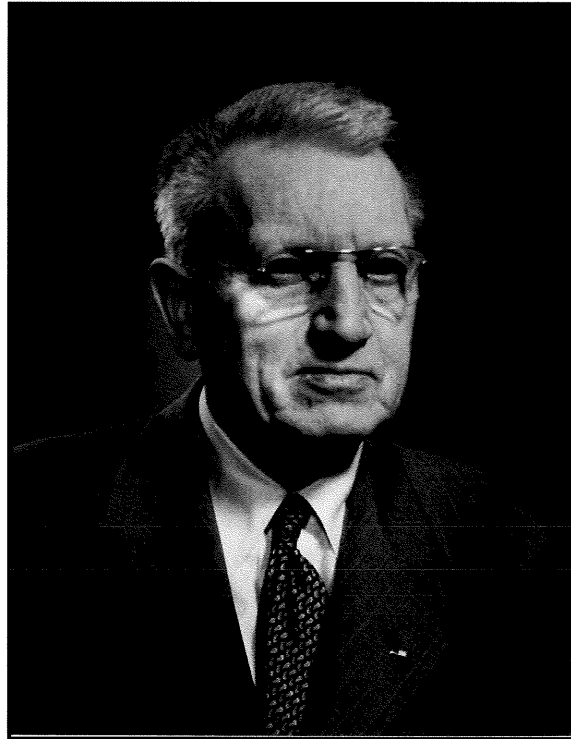


Chapter 1

The Health of Minnesota – 1949 to 1955



**“Dean of Health Officers”
Dr. Albert J. Chesley
Secretary and Executive Officer of State Board of Health**

Often carrying an overstuffed briefcase, Dr. Albert J. Chesley, secretary and executive officer of the Minnesota State Board of Health in 1949, was a common figure in the halls of the Health Department. Usually one of the first to arrive in the morning and the last to leave at night, he worked weekends and holidays, seldom taking a vacation. He often returned to the department after his evening meal, sometimes working until midnight. During these times, employees who were also working late might hear this usually quiet man talk about two of his favorite topics: the Spanish-American War and World War I. He might even show and discuss some of the many maps he collected and studied.

Dr. Chesley was a man of integrity, but he once told a lie. At the start of the Spanish-American War he added a year to his age so he could enlist as a private in the medical corps of the U. S. Army. He worked in the Philippines, treating the wounded. Returning

to his native Minnesota in 1901 following the war, he began his public health career as a clerk for the Health Department.¹ The minutes of the Board of Health indicated the employment of this young university student – this new office boy – at 75 cents a day was only a temporary arrangement. The “temporary” position extended into other positions for a total of 54 years of service at the department, 34 as its chief.

While attending the University of Minnesota, Dr. Chesley worked part time as a laboratory assistant at the department.² In 1907, after graduating from medical school, he became an assistant bacteriologist at the department and later became director of the communicable disease division.

During World War I, Dr. Chesley temporarily left the department to work in Poland with the American Red Cross. On a train from Paris to Warsaw, he met another American, Dr. Placida Gardner.³ Dr. Gardner was laboratory chief for the public health unit of which Dr. Chesley was commissioned. Years later, in the department newsletter, their courtship was described:

Their romance, an old-fashioned courtship, was one of the most carefully guarded secrets of World War I, and even Dr. Chesley’s roommate was unaware of it. Dr. Chesley was often out in the field, but when he returned to headquarters, the two of them strolled through the streets of Paris at night hand in hand. They chose streets where they would be least apt to encounter other military personnel.⁴

In 1920, a small part of a church in Warsaw, Poland, was briefly declared American territory, so the two could marry.⁵ Dr. Chesley’s best man was Dr. Harold S. Diehl, long-time medical school dean at the University of Minnesota.

The Chesleys returned to Minnesota in 1920, and Dr. Chesley resumed his position at the Health Department. One year later, on May 13, 1921, he was appointed secretary and executive officer of the board and became, with 34 years, one of the longest-serving health officers in the nation.



Dr. Chesley was a self-effacing man who liked to refer to himself as the board’s “office boy.” His weather-beaten desk of cherry wood was one he had salvaged from the old state capitol building.

His filing boxes, marked with brief labels, such as “TB Stuff,” were stacked near the desk for easy reach. Attending the board meetings, Dr. Chesley usually sat at the side absorbed in his briefcase of papers, but always attentive to the board’s actions.

¹ Minnesota Department of Health (hereafter MDH), *Minnesota’s Health*, Vol. 9, No. 9, November 1955, p. 1.

² Minnesota Civil Service Department, *The Minnesota Career Man*, July-August-September 1954, p. 11.

³ Harold S. Diehl, “Public Health in Minnesota: An Overview of the Past and a Glance Toward the Future,” *Minnesota Medicine*, Volume 42, January 1959, pp. 31-37.

⁴ MDH, *Minnesota’s Health*, Vol. 20, No. 4, April 1966, p. 2.

⁵ *Minneapolis Star*, “Town Toppers Here’s a Quick Look at Dr. Albert Chesley,” January 6, 1953, p. 8.

Department employees were like family to Dr. Chesley. He referred to them as "my gang."⁶ With his box camera, he would frequently gather employees and visitors together and take photographs.

Dr. Chesley led many crusades. He almost single-handedly persuaded Congress to transfer Indian health and medical care from the Bureau of Indian Affairs to the U.S. Public Health Service. His field-training course for health officers was a forerunner to the public health school that he helped establish at the University of Minnesota. He had deep concern for the health of children and advocated maternal and child health programs. He personally invested, not only his time, but also his financial resources in public health. When the governor once vetoed funds for a venereal disease laboratory, Dr. Chesley forfeited three months of his own salary to contribute to the operation of the lab. He held a strict non-commercial code, refusing to accept payments for endorsing any products.⁷

Dr. Chesley traveled to all areas of Minnesota, working the front line of public health. He drove throughout the state, visiting doctors in their offices. He kept a slip of paper with the names of typhoid carriers in his pocket. If he was in the town where one of them lived, he stopped and visited.⁸ If he received a notice that a drug store had distributed an anti-toxin, he was known to visit the patient to check for diphtheria.⁹

Dr. Chesley believed it very important to work closely with the medical profession and the University of Minnesota Medical School. A unique and supportive relationship was maintained. He consulted with and gained the support of the Minnesota Medical Association and the University of Minnesota School of Public Health for public health initiatives. A strong and united public health front was presented. Dr. Chesley thought it equally important to work with the population, stressing an individual's responsibility



PUBLIC HEALTH HISTORY was made at this weathered cherry desk where Dr. Chesley spent countless hours reading reports, writing letters and memorandums in longhand, and otherwise guiding public health in the state for 34 years.

⁶ *Minneapolis Star*, "Dr. Chesley, State Health Chief, Dies," October 17, 1955, p. 1.

⁷ *Ibid.*

⁸ MDH, *Minnesota's Health*, Vol. 9, No. 9, November 1955, pp. 1-6.

⁹ *Minneapolis Star*, October 17, 1955, p. 1.

for his or her good health.¹⁰ He encouraged and inspired others, and gained cooperation through suggestion rather than direction.¹¹



Dr. Chesley's Filing Boxes

One of the outcomes of Dr. Chesley's excellent relationship with the medical profession was the unusually good reporting of vital statistics, a foundation of good public health practice. After the 1950 census, the National Office of Vital Statistics determined 99.9 percent of the births in Minnesota were registered. Minnesota tied for second place with Rhode Island. The only state with a better record was Connecticut with a 100 percent registration record.¹²

Dr. Chesley's Teachers: The First Public Health Greats

Dr. Chesley knew and admired the public health greats of Minnesota. One of them was Dr. Charles Hewitt, a man of boundless energy, whose efforts created the State Board of Health in Minnesota in 1872. Just behind California and Massachusetts, Minnesota was the third state in the nation to have a health board, establishing an early pattern of being in the forefront in public health. Dr. Hewitt's foresight was a determining factor in the state's later successes in all areas. Though not always recognized by legislators

¹⁰ Diehl, "Public Health in Minnesota," p. 37.

¹¹ Ibid, p. 36.

¹² MDH, *Minnesota's Health*, Vol. 12, No. 10, December 1958, pp. 1-6.

and the public, public health interventions saved resources in one area, freeing them for use somewhere else.

Dr. Hewitt was secretary and executive officer from 1872 to 1897, and his accomplishments were many. In his own laboratory in Red Wing, Minnesota, in 1890, he began making smallpox vaccine for health officers and doctors.¹³ He began examinations of the diphtheria culture in 1894.¹⁴ He fought for improved sanitation and advocated for the delivery of health services at the local level. He established a system to collect health statistics. Minnesotans of today, used to a high level of public health services, owe much to Dr. Hewitt's early efforts. Dr. Chesley liked to refer to a statement made by Dr. Hewitt in 1872:

"The true policy in Minnesota is to begin immediately, to start right, and to hasten slowly."¹⁵

Dr. Charles Hewitt, 1872

Dr. Chesley worked with Dr. Henry M. Bracken who was secretary and executive officer of the board from 1898 to 1919. Dr. Chesley also worked closely with other public health pioneers, including Dr. Hibbert Hill, reportedly the first person in the United States to have the title of "epidemiologist," and Dr. Frank F. Westbrook, head of the department's laboratories and later a professor at the University of Minnesota.

Dramatic Changes in People's Health

Working in the department from the beginning of the century, Dr. Chesley observed, first hand, many significant accomplishments in public health. When he first started working at the department in 1901, Minnesota life expectancy was 49 years. Due to improved sanitation, vaccination and immunization, development of antibiotics and drugs, blood replacement, better health facilities and improved medical and nursing education and care, life expectancy for persons born in Minnesota had increased to 67 years by 1949.¹⁶ In 1900, only 22 percent of deaths in Minnesota were in individuals aged 65 and over. By 1950, 61 percent of the deaths occurred in people aged 65 or older.¹⁷ The days when at least one child in every family was expected to die had disappeared.

Changes in the state's health status are readily noted by comparing the leading causes of death in Minnesota in 1910 with those of 1949. The leading cause of death was no longer an infectious disease.

¹³ Philip Jordan, *The People's Health*, St. Paul, 1953, pp. 53-54.

¹⁴ *Ibid.*, p. 80.

¹⁵ MDH, *Minnesota's Health*, Vol. 9, No. 9, November 1955, p. 2.

¹⁶ MDH, *Minnesota's Health*, Vol. II, No. 10, October 1948, p. 3.

¹⁷ MDH, *Minnesota's Health*, Vol. 11, No. 1, January 1957, p. 3.

Leading Causes of Death in 1910¹⁸ and 1949	
<u>1910</u>	<u>1949</u>
1. Tuberculosis	1. Heart disease
2. Heart disease	2. Cancer
3. Pneumonia	3. Intracranial lesions of vascular origin
4. External causes	4. Accidental deaths
5. Cancer	5. Pneumonia
6. Diarrheal diseases of children	6. Diabetes
7. Nephritis	7. Nephritis
	8. Arteriosclerosis
	9. Premature birth
	10. Congenital malformations

Pregnancy and birth were no longer as great dangers for mothers and infants in 1949 as they had been. Dramatic gains had been made in the areas of infant and maternal mortality. In 1943 and 1946, Minnesota had the lowest maternal mortality rate in the country. The rate continued to decline, with 48 maternal deaths in 1948 when the state's total population was 2,940,000.¹⁹ The improvements were credited to early prenatal care, use of antibiotics, better-equipped and better-staffed hospitals. Nearly all babies were now born in hospitals.

Deaths Per 1,000 Live Births in Minnesota		
	<u>1910</u>	<u>1948</u>
Infant deaths per 1,000 live births	96.6	26.6
Maternal deaths per 1,000 live births	5.6	0.66
Stillbirths per 1,000 live births	31.1	17.6 ²⁰

¹⁸ Minnesota State Planning Board, "Report of the Committee on Public Health of the Minnesota State Planning Board," December 1936, p. 10.

¹⁹ MDH, *Minnesota's Health*, Vol. III, No. 3, April 1949, pp. 2-3.

²⁰ MDH, *Minnesota's Health*, Vol. IV, No. 1, January 1950.

In the beginning of 1949, the board agreed that the state of health in Minnesota was excellent. Dr. Thomas B. Magath, chief of clinical pathology at the Mayo Clinic and president of the State Board of Health said, "1948 was one of the best years we have ever had."²¹ The department's newsletter referred to 1948 as "a banner health year."²²

It was a hopeful time. There were fewer reported typhoid cases than there had ever been. From 1947 to 1948, syphilis cases dropped 40 percent, from 431 to 177.²³ For the first time since 1943 there had been no smallpox cases in the state, and malaria cases were decreasing. While tuberculosis cases had increased, there was a decrease in the number of deaths from tuberculosis. At 503, the number of deaths from tuberculosis was at an all-time low.

Advances occurred with other diseases and conditions. Deaths from appendicitis, as high as 416 in 1930, were reduced to 69 in 1949 as a result of antibiotics.²⁴ A new low level of pneumonia deaths was reached, with 1,009 reported deaths.²⁵ Influenza deaths in 1948 were also the smallest number on record and half the 1947 number.²⁶ Diphtheria cases were markedly reduced. Polio cases and deaths occurred, but they were far below the numbers experienced during the epidemic of 1946. The state's death rate of 9.5 per 100,000 was the lowest recorded.²⁷ Minnesota's sewage disposal system, had better showing than any other state, no doubt due in large part to the early efforts of Dr. Hewitt and Dr. Bracken.

		Cases and Deaths for Nine Selected Communicable Diseases as Reported to Minnesota Department of Health for Years 1910, 1920, 1930, 1940, and for 1946 to 1950 Inclusive								
		1910	1920	1930	1940	1946	1947	1948	1949	1950
Diphtheria	Cases	5012	3616	768	122	443	326	131	113	89
	Deaths	566	243	32	6	43	20	15	12	8
Measles	Cases	7673	6196	5245	1462	9411	9574	3359	4073	
	Deaths	263	159	89	6	10	17	11	2	10
Poliomyelitis	Cases	481	80	479	258	2881	201	1387	1715	502
	Deaths	201	18	37	26	226	13	110	110	21
Scarlet Fever	Cases	4117	3329	4030	3410	1866	1994	1637	1574	724
	Deaths	284	117	38	14	4	3	3	1	0
Smallpox	Cases	1262	6333	332	416	5	1	0	0	0
	Deaths	7	15	0	0	0	0	0	0	0
Tuberculosis	Cases	1440	4841	3305	2749	2622	2569	3966	2778	2700
	Deaths	2270	2157	1248	762	596	587	502	405	331
Typhoid	Cases	3204	684	217	57	26	23	28	21	12
	Deaths	688	71	25	6	3	1	4	1	1
Whooping Cough	Cases	2081	1863	3764	511	2712	781	181	1377	
	Deaths	172	297	60	34	15	31	14	6	14
Brucellosis	Cases			62	137	403	378	295	349	281
	Deaths			0	3	1	0	1	0	0

²¹ Minnesota State Board of Health Meeting Minutes (hereafter BOH, *Minutes*), January 20, 1949.

²² MDH, *Minnesota's Health*, Vol. III, No. 2, February 1949, p. 1.

²³ *Ibid.*, p. 4.

²⁴ MDH, *Minnesota's Health*, Vol. IV, No. 2, February 1950, p. 4.

²⁵ MDH, *Minnesota's Health*, Vol. III, No. 2, February 1949, p. 1.

²⁶ *Ibid.*

²⁷ *Ibid.*, p. 2.

Reflecting on the successes and hard work to get there, the board president said:

“We think it is barely remotely possible that after 30 years maybe our program has been effective.”²⁸

Dr. Thomas Magath, 1949

In 1949 public health had, according to Dr. William Shepard, president of the American Public Health Association, “come of age.” Public health schools were accredited, specialty boards in public health had been established, and health practice indices were being used to measure the effectiveness of public health programs.

The September 1951 issue of *Minnesota’s Health* included a letter from Dr. McGandy, board chairman of the Hennepin County Medical Society. He extolled the virtues of Dr. Chesley and public health in Minnesota noting that the pattern of accomplishments was followed by other states: “The public health record of the State of Minnesota is an eloquent and lasting monument that speaks volumes for the accomplishments of the Minnesota Department of Health under the guiding stimulus of Doctor Chesley.”²⁹

Board of Health

The nine-member board appointed Dr. Chesley to the position of executive officer. The governor appointed or reappointed members to the board for three-year terms. Since terms overlapped, a governor often worked with board members he had not appointed. This arrangement ensured consistency when parties changed. This was especially important at a time when the governor’s term of office in Minnesota was two years.

Board members typically served for more than a decade. They were unpaid, dedicated and contributed many hours of their time to the management of the department, while holding other leadership positions in the community. In 1949, the nine members had a total of 67 years of experience on the board. Contrasting that with the last Board of Health in 1977, the total number of years of experience as board members was 42, even though the number of members had increased to 15.

Led by President Thomas B. Magath, M.D., the board in 1949 was strong, powerful and respected. Dr. Magath, a member of the staff at Mayo Clinic since 1919, had been a board member since 1939. He served in the U.S. Navy from 1941 to 1946 inspecting medical installations all over the world and advising on matters of sanitation and tropical medicine. His work on the Interdepartmental Quarantine Commission had resulted in new quarantine measures throughout the world. Dr. Magath was the public health officer in Rochester from 1937 to 1941, succeeding Dr. Charles H. Mayo. Dr. Magath spent his career primarily in laboratory aspects of public health.³⁰

²⁸ BOH, *Minutes*, January 20, 1949.

²⁹ MDH, *Minnesota’s Health*, Vol. V, No. 9, September 1951, p. 3.

³⁰ MDH, *Minnesota’s Health*, Vol. IV, No. 2, February 1950, p. 4.

Board of Health Members in 1949

Thomas B. Magath, M.D., Joined 1939
Chief of Clinical Pathology, Mayo Clinic, Rochester

Ruth Boynton, M.D., Joined 1939
Director, University Student Health Service, Minneapolis

Frederick W. Behmler, M.D., Joined 1940
Senior Member of Morris Clinic, Morris

Leo Thompson, Embalmer, Joined 1940
Owner of Shelley-Thompson Mortuary, Little Falls

Theodore Sweetser, M.D., Joined 1948
Minneapolis

Charles V. Netz, PhmD., Joined 1947
Professor in College of Pharmacy, University of Minnesota, Minneapolis

Frederic H. Bass, C.E., Joined 1931
Professor of Civil Engineering, University of Minnesota, Minneapolis

W. Lester Webb, D.D.S., Joined 1944
Fairmont

(Note: Appendix D lists all board members from 1949 through 1977.)

Three long-serving board members who completed their terms between 1949 and 1955 were Prof. Frederic Bass, Dr. Frederick Behmler and Dr. Theodore Sweetser. Prof. Frederic H. Bass resigned from the board on February 7, 1952, after serving almost 21 years. He had attended 114 meetings, was board vice president from 1933 to 1935 and president from 1936 to 1938. Board meeting minutes indicate "Dr. Sweetser proposed a toast to Prof. Bass's future health and welfare, which was drunk in water."³¹

During his career, Prof. Bass supervised the installation of some 40 municipal water and sewage plants in Minnesota, led a drive to clean up Minneapolis' water supply, and was active in creating a metropolitan sanitary district.³² Following his death on May 25, 1953, the board wrote a letter to Mrs. Bass, and it contained the following excerpt:

The Metropolitan Drainage Commission is a lasting tribute to his professional ability combined with his tact and pleasing personality and persistence in carrying through what he knew to be the right thing for the public health and welfare of the Twin Cities. It is an example of exceptional merit in sanitary engineering achievement for Minnesota and for the whole United States to admire."³³

³¹ BOH, *Minutes*, February 5, 1952.

³² *St. Paul Pioneer Dispatch*, May 13, 1953, p. 26.

³³ BOH, *Minutes*, May 21, 1953.

Professor Herbert Bosch, recently returned from work in Geneva for the World Health Organization, succeeded Prof. Bass.

Frederick W. Behmler, M.D., from Morris, Minnesota, served as board vice president from 1950 to 1951 and president from 1952 to 1954. He had been a member of the board since 1940 but had to resign when he was elected to the state senate in 1954. Born in Jordan, Minnesota, Dr. Behmler graduated from the University of Minnesota Medical School. He served as health officer every place he practiced: Lafayette, Appleton and Morris. Active in many organizations, he was the first vice president of the Minnesota Medical Association and past president of the Minnesota State Public Health Conference. At its April 1955 meeting, the board passed a resolution honoring Dr. Behmler for his service.³⁴

Theodore Sweetser, M.D., left the board in 1954, serving his last two years as vice president. He had been a member since 1948. Later, in 1967, his son, Horatio B. Sweetser, M.D.; was appointed to the board.

By 1955, 23 Minnesota governors had appointed a total of 98 persons to the board. Helen Hielscher, M.D., had the honor of being the first woman. Appointed in 1932, she died in 1935 while still a member. The second woman to be appointed to the board was Ruth Boynton, M.D.³⁵ Appointed in 1939 she eventually served for 22 years. The third female was Inez Madsen, embalmer, appointed in 1953.



Dr. Ruth E. Boynton

Board topics varied. Some of the subjects discussed during 1949 meetings were: quarantine signs, recalcitrant tuberculosis patients, new plan for numbering birth certificates, shortage of skilled personnel, adopting new embalming regulations, prohibiting the use of BB guns, pasteurization of milk, rodent control, licensing of plumbers, low salaries, possibility of establishing a rheumatic fever registry, providing gamma globulin for measles and hepatitis contacts and expansion of hospitals. Diseases that were frequently discussed included, brucellosis, influenza, syphilis, diphtheria, polio, whooping cough, rabies, psittacosis, ringworm, typhoid, scarlet fever, and hepatitis.

Although it hadn't always been this way, the board was not advisory, but decision-making. It made the hard policy decisions, working closely with the Minnesota Medical Association, the University of Minnesota School of Public Health, advisory groups and other members of the public health community. The relationship with the Minnesota Medical Association was very close.

The board depended on advisory groups who would study and analyze the decisions that needed to be made and make recommendations. Advisory groups that were in existence in 1949 were:

³⁴ MDH, *Minnesota's Health*, Vol. 9, No. 5, May 1955, p. 4.

³⁵ Ibid.

Board of Health Advisory Groups in 1949

Advisory Council for the Hospital Survey and Construction Program
Advisory Board on Registration of Superintendents and Administrative Heads of Hospitals
Advisory Board on Hospital Licensing Law
Advisory Committee on Certification of Water and Sewage Plant Operators
Advisory Committee on Mental Health
Advisory Committee on Milk Sanitation

The board also worked with the Minnesota Public Health Conference, the precursor of the Minnesota Public Health Association. The department established the conference on January 30, 1947.³⁶ It was created out of the former Minnesota State Sanitary Conference which limited membership to health officers. The new organization was open to all persons involved in public health, and in its early years it operated as a professional association, rather than a policy-making body. The Minnesota Public Health Conference accepted and supported policies established by the department.

Together, the key public health organizations and persons in Minnesota presented a strong, unified group that worked together for the betterment of the people's health. At most board meetings a reference was made to the basis for all decisions: Will it improve the health of the people of Minnesota?

Health Challenges for Minnesota in 1949

Part of Dr. Chesley's genius and success in his work was his ability to adapt to the incredible changes that occurred during his lifetime. He didn't have a favorite disease or condition or method of working that he promoted. He had a singular focus: doing what was necessary at the time to improve the health of all people. Thus, though he experienced a broad spectrum of public health issues throughout his career, his actions in 1949 were as timely then as they had been 20 or 30 years earlier.

The health of Minnesotans was much better, but many problems still existed. In the beginning of 1949, legislation requiring pasteurization of milk did not exist. Brucellosis cases continued to increase. While cases of polio had dropped, the threat of an epidemic was ever present, and no means existed to prevent it. Polio created fear in the population, and the board often needed to respond to the public's fear with little information and few means. Rabies was of a concern equal to or greater than polio. Minnesota's accident figures approached the top in the nation.³⁷ In 1948 there were more deaths from accidents than from pneumonia, tuberculosis, polio, diphtheria, measles, scarlet fever, and whooping cough combined.

³⁶ MDH, *Minnesota's Health*, Vol. III, No. 9, September 1949, p. 4.

³⁷ BOH, *Minutes*, July 14, 1949.

Like polio, some of the challenges facing the board presented many unknowns and were difficult to address. Magath commented:

“We have worked ourselves out of a job in certain phases only to find ourselves confronted with new tasks that seem much more complicated and much more difficult than those others.”³⁸

Dr. Thomas Magath, 1949

A statewide conference on youth, in 1948, identified the most important health issues for the state as the prevention, detection and treatment of emotional and mental illness; medical supervision of children from birth to adulthood through periodic health appraisals and treatment; an adequate public health nursing service in communities; sanitary environment including safe water, milk and food supplies; and adequate housing facilities. In 1950, the 2,000 attendees at the same conference recommended the establishment of local health departments as the main health need. Other recommendations for 1950 included: more psychological and psychiatric services for families; courses in sex education in the schools; tests of physical and emotional health for pre-school children; annual examinations of all school employees; complete survey of environmental conditions in schools; campaigns for improving problems identified in environment of school; and more extensive use of school for recreational purposes.³⁹

The need for a better local health system had been long recognized. Despite legislation to promote coordination and consolidation of local health units, many distinct and separate governing units remained in operation. Local units resisted consolidating. This made outreach efforts by the department all the more challenging, having to contact many different people and places. Work towards an improved, coordinated and effective local health system continued into the 1970s.

The 1949 Board of Health was beginning to deal with conditions in state nursing homes. In 1952, Dr. Barr commented on this growing concern:

“Our biggest problem in the future is the problem of the older person and the chronically ill. I don’t think we can avoid that. In Washington at the session on nursing, the thinking was that public health nursing was going to have to change its thinking and spend less time on some of the fields like communicable disease control, maternal and child health, and spend more time on the question of ensuring services for persons with degenerative diseases, bedside nursing care, etc. It isn’t going to be done easily and overnight. People who have been working in a given field will resist changes.”⁴⁰

Dr. Robert Barr, 1952

³⁸ BOH, *Minutes*, January 20, 1949.

³⁹ MDH, *Minnesota’s Health*, Vol. IV, No. 4, April 1950, pp. 3-4.

⁴⁰ BOH, *Minutes*, June 3, 1952.

The board faced a shortage of hospital beds, incorrigible tuberculosis cases, and sanitation problems. The survey results of an unidentified Minnesota town in 1952 indicated some of the public health challenges:

There is faulty plumbing in both A high school and B (parochial) school....The county is not a Bangs' accredited county, nor is there a local ordinance on milk control or a local milk inspector in the city....There is no local ordinance or inspector regulating sanitation in eating and drinking establishments. The city council issues no permits to operate such establishments nor are there any educational courses held for managers and employees of taverns and cafes....Domestic sewage is discharged into the river....The river has little or no flow during the hot dry summer and fall months, and consequently objectionable conditions exist in the river during this period each year....Garbage is either collected by non-licensed private scavengers or hauled by property owners themselves and disposed of in a city dump....No local ordinance controls the collection and disposal of the garbage and rubbish....There were numerous flies in and around the dump....It is possible for the dump to be a source of pollution to the lake, especially after heavy rainfall.⁴¹

When the department received news that the 1951-53 biennial request to the Legislature should ask only for funds needed to continue the present operation plus any special needs incidental to the defense program, the board decided to submit a separate statement of needs. It identified what would be necessary to "establish and operate an adequate public health program" at this time. The projects listed were: alcoholics rehabilitation program; a survey of allergies to study the extent and what can be done to eliminate causative factors; and expansion of the cyanosis study because of an increased interest in "blue babies."⁴²

Internal issues at the department during this period included low salaries, problems with the civil service system, personnel shortages, interagency relationships, and lack of centralization of data. The staff were overcrowded in their building on the University of Minnesota campus, and in 1947 the board had submitted a request to the Legislature for a new building. Changes in reorganization, imposed from outside the department, threatened. Some changes, such as moving the responsibility for milk supply to another agency, irked a department that had pioneered the control of milk in its early days.

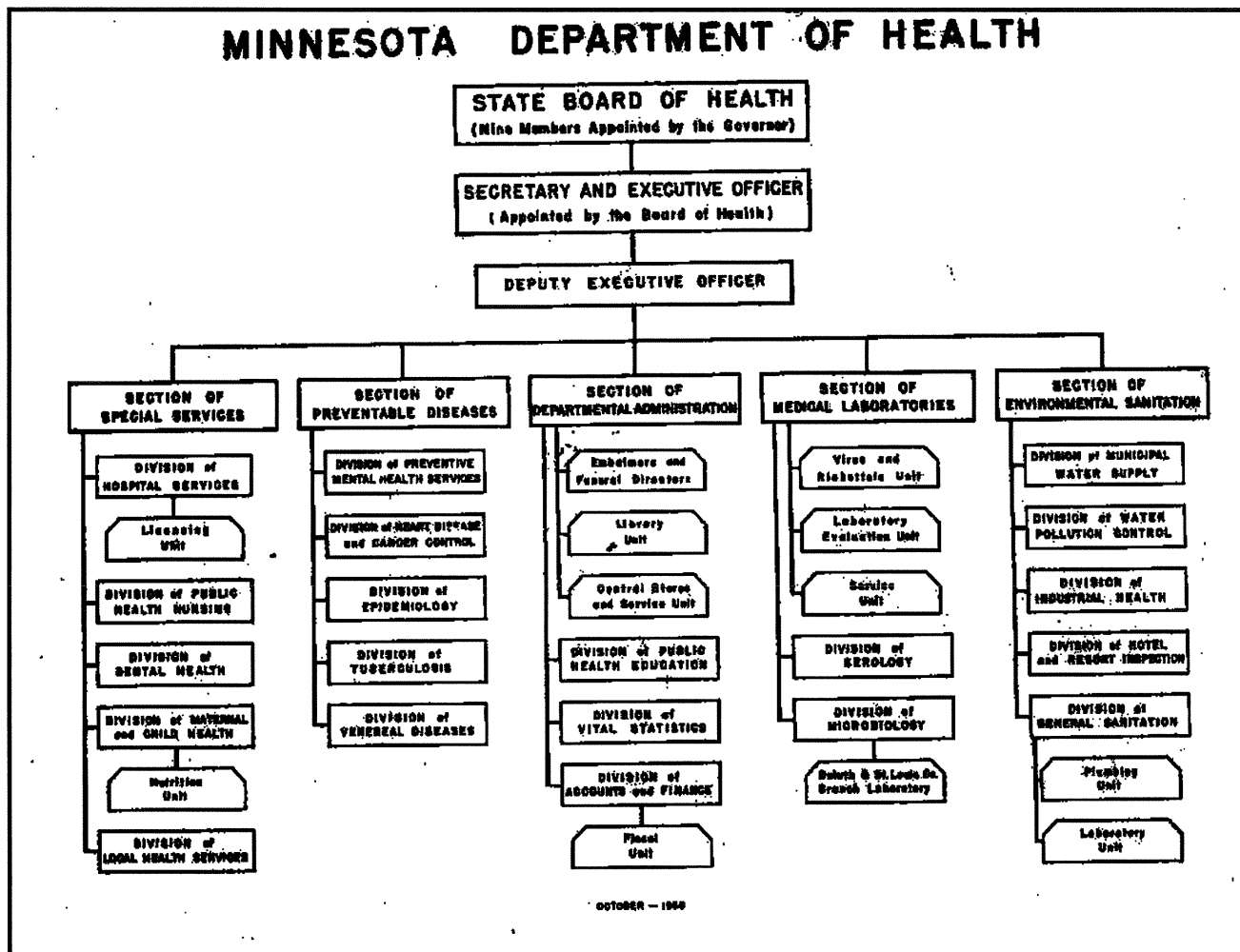
The Department's Organization and Functions

The board had been established with its chief work the control of communicable disease. By the 1940s, health needs were shifting to better control of chronic disease and accidents, more and better hospitals, adequate provisions for the elderly, and more rehabilitation programs. Some of the resulting organizational changes needed were addressed by the governor's Efficiency in Government Commission, established in 1950. This commission, better known as the "Little Hoover Commission," was evaluating all state agencies, with the intent of improving efficiency and effectiveness.

⁴¹ MDH, *Minnesota's Health*, Vol. VI, No. 4, April 1952, p. 4.

⁴² BOH, *Minutes*, August 1, 1950.

The "Little Hoover" report produced by the commission noted that the department's structure was backwards. The main branches of the organization were called "sections," and subdivisions were titled "divisions." This wasn't consistent with other agencies and was confusing, if not misleading. A survey found only two states, Minnesota and Wisconsin, used the term "section" to identify major segments of an organization's structure. While department employees didn't strongly oppose the proposed name



Minnesota Department of Health Organizational Chart, 1949

change, there was some resistance. Mr. Jerome Brower, chief of the departmental administration section, commented on the proposed change, "I don't see where we can benefit by anything of the kind."

Board members seemed less resistant to the proposed change:

Dr. Frederick Behmler: "We could go along with them on that and if it makes them feel any better that would be all right."

Brower: "We would have to change our letterhead."

Herbert Bosch: "Couldn't you make this change effective the first of the year, or something so you could use up your stationery? There is something to be said for this change. You might as well bow gracefully to the things that aren't so important and scrap out the things that are important."⁴³

Eventually, the change in terminology was made. Sections officially became divisions and vice versa.

The "Little Hoover" commission recommended that the preventable and chronic disease division be renamed disease prevention and control. While the change was not made immediately, the division was renamed several years later.

A new organizational plan reflecting all changes went into effect on January 1, 1953. The new organizational chart created a local health administration section.

Employees

The persons who surrounded Dr. Chesley at the department were a stable, cohesive group. Dr. Robert N. Barr, who became the first deputy executive officer in 1949, had worked with Dr. Chesley for more than 20 years. Jerome W. Brower, chief of the departmental administration section, began work at the department in 1933 as an antitoxin record clerk. Other section (later to become division) leaders in 1949 were:

Dean Fleming, M.D., M.P.H., preventable diseases
Herbert M. Bosch, M.P.H., chief of environmental sanitation
Robert N. Barr, M.D., M.P.H., special services
Paul Kabler, Ph.D., M.D., M.P.H., medical laboratories

Other department unit or section heads in 1949 were:

William Griffiths, M.A., director of public health education
Charles A. Amann, supervisor of embalmers and funeral directors unit
B. J. Estlund, supervisor of fiscal unit
F. Michaelsen, supervisor of central stores and service unit
Eleanor Barthelemy, B.A., B.S. in L.S., librarian
William Griffiths, M.A., acting supervisor of mental health unit
N. O. Pearce, M.D., acting director of cancer control
C. B. Nelson, M.D., M.P.H., director of epidemiology
Hilbert Mark, M.D., M.P.H., director of tuberculosis
H.G. Irvine, M.D., acting director of venereal diseases

⁴³ BOH, *Minutes*, February 5, 1952.

Marion Cooney, B.A., supervisor of virus and rickettsia unit
Henry Bauer, M.A., supervisor of laboratory evaluation unit
Albert Anderson, supervisor of services unit
Anne Kimball, Ph.D., director of serology
Mary Giblin, M.S., director of microbiology
H. E. Hoff, M.P.H., bacteriologist at Duluth and St. Louis County laboratory
O. E. Brownell, C. E., director of municipal water supply
Harvey G. Rogers, director of water pollution control
Frank L. Woodward, B. E., director of general sanitation
Dean M. Taylor, B.Ch.E., public health engineer in charge of laboratory unit
W. J. Cannon, supervisor of plumbing unit
George S. Michaelsen, M.S., acting director of industrial health
Harold S. Adams, B.S., director of hotel and resort inspection
Arnold B. Rosenfield, M.D., M.P.H., acting director of maternal and child health
Irene Netz, B.S., supervisor of nutrition unit
Helen L. Knudsen, M. D., M.P.H., director of hospital services
Ethel McClure, R. N., M.P.H., supervisor of hospital licensing unit
Ann S. Nyquist, R. N., director of public health nursing
W. A. Jordan, D. D. S., M.P.H., director of dental health
Percy T. Watson, M.D., M.P.H., director of local health services

During the 1940s and 1950s the salary of department employees was low. Renowned and respected Dr. Chesley received an annual salary of \$8,000 in 1950. According to the Consumer Price Index, the buying power of Dr. Chesley's salary was equivalent to \$55,302.90 in 1999.

Dr. Chesley was underpaid in comparison to other state health officers. In 1950 Montana had just employed a health officer at \$12,000 with an annual increase of \$1,000. North Dakota paid its health officer \$15,000. Wisconsin paid \$10,000.⁴⁴ In 1950 the governor's annual salary was \$12,000; the attorney general received \$11,000; the mental health commissioner was paid \$12,500; the commissioner of agriculture received \$8,500; the head of highways received \$9,500, and the state auditor was paid \$8,000.

Dr. Chesley's salary was set by legislation. The board made numerous attempts to increase it, and in 1951, the Legislature approved an increase to \$11,000.⁴⁵

The board was often frustrated in its attempts to try to increase the salary of department employees to make them more competitive. While salaries were low, however, there were other benefits for employees. One was the opportunity to advance their educations. Every year several employees earned graduate degrees through state financing of tuition, monthly stipends up to three-fourths of their salary and travel expenses. Some education was sponsored through federal sources. Unfortunately, this benefit sometimes resulted in the loss of employees. It was frustrating when a recently educated employee did not return to the department but accepted a higher-paying position somewhere else. One time when it happened, Dr. Chesley said:

⁴⁴ BOH, *Minutes*, August 1, 1950, MHS, pp. 434-436.

⁴⁵ BOH, *Minutes*, January 25, 1951, MHS, p. 82.

We spent \$3,000 on his stipends and travel when he got his MPH at Chapel Hill. He was under no obligation to return to Minnesota, but it was quite a disappointment because we had made this arrangement. Sometimes I feel that the attitude of Civil Service is simply giving us the permission to give people special training and then they go somewhere else. They keep down ratings and salaries to such an extent that they can find better pay and better conditions and, of course, they go.⁴⁶

Still, when the Legislature opposed the financing of employees' educations, the board fought back. Though it was frustrating to lose recently educated employees, the board strongly believed a good public health system needs well-trained staff. The issue was discussed at a board meeting in 1952:

Jerome Brower: "They (legislators) have advanced through hard work and they don't see the picture as we are inclined to see it. They can't see why the people with a bachelor's degree or even a master's degree have to be sent away for further training, and our problem is explaining that by giving them additional training they can render better service to the people."

Prof. Herbert Bosch: "I think there is another thing involved. Maybe we are paying too much. Three-fourths of their salary may be too much. Without income tax we are paying his complete salary. I have a feeling that a person should contribute something of his own to his training. I don't think it is obligatory, or even good, for the Board to send a person to school and pay his complete training. In the long run it accrues to the individual's good to go to school."

Dr. Theodore Sweetser: "And he will appreciate it more."

Bosch: "And I agree with Jerry that you shouldn't send every Tom, Dick and Harry. They should be carefully selected."

Charles Netz, PhmD: "If you reduce the stipend maybe they will say, 'To heck with it. I'll keep on with my job.'"

Dr. Ruth Boynton: "If he feels that way, then he shouldn't get it."⁴⁷

The board discussed increasing the training budget. Mr. Brower felt the legislators would not accept such a change.

Brower: "How do you get the money to train people when you haven't enough money for operations?"

Dr. Robert Barr: "Our answer to that is, if we hadn't trained people we wouldn't have any staff at all."⁴⁸

They agreed it would be difficult to gain legislators' support:

Brower: "When a man who has no education himself finds that the Department is setting aside \$20,000 for training people that already are University graduates..."

Sweetser: "If we had somebody to talk to him and told him, 'We can't keep your people healthy if we haven't got the personnel...'"

⁴⁶ BOH, *Minutes*, February 5, 1952.

⁴⁷ BOH, *Minutes*, June 3, 1952.

⁴⁸ *Ibid.*

Brower: "You can't win much in the way of appropriations with that technique."⁴⁹

The board hoped to find funds for increased training somewhere in the budget. Amid other suggestions, Dr. Fleming mentioned the possibility of discontinuing the mobile x-ray units for finding tuberculosis cases.

Brower: "I am sure the legislature would like taking the units out of service and putting the money into training."

Barr: "Maybe we ought to give them the units and tell them to operate them."⁵⁰

By 1952, the department had financed the training of 393 people. This included 31 physicians, 25 dentists, 56 engineers, 240 nurses, 11 public health educators and 30 general people.

The board thought employees at all levels were underpaid as a result of the limitations of civil service rankings. At the July 1953 board meeting the issue was raised again, and there was special concern over the switchboard operator:

Chesley: "Specifically, I am going to speak about one case and that is Avis Nott, our telephone girl over there. I have never seen anyone who compares with her for efficiency and courteous service. She knows how to get everybody. She has had two jobs elsewhere and she came to me the other day and said her classification here is such that she feels she will have to make a change. What has been your experience on requesting classification for this position?"

Brower: "I don't think we have anything in writing on this particular job. The thing is, there is only one Switchboard Operator 2 in the state service and that is the Chief Operator at the Capitol. Everyone else is a 1. I don't see why they can't reclassify it. There is a difference of \$25 a month in the two jobs.

Chesley: "Do you think she should remain a 1?"

Brower: "I see no reason why she shouldn't be a II, but Civil Service doesn't understand. I pointed out that, and they say they will come over and survey the job. They say the operator in Public Welfare does comparable work and she is on the same level."⁵¹

Dissatisfaction with the civil service board and its failure to reclassify employees to adequately compensate them was discussed at the September 1953 board meeting:

Barr: "I said I thought that was right, and there was too much politics mixed with the Director. Civil Service has a board, and the Director of Civil Service is definitely tied in with the Department of Administration. It is not a Civil Service Board but a director who is carrying out the wishes of the Department of Administration."⁵²

Prof. Bosch advocated taking professional employees out of classified service or at least studying the possibility of doing so. Dr. Boynton didn't necessarily agree:

⁴⁹ BOH, *Minutes*, June 3, 1952.

⁵⁰ *Ibid.*

⁵¹ BOH, *Minutes*, July 1, 1953, MHS p. 46.

⁵² BOH, *Minutes*, September 23, 1953.

Boynton: "Rather than get all professional people out of classified service, would it be better to get the people up to the salaries where they belong."⁵³

A unique feature of many of department employees of the 1940s and 1950s was the experience they had had overseas either with the armed forces, the World Health Organization or in other capacities of international work. In the early 1950s several persons left the department to work overseas. Mr. Harold R. Shipman, acting director of the hotel and resort inspection division, served as sanitary officer of a civil assistance command team in Korea for the American Red Cross.⁵⁴ Dr. Anne Kimball, director of the serology division, traveled to Rangoon, Burma, where she worked with the World Health Organization at the Pasteur Institute on congenital syphilis.⁵⁵ Mr. Herbert Bosch, head of environmental services, accepted a position with the World Health Organization in Geneva, Switzerland, as its first head of environmental services.⁵⁶

During this period, 1949 to 1955, there were few women in leadership positions in the department. Married women, especially those with children, tended to remain at home. This was reflected in an interchange between one board member and Dr. Henry Bauer, director of the public health laboratories, in 1950:

Dr. Lester Webb: "Are you maintaining your personnel pretty well?"

Bauer: "The greatest loss in personnel is girls going off and getting married and raising families. I threaten to hire men. When they get married they are stuck."⁵⁷

A few months later Dr. Bauer acknowledged a new challenge when men were needed for the Korean War. Dr. Fleming, director of the preventable disease division, and several other employees were called away. Medical officers in the Navy were at risk for being called out at any time. This resulted in the following conversation at the board meeting:

Bauer: "Incidentally, you probably have heard me lamenting about all the women in our Section getting married and leaving me to raise families. So I put in men and now look what happens. The Army is going to take them."

Boynton: "That just goes to show, what happens when you start to discriminate."⁵⁸

Finances

The department's budget for the biennium 1949-1950 totaled \$1,751,775.48.⁵⁹ The expenditures were broken down as follows:

⁵³ BOH, *Minutes*, September 23, 1953, MHS, p. 45.

⁵⁴ BOH, *Minutes*, October 16, 1951, MHS, p. 35-36.

⁵⁵ MDH, *Minnesota's Health*, Vol. V, No. 2, February 1951.

⁵⁶ BOH, *Minutes*, April 25, 1950, MHS, pp. 102-103.

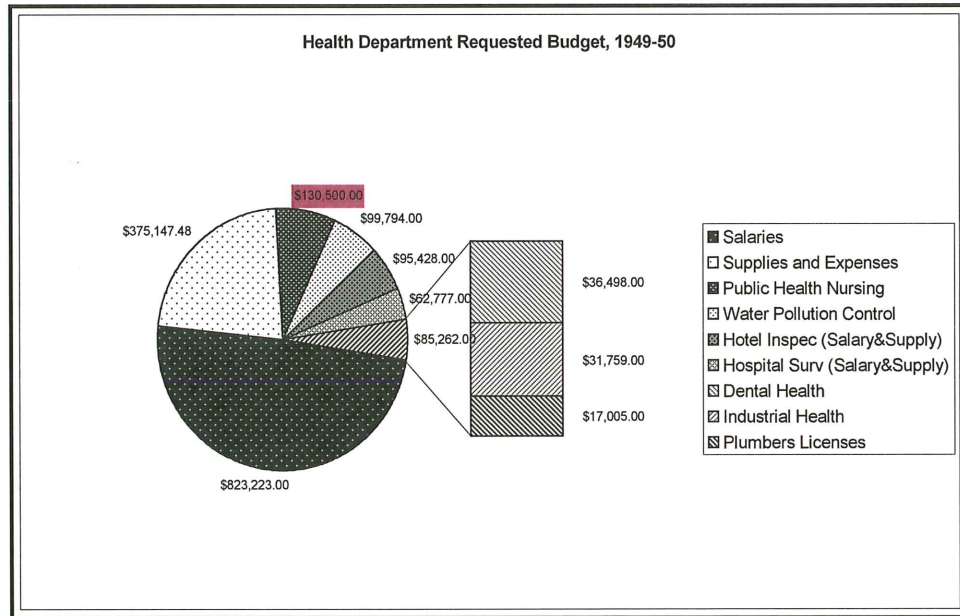
⁵⁷ *Ibid.*

⁵⁸ BOH, *Minutes*, August 1, 1950.

⁵⁹ BOH, *Minutes*, January 20, 1949, MHS, pp. 5-6.

Health Department Expenditures, 1949-50

Title of Account	Budget for 1949-50
Salaries	\$ 823,223
Supplies and Expenses	375,147
Water Pollution Control	99,794
Hotel Inspection, Salaries	59,970
Hotel Inspection, Supplies & Expenses	35,458
Embalmers licenses	12,010
Plumbers licenses	17,005
Registration of Hospital Sanitarium Heads	2,330
Hospital Survey, Salaries	53,307
Hospital Survey, Supplies & Expenses	9,470
Public Health Nursing	130,500
Dental Health	36,498
Industrial Health	31,759
Federal Aid, Maternity and Infancy Protection	37,518
Federal Aid, Public Health	20,786
W. K. Kellogg Foundation, Field Training	7,000



The most significant change to funding during this period was the increase from the federal government. In 1948 the federal government provided funding for slightly more than 10 percent of the department's expenditures. These expenditures included tuberculosis control, venereal disease and education, protection for maternity and

infancy, emergency maternity and infant care and public health work.⁶⁰ The smallest amount was \$439.15 for tuberculosis control, and the largest was \$111,556.05 for emergency maternity and infant care.

In 1949, the federal government provided \$70,536.67 to the department for hospital survey and planning, as part of the Hill-Burton Act. The following year, 1950, the amount was increased to \$1,252,866.54, becoming the department's single largest expenditure. Expenditures of the department doubled from 1949 to 1950, with the federal government now providing nearly 50 percent of the funds.⁶¹ Annual payments from the Hill-Burton program ranged from \$613,170.69 to \$3,955,997.07 over the five-year period ending in 1956.⁶² Federal funding for a large percentage of department programs has continued through the present.

In the 1950s, board members weren't certain if they liked this new trend of federal funding. They recognized some of the potential problems. One was the failure to provide continued funding once a program was implemented. At the April 1951 board meeting one member expressed his concern:

Netz: "...the Federal government has done that in other fields. They start the things, and then let the State hold the bag."⁶³

At the July 1951 board meeting, when some expected federal funds were cut, Dr. Sweetser made it clear he didn't think it was a problem:

Sweetser: "I'm all in favor of people getting along without any Federal money at all, so it is all right with me."⁶⁴

A Multitude of Activities

Based on identified and perceived needs, the department initiated many activities, all designed to improve the health of the population.

One public health activity that was unique to this time, were preparations for dealing with the casualties and health problems created by an atomic attack. The threat of an atomic attack was felt throughout the nation, and federal civil defense programs were implemented. The board had the main responsibility for planning and preparing emergency medical services that would be needed in the event of such a catastrophe. Facilities to handle casualties were identified, a blood bank was organized, equipment was stockpiled throughout the state, and professionals and laypersons were educated about radiation and its effects.

⁶⁰ *Report of Public Examiner on the Financial Affairs of Department of Health, Years Ended June 30, 1948, 1949, 1950 and 1951.*

⁶¹ *Ibid.*, p. 5.

⁶² *Report of Public Examiner on the Financial Affairs of Department of Health, Five Years Ended June 30, 1956*, p. 4.

⁶³ BOH, *Minutes*, April 30, 1951, MHS, p. 86.

⁶⁴ BOH, *Minutes*, July 23, 1951, MHS, p. 226.

Board members were ever mindful of the need to be prepared for an atomic attack. At one meeting Dr. Sweetser commented on the location of the hospitals:

As I understand it, that Hennepin County Central Medical Center is all going to be built down around where St. Barnabas and Swedish Hospital are now. You all saw the Sunday's paper and the question of whether we are a target for atom bombs or not, and I couldn't help but think that here are the flour mills and here is the center where these hospitals are going to be built, and what is the use of building your hospital center in the area that is going to be hit...The Federal government and everyone else is worried about hospitals in case of attack and then they put them right where they would be the most liable to get hit.⁶⁵

(Note: Chapter 4 describes the department's civil defense program in greater detail.)

A large activity of the department's was the administration of federal grants for new hospitals or remodeling of hospitals. The board was the designated agency for handling federal Hill-Burton funds. The department created a plan that identified priority areas. For the next 25 years, under the capable leadership of Dr. Helen Knudsen and Dr. Robert Barr, the board would play a pivotal role in determining which areas of the state would receive funding for health facilities.

(Note: Chapter 6 describes the department's role in the Hill-Burton program in greater detail.)

In the 1940s and 1950s, the department began activities in the areas of heart disease and cancer control. Heart disease and cancer had become the leading causes of death among Minnesotans. A cancer control program directed by Dr. N. O. Pearce was begun in 1947. Grants from the U.S. Public Health Service made the creation of the division (later named "section") of heart disease and cancer control possible in 1949. This division worked closely with the Minnesota division of the American Cancer Society and the Minnesota Heart Association. The division coordinated information opportunities for health professionals, and began a study of rheumatic fever, which was one of the leading causes of death and disability among children. Control was difficult, as the exact cause of the disease was not known, and symptoms resembled less serious conditions.⁶⁶ The tuberculosis mass-screening program was utilized, to conduct a pilot study of case finding for cancer and heart disease in two counties.

The department tried to develop more programs in mental health, alcoholism and the misuse of drugs. The governor, popular Luther Youngdahl, showed strong interest and support in these areas, particularly mental health. Funding for state programs was appropriated, but most of the programs were placed in other agencies.

While chronic diseases were beginning to attract more attention, several communicable diseases were not yet under control. Of particular concern at this time was polio, and the department played a significant role in the development of polio vaccine.

⁶⁵ BOH, *Minutes*, September 26, 1950.

⁶⁶ MDH, *Minnesota's Health*, Vol. III, No. 9, September 1949, pp.1-2.

(Note: Chapter 2 describes the department's role in typhoid, brucellosis, tuberculosis and other communicable diseases in greater detail.)

(Note: Chapter 3 describes the department's role in polio in greater detail.)

Careful records of health statistics were kept, and the collection of data for public health measurements was enhanced in 1949 when all babies born in Minnesota, as in every other state, were given birth numbers. The first number, "1," indicated the United States, the second number, "22", indicated Minnesota, the next two digits indicated the year, and the next six indicated the order of birth in the county where the baby was born. Each county was assigned a block of numbers. The number on the birth certificate of the first child born in Minneapolis through this new national plan was 122-49-000001.⁶⁷



The president of the board described it:

Magath: "The Federal government has undertaken to give each person in the United States a number. It isn't quite the same number you get when you go to prison, but a similar number."⁶⁸

Getting the Message Out

Television was relatively new in 1949, and the department recognized it as a useful medium to spread the public health message. The first live television broadcast in the department's history occurred January 3, 1949.⁶⁹ KSTP-TV in Minneapolis-St. Paul showed a film on the care of premature babies, and this was followed by an interview with a department consultant on community health. The topic was the state's programs on maternal and child health. Regular weekly programs of films, sometimes followed by interviews, continued on Monday evenings.

The department began its first regular radio broadcast in its history on February 14, 1949.⁷⁰ Every Monday morning at 11:15 a.m. on station KUOM, Dr. Robert Barr would speak to listeners about public health legislation, mental health, vital statistics, epidemiology, health days, health councils, and a host of other topics.

Dr. Barr's radio program was expanded in 1950 through the availability of funds from the mental health project. Prior to Dr. Barr's weekly broadcast, Dr. Roger W. Hwell,

⁶⁷ MDH, *Minnesota's Health*, Vol. III, No. 3, March 1949, p. 1.

⁶⁸ BOH, *Minutes*, January 20, 1949.

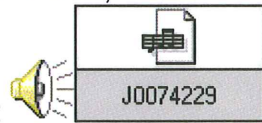
⁶⁹ MDH, *Minnesota's Health*, Vol. III, No. 1, January 1949, pp. 3-4.

⁷⁰ MDH, *Minnesota's Health*, Vol. III, No. 2, February 1949, p. 2.

associate professor of psychiatry at the University of Minnesota, talked about mental health.⁷¹

A new radio series, beginning March 9, 1955, was titled "Public Health Is People." A feature of Bee Baxtur's program, the KSTP broadcasts were seen and heard Wednesdays on television, and Thursdays on radio. The programs from March through

June 1, 1955 were:



What Public Health Is and What the Health Department Does – Robert Barr, M.D.

Hospitals for Today and Tomorrow - Helen L. Knudsen, M.D.

Finding Disease with Microscope and Test Tube - Henry Bauer, PhD

How We Control Communicable Disease Today - Dean S. Fleming, PhD

A Day in the Life of a Public Health Nurse - Alberta Wilson, R.N., Dorothy Hagland, R.N.

The Story of Public Health in Minnesota - Albert Chesley, M.D.

Meeting Public Health Problems in Urban Areas - Karl Lundeberg, M.D.

Saving the Lives of Mothers and Infants - A. B. Rosenfield, M.D.

At the same time, "Health – Wanted," a series sponsored by a Twin Cities health education group, was shown on WTCN-TV on Saturdays.⁷²

Outreach to professionals and the public didn't stop with radio and TV. Beginning in 1947, monthly newsletters were sent to 10,000 physicians, dentists, sanitary engineers, public health nurses, school personnel, libraries, health and welfare associations, members of the state Legislature and other groups.⁷³ Within its four pages, the newsletter, *Minnesota's Health*, contained photographs and graphs and updated readers on public health activities in Minnesota. First edited by Netta W. Wilson, the bulletin contained information on how the recipient could be involved in promoting and maintaining good health in each person's community.⁷⁴ When Ms. Wilson left the department to take a position in health education in Oregon, Marie Ford became editor.⁷⁵ Together, the two women left a legacy that well documented the department's history for several decades.

Another newsletter, *School Health News*, was published jointly by the departments of Health and Education. Begun in 1947 and continuing through the 1960s, *School*

⁷¹ MDH, *Minnesota's Health*, Vol. IV, No. 2, February 1950, p. 4.

⁷² MDH, *Minnesota's Health*, Vol. 9, No. 3, March 1955, p. 4.

⁷³ MDH, *Minnesota's Health*, Vol. 1, No. 1, January 1947, p. 3.

⁷⁴ Ibid.

⁷⁵ MDH, *Minnesota's Health*, Vol. 9, No. 5, May 1955, p. 4.

Health News was distributed to all school health directors to keep them informed of resources, as well as to exchange ideas and information. This newsletter was published three times a year in October, January and April.

Three nursing newsletters were published for several years until the department decided to reduce duplication by consolidating their contents into *Minnesota's Health* and the newsletter of the Minnesota Association of Nursing Homes. *What's Going On*, produced by the department's public health nursing section, and *Nursing Home News*, produced by the department's hospital licensing unit, were distributed from 1948 to 1952.⁷⁶ ⁷⁷ *Nursing in Industry* was produced until 1952.⁷⁸



The emphasis on distributing information matched that of Dr. Hewitt, the department's first health officer in 1872. Dr. Hewitt, a strong supporter of outreach and education, wrote:

“Our library ought to be representative of all that is valuable in the practical departments of public health...It has been collected chiefly to serve the purposes of our office and laboratory, and is a fair working collection. The literature of hygiene, both as a science and an art, is growing very rapidly, and we hope to be enabled to keep our library fairly abreast of current knowledge. We have such books of reference as are needed by health officers, and are glad to assist them in this way...”

Dr. Charles Hewitt

Like Hewitt, department leaders in the 1940s and 1950s encouraged people to contact the department. One newsletter invited professionals and lay persons to ask for help at the library:

A nursing advisory committee studying rheumatic fever, a physician needing articles on trichinosis, a mother desiring material to assist in training a child with spastic paralysis, a school boy writing a theme on smallpox vaccination – these turn to a public health department for assistance.⁷⁹

The department played a strong role as educator, such as distributing guidelines to persons who had booths at county and state fairs, providing information on fly control, distributing handouts on recommended industrial practices, and providing information on the status of health facilities.⁸⁰

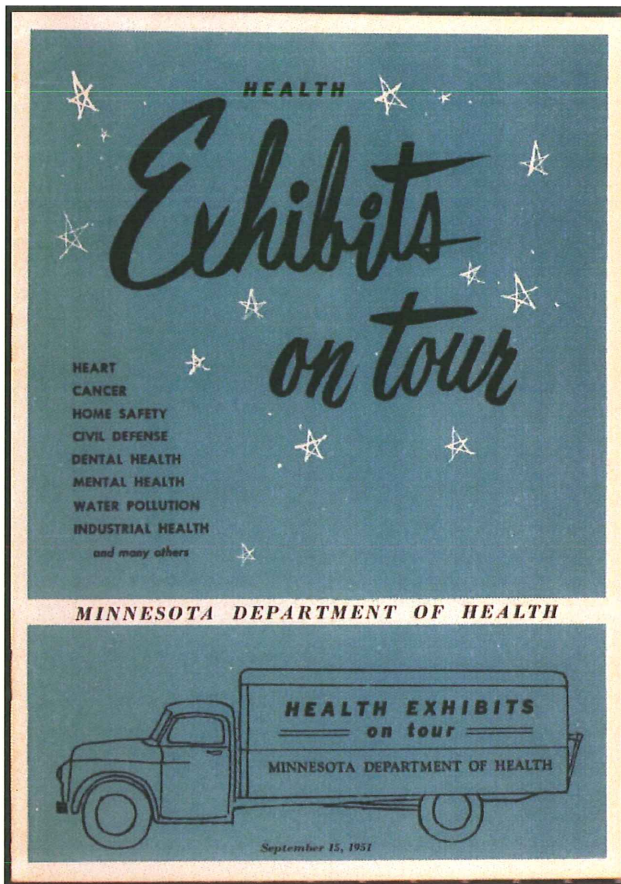
⁷⁶ MDH, *What's Going On*, March 1952, PHN-479.2.

⁷⁷ MDH, *Nursing Home News*, Volume III, No. 4, October, November and December 1951, p. 1.

⁷⁸ MDH, *Nursing in Industry*, Vol. 1, No. 1, October 10, 1944, PHN-95-1, p. 1.

⁷⁹ MDH, *Minnesota's Health*, Vol. II, No. 8, August 1948, p. 2.

⁸⁰ BOH, *Minutes*, August 1, 1950.



In addition to using radio, TV and the newsletter, the department traveled directly to the people with “Exhibits on Tour.” A health caravan with displays on heart disease, cancer and several other public health problems visited all parts of the state. Special attention was given to communities with populations of 2,000 or less who may not have easy access to the information.

In 1948 the department began holding “health days” to bring together persons interested in improving the health of a particular community. These continued and focused on an exhibits-on-tour program. The first health day was held in Worthington on February 23, 1948. The counties that helped with the planning were Nobles, Jackson, Cottonwood, Murray, Rock and Pipestone. The day included three panel discussions and an evening meeting addressed by Gov. Luther W. Youngdahl. Panel discussions

were led by Dr. Gaylord W. Anderson, director of the School of Public Health at the University of Minnesota; Dr. Robert Barr; and Dr. Dale B. Harris, acting director of the Institute of Child Welfare at the University of Minnesota. The topics for the first event at Worthington were community health problems, farm and home safety and mental health.⁸¹ In 1952, rural health days were held in Rosemount, Winthrop, Arlington, Shakopee, Pine Island and Wabasha.⁸²

Success with health days led the department to focus on a particular topic. The first mental health day was held in Albert Lea on September 23, 1949 and was attended by both professionals and lay persons. Gov. Youngdahl spoke at the event and described the state’s mental health program, which had begun July 1, 1949.⁸³ The following year, Gov. Youngdahl signed a proclamation naming April 23-29 as “Mental Health Week.” A series of events were held all over the state.⁸⁴

Further outreach to professionals was offered through a unique postgraduate professional education program. For two evenings a week over an eight-week period, seminars on heart disease, cancer and psychosomatic medicine were held in communities. The educational programs were jointly sponsored by the department,

⁸¹ MDH, *Minnesota’s Health*, Vol. II, No. 2, February 1948, p. 1

⁸³ MDH, *Minnesota’s Health*, Vol. III, No. 10, October 1949, p. 1.

⁸⁴ MDH, *Minnesota’s Health*, April 1950, Vol. IV, No. 4, p. 1.

which financed and organized the program, and the schools of medicine, dentistry, nursing, pharmacy and public health at the University of Minnesota; the state medical, dental, nursing, and pharmaceutical societies; the Minnesota division of the American Cancer Society; the Minnesota Heart Association; and the Minnesota Mental Hygiene Society. Dr. George N. Aagaard, director of postgraduate medical education at the University of Minnesota, organized the speakers.⁸⁵ The first seminar was in Bemidji, with the first class held September 27, 1949.⁸⁶ By 1951, seminars had been held in Albert Lea, Austin, Bemidji, Crookston, Duluth, Fergus Falls, Mankato, Moorhead, St. Cloud, Slayton, Virginia, Willmar and Winona.⁸⁷

An outgrowth of the eight-week seminars was a series of health weeks for non-professionals, organized by citizen groups. The first health week was held in Virginia, Minnesota, during the week of October 22-28, 1950. The Virginia Health Council sponsored the events that included exhibits on cancer, rheumatic fever, sanitation, accident prevention, tuberculosis, industrial health and mental health. The American Legion auxiliary presented a film on breast cancer self-examination.⁸⁸ Like the seminars, the health weeks were successful, and other towns wanted to organize them. Crookston and Willmar had health weeks in the spring of 1951.

At the department's encouragement, more and varied public health events were organized by local organizations. In Morrison County, public health nurse Margaret Momberg organized a mock trial at the county courthouse. Community members were charged with failing to do all they could for public health. The state's star witness was "Mrs. Annie Do-Nothing" who never sent her children to the dentist, didn't have them immunized and never helped promote public health programs. She was pronounced guilty and sentenced to many years of poor health.⁸⁹

MOORHEAD
HEALTH
WEEK
MARCH 11 - 17

FOR YOUR HEALTH

A Program of
HEALTH EDUCATION

- **READ**
The health literature contained in this packet. Other health education literature available at special meetings.
- **SEE**
Film showings dealing with significant health subjects of today.
- **HEAR**
Leading authorities in health fields discuss pertinent problems.
- **ATTEND**
Activities sponsored by local organizations and groups.

Program sponsored by Moorhead Health Week Committee
with the assistance of
THE MINNESOTA DEPARTMENT OF HEALTH
(See Back Side)

⁸⁵ MDH, *Minnesota's Health*, Vol. IV, No. 2, February 1950, pp. 1-2.

⁸⁶ MDH, *Minnesota's Health*, Vol. III, No. 10, October 1949, p. 3.

⁸⁷ MDH, *Minnesota's Health*, Vol. V, No. 4, April 1951, pp. 3-4.

⁸⁸ MDH, *Minnesota's Health*, Vol. IV, No. 11, November 1950, p. 1.

⁸⁹ MDH, *Minnesota's Health*, Vol. IV, No. 4, April 1950, p. 3.

Spurred by the success of the seminars for professionals, in 1952 the department joined with the Minnesota Medical Association, the University of Minnesota School of Medicine, the Minnesota Heart Association and the Minnesota Cancer Society to offer a new informal educational program for physicians. Pathological conferences on cancer and heart disease were scheduled as part of regular hospital staff meetings. At each session a guest consultant reviewed case histories of cancer and heart patients and discussed diagnosis and treatments with those in attendance.⁹⁰

Throughout these years, the department regularly exhibited at the State Fair. The theme of the department's 1949 exhibit was mental health, and in 1950 it was environmental sanitation.

Public Health: Challenges in Getting Support

While the department did an outstanding job of promoting public health issues, it wasn't so sure it promoted itself or public health adequately. It sensed a lack of support from legislators who probably didn't understand what the department was doing and trying to do, as indicated at this discussion at a board meeting in 1950:

Netz: "I think you are getting enough material out (publicity about the Minnesota Department of Health) but people aren't cognizant of who is doing the work. This Department has worked along for years and years quietly and efficiently and never made any fanfare, etc. I think we should give some study to that in the future and see if our Public Health Education Division couldn't some way point up something to emphasize the work of the State Department of Health surreptitiously now an then. I have no suggestions to make, but I feel the Department does not get the credit they deserve from the people of the State."

Barr: "We have gained a great deal of assistance by giving all the credit we could to the group working with us, and we have gotten a great deal more accomplished by doing so."

Netz: "Do we get more money from the legislature?"

Barr: "I don't think so."

Netz: "Your policy is all right. I don't criticize that. But if the individual legislators were more aware of what is being done....They question whether this work is necessary at times or that is necessary. If there was some way of making the people more cognizant of what is being done."⁹¹

At another meeting the board discussed how it could get its message to the Legislature:

Boynton: "I think Professor Bass is so right when he says that the Legislature is more interested in people than they are in laboratory figures. The League of Women Voters brought Sen. Shipstead over one day to get him to support the Sheppard-Towner Act. All I did was pull out of the file two or three letters from women who had received some of the material that had been sent out. That was all that was needed. That convinced him more than all the talking anyone

⁹⁰ MDH, *Minnesota's Health*, Vol. VI, No. 11, December 1952, p. 6.

⁹¹ BOH, *Minutes*, November 14, 1950, MHS, p. 629.

could do. I think if we can, not only in tuberculosis but as many of our services as possible, make the Legislature see what it means to the people of the state it will have a salutary effect on our appropriation."

Sweetser: "May I move that Mr. Bass be a committee of one to make some pilot studies on this personalization stuff?"

Boynton: "I would like to suggest that our Division of Public Health Education get busy and figure out ideas how this might be presented."⁹²

Challenges of Working with Others, Getting Support for Public Health

Interagency working relationships and the politics of state government were a challenge to the board. One example is its effort to keep mental health activities in the department. Against the board's wishes, funds through the federal Mental Health Act of 1946 were given to the Department of Public Institutions. President Thomas Magath told the board he did everything he could to prevent it. Gov. Youngdahl had assured him during the campaign that there would be no withdrawal of funds from the board, but in the end the mental health commissioner was given responsibility for administering, expending and distributing federal funds designated for mental health activities.

At its May 5, 1949, meeting, the board wondered if there was a way to have a joint program with Public Institutions.

Magath: "Well, it would seem to some of us at least that we would probably always be in hot water and it would depend on the personalities involved, if our representative here was a person of disagreeable personality or vice versa. I don't know if it will be possible for two state departments on the same level ever to get together. On this water pollution control situation that was saved not by cooperation between the departments but by setting up a definite commission."⁹³

He continued:

Magath: "The Governor, of course, has his troubles and I am sympathetic toward them, just as we have ours, but I think the thing that I find it most difficult to understand is why he didn't call in the only agency in the state who has done anything about mental health for at least an expression of opinion. He was under moral obligation to give the State Board of Health an opportunity to express an opinion as to whether they thought the bill was good, bad or indifferent. He didn't do that, and that is my chief complaint."

Chesley: "You must remember that he was bedeviled from all points of view. If there was any attempt to change it he was afraid he might lose the whole thing."

Magath: "He should have thought of that long before he got himself out on a limb."⁹⁴

⁹² BOH, *Minutes*, November 14, 1950, MHS, pp. 485-489.

⁹³ BOH, *Minutes*, May 5, 1949.

⁹⁴ *Ibid.*

The board had an opportunity to receive \$29,667 for mental health activities, channeled through the commissioner of Mental Health. At a meeting in Duluth on June 13, 1950, board members discussed what they wanted to do:

Boynton: "The thinking of the Board in times past is that the Board has never been in a position where any other State department has dictated to it what it shall do. I am sure the Board does not want to be in that position and I don't mean to infer that is what it wants to be. But I want some assurance of non-interference and cooperation and my feeling is that Dr. Rossen's reaction is that he wants that type of cooperation. If we were to ask another agency for permission to expend money, that would be intolerable. As to continuity, again I got the impression that the opportunity for cooperation and continuity was good and was there. We must have Board action on accepting these funds and then after that if we should continue the division as such."⁹⁵

Other areas where the board encountered many challenges in working with others were certification and licensing. At the August 1950 meeting the board discussed whether or not tests should be given at times other than the scheduled times. Mr. Woodward, director of environmental sanitation said: "Usually the day after the examination we get a request to license someone. Personally, I think they wait intentionally."⁹⁶

Once the environmental sanitation section received a request from the governor's secretary to test a man who wanted a temporary permit. When the section said it did not give temporary permits, the governor made a special dispensation so it could. A special examination was held. Mr. Woodward gave the results: "The Governor's man got 60, which is not a passing grade. It is rather difficult when we are asked to change a precedent because of a request like that."⁹⁷

The board wrestled with how to get public and legislative support for public health activities, their relationship with other agencies, public apathy to immunizations when a disease seemed controlled, waning interest of the Legislature in a public health problem once a crisis was past, how to get the public health message across similar issues to those that faced public health workers in 1999.

The board recognized its need to coax the public and cautiously sell its public health messages. Referring to sewage disposal systems in municipalities, Dr. Magath explained the approach used:

The Board has brought about a policy of taking due time about these big things and not trying to push them so fast that you get antagonism and get nothing done. Eventually they will fall into line, whereas if you push them they get their backs up and will do nothing. While the State Board of Health has broad police powers, nobody wants to attempt to assert them and risk a decision that might be very unfavorable and maybe disastrous. It is unthinkable that you can stop the sewage disposal of a municipality even if it is improper. While you have the apparent authority to do so, the actual carrying out of such a plan would be unthinkable. We try to convince the municipality that it should be improved. That is what we have done.⁹⁸

⁹⁵ BOH, *Minutes*, June 13, 1950, MHS, pp. 249-250.

⁹⁶ BOH, *Minutes*, August 1, 1950, MHS, pp. 346-347.

⁹⁷ Ibid.

⁹⁸ BOH, *Minutes*, January 20, 1949.

Occasionally the board made mistakes. In one instance it had to respond to a chiropractor who complained about the department's actions. The chiropractor sent blood from a patient to the Minneapolis Health Department, and the results were sent to the Selective Service. The Selective Service informed the state Health Department of the findings, and the department wrote the patient that he should see someone other than a chiropractor. The chiropractor had already referred his patient to a medical doctor and took exception to the department's action. Dr. Sweetser ended the discussion with his solution to the problem:

"Every once in awhile I think of what an old surgeon said to me in the war. The best way of closing up a communication is to tell them what you have done, that it might be improved upon, and hope that you will not get into any such difficulty again. We have usually felt that that straightened everything out and everyone was happy."⁹⁹

Dr. Theodore Sweetser, 1952
State Board of Health Vice President

Board members did not have an easy task. Their roles and positions were captured in the statement made by Dr. Magath, 84th member and 15th president of the board, when he announced his resignation on December 16, 1949, after serving on the board for 12 years:

I have always had a philosophy about that kind of thing that after you have held a public job like this for a certain length of time it is better to get out. It is a question of how long you can be of use to an organization. You have to do things that won't please a lot of people because it is your duty, and ultimately you build up enough opposition so that it is better to get out after you have served your term and let some one come in fresh.¹⁰⁰

End of 34 Years as Health Officer

Dr. Chesley was unusual in that respect. Despite working for the department for more than 50 years, he never seemed to build up opposition. By the time of his death on October 17, 1955, he had received almost every honor that could be received in public health. The last was one of the highest awards in public health, the Sedgwick Memorial, which was awarded to him by the American Public Health Association in 1955.

Dr. Chesley didn't live to receive the Sedgwick Award at the ceremony. Taken ill in October, he entered St. Mary's Hospital in Rochester. Though hospitalized in Rochester, he continued his public health work, writing letters to friends about public health problems the day before he died.

⁹⁹ BOH, *Minutes*, February 5, 1952.

¹⁰⁰ BOH, *Minutes*, December 16, 1949.

Dr. Chesley's last visitor was Dr. Helen Knudsen. She brought him flowers, to which he said, "You bring flowers to dead people. I'm not dead yet."¹⁰¹

The Sedgwick Award was accepted on behalf of Mrs. Chesley by Dr. Barr in 1955. At the presentation Dr. W. G. Smillie described Dr. Chesley:

He molded state health policy of this nation through many critical years. The many honors he received, including the presidency of the American Public Health Association in 1930, were accepted with quiet, shy embarrassment. He was the most modest of men.¹⁰²

Referring to his years with the state and Territorial Health Officers Association, Dr. Smillie said:

He was the Association. He gave wise guidance to a whole generation of young, inexperienced physicians who were catapulted into the great responsibilities of state health officer in one of the various states. Dr. Chesley wrote to them all. Thousands of letters.¹⁰³

At the ceremony, Dr. W. P. Shepard added:



Perhaps his greatest and least recognized service was to the medical profession of his state and the nation, gradually gaining their support and understanding of the principles of public health, and gradually teaching the public what to expect of their doctor. None can name the thousands living today who owe their lives, quite unknowingly, to Albert Justus Chesley, M.D. They, their children, and their children's children are living proof of the eternal worth of this man's life.¹⁰⁴

At his death, Dr. Gaylord Anderson of the University of Minnesota School of Public Health, spoke of Chesley:

To all persons in public health, Dr. Chesley represented and personified the highest ideals of public service. His unselfish and tireless devotion to the cause to which he had dedicated his life set a pattern of public service surpassed by no one. Throughout the nation public health workers will recognize the passing of one of the noblest of all.

To those of us in the School of Public Health, Dr. Chesley represented in a very special way not only an inspiring leader and a dear friend but also one to whom we are all indebted for the establishment of the School. Without his leadership, interest and support, the program in public health at the University could never have been started and developed.¹⁰⁵

¹⁰¹ Interview with Dr. Helen Knudsen, February 1999.

¹⁰² MDH, *Minnesota's Health*, Vol. 9, No. 10, December 1955, p. 1.

¹⁰³ *Ibid.*

¹⁰⁴ *Ibid.*

¹⁰⁵ MDH, *Minnesota's Health*, Vol. 17, No. 10, December 1963, p. 1.

During the 34 years Dr. Chesley served as secretary and executive officer of the board, he never missed a single board meeting. The first board meeting he missed was the one that was held in the back of the church following his memorial service on October 19, 1955. That short meeting was held to designate Dr. Robert Barr as acting secretary and executive officer.

The Albert J. Chesley Memorial Fund for a lectureship in public health was established at the University of Minnesota.

Albert Justus Chesley Award

Recipients of the Albert Justus Chesley Award, presented at the Minnesota Public Health Association annual meeting, have included:

1961 – Boris L. Levich	1980 – Frances Decker
1962 – Mario Fischer, M.D.	1981 – Donna Anderson
1963 – Ruth Boynton, M.D.	1982 – Robert Hohman
1964 – Frank Krusen, M.D.	1983 – Hal Leppink, M.D.
1965 – Laura Hegstad	1984 – No Award Given
1966 – Viktor Wilson, M.D.	1985 – Paul Schuster
1967 – Myhren Peterson	1986 – No Award Given
1968 – Abraham Rosenfield, M.D.	1987 – No Award Given
1969 – Stewart Thompson, M.D.	1988 – Arvid Houglum, M.D.
1970 – William Jordan, D.D.S.	1989 – Edward Ehlinger, M.D.
1971 – No award given	1990 – Esther Tatley
1973 – Alberta Wilson	1991 – Steven Mosow
1974 – Fannie Kakela/Grace Stolze	1992 – K. C. Spensley
1975 – Robert Hiller/Arlene Lehto	1993 – Gayle Hallin
1976 – Robert Schwanke	1994 – Charles Oberg, M.D.
1977 – Gaylord Anderson	1995 – Lynn Theurer
1978 – Henry Bauer, Ph.D./Katherine Gram	1996 – Malcolm Mitchell
1979 – Warren Lawson, M.D./Richard Bond	1997 – Deborah Plumb
	1998 – Barbara Hughes

The first floor conference room of the Minnesota Department of Health Building at 717 Delaware Street S.E. was dedicated to the memory of Dr. Chesley on Monday, February 3, 1986, and renamed the "Chesley Room."¹⁰⁶ At the dedication, Buddy Ferguson, public information, prepared remarks that were presented by Fred King of vital records:

Today we are marking a very special occasion here at the Minnesota Department of Health. It is my privilege, today, to announce the renaming – and rededication – of the room in which we are holding this observance.

It is here, in this room, that we conduct some of the most important business of public health in Minnesota.

It is here that some of our state's most distinguished experts, public officials and private citizens have gathered, to discuss issues that affect the health of all people.

In this room, we have addressed many of the major health concerns of our time... from AIDS...to the future of our health care system...and from environmental health problems...to the needs of the local public health agencies in the State.

In this room, we have responded to the State's mass media, whenever events have focused public attention on the Department and its work.

It is only fitting, then, that this room be designated to honor one of the great leaders and true pioneers of public health in Minnesota: Dr. Albert J. Chesley.

Dr. Chesley's career at the Department began in 1902 and ended in 1955, spanning nearly half of our agency's 114-year history. He headed the Department from 1921 onward --- longer by far than anyone else who has held that position.

In many respects, Dr. Chesley's tenure here was a time of transition, which truly brought public health into the modern era. Dr. Chesley presided over many of the dramatic accomplishments – so familiar to us by now – that marked public health during the first half of this century.

When Dr. Chesley first came to the Department, more than four out of every ten children born in Minnesota died before reaching the age of five. By the end of the Chesley era, it was less than three out of every 20. The infant mortality rate dropped even more dramatically during that time, from 120 deaths per thousand live births, to about 20. In the beginning, diseases like influenza, pneumonia and tuberculosis were among the leading causes of death. By the end, deaths from those diseases were rare.

Under Dr. Chesley's leadership, the shape of the Department itself also changed. The agency moved, for the first time, into areas that have since become basic to public health – areas like maternal and child health, occupational health, public health nursing and health education.

Dr. Chesley left us with a much different public health agenda than the one he faced in 1902 – or even 1921. He also left us with a proven record of success, and high expectations of the future. His legacy is still with us, as we proceed with the still formidable task of protecting Minnesota's health. And much of that work will continue to take place right here – in the Chesley Room.¹⁰⁷

¹⁰⁶ MDH, *In Common*, Vol. 3, No. 9, February 28, 1986, p. 1.

¹⁰⁷ *Ibid.*, p. 1-3.