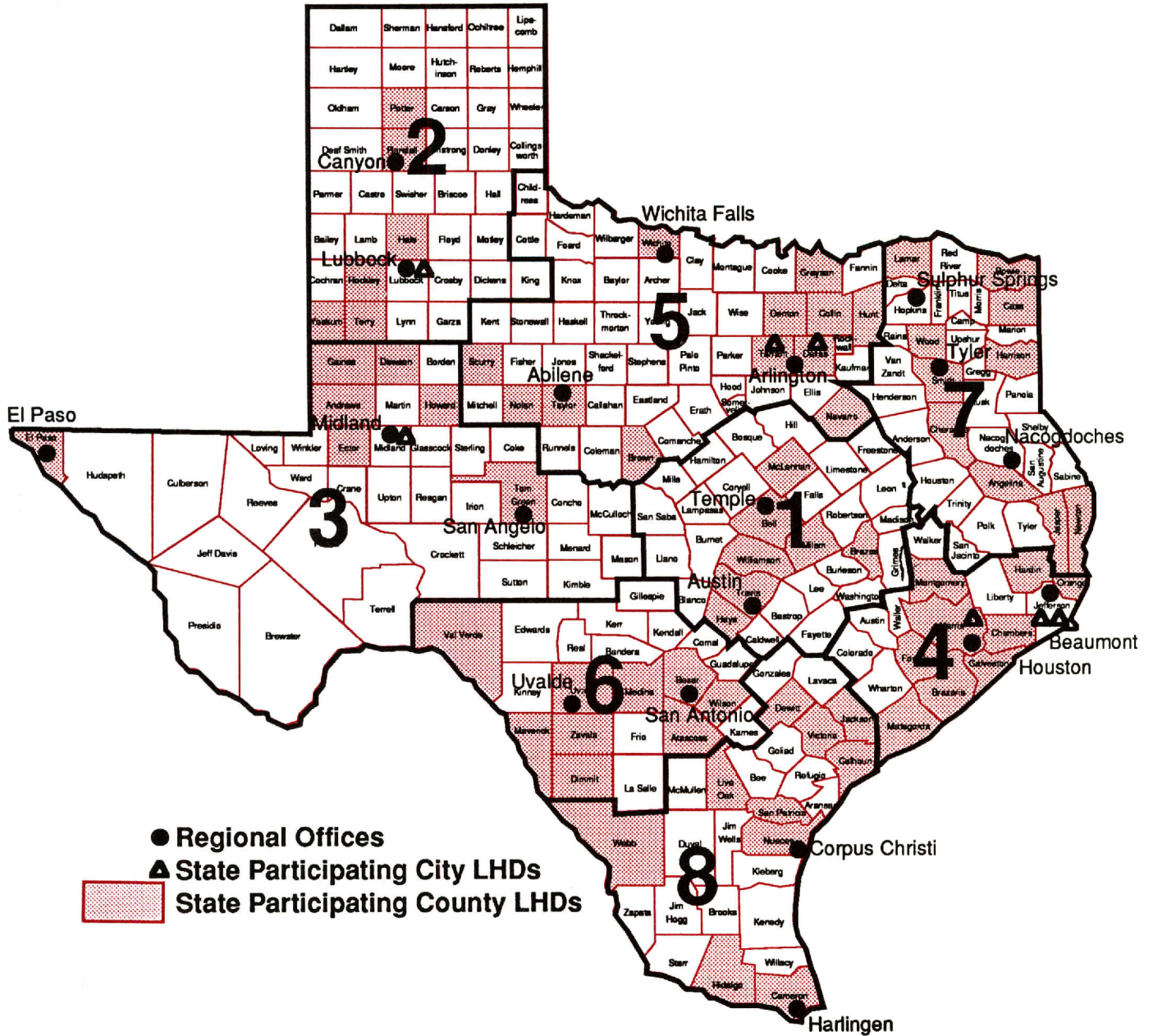
	State	Federal	Other	Total
Community & Rural Health				
Public Health Regions	\$ 6.8	\$	\$.2	\$ 7.0
Community Health Services	5.6	1.9		7.5
Emergency Management	1.9	1.0	.2	3.1
Laboratories	4.8	1.4	1.5	7.7
Other	<u>.7</u>	<u>.7</u>	<u>.3</u>	<u>1.7</u>
	19.8	5.0	2.2	27.0
Personal Health Services				
Maternal & Child Health	13.4	23.0	.1	36.5
Women, Infants & Children	5.0	159.2	.1	164.3
Chron. Ill & Disabled Child.	38.0	6.7	1.4	46.1
Kidney Health Care	10.0		.5	10.5
Primary Care	7.8	.5		8.3
Other	<u>4.1</u>	<u>1.3</u>	<u>.2</u>	<u>5.6</u>
	78.3	191.2	1.8	271.3
Preventable Diseases				
HIV/AIDS	2.1	10.7		12.8
Immunization	14.0	.1		14.1
Tuberculosis Services	8.2	.5		8.7
Other	<u>2.3</u>	<u>1.9</u>	<u>.4</u>	<u>4.6</u>
	26.6	13.2	.4	40.2
Special Health Services				
Long Term Care	4.5	.5	7.4	12.4
Licensing & Certification	.4	2.7	2.4	5.5
Other	<u>1.1</u>	<u>.5</u>	<u>1.5</u>	<u>3.1</u>
	6.0	3.7	11.3	21.0
Envir. & Cons. Hlth. Protection				
Consumer Health	3.6	.1	.1	3.8
Water Hygiene	.9	1.4	.6	2.9
Radiation Control	.7		3.1	3.8
Cooperative Meat Inspection	2.9	2.7		5.6
Other	<u>3.6</u>	<u>1.3</u>	<u>.7</u>	<u>5.6</u>
	11.7	5.5	4.5	21.7
Departmental Administration	<u>6.9</u>	<u>1.8</u>	<u>6.1</u>	<u>14.8</u>
Utilities, State-owned Bldgs.	<u>.8</u>	<u>.1</u>	<u>.9</u>	
Grand Total	<u>\$150.1</u>	<u>\$220.5</u>	<u>\$ 26.3</u>	<u>\$396.9</u>

Appendix F
 Texas Department
 of Health
 Organizational Chart
 Proposed, 9/90



Appendix G

Public Health Regional Offices



Appendix H
Texas Board of Health
Effective 4/90

Joan Wood Biggerstaff
Plano

Robert E. Bonham, M.D.
Dallas

Don L. Brewer
Dallas

Frank Bryant, Jr., M.D.
(Chairman)
San Antonio

Gill Harber, D.D.S.
Boerne

Larry D. Krupala
Cuero

Donald M. Peterson, D.O.
Dallas

William D. Poteet III
Lubbock

Joe N. Pyle, P.E.
San Antonio

Milton L. Risinger, D.V.M.
Terrell

Robert O. Robinson, M.D.
Beaumont

Jose Roman, Jr., M.D.
El Paso

Isadore Roosth
Tyler

Barbara T. Slover, R.Ph.
Fort Worth

Oliver R. Smith, Jr., D.C.
(Secretary)
El Paso

Sr. Marian Strohmeyer, R.N., M.P.H.
Edinburg

Raleigh R. White IV, M.D.
(Vice-Chairman)
Temple

Edward H. Zunker, O.D.
Seguin



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AUSTIN, TEXAS 78756-3199
(512)458-7111

Stock No. 4-121 8/90