League of Women Voters of Minnesota Records

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The role of the POLICE *in* MENTAL HEALTH

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service National Institutes of Health

NATIONAL INSTITUTE OF MENTAL HEALTH

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Washington, D. C.

THE ROLE OF THE POLICE IN MENTAL HEALTH

THE POLICE OFFICER plays an important role in the field of mental health. He is the person who daily and hourly carries the responsibility of expressing the will of the community to the individual, of seeing that all of us abide by the rules and regulations established for the protection of our persons and property.

Frequently he must act as the accuser of people who violate these rules and regulations and must temporarily, at least, deprive them of their liberty. It is his job to deal with people at times when they, for a wide variety of reasons, are hostile to all that stands for law and order. When an officer knows something about the reasons for different types of behavior and something about the reactions of people under such circumstances, he can carry out his responsibility without causing an increase in the individual's problem of living in a satisfactory manner.

In children's cases it is particularly true that a police officer's way of handling the situation may make a great difference. The child can gain understanding from the experience; he can be helped to learn to handle his own problems satisfactorily. On the other hand, the experience may increase his hostility to the rest of the community and his inability to live normally may become a destructive force.

Take, for example, the boy who has gone "joyriding" and wrecked the car.

The police pick him up. He wants to know what all the fuss is about. He "borrowed" the car—so what? He hit a pole, but nobody's killed—so what? His dad will pay for the damages, so why should the "cops" be so excited about it? It develops that the boy's father can and will pay for the damage. The owner of the car, greatly relieved, will not press charges and, as the boy said, "So what?"

The easiest thing of course for the police is to write "case closed" and let it go at that. But, on second thought, how does this boy differ from the man in cell No. 2 who has been charged with passing bad checks and is waiting for bail to be posted by his mother. The record shows that for years she has been paying off bad checks and getting him out of first one difficulty and then another to no purpose. Should not the officer perhaps discuss the problem of the young "joyrider" more fully with the boy's father? If the latter expresses himself as unable to understand why his son does the things he does, should not the officer be able to suggest to him sources of help in the situation?

If a street were closed because a water main had burst, the police would naturally direct persons to other safe routes. It is equally important that they be able to direct to another route a person whose way of thinking and living has been damaged and who has become an unsafe person to have in the community.

Or take the case of the little 10-year-old girl who is constantly claiming to be "lost." First one officer and then another spends hours locating her family, only to find that she frequently runs away after school, stays out until she is tired and hungry and then goes to the police.

The simplest thing seems to be to tell the parents to give the young one a good spanking, or to forbid her looking at television for a week until she learns how to behave, or the officer may even state that if this keeps up he will have to take her to juvenile court and have her "put away."

That is the simplest for the moment, but only for the moment. Whatever it is that separates this child from normal relationship with her family will undoubtedly cause her to go far afield trying to find a way out of her difficulties. In the process, she will create endless new problems for herself and others along the way. Simpler in the long run would be an effort by the officer to help this family and child find the service in their community which can give them the assistance they need in working out their problems.

None of this of course means that a police officer must be a psychiatrist or psychologist, nor does it mean that the officer should try to make a diagnosis of the problem and institute treatment any more than he would in the case of a person injured in a traffic accident.

There his job is to know enough first aid to prevent loss of life and to protect the individual from harmful activity until skilled medical service is secured. So it is in reality with the child in trouble. The officer needs to know the danger signals. He must protect the child against anything which would cause a deepening of the trouble, and as speedily as possible must help the family to obtain that service which can be expected to do the most for the child with the least delay.

Many police departments now are offering or obtaining special training for

at least some of their officers—training which is designed to make them good "first-aid" instruments in the field of juvenile delinquency. There is not always as much time given to this training as is desirable and in many areas the resources for giving it are lacking.

But whether a police officer has had special training or not, some pamphlets and motion pictures are suggested that can be helpful to him in the performance of his tremendously important duty, by increasing his understanding of the problems behind the situations with which he has to deal.

Every officer who gains this better understanding can help the children with whom he comes in contact and can increase their chances of developing into people capable of living satisfying and constructive lives.

SOURCES OF INFORMATION

PAMPHLETS

JUVENILE DELINQUENCY

Some Facts About Juvenile Delinquency. *Children's Bureau Publication, No. 340, 10 cents.*

Helping Delinquent Children. *Children's Bureau Publication, No. 341, 15 cents.*

What's Happening to Delinquent Children in Your Town? *Children's Bureau Publication, No. 342, 15 cents.*

Police Services for Juveniles (available June 1954). *Children's Bureau Publication, No. 344, 35 cents.*

Standards for Specialized Courts Dealing With Children (available June 1954). *Children's Bureau Publication, No. 346, 35 cents.*

The above pamphlets may be purchased from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C., at prices indicated with 25 percent reduction on orders for 100 or more.

UNDERSTANDING CHILDREN

Self-Understanding, a First Step to Understanding Children. *By William C. Menninger, M. D.*

Emotional Problems of Growing Up. *By O. Spurgeon English, M. D., and Stuart M. Finch, M. D.*

Why Children Misbehave. *By Charles W. Leonard.*

Overcoming Prejudice. *By Bruno Bettelheim, M. D.*

Your Behavior Problems. *By O. Spurgeon English, M. D., and Constance J. Foster.*

Facts About Alcohol. *By Raymond G. McCarthy.*

Facts About Narcotics. *By Victor H. Vogel, M. D., and Virginia E. Vogel.*

All pamphlets listed under the heading "Understanding Children" may be obtained from Science Research Associates, 57 W. Grand Avenue, Chicago 10, Ill., which will provide information on rates upon request.

SPECIAL PROBLEMS

Psychological First Aid in Community Disasters. Prepared by the American Psychiatric Association Committee on Civil Defense. *Available from Human Relations Aids, 1790 Broadway, New York 19, N. Y., 35¢. Discounts on quantity orders.*

FILMS

FACTORS IN NORMAL DEVELOPMENT

Preface to a Life, 16-mm. Sound Film, Black and White, 29 minutes. *Portrays the influence parents have on a child's developing personality.*

Palmour Street, 16-mm. Sound Film, Black and White, 23 minutes.

Farewell to Childhood, 16-mm. Sound Film, Black and White, 20 minutes.

He Acts His Age, 16-mm. Sound Film, Black and White, 14 minutes.

SPECIAL PROBLEMS

Angry Boy, 16-mm. Sound Film, Black and White, 32 minutes.

Families First, 16-mm. Sound Film, Black and White, 17 minutes.

The Quiet One, 16-mm. Sound, Black and White, 67 minutes.

The High Wall, 16-mm. Sound Film, Black and White, 30 minutes. *A psychiatrist interviews two teen-age boys who are hospitalized as a result of a fight arising from prejudice. The factors affecting the problem are illustrated through scenes in the homes of the two boys.*

The films above are listed in Mental Health Motion Pictures, A Selective Guide, which may be purchased for 35 cents from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. The guide lists sources for loan, rental or purchase of each film.

PUBLIC HEALTH SERVICE PUBLICATION NO. 360

For sale by Superintendent of Documents, Government Printing Office, Washington 25, D. C. - Price 5 cents

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League of Women Voters
of the United States

Mental Health File

Memorandum

1026 17th Street, N. W. - Washington 6, D. C.

To: State League Presidents
From: National Office

We have recently received from the Public Health Service a pamphlet which may be useful to the many Leagues working in the fields of mental health, childrens services and juvenile delinquency. A copy of this pamphlet "The Role of the Police in Mental Health" is enclosed so that you may inform local Leagues in your state of its availability. Particularly helpful is the bibliography of pamphlets and films in this field.

Individual copies may be ordered for 5¢ from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

Pres. letters

New Rochelle
J. Falls
7 Hts
C Pines
Buffalo

A PLAN FOR LOCAL HEALTH SERVICES IN MINNESOTA

Let's provide our state with the best plan for making life longer, safer and healthier: full-time local public health services.

WHAT IS LOCAL PUBLIC HEALTH SERVICE?

A part of local government concerned with the promotion of health and protection of all citizens against sickness caused by public health hazards. It serves a group of people large enough to make a whole-time professional public health staff practical.

A LOCAL PUBLIC HEALTH SERVICE

- Controls communicable diseases
- Prevents some diseases by promoting immunization against them
- Works to safeguard water, milk and food supplies
- Promotes proper disposal of human and industrial waste, sewage, garbage, etc.
- Encourages better sanitation in eating places, tourist and trailer camps, public buildings, swimming pools and other public places
- Conducts health and safety education to develop safe and healthful living
- Collects and interprets vital statistics
- Provides health facts and services to all the people
- Aids in saving lives of mothers of newborn babies.

MINNESOTA NEEDS SUCH A LOCAL PUBLIC HEALTH SERVICE

- As long as we have sickness and death from smallpox, diphtheria, whooping cough, scarlet fever, tuberculosis, syphilis, gonorrhea, undulant fever, rabies, tetanus and other communicable diseases.
- As long as there is sickness and death from typhoid fever, dysentery, intestinal disorders and other diseases spread by unsanitary conditions.
- As long as mosquitoes, flies, rats, ticks, and other pests spread disease and are uncontrolled.
- As long as we have preventable deaths of mothers and newborn babies.
- As long as there is illness and death from accidents, poor housing and poor nutrition.
- As long as we have absenteeism in industry and in schools from preventable illnesses.
- As long as there are people who do not practice good health habits or teach their children the principles of healthful living.

WHO ENDORSES THE PLAN?

American Medical Association
Minnesota State Medical Association
Minnesota State Dental Association
Minnesota Congress of Parents and Teachers
Minnesota League of Women Voters
Minnesota Committee for Local Health Services
Midland Cooperative Wholesale
Minnesota State Central Council C.I.O.
Minnesota United Labor Committee
Minnesota State Sanitary Conference
Minnesota Department of Health
Minnesota Farmer's Union
American Public Health Association
National Farm Foundation
Minnesota Farm Bureau Federation
Minnesota Welfare Conference
Minnesota Nurses Association
Minnesota Federation of Womens Clubs
State Organization for Public Health Nursing
State Grange of Minnesota
Minnesota Associated Cooperatives
Minnesota Group Health Mutual
Minnesota Division of American Association of University Women

WHO MANAGES FULL TIME LOCAL HEALTH SERVICE?

A Board of local non-salaried citizens, both lay and professional.

WHO DOES THE WORK?

A professional staff: a medical public health officer, public health engineers, sanitarians, public health dentists and dental hygienists, health nurses, health educators, and a clerical staff all devoting their whole time exclusively to public health.

WHO RECOMMENDS POLICIES?

The local and state Boards of Health. The health officer and his professional staff. Medical and dental advisory committees. Citizens health committees. Local health councils or community health agencies.

WHAT DOES SUCH A LOCAL PUBLIC HEALTH SERVICE COST?

Good sanitary law enforcement and preventive medicine will cost 81 cents per person after legislation has been passed allowing local health units to combine to form units large enough to support full-time public health programs.

We now spend for this purpose 42 cents of local taxes per person, with additional amounts from state and federal funds. Private organizations also raise money to take care of preventive medicine today.

All this expense still leaves more than a million people of our state without their share of preventive medicine and sanitary law enforcement.

HOW DO WE GET AN UP-TO-DATE LOCAL PUBLIC HEALTH SERVICE?

This kind of local public health service, serving you and your neighbors, depends entirely upon how much you want it:

FIRST must come a program of community education in public health needs and present services which will reach your legislator before he leaves home to serve in the state legislature.

SECOND you must see to it that your legislature passes an enabling act, not excluding your own county, allowing establishment of such service in those communities, counties or groups of counties which want it.

THIRD you must persuade your local elected officers to establish such a local public health service under the powers given them by the enabling act of the legislature.

FOURTH you must support this local public health service by providing the public funds to make it possible.

WHAT IS THE MINNESOTA COMMITTEE ON LOCAL HEALTH SERVICES?

It is a citizens committee representing many groups in the state and in local communities who want to prevent diseases and unnecessary death and raise health standards of the people in the state of Minnesota.

Address: MINNESOTA COMMITTEE ON LOCAL HEALTH SERVICES
2808 West River Road, Minneapolis 6, Minn.

Minnesota League of Women Voters
914 Marquette Avenue
Minneapolis, Minnesota

Organizations interested in preventive measures concerning Public Health are considering the introduction of a Bill in the next legislature to give permission to the Counties in the State to join to form Units of Public Health Service. Dr. Havens Emerson, national Public Health authority, suggests ten such units for Minnesota. By joining forces each county could have the benefit of a qualified and experienced Board of Public Health staffed by a competent physician, trained Public Health nurses and clerks, at a lower cost than possible when each county functions separately.

We, the undersigned, would like to see the League support this and allied legislation by adding "Extension of Public Health Services" to the State Program.

(Signed) Mrs. Everett Fraser
Mrs. Russell Drake
Mrs. M.J. Shapiro
Mrs. J.R.McNamara
Mrs. Irvine McQuarrie
Mrs. R.R.Reichert
Mrs. John W. Mathys
Mrs. R.C.Duncan

Brief History of the Committee on Social Hygiene 1919-1930

National League of Women Voters
532 Seventeenth Street, Northwest
Washington, D. C.
September, 1930

Brief History
of the
Committee on Social Hygiene
National League of Women Voters

The development of the departments and standing committees of the League of Women Voters can be best understood in the light of the general history of the League itself. When conferences were called by Mrs. Catt in 1919 to consider the question of a continuing organization for the guidance of the new women voters and the realization of their political and social ideals, the subject matter of practically all the standing committees was included in the discussions and was embodied in the plans laid at the St. Louis Convention of 1919.

The Social Hygiene Committee under the chairmanship of Dr. Valeria Parker, dates from this period, and presented its first program at the Chicago Convention in 1920.

This inclusion of Social Hygiene among the original responsibilities of the League was a natural outgrowth of the close relationship between the early suffrage movement and the awakening demand of women for an equal moral standard and for just treatment of women in regard to sex offenses. The opportunity which the vote would give to right an ancient social wrong added driving force to the struggle for the franchise and it is interesting to note that from the outset, the programs of the Social Hygiene Committee have, either by implication or explicitly, maintained the principle of the equality of the sexes under the law as one of the committee's main concerns.

It is equally noteworthy that the League, from the beginning, has emphasized the social and moral as well as the public health aspects of Social Hygiene. This conception was given expression in the first program of the Committee, a somewhat formidable document, presenting a comprehensive scheme of preventive, remedial, educational, public health and vice repressive measures; and while later programs have been simplified and shortened and related more closely to League methods and possibilities, yet the changes are rather in form and length than in scope; the balance between vice repressive, preventive and public health measures remains, as well as the concern for justice to women.

The early programs should also be seem against the background of the war. The Interdepartmental Social Hygiene Board, appropriations for which were among the Committee's federal items in 1920, 1921 and 1922, was a war product. Support of the Interdepartmental Board was due also to the League's emphasis on a rounded program of Social Hygiene, which this agency was designed to put into effect.

In 1923 endorsement of a bill to transfer this work to the Department of Justice appears. In 1924, this effort having failed, the program contains support of appropriations for the Children's Bureau and the Public Health Service for different sections of the work formerly conducted by the Interdepartmental Board.

In 1922, on Dr. Valeria Parker's resignation to become Executive Secretary to this Board, Mrs. Ann Webster became chairman of the Social Hygiene Committee and the program was revised although its comprehensive scope remained.

In 1923 and 1924 the changes reflect the tendency of the League to focus the work of the Committees by selecting measures for active support and by arranging subject matter under the divisions "for study" and "for legislation."

Certain items, presented in the earliest program, disappear or appear again under new wording, such as "policewomen" which reappears in the program of 1925 as support of women's bureaus in city police departments and trained and qualified policewomen in all communities.

In 1922, the "Three Laws," the Anti-Prostitution Law, the Injunction and Abatement Act and the Ouster Law, by which those who profit by the business of prostitution shall be punished and through which any individual citizen can institute proceedings, appear in the revised program, remaining as separate items or by implication, ever since.

In 1924, "sterlization of the unfit" was added to the study program, where it has remained.

The "Age of Consent" item has gone back and forth between the Social Hygiene and Legal Status Programs, finally remaining in the latter.

The Committee has issued two pamphlets by Mrs. Webster, "Medical Measures," (1924) and "The Three Laws" (1926).

K. L.

Chairmen of Committee on Social Hygiene

1919-1922 - Dr. Valeria H. Parker, Hartford, Connecticut
1922-1930 - Mrs. Ann Webster, Washington, D. C.

JUN 24

PROVISIONS FOR PERMISSIVE LEGISLATION BILL
as recommended by
Dr. Carl Buck, Field Expert*
of the
American Public Health Association

A bill to permit the establishment of full-time county or city-county health department should provide:

(1) That the County Commissioners of any county may vote to establish a full-time county health department.

(2) That the city-county or county involved in the establishment of a full-time health department may, through their duly constituted appropriating bodies, appropriate such funds as may be necessary for the operation and maintenance of such full-time health department.

(3) That in such county health departments, cities of under 20,000 population (as shown in the last U. S. Census) shall become integral parts, for purposes of public health administration, of such health departments.

(4) That cities of over 20,000 population (as shown in the last U. S. Census) may elect to come into the county or to maintain their own health departments.

(5) That nothing in this bill shall be construed as in any way interfering with the appointment, prerogatives, or financial support of local boards of health, health officers or other local health personnel except that the full-time county health officer shall be the senior health officer of the area and shall have general supervision over other health officers of the area except full-time qualified health officers of cities of over 20,000 population.

(6) That, similarly, nothing in the bill should be construed as preventing other local health jurisdictions in full-time county health department areas from abolishing such local health jurisdiction functions if they so desire.

(7) That the properly constituted authorities, in a county establishing full-time health departments, be authorized to negotiate with the State Department of Public Health for such financial assistance for the operation and maintenance of the full-time county health department as the State Department of Public Health may be able to provide through state and federal funds.

(8) That the properly constituted authorities in a county establishing full-time health departments be authorized to accept private funds, donations, property and materials for the use of such health departments.

* With minor amendments to fit Minneapolis and Hennepin County.

(9) That there be a Board of Health as the advisory, judiciary, policy forming, but not executive body, for each such county, or city-county health department established in accordance with the provisions of this act.

(10) That the Board of Health of a county Health Department be appointed by the Chairman of the Board of County Commissioners and consist of five members, appointed for five year staggered terms of office, two of whom should be physicians and three from other walks of life.

(11) That the Board of Health of a combined City-County Health Department consist of five members, two of whom should be appointed by the Chairman of the Board of County Commissioners, one of whom should be a physician, and three should be appointed by the Board of Public Welfare of the City, one of whom should be a physician. At the time of original appointment the five members thus appointed should determine by lot which members shall serve respectively for one, two, three, four and five years. All subsequent appointments should be for five year terms.

(12) Any Board of Health, established in accordance with the provisions of any of the preceding clauses, should appoint a single fiscal agent for the Health Department.

(13) That any Board of Health, established in accordance with the provisions of any of the preceding clauses should have the right to make such rules and regulations as it deems necessary for the county, for the protection and promotion of health provided however that such rules and regulations must not be in conflict with state legislation or with rules and regulations of the State Board of Health. Rules and regulations adopted by local boards of health may be more stringent but not less stringent than state legislation or rules and regulations of the State Board of Health.

(14) The Board of Health of any such county, or city-county health department should appoint the health officer provided, however that he or she must meet the qualifications for such health officers as are established by the State Board of Health.

(15) The appointment of the health officer should be for five years and he or she may be reappointed at the discretion of the Board. The health officer may be removed at any time for cause but should have the right to a hearing by the Board of Health.

(16) That the health officer of a full-time county, or city-county health department should be responsible for the appointment of all other personnel in his or her department, provided, however, that such personnel must meet the qualifications of training and experience as prescribed by the State Board of Health.

(17) That the health officer of any county, or city-county health department shall observe such rules and regulations as may from time to time be promulgated by the State Department of Public Health and shall make such reports as may be required by such Department.

(18) Any county, or city-county health department established in accordance with the provisions of this act may be abolished by a majority vote of the people of the area provided however that such vote shall be taken only if 10 percent or more of the electors have petitioned for such vote. No popular vote on the question of abolishing a full-time health department should be taken until such health department has been in existence for at least two years.

It is fully appreciated that the legislation proposed in the preceding sections places no compulsion upon any unit of government. It simply makes it possible for the properly constituted county authorities to act if the people want them to act. This philosophy is based on the premise that sound public health progress is seldom achieved by compulsion or compulsory legislation but rather by a sound program of health education or health information.

JUN 21

CONSTITUTION OF THE MINNESOTA COMMITTEE ON LOCAL HEALTH SERVICES

* * * * * * * * * * * * * *

Article I

Name and Object

The name of this organization shall be the Minnesota Committee on Local Health Services. It shall be the purpose of this organization:

(1) To develop and carry forward a program of work based on a careful study of the health needs and possibilities of improving rural and urban health services in Minnesota.

(2) To bring about greater and more widespread concern for increased local coordination, administration and effectiveness in health services.

(3) To furnish a cosmopolitan non-partisan committee of citizens to formulate legislation in Minnesota to provide for such need in the future with a full consideration for economy, effectiveness and local administration.

Article II

Membership

Membership in this committee shall consist of representatives of organizations and of individuals interested in the objects and purposes of this group.

Article III

Officers

Section 1. The officers of this committee shall consist of a chairman, vice-chairmen, a secretary and a treasurer.

Section 2. The officers shall be elected in May at the annual meeting of the committee for a term of one year.

Section 3. The officers shall perform the usual duties pertaining to their offices.

Article IV

Executive Board

Section 1. The executive board shall consist of the elected officers and six members at large. These six members shall be elected at the annual meeting.

Section 2. The executive board shall perform the usual duties pertaining to such boards.

Section 3. The committee may (specifically) empower the executive board to act for the committee.

Section 4. (Such) action of the board shall be subject to approval at the next regular meeting of the committee.

Article V

Medical Advisory Board

Section 1. The medical advisory board shall consist of outstanding members in the professional organizations dealing with the fields of public health and preventive medicine.

Section 2. The medical advisory board shall (be invited to meet) meet with and advise the executive board and the committee.

Article VI

Meetings

Section 1. The meetings (of the committee) shall be held at such time(s) and place(s) as shall be determined upon by the officers.

Section 2. The annual meeting of the committee shall be held during the month of May.

Article VII

Finances

Section 1. A finance committee shall prepare a budget for carrying out the purposes and objects of the organization and shall submit the same to the executive board for appropriate action.

Section 2. The finance committee shall determine methods for obtaining the funds for carrying out the program of the committee.

Section 3. The fiscal year of this organization shall begin May 1.

Article VIII

Order of Business

The following order of business shall be the basis for proceedings in the meetings of the committee:

1. Call to order and roll call.
2. Reading and approving minutes.
3. Report of secretary.
4. Reports of officers and committee chairmen.
5. Reports of special committees and employees.
6. Unfinished business.
7. New business.

(Election of officers at the annual meeting.)

Article IX

Amendments

This constitution may be amended by a two-thirds majority vote of those members present at a meeting following a written notice by the secretary to committee members. This notice shall contain the wording of the proposed amendments and shall be sent out at least ten (10) days before the date set for the meeting.

Minnesota League of Women Voters
914 Marquette Avenue, Minneapolis
Price 5¢

October 1936

COORDINATION OF PUBLIC WELFARE ORGANIZATION

1. What is meant by public and child welfare?

The attempt of the government to care for people who are unable to care for themselves. It includes:

a) Institutions - for the insane, blind, feebleminded, etc.

b) Aid - services, care, or money help to widows, old people, ~~unemployed~~, children, and various handicapped groups

c) Unemployed.

2. How has the public welfare problem changed within the last few years?

A hundred years ago most handicapped people found their common refuge in the county poorhouse. Gradually special groups were singled out for special care. Child welfare has long been a special field. More recently we have seen the development of cash assistance to old people and unemployment relief. The problem of unemployment and the passage of the Social Security Act have brought the Federal and state governments into a picture that was until a few years ago largely a local one. Welfare services have enlarged so rapidly within the last few years that a great network of welfare agencies have developed, each giving its own special type of care.

3. What is the recent history of public welfare organization

In Minnesota before 1932 there was no state help for people in need unless they were eligible for some one of the institutions under the Board of Control. By then the financial structure of localities was unable to support the growing burden of unemployment relief. Loans obtained from the RFC (Reconstruction Finance Corporation) by the governor to relieve distress, had to be ratified by the 1933 legislature. These loans were administered through the Board of Control and could only be used for direct relief.

In May 1933 national responsibility for unemployment was recognized and the FERA (Federal Emergency Relief Administration)was set up, which functioned through a SERA (State Emergency Relief Administration) and local county boards of public welfare. The funds of this organization were used both for direct relief and an extensive program of work relief.

In January 1935, President Roosevelt announced that "the Federal government must and shall quit this business of relief". A new program was started wherein the federal government was to assume responsibility for the unemployed employables, those victims of a nationwide economic crisis beyond the power of any state or locality to remedy. The unemployables were to be returned to the care of the localities whose charge they had always been. By the end of the year, WPA (Works Progress Administration) was in full swing, a federal organization with local administration giving work on projects selected by the community but approved by the federal government. Unfortunately, this program has never been large enough to take care of all the employables.

To aid with the unemployables the National Social Security Act was passed giving grants-in-aid to certain classes of these. Grants-in-aid are funds given on condition that the locality raise a specified amount and conform to certain standards of administration.

Consequently, we have now in Minnesota:

a) Direct Relief - administered by SRA under the Executive Council

b) Unemployment Relief - WPA - a federal organization - workers must be certified from relief roles
c) Social Security Activities under the State Board of Control
d) Institutions administered by the State Board of Control

4. How are Public Welfare Activities Administered in Minnesota

a) The Federal Government working through state and local representatives, assumes responsibility for WPA, in which workers are certified from relief rolls, and for Rural Rehabilitation work, which makes loans to farmers for capital goods, etc. The State WPA administrative head is applied by Federal Government.

b) In the State we have:

1) Executive Council (composed of the Governor, State Treasure, State Auditor, Attorney General, and Secretary of State) responsible for:

State Relief Administration - composed of a Director and Field representatives. This agency allocates state relief funds appropriated by the legislature to the counties. In 53 counties this relief is administered by the county. In 34 counties it is administered by townships.

War Veterans Relief Agency

2) State Board of Control - Composed of three full-time members, one of whom must be a woman, appointed by the Governor with the consent of the Senate for overlapping terms of six years, with salaries of $4500. It is responsible for:

State Institutions
Children's Bureau - supervises adoptions, placements, feelbe-minded, etc.
Old Age Assistance - supervises grants to aged.
Division of Coordinated Field Service - composed of 16 field workers who supervise child welfare services in the counties, advise as to policies and personnel, supervise WPA certification from relief rolls, and attempt to effect more coordinated county set-ups.

c) Locally

1) Board of County Commissioners - Composed of five elected Commissioners who constitute the governing body of the county for levying taxes and administering county governmental functions. Responsible for all public welfare activities touching the county and using county funds.

2) Child Welfare Boards - Composed of 5 members as follows: County Supt. of Schools, one member from Board of County Commissioners, three members appointed by State Board of Control, two of whom must be women. These members serve without pay.

3) County Relief Boards, poor commissions, etc. - Extra legal agencies composed of representatives from the Board of County Commissioners and citizens interested in welfare work.

4) Old Age Assistance Agencies - Composed of local investigator appointed by Board of County Commissioners with the consent of the Division of Old Age Assistance under the Board of Control.

Minnesota League of Women Voters,
914 Marquette Ave., Minneapolis
September 1937
Price - 1 cent

AID TO DEPENDENT CHILDREN IN MINNESOTA

The Social Security Act offers assistance to children under 16 who have been deprived of parental support or care. It provides that the Federal Government will pay $1 for every $2 spent in a state for the care of these children, up to a combined total of $18 per month for the first child and $12 for each other eligible child in the same family, who are living in suitable homes maintained by immediate relatives.

In order to qualify for this federal aid, Minnesota repealed its Mothers' Allowance Law, which had provided aid to dependent children, and passed the Minnesota Aid to Dependent Children Act which became effective on September 1, 1937. The Minnesota law exceeds federal standards in that it allows up to $20 per month for the first child and $15 for each other eligible child in the same family, and protects children up to 18 years of age. The state law, however, allows aid to a smaller circle of immediate relatives than does the federal act.

The federal program is administered by the Social Security Board, through the Bureau of Public Assistance; the state program by the Children's Bureau of the State Board of Control, and the county program by the County Welfare Board.

Four full time and eighteen part time state employees administer this Act in Minnesota. They are chosen on the basis of training, experience and ability.

Minnesota appropriated $800,000 for Aid to Dependent Children for the fiscal year ending June 30, 1938, and $40,000 for administrative expenses for the same period. Asstate standards are higher than the Social Security provisions, a portion of this appropriation must be reserved to reimburse counties for 2/3 of their expenditures for aid to dependent children not covered under the federal act, or for allowances above federal limitations.

The amount of assistance granted is determined by the County Welfare Board. The county pays one third, the state one third (plus two thirds of the cost in excess of federal standards), and the Federal government one third.

HOW DOES THIS LAW AFFECT YOUR COMMUNITY AND YOU?

Who makes up the County Welfare Board? How selected? Duties?

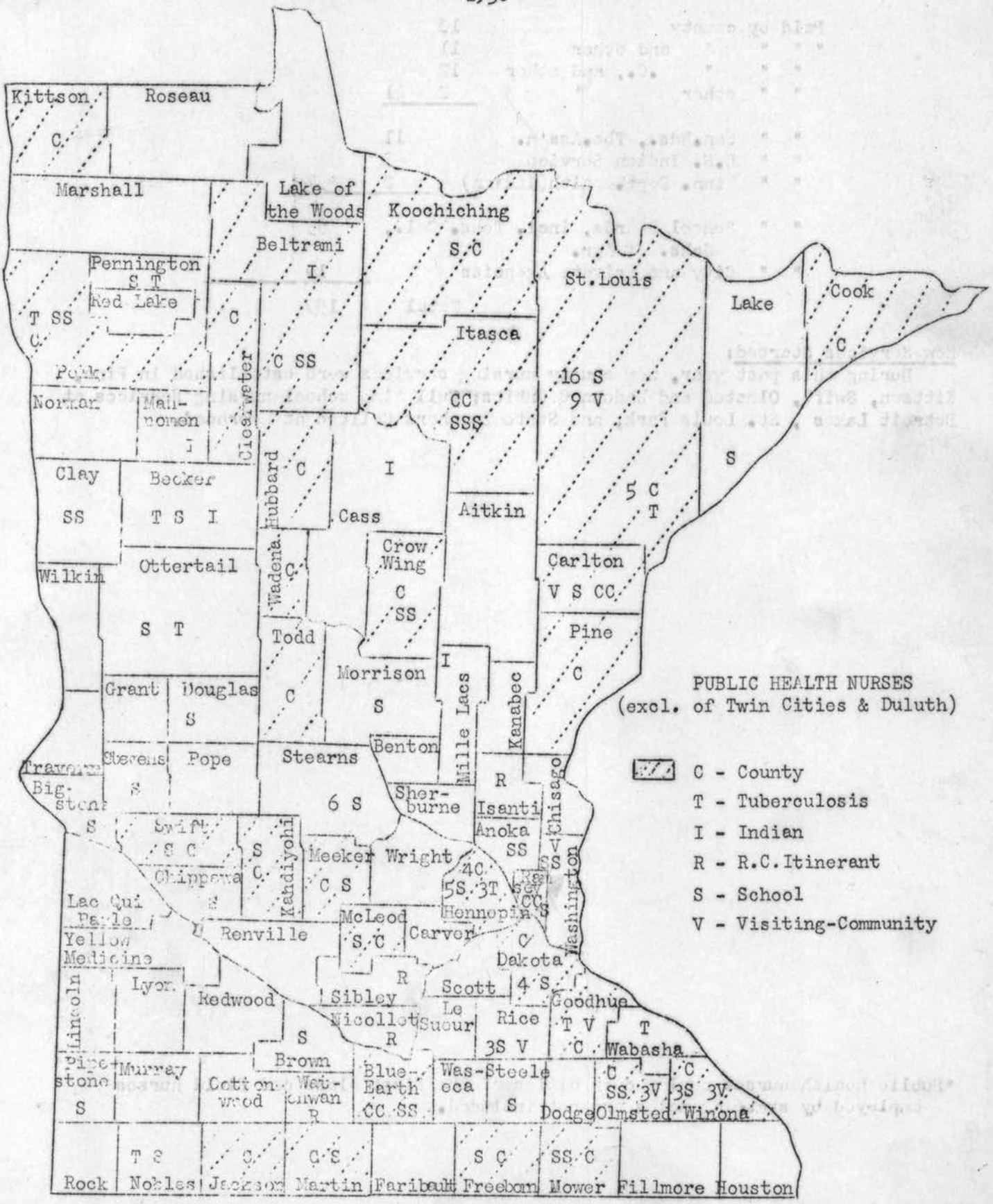
How many employees administer this act in your county? How were they selected? What are their qualifications and duties?

What is the procedure for making application for aid?
What is the procedure for investigating and granting aid?

What amount is raised from federal, state and local funds in your county?

Compare the number of mothers or other eligible relatives receiving Mothers' Allowance in your county on August 31st, 1937, with the number receiving Aid to Dependent Children on January 1st, 1938, as to number of children benefited, allowance per child, cost to county, and amount of supervision.

ANNUAL SUMMARY OF PUBLIC HEALTH NURSING REPORTS
1938



PUBLIC HEALTH NURSES
(excl. of Twin Cities & Duluth)

C - County
T - Tuberculosis
I - Indian
R - R.C. Itinerant
S - School
V - Visiting-Community

DIVISION OF PUBLIC HEALTH NURSING, MINNESOTA DEPARTMENT OF HEALTH
State Department of Health Building, University Campus, Minneapolis, Minnesota

DISTRIBUTION OF PUBLIC HEALTH NURSES IN MINNESOTA AS OF DECEMBER 1938:*

There are 41 nurses doing generalized public health nursing in 30 counties:

Paid by county		16	
" " "	" and other	11	
" " "	R.C., and other	12	
" " other		2	41
" " San.Bds., Tbc.Ass'n.		11	
" " U.S. Indian Service		3	
" " Minn. Dept.Health(Indian)		2	57
" " School Boards, incl. Tchs. Col., Schs. of Agr.			83
" " City and Private Agencies			19
	Total		159

New Services Started:

During this past year, new county nursing services were established in Pine, Kittson, Swift, Olmsted and Wadena Counties; full time school nursing services at Detroit Lakes , St. Louis Park, and State Teachers College at Moorhead.

*Public health nurses employed in cities of the first class and field nurses employed by state agencies are not included.

FOREWORD

DESCRIPTION OF THE ANNUAL SUMMARY

Aim of the Summary:

This is the first attempt in two years at a state-wide annual summary of the public health nurses' reports. The aim of the report is to give a picture of what the nurses have been doing according to the classifications of the public health problems as given on the nurses' monthly reports.

The series of graphs on nurses' visits is an attempt to show how the nurses' efforts have been allocated. No attempt has been made to set standards for the types of nursing services. Because several nurses have differed in their interpretations of "cases admitted to service", this annual summary probably falls short in the actual number of cases carried. This is especially true in the communicable disease and school hygiene sections.

When attempting to assemble individual reports from a group of independent thinkers, one realizes the possibilities of differences in interpretations. On the whole, reports are becoming more uniform and complete as the nurses have accustomed themselves to working with the code system that was started two years ago.

Most of the county nursing services have greatly strengthened their programs over the past two years regarding the maternal and child hygiene work. School and community nursing services also have become more conscious of this need. An attempt will be made with next year's reports to indicate these trends. We suggest that each local public health nursing service use the reports of their own nurses together with local vital statistics, and local resources as guides in building their program.

Excerpts from the nurses' reports have been selected chiefly for their representative value. Each excerpt could be duplicated many times either in methods used, in actual accomplishments, or in problems encountered.

ADMINISTRATION OF PUBLIC HEALTH NURSING SERVICES

Advisory Committees:

The Minnesota statutes provide for the organization of an advisory committee for public health nurses employed by county commissioners. Public health nurses, whether they are employed by county commissioners, school boards, city councils, or private agencies, more and more work through an advisory committee.

As the public health nursing programs have grown, auxiliary committees have been organized in rural communities for the purpose of giving more help with the details as well as to assist the advisory committee in securing local support of the nursing service.

School health councils or committees are no less helpful to the school nurse than are the advisory committees to the county nurses. Since problems of health arise in every department of the school as well as in the homes, a representative council or committee helps to keep the school health service personnel working to meet actual problems as well as to make the contacts with the health service of educational value to pupils and teachers.

District Health Units:

Since 1936 the public health nursing services in certain sections of the state have had the experience of cooperating with the Minnesota Department of Health in its plan for giving local advisory service through district public health units. This provides for a more complete public health service to rural communities than has been possible before. As these districts have been organized, the public health nurses, the committee members, local health officers, and any interested citizen may request advice on problems pertaining to public health policies and practices. The public health nurses and their committees have received frequent and regular visits from the district health officer, the advisory nurses and the engineers. This intensified service should result uniformly in improved public health programs adapted to meet changing conditions.

State Advisory Service to Public Health Nurses:

Since it has not been possible for all counties to be assigned to District Health Units, the public health nursing services outside of the districts have continued to function as in the past, receiving advisory visits directly from the State Office.

The Public Health Nurse as a Teacher:

Public health nursing, patterned as it is along the accepted theories of modern practices, depends upon an enlightened public for its success. Hence, the necessity for a continuous teaching program that is directed at all age groups, all intelligence levels, as well as special interest groups. Teaching may be done in groups or on the individual basis, but it is in the homes that the nurses find opportunities to demonstrate their messages. It is in the homes that the nurses find the very young infants, the toddlers, the chronically and acutely ill persons, the tired mothers too busy to meet the nurses at the schools or in the mothers' classes. The following table indicates the number of homes that have been visited by the public health nurses for the purposes of teaching, regarding health problems, or giving nursing care.

Types of Nursing Services	No. Services	No. Homes Visited
Community	10	14,274
County	30	23,250
Red Cross Itinerant	4	131
School	58	37,556
College	7	1,043
Tuberculosis Field	8	4,839
Indian	5	4,859

Student Teaching:

Since the course in public health nursing at the University of Minnesota includes a period of observation and practice, the local nursing services have been called upon to cooperate with the University in supplying opportunities for students to see and experience public health nursing as it functions in the communities. Thus, 44 students had a total of 818 days of experience in county nursing; 16 students had a total of 142 days of experience in school nursing; 3 students had a total of 27 days with Indian Nursing Services.

Olivia T. Peterson

Olivia T. Peterson, Director,
Division of Public Health Nursing

1111.3 3/39

ANALYSIS OF COUNTY PUBLIC HEALTH NURSING VISITS
Percent of Visits made for Various Reasons
1938

Types of Visits	Per Cent	5 10 15 20 25
Communicable Disease Control	16.0	XXXXXXXXXXXXXXXXXX 7139
Venereal Dis.	.6	X 274
Tuberculosis	8.0	XXXXXXXXX 3585
Maternity:		
Prenatal	6.0	XXXXXXXX 2748
Delivery	.1	X 36
Post Partum	4.0	XXXXX 1720
Infant Hygiene	13.0	XXXXXXXXXXXXXX 4427
Preschool "	5.0	XXXXX 2173
School "	22.0	XXXXXXXXXXXXXXXXXXXXXXXX 9356
Adult "	3.0	XXXX 1565
Morbidity Care	11.0	XXXXXXXXXXXX 4577
Crippled Child.	3.3	XXXX 1632
Social Service	8.0	XXXXXXXXX 3454
Total	100.	No.Services 30; Visits 42,696

Public Health Nurses, in reporting their activities, classify their visits according to the main reasons for making them. Thus we find depicted in the accompanying chart that about 28 per cent of the visits during this past year have been made to or in behalf of mothers, infants, and preschool children who were not actually ill, but who required some form of help or guidance on matters of hygiene, nutrition or physical correction. Individual county nursing services vary in the amount of emphasis placed on different problems. Taken as a whole, it is considered a good public health policy to give a high proportion of time to work that will safeguard the lives of mothers, and the young children who are more apt to succumb to infections and food disorders.

The problems pertaining to communicable disease control are more spectacular and make more urgent demands upon the nurses' time. Because these problems exist in every age group and in all economic levels, the public health nurse must work closely with the local health officers and the State Department of Health to prevent spreading of such diseases. Thus we find county nurses have reported that about 25 per cent of their visits were made to teach individuals and to make plans regarding the control of infectious conditions.

Visits to or in behalf of school children account for about 22 per cent of the county nurses' visits. These visits were made to parents or others responsible for the health of the school children to teach the need for medical and dental examinations and to assist in carrying out the physicians' and dentists' recommendations.

Next in numbers were the 4,577 visits made to sick persons. County nurses may not be able to remain for many hours with any one sick person, nor is it possible or necessary that they visit all sick persons within the county. However, it is usually considered the responsibility of the county nurses to care for emergencies until satisfactory arrangements for nursing care can be made. Also the county nurse is available to teach the families how to give nursing care and the treatments that the physicians prescribe.

The local county nurses report all crippled children to the State Board of Control, Division of Services for Crippled Children, and assist with the home visits necessary. Also, they report problems of rehabilitation to the Department of Education.

The county nurse works with the local official and non-official agencies by referring social problems to them whenever such problems come within their sphere of activities.

Excerpts from Nurses' Monthly Reports

Maternal and Child Health: "Routine visits to prenatal patients have been made. 16 new prenatals have been admitted to the service, 30 others have been revisited. 3 OB packs were given out this month to mothers planning home confinements. Demonstrations of how to prepare their own OB packs were given to three other mothers planning to stay at home for their deliveries."

"The beginning of school work this month has had a marked effect in decreasing the number of maternity and infant visits. Household Aides have been a boon to many mothers both before and after the baby's arrival. An infant bath demonstration was included at the meeting with these housekeepers on September 23."

"A number of obstetrical packs were made by the N.Y.A. girls assisted by the Superintendent of Nurses at the Community Hospital. The packs will be divided among the loan closets in the county to be used by the county doctors when necessary."

Preschool and School: "Office hours have been instituted in the town schools with the approval of the advisory committee. Parents have been invited to bring their children in for preschool inspections. Thus far, 43 children ranging in age from 8 months to 6 years have been inspected. Problems similar to those that exist in the school age group are present in the preschool group."

"A suggestion for the organization of Health Clubs is being made in the rural schools this year. The pupils, under the supervision of the teacher, take charge of matters pertaining to health and sanitation."

Care of the Sick: "Although the morbidity service includes all age groups, I find that most of these are adults. Several persons with special health problems, some of them acutely ill, were visited this month. In one family where the mother had been ill about four months a housekeeper was obtained through the WPA state project. The nurse visited in this home to check on the patient's condition as well as the service given by the housekeeper. This patient has presented quite a problem as she has been very ill and though not able to pay for medical care has refused to enter -- Hospital. The nurse enlisted the help of the city physician and although he cannot make regular calls he goes to the home and gives advice to the nurse upon request."

"In one instance, where the patient is a diabetic and had recently returned from the hospital, the nurse found that the patient was not taking enough food for the amount of insulin she took each day. The nurse went over the diet with the oldest daughter, who was preparing the food, and found that she was confused on substitutions and measurements of foods. With the physician's advice the nurse worked out various changes that could be satisfactorily made. The patient was also transported to clinic for laboratory tests and within a couple of weeks she felt much stronger and most of the serious symptoms had disappeared. Another case of acute rheumatic fever has been given some bedside care and the husband shown how to make a cradle to protect the legs from pressure of bed clothing."

Committee Work: "At this time we are also glad to announce that new loan closets have been established in the county and worn out articles in the loan closets already established have been replaced. The different nursing committee members are in charge. The County Red Cross Chapter donated the money for the loan closet material."

Classes: "Health classes for the women in the Home Makers Groups of the Farm Bureau were completed in December. These classes were taught in 8 centers in the county. The total attendance at the 8 groups was 536. A number of the women have volunteered to help with child health conferences, to organize immunization programs in their communities, and to make obstetrical packages."

ANALYSIS OF COMMUNITY PUBLIC HEALTH NURSING VISITS
1938

Type of Visits	Per Cent	10 20 30 40 50
Communicable Dis. Control	2.15	X 703
Venereal Dis.	.6	X 196
Tuberculosis	2.2	X 708
Maternity:		
Prenatal	5.4	XXX 1754
Delivery	.7	X 224
Post Partum	12.4	XXXXXXXX 4042
Infant Hygiene	15.8	XXXXXXXXXX 5140
Preschool "	9.9	XXXXX 3225
School "	1.8	X 577
Morbidity Care	36.8	XXXXXXXXXXXXXXXXXXXXX 12,068
Crippled Child.	.5	X 164
Social Service	8.5	XXXX 2775
Total	100.	No.Services 10; Visits 32,609

The community nurse generally is employed by a city council or a non-official agency for the purpose of caring for the needy sick in their homes, and to assist with special phases of public health problems such as communicable disease control, infant and maternity care.

During the past two years bedside nursing for needy families has been increased by the addition of 4 nurses assigned by Works Progress Administration to work under the regular community nurses in Winona, Rochester, Faribault and St.Cloud.

Delivery nursing service generally is not offered in communities that employ only one or two nurses. Because the case load is too heavy for one or two nurses to be on call both night and day and do uniformly good nursing, families have been urged to make other plans for nursing care at the time of delivery. However, almost each community nurse finds she must meet the occasional emergencies. In one city the Visiting Nurse Association is cooperating with the Division of Child Hygiene in giving delivery nursing service by purchasing nursing from the nurses' registry. This service seems to be meeting the problem that has been accumulating over these lean years when funds have been too meager for many mothers to go to the hospitals to give birth to their babies.

Most public health authorities agree that ideally a community nurse would include school nursing in her program, and vice versa, the school nurse would include bedside nursing in her program. Why this ideal plan is not put into practice, remains to be answered from the stand-point of economic planning.

Excerpts from Nurses' Monthly Reports

Care of the Sick: "After a mild and quiet fall, the winter has come with numerous colds in various forms, including severe pneumonias, abscessed ears, throat and gland infections and plain flu. As usual, most of the pneumonia is in babies and small children, although a mother on the WPA sewing project was in bed for three weeks and a woman past fifty is now a hospital patient. One baby of four months was in the hospital three weeks; a four year old is convalescing; a two year old had her third attack of pneumonia; and a four months baby is under the care of Clinic for pneumonia complicated with abscessed ears. This does not include all the cases but only what the visiting and WPA nurses have seen. In most of these cases little nursing care was given beyond taking temperatures and supervising the care given by the mother. All patients were under the care of a doctor. So far, the measles epidemic has not 'arrived'. We called at three homes where one to three children had the rash, brought from school. While they were showing heavy rashes, none were seriously sick."

"Neighbors reported a woman sick in a shack with neither food nor fuel. We made a call only to find the patient a mental case, on parole from the State Hospital. The authorities there came for her and all are relieved that she is in a safer and more comfortable place. The husband, too, has been an inmate and they are living in a one room shack with only thin boarding protecting them from the cold. The husband is building this shack himself."

"Two weeks ago we made a passing call and found Mrs. L. in bed with an infected burn on the right leg below the knee. A local doctor had seen her and prescribed treatment, and she was attempting to carry out the orders with the dirtiest equipment we most ever saw. We contacted the doctor, brought out clean muslin, rubber sheet, bottled disinfectant (Hers was in an open molasses bucket without cover.) and fresh bedding. As the infection continued to spread she was sent to the ---- Hospital and is still there with no visitors allowed. A man boarder in the house has tried to clean the home up a bit; there are three school children from eight to fourteen years who are willing to learn from anyone not their stepmother. We should like to see this family reconstructed for the sake of the children as we understand they are becoming delinquents."

"The six months old baby in a family has been acutely ill for five days. The nurse has given mustard pack as prescribed by the attending physician. She repeated calls two to three times a day. This morning she gave a sponge bath but did not give a mustard pack because the temperature was normal. She reported in person the baby's condition to the physician."

"An emergency call was made to an old man who seemed to be in a diabetic coma. The physician had ordered an enema. The wife was caring for her husband alone and trying to quilt. She said her husband has not been able to work for several years so she quilts and makes rugs as a means of supporting the home."

"An old lady who had a slight phlebitis following a major abdominal operation was given a bath and the leg wrapped in warm flannel. The 27 year old daughter who was in charge of this home is a cripple. She was born with club feet and misplaced patellae. She has been under the surgical care of Dr. - - - ."

Maternity: "Four maternities were given care. Three deliveries were attended, the fourth baby coming during the prenatal clinic when the nurse could not get away. However, relatives were with the patient and helped the doctor ....., so everything went well. Three of these patients had been to clinic, the other to a local doctor. One baby was born in a trailer where there are three other children; the father is on WPA. 'I want to go on a farm', he declared, 'but I couldn't get a loan with no security and I've nothing on which to start farming, although I've lived most of my life on one.' Another baby was born in a one-room shack where there are now five children. The father has a well paying job which is his only until the sick brother is well enough to return to work and take it over. The third baby was born to rather irresponsible parents on relief. Relatives have tried to help them to their feet but without success, they still lean. Their two children are sturdy looking and seem well cared for. For the next few months there are ten maternities due to be delivered at home, aside from the occasional emergency case which we have no way of anticipating."

ANALYSIS OF VISITS MADE BY INDIAN FIELD NURSING SERVICES
1938

Types of Visits	Per cent	10 20 30 40 50
Communicable Disease Control	1.7	X 208
Venereal Dis.	1.1	X 134
Tuberculosis	6.8	XXXX 819
Maternity		
Prenatal	3.4	XX 407
Delivery	.03	X 4
Postpartum	1.25	X 151
Infant Hygiene	8.00	XXXXX 961
Preschool "	8.05	XXXXX 969
School "	11.8	XXXXXXX 1428
Adult "	2.8	XX 342
Morbidity Care	49.00	XXXXXXXXXXXXXXXXX 5892 XXXXX
Crippled Child.	1.3	X 154
Social Service	4.7	XXX 564
Total	99.93	No. Services 5; No. Visits 12033

The work that the Indian public health nurses do is comparable to what the county nurses do with the following exceptions:

1. About one-half of the visits made by the Indian Field Nurses are to care for sick persons whereas 11% of the county nurses' visits were for that purpose.
2. The Indian nurses made fewer visits proportionately for school hygiene purposes and for the control of communicable diseases than did the county nurses.

The Indian field nurses located at Onamia, Cass Lake, Naytahwaush, Ponemah, and Ponsford work directly under the Indian Bureau and cooperatively with the Minnesota Department of Health. With the establishment of District Health Units in northern Minnesota, the Indian public health problems in those counties have been placed more or less on the same basis as the problems of the white man.

Excerpts from Nurses' Monthly Reports

Maternity and Infancy and Clinical Activities: "The nine patients attending the clinics have had complete physical examinations and good advice about their personal hygiene. One young mother has been having trouble with a hernia. She has followed directions well and has improved. She will have surgery done after she is delivered. ... One pregnant woman now reports regularly for luetic treatment. All others who reported have negative blood Wassermanns.

Much of the problem with mothers and infants and small children is food. The doctor talks to them at every clinic about the diet including milk and fresh vegetables. We are giving out more cod liver oil this summer as the doctor advises that these children need it badly. We have so many infections that are constant: colds, infected sores and skin eruptions. Many families tell us that they are not able to buy enough proper food. In a few cases this may be true but with better management and planning there could be a great improvement in our homes. Nearly every one has a good garden this summer. They are very proud of this achievement."

School Hygiene: "The school examinations have been completed. Each child is given a physical examination by the doctor. This also included the children attending the Nursery School. All school children are routinely immunized against smallpox and diphtheria when they enter the first grade. Only part of the Nursery School children were immunized."

"Plans were made to do our annual school inspection of pupils in the schools away from the clinic centers during this month. Several schools have been visited and 86 pupils given physical examination by the doctor.

Several times when we have visited the school without the teacher expecting the doctor, the attendance was poor and little work done. We are planning now to know more about our health problems before the doctor visits the school and get some special problems cared for. There has not been much illness in schools this month. The problem of impetigo, scabies and pediculosis is present in nearly every school. Some home visits have been made to help with getting these conditions cared for. We need to stress the care of these infections during the summer months when it is possible to do some real cleaning."

Care of the Sick: "Ten patients have been seen who needed special nursing care for the following: diet for patient with severe diarrhea, care of ulcers on legs which are draining, care of child with cervical gland abscesses which have been incised. Demonstration of bath for temperature, first aid bandage fractured ribs.

One of our WPA household aides is caring for a man with complete paralysis. She needs help in giving bedside nursing care. This aged person is made quite comfortable in his cabin with this good help. We can imagine how hopeless it would be without this worker as we do not have available hospital beds for these cases."

Tuberculosis Control: "Twenty-four of the 25 tuberculosis contacts appeared at the hospital for their x-rays. The nurse assisted the x-ray technician by recording the names, weighing the contacts and dressing and undressing the children. The group was composed of nine adults and 15 children, a large percentage of whom had been in close contact with tuberculosis. One of the contacts came from a family where there had been five deaths due to the disease and he was the sole survivor."

"Mrs. Emma J.-- was lately transferred from a WPA sewing project to that of assistant cook in the school. When she reported for physical examination she was referred for chest ray. On these findings she was denied a certificate of health for cooking for a large number of children because of the old tuberculosis. The tuberculosis lesion in the chest is apparently arrested, and Sanatorium care was not recommended. Her daughter is now a patient in the Sanatorium, and a grandchild was found to have an early lesion in the lung. In the same family another child was referred for chest ray but the family refused to send him."

Venereal Disease: "The first grade pupils were given a Mantoux and Wassermann. Of the sixteen taking these tests five reacted positive to the Mantoux and one had a four plus Wassermann. By finding this child with a positive Wassermann the mother has consented to take treatments and bring a sister who is a year and a half older in also."

ANALYSIS OF VISITS MADE BY TUBERCULOSIS FIELD NURSES
1938

Types of Visits	Per cent	5	10	25	50	75	100
Communicable Disease Control	.01	X 1					
Venereal Dis.	.00	0					
Tuberculosis	98.69	XXXXXXXXXXXXXXXXXXXX 6581 XXXXXXX					
Maternity Hyg.	.15	X 11					
Infant Hygiene	.40	X 27					
Preschool "	.16	X 11					
School "	.00	0					
Adult "	.00	0					
Morbidity	.01	X 1					
Crippled Child.	.41	X 48					
Social Service	.11	X 8					
Total	99.94	No.Services 8; No.Visits 6,668					

The public health nurses employed by the county sanatoria concentrate on the problems of the tuberculous patients and their associates. The general aims of these nursing services are (1) to bring all close associates to known cases of tuberculosis under medical supervision, (2) to visit cases discharged from the sanatorium, to assist them in continuing treatment that has been advised and to encourage those patients to remain under close medical supervision, and (3) to arrange for and assist with community-wide education on the subject of tuberculosis.

In their visits to families having a tuberculosis problem, the field nurses may find other urgent health problems which they may care for when no other public health nurses are employed in those communities. Whereas the above graph indicates that more than 98% of visits were made for tuberculosis control purposes, undoubtedly field nurses found other health problems in the families visited. The practice is to classify the visits according to their main purposes.

Tuberculosis field nurses are employed both in communities wherein she is the only public health nurse and in communities wherein there are other public health nurses employed to do county, school, and community nursing. Good public health administration necessitates careful planning for the public health nursing services so that efforts are not duplicated and that each community receives a satisfactory public health nursing service.

Excerpts from Nurses' Monthly Reports

Case Work: "Five cases were discharged as arrested cases in September. Follow-up calls will be made within a month to the homes of these patients. These vacancies are being filled from the list of cases of active tuberculosis in the home.

"The outstanding case for this month was a young girl who was admitted to field service October 1937. She persistently refused sanatorium care in spite of determined efforts of her family and the field nurse. When school began, the family took two school teachers to board and room and one of the brothers drove the school bus. This gave us the opportunity to insist on sanatorium care for the girl and regular x-rays of the members of the family. Since entering the Sanatorium the girl has made a very happy adjustment."

Case Finding Through Schools: "Three schools in a township were given clinics and in tracing the points of contact of some of the children, two cases of active tuberculosis were discovered. In one case, a woman doing the housework had tuberculosis and every child in the household reacted to the test. The other case was a tuberculous neighbor whom the children visited occasionally."

ANALYSIS OF PUBLIC HEALTH NURSING VISITS IN RED CROSS ITINERANT SERVICES
1938

Types of Visits	Per Cent	5 10 15 20 75
Communicable Disease Control	2.4	XXX 17
Venereal Dis.	0	
Tuberculosis	12.4	XXXXXXXXXXXXX 87
Maternity		
Prenatal	1.7	XX 12
Delivery	0	
Post Partum	0	
Infant Hygiene	1.3	XX 9
Preschool "	3.	XXXX 20
School "	74.6	XXXXXXXXXXXXXXXXXXXXXXXXX524XX
Adult "	0	
Morbidity	.3	X 2
Crippled Child.	4.	XXXXX 29
Social Service	.3	X 2
Totals	100.	No.Services 4; Visits 702

Red Cross itinerant nursing is still being used with the intention of meeting the most urgent health problems and to eventually convince the county commissioners of the value of the public health nursing service.

Generally these itinerant services concentrate on group work. That is, school children are inspected, possibly group vaccination clinics and infant and preschool clinics are arranged, groups of mothers and girls are taught home nursing procedures and public health theories, talks are given to any group of citizens that will manifest interest. While in the county for only a few months, the nurses work at high speed in order to reach the greatest number of persons. Obviously, it is not possible for the itinerant nurse to follow through with many home visits. If she can assist communities with some of their most outstanding problems, it is all that can be expected for the year. Tuberculosis cases, expectant mothers, infant and preschool feeding difficulties, and communicable diseases, which may occur at any time of the year, are not reached by the short time nursing service.

The Minnesota Public Health Association also supplies itinerant public health nursing services to communities chiefly for school inspections and to stimulate interest in protection against diphtheria and smallpox and to find early cases of tuberculosis. Reports from these nurses have not been made on the regular forms, and could not be included in the above chart.

Excerpts from Nurses' Monthly Reports

Progress Report: "The first meeting of our Nursing Advisory Committee this fall, was held on September 12 with seventeen present. The chairman opened the meeting by introducing the new members. She then gave a brief history of the Red Cross Nursing Service which was first organized in the county in 1933. A chart summarizing the work accomplished during each service made clear to all of us the splendid progress made from year to year."

Correction of Defects: "Through the splendid cooperation of the County Welfare Board, the Local Red Cross Chapter, P.T.A.'s and a Kiwanis Club, medical aid has been obtained for the following individuals:

Glasses for 15; Dental care for 13; Tonsillectomies for 15;
Chest x-rays for 5; Tuberculin tests for 15."

Group Instruction: "The two classes in Home Hygiene and Care of the Sick with an enrollment of 32, have been completed; one in one township and the other in two townships. These rural mothers seemed to enjoy the classwork and felt that they received a great deal of practical help for use in their own homes and communities. Their interest was shown in active participation in their local vaccination programs as well as having physical defects of their children corrected promptly."

ANALYSIS OF PUBLIC HEALTH NURSING VISITS IN SCHOOLS
1938

Types of Visits	Per Cent	10 20 30 40 50
Communicable Disease Control	12.60	XXXXXXXX 11,190
Venereal Dis.	.01	X 66
Tuberculosis	1.30	XX 1231
Maternity		
Prenatal	.20	X 215
Delivery	.01	X 17
Post Partum	.06	X 57
Infant Hygiene	.70	X 628
Preschool "	2.25	XX 1920
School-Field	26.90	XXXXXXXXXXXXXXXX 2390
Office	43.20	XXXXXXXXXXX 38,495 XXXXX
Adult Hygiene	1.73	XX 1543
Morbidity	6.20	XXXX 5460
Crippled Child.	.90	X 837
Social Service	3.90	XXX 3433
Total	99.96	No.Services: 58 school No.Visits: 89,082

School nurses work chiefly with the school aged group. Visits for communicable disease control are associated with the calls made for investigating reasons for non-attendance. Since many school systems limit excused absences to illness, the school nurse is given the responsibility of ascertaining which pupils may have had an illness without having been seen by a physician and which pupils were home for reasons other than health.

The high percent of visits in the office generally is attributed to pupil conferences, and conferences with teachers and parents at school whereas the field visits are made in the homes and physicians' offices in the interest of correction of pupils' physical defects.

When the pupil load is not too great, the school nurses take more time to demonstrate bedside nursing in the homes. Since acute illnesses among children frequently are communicable, the nursing visits almost always include instructions on isolation. Often the visit is made to demonstrate the giving of treatments ordered by the physician or to encourage promptness in following the physician's directions.

Excerpts from Nurses' Monthly Reports

Pupils Physical Inspections and Examinations: "On the second day of school we started our fall check-up. Teams of P.T.A. members from each school weighed, measured, and recorded, while I inspected hair, skin, mouths, and checked posture. By the end of the week we had inspected all 709 of our elementary pupils. Our reasons for this extensive early check-up were two-fold. First, of course, the early detection of any communicable or correctable hazard, but our primary purpose was to make our pupils, parents, and teachers 'health program conscious' early in the year. We want our health education program to be accepted as arithmetic or reading is accepted, as an intrinsic part of our schools' curricula."

"All elementary children, by which I mean from kindergarten thru sixth grade, were inspected during the survey. Each teacher keeps a record of needed corrections, and as children report with O.K. slips from their dentist, these corrections are called in to our main office where we record them on a large chart. Next month I shall compare in my report 1937 and 1938 findings."

"Two clinics for physical examinations for new entrants were conducted in the school this month. 67 children were given physical examinations, two doctors participating. Parents were invited to be present. 47 mothers, 2 fathers, 3 sisters, and 1 guardian accompanied children to the clinics. The children were stripped to the waist and shoes and stockings removed. Health history, vision, height and weight were recorded on the records before the doctor's examination. Twenty were admitted to nursing service for home follow-up -- 12 for tonsils, 1 for hernia, 7 for flat feet. Education toward immunization and vaccination was made an objective of the clinics. Our records at this time indicate that 93 or 25% of the grade school children are not vaccinated, and 150 or 40-% are not immunized. The majority of these are new entrants in the lower grades."

Preschool: "It was very gratifying to have forty of the forty-nine kindergarteners come for the examination. During June follow-up calls will be made on many of these as well as other children who have come to our attention."

Classwork: "In our Teachers' Training Class we are taking the Mothercraft course and branching out somewhat. I have told the girls that they will be Health Missionaries in the rural communities where they teach and I am trying to have them at least 'exposed' to various health subjects so their interest will be further aroused. We have demonstrated the care of communicable disease in the home and have worked with home-made equipment. The time given for our work is so short that we can only touch the high spots but the girls realize the value of the health literature given them."

Emergency Nursing: "Nursing care was given two mornings to a new baby and mother. The home was very poorly equipped and little preparation had been made for the baby. It was necessary to get a layette and extra bed linen from the relief office. An old basket was lined inside and out with newspaper and made to serve as a baby bed. Other equipment was obtained from the loan closet which the Health Association maintains. A neighbor was called in to care for the mother until she is able to do her own work."

Health Council: "The First Health Council meeting was held in the community building on October 19. Since no regular program had been planned, there were discussions which favored an audiometer testing program, a tuberculin testing program, as well as a vaccination and immunization program; all to be carried out this school year. We have started plans for the immunization program and have also contacted the responsible persons concerning tuberculin testing and hearing tests."

Attendance: "A different method of checking the reasons for absence was started in the grade schools. Formerly the school nurse contacted the parents of absent pupils either by telephone or a home visit, only after the child had been absent for three days.

"The new plan is to have the parents contact the principal or school nurse, either by telephone or note the first day of the pupil's absence, giving the reason why pupil is not in school. The nurse will then make home calls on all suspicious cases or pupils absent from a room which has been exposed to a communicable disease the first day of absence. This plan should help eliminate needless home calls and give the school nurses an opportunity for closer supervision of communicable disease."

REPORT OF VISITS MADE BY PUBLIC HEALTH NURSES IN COLLEGES
1938

Type of Visits	Per Cent	10 20 30 40 50
Communicable Dis. Control	5.3	XXX 832
Venereal Dis.	.01	X 3
Tuberculosis	.3	X 44
Maternity Hyg.	.06	X 9
Infant-Presch.	2.2	XX 342
School-Field	13.55	XXXXXXXXX 1120
Office	30.6	XXXXXXXXXXXXXXXXXX 4790
Adult Hygiene	6.93	XXXX 1086
Morbidity Care	37.6	XXXXXXXXXXXXXXXXXXXXX 5889
Crippled Child.	.1	X 13
Social Service	9.5	XXXXX 1522
Total	102.	No. Services 7; No. Visits 15,650

The college nurses' programs differ from the regular school nurses' only in points of emphasis. The college nurses tend to concentrate on problems within the college buildings. They visit less for communicable disease control purposes; but make a higher proportion of visits to sick persons than do the general school nurses. This same increase holds true in problems concerning adult hygiene and social welfare. This difference in emphasis undoubtedly is due to the difference in age groups, the living arrangements of the pupils, and the purposes of the two types of school nursing.

Excepting the children in the training schools, the college nurses work with young adults who generally have become immune to many of the acute communicable diseases. Several colleges arrange for additional nursing service to care for dormatory students. The college nurses are employed to give a certain amount of bedside nursing care as well as to advise with faculty members on social problems that are related to the physical and mental health of the students.

Excerpts from Nurses' Monthly Reports

Health Education: "A Cadet School Program was introduced into six rural schools. This program is to explain and demonstrate to the teachers in these schools the steps in an annual inspection done by the public health nurse - the formal method of daily inspection done to help control communicable diseases - and the ways of doing an informal inspection daily so that the teacher may check for skin conditions, etc., every day without the pupil realizing that she is doing so. The teachers participate in the annual and formal inspections. They weighed and measured the children, tested eyes with the Snellen 'E' chart, tested ears by the 'whisper' method, etc.""

"During the month of October we have stressed dental health as follows:

1. Classroom talks by nurse
   Use of posters and literature on dental hygiene.
2. Instruction in mouth hygiene by teachers
3. All children through 8th grade were encouraged to see their family dentist for free examination this month. A local dentist will be at the school in November to examine those who were not examined by their own dentist."

Communicable Disease Education: "As a result of Dr.--talks to the girls last month on sex health, a student wrote an editorial in the school paper praising the campaign against ignorance regarding the spread of syphilis. As a result many students have asked to have Wassermann tests so our school physicians agreed to do them. Seven students had them this month and more have asked for them."

"Dr.-- and his field nurse came down to carry out our Mantoux testing program early this fall. All positive reactors of this year and previous years have been x-rayed. Our testing program includes all persons connected with the college, college students, training school children, faculty members, office staff, janitors and engineers, maids, cooks, laundresses, bus drivers, etc. Follow-up work is carried out for all, also."

SCHOOL HYGIENE

	No. Services	*No. Admitted to Nurs. Serv.	Field Nursing Visits	Office Nursing Visits	Inspections by dentist, Dent.Hyg.	Prophy. by Dentist	Treat. by Dentist	Public Talks	Attd.	First Aid Treat.	Excl. Recom.	Read-missions
Community	10	135	531	46						2		
County	30	3,357	8,151	1,205	10,706	201	764	271	6,449	844	1,396	263
R.C.Itinerant	4		268	256	3,433					2	11	9
School	58	10,109	23,722	38,130	43,051	4,208	8,452	222	9,026	46,036	17020	60,158
(short time)	3	106	268	365	663		10	1	34	149	160	381
College	7	1,272	1,120	4,700	1,356	181	184	4	350	7499	953	5,656
Tuberculosis	8	-	-	-	-	-	-	-	-	-	-	-
Indian	5	319	743	685	65	10	76	25	113		29	21

	Children Refer.to Phys.	Children Ref.to Dentist	Accomp.to Medical or Dental Aid	Classes: First Aid Org.	First Aid Attd.	Home Hyg. Org.	Home Hyg. Attd.	Health Council Mtg.	Tch. Mtg.
Community			11						
County	7,785	13,993	110	29	1281	6	985	7	23
R.C.Itinerant	264	411						68	
School	11,725	25,204	927	842	2140	88	11948	143	237
(Short time)	320	243	5			3	1090	3	
College	687	332	54	3	773	9	1100	59	30
Tuberculosis	-	-	-	-	-	-	-	-	-
Indian	4	2	75						

Interpretation:

The figures included in the above chart represent current activities of the school health services. Examinations by physicians and inspections by nurses have been omitted because entries made by the nurses from month to month referred to "partial inspections", e.g. vision tests, hearing tests, or inspection of skin, weighing and measuring, etc. All of which, when completed and assembled on pupil's cards, make up the total inspections made by nurses.

* Reports incomplete for many services. These figures should include all school children found to have physical defects for which they were referred to physicians or dentists for advice and treatment.

Summary of

PUBLIC HEALTH NURSING SERVICES' REPORTS ON COMMUNITY PROTECTION AGAINST SMALLPOX, DIPHTHERIA, AND TYPHOID 1938

Vaccinations and Immunizations Reported by Public Health Nurses

	Small pox	Diphtheria 1 yr.	Diphtheria 1-4½	Diphtheria 5+	Typhoid
Community Nursing	315	91	210	41	13
County "	13,182	180	1161	3908	30
R.C.Itin. "	1,914	0	0	56	0
School "	12,856	585	722	4194	91
Short-time School	652				0
College Nursing	316	2	2	357	0
Tuberculosis Field	0	0	0	0	
Indian Nursing	664	21	185	286	2

Public health nurses and their advisory committees in many communities have worked with the local medical groups to bring up the degree of protection against smallpox and diphtheria. This has been especially urgent in several communities where the health census of school children indicated a general lack of protection. The public health nursing services have presented this problem through the various local social and service organizations, Parent-Teacher Associations, Mothers' Clubs and/or School Boards. In communities sponsoring a continuous plan for public health education regarding protection against those two diseases, there is not a large number of unprotected individuals.

Problems reported by the public health nursing services regarding the initiation of a program of protection against diphtheria and smallpox:

1. Who shall assume the responsibility - the school or the community?
2. Shall there be clinics, or do the physicians prefer to work individually?
3. With no epidemic threatened, who will pay for families on relief or WPA?
4. Shall there be a period of concentrated education and the giving of diphtheria immunizations and smallpox vaccinations?
5. How shall the preschool children be reached?

Typhoid:

The demand for typhoid vaccination has come chiefly from high school boys who were planning to go to camp for the summer.

Schick Tests:

Several communities, according to the public health nursing reports, have had Schick tests applied. These projects have been planned and carried out by the local physicians with the help of the public health nursing services.

Excerpts from Nurses' Monthly Reports

"We are following the procedure of last year in carrying on the project of preschool inoculations.

1. Classroom teachers secure from pupils the names of infants and preschool children and their residence.
2. Nurse checks lists for ages of infants, also checks preschool record cards to rule out children already immunized.
3. A letter is sent to the mother of each 'eligible' child.
4. A follow-up committee of women from the American Legion Auxiliary will contact those mothers who did not bring their children on the first date and urge them to start the inoculations on the second date."

"We had a very good response to our letters sent home requesting smallpox vaccination and diphtheria inoculation. 279 smallpox vaccinations were done, including teachers, students, and preschool children. 574 diphtheria inoculations were given.

Very fine cooperation was realized by those who had this health project in hand, not only on the part of our local medical organization which cooperated one hundred per cent, but also on the part of our volunteer help, the American Legion Auxiliary.

Publicity and plans are now under way for a tuberculin testing program for January 24, in cooperation with our County Public Health Association. This year our program will include not only high school and junior high school students, but our grade schools and parochial school."

"The result of the county-wide immunization program was most gratifying. Before this intensive program was begun 709 or 39% of the children were found to be vaccinated. This goes back several years. The total attendance this year at the 17 centers was 1,117 children and a few adults. Out of this number 1,008 were vaccinated against smallpox; 21 infants under one year, 169 children from 1 to 4 years and 733 children of 5 years and over were inoculated against diphtheria, making a total of 923 children inoculated. This result is not due to the education at this time regarding the importance of immunization. It goes back to home visits made by the nurse, classes taught in Maternal and Child Care, Home Nursing & Mothercraft classes, and public talks given to different organizations such as Parent-Teacher Associations, Farm Bureau Meetings, etc."

- "Immunization Record

School	Enrollment	Smallpox	Diphtheria
A	96	92	90
B	47	34	34
C	256	239	239
D	497	450	434
Total	896	815	797"

"A Schick Test Clinic was conducted by the physicians at four different points in the county in May. The test was given to 324 individuals. 298 persons returned for readings and the results were as follows: 257 had a negative reaction, 41 had a positive one, leaving 26 not read.

An attempt has been made as far as it is possible from available records to tabulate according to the number and date of previous diphtheria inoculations of those read. The following information was found: 89 individuals had three or more diphtheria inoculations previous to 1936, many in 1929, and of this number 79 had a negative reaction and 10 had a positive reaction. 74 individuals had two inoculations, the majority in 1938, and all were negative. 83 had had one inoculation, the majority in 1936, 70 were negative and 13 positive. No records could be found for 46 individuals, 34 of whom were negative and 12 positive. There were six persons who took the test without any inoculations who had a positive reaction."

PUBLIC HEALTH NURSES' ACTIVITIES ON VENEREAL DISEASE CONTROL
1938

	No. Services	Admit to Nursing Service	Clinic Attendance	Visits	Public Talks	Attendance	Ac
Community Nursing	10	?	0	196	0	0	
County Nursing	30	91	121	274	5	132	
Red Cross Itinerant	0	0	0	0	0	0	
School Nursing	58	19	32	66	1	20	
3 short time	0	0	0	0	0	0	
College Nursing	7	2	155	3	3	387	
Tuberculosis Field	0	0	0	0	0	0	
Indian Nursing	5	41	645	134	93	?	

Interpretation:

Public health nurses' work with cases of gonorrhea and syphilis has been limited to the occasio referred by the physician or by the individuals, themselves. The publicity given these diseases, s syphilis, has brought about a frank attitude on the possibilities of infection. However, with the still very closely associated with the control of illicit sex practices, the public health nurses te problems of gonorrhea and syphilis to the social worker.

Excerpts from Nurses' Monthly Reports:

Tuberculosis: "Arrangements were made with the _____County Welfare Board to have the mother of four children x-rayed, the father having recently been re-admitted to the State Tuberculosis Sanator father also had a diagnosis of syphilis, therefore the nurse secured an order from the Welfare Board mann test for the mother. Their family physician advised having the children brought in for a Was

Venereal Disease: "We offered blood tests for syphilis to the college students for ___ and made voluntary, and in addition set a time limit on their signing for it. 155 tests were taken and all not yet back. For this testing program we held extra clinics since we felt it would break into our if we tried to include it in our regular medical clinics that are held twice a week. This program of very great educational significance, and will no doubt be offered each year."

REPORTED PUBLIC HEALTH NURSING ACTIVITIES ON TUBERCULOSIS CONTROL
1938

	No. Services	Indiv. Admitted Nursing Service	No. Exam. at Clinics	X-ray Exam.	Clinic Attd.	Pt. Visit Priv. Phys.	Pt. Visits to San.	Visits by Nurse	Adm. to San.	Tbc. Tests	No. + React.	X-rays	Public Talks	Attd.	Acc. to Med. Aid
Community	10	49	96	75	281	3	0	708	25	270	96	71	0	0	0
County	30	1,131	779	878	2,695	69	101	3,585	72	6,686	804	372	38	2,920	200
Red Cross Itinera nt	4	1	0	22	0	19	0	87	0	29	9	9	0	0	0
School Nursing	58	460	221	216	575	58	51	1,230	14	18,212	2,931	1,506	-	-	-
(3 short time school)		0	0	12	0	1	0	1		278	28	12			
College Nursing	7	177	2	32	18	34	0	44	0	2,066	105	162	1	948	11
Tuberculosis Field	8	3,650	1,403	5,074	5,402	85	1,923	6,581	181	16,378	1,768	2,291	95	2,994	70
Indian	5	147	64	375	57	2	3	819	92	135	57	4	4	636	336

Interpretation:

All public health nurses include tuberculosis control activities in their programs. In many communities the tuberculin testing program has become established. To have the chest x-rays made of positive reactors to the tuberculin tests is a regular part of the program. Family histories also are made of individuals reacting positively. More communities are urging regular re-xrays of the positive reactors found.

The actual plan followed by each public health nurse is worked out cooperatively with the sanatorium superintendent, the health officers, the local physicians, the advisory committee, and the school boards.

REPORTS OF MATERNITY SERVICE IN THE PUBLIC HEALTH NURSING SERVICES
1938

	No. Services	Cases Admitted to Antepartum Nursing Service	Ante-partum Clinics	Visits A-P to Physician	A-P Visits by Nurses	Asst. at Deliv.	Post Partum Med. Exam.	P-P Exam. Priv. Phys.	Cases Adm. to P-P Nurs.	Visits to P-P	Talks	Attd.	Classes M.C.H. Enrol.	Classes No. Org.	Classes Attd.	Acc. to Med. Aid.
Community	10	535	1,314	249	1,754	224	59	377	224	4,042	-	-	-	-	-	42
County	30	1,338	196	1,090	2,748	36	101	175	966	1,720	6	155	303	37	1191	122
R.C. Itinerant	4	3	0	0	12	0	0	0	0	0	0	0	0	0	0	0
School	58	81	4	34	215	17	0	7	18	57	0	0	0	0	0	3
(3 short time)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
College	7	5	0	1	8	0	0	0	0	1	0	0	0	0	0	0
Tuberculosis	8	5	0	2	9	0	0	0	0	2	0	0	0	0	0	0
Indian	5	157	145	46	407	4	6	29	103	151	11	?	?7	Incompl.		45

Interpretation:

Public Health nurses evidently are more conscious of the need for antepartum (prenatal) care than they are of the need for care of the post-partum mother. Community nurses carry once again the number of prenatal cases than they do postpartum. However, the practice of giving bedside care to mothers after delivery raises the proportion of such visits.

The question can well be raised, "why do not more nurses employed by city councils, school boards, and visiting nursing associations teach classes in maternal and infant hygiene?" These nurses say that it is difficult to get mothers living in towns and small cities to come to such classes. Several of the nursing services include some instruction in this subject in home nursing classes. See Table on Adult Hygiene.

REPORTS OF PUBLIC HEALTH NURSING ACTIVITIES
1938

	Infant					Preschool									
	No. Services	Adm. to Nursing Service	Visits Med. Conf.	Visits to Priv. Phys.	Nurses Visits	Adm. to Nursing Service	Visits to Med.Conf.	Visits Priv. Phys.	Nurses Visits	Inspec. by Dentist	Presch.* at School	Talks	Attd.	Mother-craft Attd.	Accom. to Med.Aid
Community	10	904	2,694	629	5,140	215	882	271	3,225	24	39				52
County	30	816	779	55	4,427	1,510	1,711	78	2,173	118	396	15	158	2,769	658
R.C.Itinerant	4		2		9		147	14	20	28	75			-	-
School Nursing (short time)	58	326	313	43	628	1,882 1	1,584	387 2	1,910 10	918	504	234	587	2,471 -	109 1
College	7	4			9	133		66	333	113	23	1	30	316	-
Tuberculosis	8	2		1	27				11					-	-
Indian	5	304	255	1	961	295	381		969	1		1	16	93	79

Interpretation:

Public Health Nurses' activities relative to the infant and preschool age groups are unevenly distributed among the types of public health nursing services. Proportionately, the community nurses are working with infants much more than do other nurses. County, Indian and School nurses are reaching a greater number of preschool age children than are the other public health nurses. The very high number of visits to medical conferences, reported by community nurses can be attributed largely to one community with a regular established conference. The Parent-Teachers' Summer Round-up clinics, and the annual clinics sponsored in some communities by the County Public Health Associations, make up the rest of the visits to medical conferences.

Mothercraft Classes have been taught in several communities; the actual number of classes cannot be determined from current monthly reports because of differences in reporting.

* Nurses' Inspections

1938

	ADULT HYGIENE					MORBIDITY NURSING		
	No. Services	Physical Exam. by Physicians	Nursing Visits	No. Classes Organ.	Total Class Attd.	Adm. to Nursing Service	Nursing Visits	Accompanied to Medical Aid
Community	10	293	1,033	?	447	1,449	12,068	325
County	30	170	1,565	28+?	2,760	1,577	4,577	133
R.C.Itinerant	4	0	0	5	876	1	2	0
School	58	28	1,543	8	519	2,122	5,456	155
(3 short time)	0	0	0	0	0	4	4	0
Colleges	7	847	1,036	29	3,182	392	5,889	99
Tuberculosis	8	0	0	0	0	1	1	0
Indian	5	200	342	0	0	1,472	5,892	217

1111.22 3/39

Interpretation:

Public health nurses find many adults, who are not ill, but who are nevertheless in need of medical advice regarding their personal health. No specific indication has been given regarding what occupational group makes up the greatest bulk of this classification. Excerpts from nurses' reports indicate teachers, mothers, and the very aged are mentioned most frequently.

The classes consist of instruction on home nursing, first aid, and public health education, which includes nutrition, communicable disease control, personal and community hygiene, and sanitation.

Interpretation:

Bedside nursing is a part of all general public health nursing services. Patients included in this group represent all age groups and any problem other than communicable diseases that incapacitated the individuals to the point of needing nursing care. The public health nurses include actual care of the patient as a means of teaching a member of the family to give the necessary care.

With the many families bordering on dire need and many of whom are on relief, the WPA nursing service has been augmenting the bedside nursing of several public health nursing services.

The household aide service established in 13 counties and communities has been of great service in the homes where there has been illness.

1938

PUBLIC HEALTH NURSING ACTIVITIES WITH THE CRIPPLED CHILDREN'S SERVICE

	No. Services	No. Indiv. Reported	Adm. to Nursing Service	Visits	Acc. to Medical Aid
Community	10	1	10	164	10
County	30	123	446	1,621	171
R.C. Itinerant	4	23	?	29	1
School	58	148	95	327	113
(3 short time)		0	1	10	1
Colleges	7	6	2	13	0
Tuberculosis	8	0	0	28	0
Indian	5	25	41	154	37

Interpretation:

The Division of Services for Crippled Children, State Board of Control, is in charge of the special program for crippled children in Minnesota. Local public health nurses supplement the work that is done by the field nurses from the Division. Nurses employed in rural communities find proportionately more new cases than do nurses in urban places. A crippled or severely handicapped child living in an urban community is more readily discovered and so brought under treatment at an earlier date than the child living in the country.

REPORT OF RELATED ACTIVITIES OF PUBLIC HEALTH NURSES TO SOCIAL SERVICE PROBLEMS

	No. Admit. to Service	Field Visits	Office Visits	Ref. to Other Agencies
Community	643	1,916	859	262
County	207	2,291	1,163	524
R.C. Itinerant	0	1	1	16
School	928	2,377	1,046	1,281
(3 short time)	0	2	3	2
Colleges	11	322	1,200	11
Tuberculosis	?	2	6	45
Indian	76	431	133	169

Interpretation:

Included in social service activities of the public health nurses are such instances as,

1. Cases needing medical and dental aid.
2. Cases referred to welfare agencies for food, clothing, or shelter.
3. Truancy cases.
4. Delinquency among adolescent individuals.
5. Neglected children.

Public health nurses refer social problems to social agencies that are responsible for those particular social and welfare cases. Where there exist health and welfare difficulties, the responsibilities are carried jointly.

1111.23 3/39

Minnesota League of Women Voters,
[illegible] Marquette Ave., Minneapolis
Price -- 1 cent
Revised September 1940

AID TO DEPENDENT CHILDREN IN MINNESOTA

The Social Security Act, as amended by Congress in 1939, offers assistance to children under 18 (providing they are regularly attending school) who have been deprived of parental support or care. It provides that the federal government pay one-half the cost of the care of these children up to a combined total of $18 a month for the first child and $12 for each other child in the same family, who are living in suitable homes maintained by immediate relatives.

To qualify for federal assistance, Minnesota repealed its Mothers' Allowance law in 1937 and passed the Minnesota Aid to Dependent Children Act which became effective on September 1, 1937. The Minnesota law exceeds federal maximums in that it allows up to $20 a month for the first child and $15 for each other eligible child in the same family. The state law, however, grants aid to a smaller circle of immediate relatives than does the federal act.

The primary responsibility for administration of Aid to Dependent Children rests with the County Welfare Boards. The amount of assistance granted is determined by the Board on budgetary needs. State supervision is through the Bureau of Aid to Dependent Children of the Public Assistance Unit of the Division of Social Welfare.

At least 125 professional visitors work full time or part time to administer the ADC program in the counties. In most rural counties ADC visitors also have other responsibilities and in a few counties ADC work is handled by every visitor on a family case load basis. These employees are under the merit system.

For the fiscal year ending June 30, 1940, $3,489,847.33 was paid out in ADC grants. On January 1, 1940, the federal government increased its share from one-third to one half of grants allowable under the federal act. Grants beyond federal participation are borne one-third by the counties and two-thirds by the state. Expenditures for the year are broken down into two parts to show the different sharing of costs as follows:

	Total	Federal	State	County
Jan. 1 to June 30, 1940	$1,807,894.05	$816,084.90	$389,177.76	$602,631.39
	100%	45.2%	21.5%	33.3%
July 1 to Dec. 31, 1939	1,681,953.28	439,492.54	681,809.56	560,651.18
	100%	26.1%	40.6%	33.3%

The county pays one-third, the state one-sixth and the Federal government one-half of all amounts in which the Federal government shares. Since the Minnesota ADC Law fixes the county share at one-third, this cannot be reduced to one-sixth(as in Old Age Assistance) without action by the Legislature.

HOW DOES THIS LAW AFFECT YOUR COMMUNITY?

Who makes up the County Welfare Board? How selected? Duties?

How many employees administer this act in your county?

Whatis the procedure for making application for aid? What is the procedure for investigating and granting aid?

What amount is raised from federal, state and local funds in your county?

Minnesota League of Women Voters,
914 Marquette Ave., Minneapolis
Price - 3 cents
Sept. 1940

FACILITIES FOR CARE AND CONTROL OF THE MENTALLY RETARDED

The fundamental law passed in 1917 provided for the commitment of feeble-minded persons to the guardianship of the State Board of Control, by the Probate Courts. Guardianship is for life, and authority is given for supervision, including institutional care. Provision is made for court appeal. Guardianship may be relinquished in specific cases. Such wards are now committed to the Director of Social Welfare. On August 1, 1940, there were 7,342 such commitments.

HOW THE PROGRAM IS ADMINISTERED

The Section for the Feeble Minded and Epileptic of the Mental Hygiene Bureau in the Medical Unit of the Division of Social Welfare is responsible. Through this Section, the State exercises a coordinating and policy-making function and gives advisory and supervisory service to counties. However, the State delegates the actual responsibility for these wards back to the County Welfare Boards who must plan, authorize expenditures for, supervise their own residents, and, when advisable and possible, arrange through the state office for institutional care. Minnesota is almost the only state whose program for the feeble minded functions through local boards. Other states provide supervision by a staff from a centralized agency.

The Section of Mental Examinations, also in the Mental Hygiene Bureau, makes available to Welfare Boards, at county expense, the services of mental examiners and aid in making decisions regarding commitments. Between four and five thousand individual mental examinations are made each year. These tests are generally regarded as indispensable for successful planning for cases.

An Advisory Committee for the Feeble Minded and Epileptic was created in 1939, in order that policies might be based on broad knowledge and experience and also coordinated with other state welfare and educational programs. On this committee are ex-officio members from other units of the Division of Social Welfare, from the Division of Institutions, and from the Department of Education, as well as specialists in mental disabilities, a probate judge and interested laymen. Policies recommended, to become effective, must be approved by the Director of Social Welfare.

HOW ARE THESE WARDS CARED FOR?

Institutional care The State School for the Feeble Minded at Faribault, and the Colony for the Feeble-minded and Epileptic at Cambridge are filled to capacity with 3,613 inmates. There are 511 more placed as a temporary measure in other institutions. Each inmate is trained to contribute to the common life according to his ability. They may learn to be helpers in agriculture, trades, housework and handicrafts. Minors have schooling up to the limit of their individual ability. With this training some develop into good and reliable people capable of doing routine work under supervision and are able to return to the community and support themselves in whole or in part. Others who must remain may at least be trained to good habits that make them easier to live with and less expensive to care for.

Waiting List There are, in addition, 1,579 more who are in urgent need of being put in an institution, both as a protection to themselves and their communities. About one fifth of these are high grade morons, under twenty five, who might profit by suitable training. About one quarter are in the lowest group and, left at home, are destroyers of normal family life. The older age group are those who have shown definite delinquency or instability. Some have been waiting since 1934 for admission.

Outside Supervision In addition, there are 1 784 wards under "outside supervision". 1 580 of these are moron adults, self supporting in whole or in

part. It is the responsibility of the County Welfare Boards to see that those not in an institution are properly cared for. Practically all the women do domestic work; a few do hotel, restaurant, laundry or hospital maid work. It is hard to find work for the men and boys, who are nearly all engaged in farm work.

Sterilization In 1925 a permissive sterilization law was passed. After consultation by the superintendent of the State School, a reputable physician and a psychologist, and with the written consent of the spouse or nearest of kin, a feeble minded ward may be sterilized by vasectomy or tubectomy. Sterilization is not recommended for those who should remain in an institution, but for those who afterwards can make an adjustment in the community. Up to July 1st, 1940, there have been 1 424 operations (1 175 women, 249 men) all performed at the State School at Faribault.

Special Classes State aid is available for special classes in public schools for sub-normal children. However, only 40 cities and towns in the wealthier districts have such classes, for 3 346 sub-normal children, some of whom are wards. Poorer districts under the present state aid law cannot maintain such classes.

Surveys indicate that probably only about ten per cent of the mentally retarded receive aid through the program for the feeble minded. In the correctional institutions, it is known that 25 per cent of the inmates have I Q's below 75. It is not known what percentage of the mentally retarded are receiving aid through other tax-supported programs, such as relief and Old Age Assistance. If these costs were known, the expense of additional facilities for special care of the mentally retarded might not seem so high.

CENSUS OF THE FEEBLE MINDED

The legislature of 1935 passed an act requiring the former State Board of Control and the Board of Education, jointly, to prepare and maintain a continuous census of the feeble minded in the State. The Advisory Committee now has the responsibility for carrying out this law, subject to the approval of the Director of Social Welfare and the Department of Education.

The Advisory Committee appointed a joint technical committee which is now, in selected areas of the State, working on a census of the school children. This census, kept up every year for new school enrollments and those counted who do not enter because of low mentality, will in time give a fairly accurate index of mentality for the State.

How is feeble-mindedness defined? The definition adopted for the purpose of this census was "all children who are not expected to go above I Q of 70 at the age of 16, and all persons 16 or over who already test below 70 (Kuhlman scale).

What are the objectives? The purpose of the census is to lay the foundation for the prevention of social problems resulting from mental deficiency. Under present methods, the great majority of morons go unrecognized until too late for remedial care and training. Early identification in school makes possible continued observation before final classification and permanent commitment become necessary. Suitable care and training in childhood would result in most becoming well-behaved citizens, many acquiring skills and many being saved from anti-social attitudes that result from failure in competition with normal children. Many might be saved from need for institutional care.

How is the census made? The procedure has been as follows: The school children, including parochial schools, of the county selected are given group tests by the teachers who have first been instructed in the method by an

examiner from the Department of Education. Then those children who showed indications of low mentality were re-examined individually by a special examiner, under direction of the Mental Examination Section. The individual schools paid for the group test; the welfare board paid for the individual tests.

The Renville County Report (June 1940) was the first finished. The table below shows the distribution of intelligence among 4 626 children:

91	had an	intelligence	quotient	between	25 and 74
228	"	"	"	"	75 and 84
653	"	"	"	"	85 and 94
2798	"	"	"	"	94 and 114
817	"	"	"	"	115 and 134
37	"	"	"	"	135 and 164

On the basis of individual examinations, 122 or 2.7% may be considered definitely feeble-minded. The children not enrolled in school may materially raise this percentage. Previous surveys in other counties indicate that from 4 to 5% of the population or about 100,000 people in our state have IQ's below 75. Certainly not all of these need state guardianship, but only about 10% of those who need institutional care, supervision or special education are getting it.

Recommendations resulting from this survey:

1) That teachers be educated about the problems of the slow-learning children thru institutes and specially prepared bulletins.

2) That special classes be organized for the mentally retarded

3) That state laws be revised to encourage special classes for mentally retarded children in rural areas. The committee reported that special legislation makes it impossible for any but wealthy school districts to have special classes.

4) That a child guidance conference program be organized by all those concerned in each county.

HOW DOES THIS PROGRAM AFFECT YOUR COMMUNITY?

1. How many feeble minded persons has your welfare board on the waiting list for an institution? under outside supervision?

2. What types of work and recreation are available in your county for these people?

3. Has your welfare board made plans for children neglected because of low mentality of parents?

4. Is your county boarding any on the waiting list? How much are they paying?

5. Does your county take advantage of the services of a mental examiner?

6. Have high grade morons been committed in your county?

7. Does your juvenile court commit delinquents of low mentality to correctional institutions? If so, is this because of lack of facilities in special institutions?

8. a. Do you have special classes for mentally retarded children in your community?
   b. If not, is it because there are not enough such children in any one school or community to make a special class advisable?
   c. How does the state aid law for education affect the formation of special classes in your county?

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MINNESOTA'S HEALTH DEPARTMENT

What is the State Board of Health? It is the official public health agency of the State of Minnesota. It consists of nine members, learned in sanitary science, who are appointed by the Governor and who serve without pay for terms of three years. The Board meets quarterly and at other times when necessary. It appoints as secretary an Executive Officer who devotes all his time to carrying out the orders and policies of the Board and receives a salary set by the Board.

How is the work of the State Board of Health financed? By state appropriations and federal grants, as follows:

State appropriation for 1939-1940	$243,000
Federal grants	407,000

What is the State Department of Health? It is that part of state government through which the State Board of Health performs its duties and functions. It is concerned with improving the health of your community and increasing the length of your life by preventing the spread of disease. It is composed of several divisions; each division is under the supervision of its own director and all divisions are under the general supervision of the Executive Officer.

What are the seven divisions of the State Department of Health?

1. The Division of Administration is the business office of the Minn. Dept. of Health. It is the central filing and bookkeeping office for the entire department, and clears all printing and purchasing through the State Printing and Purchasing Dept. It is the center for distribution of diphtheria antitoxin, diphtheria toxoid, and smallpox vaccine. It administers Embalmer's License Law, Plumbers' License Law, and Uniform Narcotic Act; also Public Health Education, the District Health Units, and Industrial Hygiene.

2. The Division of Birth and Death Records performs or supervises all of the duties necessary to the registration of all births and deaths in Minnesota. Certified transcripts of the certificates of all births and deaths in his county are sent annually to the Clerk of District Court of each county to provide a local record. Certified copies of birth records for proof of citizenship and other rights are issued by the Division of Birth and Death Records and Clerks of District Court. Transcripts of all certificates are sent each month to the U S Census Bureau at Washington, to provide basic data for its studies of population, birth and death. Statistical tabulations are made periodically for use in public health education.

3. The Division of Hotel Inspection administers the State Hotel and Restaurant Inspection and Licensing Laws. It inspects the sanitary features of hotels, restaurants, boarding and lodging houses, places of refreshment, resorts and tourist camps, and orders the correction of unhealthful and unsanitary conditions. This Division cooperates with the Division of Sanitation. Compliance with the law is the determining factor in the issuance or renewal of a license.

4. The Division of Preventable Diseases is concerned with reducing the sickness and death due to communicable diseases. It is roughly divided into:
   a. The control of General Communicable Diseases (scarlet fever, smallpox, diphtheria, typhoid, undulant fever, infantile paralysis, etc.). Requires the reporting of such cases and specifies the type of quarantine, isolation and other necessary control measures. Trained epidemiologists make investigations when re-

quested by local officials or the number of cases indicates the need of an investigation. A public health laboratory aids physicians in the diagnosis and control of communicable diseases.

b. The Control of Venereal Diseases includes reporting of venereal diseases, laboratory diagnoses of both syphillis and gonorrhea, epidemiological investigations of early cases, follow up of patients to keep them under treatment, and distribution of drugs to physicians for treatment of needy patients.

5. The Division of Sanitation The work of this division is largely investigative and advisory and is directed toward assisting local communities in dealing with environmental problems which may affect health. Investigations made by trained public health engineers and sanitarians include source, treatment, and safe distribution of water used for drinking and other domestic purposes and public health aspects of plumbing; milk production; pasteurization and other processes in the production of milk and milk products; disposal of sewage and industrial waste; pollution of streams and other waters; sanitary features of public bathing places; and other similar problems closely related to the health of the community.

6. The Division of Child Hygiene operates an educational program to reduce maternal and infant mortality by disseminating information that will improve maternal and child health. This information is made available to the public through correspondence courses, literature, classes, lectures, exhibits, and demonstrations. Nutrition and Dental Health have recently been added to this program. Post graduate courses for physicians are held each year at several of the large cities in the state to inform physicians of the advances in public health as they relate to problems of maternal and child care.

7. The Division of Public Health Nursing serves all public health nurses in the state as a source of professional information and technical advice. This is available through public health advisory nurses. All nurses, regardless of their mode of employment, use standard report blanks to unify the public health nursing program through the state. Post graduate education and nursing institutes provide the public health nurse working in the field with opportunities for obtaining professional information.

The offices of the first three divisions are in the State Office Bldg., St. Paul; the last four are in the Minn. Dept. of Health Bldg. on the University campus.

What is a District Health Unit? It is a branch office of the Minnesota Department of Health, and now includes from three to eight counties. Four such district health units and the Chippewa Health Unit have been established in Minnesota since 1936 at no cost to the counties. Each unit is staffed by a physician-director trained in public health administration, a public health engineer, public health nurse supervisor, a clerk-stenographer. This office assists and advises the local health authorities. The expansion of this program to include all the counties is contemplated. The counties not belonging to health units receive their supervision directly from the state office.

How is Public Health Education coordinated? Although Public Health Education is performed by all Divisions of the Department of Health, it has been centralized under a Director of Public Health Education since 1937. Accurate information is available to every one in the state, particularly those engaged in administering the public health activities of municipalities and rural communities. The educational program includes preparation of literature, organizations of classes for professional and non-professional groups, exhibits, and furnishing to organized groups speakers to talk on any of the special fields in public health and environmental sanitation.

What is Industrial Hygiene? It is the control of occupational diseases. A survey is now being made to determine the hazards existing in the industries of Minnesota, with the objective of instituting changes in those industrial practices which expose workers to industrial poisoning or other injury.

What are the local public health agencies provided by law?

1. Two members of every county board, chosen by it at its annual meeting, and one resident physician elected at the same time, shall constitute the County Board of Health, with jurisdiction over all unorganized townships within their county.

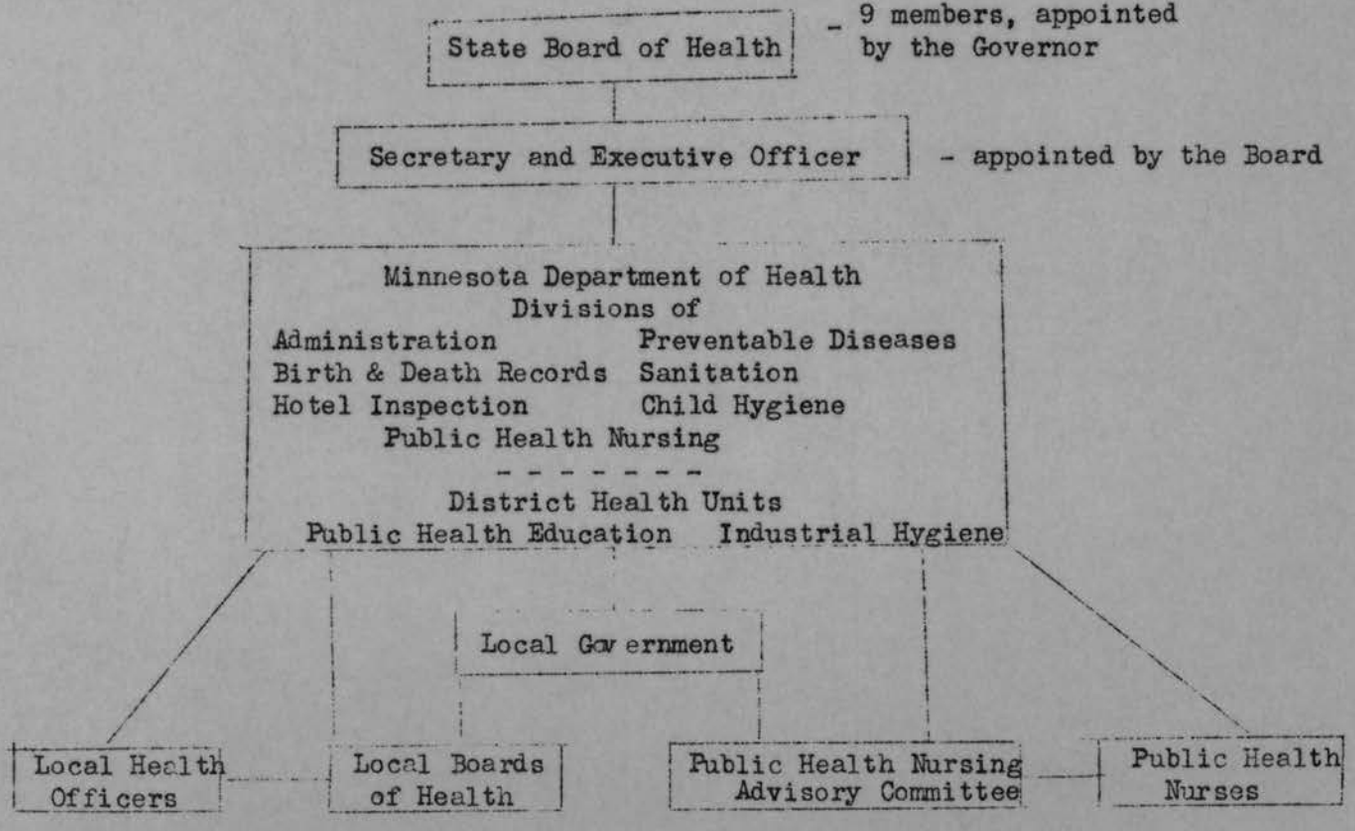
2. Every village may, and every city shall provide by ordinance for the establishment of a board of health. At least one member shall be a physician who shall be the local health officer and executive of the board.

3. Every town (township) board shall be a board of health within and for the town and shall have jurisdiction over every village within its boundaries wherein no organized board of health exists. The chairman acts as the responsible public health official of the town. Every town board is required by law to appoint a physician to serve in an advisory capacity as medical health officer.

What are the duties of the local boards of health? "All local boards of health and health officers shall make such investigations and reports and obey such directions concerning communicable diseases as the state board may require or give; and shall cause all laws and regulations relating to the public health to be obeyed and enforced."

What is the relation of the State Board of Health to the local boards? The actual enforcement of the health laws and regulations is the specific duty of the local boards of health and local health officers. The State Board of Health, through its administrative and technical staff and district supervisors, helps the local health authorities in the solution of their health problems.

The following chart shows the plan of organization of the Minnesota Department of Health: -



Minnesota League of Women Voters,
914 Marquette Ave., Minneapolis
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Price - 5 cents

PUBLIC HEALTH IN YOUR COMMUNITY

Setting - Living room of Mrs. Schmidt in _____

Time - Nine o'clock Monday morning, January 26, 1942

Characters: Mrs. August Schmidt, housewife and member of _____ LWV
Mrs. Ralph Thompson, housewife from neighboring town of _____
Mrs. James McCarthy, housewife and member of _____ LWV

(Mrs. Schmidt is busy dusting the living room. As the door bell rings, she hastily shoves a pile of League pamphlets into a desk drawer. Mrs. Thompson enters. Insert exchange of greetings, removal of wraps, etc.)

Mrs. S: I can't get over what a surprise it is to have you drive over from _____ on such a cold morning.

Mrs. T: (looking very worried) I hope you don't mind my coming so early, but I need some help.

Mrs. S: You knowI'd do anything I could to help you. I hope it is nothing serious.

Mrs. T: Last night, the president of our PTA announced that at the next meeting I was to give a thirty minute talk on Public Health. I objected but it did didn't do any good. Why, I don't know anything about public health, and I have never given a talk that long. I was so worried that I don't believe I slept two hours last night. This morning when my husband saw how upset I was, he said, 'Now, you just take the car and drive down to see Mrs. Schmidt. She is a member of the League of Women Voters, and I am sure she will be able to help you. So in spite of the cold weather, here I am.

Mrs. S: (with a sigh of relief) Oh, I was afraid some member of your family was ill. I am sure I can help you. The League of Women Voters has been interested in public health since its organization in 1921, and I have several League publications here in my desk. I'll get my material right now.

Mrs. T: You can't imagine how relieved I am. It is a blessing to have a friend like you.

Mrs. S: (spreading League pamphlets out on table before her) Public health! Don't you think that is too large a field to try and cover in a half hour?

Mrs. T: Yes, I suppose it is. What would you recommend?

Mrs. S: I am preparing a meeting on "Public Health in Your Community" and I am planning to show how each division of the State Department of Health functions in the community. Why couldn't you do the same thing?

Mrs. T: Well, I don't think we have any public health in our town at all.

Mrs. S: Oh, yes, you have, Mrs. Thompson. And besides I think you have a real opportunity to be of service to the parents of your community. During the war there is going to be an ever increasing shortage of nurses and doctors. Now if you can do nothing but interest the citizens in your community in

the prevention and control of disease, you will be doing something worth while in this emergency.

Mrs. T: Yes, I believe you are right. If we can learn methods of controlling and preventing disease, we'll not only save our children suffering but enable the doctors to care for those who are ill now. Now just how should I begin?

Mrs. S: I think you should first explain something about public health organization in Minnesota. This pamphlet - "Minnesota's Health Department" - published by the League in 1940 (handing it to Mrs. T) shows that the official state health agency is the State Board of Health of nine members appointed by the Governor. This board carries out its duties through the seven divisions of the State Department of Health and helps the local health agencies in the solution of their health problems.

Mrs. T: What are the local health agencies you mentioned?

Mrs. S: The law provides for three levels of local health boards, and you will see from page three that at its annual meeting the Board of County Commissioners appoints two of its members and one resident physician to act as the County Board of Health. At the annual meeting in January, _____, _____ and Dr. _____ were named as our County Board of Health. The law provides also that every village may and every city shall provide for a board of health - at least one member shall be a physician who shall act as the health officer. In the township, the town board is the Board of Health with the chairman acting as the health officer. However, the town board is required bylaw to appoint a physician to act as a medical health officer.

Mrs. T: What are the duties of these local health boards?

Mrs. S: They make the investigations and reports required by the State Board of Health, but their specific duty is the actual enforcement of health laws and regulations.

Mrs. T: I never realized before that the enforcement of health laws was the duty of any group in my community. I don't even know the names of the men on our board. I'll certainly find that out when I go home. Now, how should I bring in those divisions of the State Department you mentioned?

Mrs. S: It would be my suggestion that you briefly explain all of the divisions except Communicable Diseases, which I believe will be of the most help to the parents. If you will turn to the first page of that penny sheet I gave you, you will find the divisions listed.

Mrs. T: How can the Division of Administration apply to a town way out here?

Mrs. S: In the first place, it is the business office and central filing and bookkeeping office for the Department of Health. Did you know that when your school carries on a smallpox or diphtheria immunization program, it is this Division of Administration that distributes the vaccine free of charge? It administers the Embalmer's License Law, Plumber's License Law, and the Uniform Narcotic Law. I had an interesting interview with our funeral director, Mr. _____. I discovered that every undertaker has to be a licensed embalmer. A funeral director can direct a funeral with a director's license, but he cannot embalm. I also talked to some of our plumbers and discovered that here in _____ the plumbers are (or are not) licenses.

Mrs. T: What do you mean here by Public Health Education?

Mrs. S: Although Public Health Education is performed by all the divisions, it has been centralized under a director since 1937, and is administered through the Division of Administration. Accurate information is available particularly to those engaged in public health activities in rural communities and municipalities. The educational program includes preparation of literature, organization of classes, exhibits, and furnishing of speakers to talk on any special fields of public health.

Mrs. T: If I had known that speakers were available, I should have suggested that instead of promising to give this talk. Next time, I'll know better. The next thing mentioned here is a Health Unit. I have never understood what that term meant.

Mrs. S: A Health Unit is simply a branch office of the State Department of Health, including from three to eight counties, and staffed by a physician-director, a sanitary engineer, a public health nurse supervisor, and a clerk-stenographer. Our county is (is not) a part of a health unit. For instance, if we belonged to a Health Unit, the Sanitary Engineer would give supervisory service in water supplies and sewage systems free of charge. However, during the war, the health units are not able to be as active, as many engineers and physicians have gone into service. One of the valuable services is the distribution of pneumonia serums which have become so important in the last few years. You will notice too the Division of Administration administers the Industrial Hygiene which endeavors to make changes in industry which expose workers to industrial poisoning or other injury.

Mrs. T: Of course, I have heard about vital statistics, but I never realized that was a part of the Public Health Department.

Mrs. S: Oh, yes. The executive secretary of the State Board of Health is the state registrar. Then in the county, the clerk of the town board is the township registrar; the clerk of the village is the village registrar, and the health officer of the city is the city registrar. A physician or midwife attending the birth of a child, must within five days subscribe and file with the local registrar a certificate of birth giving specific information. Before the fifth of each month, each registrar transcribes original birth certificate in his records and sends original to the state registrar. Then in the case of a death, the procedure is more complicated. The undertaker is required to obtain and file with the local registrar of the district in which the death occurs a certificate of death, containing (a) name, race, age, etc., obtained from the family; (b) medical certificate signed by attending physician giving information as to death and illness or by coroner if investigated by him; (c) statement showing place and date of burial signed by undertaker. When the proper certificate of death is filed with the registrar, he issues a burial permit to the person in charge of the burial. Then the person in charge of the burial presents this permit to the person in charge of the cemetery where the burial takes place. Before the tenth of each month, the registrar is required to transcribe the death certificate in his record book and send the original death certificate to the state registrar.

Mrs. T: Well, I never dreamed a birth or death required that much book work! Why aren't births and deaths recorded in the county where they occur?

Mrs. S: Oh, but they are. Annually on April 1st, the state registrar (except in cities of more than 100,000) sends to the Clerk of Court a certified

copy of the deaths and births in his county. After the clerk files, indexes and preserves this copy, he issues to each local registrar a voucher for the amount (25¢ for each death or birth) due him. The registrar then presents the voucher to the County Auditor and the warrant is issued.

Mrs. T: I notice that the next division is that of Hotel Inspection. That certainly doesn't apply to our community, for we don't even have a hotel.

Mrs. S: Oh, yes, it does, for this division not only inspects the sanitary features, (plumbing, lighting, ventilation, cleanliness) or hotels but also of restaurants, lodging places, places of refreshment, resort and tourist camps. This division cooperates with the Division of Sanitation, and the compliance with the law is the determining factor in issuing the license. I talked with _____ and she explained that the inspector checked on _____ when he came here.

Mrs. T: Just what is the work of the Division of Sanitation?

Mrs. S: This Division assists your community in dealing with environmental problems which may affect health. It is concerned with such things as milk production and water supply. In our community, the water is tested _____ and our milk supply is (or is not) made safe by _____.

Mrs. T: Division of Child Hygiene! That sounds familiar. Doesn't that name occur on the Maternity and Infancy literature?

Mrs. S: Yes, you are right. The main objective of this department is to reduce maternal and infant mortality by giving out information that will improve maternal and child health. There is a 1940 pamphlet on "Maternal and Child Health Services in Minnesota" that you can look over. There are correspondence courses, literature, classes in maternity and infancy, exhibits and demonstrations. Recently this division has been doing a great deal for the premature infant. A nurse skilled in premature care is sent out (upon request of the physician) anywhere in the state to teach those in charge how to care for the baby. Nutrition and Dental Health have also been added to this division.

Mrs. T: What do you think the parents would like to know about Public Health Nursing?

Mrs. S: This division gives professional service and technical advice to all the public health nurses in the state through public health advisory nurses. At the present time, this division is cooperating withthe Civilian Defense Council in organizing twelve week courses in home nursing throughout the state. The American Red Cross text book on "Home Hygiene and Care of the Sick" is used. This course can be taught by any graduate nurse under the supervision of a key nurse in each county. I understand here in _____ County we are to have _____ classes.

Mrs. T: Strange that I didn't think the Health Department applied to our community before!

Mrs. S: Wait until we discuss the Division of Preventable Diseases which is concerned with reducing sickness and death due to communicable diseases, and then you will realize how much depends on the cooperation of the local health boards.

Mrs. T: There is your door bell.

Mrs. S: Excuse me, please, while I go to the door (Opening door) Come in, Beth. I should like to have you meet Mrs. Thompson. She came all the way from _____ on this cold morning to talk to me on health.

Mrs. McC: What a coincidence. I hope you haven't discussed preventable diseases yet. I came to have you look over my report for the next League meeting. I got a copy of the 1938 "Minnesota Public Health Laws" from the health officer, Dr. _____ and then had a very interesting interview with him this morning.

Mrs. T: Do let me ask you some questions - there are so many things I want to know about communicable diseases. We were just ready to discuss this when you came.

Mrs. McC: I'll be glad to tell you what I can, but I am sure Mrs. Schmidt will have to help me.

Mrs. T: I have always wondered how diseases are reported. Can you tell me that?

Mrs. McC: Yes. There are two methods used. Section 300 states that within 24 hours, the attending physician must report by telephone or telegraph to the State Board of Health when called to a case or suggested case in Group 1 - including such diseases as Botulism, Septic Sore Throat, Epidemic Encephalitis, Psittacosis, Yellow Fever - or when a death occurs from any disease in Group 2 - including such diseases as Tularaemia, Undulant Fever, Leprosy, Amebic or Bacillary Dysentery. Section 301 states that within 24 hours the attending physician must report on the regular postcard or special blank to the local health officer each case or suspected case of specified diseases, including smallpox, diphtheria, measles, pneumonia, tuberculosis, whooping cough, scarlet fever, anterior poliomylitis. The health officer within 24 hours is required to transcribe in a permanent record all the information on the case and then send the original to the State Board of Health giving the sanitary measures taken. Any physician diagnosing or giving treatment for venereal disease reports directly to the State Board of Health, and occupational diseases, such as lead or arsenic poisoning, are reported to the Minn. Industrial Commission.

Mrs. T: That certainly is enlightening, but I'd like to know what you meant by the sanitary measures taken in connection with these diseases.

Mrs. McC: That, of course, refers to quarantine or restrictions. Quarantine means the confinement of persons, animals, or things within a designated area, and the exclusion from such area of all persons, animals or things except the physicians and state and local health officers. This applies, as you know, to such diseases as scarlet fever, diphtheria, smallpox, and cerebro-spinal meningitis. Minor restrictions mean that the affected persons and children in same household are restricted to the home premises, but that adult members of the household are not restricted except under designated regulations. This type of sanitary measure applies to such diseases as measles, whooping cough, tuberculosis, chicken pox. Observation places a restriction on a person pending diagnosis or termination of incubation period in a person exposed to a communicable disease.

Mrs. T: If a family is quarantined, how do they get their supplies if no one is permitted to enter the premises?

Mrs. S: I believe I can answer that. Of course, groceries can be left outside. But I was interested to find that milk must be delivered in containers that can be burned or emptied into covered containers which are left outside the door. Inother words, no bottles can be picked up until after quarantine is raised and the bottles properly sterilized.

Mrs. McC: I was also interested to find that owners or managers of creameries, dairies, or milk stations are required to report to the local health officer concerning any person affected with a communicable disease. Then the local health officer must report at once to the State Board of Health giving this information and the names of localities where the dairy products are delivered.

Mrs. T: Before weleave this subject of quarantine, I'd like to know how the sign gets posted.

Mrs. McC: The local health officer orders the house to be quarantined or placarded. Here in _____, Mr. _____, the _____, puts up the cards. The municipality or township is liable for all expenses incurred in establishing, enforcing and releasing quarantine - half of which may be recovered from the county.

Mrs. T: I have been thinking how much better the citizens would cooperate if they only knew these facts.

Mrs. S: And I have been thinking how many epidemics could be prevented if parents would only realize the importance of calling a physician and obeying the quarantine measures. So often a parent tries to cover up a light case of a contagious disease, not realizing that oftentimes a child, for instance, may take scarlet fever from a light case, so often called scarletina or scarlet rash, and may have the disease so seriously he may die.

Mrs. T: Are there any laws preventing diseased persons handling foods?

Mrs. McC: Yes, there is a law which states that it is unlawful for diseased person (contagious, infectious, or venereal) to work in or about any place where fruit, food, or dairy products are handled and likely to be eaten without cooking. I am afraid this is one of the laws that is not enforced. At least, I could find no evidence of it here when I talked to the proprietors of these businesses. The State Dairy and Food Commission must report to the State Board of Health any person suspected to be dangerous to public health and to immediately exclude such person from employment if such person is certified to the State Board of Health to be dangerous to public health.

Mrs. S: I think, Mrs. Thompson, you should give some time to prevention of communicable diseases in the school since you are to talk to parents.

Mrs. T: Yes, I do too, for I know the majority of parents are no better informed than I.

Mrs. McC: The law states definitely in Section 318 that the teacher shall refer to the head of the school at once any pupil who (a) returns to school after an illness of unknown cause, (b) appears to be in ill health, (c) shows signs of communicable disease, (d) or has lice or vermin. All should be reported to the school physician for examination (unless condition is such they should be sent home immediately). Then the health officer

should be notified immediately by the head of the school. Of course, many schools have neither physicians or nurses, but exclusion from school is not only a safeguard to the child but to others as well.

Mrs. T: What are some of the diseases for which children should be excluded from school?

Mrs. McC: The law states that any person having a communicable disease (Section 300 and 30) or any other transmissable infection such as tonsilitis, mumps, impetigo, itch, ring worm, or a parasitic infection, or a person residing in a house in which such disease exists or has recently existed shall be excluded from attending school, or any public or private gathering whatsoever, until the health officer has given his permission to attend.

Mrs. T: Well, I am certainly glad to know that. Do you know that children with impetigo are attending school right now?

Mrs. S: As soon as the parents learn of these health laws, they will gradually see the benefit in having them enforced and we'll have less illness among our children.

Mrs. T: You don't know how grateful I am to both of you for all the help you have given me. I have just had an idea. Why couldn't you and Mrs. McCarthy come up to _____ and help me present this information to our PTA?

Mrs. S: I am sure we should be glad to, for now during the emergency, the League members are trying wherever they can to give the public the benefit of the information they have. Why couldn't you interview us? That would be a little different from a talk.

Mrs. T: Oh, thank you. I only wish I had the opportunity to belong to the League. I must go now, for my children will expect me home for lunch.

(Mrs. Schmidt gets Mrs. Thompson's wraps and she leaves with the usual farewells)

Mrs. S: Now, I think we had better plan that interview right now, don't you? You stay for lunch and we'll get right at it.

The Minnesota Organization for Public Health Nursing
2642 UNIVERSITY AVENUE, ST. PAUL
NESTOR 2642

September 23, 1943

Mrs. Phillip T. Duff, President
League of Women Voters
Wayzata, Minnesota

Dear Mrs. Duff:

We are writing to you on a matter of vital importance which we hope you will bring to the attention of your organization.

So many nurses have left civilian positions to go into military service, that an alarming shortage now exists in our state.

All battles are not fought and won on the battle fields, some must be fought at home, and in this case with the future in mind, we dare not fail.

The Manpower Commission has requested that nurses in key positions in hospitals, and those in public health work, consider carefully where their services are most needed.

Nursing Education Personnel

The urgent need for more nurses is being met by the government through the U.S.Cadet Nurse Corps. With the influx of more students, a serious problem of Faculty membership is facing the hospitals. Many supervisors, head nurses, and instructors have left the hospitals for the Armed forces.

Unless there is sufficient nursing education personnel, the thousands of young women coming into the profession in this emergency will not be properly prepared. We must remember, too, that the welfare of patients depends on the adequate supervision and instruction of the student nurse.

Every faculty member must face the personal problem of whether it is more important for her to serve with the Armed Forces or to help get nurses ready for the civilian and military needs.

Public Health Nurses

Even in peace times, the number of public health nurses was inadequate. Now that the war has brought increasing health problems, the situation is critical.

Public health nurses make up only 9% of the total number of active nurses. Only 44 of the 87 counties have the services of a public health nurse. Now, more than ever, such service is needed --

-to prevent wartime epidemics,
-to train groups in home nursing,
-to instruct young mothers and protect new babies,
-to advise men rejected from war service and discharged from service because of disabilities,
-to build the health of school children and to extend essential knowledge about nutrition and hygiene,
-to maintain all the community health services.

Your organization can make a real contribution to the welfare of the state if it will aid in these ways:

1 - Interest young women in taking up nursing and continuing their training to enter the public health field.

2 - Give your public health nurse your support.

3 - If your county has not appropriated funds for permanent public health nursing service, start or get behind efforts to provide one.

4 - Publicize the fact that the nurses who hold important positions on the home front are essential and should not leave unless they are sure a qualified person has been employed to take their places.

For further information in regard to speakers, literature, posters or films on this subject write:

Minnesota Nursing Council for War Service
2642 University Avenue
St.Paul, Minnesota

Your cooperation in this effort to maintain health on the Home Front will be greatly appreciated.

Very sincerely yours,

Eloise B. Reichert

Mrs. R. R. Reichert, Chairman
Special Publicity Committee
of the Educational Committee

Rovsual Leagues will continue
State - work for approp.
Where is need greatest ?

October 21, 1943

Mrs. R.R. Reichert
2642 University Av.
St. Paul, Minnesota

Dear Mrs. Reichert,

Some weeks ago I received your letter in relation to public health nursing and am very glad that you are pushing and publishing the need. The League endorses your words.

Our partnership with you lies in the third method you suggested the securing of appropriations for permanent public health nursing service. We shall continue to do this. As you know we have worked actively at the capitol in behalf of appropriations for public health nursing as well as in many localities since the law did not go through. We shall continue to do this.

Sincerely,

Mrs. Philip Duff
President

Minnesota League of Women Voters
914 Marquette Ave., Minneapolis
June 1, 1944

PUBLIC HEALTH - THE FIRST LINE OF NATIONAL DEFENSE

Reports from war selective service boards emphasize that while much progress has been made in improving public health between the two world wars that we are still thriftless of our greatest national asset, the health of our people. The science of Public Health and Preventive Medicine, if applied, could now conquer preventable disease and add immeasurably to the vigor and morale of the nation. What is lacking is not knowledge or skills but organization to reach every citizen with health protection.

Both the American Medical Association and the American Public Health Association, about two years ago passed resolutions expressing their interest in the complete coverage of the United States by professionally staffed Local Health Units. A Committee on Local Health Units (our state health officer is a member) was appointed by the latter who after research made a progress report which made among others the following suggestions:

That no unit of population or square mile of area should be without coverage by the services of professionally trained full-time public health officer with appropriate professional staff (such as public health nurses, sanitary engineer, bacteriologist).

That populations of less than 50,000 may not be able to support such a staff and that counties should come together for such a purpose.

That units of 250,000 or more should require assistant health officers as directors of special activities, as for control of tuberculosis or venereal disease, for maternity and child welfare, malaria control.

That a modest program would require one public health nurse to each 5,000 people, one clerk for each 15,000.

The report closes by saying "Local initiative and responsibility for health protection believed to be essential for national health in peace and in time of war. In this respect we are but half prepared as a nation.

What is our situation in Minnesota?

There are but four full-time health officers, one each in Minneapolis, St. Paul, Duluth and St.Cloud. We have 1565 sanitary districts, each with a board of health, in 86 counties, 96 cities, 1 burrough, 632 villages and 750 townships. The lay chairman of township boards is the legal health officer but the law requires that a physician be appointed in advisory capacity as medical health officer. 686 physicians serve these 1565 boards in some capacity as health officers.

It is thought that 10 Health Units might be efficient and economical for Minnesota. In some cases this would involve the grouping together of counties, in others the cutting across of county lines. The counties at present have no authority to join together and levy taxes for a mutual project. The first step is to get permissive legislation to this end.

Since 1936 we have had demonstration health units, really branch offices of the State Health Department set up in five regions in Minnesota. These are financed entirely by federal money, the counties assume no financial responsibility.

July 10, 1944
(Health Education)

A Proposed National Plan for Local Public Health Units*
Prepared by a committee of the American Public Health Association

Professional full-time staff per local unit	Minimum ratio of staff to population	Typical Functiona
1. Medical health officer	One to each unit, with one extra for every 50,000 persons beyond the first 50,000	Responsible for management of the health department. In co-operation with the community and his staff, plans and executes program for control of disease, sanitation, protection of health and welfare of mothers and children, vital statistics, laboratory services, health education.
2. Public Health engineer	One to each unit, regardless of size.	Helps with community sanitation problems. Advises on improved home, farm, school and municipal sanitation, including better care of milk, and food supplies Advises on water supply and sewage disposal.
3. Public health dentist	One to each unit, with one extra for every 100,000 persons beyond the first 50,000	Dental services, including examinations, education, and care of needy children.
4. Public health nurses	One to each 5000 persons	Family health protection, including help to the expectant mother, planning with mother for care of babies and young children. Counsels on health needs and health care of school child, of those sick with acute or chronic diseases. Assists with school health problems, immunization programs, home-nursing classes and other problems of community health protection.
5. Health educator	One to each unit that has a population of not less than 150,000	Helps plan and carry out public education in health through newspaper, radio, meetings, study groups, and bulletins and community organization. Assists other members of health staff in their health education activities Assists school personnel with their health education programs.

Estimated Profession Health Personnel Needs for Minnesota

(including health personnel at the state level)

Population	2,792,300	Medical health officers	80
No. of local health units	10	Engineers	57
		Dentists	31
		Nurses	573
		Health educators	20
		Laboratory & vital statistics	37
		Total	798

* A local health unit, according to the committee, should in general serve a minimum population of 50,000 persons. Adjustment of units in each state will be necessary in accord with local conditions such as health needs, geography, population density and tax revenues.

JUN 24

From "Local Health Units for the Nation" by Haven Emerson, M. D. and Martha Luginbuhl, M. A., 1945. Chap. V, p. 329; a report of the Subcommittee on Local Health Units of the Committee on Administrative Practice of the Am. Pub. Health Assn.

There are eight broad principles which the Committee believes should be expressed in state legislation intended to develop better local health services:

1. Each state should enact legislation providing for the organization of local health units. A "local health unit" is defined as an individual governmental area (city, county, township, borough, etc.), or a combination of two or more contiguous jurisdictions of local government, organized to carry out the accepted functions of public health.

2. The authority to approve the organization of a local health unit should rest with the State Department of Health. The approval should be governed by rules and regulations adopted by the State Health Department or by the State Board of Health or Public Health Council.

3. The consolidation of two or more contiguous areas of local government into a single administrative health unit should be initiated either by resolutions of and agreements between the governing bodies of such areas (boards of supervisors, councils, commissioner, etc.) or by referendum vote of the populations in each area.

4. The authority to determine the minimum essential functions of the local health unit should be vested in the State Department of Health or Board of Health under rules and regulations adopted by that body. These should in all instances include at least the six standard functions accepted as basic for local health departments.

5. Each health unit should be administered by a full time official medical officer of health or health commissioner, appointed by the elected executive officers of the local government jurisdictions involved or by the Board of Health of the local health unit.

6. The selection of health officials and other personnel for service in the local health unit should be in accordance with standards and qualifications prescribed by the State Board of Health or Department of Health.*

7. The removal or discharge of a health official or other personnel in a local health unit should be controlled by rules and regulations adopted by the State Board of Health or Department of Health.

8. Provision should be made in an act separate from the enabling act for adequately financing the activities of local health units through any or all of the following:

   a. General tax levies
   b. State appropriations
   c. Special tax levies
   d. Federal appropriations
   e. Grants of funds from individuals and organizations
   f. Fees, license charges, etc., from individuals and organizations.

The above principles serve only as an outline. They lend themselves to mandatory or permissive application in accordance with the sentiment that exists in a given state. Likewise, they may form the basis of legislation that places the administration of local health units under the State Department of Health or places

* In several states the health officer and other professional personnel of local health departments are nominated by the state health department for appointment by the local board of health.

the major responsibility upon local governmental units. Above all, whatever may be the methods used to apply the principles, they emphasize the need for more logical administrative units that must be more adequately staffed and more adequately financed than is general at present.

To achieve mandatory coverage of the state by units of local health jurisdiction, the following should be expressed in a special health act:

1. A requirement that every part of the state be provided with adequate and efficient local health service through the organization of county and district departments of health.

2. Any existing county, city, township, town, or village health boards or officers should be abolished and all their powers and duties be transferred to the new local organization. This is of the utmost importance.

3. The new local organization should consist of local health departments large enough to support an adequate staff and to conduct a complete program of work. Certain conditions must be met:

    a. The health district should correspond to some existing unit of government (as a county) or combination of existing units. Existing machinery for collecting taxes, appropriating funds, and auditing expenditures must be utilized.

    b. The local governmental units in any district must contribute substantially to its support and must have a substantial part in its control.

    c. The maintenance of a specified standard of service must be required for every unit and to this end the state must contribute enough money to make this possible.

    d. Districts may be formed or dissolved or district boundaries changed by the state health council or board on recommendation of the state health executive, but local interests should be given a hearing when changes are proposed, or may themselves propose changes.

    e. Health officers and all other employees of local health departments should be under the merit system.

    f. The local health officer should be a physician, should serve full time, should be trained in public health, and his appointment should be approved by the State Health Council or Board of Health. He should be a real executive responsible for his own program, budget expenditures, and personnel under the general control of the state health authority.

If the Committee were to venture out of its field of professional competence and offer a phrasing of a model public health act relating to public health districts, its efforts would be expressed somewhat as follows:

1. Public Health Districts or Local Health Units. The State Board of Health shall divide the state, from time to time, into local public health districts, which shall conform to political subdivisions, or combinations thereof, or parts thereof.

2. Local Department of Public Health. In each district so established the local government or governments shall jointly appoint a local board of health composed of persons professionally or otherwise qualified.

3. Duties of Local Board of Health. The local board of health shall:

   a. Establish a local department of public health with suitable offices, properly equipped.

   b. Make and may amend, after notice and hearing, necessary rules and regulations concerning matters of public health not inconsistent with the rules and regulations of the State Board of Health.

   c. Enforce this act and the regulations made pursuant thereto.

4. Appointment of Local Health Officer. The local board of health shall appoint and fix the compensation of a local health officer who shall be qualified, in accordance with standards of education and experience, as the State Board of Health shall determine under civil service laws or under the merit system.

5. Duties of Local Health Officer. The local health officer shall have charge of the local department of public health and perform the duties prescribed by the local board. He shall enforce this act and the regulations of the state and local board and have supervisory power over all officers or employees of the local department. He shall submit to the local board, board of county commissioners, or city council an annual report of the administration of his department.

6. Other Local Employees. The local health officer shall appoint, under civil service laws or under the merit system, and shall fix the compensation of all necessary subordinate and assistant personnel who shall be qualified in accordance with standards of education and experience as the State Board shall determine.

7. Publication of Regulations. The regulations of the State Board and of the local boards shall take effect thirty days after publication, except when an emergency has been declared to exist.

8. Replacement of Existing Local Health Agencies. When a district is established by the State Board of Health and the local government or governments jointly appoint a local board of health pursuant to the terms of this act, every other local, municipal, or county health agency or department shall be abolished and the local board of health shall be given full control over all health matters in the district.

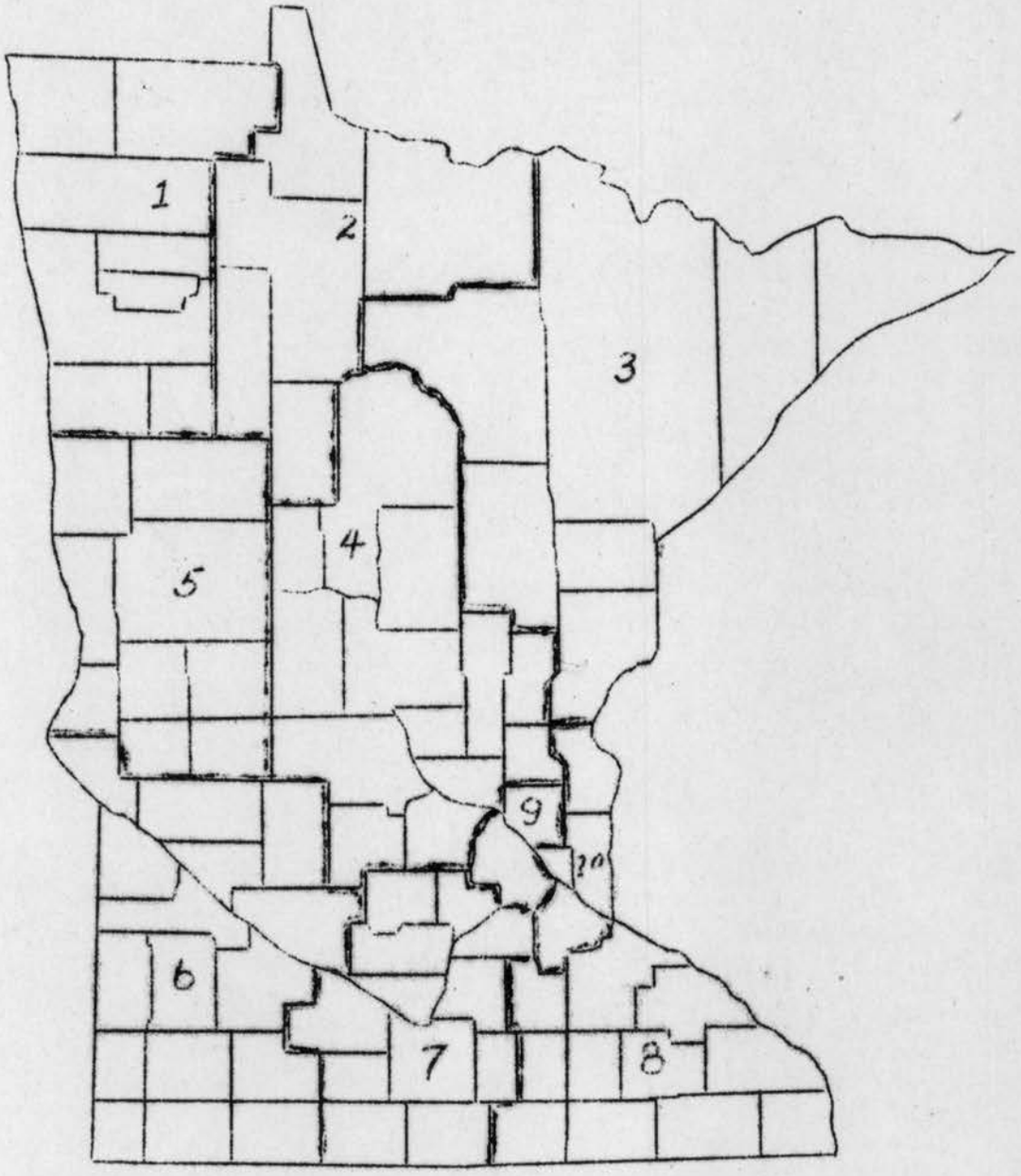
9. Creation of Local Public Health Department by State Director When Local Government Fails to Act. If the local government in any district fails or refuses to create a local board of health or local department of health, the state director shall organize a local health department for the district.

10. Penalties. Any person who knowingly violates any rule or regulation published by the State Board or local board shall be fined not more than $100.

11. Repeal. All laws or parts of laws which are inconsistent with the provisions of this act are hereby repealed.

12. Time of Taking Effect. This act shall take effect at the discretion of the State Board of Health but in any event not later than 6 months from its enactment.

MINNESOTA SECTION OF
REPORT OF LOCAL HEALTH UNITS



Excerpts from A Report by

HAVEN EMERSON, M.D.
Chairman, Subcommittee on Local Health Units
Committee on Administrative Practice
American Public Health Association
1945

PHN-180.1 10/45

Minnesota, with a 1940 population of 2,792,300 and an area of 80,858 square miles, has a population density of about 35 persons per square mile, 21 per cent less than that of the United States as a whole. It is divided into 87 counties, whose populations average about 32,000. The least populous county has 3,000 persons and the most populous, which includes the city of Minneapolis, has 568,900 residents. Eight of the counties have fewer than 10,000 inhabitants and a total of 61 counties have fewer than 25,000. Only 5 counties exceed 50,000 in population, of which 3 have more than 100,000. It is obvious, therefore, that most of the counties in this state are too sparsely populated to afford or justify a full time health officer and other necessary personnel to staff a local health unit.

Over 40 per cent of Minnesota's inhabitants are made up of foreign born or native born of foreign or mixed parentage. One-half of its population is classified as rural; about a third of its employed are farmers or farm workers. Only 15 per cent of its nearly 200,000 farms are less than 50 acres in area and over two-thirds are 100 acres or more.

Both the birth rate and excess ratio of births over deaths in 1940 were higher than those of the United States. The state's death rate was 9.6 whereas that of the country was 10.8. Only 9 states had a lower death rate. The infant mortality rate of 33 was lower than that of any other state except Oregon, which had the same rate, about a third lower than that of the country as a whole. The tuberculosis death rate was also lower than that of any but 9 of the states.

The estimated per capita spendable income in 1941 was $609, ranging from less than $400 in some counties to more than $900 in several. Minnesota is among the upper half of the states in this respect. Per capita assessed valuation was $764 but was much more variable than spendable income, ranging from $200 to over $1,100 per capita in the separate counties.

In 1940, 12,571 general hospital beds were reported in the state, a ratio of 4.5 to 1,000 population. In several counties the ratio was more than 6 to 1,000 population.

One practicing physician was reported for every 850 persons in the state in 1941. In Olmsted County, which includes Rochester where the Mayo Clinic is located, there were fewer than 100 persons per physician, and in several other counties there was only one physician for 2,000 persons.

Minnesota, in its various public services, has developed a strong sense of home rule. It has a total of 2,714 counties, cities, villages, and townships, each of which is permitted to set up its own health organization. In 1942, 60 per cent of these overlapping jurisdictions were reported to have medical health officers, most of whom were on a part time or fee basis. Each of the 87 counties and 97 cities, and all but 16 of the 649 villages, were reported to have a medical health officer; of the 1,881 townships, however, only 821, or less than one-half, had a health officer.

In 1907, a Conference of Local Health Officers adopted a report of a special committee providing for annual reporting of pay of local health officers. In 1942, of the 1,638 jurisdictions with medical health officers, only 285, or less than one-fifth, made such reports. About half of the cities reported, about a fifth of the villages, less than a fifth of the counties, and only about 10 per cent of the townships. These figures illustrate the difficulty of getting definitive information about the status of local health service in Minnesota.

There is no law in the state giving specific permission to counties or other local jurisdictions to unite to form district health units. As in the case of other states with long traditions of municipal responsibility, the state health department is taking the lead in organizing state districts through which local health service is organized and staffed directly from the state department of health. As in Massachusetts and New York, in the early and transitional stages of this development, the state district staffs are largely supervisory and coordinating in character. Unquestionably as time goes on, however, many of the smaller local jurisdictions will integrate their energies with the state department of health in the interest of a well-rounded and economical service. Such is the hope, at least, of the present state health officer.

The status of local health services in 1942, as distinct from those under the direct administration of state and federal governments, can be described as follows in respect to the personnel employed and the tax-supported budgets for full and part time salaries and for all other expenses. (See also Table 2.)

Of the 87 counties, 33 reported some expenditures for local health services. Seventeen other counties reported local health services provided solely through district personnel of the state department of health, Eight counties that made expenditures for local health service also received some local health services through district personnel of the state department of health.

Apart from these reports, the totals in Table 2 are made up of figures on school health service furnished by the United States Office of Education and of estimates for the remainder of the 1,638 jurisdictions for which no reports were available. The figures are approximations rather than accounting totals and as such portray broad outlines for which the exact figures may vary somewhat in either direction, particularly as applied to individual units of population.

Aside from 1,626 part time health officers, in 1942 there were 539 persons reported engaged in providing local health services, 490 under local jurisdiction and 49 under the state department of health, and of these, 447 were employed on a full timebasis and 92 on part time.

Twelve full time health officers and 14 additional full time physicians were reported, of whom 5 were in state districts. Clinician service was furnished by 66 part time doctors. Public health nurses were reported in the ratio of one to 11,000 population - 251, or less than one-half of the number recommended by the Committee. As in other states, however, it is true that some public health nursing service is carried on by volunteer agencies.

Nine public health engineers were reported, of whom 4 were in state districts. In addition, 4 veterinarians and 52 sanitarians were employed, a total of 65 workers in environmental sanitation, or approximately one per 42,500 population.

The 81 clerks reported were in the ratio of approximately one to 35,000 population, whereas the Committee recommends one to 15,000.

Very little laboratory personnel was reported, but in Minnesota it has been found that the state laboratory can serve local districts effectively and there has consequently been little need for developing laboratory service in local health units.

Dental service was reported to the extent of 9 full time and 6 part time dentists and one dental hygienist. One health educator was reported in each of 2 city units.

The reported cost of local health services through local and state departments of health amounted in 1942 to $1,167,200, or 42 cents per capita of the state's population. Of this amount, $1,044,100 was spent through various jurisdictions of local government and $123,900 through the state department of health. Of the total expenditure for local health services an estimated 84 per cent was for salaries (69 per cent for full time and 15 per cent for part time employees), the remaining 16 per cent being estimated for transportation, supplies, office and other facilities.

The 2,792,300 residents of Minnesota can, in the opinion of the secretary of the state department of health and of the Committee on Local Health Units, be efficiently and economically provided with local health services under full time professionally trained and experienced medical health officers if the state is divided for such administrative purposes into 10 health units which would include the counties and their contained cities, as shown in Table 1.

A suitable number and distribution of professional and assistant personnel to provide a level of basic local health service good in quantity and quality and the estimated total and salary budget to support this service are given in Table 3 for each of the proposed 10 units of local health jurisdiction on the basis of salaries prevailing in Minnesota at this time.

The populations of the 10 units average 279,000 and range from 71,300 to 591,300. All but one have populations of more than 100,000 and all but 3 of more than 200,000. All are multi-county units, ranging from 2 counties in the unit with the largest population to 16 in one unit. The smallest unit of 71,300 population is made up of 5 counties.

To provide good minimum basic local health service for these units, one medical executive officer is proposed for each unit and 22 additional full time physicians. In addition, clinician service is suggested through the employment of 89 part time physicians.

The Committee's recommendation for one nurse per 5,000 population for a generalized public health nursing program requires 562, or more than twice the number now employed by official agencies.

Almost double the number of engineers and sanitarians reported are recommended (110), with one engineer in each unit except 2 for which 2 engineers each are suggested. In addition, veterinarian service is suggested for each unit, but on a part time basis for some of the smaller units.

The Committee recommends 185 clerks, whereas only 81 were reported. Of those recommended one should be a statistical clerk in each unit except the least populous.

Laboratory service is not recommended on a local level for this state because of the present operation and projected plans of the laboratory division of the state department of health, whereby local units will be served by the state laboratory or its branches.

Expansion in dental service is recommended, calling for 11 full time and 76 part time dentists and 68 dental hygienists. Health education service is suggested for each unit, on a part time basis in the smaller units as in the case of veterinarians.

The cost of the recommended local health service is estimated as $2,253,600, or an average of 81 cents for each inhabitant of the state. In this estimate, on the recommendation of the state health officer, an allowance of 20 per cent has been made for expenses other than salaries. If this ratio can be maintained, it will be possible to add further dental hygienist service and maintenance and other unskilled workers or specialized personnel required by local conditions and still remain within the limits of one dollar per capita.

The estimate is nearly double the reported 1942 expenditures when only a small part of the population (34 per cent) was served by local full time health officers. Since Minnesota is among the upper half of the 48 states in per capita wealth as measured by spendable income, it should, with its own resources and the federal subsidies available, be able to give all its citizens the minimum basic local health protection suggested for all states.

COUNTIES IN EACH UNIT OF LOCAL HEALTH JURISDICTION

Unit 1
1. Kittson
2. Mahnomen
3. Marshall
4. Norman
5. Pennington
6. Polk
7. Red Lake
8. Roseau

Unit 2
1. Beltrami
2. Clearwater
3. Hubbard
4. Koochiching
5. Lake of Woods

Unit 3
1. Aitkin
2. Carlton
3. Cook
4. Itasca
5. Lake
6. Pine
7. St. Louis (Duluth)

Unit 4
1. Benton
2. Cass
3. Crow Wing
4. Isanti
5. Kanabec
6. Meeker
7. Mille Lacs
8. Morrison
9. Sherburne
10. Stearns
11. Todd
12. Wadena
13. Wright

Unit 5
1. Becker
2. Clay
3. Douglas
4. Grant
5. Otter Tail
6. Pope
7. Stevens
8. Traverse
9. Wilkin

Unit 6
1. Big Stone
2. Chippewa
3. Cottonwood
4. Jackson
5. Kandiyohi
6. Lac qui Parle
7. Lincoln
8. Lyon
9. Murray
10. Nobles
11. Pipestone
12. Redwood
13. Renville
14. Rock
15. Swift
16. Yellow Medicine

Unit 7
1. Blue Earth
2. Brown
3. Carver
4. Faribault
5. LeSueur
6. Martin
7. McLeod
8. Nicollet
9. Scott
10. Sibley
11. Waseca
12. Watonwan

Unit 8
1. Dodge
2. Fillmore
3. Freeborn
4. Goodhue
5. Houston
6. Mower
7. Olmsted
8. Rice
9. Steele
10. Wabasha
11. Winona

Unit 9
1. Anoka
2. Hennepin (Mpls.)

Unit 10
1. Chisago
2. Dakota
3. Ramsey (St. Paul)
4. Washington

Note: Cities of 50,000 population or over are given in parentheses.

Table 1. -- Population, Area, Spendable Income, Assessed Valuation, General Hospital Beds, and Practicing Physicians
10 Suggested Units of Local Health Jurisdiction

Unit and number of counties[a]	Population 1940 (thousands)	Area (square miles)	Spendable income per capita 1941	Assessed valuation per capita 1941	General hospital beds, 1940		Practicing physicians, 1941	
					Number	Per 1,000 population	Number	Persons per physician
1 (8)	125.0	9,019	$383	$ 350	328	2.6	74	1,689
2 (5)	71.3	8,940	382	204	161	2.3	42	1,698
3 (7)	313.5	16,940	591	1,057	1,243	4.0	271	1,157
4 (13)	297.5	10,885	394	325	741	2.5	193	1,541
5 (9)	178.6	8,202	402	422	498	2.8	124	1,440
6 (16)	274.9	10,994	473	663	713	2.6	191	1,439
7 (12)	248.1	6,409	490	632	650	2.6	223	1,113
8 (11)	303.0	6,861	517	655	1,808	6.0	744	407
9 (2)	591.3	1,024	891	1,135	3,835	6.5	905	653
10 (4)	389.1	1,584	808	935	2,594	6.7	519	750
Total (87)	2,792.3	80,858	$609	$ 764	12,571	4.5	3,286	850
Range among units	71.3 to 591.3	1,024 to 16,940	$382 to $891	$ 204 to $1,135	161 to 3,835	2.3 to 6.7	42 to 905	1,698 to 407

a/ Figure in parentheses indicates the number of counties in the unit.

MINNESOTA

Table 2. - Existing Personnel and Annual Budget for Local Health Service (as of June 30, 1942) Assembled for Each of the 10 Suggested Units of Local Health Jurisdiction

Unit and No. of counties[a]	PERSONNEL																BUDGET (thousands of dollars)				
	Health Officers		Other med admin.	Clinicians part time	Public health nurses	Engineers	Sanitarians	Clerical workers		Veterinarians	Laboratory workers	Dentists		Dental hygienists	Health educators	Other	SALARIES			TOTAL	
	FT	PT						FT	PT			FT	PT				Full time	Part time	Total	Amount	Per capita
1 (8)	-	173	-	1	4	-	-	-	-	-	-	-	1	-	-	-	$ 3.8	$ 5.1	$ 11.9	$ 14.0	$ 0.11
2 (5)	2	99	-	18	18	2	-	2	3	1	-	-	-	-	-	-	45.8	18.2	64.0	81.5	1.14
3 (7)	3	217	7	15	79[b]	3	17	14	3	2	1*	9	4	-	1	2	255.4	44.5	299.9	367.4	1.17
4 (13)	2	225	-	6	7	-	-	4	1	-	-	-	-	-	-	-	24.1	16.7	40.8	53.8	.18
5 (9)	-	202	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1.4	9.0	10.4	11.3	.06
6 (16)	-	264	-	-	3	-	-	-	-	-	-	-	-	-	-	-	5.2	12.1	17.3	20.1	.07
7 (12)	1	187	-	-	11	1	-	2	-	-	-	-	-	-	-	-	26.4	8.8	35.2	42.9	.17
8 (11)	2	197	1	1	17[c]	1	3*	2	3	-	-	-	1	-	-	1	49.3	19.5	68.8	78.4	.26
9 (2)	1	45	2	21	93	1	23	38	1	-	9	-	-	-	-	13	305.0	33.0	338.0	392.6	.66
10 (4)	1	17	4	4	18	1	9	7	1[d]	1	5*	-	-	1	1	1	84.2	8.9	93.1	104.2	.27
Total (87)	12	1,626	14	66	251	9	52	69	12	4	15	9	6	1	2	17	$ 803.6	$175.8	$ 979.4	$1,167.2	$ 0.42

Table 3. - Suggested Personnel and Annual Budget for Local Health Service for Each of the 10 Proposed Units of Local Health Jurisdiction

1	(8)	1	1	6	25	1	4	9	1*		1	2	3	1*	2	$ 77.1	$ 6.9	$ 84.0	$ 115.0	$ 0.92
2	(5)	1	1	3	15	1	2	5	1*		-	3	3	1*	1	47.5	4.5	52.0	65.1	.91
3	(7)	1	2	10	63	1	11	21	1		1	6	6	1	4	187.4	8.1	195.5	244.4	.78
4	(13)	1	2	10	59	1	10	20	1*		1	6	6	1*	4	172.5	10.5	183.0	228.7	.77
5	(9)	1	2	6	36	1	6	12	1*		1	4	5	1*	3	114.4	8.4	122.8	153.5	.86
6	(16)	1	2	8	55	1	10	18	1		1	10	7	1	4	166.3	9.6	175.9	219.8	.80
7	(12)	1	2	7	50	1	9	16	1*		1	9	6	1*	4	149.5	10.8	160.3	200.4	.81
8	(11)	1	2	9	61	1	11	20	1		1	10	8	1*	5	184.9	9.0	193.9	242.4	.80
9	(2)	1	5	22	120	2	22	39	1		2	16	16	1	6	370.6	18.6	389.2	466.5	.79
10	(4)	1	3	8	78	2	13	25	1		2	10	8	1	5	242.8	11.4	254.2	317.8	.82
Total	(87)	10	22	89	562	12	98	185	10		11	76	68	10	38	$1,713.0	$ 97.8	$1,810.8	$2,253.6	$ 0.81

a. Figure in parentheses indicates the number of counties in the unit.
b. Includes 4 part-time nurses.
c. Includes 2 part-time nurses.
d. Statistical clerk.
e. In all units except Unit 2 one statistical worker is included.
* Includes one part-time worker

PHN-180.6 10/45

Minnesota League of Women Voters
84 South Tenth Street, Room 515
Minneapolis 2, Minnesota

January 2, 1945

PUBLIC HEALTH NURSING BILL

The following paragraph is taken from the Minnesota Woman Voter for February, 1943:

> "Coming within the field of possible support by the League is a Bill sponsored by the American Legion which provides that each county employing a public health nurse be reimbursed by the State to the extent of $1,000 or more a year. The shortage of doctors makes the work of public health nurses of vital importance. Yet forty-five counties have no such nurse. In the protection of the lives of mothers and babies, in the prevention of communicable diseases, and in raising the health standards through community education, public health nurses prove themselves invaluable."

This Bill was not passed by the 1943 session but will probably be presented again at this session. The whole-hearted support of League members may be of great help in securing the passage of this desirable Bill. A copy of the proposed Enabling Act and an explanation of its value are enclosed, as well as a pamphlet entitled "Essentials in Public Health Nursing on the Home Front". You will find much valuable information in these materials.

As far as we know now, a Bill implementing the National Plan for Local Public Health Units, which is on the active list of the League's Legislative Program, will not be introduced this session. If it should be introduced, the League will, of course, support it and local Leagues will be notified so that they may give their best in cooperation and united effort.

State Organization for Public Health Nursing

2642 University Ave., St. Paul 4, Minnesota

Tel. Nestor 2641

February 14, 1945

call Mrs. Fraser
GL 26 15

Miss Ivy Hildebrand, Ex. Sec.,
League of Women Voters,
914 Marquette,
Minneapolis 2, Minnesota

Dear Miss Hildebrand:

I am sure you will be glad to note that the bill for county public health nursing service has been reported out favorably by the health committees of both houses of the legislature with recommendation for passage by the Senate Finance and House Appropriations Committees. You no doubt know that these groups are the hardest to convince, due to the fact that they have the direct responsibility of making decisions involving the outlay of large sums of money from the State Treasury. For this reason we are asking you to do a very specific service for the good of H.F. 34 and S.F. 31 at your very earliest opportunity.

You will find enclosed a list of members of the Senate and House Appropriations Committees. Will you please write each member (there are fifty in all) a short letter on your official stationery indicating your organization's interest in the bill and requesting its approval by the committee? Send the letters to the Senate and House very soon as the hearing will be held soon after February 16. These letters can do a great deal for the success of the bill.

On my frequent visits to the Capitol in behalf of the nursing bill I am constantly made aware of the work you and your associates are doing for it. I believe we can get favorable action if we can keep up the good work. It is my desire to have each one of the fifteen organizations cooperating with us in this endeavor represented at the coming hearings. If you have not already indicated to me the person you want notified to be present, will you please write me at 934 Hampden Avenue, St. Paul 4, giving me the name and address of that person. Then I shall be able to notify him or her, as soon as I receive notice of the time and place of the hearings.

Thanking you for your past support and counting on your continued interest, I am

Faithfully yours,

Frankly Schmitz.

Mrs. C.J. Schmitz

prevention

SENATE FINANCE COMMITTEE
1945

(21) 113 Daily 3 p.m.

	County
Rockne, Chairman	Goodhue
Almen	Lyon, Yellow Medicine
Bridgeman	Beltrami, Koochiching, Lake of the Woods
Carr	St.Louis
Dahlquist	Clearwater, Pennington, Red Lake
Dennison	Dakota
Dietz	LeSueur
Friberg	Kittson, Roseau, Marshall
Harrison	Hennepin
Imm	Blue Earth
Larson, H.A.	Fillmore, Houston
Lightner	Ramsey
Mullin	Hennepin
Nelsen	McLeod
Orr	Ramsey
Ranum	Aitkin, Carlton
Solstad	Polk
Starks	Dodge, Mower
Sullivan	Benton, Sherburne, Stearns
Swenson	Nicollet, Sibley
Welle	Stearns

HOUSE APPROPRIATIONS COMMITTEE

(29) Meets daily Room 402-8:30 a.m.

			County
Allen, Claude, Chairman	Ramsey	Wegner Carl O.	Hennepin
Haeg, Lawrence, Vice-chairman	Hennepin		
Boze A. L.	Becker		
Blanchard J. B.	Winona		
Burtness Carl S	Houston		
Clark Otto E	Douglas		
Day Walter E	Pennington, Red Lake, Clearwater		
Dernek Leonard W	Winona		
Erdahl L. B.	Faribault		
Fitzsimmons Robt. J.	Hennepin		
Halsted Chas. L.	Crow Wing		
Hart R. T.	Carlton		
Hartle John A	Steele		
Herseth E. B. J.	Kittson		
Howard John J.	Washington		
Iverson Carl M	Grant		
Johnson, O.L.	Aitkin		
Lee Robt. J. P.	Wright		
Lorentz Joe P.	Wadena		
Martinson Ed.	Bigstone		
Ottinger Howard	Carver		
Peterson Emmett L.	Ramsey		
Sawyer N. W.	Cass		
Thompson, A.C.	St.Louis		
Thompson, B.M.	Ottertail		
Volstad Edward J	Hennepin		
Voxland Roy L.	Goodhue		
Wanvick Anne C.	St.Louis		

MINNESOTA LEAGUE OF WOMEN VOTERS
84 South Tenth Street, Room 515
MINNEAPOLIS 2, MINNESOTA
Atlantic 0941

February 16, 1945

FILE COPY

My dear Senator:

The health of its citizens must always be a primary concern of the State. Health authorities have the knowledge and skill to control preventable diseases and to prevent and correct physical defects which, uncared for, result in permanent disability. It is through the medium of public health nurses that this knowledge is spread. Not only a higher level of health but a saving in the cost of institutional care are direct results of such a service.

It is the considered opinion of the Minnesota League of Women Voters that, for the welfare of the people and for the financial advantage of the State, the Public Health Nursing Bill (S.F.31) should be approved. We urge your favorable consideration.

Sincerely yours,

Helen J. Duff

Mrs. Philip S. Duff
President

HJD:s

C O P Y

FILE COPY

March 30, 1945

Hon. George A. French
1003 Foshay Tower
Minneapolis, Minnesota

Dear Mr. French:

The Minnesota League of Women Voters is vitally interested in the promotion of public health. It wishes to endorse H. F. 1206 and desires that you as Health Chairman call a hearing and support the passage of this proposed legislation for the following reasons:

1. Minnesota counties desiring to protect the health of its citizens at present are unable to do so without going through the very cumbersome procedure of working out contracts with each separate township, village, etc., in one or more counties desiring to employ fulltime physicians, sanitary engineers and other public health personnel.

2. It is impossible to develop uniform quarantine regulations under the present system with so many local township or village boards of health. The variations and discrepancies are confusing to the public, and tend to result in disregard for sound regulations.

3. The State and National Medical Associations, public health associations and public administration agencies all agree that it is impossible to adequately control epidemic diseases, to promote better health through education and service, and to conduct a modern public health program with small units of government. A minimum of 50,000 population is necessary to provide through taxation the necessary funds for a modern, local single or multiple county health department. Over 1800 counties in the United States have provided such fulltime services for a number of years.

4. The Social Security Act of 1935 provides rather liberal grants-in-aid to local government for the establishment of modern, fulltime, county health departments. These funds are not available to townships or village boards of health, but would be available to counties establishing unified health programs to serve 50,000 or more local people.

5. H. F. 1206 is merely permissive legislation which will allow counties that want better health service to organize themselves for it. The passage of this legislation does not compel a county to provide such services.

6. The rejection of men for the armed services was higher for farm boys than for city boys. One reason for this is that our cities have better organized health programs which have resulted in improved health standards. In rural areas very little, other than stamping out an epidemic after it has started, has been done.

7. The United States Public Health Service has recommended that county health departments be organized so that programs could be developed to include education in the many new methods of prolonging life; sanitary measures inaugurated to assure safe milk, water, and sewage disposal; campaigns to eliminate diseases for which preventive measures are available; protection of maternal, infant and child health.

We were grateful for the support given the Public Health Nursing Bill by the House Health Committee and it is our hope that you will take immediate action upon H. F. 1206, which we believe is legislation long overdue in the State.

Sincerely yours,

(Signed) HELEN J. DUFF

Mrs. Philip S. Duff
President

HJD:s

Healt

April 13, 1945

Hon. Roy E. Dunn
House of Representatives
State Capitol
St. Paul, Minnesota

Dear Mr. Dunn:

From reports all over the State I hear that the women of Minnesota feel strongly that the wider use of public health nurses throughout the State would be highly beneficial to the health of our communities.

Now that the House Appropriations Committee has reported out H. F. 34 with recommendations to pass, I am writing to you in the hope that you will expedite its appearance on the House floor. Your support will ensure its passage, I am sure.

Sincerely yours,

Mrs. Philip S. Duff
President

HJD:s

MINNESOTA COMMITTEE ON LOCAL HEALTH UNITS

FEB 8

Please Notice!

Next Meeting - February 12th, 10:30 A.M.

Third Floor Conference Room
Minnesota Department Health Building
University Minnesota Campus

MINUTES OF THE THIRD MEETING OF THE MINNESOTA COMMITTEE ON LOCAL HEALTH SERVICES

The Committee met January 15th, 1946, in the third floor conference room of the Minnesota Department of Health Building at the University of Minnesota.

Present:
Miss Ann Nyquist, Minnesota Department of Health, Miss Myrtle Harris, Minneapolis Central Labor Union acting for George Phillips of the United Labor Committee, Miss Inez Hobart, Agricultural Extension Director, University Farm Campus, St. Paul, Mrs. John W. Jacobson, CIO-PAC, Dr. Robert N. Barr, State Department of Health, George W. Jacobson, Group Health Association, Dr. F. J. Hill, Minneapolis Health Department, Rodney Jacobson, Minnesota CIO, 939 Lumber Exchange Building, Mr. Allan Stone, Ramsey County Public Health Committee, Dr. Gaylord Anderson, School of Public Health, University of Minnesota, Dr. Ruth Grout, Minnesota Welfare Conference, Dr. D. A. Dukelow, Minneapolis Council Social Agencies, K. A. Kirkpatrick, Minnesota Farm Bureau Federation, Mrs. Lawrence Steefel, Chairman Social Studies, Minnesota State Division American Association of University Women, Miss Catherine Vavra, State Organization for Public Health Nursing.

Dr. Barr reported: The State Board of Health voted favorably on Dr. Chesley approaching the Governor with the request of the Committee as stated in the minutes of the second meeting.

The Olmstead County-Rochester merger has been made. A grant from the Kellogg Foundation amounting to $30,000.00 was made for the development of a field training center in cooperation with the State Health Department and the School of Public Health. The Rochester City Council and the County Commissioners together agreed to combine to make a county basis for the study. Dr. Chesley intends to go down and cover this before approaching the Governor.

Mr. Kirkpatrick raised the question as to whether permissive legislation would be necessary if Olmstead County and Rochester can combine without it.

Dr. Barr was of the opinion that it was not indispensable. Mr. Allan Stone reminded the Committee that an individual could bring suit under the present legal set up. Dr. Barr: There is a strong feeling for local jurisdiction. Getting the permissive legislation would be educational.

Mr. Allan Stone: The St. Paul Survey Report, made by Dr. Carl Buck, Field Expert of the American Public Health Association, was too late to be used at the last session of the legislature. The Senate Committee on Public Health (chaired by State Senator Wahlstrand of Willmar) reported favorably. Dr. Buck felt permissive legislation to be necessary.

A Public Health Council is being organized in St. Paul to raise Public Health standards in accordance with suggestions in this report. Chief opposition seemed to originate with those opposed to consolidation of School Health Services and Public Health Services.

Miss Catherine Vavra: As to Duluth, an educational program is needed in St. Louis County and Duluth. Dr. Fisher is Public Health Officer for Duluth, and serves the County only in an advisory capacity.

Mr. Allan Stone: It would be well for the Committee, at the outset, to learn from the experience during the last session with legislators who promised to support the Bill if its application to his own county was excepted. Drop no one county from coverage.

Dr. Hill: If the Governor takes on the Committee, it will help to sit down with the Attorney General to establish the principles and then work out ways of effecting them in fact. This also relates new legislation to present legal pattern.

Dr. Dukelow: That was done last time. Mr. S. W. Campbell, Assistant Attorney General carefully studied the Bill before it was introduced.

Mr. Allan Stone Moved to proceed immediately to organization of the Committee. Dr. Hill Seconded, with additional amendment that we have cleared with proper channels, and further delay would be detrimental to the timing of the program.

Dr. Kirkpatrick favored the motion with the understanding that we will cooperate with Dr. Chesley as soon as he is prepared to go forward.

Dr. Dukelow: Some agencies might feel they were blocked from contributing if this were the only agency supporting the District Unit idea. He was generally in favor of the motion.

Mr. Kirkpatrick: Individuals are not here officially, their participation in that capacity must be voted by the organization they would represent.

Dr. Hill: We are working as individuals.

Dr. Dukelow amended the motion to approve organization of the committee with its members serving as individuals.

Dr. Barr stated that he doubted that the delay would be greater than a month for Dr. Chesley. It is the feeling of both Dr. Chesley and Mr. Rosell that an impersonal approach from the Medical Association would be preferable to an approach from the State Health Officer officially. Dr. Chesley wishes to clear with Rochester, the Medical Society, and others to formulate the plan he wishes to present to the Governor.

Question was called for and voted unanimously.

Dr. Grout, Chairman of the Nominating Committee was not prepared to make a report at this time, but will call the Committee together for final preparation of a slate of officers and present this at the next meeting.

Mr. Kirkpatrick read portions of Miss Elin Anderson's letter especially the recommendation that the Department of Health and the Agricultural Extension Service combine to use field workers for educational field work. He noted her comment that the National State Extension recommends such community educational work on the extension of Health Services. He suggested that for such work, this committee of the two departments might use federal funds available for this work.

Miss Hobart was requested to get information about those states which are using federal funds for such work.

Mr. George Jacobson reported upon the Illinois plan and volunteered to have 100 copies mimeographed if the Illinois report could be summarized for circulation.

Miss Grout offered to complete the list of material needed as background by each member of the committee, and will send for this material.

Mr. George Jacobson Moved that a Sub-Committee be appointed to draw up a Bill based on other state Bills, such as those of Mississippi, Tennessee, Illinois, Nebraska, North Dakota, Georgia and the model Bill prepared by Dr. Parran's Office.

Mr. Jacobson has already obtained some of these Bills at the request of the Committee.

The time for the next meeting was set: February 12th, 10:30, Third Floor Conference Room of the Department of Health Building.

Mr. Kirkpatrick advised that the present state legal structure be explored to see what effect such legislation as we propose would have upon it.

Dr. Barr will report at the next meeting the progress made by Dr. Chesley.

Mr. Rodney Jacobson reported that the executive Committee of the Minnesota CIO has voted to sponsor the program of the Committee. He must withdraw from the Committee and will be replaced by Mrs. Jacobson. A copy of the Executive Council's resolution will be sent to the Committee.

It was suggested that Mrs. Ahlquist might be able to assist with mimeographing for the committee.

Meeting adjourned 12:10.

Respectfully submitted,

G. F. Steefel
Secretary Pro Tem.

MINUTES OF THE FOURTH MEETING OF THE MINNESOTA COMMITTEE ON LOCAL HEALTH SERVICES

The Committee met February 12, 1946, in the third floor conference room of the Minnesota Department of Health Building at the University of Minnesota.

Present: Miss Ivy Hildebrand, League of Women Voters; Dr. D.A.Dukelow, Minneapolis Council of Social Agencies; Miss Catherine Vavra, State Organization for Public Health Nursing; Miss Lily Hagerman, U.S.P.H.S.; Miss Ann Nyquist, Minnesota Department of Health; Miss Inez Hobart, Agricultural Extension Division; Mr. Skuli Riuford, Agricultural Extension Division; Mrs. Hazel Ahlquist, S.O.P.H.N.; Mrs. Carles Hoyt, State Legislative Chairman, AAUW; Dr. Ruth Grout, Minnesota Welfare Conference; Mrs. Kenneth O. Johnson, St.Paul Branch, AAUW; Mr. George W.Jacobson, Minnesota Group Health Mutual; Dr. E.A.Meyerding, Minnesota Public Health Association; Dr. F.J. Hill, Minneapolis Public Health Officer; and Mrs. Lawrence Steefel, Minnesota Division, AAUW.

The Nominating Committee, composed of Dr.Ruth Grout, Chairman, Dr.Frank J. Hill, and K.A.Kirkpatrick, presented the following slate:

Executive Board

Chairman	To be named later.	
Vice Chairman	First	Donald Dukelow, M.D.
	Second	Mr. J.S. Jones
	Third	Mr. S.R. Knutson, Hutchinson
Secretary		Mrs. Lawrence D. Steefel
Treasurer		Mr. Laurence Haig
Members at large		Mr. Joseph Findley
		Miss Ivy Hildebrand
		Mr. Harry Peterson
		Mr. George Phillips
		Mrs. C.J. Schmitz
		Mr. Allan Stone
		Mr. R.R. Rosell

Health Advisory Group

Dr. A.J. Chesley, M.D.
Dr. Gaylord Anderson, M.D.
Dr. Floyd Feldman, M.D., Rochester
Dr. Mario Fischer, M.D., Duluth
Miss Ruth Freeman
Dr. F.J. Hill, M.D.
Dr. Harold Jack, Ph.D.
Miss Ann S. Nyquist
Dr. George Snyder, M.D.
Dr. R.B.J. Schoch, M.D.
Dr. Edwin Simons, M.D.
Rep. of dental group

Dr. Dukelow: It is important that the Chairman represent rural interests, and that he become the spokesman for them, acceptable to the rural legislators who will consider legislation. A metropolitan leader might not present material in a way acceptable to rural people. Last time the legislators reacted against the metropolitan leaders who championed the measure, and felt that they were not able to speak for their group of constituents. The metropolitan group mistrusted the Bill for fear of the added financial support its passage might involve.

Dr. Grout: (Reviewed the list carefully person by person for experience, and connections of each.)

Because Dr. Hill, also a member of the Nominating Committee had not yet arrived, and Mr. Kirkpatrick could not be present, it was decided to postpone further exploration of the slate until later in the meeting when Dr. Hill would be present.

Those members of the Board who had been working in their own organizations were asked for reports on progress.

The Farm Bureau's Resolution, a copy of which Mr. Kirkpatrick had sent to the Secretary, was read. "Because the present general interest at state and national levels in health matters and health legislation may soon result in Federal legislation that may provide offset funds for certain health services in qualifying states, we favor the passage of permissive legislation by our 1947 legislature whereby cities and/or counties, singly or combined into districts may form unified health authorities, legalize themselves and thereby claim, receive and administer local as well as state and federal aid when available. We believe that such authorities should be formed on a local basis and should preserve local administration and control subject to and coordinated with the public health system of our state."

A resolution passed by the Central CIO Executive Council had not been reported as to wording.

Miss Hildebrand: The League of Women Voters had already OK'd this as part of its legislative program a year ago. The work of the committee was reported upon at the recent conference of Branch presidents.

Mrs. Steefel read material sent to each of the 22 Branch chairmen of the AAUW with request to the Branches to study the data provided and take action upon it within 60 days in preparation for State action at the Annual meeting in May.

Dr. Dukelow: The State Medical Association approves the program, but there are still some rural doctors who need to know its background.

It will be taken up with the Health and Medical Care Division of the Minneapolis Council of Social Agencies in the near future. So far the Council's interest has been cleared only at the staff level.

Miss Hildebrand: Why do rural physicians oppose this?

Dr. Dukelow: Chiefly custom, and the habit of local autonomy.

Miss Nyquist: The Nursing Advisory Committee in 49 counties is studying the material and watching developments.

Mrs. Johnson: Reported that the St.Paul AAUW is interested and planning to take action.

Mrs. Ahlquist: The State Organization for Public Health Nursing will present a Resolution to the Board.

(The MINNESOTA REGISTERED NURSE printed Dr. Haven Emerson's article. This was mailed to nine committee members of the Federated Women's Clubs.)

Miss Nyquist: reported that Mrs. Fred Bickle of Glenwood, Minnesota, chairman on Nursing of the State Federation of Women's Clubs, has nine committee members throughout the state and is anxious to be of service. They are thinking of re-printing Dr. Haven Emerson's article in their own magazine also.

Miss Hobart reported upon the assignment to her of inquiring of other states which had used Federal Funds for Health organization education, as to method of acquiring funds, and regulations for their use. She said the letters have gone out, but replies are awaited.

Dr. Grout and Mrs. Steefel reported upon a conference held with Dr. Derryberry of the State Relations Division of the U.S.Public Health Service at the four-day Union sponsored Health Conference recently in St.Paul. It was Dr. Derryberry's opinion that any funds available for a field worker would come through Dr. Mountin in whose department this work would fall. He was of the opinion that the immediate need is for an organizer who can plan local meetings and hearings for specialists on the Bill, whereas later, there will be need for someone qualified in ~~the teaching of~~ Community Organization Health work. education.

Dr. Dukelow suggested that a Sub-Committee be appointed to draw up models of resolutions usable by organizations at annual meetings.

For contacts with Annual meetings it was suggested that a postal card be prepared with return postal attached, addressed to the organization and asking: "Would you plan a place on your program for a hearing of the facts on Local Health Unit organization". Then a place to check: "Speaker wanted
Resolution models wanted"

Dr. Dukelow said the person selected to go to each group should be known to them, and be one who talks their language.

Dr. Grout reported: The Minnesota Welfare Conference has the general theme of HEALTH PROGRAM. This goes beyond the Local Health Unit plan. Dr. Gaylord Anderson will present the whole balanced program for health late in April.

Dr. Hill having arrived: Dr. Grout reported once more to a fuller attendance upon the recommendations of the nominating committee. She explained the usual procedure had not been followed in that the slate was being presented before those appearing on it had all been contacted and asked to serve. This had been done so that there might be thorough consideration of its make-up and so that committee members might share in the contacting of the officers and members being asked to serve.

Dr. Hill strongly urged that the chairmanship be left open so that a person acceptable as a rural group leader be found to take it.

Miss Vavra moved the acceptance of the report. This motion was seconded, and there was a unanimous vote in favor of the report.

Miss Vavra moved that the Secretary pro-tem delegate the casting of a unanimous ballot to a member of the Committee. Mrs. Ahlquist accepted this delegation and cast the ballot.

Dr. Dukelow, first vice chairman, took the chair:
He appointed a sub-committee to contact Annual meetings:

Mrs. Steefel
Miss Nyquist
Mr. Jacobson

The chairman announced that he will also appoint a sub-committee on drafting a model bill, some of the material for which Mr. George Jacobson has already collected.

It was the concensus of opinion that Speakers to represent the Committee and present its program should be selected by the Executive Committee which will soon be called together.

The question of publicity was raised. No conclusions were reached.

Mrs. Ahlquist moved: Dr. Hill seconded: That the nominating Committee be empowered to approach members of the slate and have access to other members who could assist in contacting the individuals, to gain their acceptance. Motion carried. Members who agreed to contact nominees were as follows:

Mrs. Schmitz: Mr. Knutson, Mr. Findley
Mr. Jacobson: Harry Peterson
Mrs. Steefel: George Phillips
Dr. Barr: Health Advisory Board

Need for Funds was discussed, and various possible sources named were:

State Department of Health
Upls City Health Action Committee
Minnesota Public Health Association

Action on requests for financial assistance was referred to the Executive Committee.

Meeting adjourned at 12:20.

Respectfully submitted,

Mrs. Lawrence D. Steefel, Secretary

The Resolutions Committee, charged with preparing sample or model Resolutions to be offered to organizations for presentation to Annual Meetings was appointed by the Chair: Mr. J.S. Jones, Chairman; Mrs. Schmitz; Dr. Hill.

Dr. Dukelow then requested that sources of Funds for the Committee's work be suggested. Dr. Gates suggested the State Public Health Committee, State Cancer Society. Mr. Jones stated that Mrs. Ingraham of the National Farm Foundation, who has had experience in field work in the Great Plains area, might be made available for a time for the work in Minnesota, where, so far, the Farm Foundation has not assisted. He will bring this up at the May Board meeting which he will attend.

Dr. Dukelow raised the question as to whether the Executive Committee might not make direct application to organizations for assistance and cooperation.

Dr. Gates reported that the Health Action Committee to which reference had been made, does not have funds.

Mr. Allan Stone advised that a budget be prepared indicating the need for $500 to $1000, which could then be presented to other groups.

Mr. Jones was of the opinion that the Life Insurance Companies should be interested in getting proper Public Health services.

The possibility of planning for the return of Dr. Haven Emerson for work in the late summer or early fall was considered. Dr. Gaylord Anderson was of the opinion that the School of Public Health or the University might be able to arrange for travel costs. Miss Nyquist suggested an exploration of possible assistance with salary from the Hormel Foundation which is interested in such work as Dr. Emerson could do both in the field and with the legislature if he could be here when it meets.

Dr. Barr thought that the Minnesota Department of Health might possibly cooperate on some acceptable arrangement.

Dr. Gates advised a budget of $5000.00

Mr. Stone advised the development of a program which could be presented to the Community Chest and to Nursing Groups for help.

Dr. Anderson suggested the Kellogg Foundation as a source of funds. Their work in Rochester might form the basis for extension through the state of Health Education and Public Health Units.
Dr. Grout felt that if the state groups could establish a fund the Committee would be in a better position to request assistance from other groups.
The Program should be in full swing from Mid-August to the Legislative Session.
Mr. Jones: Recommended that the Executive Committee make a budget and suggest a list of contacts.
Dr. Grout moved, Mr. Jones seconded, that the Secretary be authorized to order letterheads and plan them.
Mr. Ludwig urged that the gist of the Bill be ready before the general program is presented.
Meeting adjourned: 12:00

Respectfully submitted,

Mrs. Lawrence D. Steefel,
Secretary

Minutes of the Fifth Meeting of the Minnesota Committee on Local Health Services

The Committee met March 12, 1946, in the third floor conference room of the Minnesota Department of Health Building at the University of Minnesota.

Present: Dr. Gaylord Anderson, School of Public Health, University of Minnesota; Miss Ann Nyquist, Minnesota Department of Health; Mrs. Lois M. Fraser, League of Women Voters; Ragna Gynild, Minnesota Nurses Association; Mrs. Hazel Ahlquist, State Organization for Public Health Nurses; Miss Marjorie Tomasek (substitute), Minnesota Hospital Association; Fred Nora, Midland Cooperative Wholesale; Dr. Ruth Grout, Minnesota Welfare Conference; Dr. D.A. Dukelow, Minneapolis Council Social Agencies; J.S. Jones, Minnesota Farm Bureau; C.C. Ludwig, League of Minnesota Municipalities; Dr. R.N. Barr, Minnesota Department of Health; Dr. Edwin Simons, Minnesota State Medical Association; Miss Catherine Vavra, State Organization for Public Health Nursing; Mrs. C.J. Schmitz, State Org.for Public Health Nursing; Dr. Harold K. Jack, State Department of Education; Dr. Clare Gates, substituting for Dr. Hill, Minneapolis Public Health Officer; Allan Stone, St.Paul Health Council; and Mrs. Lawrence D.Steefel, Minnesota American Association of University Women.

Dr. Grout: Reporting for the Nominating committee, opened further discussion upon the choice of a chairman for the Committee. General agreement was reached upon the desirability of procuring Mr. William B.Pearson, Master, Minnesota Grange and member of Grange National Health Committee. Mr. Pearson is in Minneapolis and could get to meetings of the Committee.

Mr. J.S. Jones: Nominated Miss Junice Dalen to the Executive Committee, and Mr. William B.Pearson to the Chairmanship of the Committee. Motion was unanimously carried.

There was then discussion of the choice of a committee which would undertake to draw up a Bill. Dr. Dukelow reminded the committee that Mr. Sam Morgan of St.Paul, a lawyer, together with himself, Mr. Allan Stone, and others had drawn up a Bill during the last legislative session. Since then other states have passed similar Bills and these, it is felt, should be studied. The old bill can be reconsidered for content and adaptability to the new situations which have developed in Rochester, Minneapolis and St.Paul, and in relation to the existing legislation on the books, and a new Bill be drafted with this in mind.

The following Committee was appointed by Dr. Dukelow as Acting Chairman:

Mr. Laurence Haig, Legislator
Miss Ivy Hildebrand, League of Women Voters
Mr. Kirkpatrick, Farm Bureau
Mr. George Phillips, United Labor Committee
Dr. Feldman, Rochester Health Officer
Mr. Allan Stone, St.Paul Health Council
Mr. Rosell, Minnesota Medical Association
The Chairman, Ex-Officio

Mrs. Fraser was of the opinion that Dr. Horace Read of the Law School, University of Minnesota, would make the services of the Law Student Bill Drafting Service available at the request of the Committee.

Others who might be willing to assist with legal experience were named as:

Mr. Milton Zeides
Mr. Sam Morgan, St.Paul
Mr. Rumble, Farm Bureau Legal Advisor

JUN 21

MINUTES OF THE SIXTH MEETING OF THE MINNESOTA COMMITTEE ON LOCAL HEALTH SERVICES

The Committee met April 9, 1946 in the third floor conference room in the Department of Health Building, University of Minnesota.

Present, Mrs. Schmitz, Miss Nyquist, Dr. Grout, Dr. Hill, Mr. Allan Stone, Dr. Dukelow, Dr. Hill, Mrs. Lawrence Steefel, Mrs. Johnson, Mr. George Jacobson, (absent, reported by phone) Dr. R. N. Barr, Miss Marjorie Tomasek, Miss Ragna Gynild, Mr. J. S. Jones.

A report from the Nominating Committee: Mr. Jones had consulted Mr. Pearson who was doubtful that he could come on the Board as Chairman though he might serve otherwise. Mrs. Bollum of the Farm Bureau was suggested by Mr. Jones.

Dr. Hill moved that a committee of three approach Mr. Pearson with the request that he serve as the Committee's chairman.

Committee: Dr. Grout,
Miss Nyquist and Mrs. Steefel

Mr. Allan Stone was drafted as Treasurer, and it was agreed that a finance committee should be appointed by the Executive Committee to assist him. He will plan and present a budget at the next meeting. The Committee will contact groups for funds.

Mr. Stone stated that mimeographing assistance may be available through him.

The Resolutions Committee chairman, Mrs. Schmitz, suggested that the Farm Bureau Resolution be used as a model in contacting agencies. Mrs. Steefel stated that various groups have asked for an introductory statement as to why the legislation is needed. A resolution focusing on the services would be desirable, in the opinion of most present.

Mrs. Steefel reported on a trip to the Range. A meeting was held in Duluth with representatives of the S.O.P.H.N., Dr. Mario Fischer, representatives of the American Association of University Women, and other groups. At this luncheon the following conclusions were reached:

Duluth will create its own local Health Services Committee. It will assist in organizing others on the Range.

Ely has a group remarkably successful in handling the Mobile X-Ray Unit work, this group will be contacted and a Committee there established if possible.

Virginia has interest and groups through which a Committee can be established.

Each town should organize its own group since no local situation should be criticized by any outside groups.

Dr. Alexon, Director, Municipal Hospital of Virginia, was contacted in Virginia and is to receive material. He will work with AAUW and other groups.

There was then a line by line study of the material for the dodger or flier similar to the Illinois State Wide Committee yellow flier. It was proposed that this should be cleared with various group members and should be printed in large numbers by the committee and then paid for at cost by local groups distributing.

Respectfully submitted,
Mrs. Lawrence D. Steefel, Sec'y.

County Health Unit - Permissive Legislation

Sample Form of Resolution

Whereas, the people in every community of Minnesota are entitled to an effective local fulltime public health service for prolonging life, preventing disease, and promoting physical and mental efficiency and

Whereas, local public health services as now constituted serve only a small percentage of the population of Minnesota and

Whereas, the plan recommended by the American Public Health Association under which local communities may join in setting up county, city-county, or district public health units, is now operating effectively in many states at a reasonable cost to the taxpayer served

Be it resolved by this assembly (place and date) that

1. We go on record as endorsing the local unit plan for public health service in Minnesota with units formed on a local basis and preserving local administration, but operating under the guidance of, and in co-ordination with, the public health system of our state.

2. We go on record as endorsing the passage by the 1947 session of the Minnesota legislature of an enabling act which will permit communities desiring to do so, to legally set up the unit plan.

MINUTES:
FIRST MEETING OF THE EXECUTIVE BOARD OF THE MINNESOTA COMMITTEE ON LOCAL HEALTH SERVICES held at the Citizen's Aid Building, May 2, 1946 at 12:15.

Present: Mr. William B. Pearson, Chairman, Messrs. J. S. Jones, Glen Thompson, Allan Stone, Mmes. C. J. Schmitz, Steefel, Misses Junice Dalen, Ann S. Nyquist, Doctor Frank J. Hill and Dr. D. A. Dukelow.

BY-LAWS CONSTITUTION AND STATEMENT OF PURPOSE:

Mr. Pearson raised the question of the advisability of By-Laws for the Committee. Out of the discussion which followed it was the sense of those present that By-Laws should be simple to permit continuance of informality and flexibility and that there should be a statement of purpose.

Mr. Jones moved and Mrs. Schmitz seconded: There shall be simple constitution and By-Laws and a statement of purpose.

Dr. Dukelow amended the motion with: A Committee of not more than three shall be appointed by the Chair to draw up this constitution.

The amended motion was unanimously passed.

The chair appointed: Mr. J. S. Jones, chairman, Miss Ann Nyquist and Mrs. Schmitz to the Committee on constitution and By-Laws and statement of purpose.

TREASURER'S REPORT:

Mr. Allan Stone presented a tentative minimum budget:

$300.00	printing
50.00	telephone and telegraph
50.00	stationery
100.00	mailing, postage, etc.
50.00	mimeographing
400.00	Secretarial assistance
400.00	special consultants expenses
100.00	travel costs
$1450.00	total

The report was accepted as a minimum budget with the suggestion that printing costs would be met by a revolving fund. The state Committee to print fliers and participating groups to use and pay for cost of them.

FINANCE COMMITTEE:

Dr. Hill expressed belief that various groups, such as the Health Action Committee of Hennepin County, could contribute now that publicity has made the Committee and its program known in the community.

Glen Thompson suggested that a finance committee be appointed, and that the Executive Officers frame a statement of purpose to be used together with the proposed budget to raise funds.

He stated that he believed that with a satisfactory statement of purpose each of the two Cooperative Organizations, Midland Cooperative Wholesale and Minnesota Association of Cooperatives would subscribe $100.00 each.

He reported that for the Educational Program a man with proper background in Health will soon join the Coop staff and will be working in the state.

Dr. Dukelow moved that the principle expressed in the budget be approved and that the total proposed be considered as a budget for the remainder of the year.

Mr. Stone seconded this proposal and the motion was unanimously passed.

Mr. J. S. Jones moved and Dr. Dukelow seconded that: The chair appoint a temporary Committee to recommend a plan to an over-all committee, the temporary committee to be made up of a representative of rural, Health and Labor groups. That this temporary

Committee draw up a plan to be submitted May 7th for a permanent Finance Committee.

This motion passed unanimously.
The Chair appointed; Glen Thompson, chairman
George Phillips
Mrs. Benson (if a member of the Committee) to represent Health Action Group

PRINTING OF FLIER:
Mr. Jones suggested that the organizations belonging to the Committee buy such numbers as they feel they can use of the fliers being prepared to distribute with other matter to their membership, and to present to the members of the legislature.
Dr. Dukelow commented that this would involve two items:
1. Printing fund
2. A revolving fund built up from proceeds of sale of fliers to organizations
Mr. Jones requested that an estimate begotten on 100,000. On 50,000. He offered the assistance of the publicity man of the Farm Bureau in setting up the material.

It was agreed that Mr. Stone and Mrs. Steefel would work with Mr. Merritt of the Farm Bureau and with the printer of the Virtue Printing Company in order to have proofs of the flier run off in time to submit them for the approval of the full committee May 7th at its meeting.
Dr. Dukelow moved and Dr. Hill seconded that this committee of two be authorized to work with the printer on the flier. Unanimously passed.

RESOLUTIONS COMMITTEE REPORT, (see Resolution copy attached)
Mrs. Schmitz reported for the Resolutions committee.
Dr. Dukelow moved and Mr. Stone seconded: That the report of the Resolutions Committee be accepted with thanks to Mrs. Schmitz who had prepared the material.
Mr. Stone agreed to see that the resolutions were mimeographed for distribution to organizations wishing to use a basic or model resolution.

SPEAKERS FOR ANNUAL MEETINGS:
Dr. Dukelow recommended that letters on the Committee's letterheads be sent to the President, Program Chairman, and Secretary as well as the representative of each organization represented on the Committee asking that a Resolution be considered for passage by the Annual Meeting of the group and that if needed, a speaker be placed on the program to present the idea and principle of permissive legislation.
Mr. Stone moved and Dr. Hill seconded that the Secretary be authorized to assign speakers to annual meetings. This motion was unanimously passed.

LETTERHEADS:
In view of the impending strike in the printing trade, started in Minneapolis and threatening in St. Paul, it was agreed that the letterheads be prepared immediately and handled at the Virtue Press if possible. It was agreed that the title of the Committee should form a heading, and that names of members of the Executive Board and of the Medical Advisory Committee be printed down the side in block letters, their organization addresses in italics.

The Committee adjourned at 2:00 P.M.

Respectfully submitted
Mrs. Lawrence D. Steefel, Secretary

MINUTES:
FIRST MEETING OF THE EXECUTIVE BOARD OF THE MINNESOTA COMMITTEE ON LOCAL HEALTH SERVICES held at the Citizen's Aid Building, May 2, 1946 at 12:15.

Present: Mr. William B. Pearson, Chairman, Messrs. J. S. Jones, Glen Thompson, Allan Stone, Mmes. C. J. Schmitz, Steefel, Misses Junice Dalen, Ann S. Nyquist, Doctor Frank J. Hill and Dr. D. A. Dukelow.

BY-LAWS CONSTITUTION AND STATEMENT OF PURPOSE:

Mr. Pearson raised the question of the advisability of By-Laws for the Committee. Out of the discussion which followed it was the sense of those present that By-Laws should be simple to permit continuance of informality and flexibility and that there should be a statement of purpose.

Mr. Jones moved and Mrs. Schmitz seconded: There shall be simple constitution and By-Laws and a statement of purpose.

Dr. Dukelow amended the motion with: A Committee of not more than three shall be appointed by the Chair to draw up this constitution.

The amended motion was unanimously passed.

The chair appointed: Mr. J. S. Jones, chairman, Miss Ann Nyquist and Mrs. Schmitz to the Committee on constitution and By-Laws and statement of purpose.

TREASURER'S REPORT:

Mr. Allan Stone presented a tentative minimum budget:

$300.00	printing
50.00	telephone and telegraph
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50.00	mimeographing
400.00	Secretarial assistance
400.00	special consultants expenses
100.00	travel costs
$1450.00	total

The report was accepted as a minimum budget with the suggestion that printing costs would be met by a revolving fund. The state Committee to print fliers and participating groups to use and pay for cost of them.

FINANCE COMMITTEE:

Dr. Hill expressed belief that various groups, such as the Health Action Committee of Hennepin County, could contribute now that publicity has made the Committee and its program known in the community.

Glen Thompson suggested that a finance committee be appointed, and that the Executive Officers frame a statement of purpose to be used together with the proposed budget to raise funds.

He stated that he believed that with a satisfactory statement of purpose each of the two Cooperative Organizations, Midland Cooperative Wholesale and Minnesota Association of Cooperatives would subscribe $100.00 each.

He reported that for the Educational Program a man with proper background in Health will soon join the Coop staff and will be working in the state.

Dr. Dukelow moved that the principle expressed in the budget be approved and that the total proposed be considered as a budget for the remainder of the year.

Mr. Stone seconded this proposal and the motion was unanimously passed.

Mr. J. S. Jones moved and Dr. Dukelow seconded that: The chair appoint a temporary Committee to recommend a plan to an over-all committee, the temporary committee to be made up of a representative of rural, Health and Labor groups. That this temporary

MINUTES OF THE SEVENTH REGULAR MEETING OF THE MINNESOTA COMMITTEE ON LOCAL HEALTH SERVICES

The Committee met May 7, 1946 in the third floor conference room in the Department of Health Building, University of Minnesota.

Present were: Dr. Ruth Grout, Minnesota Welfare Conference; Mrs. C. S. Hoyt, Minnesota Division, AAUW; Miss Inez Hobart, Minnesota Agricultural Extension Division; Mr. Harry Peterson, Minnesota Association of Cooperatives; Glen W. Thompson, Midland Cooperative Wholesale; Miss Ivy Hidebrand, Minnesota League of Women Voters; Robert N. Barr, M.D., Minnesota Department of Health; Miss Junice Dalen, Minnesota Farmers Union; Fred Nora, Midland Cooperative Wholesale; Miss Ragna Gynild, Minnesota Nurses Association; Mrs. Dorothy Hamilton, Minnesota Society for the Prevention of Blindness; Donald A. Dukelow, M.D., Minneapolis Council of Social Agencies; Mr. William B. Pearson, State Grange; Mr. K. A. Kirkpatrick, Minnesota Farm Bureau Federation; A. G. Liedloff, M.D., Blue Earth County Public Health Association, Mankato; Reverend Konrad Bose, Chairman, Kandiyohi Council on Social Welfare Studies, Willmar; Mrs. Lawrence D. Steefel, Minnesota AAUW.

Minutes of the April 9th Committee meeting were read and approved.
Minutes of the first meeting of the Executive Board were read, and presented item by item for approval and action. CONSTITUTION AND COMMITTEE TO PRESENT:
Both the Board's recommendation of Constitution and Committee appointed were approved.
Mr. Peterson asked if the organization is to be incorporated. If so, Articles of Incorporation as well as Constitution and By-Laws are in order.

TREASURER'S REPORT:

Mr. Peterson moved and Mr. Kirkpatrick seconded the adoption of the minimum budget as approved by the Board. Motion passed unanimously.

FINANCE COMMITTEE:

Dr. Dukelow moved that Mrs. John C. Benson, President of the Minneapolis Health Action Committee, become a member of the Committee on Local Health Services. This was approved.

FLIER:

The Board's recommendation that the Flier material be handled with the assistance of Mr. Merritt of the Farm Bureau Federation and through the Virtue Press was approved.

RESOLUTIONS:

The form of model resolution presented by Mrs. Schmitz and approved by the Board as accepted by the Committee.

SAMPLE FORM OF RESOLUTION:

WHEREAS: the people in every community of Minnesota are entitled to an effective

local full time public health service for prolonging life, preventing disease, and promoting physical and mental efficiency, and
WHEREAS: local public health services as now constituted serve only a small percentage of the population of Minnesota, and
WHEREAS: the plan recommended by the American Public Health Association under which local communities may join in setting up county, city-county or district public health units is now operating effectively in many states at a reasonable cost to the taxpayer served,
THEREFORE, BE IT RESOLVED BY THIS ASSEMBLY (place and date) that,
1. We go on record as endorsing the local unit plan for public health services in Minnesota with units formed on a local basis and preserving local administration, but operating under the guidance of, and in coordination with, public health system of our state.
2. We go on record as endorsing the passage by the 1947 session of the Minnesota Legislature of an enabling act which will permit communities desiring to do so, to legally set up the unit plan.

REPORT OF COMMITTEE ON CONSTITUTION made by Mr. Kirkpatrick:
Membership clause: It was moved and seconded and passed that "representatives of organizations" as members of the committee was too restrictive since many now on the committee are not official representatives and would not qualify. Individuals were also included even though not representatives, if they were interested and qualified.
ARTICLES I, II, III were corrected and approved.

Mr. Glen Thompson who had arrived later reported that Mrs. Benson had said that she is unable to serve on the Finance Committee since she will be doing for her own organization the same job asked for by this. Dr. Dukelow said this would then put that burden on him and Dr. Hill.

Mr. Thompson then reported a list of organizations from which assistance might be gotten in the form of financial support. He said this list was unofficial and purely tentative and should be corrected as to amount for each on the basis of opinion of representatives of organizations as to their interest and ability to help. He said this list of supporting organizations would run well beyond the present list of member-organizations now. He advised that a budget of $3500 to $4000 be thought of and raised.

Since several had left and the hour was late the meeting was recessed to meet May 15th.

CONTINUANCE OF RECESSED MEETING OF COMMITTEE: May 15, 1946, 6:00 p.m.

This was a dinner meeting held at the home of Mrs. Lawrence Steefel, secretary. Present were: Fred Nora, Junice Dalen, Catherine Vavra, Minnesota Organization of Public Health Nurses, Ann S. Nyquist, Dr. Ruth Grout, Mrs. Everett Fraser (for Miss Ivy Hildebrand), K. A. Kirkpatrick, Dr. Dukelow, Mrs. C. J. Schmitz, William B. Pearson, and Mrs. L. D. Steefel.

Letterhead final proofs were carefully checked and approved for 1000 printing. Flier was gone over in proof. Agreed that Mrs. Steefel and Mr. Kirkpatrick should

work this through to final form. Some changes in wording and spacing were recommended. The Constitution was brought to its final form (see attached) and approved.

FIELD WORK:

Mrs. Steefel reported on letter prepared by her on request of Mr. J. S. Jones for presentation to the Farm Federation at its Board meeting, which he is attending. The committee voted that the Executive Board should make decisions on the selection of personnel and arrangements for field work if Miss Anderson or some other person is available.

FINANCE COMMITTEE:

It was approved that Mr. Glen Thompson be asked to meet with the Board to plan on permanent Finance Committee make-up and program. He was strongly approved as chairman of the permanent Committee.

Respectfully submitted,

Mrs. Lawrence Steefel, Secretary

JUN 21

MINUTES of the SECOND MEETING OF THE EXECUTIVE BOARD OF THE MINNESOTA COMMITTEE ON LOCAL HEALTH SERVICES held at the Citizens Aid Building, Minneapolis, at 12:15 p.m. May 24, 1946.

JUN 21

Present were: Miss Ann Nyquist, Mrs. C. J. Schmitz, Dr. Dukelow, Mr. Harry Peterson, Mrs. Lawrence Steefel, and Mr. W. B. Pearson, chairman.

FINANCE PROGRAM:

Dr. Dukelow suggested that the tentative list drawn up by Mr. Thompson be gone over to evaluate ability to give.

Mr. Pearson: after consultation with the Board, appointed Mr. Glen Thompson as Chairman of the permanent Finance Committee. It was agreed that Mr. Thompson and Mr. Pearson would consult and complete the permanent committee in conformance with the Board's previous thinking on representation and balance.

The question of Mr. Thompson's membership on the Executive Board was raised. It was desired that he have membership but the constitution at present does not provide for Committee Chairmen to be Board members. It was agreed that he should be invited to serve and meet with the Board and that the matter of membership of Committee members on the Board be the subject of possible amendment later of the Constitution.

Miss Nyquist presented to the Secretary a check made out to the Treasurer to the amount of $45.00, the balance of an Education Fund presented to the Committee by the Advisory Nurses at their current meeting. The thanks of the Board was expressed and there was enthusiastic pleasure that this first gift should come from this source.

FIELD WORK:

Miss Nyquist presented to Mrs. Steefel a written request from Miss Hegstad, Advisory Nurse, Mankato, an invitation to meet with and talk to a group of 100 in Albert Lea, June 18, 20, or 21st, to present the program of the Committee.

MOUNTAIN LAKE MEETING: (at invitation of Miss Hegstad)

Mrs. Steefel reported on a meeting held at Mountain Lake, May 16th, at which JACKSON, COTTONWOOD, BLUE EARTH COUNTIES were represented by about 30 persons. The meeting was held at the Mountain Lake High School and there were representatives of local groups of eight of the state committee's participating organizations and a number of Public Health Nursing Auxiliaries. The Committee's program was accepted with enthusiasm, and local meetings were projected for the purpose of educational work on the Bill.

WILLMAR MEETING:

Mrs. Steefel reported that no other member of the committee had been available to answer the Willmar request since the Minnesota State Medical meeting kept the doctors in the Twin Cities and Miss Nyquist was out in the state. She had therefore taken on this meeting.

The meeting was held in the Community Hall at Willmar and was attended by about twenty members of the newly formed Kandiyohi County Social Welfare Council. The Committee's program had been presented. There were present

among others: Reverend Konrad Bose, Chairman of the Council, State Senator Harry Wahlstrand, Mrs. Tallman, member of the Board of the Minnesota Public Health Association, Mr. Ehmke, County Welfare Director, the Farm Bureau representative, and others from PTA, Teacher's groups, the Minnesota Welfare Conference, and a member of the Board of County Commissioners.

The discussion got into the matter of local educational program and techniques. The group believed that the State Committee might provide local groups with a LOCAL SURVEY OUTLINE. This would call for such information as:
Who is your local health officer?
What is the arrangement for support of his work?
What does he feel his job to be?
What does the community believe his job to be?
What is he able to cover?
How much time does he give to Public Health?
Have you County Nurses? How many persons do they cover?
Are they Public Health Trained?
Is there a Sanitary Engineering staff? etc., etc.

This material would form the basis for local education in the facts of local service needs, etc. Copies would be sent to the state committee and the findings would be presented to legislators before they leave home for their knowledge and information and opinion.

There were questions about the Bill. How would it be drawn? The Buck report as a broad proposal for principles of such a Bill was suggested and those present were asked to request copies of the state Department of Health. The Emerson Report summary on Minnesota was also spoken of. The doctor present studied the map in relation to Kandiyohi County and said it looked as though Willmar would be way out at the periphery of the unit. The Emerson report was characterized by the speaker as a proposal of one way to organize. She said that local mergers would develop on the basis of local needs and convenience. The group felt that Willmar has always been one of the most progressive and farsighted communities in the state and that it would wish to take an active part in local policy making for Public Health. Speaker advised that the chairman of the Council write and request the Chairman of the Sub-Committee to draft legislation to keep him in touch with each successive development of the Bill as it grows in the Committee so that this County Group may participate in the thinking of the drafting of the Bill during its development.

Mr. Ehmke stressed the need for information about Public Health and preventive medicine savings in terms of County costs on care of those who have preventable diseases: T.B. costs, care and educational costs For the Blind, care of the Insane, of undulent fever costs in county welfare, etc. as an important part of any educational program in the need and worth of full time public health services.

The Chairman asked what the first steps would be for a county interested in moving toward merger with surrounding counties. This matter, also, it was promised, would be reported to the State Committee on which well informed persons were available.

LOCAL SURVEY OUTLINE:

In consultation with Dr. Dukelow, Mr. Pearson appointed the following committee to draw up an outline for gathering of data on local set-ups in Public Health: Dr. Ruth Grout, chairman, Dr. Barr, Mr. Rossell, Miss Nyquist, Mr. Peterson.

Dr. Dukelow reported that Mrs. John C. Benson had been approached and had accepted membership on the Committee, and he requested that the Secretary send her a written invitation.
Secretary assured that this should be done as soon as letterheads are available.

LOCAL ORGANIZATION PLANS:

Mr. Peterson advised that the organization first calling together local groups should be non-partisan to keep the community balance. Co-ops, LWV, PTA, AAUW, Federated Women's Clubs, Nursing Auxiliaries, would fall in this class of organization.

There was informal discussion of possible sponsorship in each house for the Bill but no conclusions were reached.

Respectfully submitted,

Mrs. Lawrence D. Steefel, Secretary.

8 M35

MINNESOTA COMMITTEE ON LOCAL HEALTH SERVICES

July 1, 1946

Executive Board and
Medical Advisory Board-
Minnesota Committee on Local Health Services:

A Committee on Legislation selected by the chairman to prepare a bill for an enabling act concerning county and district health departments has met and the minutes of its meeting together with the bill promulgated are enclosed. It was the opinion of this Committee that the bill introduced to the 1945 Legislature was fundamentally sound and with minor modifications would be suitable for introduction to the 1947 Legislature. The minutes of the meeting indicate the changes that were made and the accompaning bill is the new version as recommended by the Committee.

Though the Committee on Legislation recommended that this new version of the bill be distributed to all members of the Minnesota Committee on Local Health Services, Mr. William B. Pearson, the chairman, suggested that this bill be considered by the Executive Board and the Medical Advisory Board and be approved by them before it was released in a way that might imply that this is the bill being supported by the Minnesota Committee.

It is suggested that you review this bill carefully and that you be prepared to bring recommendations to the Committee on Legislation at the next meeting of the Executive Board so that we may have at the earliest possible opportunity a final version of a bill behind which all of us can stand.

Sincerely yours,

D. A. Dukelow, M. D.
Chairman - Legislative Committee,
Minnesota Committee on Local Health Services

DAD:JO

Committee on Legislation
Minnesota Committee on Local Health Service
10:00 A. M. - Thursday, June 27, 1946
Room #1 Citizens Aid Building

PRESENT:

Dr. Floyd Feldman,
Mr. Samuel Morgan,
Mr. Allan Stone,
(representing Mr. K. A.)
Miss Josephine Kirch (Kirkpatrick)
Dr. D. A. Dukelow, Chairman

Dr. Dukelow called the meeting to order by reviewing the purpose of the meeting. Members of the Committee had been sent copies of the bill that was introduced to the last Legislature, of the provisions for permissive legislation outlined by Dr. Carl Buck, and portions of Chapter 5 of Dr. Emerson's report, "Local Health Units for the Nation." The model bill in Dr. Emerson's report is an unofficial statement of the bill that is before the National Committee on Uniform State Laws but which has not been finally approved by them. It is a fairly sound basis to work from.

Dr. Dukelow reported that, the reaction to the 1945 bill was generally favorable. In the Senate Mr. Wahlstrand's committee on public health passed the bill and put it on General Orders with re-referral to the committee for further study. In the House it came before Mr. French's Committee on Health on a day when the House decided to meet at 9 o'clock instead of its customary time. At the request of both proponents and opponents a subcommittee heard the bill, but unfortunately the Committee on Health of the House did not re-convene, so nothing was reported out of the Committee. There is no record of any opposition to the bill.

Dr. Dukelow stated that he thought our proper procedure would be to use what we have as our base, go through the bill we had last time and see if it still applies and make such changes as necessary. In answer to Dr. Feldman's question, Dr. Dukelow stated that the primary objections to the bill were the principle of local government versus larger units of government, township and village autonomy, increased tax costs; and the argument used by Senator Rogers from Duluth, that while the city of Duluth had their own sound public health system they wanted nothing to do with that of St. Louis County, they would support permissive legislation to let others combine if they wanted to combine.

Dr. Dukelow read the former bill through section by section. Each part was thoroughly discussed as read. (Changes in the 1945 bill are noted showing additions and deletions.)

Section 2.
Subdivision #2

For psychological effect it was decided that a positive rather than the negative statement would be best and this should read "Cities---shall ~~not~~ come under the jurisdiction of such health department ~~except~~ (only) upon adoption by such city of an ordinance providing for------."

Section 4.
Subdivision #1

"Any----health department so established shall be operated and maintained from funds appropriated by the counties-----together with state ~~or~~ (and) federal funds (and private grants) for which it may be eligible and-----. The cost of maintenance-----shall be born by the-----counties on the basis of the relative population of each county-----exclusive of any city of the first or second class not included in such district health department, provided that when any city of the first or second class is or becomes included within such health department ~~such~~ (a) proportion of the cost ~~allocable to the county in which such city is located~~, as ~~such city or county~~ may (be) mutually ~~agree~~ (agreed) upon shall be paid by the city."

Subdivision #2

Change the words "state or federal funds" to "state and federal funds."

Subdivision #3

"When a budget has been prepared by the Board of Health-----the health officer-----shall forward to the county board of each participating county and to the governing body of each participating city-----a certificate showing the amount so apportioned (.) (Upon approval of the total operating budget by the several county boards and city governing bodies participating in the health department) each such County Board ~~or~~ (and) city governing body shall pay, or cause to be paid-----"

The last sentence of Subdivision 3, concerning payments into a petty cash fund is deleted.

Section 5.
Subdivision #2

In the second and third sentences the term "single county health department" shall read "one county health department."

The last sentence shall read "Where more than one governmental unit participates in the establishment and maintenance of a health department, ~~at least~~ one appointee from each unit shall be a physician-----.

Section 6.
Subdivision #1

The Board of Health of any county or district health department----- shall hold ~~quarterly~~ meetings (at least quarterly) at such time and place as may be designated by the Board or upon call by the ~~district~~ health officer or the Secretary of the State Board of Health.

Section 8.
Subdivision #1

Upon the taking up of actual administration of public health ~~within its jurisdiction, by any county or district health department established under this Act, all local health boards and officers,-including those existing under Minnesota Statutes, 1941 Chapter 145 and including municipal health offices, bureaus and departments of cities coming under the jurisdiction of health departments established under this Act, shall be abolished and shall cease to exist~~ and such

county or district health department shall have full control over all public health matters within the area of its jurisdiction.

Subdivision #2

Upon taking over actual administration of public health, a health department established under this Act may also take over such existing local health facilities and personnel as may be determined by the health officer and board of health. ~~subject to the approval of the State Board of Health.~~

After this itemized review and amendment, Dr. Feldman moved and Mr. Stone seconded "That the bill as amended be distributed to the members of the Minnesota Committee on Local Health Services with a letter of explanation inviting their suggestions, and that the revised bill be recommended as the bill the committee is supporting until such time as it may be further amended." Motion carried.

Meeting adjourned at 12 noon.

D. A. Dukelow, M.D.
Chairman, Legislative Committee
Minnesota Committee on local Health Service

DAD:da

Minnesota Needs

Many More Public Health Nurses

Health Work in Rural Districts Seriously Handicapped

ONE public health nurse for every 5,000 persons!

This was set up as a conservative aim for the postwar period.

Now that the postwar period has arrived, what is Minnesota doing to make this aim a reality?

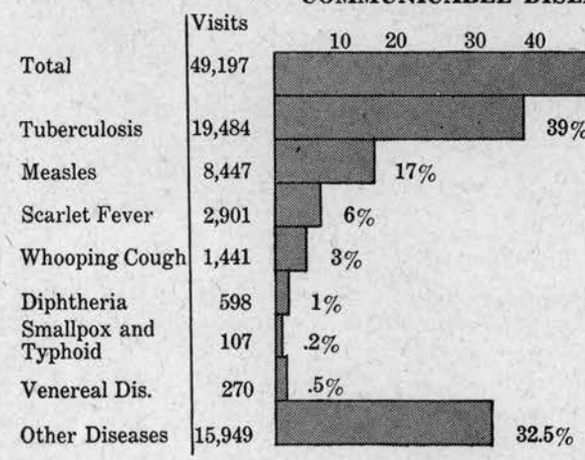
At present, outside of the three large cities, Minnesota has only **one** public health nurse for every 20,000 people.

37 Counties Have No Nurse

Forty-eight counties have public health nurses. Thirty-seven counties have to date made no provision for this vital service.

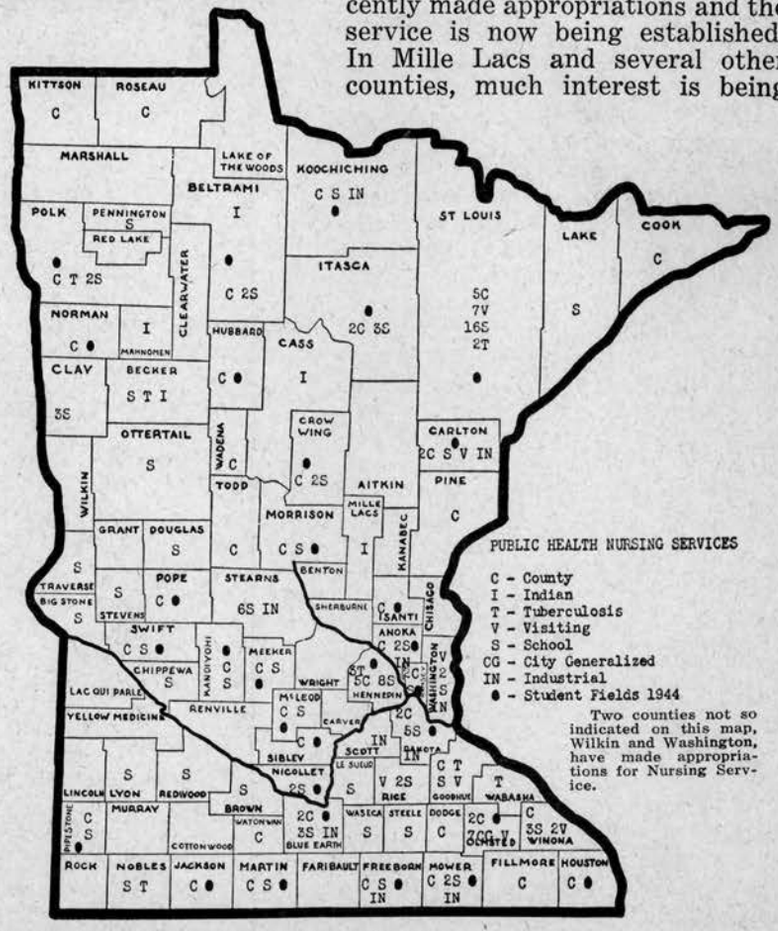
Other public health nurses in the state are employed as follows: 6 by tuberculosis sanatoria, 84 by schools, including teachers' colleges, 12 as community nurses employed by city councils, 14 by private agencies, and 156 by industries. According to location, 121 public health nurses are employed in Minneapolis, 65 in St. Paul, 21 in Duluth, and 168 in the rest of the state.

DISTRIBUTION OF VISITS BY PUBLIC HEALTH NURSES TO CONTROL COMMUNICABLE DISEASES



Commissioners Make Appropriations

That Minnesota is realizing the need is indicated by the fact that the Wilkin and Washington County Boards of Commissioners have recently made appropriations and the service is now being established. In Mille Lacs and several other counties, much interest is being



Reprint, April, 1946 issue, EVERYBODY'S HEALTH Magazine

shown, and there are indications that funds will be appropriated shortly.

A number of counties which have one or more nurses are now making plans to add additional nurses. Typical of the enthusiasm for this service in counties where it has been established was the recent annual meeting of the Isanti County Public Health Nursing Service at Stanchfield. Although the day was stormy, more than 150 people, businessmen, doctors, dentists, farmers, and housewives were in attendance. W. E. Hanson, chairman of the board, received enthusiastic approval when he suggested a vote of appreciation to the County Board of Commissioners for their far-sighted action in realizing that the county nurse is a good investment and in appropriating funds for this service more than seven years ago.

Cost to County

It is estimated that a county nurse will cost a county approximately $3,500 a year.

A limited amount of federal aid for county nursing service is available. Information on this may be obtained from the Minnesota Department of Health.

Provisions are made in the state law for employing public health nurses in Sec. 5353-1 as follows:

"Every city council, village council, board of county commissioners, school board and town board, is hereby authorized and empowered to employ and to make appropriations for the compensation and necessary expenses of public health nurses, for such public health duties as they may deem necessary."

Nurse Spans the Gap

Modern medical science has scored tremendous gains in preventing sickness, saving human life. Yet in spite of this growing fund of medical knowledge and skill, much preventable sickness still persists, many physical defects go neglected.

This was strikingly demonstrated in the results of this war's Selective Service examinations. Thousands of young men were rejected for general military service because of physical defects, many of which might have been prevented or corrected in infancy or childhood.

Nurses Aid Families of Servicemen

These findings have pointed up the vital importance of the work of the public health nurse in bringing medical knowledge to the home, the school and industry. They have demonstrated that ways must be found to translate medical science into terms easily understood by each individual and applicable to his way of life. He must be shown the urgency of early action, how to carry out medical directions, where to find and how to use community health resources. This can be done only through adequate public health nursing service in every county.

Big Health Problems Ahead

A gigantic task confronts us on the health front at home:

With a record increase in the birthrate, more babies than ever before have the right to a healthy start in life.

Crowded living conditions and changing populations increase the danger of the spread of communicable disease. In Minnesota, in the first two months, 13 deaths occurred from diphtheria, a preventable disease, as compared to 22 in the whole year of 1945, and 6 in 1940.

Hundreds of thousands of soldiers wounded in body and spirit need physical rehabilitation. Although they will receive part of their care in veterans' hospitals, many will require special help with health problems at home.

In tuberculosis work alone, the public health nurse saves a county more than she costs through searching out cases early and preventing spread of the disease. It has been stated that no county without a public health nurse will be able to take advantage of the mobile X-ray service, as much local organization and follow-up work is required.

Now is the time for every county to mobilize its forces for securing adequate public health nursing service.

3-8-46 [1946]

MINUTES OF THE FIRST MEETING OF THE JOINT COMMITTEE ON LOCAL PUBLIC HEALTH UNITS.

The Committee met October 30th at 10:30 in the third floor conference room of the Department of Health Building at the University of Minnesota.

Present:

Dr. Ruth Grout, Minnesota Welfare Conference
Miss Vavra, State Organization for Public Health Nurses Ma. 8177 Ext.111
Duluth Branch American Association University Women
Mrs. Hazel Ahlquist, State Organization Public Health Nurses,
7100 Oak Grove Boulevard -- Re. 0321
Rodney C. Jacobson, State C.I.O. Secretary-Treasurer
724 4th Avenue So., Minneapolis - Br. 3053
Arleen Jeisy Johnson (Mrs. Wm.) St. Paul American Association University
Women, 502 Mt. Curve Boulevard -- Emerson 2085
K. A. Kirkpatrick, Minnesota Farm Bureau Federation
Globe Building 8, St. Paul 1, Minn. - Garfield 7481
Haven Emerson, M.D., University of Minnesota - Main8177, Ext.
Pearl R. Erickson, Group Health Mutual, St. Paul, 2635 University Ave. -
Nestor 4896
Mrs. R. R. Reichert, 4233 Linden Hills Blvd., Minneapolis, League Women
Voters (Minneapolis)
Ann S. Nyquist, Minnesota Department of Health, Minneapolis
N. O. Pearce, M.D., Minnesota Department of Health, Minneapolis
Mrs. Herbert J. Parker, 5128 Thomas Ave. So., Minneapolis - Wa. 0104,
President Minnesota P.T.A.
Mrs. C. S. Hoyt, 4615 Browndale Ave., Minneapolis, Wa. 6687, AAUW Minn.
State Legis. Chairman
Mrs. E. M. Rusten, Wayzata, Minneapolis Branch AAUW Legislative Chairman
D. A. Dukelow, M.D., Minnesota Department of Health (Mpls. Council Soc. -
Agencies)
Marion M. Jacobsen, 6639 Morgan Ave.So.,Mpls - Wa. 0005, For John Jacobsen,
Reg'l C.I.O.
Mrs. C. J. Schmitz, 934 Hampden Ave.,St. Paul - Mi.4436, State Office Public
Health Nurs.
Dr. Barr, Local Health Units, State Department Health

The purpose of the meeting was outlined by Mrs. Steefel:

As a result of Dr. Emerson's description of the need for larger local units for support and administration of an adequate Public Health Program, the American Association of University Women became convinced of the need for a program of Education and Legislative action. The representatives present would be asked, to take back to their organizations the facts as presented by Dr. Emerson with the idea of a long time program through the period of gaining permissive legislation to the time when this legislation would be translated into improved public health services.

Dr. Emerson presented the reprint of the Minnesota Section of the Report on Local Health Units, prepared by the Subcommittee on Local Health Units of the Committee on Administrative Practice of the American Public Health Association. He made it clear that any program undertaken would be following through on the 1944 Legislative program which aimed to pass legislation which would permit the combination of counties into units sufficiently strong financially to support adequate public health staff. 38 out of 48 states now have this permissive legislation. While there is a law under which the job could be done, it has been found better to approach the extension of local units through this type of legislation.

Minnesota starts from scratch because tradition has left decisions in this field to local health units of which there are 2400. These are too small to command competent help. They have insufficient funds, and their taxing power provides no way to

get it. Pittances of $300.00 a year, more or less are paid to some local doctor with a private practice to take care of for whatever time he has to give to registration of births and deaths, reporting and control of communicable diseases. The need is for large enough units of population and geographic area to command sufficient qualified personnel. This can be done at one dollar per capita. 34% of Minnesota population, nearly 1,000,000 persons now lack adequate Public Health Service. Nebraska and North Dakota have passed such legislation as was required. Lay support and understanding of the problem is necessary in order to do the job here.

The rural population was never given an opportunity to express itself on this legislation at the last session. The Bill was defeated by Twin City opposition.

The group then proceeded to the following question, put to each representative of a Lay Organization:
"What are you prepared to recommend to your organization concerning cooperation in this program? What would your organization be in a position to contribute if it acts favorably upon cooperation?"

There was unanimous response, person by person, in favor of a coordinated program of action.

Each representative promised to present the material to his organization with a recommendation for action.

The following assignments were made by the temporary Chair:

1. Each representative to send to MRS.L.D.Steefel, 2808 WEST River Road, Minneapolis information about the location of local units or branches of the organization so that some study could be made as to the degree to which all together cover the entire state.

2. Mr. Kirkpatrick: to clear with Agricultural Extension on possibility of funds for publication of such printed lay interpretation as:
L.B. 295 gives the GREEN LIGHT: Univ. Nebraska Agricultural College Extension Service, circular 1024.
THE OPEN GATE: S.B. No. 77 Opens the gate to health in North Dakota, North Dakota State Department of Health, Bismarck, N. Dak. The former was prepared by Elin Anderson of the Farm Foundation, 600 So. Michigan Blvd., Chicago 5, Ill.

and the latter by Miss Elin Anderson and Dr. Frank J. Hill now Commissioner of Health, Minneapolis Court House.

(Dr. F. J. Hill, consulted by phone, suggests that this material may well be usable after revision to adapt it to Minnesota. He believes that Miss Elin Anderson spent two weeks in North Dakota visiting local meetings of rural groups in a program of education before the permissive legislation was passed in that state.)

3. Mrs. Rusten accepted the assignment to see:
Mr. R. R. Roselle, Lowry Medical Arts Building, St. Paul, concerning interest of the Minnesota Medical Association in this plan.

4. Mrs. Hoyt consented to follow through on:
Minnesota State Nurses Association, Minnesota League Nursing Ed., Township Officers Assoc. and Association of County Commissioners, and League of Minnesota Municipalities.

Meeting adjourned 12:30.

Respectfully submitted
G.F.Steefel, Sec'y Pro Tem

Please return the completed questionnaire to the Minnesota Committee on Local Health Services, 2808 West River Road, Minneapolis 6, Minnesota, not later than December 1, 1946. If there are questions in regard to the questionnaire, please refer them to the above address.

MINNESOTA COMMITTEE ON LOCAL HEALTH SERVICES

PUBLIC HEALTH NEEDS AND SERVICES IN OUR COMMUNITY

Every community has a responsibility to establish and support well organized local health services. Such services are as important to the welfare of the community as are public-supported schools, police department, and roads.

Good local health services will come only when citizens of each community know what is needed and how to obtain it. The following questions will help you to discover the public health assets and liabilities in your community.

Five principles of sound local health organization serve as a framework for the questions. These principles are in a sense guide posts to help you determine what you now have for public health services in the light of what is needed. They are taken from national authorities in public health administration.

1. Every community should be adequately served by a full-time health department supported by taxes.

2. Local health departments should have a professionally trained staff.

3. Health needs of a community should be known and should serve as a basis for local health programs.

4. The health department should develop a well-rounded program to meet the many health needs of the community.

5. The health department's program should be closely correlated with health programs of related agencies in the community (schools, tuberculosis associations, cancer society, Red Cross, civic and service organizations.)

Complete health services for a community include more than preventive public health provisions. There is also a need for an ample number of well-trained physicians, dentists, and nurses, and enough hospital beds to care for the ill. They need better ways of paying their doctor's bills. These needs are none the less important because they have been omitted from this study outline. Quite the opposite is true. They present such tremendous problems of their own that they could not be handled properly in a short public health survey such as this. They are not being forgotten in Minnesota, however.

A Governor's committee is now making a survey of hospital needs in Minnesota. The Minnesota Medical Association and other groups are studying needs for better distribution of physicians and for prepayment medical care. The Minnesota Nursing Council is studying the needs and nursing plans for more equitable distribution of nurses. When these studies are ready the results will be made available to groups that are interested.

FACTS ABOUT OUR COMMUNITY
IN GENERAL

County or City_____
(Name)

Area square miles_____

Population (1940)_____white_____other_____

Total No. Under 1 yr._____ School: Public_____
Preschool_____ Parochial_____
Adult_____

(Refer to Bureau of Census report - any library or school)

Economic Status of County :

What is the assessed valuation?_____

_____

What is per capita indebtedness?_____

_____

Principal occupations in community:

Study made by_____

Date_____

PHN-228.2 8/46

Principle I. Every community should be adequately served by a full-time health department supported by taxes.
(A health department consists of a medical public health officer, public health engineers, sanitarians, public health dentists and dental hygienists, public health nurses, health educators, and a clerical staff all devoting their whole time exclusively to public health).

Recommended National Standard - One fulltime health department for not less than 50,000 population.

Recommended Minnesota Standard - As a beginning, ten fulltime district health departments, each district serving from 71,000 to 591,000 population.

1. Is there a local board of health in our city or county? Yes_____No_____

2. Is there a fulltime health department in our city or county? Yes_____No_____

3. Do the number of personnel meet the following standards?

Position	Standard Minimum ratio of staff to population	Ratio in our community
a. Medical Health Officer	1 to 50,000 pop.	
b. Public Health Engineer	At least 1 for each unit	
*c. Public Health Nurse	1 to 5,000 pop.	
d. Sanitarian		
e. Public Health Dentist		
f. Dental Hygienist		
g. Health Educator		
h. Clerical Staff -	1 for each unit	

4. a. What is the total tax expenditure for local health service?_____

b. What is the total expenditure from voluntary agencies?_____specify_____

5. What is the per capita tax expenditure for local health service?_____
(Good local public health services will cost 81¢ per person or more.)

6. How much money is appropriated by:

City_____County_____Voluntary Agencies_____Total_____

* One supervisor to every 10 staff nurses is recommended.

Principle II. Local health departments should have a professionally trained staff.

1. Does the medical health officer have professional training in public health?
Yes_____No_____
(Degree in medicine plus professional training in an accredited school of public health.)

2. Does the public health engineer have professional training in public health?
Yes_____No_____
(Degree in ~~public health~~ engineering plus professional training in an accredited school of public health.)

3. Do the public health nurses have professional training in public health nursing?
_____
(Registered nurse plus professional training in an accredited course of public health.) Certification in Public Health Nursing.

No. of Nurses employed_____No. professionally trained_____

No. of Engineers_____

No. of Sanitarians_____

No. of Health Educators_____

No. of Public Health Dentists_____

No. of Dental Hygienists_____

Principle III. Health needs of a community should be known and should serve as a basis for local health programs.

Can you find out?

1. The ten most important local causes of death? (See local or State health dept.)

	Name of Cause	No. of Deaths in Year 19__
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

2. The ten chief local causes of illness? (For estimate see local physicians.)

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

3. How many mothers died due to childbirth in the last five years?_____

4. How many babies died before they were one year of age in the last five years?
_____

Can you determine the reason why they died (for opinions see local physician)

	Causes of deaths	No. who died
a.		
b.		
c.		
d.		

5. How many children are not protected against:

a. Whooping cough under 1 year of age_____
b. Diphtheria preschool_____school_____
c. Smallpox preschool_____school_____

6. How many children have uncorrected physical defects?_____
(See public health nurse report or consult school superintendent.)

Name of defects	No. of defects discovered	No. of defects corrected
a. Vision		
b. Hearing		
c. Teeth		
d. Rheumatic heart disease	No. under treatment	
e. Crippling (specify)		

7. How many cases of tuberculosis have been reported in your county during last five years?_____

How many resident deaths during the past five years?_____
How many cases are in the sanatorium_____
Is there a planned program for finding new cases? Specify_____

8. Is local public health supervision by a qualified public health engineer, sanatarian or sanitary inspector provided on the following:

	Yes	No
a. Water supplies		
b. Sewage and excreta disposal		
c. Milk supplies		
d. Eating and drinking establishments		
e. Bathing beaches and swimming pools		
f. Housing		
g. Insects and rodents control		
h. Garbage and refuse disposal		

Principle IV. The health department should develop a well-rounded program of activities to meet the health needs of the community by tax-supported funds.

Is there a planned program in our community?

Program	Yes or No	By Whom
1. Communicable Disease Control		
2. Tuberculosis		
3. Venereal Disease		
4. Maternal and Child Health		
5. School Health		
6. Nursing Care of the Sick in their Homes		
7. Crippled Children		
8. Mental Health		
9. Health Education		

Principle V. The health department's program should be closely correlated with the health programs of related agencies in the community (schools, tuberculosis association, cancer society, Red Cross, civic and service organizations, health councils, parent-teacher organizations, etc.)

1. Is there a citizens' committee on health?_____
   (The Nursing Advisory Committee as example.)

2. Is this committee - (check) a. planning group_____ b. an active group_____
   both_____

3. What groups are most active in promoting better community health?

   a._____
   b._____
   c._____
   d._____
   e._____
   f._____

MINNESOTA LEAGUE OF WOMEN VOTERS
832-33 LUMBER EXCHANGE BUILDING
MINNEAPOLIS 1, MINNESOTA
Atlantic 0941

FILE COPY

December 4, 1946

Dear Legislator:

One of the items on the Legislative Program of Minnesota League of Women Voters is "Extension of Public Health Services".

At a meeting of the Minnesota Committee on Local Public Health Services to be held at the Women's City Club in St. Paul, at 12:30 P. M. on Saturday, December 7th, an explanation of this item will be given by Elin Anderson, specialist in rural health of the Department of Agriculture; Clarence C. Ludwig, Chief of the Municipal Reference Bureau; and Dr. Donald A. Dukelow, Director of the Health and Medical Care Division, Minneapolis Council of Social Agencies. As this will be a wonderful opportunity to become acquainted with the legislation on this subject to be introduced at the next legislative session, we hope you will find it possible to attend the meeting.

Sincerely yours,

Viva McQuarrie

Mrs. Irvine McQuarrie
President

VMcQ:s

THOMAS N. CHRISTIE
30TH DISTRICT
MINNEAPOLIS, MINN.

COMMITTEES:
APPROPRIATIONS
INSURANCE
MOTOR VEHICLES
WELFARE

State of Minnesota
HOUSE OF REPRESENTATIVES
LAWRENCE M. HALL, Speaker

APR-9

Seen by
Mrs 2 4-9-47

April 8, 1947

Mrs. Irvine McQuarrie, Pres.
Miss Ivy Hildebrand, Legis. Sec.
Minnesota League of Women Voters
832 Lumber Exchange
Minneapolis, 1, Minnesota

Dear Ladies:

In answer to your letter of April 4th relating to H. F. 1150, providing for permissive legislation for county units of public health service, I wish to inform you that I am highly in favor of this measure, and I shall use my influence in the Appropriations Committee to get the bill out on the floor.

Thanking you for your interest, I remain

Yours very truly,

Thomas N. Christie

TNC/sm

Minnesota League of Women Voters
832 Lumber Exchange Building
Minneapolis 1, Minnesota

EDITORIAL FROM ST. PAUL PIONEER PRESS, MAY 12, 1947

RURAL PUBLIC HEALTH

"One of the most widely and persistently criticised omissions of the Minnesota Legislature is proving to be its failure to enact the local public health service bill.

"That failure was referred to with disparagement and dismay repeatedly during discussions at the recent rural church institute here. The reaction has been critical among state-wide health and farm groups. No real defense of the Legislature's failure in this respect ever has been forthcoming.

"In fact, appearances are that the failure is well nigh indefensible. The legislation was only a permissive act. It would have allowed one or more outlying counties to establish for themselves health services which would be more nearly comparable to the health protection that now is given as a matter of course to the people of the cities. It would have permitted a start toward replacing with effective protection the obsolete methods that constitute part of the background of the higher rates of death and disease and physical disabilities among country people than among city people. In view of the facts, it is not surprising that the failure is seized upon by the Americans for Democratic Action, right wing of the Democratic Farmer-Labor party, in an attempt to make political capital against the legislative majority.

"And yet, the rank and file of that legislative majority had no share whatever in the guilt for killing that good bill. The Senate passed the bill unanimously. The chances are it would have gone through the House by a huge majority---if the House had been given a chance to vote it up or down.

"But the House got no such chance. Instead, the bill was killed in the House Appropriations committee, largely due to the outspoken opposition of three rural members. So it is those three members who have brought down upon the heads of the entire Legislature all the criticism and condemnation. The bill was the victim of an undemocratic process that balanced the determination of three off against most of the rest of the Legislature and let the three win.

"The lesson of all this is that in the next Legislature this bill or its equivalent must not fail. The farm, labor, women's, health, and other groups should have learned from this experience that the price of getting needed legislation enacted is eternal vigilance. And by the time two more years roll around, the idea can be firmly rooted that measures widely demanded for the health of the people are too important to be obstructed by small minorities in committee, and that next time this bill is to go through. That progress, rather than political capital, should be the real fruit of experience with this bill."

State of Minnesota

EXECUTIVE DEPARTMENT

Saint Paul 1

LUTHER W. YOUNGDAHL
GOVERNOR

April 13, 1948

Mrs. Malcolm Hargraves, President
League of Women Voters
716 4th Street S. W.
Rochester, Minnesota

Dear Mrs. Hargraves:

Within the next week I am going to appoint a Governor's Advisory Committee on the whole problem of mental institutions. This committee, as nearly as possible, will be a representative cross-section of the people of Minnesota. I am requesting certain group state leaders like yourself to recommend several representative persons who would be willing to contribute part of their time and efforts to secure improvement in our state mental institutions.

The plight of these institutions is desperate and gravely affects the welfare of everyone in Minnesota. The opportunity to perform outstanding public service in the solution of these problems is a real challenge to all of us.

Please send the names and addresses of the people you recommend to me as soon as you can.

Sincerely yours,

Luther W. Youngdahl

Governor

LWY:cj

April 19, 1948

The Honorable Luther W. Youngdahl
Governor of Minnesota
St. Paul, Minnesota

Dear Governor Youngdahl:

In reply to your request for people qualified to serve on an advisory committee on the problem of mental institutions, I am suggesting four names: Mrs. Irvine Levy, 609 Montcalm Place, St. Paul 5; Mrs. E. S. Mariette, Hopkins; Dr. Herbert Z. Giffin, 1447 Damon Court S. E., Rochester; and Dr. Reynold A. Jensen, 1724½ Irving Avenue, Minneapolis.

Mrs. Levy has served her community in varied and important capacities. She was formerly member of the County Welfare Board, Secretary of the Citizens Committee for Schools and Civic Improvement and Chairman of Naturalization and Citizenship for the Council of Jewish Women in cooperation with other agencies for all foreign-born groups. At present she is a member of the Ramsey County Child Welfare Advisory Council, Budget Committee of the Community Chest, and of the Speakers' Bureau of the Minnesota United Nations Committee.

Mrs. Mariette has likewise served her community in varied and important capacities. She is at present Education Chairman of the Minnesota Mental Hygiene Society.

Dr. Giffin is a retired member of the Mayo Clinic staff. He now has the time for such a project and is very thorough in his approach to any problem. Although not a psychiatrist, he understands good medical practice and modern hospital equipment and organization. As a Minnesota physician for forty years and a past president of the Minnesota Medical Association he has had wide contact with doctors throughout the state. He is at present president of the Olmsted County Christmas Seal Organization.

Dr. Jensen is Associate Professor of Pediatrics and Psychiatry at the University of Minnesota. He is interested in a program of Mental Health for the state.

I hope the qualifications of these people are what you require and that they will be available.

Sincerely yours,

Mrs. Malcolm Hargraves
President

MH:s

MINNESOTA STATE MEDICAL ASSOCIATION

496 LOWRY MEDICAL ARTS BUILDING ◇ GARFIELD 5738 ◇ SAINT PAUL 2, MINNESOTA

R. R. ROSELL, Executive Secretary

April 21, 1948

Mrs. Malcolm Hargrave, President
Minnesota League of Women Voters
Rochester, Minnesota

Dear Mrs. Hargrave:

The establishment of local health councils to bring citizens interested in health together for study of their local problems is a logical and necessary step in the appraisal and improvement of local conditions as they have a direct bearing on health and welfare.

The Minnesota State Medical Association is happy to cooperate with Governor Youngdahl in his plan to set up a Minnesota Advisory Committee on Formation of Local Health Councils to serve as a steering committee in drafting procedures and methods as a guide for individual community planning. Many communities in Minnesota are contemplating these programs which, in essence, will be open forums for discussion of health needs of the community.

The Governor would like to call the Committee together as soon as possible and we should, therefore, appreciate hearing from you if you will represent the Minnesota League of Women Voters on this Committee or, in event you do not wish to serve on the Committee yourself, kindly advise us whom you wish to appoint to represent your organization.

Sincerely yours,

R. R. Rosell.

RRR es

Wayzata 462

April 29, 1948

Mr. R.R.Rosell, Executive Secretary
Minnesota State Medical Association
496 Lowry Medical Arts Building
Saint Paul 2, Minnesota

Dear Mr. R.Rosell:

In answer to your request of April 21st requesting a representative from the League of Women Voters to serve on Governor Youngdahl's Advisory Committee on Formation of Local Health Councils, we have asked Mrs. Elmer Rusten, a member of our Board, to so serve. Mrs. Rusten's address is:

Wayzata, Minn.

Sincerely yours,

Mrs.Malcolm Hargraves
President

MH:s

League of Women Voters of Minnesota
84 South 10th Street, Room 417
Minneapolis 2, Minn. (At. 0941)

November 2, 1948

EXTENSION OF PUBLIC HEALTH SERVICES IN MINNESOTA

One important item on our State League platform has not been passed by the legislature. This is concerned with the extension of Public Health services by permitting the establishment of County or Multiple County Public Health Departments. It has been on our support program since 1944 and is as important to the field of Health as the Reorganization of School Districts is to Education.

Our present system of local health units is based on the pattern laid in territorial days when little was known of the science of preventive medicine and public health. As a result, there are 2714 jurisdictions in Minnesota which are permitted under the law to set up local health units, or about one for every one thousand people. It is estimated, however, that a population of fifty thousand people is necessary to have a broad enough tax base to support an adequate full-time public health department.

In 1945 Minnesota spent for this purpose 42¢ of local taxes per capita plus additional amounts from state and federal funds. Also private organizations raised money for preventive medicine. Still, nearly two million people in our state have no adequate public health services. The per capita cost to maintain county or district units headed by full-time public health officers would be about $1.50. This is a small amount, in comparison to the great economic and personal loss to the community from preventable illness and death, as well as the high cost to the state for the care of cases such as tuberculosis which might have been prevented.

Minnesota is one of the last states to modernize its Public Health system. Forty-one states have already passed laws, either permissive or mandatory, to provide full-time public health services for all the people.

Such a proposal will again be introduced at the 1949 legislative session. It is not too early for local Leagues to review the public health needs in their communities, as well as in the state, and make them known to their legislators.

League of Women Voters of Minnesota
417 Essex Bldg., 84 S. 10th St.
Minneapolis 2, Minn.

Reprinted 11-2-48

EDITORIAL FROM ST. PAUL PIONEER PRESS, MAY 12, 1947

RURAL PUBLIC HEALTH

"One of the most widely and persistently criticised omissions of the Minnesota Legislature is proving to be its failure to enact the local public health service bill.

"That failure was referred to with disparagement and dismay repeatedly during discussions at the recent rural church institute here. The reaction has been critical among state-wide health and farm groups. No real defense of the Legislature's failure in this respect ever has been forthcoming.

"In fact, appearances are that the failure is well nigh indefensible. The legislation was only a permissive act. It would have allowed one or more outlying counties to establish for themselves health services which would be more nearly comparable to the health protection that now is given as a matter of course to the people of the cities. It would have permitted a start toward replacing with effective protection the obsolete methods that constitute part of the background of the higher rates of death and disease and physical disabilities among country people than among city people. In view of the facts, it is not surprising that the failure is seized upon by .....(critical groups)..... in an attempt to make political capital against the legislative majority.

"And yet, the rank and file of that legislative majority had no share whatever in the guilt for killing that good bill. The Senate passed the bill unanimously. The chances are it would have gone through the House by a huge majority--if the House had been given a chance to vote it up or down.

"But the House got no such chance. Instead, the bill was killed in the House Appropriations committee, largely due to the outspoken opposition of three rural members. So it is those three members who have brought down upon the heads of the entire Legislature all the criticism and condemnation. The bill was the victim of an undemocratic process that balanced the determination of three off against most of the rest of the Legislature and let the three win.

"The lesson of all this is that in the next Legislature this bill or its equivalent must not fail. The farm, labor, women's, health, and other groups should have learned from this experience that the price of getting needed legislation enacted is eternal vigilance. And by the time two more years roll around, the idea can be firmly rooted that measures widely demanded for the health of the people are too important to be obstructed by small minorities in committee, and that next time this bill is to go through. That progress, rather than political capital, should be the real fruit of experience with this bill."

S. F. 352
Sen. Wahlstrand, Wright, Grottum
(Reps. Ilstrup, P. K. Peterson, Madden, Holmquist)
Passed by Senate 48-0 on 3/10/49
Reported to pass, as amended, by House Health Comm. 3/25/49

A BILL

FOR AN ACT RELATING TO PUBLIC HEALTH AND TO THE CONTROL OF PREVENTABLE DISEASES; TO AUTHORIZE COUNTIES TO ESTABLISH AND JOIN IN ESTABLISHING COUNTY OR MULTIPLE COUNTY HEALTH DEPARTMENTS; TO PROVIDE FOR FINANCING BY LOCAL, STATE AND FEDERAL GOVERNMENTS AND FOR PRIVATE GIFTS; TO PROVIDE FOR BOARDS OF HEALTH AND ~~FULL-TIME~~ HEALTH OFFICERS; TO PROVIDE FOR THE SUSPENSION UNDER CERTAIN CIRCUMSTANCES OF EXISTING LOCAL BOARDS OF HEALTH AND HEALTH OFFICERS; TO PROVIDE FOR PROMULGATION BY COUNTY BOARDS OF REGULATIONS FOR PRESERVATION OF THE PUBLIC HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. The term health department, as used in this act, is defined as a health department organized and supported by one or more counties. ~~and employing qualified medical, nursing and other personnel under the direction of a full-time qualified health officer. Reference hereinafter made to health departments means such full-time health departments unless otherwise specified.~~

Sec. 2. Subdivision 1. Any county or two or more adjacent counties are hereby authorized and empowered, by resolution adopted by a majority of the members of the county board or county boards of the respective counties, to establish and maintain a health department as herein defined. The county commissioners of any two or more adjacent counties may submit, and on petition of qualified electors equal to 10% of the total vote at the last general election, shall submit such action to a vote of the people. If the majority of the voters voting thereon favor the action, it shall go into effect on the date specified.

Subd. 2. A city of the first or second class located within a county in which a health department is established under this act, shall not come within the jurisdiction of the board of health of such health department until such city, by ordinance of its governing body, shall take action to be included within the jurisdiction of such health department subject to the referendum provided in the following subdivision. In counties containing a city of the first class and wherein the majority of the county commissioner districts lie within the city of the first class, it shall require the unanimous vote of the county board to establish a county health department as provided for in this act.

Subd. 3. The governing body of a city of the first or second class may submit, and on petition of qualified electors equal to 10% of the total vote at the last regular municipal election, shall submit such action to a vote of the people. If the majority of the voters voting thereon favor the action, it shall go into effect on the date specified.

Sec. 3. All powers and duties now or hereafter vested in or imposed upon the local health boards defined in Minnesota Statutes 1945, Section 145.01 shall, in all areas included in the jurisdiction of any health department established under this act, be transferred to, vested in and imposed upon such health department from the date when the health officer of such health department assumes the responsibilities of his appointment or such later date as may be determined by such health department; provided, however, that nothing herein shall affect the registration of vital statistics, except that when any city comes within the jurisdiction of any health department established under this act and is without a city health officer, the state registrar of vital statistics shall appoint a local registrar therein.

Sec. 4. Subdivision 1. Every health department shall be responsible to a local board of health as hereinafter provided for.

Subd. 2. The board of health of a health department embracing one county shall consist of five members appointed by the board of county commissioners. Where two or more counties combine to form a health department, each such county shall, by the same method, appoint two members to the board of health, except that the county having the largest population shall appoint three such members. In each such board of health, one member from each county shall be selected from the largest participating municipality located within such county. In each such board of health, one of the members so appointed shall be a doctor of medicine and one shall be a doctor of dental surgery, each licensed to practice in Minnesota. The remaining members of the board shall be laymen, representative of the people served by the health department.

Subd. 3. At the first meeting of any board of health appointed under this section, the members thereof shall determine by lot the respective original terms to be served by each member, whether one, two, or three years. The same number of such members shall be chosen for each such length of term as nearly as may be. All subsequent appointments, except to fill vacancies in unexpired terms, shall be for three year terms.

Subd. 4. The officers of the board shall be a chairman and a vice chairman, to be elected annually by the members thereof for a term of one year.

Sec. 5. Subdivision 1. Every health department established under this act shall be operated and maintained from funds appropriated and fees collected within the counties included in the area covered by such health department, together with such state and federal funds and private grants which may be appropriated or granted to it or to any of its participating county or other political subdivisions. The cost of maintenance of every such health department shall be borne by the several participating counties on the basis of the ratio of the population of each such county to the total population served by the said health department, and the amount thus required of each of the participating counties for such health department purposes shall be spread as a separate tax levy against all of the taxable property of each of such counties, provided, however, that the tax levy shall not exceed one mill against all of the taxable property of each such counties, and, ~~except that~~ where a city of the first or second class does not come within the jurisdiction of such health department its population shall not be considered in such computation, and the health department tax levy of such county shall not apply to the property within such city.

Subd. 2. The health officer and board of health of every health department created under this act shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the proportionate cost to each participating county. A certified copy of such budget, which shall include a statement of the amount required from each such county, shall be delivered to the board of county commissioners of each participating county. The county boards of all participating counties in each such health department shall meet in joint session, prior to the regular annual July meetings of such boards, for due hearing and agreement on such health department budget. The budget adopted shall be effective when approved by a majority of the members of each such county board in attendance at such joint meeting; ~~provided that such attending members shall constitute a quorum of such board.~~ A majority of each county board shall be in attendance to constitute a quorum for a joint meeting. At its regular meeting in July, each such county board shall include in its annual levy of county taxes, such amount as may be necessary not to exceed the tax limitations imposed by this act for the health department purposes provided for in this act, as a separate levy over and above the limits now imposed for the general fund of the county. Such amount, when collected, shall be credited to the "health department fund" of the county.

Subd. 3. In the accounts and treasury of the county wherein is located the principal office of each multicounty health department there shall be created a "joint health department fund." The treasurer of each county participating in such health department shall pay or cause to be paid into this joint fund from the county "health department fund" all tax monies, fees, grants-in-aid, gifts, or bequests designated for public health department purposes by drawing a warrant in favor of the "joint health department fund" payable to the treasurer of the county selected as the place of deposit of such fund. The said fund shall be used only for the purposes of said health department in accordance with the adopted budget, and shall be expended in the manner prescribed by such board of health pursuant to properly authenticated vouchers of such health department signed by its health officer.

Sec. 6. Subdivision 1. The board of health of every health department organized under this act shall hold regular meetings at least quarterly at such time and place as may be provided by such board, and such special meetings as may be called by its chairman or a majority of its members. Members shall serve without compensation, but shall be entitled to statutory travel and other necessary expenses while engaged in their official duties.

Subd. 2. The board of health shall employ a ~~full-time~~ health officer who shall be a doctor of medicine duly licensed and registered in the State of Minnesota who shall have ~~special training or experience in public health administration~~ the approval of the State Board of Health. He shall be appointed for a term of five years subject to removal for cause after a hearing before the ~~said~~ board of health. He shall be the executive officer of the board of health, shall select subordinate personnel subject to the approval of the board and shall have general supervision of all work conducted by such health department.

Subd. 3. Whenever a county or multiple county health department is established under this act the county health nurse in each of said counties shall be under the supervision and jurisdiction of such county or multiple county health department.

Subd. 4. Every such board of health shall enter into a joint agreement with the boards of county commissioners of the counties and the governing bodies

of participating cities of the first and second class within its jurisdictional area to regulate such matters as salary scales, merit systems, the acquisition of property and personnel of previously existing health departments, the distribution of assets upon withdrawal of any county or city and other matters wherein practices may vary in different participating counties and cities.

Subd. 5. Every such health officer and board of health shall annually prepare a budget of the proposed expenditures of such health department for the ensuing year and the proportionate cost thereunder to each participating county; provided, however, that for the first year of operation of any such health department this function may be performed by the said board alone.

Subd. 6. Each such board of health shall prepare and cause to be published for free public distribution an annual report of the work of its health department.

Subd. 7. Each such board of health may make recommendations to the boards of county commissioners for local legislation pertaining to the public health and generally applicable throughout their counties. It may also recommend to any municipality within its jurisdiction local legislation having specific application to health problems peculiar to such municipality.

Sec. 7. Subdivision 1. The board of county commissioners of any county within the jurisdiction of any health department created under this act shall have the power to adopt and to alter by resolution, and to enforce reasonable regulations for the preservation of the public health, applicable throughout the whole or any portion of the county. Proposed regulations shall be published at least once in a newspaper of general circulation throughout the county or counties served by the health department before adoption. Provided, however, in counties containing a city of the first class and wherein a majority of the county commissioner district lie within a city of the first class, it shall require the unanimous vote of the county board to adopt such rules and regulations, ~~except that~~ and no ~~such~~ county regulation shall supersede or conflict with higher standards established by statute, the regulations of the state board of health, or the provisions of the charter or ordinances of any city pertaining to the same subject matter.

Subd. 2. Nothing in this act shall prohibit any municipality from adopting ordinances or resolutions for the regulation of the public health setting higher standards than those of the state board of health, the board of county commissioners, or the statutes.

Sec. 8. Subdivision 1. Every health department created under this act, subject, however, to the general supervision of the state board of health, shall cause all laws and regulations relating to public health to be obeyed and enforced within its jurisdictional area.

Subd. 2. After any two or more counties shall have taken action to establish a joint health department under this act, any participating county may withdraw therefrom not earlier than one year from the beginning of the next fiscal year following written notice to its board of health and the boards of county commissioners of all other participating counties of its intention so to do.

Subd. 3. Any city of the first or second class participating in a health department established under this act may withdraw therefrom in the manner provided for the withdrawing of a participating county. Thereafter its population shall not be considered in the computation of apportionment of taxes for health department purposes and the health department tax levy of the county thereof shall not include the taxable property within such city.

Subd. 4. Whenever any county or city of the first or second class shall withdraw from any health department established under this act, all provisions of law relating to local health boards and officers as defined in Minnesota Statutes 1945, Sec. 145.01, shall immediately become applicable within such county or city.

Sec. 9. If any of the provisions of this act shall be held unconstitutional, the validity of the remaining provisions thereof shall not be affected thereby.

Sec. 10. This act shall take effect and be in force from and after its passage.

COUNTY UNIT HEALTH BILL

(Talk given by Mrs. Elmer Rusten, December 9, 1948, at Legislative Luncheon for members of Hennepin County delegation, sponsored by League of Women Voters of Mpls.)

Madam Chairman, members of the Hennepin County Delegation, and friends: The League of Women Voters has been interested in health legislation for many years. We were very gratified by the splendid work done by the 1947 legislature in passing the bill which provided state aid to counties for public health nurses. However, we were very disappointed that the bill to enable counties or groups of counties to join together to set up full time public health departments failed to pass. In passing the school district reorganization act, the legislature recognized the need of school districts to consolidate for more efficient administration and use of funds as well as to equalize educational opportunity for all the youth of our state. Just so there is a need for the consolidation of our local health units to provide more adequate public health services for the people of Minnesota. Now what is meant by adequate public health services? Perhaps the most conservative and traditional interpretation of public health is that it is the responsibility of government to protect the individual in the community against the special hazards of communal life. This includes control of communicable and preventable diseases, environmental sanitation in all its aspects, protection of health in maternity, infancy and childhood, health education, and the recording of vital statistics.

According to the American Public Health Association, in order to carry out such a program adequately, it is necessary for a given area to have a full time health department, staffed by professionally trained personnel. This should include a full time public health officer, a public health engineer, a non-professional sanitary assistant, one public health nurse for every 5,000 population, and one clerk for every 15,000 population. In order to have a broad enough tax base to support such a program a minumum population of 50,000 people is necessary.

Contrast with this, the actual situation in Minnesota today. Under the present statutes, every township, village, city, county and borough is permitted to set up a local health department. There are 2,700 such jurisdictions in Minnesota, or about 1 for every 1,000 population. It is not difficult to see that under such conditions, it is practically impossible to carry on an adequate public health program. There are only 4 health departments in Minnesota headed by full time public health officers. These are Minneapolis, St. Paul, Duluth, and Rochester - Olmsted County department; 57.8% of the balance of the political subdivisions have part time medical health officers.

It is estimated that minimum local health services would cost approximately $1.50 per capita, which seems to be a stumbling block. However, this should not be considered an expenditure, but an investment that pays high dividends. For example, one case of TB costs the taxpayers $2,500 a year for hospitalization. This would give adequate public health services to 1,666 people at $1.50 per person. According to Dr. Harry A. Wilmer of the University of Minnesota, Minneapolis saved $10 million in TB treatment costs by making a $200,000 chest X-ray survey. The net gain was figured as the amount saved by the city in hospitalization of cases found by the survey before these victims infected others - plus the amount saved in salaries lost by persons discovered to have TB.

Let us consider the present situation in Hennepin County since it is our responsibility to help solve these problems.

Hennepin County has a large Metropolitan area outside the city limits of Minneapolis which is being served by these small antiquated health units. This is of importance not only to rural Hennepin but also to the city of Minneapolis since diseases know no boundary lines. Dr. Haven Emerson, Chairman of the A.P.H.A. sub-committee that made the survey of the health needs of the entire country stated that the Minnetonka area is the bedroom of Minneapolis, since there are so many commuters. Consequently, conditions there should be of concern to Minneapolis residents.

There are serious problems of environmental sanitation at Minnetonka. This was brought out very clearly in a survey of Orono township made by the State Department of Health following an outbreak of typhoid fever in 1941 due to Lake pollution. Besides sewage disposal, the lake area needs a program for garbage collection. Some of the present methods of garbage disposal certainly constitute health hazards. A full time sanitary engineer is a necessity in the Minnetonka area to cope with these problems. Under our present set-up it is practically impossible to carry on a constructive program in environmental sanitation. There are at least 7 political sub-divisions that have jurisdiction around this Lake while it is all definitely all one public health area.

The need for a uniform program of milk control for all Hennepin County is also apparent. In 1947 there were 15 cases of undulant fever in rural Hennepin and 7 in Minneapolis. This is definitely on the increase. In 1937 there were only 3 cases in the entire county. This past year only 3 counties in the state had a higher incidence than Hennepin. Undulant fever can be prevented by permitting only the sale of pasteurized milk and by eradication of Bang's disease. However, milk ordinances are only as good as the enforcement behind them. So here again there is the need of more efficient supervision.

Health authorities have suggested three proposals that would give adequate health services for this area.

1. A metropolitan area department like the Greater New York metropolitan area.
2. Minneapolis and Rural Hennepin have one department.
3. Rural Hennepin department housed in same building with Minneapolis Department as well as private agencies administering public health programs.

This is suggested so that the programs can be co-ordinated, and prevent overlapping.

In order that one of these may be realized it is our earnest hope that the Hennepin County delegation will take leadership in seeing that legislation will be passed at the 1949 session, which will permit counties to set up full time health departments that are economically feasible.

Minnesota Department of Health

ALBERT J. CHESLEY, M.D., SECRETARY AND EXECUTIVE OFFICER
UNIVERSITY CAMPUS
MINNEAPOLIS 14, MINNESOTA

SECTION OF
DEPARTMENTAL ADMINISTRATION
JEROME W. BROWER, CHIEF

DIVISIONS:
ADMINISTRATION
PUBLIC HEALTH EDUCATION
VITAL STATISTICS

March 28, 1949

Mrs. E. M. Rusten
Lake Hadley, Rt. 4
Wayzata, Minnesota

Dear Mrs. Rusten:

Enclosed is a copy of the proposed agenda for the regional conference on local health units which will be held in Omaha on April 25, 26, and 27.

I have received word that arrangements have been completed to use the Paxton Hotel as headquarters. If you or someone from your organization will be able to attend this conference, would you please have them, in making their reservations, mention the fact that they are attending the regional conference on local health units, for the hotel will be able to accommodate all guests.

The conference will open at 2:00 P.M. on Monday, April 25. The afternoon will be spent in orientation of the entire conference group to the procedure of the conference. An opportunity will also be provided for each of the state teams to meet and become familiar with the problems within their respective states. On April 26 the first part of the morning will be spent in identifying the problems that stand in the way of achieving full coverage of the states with local full time health units.

After these problems are identified, members of the conference will be divided into committees to discuss in detail ways of overcoming the problems. Each committee will be expected to bring a report to the entire conference on the evening of the 26th. In this way all members will be brought up to date on what the different committees think can be done about the problems discussed earlier.

On Wednesday morning each state team will have the opportunity to develop a plan of action for its own state. These state plans will then be presented to the entire conference at the afternoon session.

We are very anxious to have a good representation at this conference from Minnesota, and I sincerely hope that someone from your organization will be able to attend.

Sincerely yours,

A. J. Chesley

A. J. Chesley, M.D.
Executive Officer

AJC/nn

REGIONAL CONFERENCE ON LOCAL HEALTH UNITS

Under auspices of the National Health Council and in cooperation with the State Departments of Health in IOWA, MINNESOTA, NEBRASKA, NORTH DAKOTA, SOUTH DAKOTA

April 25, 26, 27 -- 1949

Hotel Paxton Omaha, Nebraska

PROPOSED AGENDA

Monday, April 25

2:00--2:15 p.m.	Registration
2:15--2:30 p.m.	Opening statement
2:30--3:30 p.m.	Orientation to the conference procedure
3:30--5:00 p.m.	State teams will meet to become familiar with problems and progress within their respective states.

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Tuesday, April 26

9:00--12:00 noon	1. Identification of problems that prevent achieving adequate coverage with local full time health units 2. Classification of problems 3. Organization of committees on problems 4. Instructions to committees 5. Committees begin work on problems*
2:00--5:00 p.m.	Committees continue work on problems*
8:00--10:00 p.m.	Committees present and discuss reports on problems

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Wednesday, April 27

9:00--12:00 noon	State teams work on plans for their home states to achieve the goal of complete coverage with local full time health units*
2:00--4:30 p.m.	Presentation and discussion of plans worked out by state teams
4:30--5:00 p.m.	Summary of Conference

*Persons with special experience pertinent to the work of the committees and state teams will be available to assist with the discussions.

April 9, 1949

Dr. A. J. Chesley
Executive Officer
Minnesota Department of Health
Minneapolis 14, Minnesota

Dear Dr. Chesley:

The Board of the League of Women Voters of Minnesota regrets that it is unable to send a representative to the Conference in Omaha. Our womanpower is particularly hard pressed at present because of the Legislative session, a National Council in Washington and the planning for a state Convention. Also, our budget has no funds to defray the cost of such a trip. We are particularly sorry that Mrs. Rusten, who has been the League's specialist in this field, is unable to attend.

The League, as you know, has worked for a long time for larger units of health administration and full time health departments. Our Leagues are prepared to continue their efforts at the local level should permissive legislation now before the Legislature pass.

We shall be interested in the recommendations that come out of the Conference and hope to continue to cooperate with you.

Sincerely yours,

Mrs. Malcolm Hargraves
President

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September 13, 1949

Mrs. Elmer Rusten
Wayzata
Minnesota

Dear Helen:

We want to congratulate you on your forthright courage in offering to explain the county health authority to the wide world. We hope you will be as well received as you deserve and that the unenlightened will be well-informed and cooperative.

Sincerely,

Mrs. Malcolm Hargraves
President

MH:ln

1 platform item
2 no lobbyist prepared
3 mailing sent
4 take action as individuals

849 Willkie St.
Red Wing, Minn.
Feb. 23, 1953

Mrs. Grace Wilson
LWV State Office
84 So. 10th St/
Minneapolis, Minn.

Dear Mrs. Wilson:

Many of the Red Wing League members ar opposed to an act that is to come up in the Public Health Committee soon. It is House File 855 and Senate File 722. We feel it is a viscious bill and if enacted into law will ~~will~~ greatly endanger public health.

We were wondering if it would be within the League scope to oppose it? We thought maybe under an item on Public Health that is on the Platform, our State League lobbists could oppose it when it comes up in Committee. We know that our Rep. Langley, Chm. of the Public Health Committee is opposed to it but he said there is a lot of money behindthe propone nts, and if it could be opposed by the League it might help combat the money forces that are planning each step carefully to get it pushed through. We in Red Wing aren't sure if the League could do this or not, but it was suggessted I write you to see if it was possible in the interest of Public Health.

Sincerely,
Mrs. B.J. (Dorothy) Holmes

Mrs. B.J.Holmes (State Chm.) R.Ws

Health

February 23, 1953

Mrs. B. J. Holmes
849 Willkie St.
Red Wing, Minn.

Dear Mrs. Holmes,

Thank you for your nice letter of February 23. (Quick answer, eh?).

We are sympathetic about your concern over the bill on public health. And we encourage you to get information on it, and act as your conscience dictates as individuals on it, writing to the committee members etc. We don't ourselves know about this bill.

As far as the State League taking action on it through our lobbyists, it isn't possible for us to do that. The reasons:

1. It is a platform item, public health.
2. State League does not take action on platform items unless they are convinced that League members generally are informed on the matter and are of one mind about it.
3. No lobbyists are prepared, morever, to act. It has kept the committee humping to stay abreast of our agenda items, let alone platform.

It is really time for the State League to face up to some decisions on the place of the Platform in state work. It is too difficult now to make decisions. Education, Housing, Civil Service --- and no doubt others, could stand work by us, if we were able to carry it. But woman power is limited.

Sincerely,

Mrs. Harold Wilson
Organization Secretary

MINNESOTA ASSOCIATION FOR MENTAL HEALTH, Inc.

309 EAST FRANKLIN AVENUE, MINNEAPOLIS 4, MINNESOTA • FEDERAL 5-8883

A Division of National Association for Mental Health

A non-profit educational and service corporation supported by voluntary contributions.

March 22, 1957

MAX R. WILLIAMSON
Executive Director

Mrs. Basil Young
117 W. Howard Avenue
Hibbing, Minnesota

Dear Mrs. Young:

The Minnesota Association for Mental Health is holding a Program Planning Workshop May 1 at the Minneapolis Woman's Club, the details of which are in the enclosed letter.

It is our hope that we can inform the League chairmen of the Workshop so that representatives from as many local Leagues as possible can attend. The enclosed letter is the one we would like to present to all your member groups.

Our purpose is truly educational and we truly hope that the idea will meet with your approval.

Most sincerely,

Faith P. Hedin

Mrs. J. W. Hedin
1721 James Avenue S.
Franklin 7-5013

FPH:ls
Encl.

Dear Chairman:

I want to tell you about an opportunity for community service in which I'm sure your organization will take interest.

It's a "program planning workshop" to aid community, social, civic and service groups of all kinds to plan study or information programs on one of the vital topics of our time --- the vast topic of mental illness and health.

The Workshop will be held at the Minneapolis Woman's Club from 10:00 a.m. to 3:30 p.m. on May 1, and it will be open to groups throughout the state to help them plan mental health programs or program series for 1957-1958. I very much hope your group will be represented.

Many organizations in Minnesota have already devoted programs to this topic, and yours may be among them. But the enormity of the problem is hardly more than recognized, and the fight to meet it barely begun Let me enumerate some of the startling facts:

... Minnesota, 10 years ago a national leader in mental health activity, is today a follower.

... We have in our hospitals 1 doctor to 175 patients; 1 psychiatrist to 635 patients; 1 social worker to 762 patients.

... We pay $3.02 a day per patient, which includes <u>all</u> care and treatment.

... More than 16 million Americans, 1 in 10, are suffering from mental disorders.

... More people($750,000) are in hospitals for mental illness than for polio, cancer and heart disease and <u>all</u> <u>other</u> diseases combined.

... More than 250,000 people will be admitted to a mental hospital for the first time this year.

... Mental disorder is an important factor in 50 to 70% of all medical cases treated by physicians.

... Criminal behavior, juvenile delinquency, narcotic addiction, alcoholism and marital difficulties are usually attributed to mental disturbances. Over 2 million working years of life are lost by new patients admitted to mental hospitals each year. This amounts to $4 billion in potential earnings.

... Mental illness is a personal thing with all of us. Dr. William C. Menninger, one of the world's great psychiatrists, when in Minneapolis recently, said that "every citizen some time in his life, will need help for mental distrubance".

... We cannot treat this problem passively. It is the duty of each citizen to act <u>now</u> to curb and eliminate it.

It is to meet and conquer America's Number One disease that the Minnesota Association for Mental Health is organizing the Program Planning Workshop. And it is through organizations such as yours, along with local branches of the Association, that the campaign can be made effective. Because it believes that knowledge and organized planning are the key to victory over mental disease, the Association is offering the Workshop to you and others in the state as a public service --- you are in no way obligated by attendance at this Workshop to participate in fund raising for the Association.

Our suggestion is that your group send its Health or Social Service chairman, or a special appointee if it wishes, to the meeting. Dr. Dale C. Cameron, whom you know both as an outstanding psychiatrist and the Medical Director of the Minnesota Department of Public Welfare, will be key speaker. Other speakers will be specialists in the field of mental health. They will bring to you not only background information on the problem, but also suggest subjects and materials for your own group meetings; they will tell you above movies, books, pamphlets and speakers available.

Luncheon, at 12:00 o'clock, will be followed by a question and answer period. Luncheon tickets are $1.75, plus a 50¢ registration fee to cover expenses, including a program planning kit.

We of the Association very much hopethat your group will be among thos represented at the Workshop. And we should be grateful if you could have this letter read to the group and fill out and return the enclosed card so that we may know how many Minnesotans we have reached.

Your help will be a genuine service to your community and your state.

Sincerely,

Faith P. Hedin (Mrs. J. W.)
1721 James Avenue S.
Franklin 7-5013

FPH:ls
Encl.

March 30, 1957

Mrs. J. W. Hedin,
Minnesota Association for Mental Health, Inc.
1721 James Ave. South
Minneapolis, Minn.

Dear Mrs. Hedin:

Thank you for your letter of March 22nd inviting League representatives to your Program Planning Workshop May 1st.

I have announced this meeting in my letter to our local leagues which will go out next week.

Sincerely,

Mrs. Basil Young
President