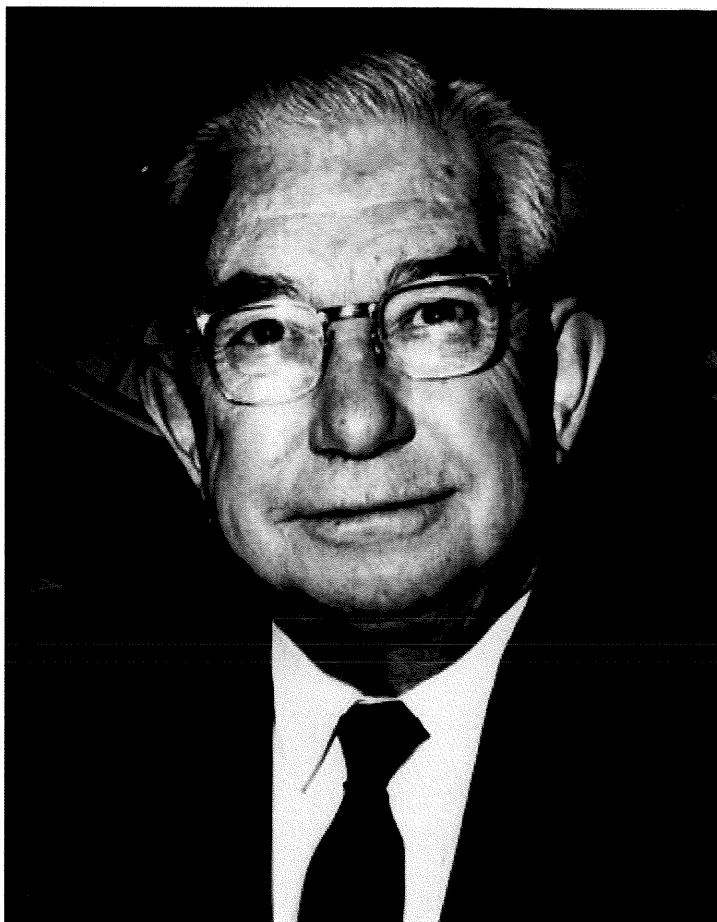


## Chapter 5

### End of an Era – 1955 to 1970



**“Mr. Public Health”:** Secretary and Executive Officer of State Board of Health, Dr. Robert N. Barr

The transition from Dr. Chesley to Dr. Barr in 1955 was a smooth one. The two men shared similar visions about public health and the Health Department. Both were strong advocates of public health, willing to work on the front lines and eager to fight for the health of the people of Minnesota. Dr. Barr continued many of the activities and used the same approaches as practiced by Dr. Chesley and other former public health leaders. Evidence of Dr. Barr’s respect for the previous health officer was indicated by the framed portrait of Dr. Chesley he kept on his office wall during his years as secretary and executive officer.<sup>422</sup>

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<sup>422</sup> MDH, *Minnesota’s Health*, Vol. 9, No. 5, May 1956, p. 4.

In contrast to Dr. Chesley's quiet demeanor, Dr. Barr was effervescent and colorful. He was frank and direct, and has been described as a "salty character." Dr. Barr was especially well liked by the department's employees. Nearly 30 years after his death, former employees remember him warmly. "He would let us out early when there was a snowstorm or the basketball tournaments were at Williams Arena."<sup>423</sup> He "was full of heart," or he was "someone who always said hello."<sup>424</sup>

His popularity resulted in a surprise party by his employees shortly after his appointment as secretary and executive officer. While he attended a board meeting away from the department office building, the staff prepared festivities. Board members, aware of the party, tried to move through the agenda quickly, but Dr. Barr kept bringing up more and more topics to discuss. When the meeting finally ended they walked back to the department on the University of Minnesota campus, and Dr. Barr found a party, complete with silver tea services and all metropolitan employees, waiting to celebrate his new position.<sup>425</sup>



Lyle Smith, Elmer Slagle, Dr. Robert Barr and other employees at a MDH party celebrating Dr. Barr becoming Executive Officer, April 19, 1956.

One recipient of Dr. Barr's friendship and thoughtfulness was Orianna McDaniel, M.D., who in 1896 was the department's first female employee. Dr. McDaniel retired from the department at age 74 in 1946 and lived to see her 100<sup>th</sup> birthday. Dr. Barr and Fritz E. Michaelson, a member of the staff since 1931, continued to visit Dr. McDaniel, and on her birthday and Christmas they brought her a dozen red roses. When Mr. Michaelson suddenly died in 1968, Dr. Barr continued the tradition.<sup>426</sup>

<sup>423</sup> Interviews with former employees, March 5, 1999.

<sup>424</sup> Interviews with former employees, January through April, 1999.

<sup>425</sup> MDH, *Minnesota's Health*, Vol. 9, No. 5, May 1956, p. 4.

<sup>426</sup> MDH, *Minnesota's Health*, Vol. 22, No. 4, March 1968, p. 4.

Dr. Barr was born in Kansas. The son of a Presbyterian minister, he attended high school in Fergus Falls. After graduating from Macalester College he taught high school physics and physical education for one year before beginning studies at the University of Minnesota School of Medicine.<sup>427</sup> He earned his master's degree in public health from Johns Hopkins University.<sup>428</sup> Dr. Barr began work at the Health Department in January 1934 as an epidemiologist. He worked as director of rural health services, becoming chief of the department administration section in January 1946 and chief of the special services section in May 1948. Dr. Chesley appointed him his deputy in 1949, and he remained in that position until Dr. Chesley's death in 1955.

Dr. Barr's style was described in the department newsletter:

Dr. Barr employed his gift for forceful communication, backed by near-encyclopedic knowledge, common sense, and logic. Friends and associates recall that some chuckles were often mixed into Dr. Barr's discussions of public health. But, although friendly and outgoing, he never hesitated to speak bluntly when the State's health was concerned.<sup>429</sup>

### **Working with Others**

Dr. Barr was especially gifted in maintaining cooperative working relationships with other public health organizations. Throughout his tenure, a close association existed between the department and the University of Minnesota School of Public Health, the Minnesota Medical Association and other public health organizations in the state. The board depended on these organizations for assistance in making decisions. They supported each other in achieving their common public health goals.

At the May 23, 1962 board meeting, which met with representatives of the Minnesota Medical Association, President Dr. Frank Krusen expressed his gratitude for their working relationship and praised Dr. Barr's work:

I think we of the Association can be pleased with the knowledge that we have in Minnesota one of the most efficient and effective departments of health of any state. It has been a ground for the development of health officials who have gone to other parts of the nation, and under Dr. Chesley and Dr. Barr much has been done to develop health services throughout the nation. As a member of the Board I would like to say how pleased we have been with the effective cooperation the Council and members of the State Medical Association have given to the State Board of Health. We are grateful for your cooperation, which has been so helpful in promoting the health of the people of the State.<sup>430</sup>

Advisory committees flourished during Dr. Barr's administration. He actively used outside expertise to help deal with public health issues. Advisory groups working with the department in 1961 were:

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<sup>427</sup> MDH, *Minnesota's Health*, Vol. 24, No. 10, December 1970, p. 2.

<sup>428</sup> MDH, *Minnesota's Health*, Vol. 17, No. 8, October 1963, p. 2.

<sup>429</sup> MDH, *Minnesota's Health*, Vol. 24, No. 10, December 1970, p. 2.

<sup>430</sup> BOH, *Minutes*, May 23, 1962, MHS, p. 218.

**Minnesota Advisory Board on Problems of Alcoholism (established 1953)**

J. S. Hopponen, John B. Budd, Walter P. Gardner, M.D.; Mary Laddy; Marten Lampi; W. W. McKenna; W. A. Newman; Raymond Schoenrock; Robert Stevenson

**Civil Defense Disaster Committee, MSMA**

C. W. Waldron, M.D.; A. I. Balmer, M.D.; Mario Fischer, M.D.; John W. Gridley, M.D.; Wayne S. Hagen, M.D.; William C. Harrison, M.D., M.P.H.; John C. Ivins, M.D.; Richard H. Jones, M.D.; William A. Klein, M.D.; Karl R. Lundeberg, M.D.; John B. Miettunen, M.D.; A. Eugene Muller, M.D.; C. W. Rumpf, M.D.; Joseph M. Ryan, M.D.; Alvin Sach-Rowitz, M.D.; M. D. Tyson; L. F. Wasson, M.D.; Virgil A. Watson, M.D.;

**Examiners in Mortuary Science**

Thomas G. Bell, Jr., John L. Werness, Eugene M. Larson, Robert C. Slater

**Hospital Administrators Registration Law Advisory Board (established 1947)**

James Hamilton, Ray M. Amberg, Dina Bremness, R. N.; Walter P. Gardner, M.D.; Benjamin W. Mandelstam, M.D.

**Hospital Survey Committee (established 1945 – same membership as State Advisory Council on Hospital Construction (established 1946)**

Ray M. Amberg; Sister M. Vivian Arts, R.N.; Dina Bremness, R.N.; Walter P. Gardner, M.D.; Kenneth J. Holmquist; Harold C. Mickey; Glen Taylor; Harold Brunn; Frank J. Elias, M.D.; Earl C. Elkins, M.D.; Victor P. Hauser, M.D.; Carl L. Lundell, M.D.; Russell O. Sather, M.D.; Viktor O. Wilson, M.D., M.P.H.; Donald R. Mackay, D.D.S.; Thelma Dodds, R.N.; Henry M. Moen; Victor C. Gilbertson; Robert A. Olson; Howard Smith; James Flavin; G. Fred Loucks; Mrs. Rahle Nelson; Robert N. Barr, M.D., M.P.H.; Morris Hursh; David J. Vail, M.D.

**Hospital Licensing Law Advisory Board (established 1951)**

Ray M. Amberg; Theodore J. Catlin, M.D.; Earl Hagberg; Winston R. Miller, M.D.; Richard L. Olsen; John Poor; Sidney Shields; David J. Vail, M.D.; Sister M. Lenore Weier

**Advisory Committee on Problems of Human Genetics (established 1959)**

Sheldon Reed, Ph.D.; John A. Anderson, M.D.; John E. Anderson, Ph.D.; Ray C. Anderson, M.D.; Tague Chisholm, M.D.; Robert Gorlin, D.D.S.; E. Adamson Hoebel, Ph.D.; John S. Pearson, Ph.D.; Frank M. Rarig, Jr.

**Oral Poliovirus Vaccine Committee**

Gaylord W. Anderson, M.D.; John A. Anderson, M.D.; Paul Ellwood, M.D.; John L. McKelvey, M.D.; Leonard M. Schuman, M.D.; Dennis Watson, Ph.D.

**Plumbing Examiners**

Louis R. Reichel; Rosy Gustafson; Myhren C. Peterson, M.S., C.E., B.S.

**Certification of Public Health Nurses**

Marion Murphy, Ph.D.; Alberta B. Wilson, R.N., M.P.H.; Ella Christensen, R.N.; Leonora Collatz, R.N., Mario Fischer, M.D.

**Public Health Nurse Stipends for Accredited Training**

Leonora C. Collatz, R.N.; Ruth Abbot, R.N., M.A.; Ella Christensen, R.N.; Amelia Logar, R.N.; Marion Murphy, Ph.D.; Alberta B. Wilson, R.N., M.P.H.

**Radiological Safety (established 1960)**

Maurice Visscher, M.D. George S. Michaelson, M.S.; Cyrus Hansen, M.D.; Herbert Isbin, Ph.D.; Finn Larsen, Ph.D.; Donn G. Mosser, M.D.; Alfred O. C. Nier, Ph.D.; Alan Orvick Ph.D.; Sheldon C. Reed, Ph.D.

**Four County Project for Retarded Children (established 1957)**

Maynard C. Reynolds, Ph.D.; Harriet Blodgett, Ph.D.; Robert Bergan, M.D.; Frances Coakley; E. J. Engberg; Reynold Jensen; Frank M. Rarig, Jr.; Roberta Rindfleish; A. B. Rosenfield, M.D., M.P.H.; Dean M. Schweickhard, Ph.D.; David J. Vail, M.D.; Gerald F. Walsh; George Williams, M.D.; Alberta B. Wilson, R.N., M.P.H.

**Rheumatic Fever Committee of Minnesota Heart Association (established 1960)**

Robert A. Good, M.D.; Earl E. Barrett, M.D.; James DuShane, M.D.; Paul F. Dwan, M.D.; John B. O'Leary, M.D.; Evelyn Parkin; Jose G. Quinones, M.D.; Lewis W. Wannamaker, M.D.

**Joint Committee of the Minnesota Department of Health and the Minnesota Department of Education (established 1949)**

A. B. Rosenfield, M.D., M.P.H.; Carl Knutson

**Tuberculosis Consultation Committee (Tuberculosis Mortality Committee) (established 1944)**

Corrin H. Hodgson, M.D. ; Arthur C. Aufderheide, M.D.; J. Richard Aurelius, M.D.; Ejvind P.K. Fenger, M.D.; F. G. Gunlaugson, M.D.; Norman G. Hepper, M.D.; Willard E. Peterson, M.D.<sup>431</sup>

<sup>431</sup> MDH, *Minnesota's Health*, Vol. 15, No. 3, March 1961, pp. 1-4.

When Dr. Barr became head of the agency, the team approach was flourishing in Minnesota. Health education was being stressed as the answer to many ills. The public health system thrived on volunteers who organized events, did housekeeping services, and helped out at the schools.<sup>432</sup> Media activities, begun under Dr. Chesley's leadership, continued through Dr. Barr's term.

In 1956, 21 stations in Minnesota broadcast a series of 10 radio programs on "The State of Your Health." The most pressing health problems were discussed, and it was hoped communities would be encouraged to look at their needs and take action. Interviews with board members and department employees and Bee Baxter, well-known radio and television announcer, continued.<sup>433</sup> The radio series, produced under the auspices of Blue Cross-Blue Shield, won first prize for its entry of the series in a public service award competition.<sup>434</sup>

A 30-minute film, "The State of Your Health," was produced by KSTP-TV based on the 10 interviews. The film was used to show how communities must exert continued vigilance to control certain disease. The film offered suggestions for combating new health problems, such as the aging population. Highlighted areas were maternal, child and infant health, dental health care, environmental sanitation, and communicable disease control.<sup>435</sup>

### **World Health Organization National Assembly**

A major event that occurred in 1958 was the hosting of the World Health Organization's national assembly in Minneapolis. Dr. Barr was given credit for holding this prestigious public health meeting in Minnesota. Representatives from 86 countries gathered to celebrate the 11<sup>th</sup> annual anniversary of the World Health Organization and Minnesota's 100th birthday.

It was the first time the World Health Organization had held its meeting in the United States. The honorary chair of its national assembly and the state's centennial health committee was Gov. Orville Freeman. Chair of the committee was Dr. Charles W. Mayo, Mayo Clinic. Much of the work was done by Dr. Barr and Mr. Thomas Cook, executive secretary of the Hennepin County Medical Society. The event drew 229 individuals and 51 sponsoring organizations from around the world to Minneapolis.

Dr. Barr was also instrumental in bringing the Pan American Health Organization to Minneapolis for a conference in 1962. The Pan American Health Organization met in Minneapolis from August 21 to September 6, 1962. Twenty-six countries were represented.

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<sup>432</sup> MDH, *Minnesota's Health*, Vol. 8, No. 7, July-August 1954, p. 8.

<sup>433</sup> MDH, *Minnesota's Health*, Vol. 10, No. 7, August-September 1956, p. 3.

<sup>434</sup> MDH, *Minnesota's Health*, Vol. 10, No. 9, November 1956, p. 2.

<sup>435</sup> *Ibid.*

At the World Health Organization 11<sup>th</sup> World Assembly held in Minneapolis, Dr. Thomas Parran, former U.S. Surgeon General, commented on the need for funding for public health:

*“With such funds, and the sentiment behind them, malaria eradication would be speeded up; smallpox, tuberculosis, syphilis and yaws would be next on the list to go. . .Then WHO could turn its energies more fully to improved nutrition, to promoting physical and mental vigor, to expanding scientific health knowledge, and finally, to the most difficult task of all, the improved harmony of human relations.”*<sup>436</sup>

Dr. Thomas Parran  
1958

## Employees

When Dr. Barr became executive officer, he chose Jerome Brower as his deputy. Other than that one change, the management team in place when Dr. Chesley was executive officer remained during the early years of Dr. Barr's administration.

The 1950s and 1960s were a time when many employees had only one employer during their entire career. In keeping with this trend, there were many long-term employees at the department. In 1957, when service awards were presented, 49 of the department's 296 employees were recognized for 20 or more years of service. They included:

### 45 Years

Miss Gladys Casady, Administration

### 40 Years

Mrs. Margaret Lenis, Administration

### 35 Years

Mr. Albert Anderson, Medical Laboratories

Mr. Floyd Carlson, Executive Office

Miss Mary Giblin, Medical Laboratories

Miss Anna Schellberg, Executive Office

*“Our department's accomplishments are due in great part to what each of these employees has done over the years each in his own way doing the best job possible. Many have stayed here because they like their work and the people they work with. Loyalty is one of the greatest strengths of the Department. Our achievements are not due so much to what persons at the administrative level have done but to the faithful and dedicated service of employees at every level.”*<sup>437</sup>

Dr. Robert Barr  
1970

<sup>436</sup> World Health Organization, press release for 11<sup>th</sup> World Assembly held in Minneapolis, May 30, 1958.

<sup>437</sup> MDH, *Minnesota's Health*, Vol. 24, No. 1, January 1970, p. 1.

30 Years

Miss Stella Barstad, Administration  
Miss Lillie Brockman, Administration  
Miss Kathrine Gram, Disease Prevention & Control  
Dr. Harry Irvine, Disease Prevention & Control  
Miss Ethel McClure, Hospital Services  
Mrs. Grace Moberg, Local Health Administration  
Mr. Henry Oldfield, Environmental Sanitation  
Miss Edith Rentz, Administration  
Miss Naomi Rice, Administration  
Mr. Harvey Rogers, Environmental Sanitation  
Mr. Frank Woodward, Environmental Sanitation

25 Years

Mrs. Marian Croal, Environmental Sanitation  
Miss Laura Hegstad, Hospital Services  
Miss Nora Hoffman, Medical Laboratories  
Miss Edith Johnson, Executive Office  
Miss Mary Johnson, Local Health Administration  
Mr. Amandus Larson, Environmental Sanitation  
Miss Ruth Lundholm, Medical Laboratories  
Mr. Frithjof Michaelsen, Medical Laboratories  
Mr. Henry Oldfield, Environmental Sanitation  
Mr. Elmer Slagle, Hospital Services  
Miss Florence Thompson, Administration  
Mrs. Jane Winholtz, Administration

20 Years

Dr. Robert Barr, Executive Office  
Miss Eleanor Barthelmy, Special Services  
Miss Elsie Brandtjen, Administration  
Mr. Carl Bratberg, Environmental Sanitation  
Mr. Jerome Brower, Executive Office  
Miss Muriel Eastman, Administration  
Mr. Arthur Erickson, Environmental Sanitation  
Mr. Bertil Estlund, Administration  
Miss Lucy Claire Finley, Disease Prevention & Control  
Mrs. Urcella Gaslin, Medical Laboratories  
Miss Frances Hanger, Executive Office  
Mrs. Gertrude Henning, Special Services  
Dr. Anne Kimball, Medical Laboratories  
Mrs. Helen Lange, Disease Prevention & Control  
Mrs. Martha Lohner, Disease Prevention & Control  
Dr. Hilbert Mark, Local Health Administration  
Mrs. Agnes Ostby, Disease Prevention & Control  
Mr. Myhren Peterson, Environmental Sanitation  
Mrs. Myrtle Sather, Disease Prevention & Control  
Mr. Harry Smith, Environmental Sanitation<sup>438</sup>

At the 1957 ceremony men received a button and women received a pin. The value of the pin or button increased with years of service.

**Gladys Casady, receiving a service pin from Dr. Robert Barr, began work at the Department of Health in 1908. When she retired in 1961, she had been a Department employee for 53 years. In her last position she served as Assistant Chief of the Section of Vital Statistics.**

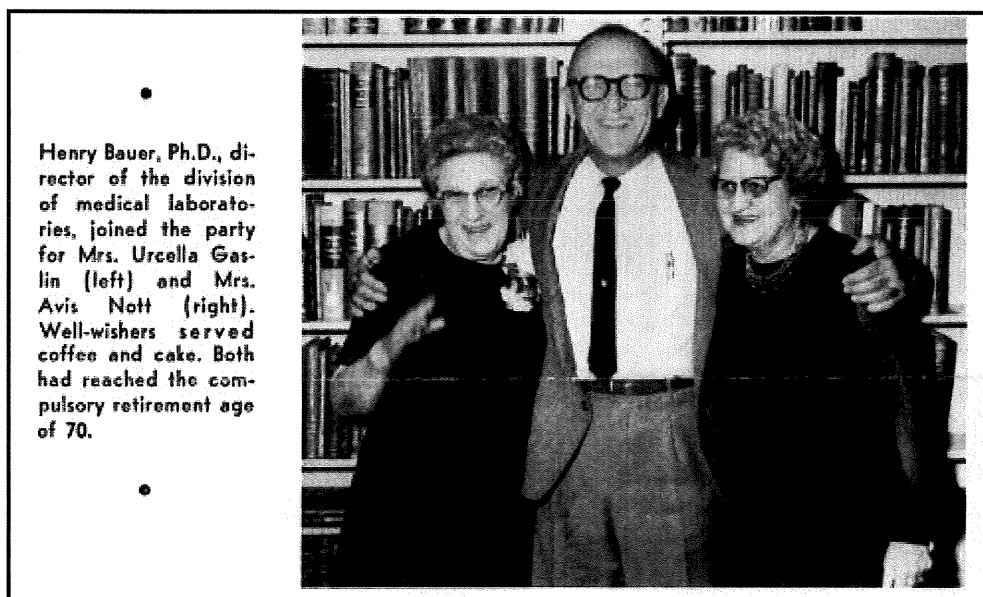


<sup>438</sup> MDH, Memo to department heads from Dr. Robert Barr, Aug 1957

The 20-year button or pin cost the department \$0.81, and the 45-year pin cost \$5.72.<sup>439</sup>

Harvey G. Rogers was an example of one of the long-serving employees who retired during Dr. Barr's administration. He studied at the Harvard Graduate School of Engineering and Public Health, graduated from the University of Minnesota, and joined the department in 1927 as a public health engineer. During World War II he served with the U.S. Army Corps of Engineers. When the department created a water pollution section in 1946, Harvey Rogers was made chief. He held that position until his retirement on December 14, 1961. He died September 18, 1962, and in the board minutes he was described as a steadfast and understanding friend who showed loyalty, solicitude and devotion to his work.<sup>440</sup>

Gladys Casady retired in 1961, after 53 years of service to the department. The only other person to receive a pin for 50 years of service during that period was Anna Schellberg, who was awarded one in 1959. Miss Schellberg had spent many of her years at the department handling the records of Dr. Albert Chesley.<sup>441</sup> Another long-serving employee was Naomi Rice, field representative in vital statistics. She received recognition for 45 years of service to the department.<sup>442</sup>



On January 2, 1968, three women retired when a 1967 state law made retirement mandatory at age 70, except for physicians. Mrs. Urcella Gaslin, a personnel supervisor in medical laboratories had worked for the department 32 years; Avis Nott had worked as a switchboard operator for 23 years; and Louise Hedges had worked as a senior clerk in the hospital division for 23 years.<sup>443</sup>

<sup>439</sup> MDH, list of service awards as of September 30, 1957.

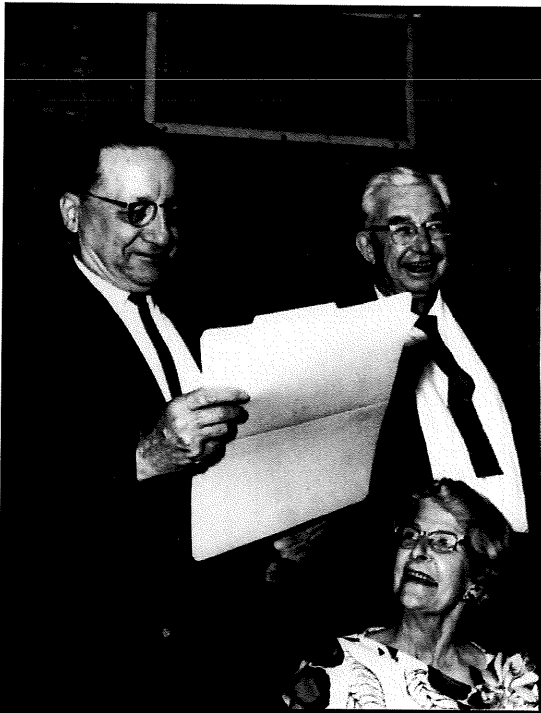
<sup>440</sup> BOH, *Minutes*, October 3, 1962, MHS, p. 383.

<sup>441</sup> MDH, *Minnesota's Health*, Vol. 24, No. 1, January 1970, p. 1.

<sup>442</sup> *Ibid.*

<sup>443</sup> MDH, *Minnesota's Health*, Vol. 22, No. 1, January 1968, p. 4.





Frank Woodward and Dr. Barr

Frank L. Woodward, environmental health director, retired in 1968, after working with the department for 41 years. At his retirement he reflected on his service:

There are many frustrations in this job, but one eventually learns to roll with the punch. I used to think that the big job was the technical solution to problems. I have learned that this is only a part of the bigger problem of economics and public awareness.<sup>444</sup>

Elmer Slagle reached mandatory retirement age in 1970, after working 40 years for the department. For the last 14 he had been assistant director of hospital services. Prior to that, he had been a public health engineer in hospital services for nine years. His first work with the department was as a sanitary engineer, with emphasis on water pollution. Dr. Helen Knudsen, director of hospital services, spoke about Mr. Slagle's service to the state:

There is no question about it. Elmer Slagle knows more than anyone in the State about physical plans of hospitals and nursing homes. He used his knowledge of functional plant layout to achieve coordination of services and conservation of manpower. He truly left his mark on the health care facilities of Minnesota.<sup>445</sup>

Service to the department was recognized and appreciated in a number of ways, including letters from the board. In 1965, each recipient of an award received a letter from Dr. Raymond Jackman, board president. The letter included these words:

The accomplishments of our Department are not so much what people at the administrative level have done as what you and other people like you have done – each doing his own job in his own way and at all times attempting to do the best job that could be done. Loyalty of our employees is one of the real strengths of the Department. You have stayed here because you liked the people you work with and liked your work. We can view with pride the many diseases and health hazards brought under control within the span of your tenure with the Department. Here indeed is tangible evidence of the results of many years of devoted public service.<sup>446</sup>

### **State Board of Health**

Dr. Frank Krusen was board president from 1955 to 1963. He was recognized nationally and internationally for his contributions to physical medicine. This expertise was especially valuable during the years Minnesota was dealing with polio and its

<sup>444</sup> MDH, *Minnesota's Health*, Vol. 22, No. 7, August-September 1968, p. 2.

<sup>445</sup> MDH, *Minnesota's Health*, Vol. 24, No. 7, August-September 1970, p. 3.

<sup>446</sup> Letter from BOH President Raymond Jackman to employees, October 13, 1965.

aftereffects. Dr. Krusen was executive director of the Sister Kenny Foundation and director of the Kenny Rehabilitation Institute from 1960 to 1963.<sup>447</sup> In 1953 Dr. Krusen received the Physician's Award from President Eisenhower for his services to the physically handicapped. In 1958, Dr. Krusen received the American Medical Association's 1958 Distinguished Service Award, considered one of the medical profession's highest awards. He received the award for his work in the rehabilitation of persons by sickness or accidents and in general for outstanding scientific achievement during his professional career.<sup>448</sup>

Dr. Jackman, from Rochester, Minnesota, was board president from 1963 to 1970. A member of the board since 1961, Dr. Jackman was chief of the proctology department at Mayo Clinic and professor of the Mayo Foundation Graduate School of Medicine at the University of Minnesota. He wrote "Lesions of the Lower Bowel," published in 1952, as well as 62 scientific papers on diseases of the colon and rectum and six scientific motion pictures on diseases of the intestines and biopsies of the prostate. Dr. Jackman was an active member of the Minnesota Medical Association and an honorary member of the Alaska State Medical Association and the Proctologica Latina (Italy)<sup>449</sup>.

In the early part of Dr. Barr's administration, polio dominated board meetings. Later, expansion of health facilities through the Hill-Burton Act received much attention. Towards the latter part of Dr. Barr's administration, board meetings focused more and more on environmental risks and the administration of federally mandated programs.

Diseases discussed at board meetings during this period included: psittacosis, hepatitis, tuberculosis, diphtheria, rabies, whooping cough, typhoid fever, salmonellosis, toxoplasmosis, histoplasmosis, syphilis, measles, rabies, rubella, mumps, rheumatic fever, ornithosis, and encephalitis. Increasing attention was given to cardiovascular disease, cancer, and other chronic diseases.

Some of the other issues addressed by the board at this time included: the shortage of public health nurses, pollution, radioactivity, "silo-filler's disease," tapeworm, lead paint, the poison information center, Asian flu, civil defense, migrant labor regulations, the lack of local health services, establishment of a cancer registry, shoe-fitting x-ray machines, health care for American Indians, new building, dairy and milk inspection, mobile home parks, fluoridation of drinking water, unsafe cranberries, genetics, phenylketonuria, Medicare, tobacco use, Elk River reactor, ionizing radiation, coin-operated dry cleaning machines, and the NSP power plant in Oak Park Heights.

The board was confronting an increasing number of difficult environmental issues in the 1960s. One controversial decision that came before the board in 1965 was whether or not it objected to the proposed Northern States Power steam-electric plant at Oak Park Heights on the basis of air pollution. Board President Dr. Raymond Jackman reminded the board of the question it was deliberating: "Is this or is this not a health hazard to the

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<sup>447</sup> MDH, *Minnesota's Health*, Vol. 18, No. 9, November 1964, p. 3.

<sup>448</sup> BOH, *Minutes*, attachment: *Rochester Daily Post-Bulletin* clipping, May 22, 1958, MHS, p. 183.

<sup>449</sup> Information from MDH library.

people of Minnesota and particularly to that vicinity?" The board agreed that it had no foreseeable objections, as far as the health effects of air pollution were concerned.<sup>450</sup> The next day's newspapers carried the headline: "State Health Board Clears NSP Plant."

The board was developing increasing regulatory responsibilities and was working at determining when and where it should intervene. Individual cases often brought general issues in a particular profession or facility to its attention. In 1959, for example, the board deliberated over what it should do with a mortuary home that used misleading advertising in connection with the practice of mortuary science. The home inaccurately represented itself to its clients as a non-profit corporation with union members who had joined together to hold down the costs of funerals.<sup>451</sup> Some members thought this wasn't a board issue. Board member Wente was of the opinion that the board had lost control of the situation early on and felt it important that the board "doesn't go out on a limb" again.<sup>452</sup> The question was raised over how much control the board should have over the ethics of any profession. Board members understood that problems existed in all fields but had not surfaced because there had been no problem cases reported. While supporting a study of operations and procedures in the case being discussed, the members recognized the much larger issue they needed to address. Prof. Herbert Bosch said: "To single out any one of our activities, while it might do some immediate good, is only a fragmentary approach to our over-all problem."<sup>453</sup>

In addition to issues that directly affected the health of the state, the board dealt with a number of administrative matters. One of these was the salary of the executive officer, Dr. Barr. In 1961, 12 department staff members received salaries greater than Dr. Barr's. The executive officer's salary was set through legislation, and a bill to increase his salary did not pass in 1961.<sup>454</sup> In order to raise Dr. Barr's salary, the board transferred him to the classified service as a Public Health Physician III, giving him the working title of acting secretary and executive officer. Through this maneuver, his salary was increased to \$15,600 but not to the \$16,000 the board wanted.<sup>455</sup> Finally, legislation passed in 1963 increasing Dr. Barr's salary to \$21,750.<sup>456</sup>

Salaries were becoming an issue, not just with the executive officer, but throughout the department in the 1960s. The result was increased turnover of employees. The rate of resignation at the department in 1963 was 18.5 per 100 employees, compared to the statewide resignation rate of 11.0 per 100 employees. In 1963, there were a total of 60 resignations among the 324 full-time positions. The majority of these were attributed to non-competitive salaries.<sup>457</sup>

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<sup>450</sup> BOH, *Minutes*, January 12, 1965, MHS, pp. 15-16.

<sup>451</sup> BOH, *Minutes*, November 10, 1959, MHS, pp. 261-262.

<sup>452</sup> *Ibid.*, p. 243.

<sup>453</sup> *Ibid.*, pp. 258-259.

<sup>454</sup> BOH, *Minutes*, April 24, 1961, MHS, p. 99.

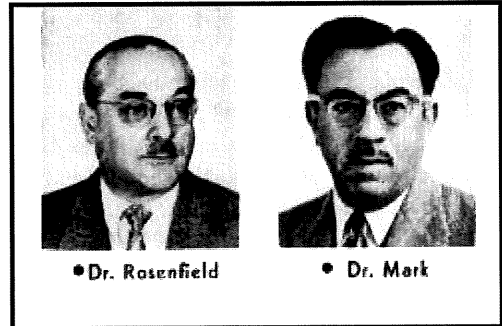
<sup>455</sup> BOH, *Minutes*, July 11, 1961, MHS, p. 360.

<sup>456</sup> BOH, *Minutes*, April 24, 1963, MHS, p. 203.

<sup>457</sup> BOH, *Minutes*, April 14, 1963, MHS, p. 177.

## Organization and Funding

In 1955, when Dr. Barr became secretary and executive officer, the department had five divisions: environmental sanitation, local health services, administration, disease prevention and control, and medical laboratories. In 1956, the department had its third major realignment since 1947. Two new divisions, special services, headed by Dr. A. B. Rosenfield, and hospital services, led by Dr. Helen Knudsen, were formed. Dr. Hilbert Mark became director of the local health administration division, a position previously held by Dr. Barr.<sup>458</sup>



Other organizational changes occurred in 1963. The environmental sanitation division was renamed the environmental health division. The supplies and services section was transferred from the medical laboratories division to the administrative services division. A school health unit was established in the maternal and child health section. Public health nursing was transferred to the administrative services division.<sup>459</sup>

In 1963, the Legislature established the Water Pollution Control Commission. The water pollution control section had previously been a division of water pollution control in the Health Department. It remained a controversial decision. Sen. Rosenmeier opposed this legislation and thought the activities of water pollution control should be placed in an independent commission or agency. He said, "The major problem with the present Minnesota water pollution control commission is its dependency on state health department staff. With the health department, pollution control is a sideline at best."<sup>460</sup>

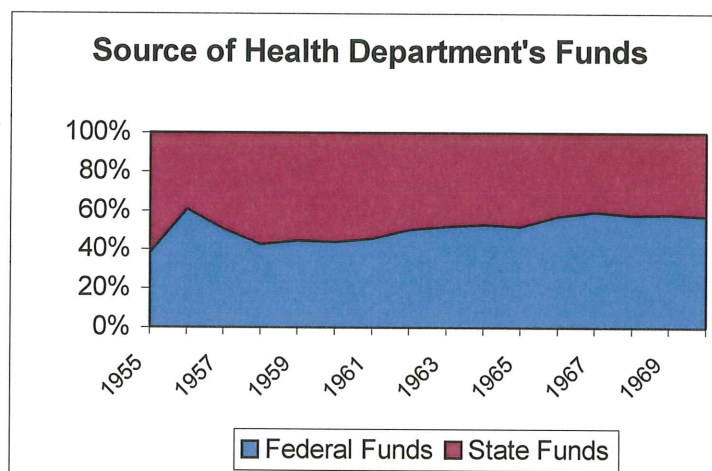
By 1970, the end of Dr. Barr's administration, there were seven divisions: administration, environmental health, medical laboratories, disease prevention and control, local health administration, special services and hospital services.

During Dr. Barr's administration, the department continued to receive a growing portion of its funding from the federal government, first through the Hill-Burton Act and later through Medicare and other federal programs. In 1950, only 3 percent of the department's total funds came from the federal government, but in 1955 this had increased to 37 percent. In 1956, 60 percent of the department's total expenditures came from the federal government. Between 1957 and 1970, 40 percent to 58 percent of the department's programs and activities were financed by federal dollars. Not everyone was pleased with this change because of the uncertainty of continued funding, accompanying constraints by the federal government, and an increased administrative role in managing federal programs.

<sup>458</sup> MDH, *Minnesota's Health*, Vol. 10, No. 9, November 1956, MHS, p. 1.

<sup>459</sup> BOH, *Minutes*, October 8, 1963, MHS, p. 464.

<sup>460</sup> *St. Paul Pioneer Press*, "Pollution Unit's Reliance on Health Agency Hit," March 21, 1965.



### Public Health Challenges – Nursing Homes and Environmental Issues

In 1956, Dr. Barr stated the main public health needs in Minnesota were care of the aged, environmental sanitation in food handling and water pollution and local health services.<sup>461</sup>

Dr. Barr had a special interest in the elderly and their needs. He said: “Unless we keep this older group a producing and real part of our society, our whole standard of living will fall.”<sup>462</sup>

His first concern was the number of available beds. In the 1950s there was a shortage of nursing home beds for the elderly, as well as a shortage of beds for other patients. In 1956, there were 508 chronic disease beds in Minnesota but an estimated 3,098 were needed. To meet the U.S. Public Health Service standards, 2,765 more mental hospital beds, 8,993 more nursing home beds, and 2,317 more general hospital beds were needed. The federal Hill-Burton Act, administered by the department, provided funding for expansion of health facilities in the state and was a partial solution to the shortage. Another was conversion of tuberculosis beds to other needs – there were 1,553 tuberculosis beds in the state but only 990 patients.<sup>463</sup> By 1964, the board began to be concerned about the possible overbuilding of nursing homes. The issue now was not so much the number of beds, as it was the appropriate geographical distribution and condition of the homes.<sup>464</sup>

While the number of facilities was increasing, personnel to work in health facilities was not keeping pace. The state was particularly short of nurses. The problem was exacerbated when nursing schools began closing due to the high costs. Scholarships,

<sup>461</sup> BOH, *Minutes*, October 3, 1956, MHS, p. 190.

<sup>462</sup> MDH, *Minnesota's Health*, Vol. V, No. 11, November 1951, p. 4.

<sup>463</sup> MDH, *Minnesota's Health*, Vol. 10, No. 1, January 1956, pp. 1-4.

<sup>464</sup> BOH, *Minutes*, May 18, 1964, MHS, p. 325.

refresher courses and recruitment were used to try to increase the number of practicing nurses.

The population was exploding. "Baby boomers" created increased demands on all government services, including health services. In 1959, there were 88,333 births in Minnesota, the highest number ever recorded. This number exceeds the births in 1999 by about 20,000.<sup>465</sup>

*(Note: The development of health care facilities is described in greater detail in Chapter 6.)*

The aim of clean drinking water in the state had been a challenge since the board was established. The percentage of public water supplies "acceptable from a sanitary standpoint" had increased from 30 percent in 1947 to 90 percent in 1960.<sup>466</sup> While an impressive improvement, 10 percent of water supplies were still not safe. In addition, new concerns that affected water supplies emerged. The groundwater was being contaminated by industrial wastes, pesticides, insecticides, household detergents and a multitude of toxic materials.<sup>467</sup>

New technologies and product developments in the 1950s and 1960s created other challenges in public health. During the first six months of 1959, for example, eight infants in Minnesota died from suffocation by plastic bags. The poison information program was established by the department to provide information about toxic agents to physicians who treated poison victims. Operating in 11 sub-centers throughout the state, the Minnesota Poison Information Center provided information to identify a product's ingredients, estimate of toxicity and past experience.<sup>468</sup>

The effects of many new products were unknown, and concerns by the public were raised, including whether or not birth defects were related to radioactive fallout, pesticides and some of the other new unknowns. Concerns in this area resulted in Minnesota becoming the first state to establish, in 1959, a human genetics program. No funds were authorized, but legislation authorized the department to accept federal grants and donations from private organizations. The purpose of the human genetics counseling program at the department was to collect and analyze data on human hereditary diseases, conduct studies and give genetics counseling to physicians and hereditary counseling to families.<sup>469</sup> An advisory committee on human genetics was formed to provide direction. This committee met with Lee E. Schacht, Ph.D., head of the department's human genetics unit.<sup>470</sup>

The department was active in civil defense preparations throughout the 1950s, but towards the end of the decade more attention was directed to atomic energy and its

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<sup>465</sup> Minnesota State Demographer's Office, *Minnesota Vital Statistics Resident Summary*

<sup>466</sup> MDH, *Minnesota's Health*, Vol. 16, No. 8, October 1962, pp. 1-4.

<sup>467</sup> MDH, *Minnesota's Health*, Vol. 13, No. 6, June-July 1959, p. 2.

<sup>468</sup> MDH, *Minnesota's Health*, Vol. 11, No. 10, December 1957, pp. 1 and 4.

<sup>469</sup> MDH, *Minnesota's Health*, Vol. 13, No. 6, June-July 1959, p. 3.

<sup>470</sup> BOH, *Minutes*, October 18, 1960, MHS, pp. 395-396.

potential dangers. The first nuclear power plant was built in the state during this period, leading to the formation of a 15-member atomic energy board. The purpose of the board was:

...to secure the fullest possible advantage for the state and its people from knowledge and techniques developed in the field of nuclear and atomic energy, to promote industrial use, to protect the people, and to promote and disseminate the greatest possible knowledge and information.<sup>471</sup>

Atomic energy aroused strong emotions in the public. The department often did not have answers to the public's questions in this new and unknown area. Frustration was exhibited, as is indicated in this excerpt from a letter to the board, written by a citizen concerned about the dangers of radioactive materials in the state:

I had hoped that the State Health Department would cooperate in protecting the people from the hazard of radioactive materials and radiation. Since the Board of Health does not agree in my contention that it is necessary, I am obliged to ask for the resignation and removal from office of all those in the State Health Department who are responsible for this negligence. Your cooperation in accomplishing this will be appreciated.<sup>472</sup>

(Note: The department's role in atomic energy and related issues is described in greater detail in Chapter 4.)

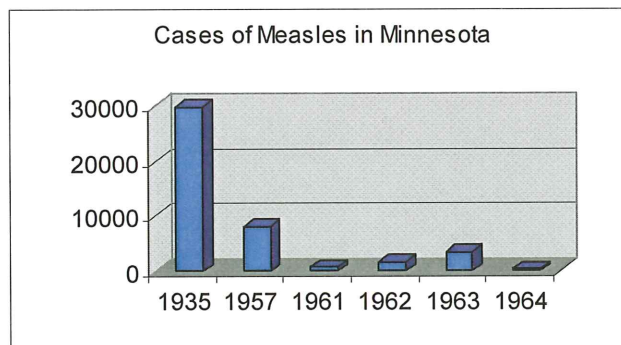
### **Public Health Challenges -- Infectious Disease**

The number of cases of and deaths from infectious diseases in Minnesota continued to drop through the 1950s and 1960s due to improved sanitation, vaccination and immunization, improved obstetric and pediatric training, modern hospitals, skilled medical and nursing care, new antibiotics and drugs, and blood replacement.<sup>473</sup> The death rate from communicable disease fell from 58.5 per 100,000 in 1949 to 43.5 in 1958.

The isolation of the poliovirus was a major breakthrough that paved the way for the development of polio vaccine.<sup>474</sup> It became commercially available in 1956. Mumps vaccine was available in 1968.

(Note: The Department's role in polio is described in greater detail in Chapter 3.)

Measles vaccine, licensed in 1963 by the U.S. Public Health Service, made it



<sup>471</sup> BOH, *Minutes*, February 24, 1959, MHS, p. 33.

<sup>472</sup> BOH, *Minutes*, October 3, 1962, MHS, p. 389.

<sup>473</sup> MDH, *Minnesota's Health*, Vol. 14, No. 1, January 1960, p. 4.

<sup>474</sup> MDH, *Minnesota's Health*, Vol. 14, No. 2, February 1960, p. 2.

possible to eliminate measles in Minnesota. There were 359 cases of measles in 1964, and for the first year since 1910 no deaths from measles were reported. It was a vast improvement over the state's all-time high for measles of 29,759 cases and 66 deaths in 1935.<sup>475</sup>

Though it was now possible, through immunization, to control measles, and other communicable diseases, in Minnesota, the challenge was getting the vaccine to the population. Without disease cases, public health workers were concerned as to whether or not the population would continue to receive the immunizations necessary to prevent recurrence of diphtheria, measles, and other infectious diseases. Dr. Dean Fleming, director of disease prevention and control, thought the population would develop a false sense of security and become too complacent. He said:

***“The availability of a vaccine alone will not control the spread of communicable diseases. Only when the individual takes a personal responsibility to make use of available preventive measures for the protection of his own health, that of his family, and of the community are such measures completely effective.”***<sup>476</sup>

Dr. Dean Fleming, Director of Disease Prevention and Control, 1964

Dr. Barr knew that without constant monitoring, immunizations and vigilance, gained ground could be lost. Tuberculosis and venereal disease control were of special concern.<sup>477</sup> Disease prevention and control focused on developing ways and methods to ensure the population remained protected from disease.

Unfortunately, vaccine necessary for immunizations was not always readily available. In 1957, for example, distribution issues resulted when there was a shortage of vaccine during an outbreak of the “Asian flu.”<sup>478</sup> To address issues related to the distribution of vaccines and to develop a policy on vaccine distribution, the board formed a committee in 1959. Committee members were: Dr. Wentz, chairman; Dr. Huenekens and Mr. Atkinson. They met with Dr. Barr and Dr. Fleming.<sup>479</sup>

Overconfidence in the value of recently developed antibiotics may have contributed to another problem in the state. There was an increase in staphylococcal infections. The board strongly supported further studies to try to address this growing concern. In addition to the personal habits and techniques of health professionals, it decided to investigate the environmental side – air transmission and air conditioning systems.<sup>480</sup>

*(Note: The department's role in other communicable diseases is described in greater detail in Chapter 2.)*

<sup>475</sup> MDH, *Minnesota's Health*, Vol. 19, No. 6, June-July 1965, p. 4.

<sup>476</sup> MDH, *Minnesota's Health*, Vol. 18, No. 10, December 1964, p. 4.

<sup>477</sup> MDH, *Minnesota's Health*, Vol. 16, No. 8, October 1962, pp. 1-4.

<sup>478</sup> BOH, *Minutes*, October 9, 1957, MHS, p. 203.

<sup>479</sup> BOH, *Minutes*, February 24, 1959, MHS, p. 3.

<sup>480</sup> BOH, *Minutes*, July 30, 1957, MHS, p. 124.



### **Public Health Challenges: Animal-to-Human Diseases**

Diseases transmitted from animal to human were common during the 1950s and 1960s. Those of concern to people of Minnesota included: brucellosis, Q fever, rabies, bovine tuberculosis, anthrax, salmonella infections, psittacosis and leptospirosis.

Dr. Joe R. Held, a veterinarian, was hired to help prevent and control diseases transmitted from animals to man. He acted as a liaison between the Health Department, State Livestock Sanitary Board and University of Minnesota Medical School, working closely with Dr. Henry Bauer, medical laboratories director.<sup>481</sup> In one case, Dr. Held wondered why a herd of cattle continued to harbor typhoid fever. Visiting the barn one day, he noted human feces on the floor. A stool sample tested positive for typhoid fever. The hired man was infected, and the disease was being transmitted to the cattle through their feed. Dr. Held carefully talked to the farmer and hired hand, the source of the infection was eliminated, and the typhoid in the cows disappeared.<sup>482</sup>

Toxoplasmosis, which causes severe damage to the brain and eyes of unborn children, was common in Minnesota. An estimated 30 percent of the population had had the infection in the 1950s. One out of every 6,000 births was infected with toxoplasmosis. Thirty-eight children with congenital toxoplasmosis were reported from 1949 to 1959. Of these, eight died and the others were mentally retarded.<sup>483</sup>

In 1956, the department received a three-year grant to study toxoplasmosis. Dr. Anne Kimball, chief of special laboratory studies; Marion Cooney, chief of the virus and rickettsia section; and Dr. Henry Bauer collaborated on this project, along with Dr. Charles Sheppard, a physician in Hutchinson.<sup>484 485</sup> Their report, published in 1959, indicated birds, chickens, ducks, geese, pigeons, sparrows and parakeets may transmit toxoplasmosis to humans, but the report did not indicate it could be acquired through household pets, horses swine or from eating pork, raw eggs or drinking raw milk.

Histoplasmosis was also common in Minnesota. A study was being conducted on about 150 families in Mound to determine why family members were positive to histoplasmosis test. In addition to skin and blood tests, the climate, nature of soil and domestic animals were being studied.<sup>486</sup>

### **Disease Prevention and Health Promotion**

Chronic diseases, including cancer control and heart disease, were drawing more attention as communicable diseases decreased. Many initiatives in these areas were

<sup>481</sup> MDH, *Minnesota's Health*, Vol. 10, No. 9, November 1956, p. 2.

<sup>482</sup> Interview with Dr. Henry Bauer, April 16, 1999.

<sup>483</sup> MDH, *Minnesota's Health*, Vol. 13, No. 8, October 1959, p. 3.

<sup>484</sup> MDH, *Minnesota's Health*, Vol. 10, No. 7, August-September 1956, pp.2-3.

<sup>485</sup> MDH, *Minnesota's Health*, Vol. 13, No. 8, October 1959, p. 3.

<sup>486</sup> BOH, *Minutes*, January 13, 1959, MHS, p. 9.

led by Dr. A. B. Rosenfield, director of special services. Some of the areas he helped focus attention on included services for newborns, maternal mortality, nutrition, and home accident prevention.

Dr. Rosenfield, was considered by many to be ahead of his time. He joined the department as an epidemiologist in 1946, was chief of the maternal and child health section from 1949 to 1956, and became chief of the special services division in 1956.

Dr. Rosenfield encouraged the department's involvement in these new areas of public health, refusing to let the lack of a budget or specific mandate prevent him from moving forward. In 1957 Gov. Orville Freeman awarded Dr. Rosenfield a bronze plaque for his work in accident prevention, noting his initiatives were beyond legal mandates. When Dr. Rosenfield was selected by the Minnesota Safety Council's committee for an award, the committee commented: "The Health Department's initiative in conducting home safety inspection training without a budget and without statutory requirements to do so is particularly noteworthy."<sup>487</sup>

Another person who helped the department become respected for the professional manner in which it spread public health messages was Mrs. Marie Ford, chief of the health education section since 1954. The section flourished under Mrs. Ford's leadership. She started work at the department in 1949, with a background in education

***"Public health has advanced to the point where people themselves have to take action for further progress. We must educate and motivate them to protect their health and the health of the community. But in some areas we need a base line before we can really get started. For instance, we know that accidents are the leading cause of death through age 34, but we have little data on non-fatal accidents. Unless we know when, where, and to whom these accidents occur, we don't know how to pinpoint our educational efforts."***<sup>488</sup>

Marie Ford, MPH  
Public Health Education, 1961

and a graduate degree in public health. Mrs. Ford was skillful at developing relevant messages that would capture attention. During Dr. Barr's tenure, the department continued its tradition of outreach to citizens, distributing a free catalog listing free health literature and other available education materials and teaching aids to anyone on request.<sup>489</sup> Mrs. Ford developed many of the pamphlets and brochures. These were used by other agencies, local health departments and citizens.

Mrs. Ford edited *Minnesota's Health*, the department's monthly publication sent to thousands of persons throughout the state. When Marie Ford retired in 1971 due to ill health, Betty Bond, Ph.D., continued as editor.<sup>490</sup>

<sup>487</sup> MDH, *Minnesota's Health*, April 1957.

<sup>488</sup> Public Health Committee of the Paper Cup and Container Institute, Inc., "Profiles of Personalities in Public Health," *Health Officers New Digest*, Vol. XXVII, December 1961, No. 12, p. 2.

<sup>489</sup> MDH, *Minnesota's Health*, Vol. 16, No. 3, March 1962, p. 4.

<sup>490</sup> MDH, *Minnesota's Health*, Vol. 25, No. 5, May 1971, pp. 2-3.

## **Tobacco Control**

On January 11, 1964, a major event affecting the future direction of public health, and particularly health promotion, occurred when the advisory committee to the U.S. surgeon general issued a 387-page report that included this message:

***“Cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action.”<sup>491</sup>***

Advisory Committee to the US Surgeon General  
January 11, 1964

Up to this time, the Board of Health had been very careful to avoid a message indicating cigarettes caused smoking, as scientific evidence wasn't conclusive. The board made a change in its policy and three days after the above report, on January 14, 1964, it passed a resolution:

### **Resolution on Smoking and Health: Minnesota State Board of Health**

***“Whereas, the report of the Advisory Committee to the Surgeon General of the Public Health Service on Smoking and Health makes the following judgment: “Cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action”: and***

***Whereas, the Advisory Committee finds that cigarette smoking is associated with an increase in the age-specific death rates of males, and to a lesser extent with increased death rates of females; and***

***Whereas, the Advisory Committee finds that cigarette smoking is causally related to lung cancer, is the most important of the causes of chronic bronchitis in the United States, and increases the risk of dying from chronic bronchitis and emphysema; and***

***Whereas, the Advisory Committee considers it more prudent from the public health viewpoint to assume that the established association between cigarette smoking and deaths from coronary disease and many other cardiovascular diseases has causative meaning than to suspend judgment until no uncertainty remains; and***

***Whereas, these separate and distinct disease entities are of great concern to many health agencies, public and voluntary, as well as to the State Board of Health; and***

***Whereas, the State Board of Health recognizes its responsibility to provide leadership in this as in other health problems of public concern: Now therefore, be it***

<sup>491</sup> MDH, *Minnesota's Health*, Vol. 18, No. 1, January 1964, p. 2.

***Resolved, That the Minnesota Department of Health take prompt and vigorous action to increase its program of education of the public and of children of school-age in particular on the subject matter of this report, and be it further***

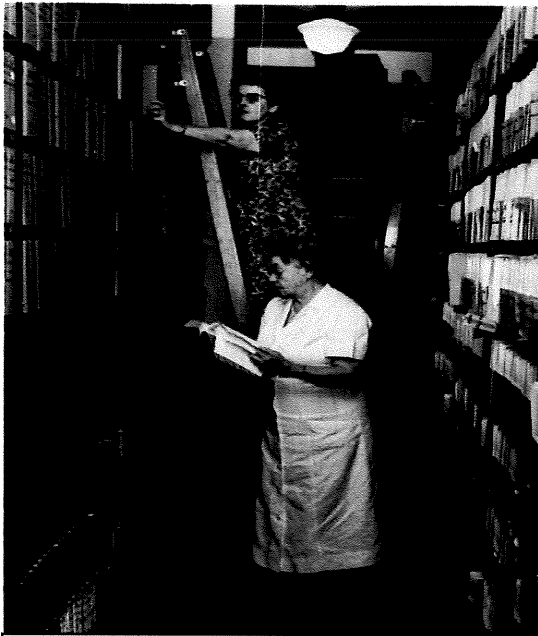
***Resolved, That the appropriate staff of the Minnesota Department of Health take leadership in the implementation of the recommendations of this report including the coordination of the education efforts of the various agencies concerned about the health implications of the subject matter of this report to avoid confusion and to minimize duplication of effort.”***<sup>492</sup>

Minnesota State Board of Health, January 14, 1964

Public support for no-smoking initiatives was not strong. A December 1963 poll conducted by the Minneapolis Star and Tribune found that 69 percent of the people believed cigarette smoking “had proved to be a health hazard.” Half of the people interviewed did not want a national campaign to discourage people from smoking. Their objections were based on the grounds that “the individual should decide for himself whether he will smoke.”<sup>493</sup>

### **Vital Statistics/Surveillance**

During Dr. Barr’s administration, significant advances and strides were taken in data collection to better identify and target public health problems. One of the areas where



Employees Working in Vital Records

improvements occurred was birth registration. Statewide registration of births in Minnesota had begun in 1871. At that time it was the responsibility of the secretary of state. The responsibility was transferred to the Board of Health in 1887. In his vital statistics report for 1886-88, Dr. Hewitt, the state’s first medical officer, wrote: “The intention of the present law is to make the vital statistics of the population contribute directly to a knowledge of the character, location, extent, and fatality, of the diseases causing sickness and premature death among them.”<sup>494</sup>

With a particular focus on reducing maternal and infant mortality and morbidity, an increased interest in utilizing birth certificate data

developed during the 1950s. A detachable medical supplement was added to the fetal

<sup>492</sup> MDH, *Minnesota’s Health*, Vol. 18, No. 2, February 1964, p. 2.

<sup>493</sup> Ibid.

<sup>494</sup> BOH, *Minutes*, attachment, May 16, 1966, MHS, p. 312.

death certificate in 1957 and to the birth certificate in 1962. A revised birth supplement in 1965 included questions related to fertility and resulted in the availability of data to recommend improvements in the medical care of mothers and children.

While more than 94 percent of physicians provided the supplemental information in 1966, there were several non-participating physicians. There was criticism that too much data were being collected, they were not being used, and the information was not confidential. Non-participating physicians felt the question related to the date of the mother's first marriage was an invasion of privacy and the question related to education of parents was embarrassing. Several physicians were particularly irritated when they received a letter from the Crippled Children's Service of Minnesota reporting a child in their care had a birth defect. The head of the Crippled Children's Service reported the information came from the Department of Health. The physicians believed they no longer had confidentiality.<sup>495</sup> Some didn't want to waste their time filling out reports. The lack of cooperation from these physicians disrupted the programs.

On September 24, 1962, Robert Hiller began his 30-year career with the department. Hiller, who later came to play a pivotal role in establishment of the community health services system, began as chief of vital statistics. Robert Hiller found birth certificates that weren't filed for six months. He began sending letters to those who didn't file, stating the law required filing and informing them they were in violation of the law. One recipient of a letter complained to Dr. Barr. He called Robert Hiller in for a meeting. Mr. Hiller traveled from his offices in St. Paul to the executive offices in Minneapolis. At the meeting Dr. Barr told Hiller to keep writing the letters, but with a little more diplomacy.

Surveillance of health problems, a basic tenet of public health, took on renewed energy in the 1960s. Some examples of the initiatives in this area are described below:

- A rheumatic fever registry was begun in 1960. It indicated rheumatic fever was far more common than thought. By 1965 there were 10,688 cases listed in the registry. Armed with these data, prophylactic treatment was made possible through the cooperation of the Minnesota State Pharmaceutical Association, significantly reducing recurrence.<sup>497</sup>

- A leukemia surveillance program

***"All of the activities carried on by the divisions and sections perform services of direct benefit to the people of Minnesota. In all of them program emphasis has shifted as new problems have been created in a changing society. At the same time constant surveillance must be maintained to insure that old problems remain under control. In all of the programs the work load increases as the state's population continues to grow and new knowledge expands the areas in which public health measures can bring health and safety hazards under control and as changes in the age composition of the state's population create new problems."***<sup>496</sup>

*Minnesota's Health, January 1966*

<sup>495</sup> BOH, *Minutes*, attachment, May 16, 1966, MHS, p. 312.

<sup>496</sup> MDH, *Minnesota's Health*, Vol. 20, No. 1, January 1966, p. 4.

<sup>497</sup> *Ibid.*, p. 2.

to study the distribution of cases in Hennepin and Ramsey counties was started July 1, 1966. The project was directed by J. Jeffrey McCullough, M.D., acting chief of the chronic disease section, assisted by Grant A. Mason, M.D., cancer control officer. Between 1950 and 1964 there were 4,186 deaths from leukemia in Minnesota, indicating a higher incidence than the national average. In 1960 there were 8.52 deaths per 100,000 people from leukemia in Minnesota, compared to 7.8 deaths per 100,000 nationally.<sup>498</sup>

- Expecting outbreaks of Asian flu the winter of 1967-68, the department established "listening posts" in Bemidji, Crookston, Duluth, Fergus Falls, Little Falls, Minneapolis, Rochester, St. Paul, Worthington and the University of Minnesota. Specimens were collected and submitted to the public health laboratories to get an early warning of possible outbreaks.

### **Emergency Health Services**

Dr. Barr's administration was the period when health facilities underwent, or began to undergo, a major overhaul. Included in this effort was the emergency health response system.

A 1966 survey discovered that 37 percent of the ambulance attendants in the state did not have even basic first aid training. Dr. Rosenfield did not accept that an ambulance driver's role should be limited to providing transportation. Dr. Rosenfield felt the ambulance driver had a critical role in life saving and needed training. In addition, to receive Medicare payment, ambulances were required to have an attendant with advanced first aid training. Only 17 percent of the emergency vehicles in Minnesota met that requirement.<sup>499</sup>

The department, in cooperation with a 16-member emergency medical services committee, established a training program for rescue squad members, ambulance attendants, firefighters, police officers, nurses and hospital emergency room personnel. The first professional emergency care course was held in Rochester in March 1967. This 12-hour course, consisting of four three-hour dinner meetings, was given by physicians from the Mayo Clinic and others who had specialized training. Subjects included: common medical emergency conditions, emergency childbirth, resuscitation procedures, shock, bleeding, bandages, emotional difficulties, conduct at the accident scene and transportation.<sup>500</sup> Sixty-one participants attended this first course.<sup>501</sup> A one-day institute on home safety for homemakers was held in Minneapolis in March 1967. Additional classes for emergency personnel were held during the fall of 1967, with 680 persons attending classes.<sup>502</sup>

<sup>498</sup> MDH, *Minnesota's Health*, Vol. 20, No. 9, November 1966, p. 1.

<sup>499</sup> MDH, *Minnesota's Health*, Vol. 22, No. 3, March 1968, p. 4.

<sup>500</sup> BOH, *Minutes*, January 10, 1967, MHS, p. 32.

<sup>501</sup> BOH, *Minutes*, April 11, 1967, MHS, p. 111.

<sup>502</sup> MDH, *Minnesota's Health*, Vol. 22, No. 3, March 1968, p. 4.

A plan to establish a statewide emergency medical services system was formulated in 1968. A federal grant was received, and Dr. Rosenfield was the project director. The plan included provisions for training ambulance crews, establishment of a statewide comprehensive plan for location and types of services needed, development of standards for equipment and vehicles, development of standards for maintaining and coordinating medical records and accident reports.<sup>503</sup>

The department helped with upgrades of the emergency medical system by providing equipment. Forty rural communities received funds to purchase ambulances in 1969. The first community to receive funding was Prior Lake. The funding was used to replace a 1954 limousine.<sup>504</sup> By 1971, 60 more ambulances had been placed in rural communities. Dedication ceremonies in Cannon Falls on June 1, 1971, marked the placement of the 100<sup>th</sup> ambulance.<sup>505</sup>

A 1969 state law required that all ambulances in Minnesota be licensed by the Board of Health. In order to qualify for licensure vehicles had to be available for service 24 hours a day, every day of the year; vehicles must carry minimal equipment recommended by the American College of Surgeons; and drivers and attendants must have a current advanced first aid certificate.<sup>506</sup>

## Medicare

In August 1965, the department learned it would be certifying facilities for Medicare (P.L. 89-97) effective July 1, 1966, for hospitals and July 1, 1967, for nursing homes.<sup>507</sup> Federal certification requirements for Medicare facilities were placed in the Medicare services unit under the direction of Dr. McCarthy.

## Transitions

Between 1959 and 1962 several significant transitions occurred in the b and the department.

Jerome Brower, Dr. Barr's deputy executive officer, died suddenly on May 28, 1959, at age 49.<sup>508</sup> A native of Cloquet, he had served as a special agent for the FBI in World War II.<sup>509</sup> Jerry Brower first worked for the department in 1933 as an antitoxin record clerk. He worked and attended school at night, completing a bachelor's degree in 1937 and a law degree in 1941. He was the top ranking member of his law school class. In 1947 he received a master's in public administration. He served as chief accountant for

<sup>503</sup> MDH, *Minnesota's Health*, Vol. 22, No. 3, March 1968, p. 4.

<sup>504</sup> MDH, *Minnesota's Health*, Vol. 22, No. 9, November 1968, p. 3.

<sup>505</sup> MDH, *Minnesota's Health*, Vol. 25, No. 4, April 1971.

<sup>506</sup> MDH, *Minnesota's Health*, Vol. 23, No. 10, December 1969, p. 3.

<sup>507</sup> BOH, *Minutes*, October 13, 1965.

<sup>508</sup> MDH, *Minnesota's Health*, Vol. 13, No. 6, June-July 1959, p. 1.

<sup>509</sup> MDH, *Minnesota's Health*, Vol. 9, No. 19, December 1955, p. 1.

the department, deputy registrar of vital statistics, and director of the division of departmental administration until he became deputy executive officer in 1955. Mr. Brower was a patient in the Variety Club Heart Hospital, a facility that was financed partially with Hill-Burton funds. Mrs. Brower wrote to Dr. Barr: "No man could ever love work more than he did nor his colleagues in the whole Department of Health."<sup>510</sup>

Mr. Brower wasn't the only loss experienced by Dr. Barr in 1959. His son, who was going to begin his freshman year at the University of Minnesota, was killed in a traffic accident in Montana that summer. After the accident Dr. Krusen, board president, wrote Dr. Barr:

Life itself teaches us we must not and cannot cling to the things that are dearest to us, but that does not prepare us for the tragic suddenness of Bobby's death. The courage to accept the inevitable and to take solace in fulfillment of the lives of those who were his close companions takes the support and encouragement of all who are your friends. It is in this spirit that this letter is written.<sup>511</sup>

In 1961 and 1962, the board lost two of its hardest working members, Dr. Ruth Boynton and Herbert Bosch. They worked as a team, serving together on several committees. Each had, at one time, worked as a department employee and retained a strong interest in and knowledge of the department's activities. They refused "rubber stamp" decisions, and met with division directors and section chiefs when they felt it was necessary.



**Dr. Barr, Dr. McCarthy and Ernest Kramer at an exhibit on Medicare Certification**

<sup>510</sup> Note from Mrs. Jerry Brower to Dr. Robert Barr, November 9, 1959.

<sup>511</sup> Letter from Dr. Krusen to Dr. and Mrs. Barr, September 14, 1959.



Dr. Ruth Boynton, retired in 1961 after 22 years on the board. She graduated from medical school at the University of Wisconsin in 1921 and began work at the Health Department in 1921 as director of the child hygiene division. She left the department in 1923 to work as an assistant professor of medicine at the University of Chicago. Dr. Boynton returned to Minnesota in 1928 as an instructor and later assistant professor of preventive medicine and public health at the University of Minnesota. In 1936, she became director of the University's student health service. Never married, she devoted her life to her work. With Dr. H. S. Diehl, she was co-author of a book, "Healthful Living for Nurses."<sup>512</sup> She received a Fulbright research scholarship in 1951 for study in the United Kingdom. She retired in 1961 and moved to Miami, Florida. She had been a member of the board from 1939 to 1961, 22 years.<sup>513</sup> With Dr. Boynton's retirement, Professor Bosch became the board member with the most seniority, having joined in 1952.

On September 16, 1962, Herbert Bosch died of a heart attack while on a cultural exchange mission to inspect Russian sanitation and environmental facilities. Prof. Bosch began work at the department in 1936 as a public health engineer. He worked in the U.S. Army Sanitary Corps during World War II. For his work in repatriating thousands of displaced persons, he was awarded decorations from Belgium, France and Holland. After the war, Prof. Bosch returned to the department as chief of the environmental sanitation division. In 1950, he became the first chief of the environmental sanitation section for the World Health Organization in Geneva, Switzerland. He returned to Minnesota in 1952 and joined the University of Minnesota faculty.<sup>514</sup> Prof. Bosch, appointed to the board in 1952, was known for his high sense of duty and his frank, cheerful nature.<sup>515</sup>



**HERBERT M. BOSCH**

The board lost many years of experience and institutional knowledge with the retirement of Dr. Ruth Boynton and the death of Herbert Bosch. By 1964, only one board member, Dr. Huenekens, was able to say he had served while Dr. Chesley was executive director. Dr. Heunekens, a pediatrician, served on the board from 1955 to 1967. He was especially valued for his role with polio.

Three other board members who served at least three terms and ended their service during Dr. Barr's administration were Leo Thompson who served on the board from

<sup>512</sup> MDH, *Minnesota's Health*, Vol. IV, No. 3, March 1950, p. 4.

<sup>513</sup> MDH, *Minnesota's Health*, Vol. 17, No. 8, October 1963, p. 3.

<sup>514</sup> MDH, *Minnesota's Health*, Vol. 16, No. 9, November 1962, p. 1.

<sup>515</sup> BOH, *Minutes*, October 3, 1962, MHS, p. 381-382.

1940 to 1957, Dr. Raymond Jackman who served from 1961 to 1970, and Dr. Frank Krusen who served from 1955 to 1963.

Following Jerry Brower's death, Dr. Barr was left without a deputy. On January 12, 1960, Dr. Henry Bauer, director of the public health laboratory, was appointed to fill this post. Dr. Bauer had been with the department since 1938 when he began work as a bacteriologist. Dr. Bauer received his Ph.D. degree in 1949 and was appointed director of the laboratories. Dr. Barr and Dr. Bauer had served together in the military during World War II.

Dr. Bauer's new work assignment included presenting the budget to the Legislature. He planned his presentations carefully, using charts and graphs, stressing the economic value of public health interventions. Dr. Bauer focused on the value the state was receiving for the funding received and the savings that result from public health interventions. The 1963 narrative and exhibits were tied to the budget to enable the department to evaluate every three to six months if it was accomplishing what it said it was going to do.<sup>516</sup>

Dr. Bauer wanted to make sure legislators understood the department and what it was doing. He thought some legislators made a common mistake of confusing the work done by the department with that done by the University of Minnesota, thinking funds appropriated to the University were also for the Health Department. Dr. Bauer explained that though the Health Department was located on the University of Minnesota campus and though they worked together closely, they were two separate entities. Dr. Bauer also emphasized the need for the University of Minnesota School of Public Health and the department to be located close together and to work closely together.<sup>517</sup>

## BUDGET PRESENTATION

DEPARTMENT OF HEALTH

1961 - 63

1. HISTORICAL BACKGROUND SINCE 1872
2. OBJECTIVES
3. ORGANIZATION
4. BUDGET NEEDS
5. PERSONNEL NEEDS
6. SELECTED PROGRAM NEEDS
7. BUILDING NEEDS

The thorn that had been bothering Dr. Barr and others for years was the lack of a new building. Severe overcrowding in the University campus building and the separate locations of employees made operations difficult and sometimes unpleasant. The conference room was a converted storage room. There was one elevator that carried passengers, freight and supplies. There was only one small rest room for women. Records were often kept in corridors because of lack of space.<sup>518</sup> Dr. Barr felt the department was missing out on grants because the office space for extra employees was not available. Minnesota couldn't apply for the grants and was missing opportunities. When he appointed Dr. Bauer as his deputy, Dr. Barr gave him a charge: "Get a new building!"

<sup>516</sup> BOH, *Minutes*, July 9, 1963, MHS, p. 421.

<sup>517</sup> BOH, *Minutes*, December 19, 1960, MHS, pp. 407-408.

<sup>518</sup> MDH, *Minnesota's Health*, Vol. 14, No. 5, May 1960, p. 1.

Dr. Bauer took on the challenge. Federal Hill-Burton funds became available to assist in 45 percent of the laboratory areas, and he seized this opportunity. Through his efforts the Legislature authorized a new building. Dr. Bauer ended his position as deputy executive director on January 6, 1966, as he needed to spend more time in the medical laboratory. He needed to develop a biochemistry laboratory associated with chronic disease, there was a shortage of staff in the laboratory, and Medicare was placing increased demands on it. Plus, he had successfully accomplished his assignment: the new building was a reality.<sup>519</sup>

Employees moved into a new Health Department building in 1969. Dr. Barr was present to dedicate the new building for which the department had first requested funds in 1947. The people who had been involved in the effort to get a new building included some of the public health greats of the century.

(Note: The history of the new building is described in greater detail in Chapter 7.)

When Dr. Bauer completed his service as deputy executive officer, Dr. Barr appointed Dr. Warren Lawson, a department employee since 1941.

### Changes and End of an Era

By the time the new building was completed, public health was changing dramatically, particularly at the Health Department. The department was beginning to be

overwhelmed with activity. The still-new Medicare and Medicaid programs demanded much time. The department was settling into a new space, with an autonomy not experienced previously. A recent initiative required all statewide planning coordinated and managed through the Department of Planning. The governor appointed a committee on reorganization of the state. The governor's office outlined a series of planning areas showing health districts, hospital planning regions, proposed coordinated hospital systems, and tuberculosis outpatient clinics. Dr. Barr felt it might be necessary to change outpatient clinic boundaries to conform to the governor's

**FLUORIDATION TO REDUCE TOOTH DECAY**

61 Minnesota Communities whose municipal water supplies serve about 1/3 of the state's population have adopted FLUORIDATION to control tooth decay since 1950.

Their total population of 1,112,699 includes 139,087 children between 6-13 years of age.

Everyone benefits, but the anticipated saving in DENTAL BILLS in 10 years among the 139,087 children is \$2,628,745 \*

\* 2.7 TEETH SAVED PER CHILD USING WELFARE FEE SCALE OF \$7.00 PER TOOTH FOR DENTAL WORK.

13% - 139,087 children	973,612
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SAVING IN DENTAL BILL . . . . .	\$ 2,628,745
Cost of Fluorides, 10¢/person per year, plus equip. . . . .	\$ 1,173,699
<b>NET GAIN . . . . .</b>	<b>\$ 1,455,046</b>

THE BENEFITS OF FLUORIDES NEED TO BE EXTENDED TO INCLUDE:

- 90,647 Children in other communities with municipal water supplies.
- 145,266 Children in rural areas.

<sup>519</sup> BOH, Minutes, January 11, 1966, MHS, p. 26.

planning areas. When a statewide review of all state health regulations was suggested, there was little time to do it. The department had a full plate.<sup>520</sup>

Dr. Barr wrote a colleague at the Department of Health and Social Services in Wisconsin for information on the reorganization of state government in Wisconsin. His friend detailed the changes and added a final line to the letter: "We are living in a time of rapid change, Bob, and I guess we just have to learn to adjust to these changes."<sup>521</sup>

Another friend of Dr. Barr's, Dr. Gaylord Anderson, director of the University of Minnesota School of Public Health, wrote his thoughts on public health in an article in the American Journal of Public Health in 1966:

For lack of a generally accepted definition of public health, I should like for our purpose, to think of public health as an organized community program designed to prolong efficient human life. I use the term 'organized' because I include only those activities that are designed for the specific purpose of health protection, though I recognize that there are many social, economic and political forces that contribute to improved human health and that some of these forces at times may be more important and effective than our public health measures. I refer to public health as a community program to emphasize the fact that it is not solely a governmental activity, but rather it includes the contributions of voluntary as well as official agencies. It is equally important to stress the point that the goal of public health is not merely to reduce the incidence or prevalence of certain specific diseases, to prevent a certain number of deaths, or even to merely delay the advent of death, but that it aims to keep people in such a state of well-being that they can continue as useful and independent members of the community.<sup>522</sup>

Dr. Robert Barr died on December 26, 1970, working almost to the end of his days. Sometimes referred to as "Mr. Public Health" by many, Dr. Barr is seen as the last health officer to belong to the "old school" of public health. Dr. Hewitt, Dr. Bracken, Dr. Chesley and Dr. Barr had led the department for nearly 100 years, working the front lines of public health. The health officers to follow were viewed more as administrators, probably appropriate for the time but different. The end of the 1960s seemed to mark the end of an era. Subtle, quiet changes were paving the way for the more obvious and dramatic ones to follow.

In 1963, Barr received the annual Francis E. Harrington Award for public health leadership and achievement at the 17th annual conference of the Minnesota Public Health Association. The award was presented by Mrs. Walter W. Walker, the 1962 recipient, who described Barr:

He is a man of broad interests, of keen insight, and a gentleman who extends his interests beyond the field of health. He is a man who can encompass a broad sweep of public health problems, or focus with intensity on a local issue. His judgment is keen, his insights are sharp. He is a witty man, he is a serious man. He has a commitment to service to people and to the field of public health, which seems to know no limitations in terms of time, effort or energies expended. He is a dynamic person, a dedicated public officer, and he is a gentleman who has the capacity to draw talented and dedicated people around him.<sup>523</sup>

<sup>520</sup> BOH, *Minutes*, January 9, 1968, MHS, p. 8.

<sup>521</sup> Letter from Dr. E. H. Jorris to Dr. Robert Barr, June 14, 1968.

<sup>522</sup> MDH, *Minnesota's Health*, Vol. 20, No. 6, June-July 1966, p. 2.

<sup>523</sup> MDH, *Minnesota's Health*, Vol. 17, No. 8, October 1963, p. 2.



**Minnesota Health Department Library in old building on University of Minnesota Campus**

In recognition of the value he placed on education, the department's library has been named the R.N. Barr Library.