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A History
of the

POOR AND HOSPITAL COMMISSION
ITASCA COUNTY, MINNESOTA

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of the
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Itasca County,
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C O N T E N T S

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FOREWORD

Welfare Pioneering
A PIONEER IN WELFARE.

The purpose of this paper is to tell the story of the ~~Poor Board and~~ *Itasca County*
~~and Welfare Board~~
Hospital Commissioners of Itasca County, Minnesota, now called the County
~~Welfare Board~~, and to show why it is worth writing about.

~~The significance of this board is found mainly in that it has done~~ *this board*
in less than 25 years what ^{many} major cities and counties have required from
fifty to some hundreds of years to do and what in the great majority of
rural minor counties has not ~~yet~~ been done at all. Another significance of this
Itasca work is that the county referred to is a rather sparsely settled county
only a generation or so removed little removed in time as well as in population from pioneer days, so that
the effect of the work done and the methods used *its* in going about it are
easily seen and analyzed *still visible and easy to analyze.*

Other counties have similar or greater problems in the handling of
welfare work and if this account is simple enough and intelligent enough
it is hoped that county officers and legislators as well as public spirit-
ed citizens may find ~~in this brief story~~ *the* information which may be helpful
to them in taking steps to improve their own county organizations for the
relief and rehabilitation of the poor.

board of poor
The ~~poor board~~ of Itasca County took over a responsibility which
the county board found irksome. In any county in which welfare functions
are discharged in the main by the county commissioners it will be found
that the *usual procedure, mainly because it is easiest, is to establish* ordinary methods of these commissioners is the establishment of
a county farm or "poor house," and some form of work relief usually on the
county *roads.* ~~boards.~~

It is only in recent years that state and federal agencies have come
into existence. Although some measure of public responsibility for the
care of the needy has come down to us in the English Poor Law, *about* of which
it has been a part from the time of Queen Elizabeth, it took an economic
catastrophe in this country to bring about a realization that economic

inadequacy. Many dependence does not always imply social ~~adapting~~. ~~Most~~ persons recognize that public responsibility for the care of the needy must, if it is to become a part of the strength of democracy, incorporate within its scope not only the harsh legal restrictions of the Elizabethan Poor Laws, but also the deep charity and philosophy that has grown up under private philanthropy and the scientific knowledge that has been accumulated over a period of several hundred years from experience of public and private agencies and the research of sociologists. But men of affairs, chosen ^{as} ~~to~~ county boards ^{commissioners}, are fortunate if they recognize their responsibility ~~to the public~~ and more fortunate if they have the wisdom to realize that welfare work is a difficult and ^{often} dangerous task.

One of the remarkable things about the ~~county board~~ ^{commissioners} of Itasca was that these men, finding ~~that~~ the work of taking care of the ^{un}fortunate a ^{problem} ~~major~~ ^{problem}, neither dodged their responsibility nor did ~~the~~ the job in a half-hearted or careless way. They thought the problem through, they chose five men to take that responsibility and they backed up those men and continue to back them through thick and thin.

That five men were ^{found who would} ~~willing~~ take over this grave problem and ~~in~~ put in an extraordinary amount of time and effort ^{recompense} ~~to the task~~ without ~~any compensation~~ is similarly remarkable. That they had the judgment and vision to forge a legal instrument without which they would have been practically helpless in their task is unusual.

Not only did the ^{board of} ~~men of the poor board~~ take the responsibility which the ^{commissioners} ~~County Board~~ placed upon them, but they held that responsibility against all challenge with the help of this pioneer law. They were ordered to unite all welfare work in the county and they achieved that purpose with the help of the state and federal governments in a remarkable way. Not only did they cooperate with other agencies, but recognizing ^{the} ~~their~~ orders, they controlled these agencies. They held their power because they were told to hold it and they did it without pay and without ~~responsibility~~ dodging their respon-

sibility because they were determined to help the people of the county and laid aside other business to do it.

They did their job in such a way that they earned the respect and admiration of all - the poor, the rich, the middle class, the tax payers, the families of those they served and the irresponsibilities of the community. They met the challenge of pressure groups and disarmed them by frankness and by doing ~~things~~ what they were supposed to do.

Back in 1917, ^a ~~the~~ great ~~struggle~~ World War ~~was~~ was raging and the post-war depression had not yet been dreamed of. Only the larger metropolitan areas had set up tax-supported welfare agencies to provide the deserving poor with subsistence and medical and hospital care as needed. In rural areas, ~~there~~ the thought of ^{formal} public works as a relief measure had been forgotten if indeed it had ~~been~~ been heard of since "Coxey's Army" wended its tatterdemalion way to Washington ^{in 1894} ~~to get jobs~~ determined to find work by a great ~~bond~~ bond issue that would spread roads, bridges and other improvements over the country.

It therefore ^{comes} as a distinct surprise to know that Itasca County, in northern Minnesota, established a non-political welfare board in 1917, which has maintained scientific control over the county relief expenditures ever since.

More than 1,800,000 acres in area, Itasca is one of the largest counties in the United States east of the Mississippi River. Its population in 1940 was 32,996; in 1917, it was scarcely half that. One naturally wonders what influences were ~~were~~ present in that rural, sparsely-settled region to account for the establishment of the Itasca County ^{Board of} Poor and Hospital Commission ^{as} as early as 1917.

The answer is perhaps to be inferred from the economic makeup of the county at that time. It was dependent mainly upon three basic industries, lumbering, agriculture, and the mining of iron ore. Of these, lumbering was already moribund, with the pine almost gone, and agriculture was still in its infancy. The third, iron mining, was then entering upon its prosperous World War phase, but it had never provided more than seasonal employment, while technological

improvements had already been largely instrumental in reducing total employment in Itasca County mines to the low figure of 1,160 in 1915. Even in 1917, *then,* Itasca was facing an unemployment problem.

Another factor which undoubtedly had its influence in the 1917 decision was the fact that the principle of hospital insurance had been introduced into the county in an early day. The public had become accustomed to having hospital facilities conveniently at hand and, although the original institution was dormant in 1917, its idle plant was a constant reminder of a service which the community needed.

I

A THREE-WAY WATERSHED

A brief review of the setting and of the events leading up to the establishment of the Itasca County Poor and Hospital Commission will promote a better understanding of its history.

Itasca County is in north central Minnesota, its northern boundary being within sixty-five miles of the Canadian border. It sits like a saddle on a three-way watershed.

The streams of the southern part of the county drain to the Gulf of Mexico through the Mississippi River. The northern section drains into Hudson Bay through the Big Fork and Rainy Rivers. And certain of its waters find their way to the Great Lakes and the St. Lawrence.

The winters are long with much snow and severe cold. The summers are short and marked by hot days and cool nights. A temperature swing of 130 degrees between summer and winter extremes is usual.

Itasca County comprises 2844 square miles or 1,819,676.52 acres. Of this area 128,768.61 acres are covered by the waters of meandered lakes and streams. There are 372 such lakes in the county.

The county's population is about equally divided between the rural areas and the towns and villages. The population, 1940 census, is 32,994. This is an increase of 21.2 over the 1930 count. The further fact that there was an increase of 14 per cent in the 1920 decade indicates the steady growth of the county.

The seat of the county government is the village of Grand Rapids, situated in the south central part of the county on the Mississippi River, population 4,875.

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The county area may be roughly divided into three sections; timber, mining and agricultural.

The chief timber regions are the Chippewa National Forest in the southwestern part of the county and the George Washington Memorial State Forest in the north-eastern ~~part~~. These forest projects are located, for the most part, on lands that are marginal or sub-marginal from an agricultural standpoint.

During the past decade both forests have received extensive improvements through activities of ~~CCC Forestry WPA~~ and such emergency employment projects *as the Civilian Conservation Corps and the Work Progress Administration*. There are a few other small timber holdings, *mainly under private ownership*, scattered throughout the county.

The iron mining section of the county lies east and a bit north of Grand Rapids. Here is found the chief concentration of population outside the county seat. There are eight mining towns or villages with populations ranging from 300 to 2500.

The remainder of the county may be termed the agricultural area. Farming is in *its pioneer* ~~the beginning~~ stages in Itasca County. Less than *percent* ~~5%~~ of the available land is under tillage ~~as yet~~. Most of the well developed farms are found in the southern ~~one~~ third of the county.

The inhabitants are descendants of many nationalities, of which the following predominate; Finnish, Scandinavian, Jugo-Slav, Italian, Indian, and the usual scattering of German, Irish, English, Scotch and French found in *any* midwest community.

and those of Italian descent are
~~Those of Italian descent and~~ The Jugo-Slavs ~~are~~ found centered in the mining towns. The farming population includes most of those of Finnish and Scandinavian extraction as well as *some* ~~many~~ of German descent. Several families of Czecho-Slovaks are located on farms in the northwestern part of the county.

The Indians are grouped in a few villages in the western part and number about one hundred families.

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scattered

Other nationalities are in towns and on farms, and in official capacity in the mines.

Good roads reach all parts of the county. The past ten years have brought great improvement in this respect through depression time work provided by the County, State and Federal governments. The county is served by one railroad that crosses the county from east to west in the southern part. This once had several "feeders" reaching into the northern ~~parts~~ ^{sections} of the county. The main purpose of these feeders was to haul timber and timber products to the main line and over the continental divide to the Mississippi. When logging operations were completed these lines were taken up. The Iron Range has a separate railroad to haul ore to the head-of-lakes docks at Duluth.

Occupations:

The Mesaba Range

~~Mining~~ The part of the Mesaba Iron range that lies within Itasca County includes ^{more than} fifty-four mines. Less than one-half of these are in operation on the average.

Sub
Chas. Mesaba
Iron Range

The mines are of two general types, underground and open-pit. Most of the operating mines ^{today} ~~in this day~~ are of the open-pit type. The early mining was underground, the open-pit method a later development.

Iron mining began in Itasca County a year or two before 1900, and was ^{conducted} ~~on~~ a small scale until 1910. The latter year saw the beginning of the use of heavy machinery and of open-pit mining. A few of the underground mines have continued in operation because of the quality of the ore obtained, and to use ^{in order} ~~the~~ equipment ~~on hand~~ ^{already installed}.

Open-pit mining consists of stripping of the soil and parent rock from the ore, and the removal of the ore from the bed by power shovels. This method of mining requires processing of the ore mined. The processing is done at crushers and washing plants located at the mines.

Employment in the mines has varied from a high of five thousand in 1921 to a low of eleven ~~hundred~~ in 1915 and 1932. There has been a gradual improvement

of mining methods, and a consequent lessening of ^{the number of} men employed per unit volume during the past twenty years. In the peak employment year of 1921 the amount of ore shipped was 6,000,000 tons ^{with 5000 men} employed, while the peak production year was 1923, with 9,800,000 tons shipped, ^{and with} 4800 ~~employed~~ ^{workers used}.

When volume mining began there was lack of housing facilities. The mining companies built groups of homes conveniently located for their workmen on what were called "locations". Practically all of these were later incorporated in ~~the~~ mining towns or villages.

Another factor in the mining industry of the county is its seasonable nature, ^{which causes} ~~causing~~ a forced lay-off of ~~the~~ workmen ^{from} for a four to six month ~~period~~ each year. The unfortunate fact is that the unemployed period applies chiefly to the lower wage group, as the skilled labor lay-off is lessened by shop employment through all or part of the winter months.

Further, the mining companies mine for the season only. From their standpoint it is inadvisable to build up stock-piles for future use, as this product is taxed much more heavily than the unmined ore. For this reason, in a year of few orders, little mining is done and few men employed.

^{The mining companies have attempted to} ~~From a social agency standpoint, the mining industry has shown a commendable attitude.~~ ^{mitigate the severe effects of the lay off of employees} In slack times ^{they make} ~~it has~~ reduced rents on company owned houses, employed men on maintenance and improvement projects on a part time basis to spread the pay checks, operating at a very small margin of profit or even at a loss rather than close down altogether and wait for better times.

In safety work to lessen at-work injuries splendid improvement has been made during the thirty odd years of operation. A few examples from yearly records show this:

1913,	2000 employed, 260 injured.
1914,	2500 employed, 255 injured.
1918,	4500 employed, 250 injured.
1923,	4700 employed, 230 injured.
1925,	3800 employed, 155 injured.

1930, 4300 employed, 120 injured.

1932, 1100 employed, 20 injured. (Record low employment year since 1910).

Employment has increased since this 1932 record, ^{but} the injury record has ^{held} been at or below this level, in proportion to men employed.

Other welfare activities of the mining companies include quantity purchases of fuel sold at cost to mining town inhabitants, ⁽³⁾ medical ^{aid} and hospital care aid, help and encouragement along educational lines, and pensions to long-time employees. Social minded mining officials advise their people in financial, social and legal matters; and many times in family and inter-family affairs.

The hospitals serving the mining area are the ROOD HOSPITAL and the ADAMS HOSPITAL located in Hibbing, St. Louis County. The western end of the Mesaba Iron range lies in Itasca county; the balance, in fact the greater part, of the Range lies to the east in St. Louis County. The above-mentioned mining hospitals are sponsored and maintained for the most part by the mining interests. These hospitals have branches in the Itasca County mining towns. The branches serve as diagnosing centers, and for treatment of minor misfortunes; cases requiring surgical care or bed treatment are taken to the main hospital at Hibbing.

It is estimated that the high grade ore now being mined in Itasca County will be exhausted in about thirty years. Experiments are being conducted in the processing of lower grade ores. Satisfactory results from this experimentation would extend the mining period for many years.

Lumber Jack Days ⁽⁵⁴⁶⁾
~~Logging.~~ The entire county was once heavily timbered. This timber was the attraction that drew early comers to Itasca County. The first logging camps were opened in the decade before 1880. The major portion of the logs were floated down the Mississippi to mills at Minneapolis. In the latter part of the logging days a considerable amount of timber was processed locally and hauled out by railroad. The best and more convenient stands of timber were rapidly cut, and by 1910 the "Paul Bunyan" days were over.

[Since that time, logging activities have been those of the small operator who purchases stumpage from State, Federal or private owner, and those of the land owners themselves. The timber products now are pulp wood, railroad cross-ties, cedar fence-posts and poles for telegraph and telephone, match wood and box wood, mining timbers, and some saw timber of inferior grade.

[Camp logging operations are seasonal, conducted chiefly during the winter months when the swamps and bogs are frozen.

[The volume is small compared with the boom logging days, but is important as a bridging of the gap between logging and agriculture.

Modern Pioneering Sub
~~Farming~~, + Agriculture is in its beginnings in the region, less than five percent of the available land being under cultivation. With open farm land available at low prices, cutover land that must be cleared does not attract the experienced, well-equipped farmer. However, developments have been made steadily, though not rapidly, through the past twenty years. [Those making the land improvements fall into several classes. [One group is composed of those who wish to own a home and supplement their part time employment in mines, woods and other activities. This idea has been encouraged by cheap lands and development of good roads.

[In early days a considerable part of the land was homesteaded for its timber. Many homesteaders sold timber rights to logging concerns and worked in the camps. When logging ended, some had made headway in land clearing and continued their improvements, supplementing their income by work in small timber product camps and by township and county road work.

[During the period when land prices were high elsewhere, some with ~~strictly~~ farming ambitions and restricted capital bought cut-over land of the region and developed it. The economic mortality was high in this group, but the developments remained. Many succeeded, notably the groups of Finnish farmers with their co-operative enterprises.

[The members of another distinctive group are the victims of the depression. Many, losing employment elsewhere, often with large families and attracted by cheap

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land on easy terms and an abundance of fish, game, and wild fruit, and fuel to aid subsistence, moved in, erected a shelter, opened a garden patch and started from scratch. In early depression years these were numerous. In later years they have been limited by the county's natural reluctance to ~~their acquisition of resi-~~ ^{have any family establish-} ~~legal residence here which gave evidence of becoming~~ ^(H) ~~potential county dependents.~~ ^{dence except in the cases of the more desirable ones.}

[The main cash crops produced are dairy and poultry products and potatoes. Others are seed, truck garden products, small fruit, pork, mutton and wool.

[The chief markets are the county seat and the mining towns. Naturally, this market is conditioned by mine operation. A considerable demand for seed potatoes from this region has developed in states farther south.

[The University of Minnesota maintains and conducts an experimental farm as a branch of the Agricultural College. This is located on good roads near the county seat.

[The county employs an agricultural agent, whose function is to advise with and aid the farmers with their problems. ^{It has} ~~They have~~ been fortunate in being able to keep individual agents for long ~~time~~ periods, and the county has profited by their intimate knowledge of the territory, individuals, and local conditions.

~~SUMMER RESORTS.~~ ^{some} ~~There are~~ ^{THE RESORT BUSINESS} ~~125 "summer resorts" of various types in Itasca County. There are Boys' and Girls' camps catering to the families of those in the upper financial brackets, and summer "welfare camps" for less fortunate children.~~ ^{But}

⁵ ~~Summertime, tourists are served by cabin camps, trailer camps, camp grounds and lodges, offering lodging and meals. The more elaborate places have summer "hotels" with tennis courts, golf courses, and riding horses, in addition to the natural accommodations of bathing, fishing and boating.~~ ^{The state and national parks in the area lend their aid to this sort of}

[The resort season is from May 15 to Labor Day. The chief attractions are ^{recreation} the cool nights, clear lakes well stocked with fish and excellent for bathing and boating. The timbered and cutover regions afford good deer and bear hunting, and the streams and lakes offer good duck shooting during the fall flight. Many of the camps have an additional run during the hunting seasons.

[The resorts draw their custom from the east, south and middle west. They hire a few of the employables of the region, and, during their short season, are an important market for dairy, poultry and truck farm products. The summer resort and tourist trade is an important addition to the commerce of the county.

Manufacturing LS Limited (sub)
~~MANUFACTURING:~~ [The most important manufacturing concern in the county is the Blandin Paper Mill located at Grand Rapids on the banks of the Mississippi river. This Mill employs 250-300 people, and was opened for operation in 1902. With ups and downs it has been running since that time.

[The paper mill purchases almost all its material locally from nearby pulp cutting camps, and from individuals cutting and hauling from their own land. The mill uses from thirty to thirty-five thousand cords of pulp wood per year, and has a production output of one hundred fifty tons of paper per day.

[At Deer River, population 987, in the southwestern part of the county, is a box factory. It uses material purchased in the locality, and employs between fifty and sixty people.

[There are several co-operative and private-capital creameries scattered over the county; also a number of small saw and planing mills, mostly employed in custom sawing of lumber which is used, for the most part, in local building projects.

[Commercial activities in the county are those required to serve the needs of the territory. The county seat has a wholesale grocery concern, yards for the marketing of timber products, and a freight trucking company.

To get a clear idea of the "why" of a social agency in Itasca County it is necessary to go back to the years immediately following the logging period.

Logging was the county's chief industry in the early days. The closing of the camps and "slacking off" of shipping on the logging railroads severely curtailed employment. This type of work had been the main dependence of many of the early settlers. Some left, but many stayed through choice or necessity. In parts of the county the closing of the camps was partially offset by the opening of larger scale operation in the iron mines at about this time.

The governing body of the county is the Board of County Commissioners. The county is divided into five commissioner districts, and the Board consists of five Commissioners, elected one from each district. ^A ~~the chief~~ concern of the Board is road maintenance and improvement. ~~It~~ has several other functions of varying importance. In early days its field was very wide and complex as it was practically the sole arbiter in all county affairs.

In case of misfortune, sickness, fire, crop failure or unemployment the county commissioner from ^{the victim's} ~~year~~ particular district was the one to see. Assistance sometimes ^{was} ~~was~~ given in the form of work on the county roads, but more often ^{it took the form of} ~~was~~ a direct grant of a grocery order, order for building materials or medical or hospital aid paid for from county funds on the order of the commissioner. Until 1917 each commissioner was ^{the} sole ^{author} ~~authority~~ in the granting of these aids within his own district.

Under this system the amount and type of assistance granted differed widely throughout the county. Road work was paid for from a county road and bridge fund. This was raised from taxation on county property and divided proportionately ^{among} ~~between~~ the districts, thus having definite limits in each district. Direct aids were paid from a county poor fund, which was not divided.

This granting of relief was considered a minor duty of the commissioner. Due to time required, condition of roads, and size of district, little investigation of the comparative need of applicants was made. The personal acquaintance of the commissioner and reports of neighborhood groups were the governing factors. Nat-

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eloquence
urally, the skill of the applicant and generosity of the commissioner entered in. Oldtimers state that the occurrence of election year was not without effect on both demand and generosity. Another consideration is that the unemployment, because of closing of logging camps, was cushioned a bit by increased activity and employment in the mines. This helped in the eastern part of the county. }

[The records show that during the years 1913, 1914, 1915 and 1916 the amount of aid granted in district No. 1, in the western part of the county, totaled more than that of the other four districts combined. This situation was the cause of dissatisfaction in other districts, both on the part of prospective recipients of aid and of the commissioners wishing to keep this item at a minimum. Further, the fund was "in the red" and ^{the} county was compelled to pay interest on warrants issued in excess of the fund, and a ^{rise} ~~raise~~ in the tax rate impended. Sub

Hospital Tickets
[Another contributing fact was the hospital situation in Itasca County. Until 1910, practically the entire population of the county was dependent for a living on the logging industry or on services to those engaged in logging. There were a few settlers working in the camps, but most of those employed were typical "lumber-jacks". They were usually single men who followed the camps from one section of the country to another as the timber was cut off.

["Jack" was a carefree individual who gave little thought to the future. He worked all winter in the woods, lived in camps of doubtful sanitation and drew against his wages for necessary clothing, and tobacco kept in stock, usually by the camp clerk. At the time of the spring break-up he drew his balance from the camp, generally in the form of a check, and headed for the nearest point where a good time might be had. The fee for cashing his check was often as high as twenty-five cents on the dollar, and the remainder was spent on entertainment within a week or so. Then to the Dakota harvest fields, and in the fall, back to camp.

[This manner of life did not make provision for any sickness or accident. A company known under one of its names as "The Northwest Hospital Company" established several hospitals through the northern part of the state, and one was located at Grand Rapids, Itasca County. Their plan of operation included the sale of "hospital

tickets" to the men working in the logging camps. The charge for a ticket ranged from nine to twelve dollars each. A ticket was supposed to entitle the purchaser to any needed hospital service during the period of one year. Practically all the clients of this hospital were the people of the camps. The tickets were sold on commission by agents who visited the camps for that purpose.

[This hospital ^{company} operated with varying success while the big camps were running. When financial difficulties became too great ^{it} they closed for a time and ^{later} reopened under another name. ^{The management is} They ~~are~~ reported to have had more than an average reluctance ^{to} ~~to~~ paying ^{its} ~~their~~ local bills. This unfortunate characteristic became ~~their~~ downfall when big logging operations ended. It was by no means an altruistic set-up, but certainly an early attempt at group hospitalization.

[The larger camps were closed about 1910 and the "company" permanently closed ^{its} ~~their~~ hospital. The building was taken over by two local doctors, Dr. Thomas Russell and Dr. H. B. Ehle. They acted as house physicians and surgeons. The care and nursing of patients was taken over by the Benedictine Sisters. They tried operating on the "ticket" plan, but the effort was not a financial success. They found that they could not give good, conscientious service ^{at} ~~for~~ a price low enough to make the tickets ^{attractive} ~~sell~~ to persons ~~not~~ sick at the time of purchase. They operated for a couple of years and then closed for a while. They reopened and continued ~~on~~ a sort of nursing home ~~basis~~ until 1917.

[There was another private hospital conducted in Grand Rapids on a site directly across the Mississippi River from the present paper mill location. A Dr. Rosser conducted this in connection with his own practice. It closed before 1917, Dr. Rosser leaving for another location.

A Sanatorium Plan — Sub

[Due to several causes there were a large number of cases of tuberculosis in the county. These were cared for in sanitoriums in this and other states. As few families were able to meet the expense of this sanatorium care, these unfortunates became county charges and the expense fell upon the county. By 1912 this expense was so great that there was considerable demand for a local sanatorium. The plan was

to build this sanitorium with combined county and state funds. At a meeting of the County Board of Commissioners held June 10, 1913, steps were taken toward the establishment of such a sanitorium in Itasca County.

At this meeting an appropriation was made from county funds in amount of \$15,000, and a small tax levy was made for additional funds. This was done with the condition or understanding that the State of Minnesota would furnish a like amount for purchase of the site and erection of buildings, and thereafter would assume one half the cost of maintenance.

On the same date the County Board appointed a committee of three members; ^{full names} ~~Thomas~~ Dr. Russell and Dr. Storch of Grand Rapids, and Dr. Ring of Nashwauk. ~~These men~~ were considered best fitted for this service because of their professional knowledge of conditions and requirements. They were to act as advisors of the County Board.

After careful investigation and consideration this committee advised against the project of a sanitorium in Itasca County. The basis of this decision was the difficulty of agreeing upon a site for such an institution. From the standpoint of practical facilities there was no site suggested except ones that were in or on the outskirts of the villages of the county located on the main-line railroad. The committee considered the locating of a tuberculosis sanitorium in such a place as too great a menace to the health of the community under consideration. There were other minor reasons, but this was the chief factor. As a result of the committee report the matter was dropped for a time; meanwhile the fund appropriated accumulated a bit of interest.

At this time the leading newspapers of the county were the Itasca County Independent and the Grand Rapids Herald-Review. They are weekly papers published in Grand Rapids. In an issue for August 25, 1915, the Herald-Review revived the ^{any} ~~sanitorium~~ discussion. In a leading, front-page article it stated that "there is an appropriation of \$20,000 ear-marked two years ago (1913) for a hospital and this fund is lying idle. A law passed by the legislature in 1915 made it possible for the county commissioners to appropriate \$40,000 to build and maintain a hospital

and, if that is not enough, that \$20,000 ~~can~~ can be added to the appropriation legally." A suggestion ^{was} ~~is~~ made in the article that the hospital be built and turned over to a Catholic sisterhood to run. The article also states that a county-wide vote in 1916 would be necessary to sanction the building of such an institution under county expense and sponsorship.

With this, interest revived, and the ~~Herald-Review~~ for October 6, 1916, reports that the Grand Rapids commercial club had appointed on October 4, a committee to meet with the County Board of Commissioners to discuss the hospital matter. The members of this committee were Henry Hughes, Ralph Stone, A. L. Thwing and J. A. Amberg.

The July 12, 1916, issue of the Herald-Review stated that the Board of County Commissioners had decided to put the question of a County Hospital up to the voters of the county in the November, 1916 election. ~~It stated~~ "There has been considerable agitation for such a hospital from time to time ^{it reported,} and much discussion pro and con on the idea of a county hospital." The County Board of Commissioners determined to have the voters decide the question and ask for a vote in November on the question of building the county hospital at a cost not to exceed \$50,000.00."

The voters' decision in November was in favor of the hospital and on November 14, 1916, the members of the Grand Rapids Commercial Club "hospital committee", named before, and President Rossman of the Commercial Club met with the County Board at the courthouse. The Commercial Club group suggested that the County Board of Commissioners appoint an advisory committee of five members. This committee would, in an unofficial capacity, aid the County Board in hospital affairs. As the proposed institution was to be county-owned and conducted, it was suggested that the committee be made up of one ^{or} ~~appointment~~ from each commissioner district, to serve without pay. The committee would, by visit and correspondence, collect from other hospital organizations information on building and equipment, methods of management, and such other data as might be of value in building and setting up the organization of an Itasca County Hospital.

(19)

¹⁴
State's First County Hospital

sub

[After adjournment for consideration of the proposal, the County Board met again on November 18, 1916. Having decided to follow the suggestion made, they appointed the following men to act on this advisory hospital committee:

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District 1 - - - - - M. J. Baker, Deer River merchant
District 2 - - - - - George O'Brien, Cohasset farmer
District 3 - - - - - Alexander King, Coleraine mine official
District 4 - - - - - Dr. Daniel Costello, Grand Rapids dentist
District 5 - - - - - B. W. Batchelder, Nashwauk

[At the meeting of the County Board on December 5, 1916, Dr. ^{H.M.} Bracken, secretary of the State Board of Health, discussed hospital matters with the board and advisory committee.

[At the first Commissioners' meeting of the new year on January 2, 1917, three members of the hospital advisory committee, King, Baker and Batchelder tendered the committee's first report. The report stated, in part: "Itasca County Hospital will be the first hospital to be constructed by a county government in the State of Minnesota. Its construction and maintenance have created new legal problems as no provision has been made in the Minnesota statutes for this kind of county work."

[In accordance with the report the County Board authorized the advisory committee to draft a bill to be presented in the legislature; this bill authorizing the building of a county hospital, and outlining the method of management.

[The Herald-Review of February 14, 1917, states "County Attorney Ralph Stone, assisted by C. C. McCarthy and receiving suggestions from a number of others, has drafted a bill which is proposed to have introduced at the present session of the legislature, providing for the management and control of the new Itasca County Hospital and for the poor of the county."

[It will be remembered that at the last session of the old Board of County Commissioners, Mr. Stone was instructed to prepare a bill covering points involved in the decision of the voters of the county to build a county hospital. In his work on this bill Mr. Stone conferred with a great many people and there

seemed to be a general feeling that the measure should also include a provision for making the care of the poor of the county a part of the duty of the hospital board, as well as charging them with the responsibility of conducting the hospital. It is felt that these two interests are so closely allied that they should be combined under the management of a single body.

"The bill has been prepared to follow quite closely the lines of the act under which the St. Louis County Poor Board operates. The system has been a tremendous success in St. Louis County. It is felt by many that it would be a good thing to relieve the County Commissioners of the duty of caring for the poor. These obligations have consumed a great deal of the time of the commissioners and has caused them a great deal of expense. In fact, some of the commissioners have made the statement that their expenses on poor cases alone have used up the entire expense money allowed them for the year."

Confident of the favorable action of the legislature, the hospital committee proceeded with arrangements to get the building started. The Herald-Review for March 21, 1917, reports that F. H. Masse & Co., architects of Rochester, Minnesota, had received appointment as architects for the Itasca County Hospital building.

The Poor Board Bill
The bill that was drawn by the committee under authorization of the County Board of Commissioners and introduced in the legislature was as follows:-

Chapter 187 - S. F. No. 635.

(An act to create a Board of Poor and Hospital Commissioners in counties having not less than eighty congressional townships, and an assessed valuation of not less than twenty million dollars and not to exceed fifty million dollars and to define the powers and duties of such board.)

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Be it Enacted by the legislature of the State of Minnesota -

Sec. 1. Appointment of Board of Poor and Hospital Commissioners.

Qualifications, - In all counties in this state containing not less than eighty congressional townships and having an assessed valuation of not less than twenty million dollars and not exceeding fifty million dollars there shall be appointed, as herein provided, a board of poor and hospital commissioners consisting of five members who shall be electors of said county. Such board shall be appointed by the board of county commissioners of such county, with the approval of the judges of the district court of the judicial district in which, by resolution in writing duly adopted by said board of county commissioners and filed in the office

of the county auditor of such county. No member of the board of county commissioners shall be eligible to such appointment. The terms of two of the members of the first board so appointed shall expire on the first Monday in January of the second year after their appointment and the terms of three members of the first board so appointed shall expire on the first Monday in January of the third year after their appointment. Upon the expiration of such first terms their successors shall be appointed in like manner for terms of three years each. Vacancies shall be filled by like appointment for the unexpired terms. All appointments, including those to fill vacancies and those for regular term, shall be by resolution, and approved by the judges of said district court, as aforesaid. Such board of poor and hospital commissioners shall elect one of its members to be president and one of its members to be vice-president each to serve one year and until their successors are elected and qualified. Such board shall also appoint a clerk, as hereinafter provided. Such election of president and vice-president shall be by the vote of a majority of the members of said board, which vote shall be duly recorded in the minutes and proceedings of said board, showing the election of said officers and the appointment of said clerk, shall be filed in the office of the county auditor. Said board shall also adopt bylaws and make all necessary rules and regulations for its conduct and government including the times and places for holding its meetings, and may amend such bylaws, rules and regulations at any time at any legal meeting of the board.

The members of said board shall receive no compensation for their services or expenses. The board of county commissioners shall provide a suitable room in the courthouse of such county, for the meetings of such board of poor and hospital commissioners.

Sec. 2 - Powers, - Duties. - Such board of poor and hospital commissioners shall have all the powers and duties relative to the care of the poor which, in counties having the county system, appertain to the county board. All monies arising from the labor of poor persons in its care, or from the produce of the poor farm, shall be paid to the board and by it to the county treasury to the credit of the poor fund. No moneys shall be paid from such fund except on vouchers of the board signed by its president or vice-president, and countersigned by its clerk. On the first Monday January, April, July and October of each year the board shall file with the county auditor an itemized statement of its receipts and expenditures for the preceding three months. Said board shall have full, complete and exclusive charge of and control of the poor of such county, and the handling, use and paying out and expending of all moneys for poor purposes in such county including the poor fund thereof. In each of said counties having a county hospital, or in which there shall be established or provided a county hospital under the laws of this state, such board shall have the full, complete and exclusive control, care, management, maintenance and operation of such hospital and shall operate the same as a county hospital. Such board shall provide such bylaws, rules and regulations in reference to such hospital, as to the control, management, maintenance and operation thereof, as it shall deem necessary, proper or desirable. It shall fix the rates to be charged all patients cared for in such hospital including the rates to be charged against the county for paupers or poor persons cared for at the request of such county. It shall appoint a superintendent of such hospital who shall hold his office at the pleasure of said board, fix his salary, and prescribe his powers, duties and responsibilities. It shall have the power to employ and pay such other assistants, servants, physicians, surgeons nurses, and other employees as may be necessary or desirable for the maintenance and operation of such hospital. The amounts due or to become due, from patients and others who may be served by said hospital shall be collected by and paid to said board. Said board shall require to be kept accurate and complete books of account of all receipts and disbursements in the matter of the maintenance of such hospital and on the first Monday of January of each year shall file with the

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county auditor an itemized statement of all such receipts and expenditures for the preceding year, which statement shall be appended to and published with the financial statement of such county.

Sec. 3 - Clerk, appointment of, Duties and Compensation. - Such board of poor and hospital commissioners shall appoint a clerk, to serve during the pleasure of such board, and fix his compensation which shall not exceed one hundred twenty-five dollars (\$125.00) per month, to be paid out of the county poor fund. Such clerk shall keep a record of all the doings of the board, preserve all documents relating to its business, keep an account of all receipts and expenditures, the names and addresses of all persons by or for whom application is made for relief, and report to the board thereon. The board may authorize such clerk to grant temporary relief in cases of emergency, without previous action by the board, but it shall by proper resolution limit the amount of such temporary relief to be so granted. Such clerk shall perform all the duties and services both as to such hospital and to the matter of the poor as shall be prescribed by said board. The board may appoint such other assistants as may be necessary to discharge its duties.

Sec. 4 - Taxes, How Levied, - Taxes shall be levied by said board for the support of the poor and for said hospital, as follows: On or before the first day of October in each year said board shall determine, by separate resolution duly passed, the amount of taxes to be levied for the ensuing year for the support of the poor in such county, the maintenance of the poor house and other buildings provided for the care of the poor, including the erection of any building or the making of any improvements for such purpose, and for the care, support, maintenance and operation of said hospital. The adoption of such resolution shall constitute a levy on the taxable property in such county to the full amount named therein, provided, however that the tax so levied for said hospital purposes shall not exceed five-tenths of one mill ($5/10$ of \$.001) upon the said taxable property in said county. On or before the fifth day of October in each year, said board shall file a certified copy of each of said resolutions with the county auditor of such county, who shall thereupon enter the amount upon the tax list, and thereafter proceed to the assessing and collecting of such tax in the same manner as village or corporation taxes. Such taxes when collected shall be placed in, or credited to the hospital fund and to the poor fund respectively.

Sec. 5 - Should any paragraph or separate provision of this act be held invalid by any court having jurisdiction thereof so to determine, such decision or judgment shall not be held to affect any other paragraph or provision hereof or herein.

Sec. 6 - All acts and parts of acts inconsistent with this act are hereby repealed.

Sec. 7 - All existing laws, not hereby expressly repealed, shall be construed in such a way as to effectuate and carry out the terms, conditions, spirit and purpose of this act, and to that end such laws shall be made to conform to and assist in carrying out this act.

Sec. 8 - This act shall take effect and be in force from and after its passage.

This act was passed by the legislature April 10, 1917.

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[The hospital advisory board that had been acting until this time was without official authority except as appointees of the County Board, and acted as a temporary organization.

[At a meeting of the County Board of Commissioners held May 16, 1917, the ~~county~~ board took the necessary steps to set up a poor and hospital commission under the bill just passed. By resolution the following board of poor and hospital commissioners was set up;

Single space

- District No. 1 - - - - - M. J. Baker, Deer River Merchant
- District No. 2 - - - - - J. M. Stackhouse, Cohasset
- District No. 3 - - - - - Alexander King, Coleraine mine official
- District No. 4 - - - - - D. M. Gunn, Grand Rapids hotel man
- District No. 5 - - - - - R. L. Downing, Keewatin mine official

[There is a copy of the resolution establishing this Commission in the early file of the Itasca County Poor and Hospital Commission. It is dated May 2, 1917. The first, or organization, meeting of the new Board of Poor and Hospital Commissioners was held May 23, 1917.

[Mr. Alexander King was elected President and D. M. Gunn Vice-President. By resolution it was decreed "that Clarence B. Webster be, and he hereby is, appointed clerk of this Poor and Hospital Commission of Itasca County, Minnesota, to serve until removed by this Board." The clerk's salary was set at \$125 per month, he to pay all his own expenses as well as his expenses in juvenile court work. The reference to the last item is explained by the fact that he ^{was} at the time the Itasca County Judge of Probate, the juvenile court work coming under his duties in that office.

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[The following By-Laws were adopted for the operation of the Commission; -

Itasca County Poor and Hospital Commission By-Laws.

Article I.

[Sec. 1. - A majority of the members of the Board of Poor and Hospital Commissioners of Itasca County Minnesota shall constitute a quorum for the transaction of business

at any regular or special meeting of such Board, but any number shall be competent to adjourn such meetings sine die, or to a further time.

Sec. 2. - Regular meetings of the Board shall be held monthly on the first Wednesday in each month, at the hour of 2:30 P. M. at their room at the County Court house.

Sec. 3. - Special meetings of the Board may be called by the President or any two members of the Board at any time or place on one days notice in writing, to be served either personally or by mail.

Sec. 4. - When a quorum is present at any meeting, the action taken by a majority of the quorum shall be considered the action of the Commission.

Sec. 5. - The order of business at meetings of the commission, so far as applicable, shall be as follows:

- (1) Roll Call
- (2) Reading of minutes of last meeting.
- (3) Reports of committees and clerk.
- (4) Unfinished business.
- (5) New business.
- (6) Audit and allowance of claims.

Article II.

Sec. 1. - The officers of this commission shall consist of a President, Vice-president, Treasurer of Hospital Funds, and a clerk to be appointed as prescribed in Chapter 187, Session Laws of 1919. President, Vice-president, and Treasurer shall serve until the first Wednesday in January 1918, and shall thereafter ~~be~~ be elected annually on the first Wednesday in January each year. The Clerk shall hold office at the pleasure of the Board.

Sec. 2 - The President shall preside at all meetings of the Board. He shall sign all orders on the auditor for the payment of claims against the Poor Fund of the County, and shall perform such other duties as are incident to his office or as may from time to time be prescribed by this board.

Sec. 3. - The vice-president shall perform the duties of the President in case of his absence or inability to act.

Sec. 4. - The treasurer shall perform such duties as may hereafter be prescribed by this board under the rules and regulations and amendments to this section, which may hereafter be adopted.

The County Auditor shall issue his warrants on the poor fund whenever directed to do so by an order from this commission signed by the president and clerk.

Sec. 5. - The clerk of this commission shall perform all the duties which are imposed upon him by the law creating this commission, and shall perform all acts and work which he may be ordered or directed to do by any member of this commission.

Article III.

Amending the By-Laws

These by-laws may be added to, amended or repealed by a vote of three or more of the members of the board on motion.

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The first regular meeting after that for organization was held June 6, 1917, all members present. The bills allowed at this meeting totaled \$1198.81. Of this amount \$212.05 was for care of tubercular patients that were county charges and \$481.35 was paid for care of charges at the poor farm. The balance was for relief grants for sustenance or medical care.

The next meeting of record is that of July 17, 1917. The bills allowed amounted to \$3428.78. Among the items were tubercular patients at State Tubercular Sanitorium; \$257.40 for May and \$264.10 for June 1917. Another action taken at this meeting was the "consideration of plans and specifications for the county hospital, prepared by F. H. Mosse & Co." They were approved, and recommendation made to the County Board to accept them, and "that call for bids on construction according to plans and specifications be issued forthwith."

Choosing a Hospital Site
It had been a matter of common consent throughout the county that the authorized county hospital should be located at the county seat, Grand Rapids. The

commercial club of the village had been much interested in promoting the project, both as a social benefit to the county at large, and to the village as a business asset. There was considerable maneuvering in the determination of the exact site for the hospital. Real-estate operators were naturally interested, options on probable locations picked up with a view to the possible profit. Moreover, the hospital meant callers and visiting relatives and friends of patients, and farsighted storekeepers thought it would be nice to have the location convenient to their stores.

[The diplomacy to determine the site took place while the Hospital Commission was in the unofficial or advisory capacity, before May, 1917.

[The county board and advisory hospital board had been viewing and pricing possible sites in and near Grand Rapids. Several locations were found, but the prices were high. One site seemed so desirable that some of the hospital board members "had been praying for it." This was a block of the townsite of Grand Rapids, at the time used as a baseball field. An option had been taken, and the price was high. This situation was discussed at an earlier joint meeting of county board, advisory board and hospital committee from the Grand Rapids commercial club.

[During the discussion at this earlier meeting it had been pointed out that the funds to be used were distinctly restricted to the \$50,000 authorized in the November last election. To use any considerable part of this for site purchase would seriously affect the size and equipment of the institution. The committee, in their investigation, had learned that the full \$50,000 would be little enough to provide a satisfactory building and equipment.

[A member of the county board, Cyrus Alexander King (no relation to King of the Hospital advisory committee) reported an inspiration. Lying just outside Grand Rapids were the county fair grounds, owned by the county. At one end of these grounds was a small lake and a grove of pine. Here was a location without cash outlay. The beneficial effects of the quiet, and the pine laden air were stressed. By

a little work and expense in landscaping beautiful grounds could be developed. This from the county view point. From the village angle, the quiet mentioned meant distance from the down-town section and dubious business benefits. Furthermore, it would be expected that the village would extend water mains, sewers and sidewalks to the new hospital, and the distance to this site would make it expensive. The action of citizen committees working through the village council followed this bit of "diplomacy".

From the Herald-Review we learn that "On Sunday, February 4, 1917 a group of citizens called a meeting in the commercial club rooms to iron out differences of opinion and to be in a position to offer a concrete proposition to the county board at their meeting to be held February 6."

The result of this meeting was that Grand Rapids business men decided to offer the county board choice of three different sites namely, Block 52, Block 53 (ball park site), and Block 57. It was hoped to be able to purchase this with funds raised by village taxation, but the group decided to guarantee purchase by subscription if taxation method was not feasible.

An Answer to Prayer — *Sub*
At a meeting of the county board on January 11, 1917, members of the village council appeared before the board to present the desire of citizens of Grand Rapids in regard to the site. They reported that at a meeting of the village council held in December a group of citizens presented a petition favoring the purchase of a site for the hospital, this site to be donated by the village to the county as a mark of appreciation, provided this idea should meet the approval of the village and be acceptable to the county board of commissioners. This petition was accepted and placed on file by the village council. At a council meeting in January another group of Grand Rapids citizens appeared with a counter petition protesting against the purchase of a site by the village under the plan outlined in the previous petition.

Because of this lack of unanimity on the part of Grand Rapids citizenry, all matters relating to the hospital were postponed to be taken up at the next meeting of the county board to be held February 6, 1917. Notice was given to

the members of the ~~Advisory~~ Hospital Board that they were requested to meet with the county board on that date.

[At the February 6 meeting of county board and hospital board, the proposition of the group of Grand Rapids business men was presented by Henry Hughes, and the joint board adjourned to inspect the sites. "After careful examination and comparison they decided to accept the offer of ^{The} ball-park site."

[In the legislative act setting up the ^{Board of} Poor and Hospital Commission, no specific authority was given this body to erect the hospital building, so this duty was considered in the province of the County Board. The county commissioners called for bids and the construction was begun as soon as possible.

[The Hospital Commission aided in this with advice and assisted in supervision of construction. Members of the first poor and hospital board still living in the community feel that one member, Alexander King, deserves a great deal of credit for his efforts during this time. He devoted a great deal of his time and at considerable expense to himself. He was an official employee of the Oliver Mining Company, and they were generous with his time spent in this public undertaking. His knowledge of matters relating to building were probably greater than that of any other member of the two boards interested, and his personal enthusiasm and interest in the project ^{were} ~~was~~ very high.

[Construction operations continued through the late summer of 1917 and the winter of 1917-1918. The fitting out of the hospital was considered a part of the managerial duty assigned by the legislative act, and investigations and preparations were made to this end. At the regular monthly meeting of the poor and hospital board held February 8, 1918, the matter of surgical equipment for the new hospital was considered. President King offered a detailed estimate of equipment and furnishings that would be needed for the initial outfitting. This estimate was accepted and, on motion, D. M. Gunn was appointed to purchase this from the lowest responsible bidder.

[At the meeting of March 6, 1918, J. M. Stackhouse was appointed "treasurer of the hospital fund." This office was provided for in the by-laws adopted at the

organization meeting the previous year. This was not the building fund, but the maintenance and operation fund raised by taxation and from hospital receipts. The treasurer was placed under surety bond of \$5,000.00 and the First National Bank of Grand Rapids was designated as depository for the fund under a depository bond of like amount.

[At a meeting of the board held March 20, 1918, the Masonic Lodge of Grand Rapids requested permission to furnish one room of the hospital. The Grand Rapids Womens' Club made a like request. These requests were honored and, with the approval of the board, the Masonic Lodge selected "the first room on the north side from the sun-parlor".

[On March 20 Miss Anna Manthey was appointed superintendent and head nurse for the hospital. Her salary was set at \$85.00 per month and she was instructed to take charge of the hospital on or about the first of May.

omit [The first patient of the new hospital was (Info.)
was admitted
and discharged from the hospital

[Hospital matters progressed smoothly under the new board. At the September meeting the "blue prints" on landscaping the hospital grounds, prepared by Coe, Converse and Edwards Company were approved, grading ordered and the tree and shrub planting job was let to the above company at \$434.65.

[During the October, 1918, meeting the salary of superintendent Anna Manthey was increased to \$100.00 per month "effective from and after November 1, 1918." Tax levy made against taxable property in the county at the October meeting was \$45,000.00 for poor fund and \$15,000.00 for the hospital.

[In the first years of the commission, its duties included the hospital management, maintenance and operation, and the handling of the poor fund. At this time the poor fund was spent in operating the poor farm, and in assistance grants to unfortunates in the county.

Beginning of Investigation (Sub)
[Provision for the poor farm had been made by a resolution of the county board that was adopted July 25, 1896. The resolution provided for the purchase

of the site for a "county poor farm". During the years 1901 to 1909 there was considerable interest in the iron ore possibilities of the farm. The place was thoroughly explored and prospected, and options to purchase were taken and extended from time to time. The last option was permitted to expire without renewal in August, 1910, as the holders of the option did not find ore in quantity and quality to justify taking up the option. Its operation as a poor farm was continued and the Poor and Hospital Commission inherited it as a part of their responsibility.

[From a review of the minutes of the commission it would appear that the hospital and poor farm occupied almost all of the time and effort of the commission members. From the statements of persons who were early members these duties were actually the easiest and made the least demand upon their time. Their big problem was the granting of relief. The relief situation in the county was one of the reasons for setting up the Poor and Hospital Commission and much was expected of them in this respect.

[The commission had no special investigators to check up on requests for aid. Each member was his own investigator for the county commissioner's district from which he was appointed. He investigated and reported his findings and recommendations to the commission at its next meeting. The relief was allowed, as were other poor fund bills. The board depended upon each member for his own particular district, although "problem" cases were often discussed ^{on a} "consultation" basis. Each member carried an "order book" and was authorized to give aid on his own responsibility in emergency cases.

[An interesting item appears in the minutes of the poor and hospital commission for March 6, 1918. Temporary relief was asked for one Jacob Muller, "and after discussion it appeared that the said Jacob Muller was an inmate of the "Dawson Hospital", a local "nursing home", and had come from Fillmore County, Village of Chatfield, in August, 1917, and the Board not being satisfied that the said Jacob Muller is a resident of Itasca County, upon motion by Mr. Gunn seconded by Mr. Stackhouse, the clerk was directed to investigate the case and was authorized

either to transport the said Jacob Muller to Chatfield, Fillmore County, Minnesota or to the Itasca County poor farm." This was the commission's first "residence" case.

The Influenza Epidemic (346)

[Early 1919 brought new and additional problems to the commission because of the influenza epidemic of the previous year. It had not been possible for the hospital to take care of the demands of that time, and additional temporary hospitals and nursing centers were set up in different places throughout the county. After the epidemic subsided, bills for the maintenance of these emergency set-ups began to pour in on the commission. The bills were presented with the idea that the expense had been for a public service and should be paid from public funds, either hospital or poor fund. The commission was not in agreement with this because it could not carry this and also the work for which the funds provided, and because they felt that the costs should be a charge against the county revenue fund as provided by law for the assistance in suppressing an epidemic. Some of the bills had been presented to the county board, and some to the Poor and Hospital Commission. At their meeting the county board referred the bills received by them to the Poor and Hospital Commission.

[The commission's minutes for January 10, 1919, state: "The claims of various municipalities and persons in connection with the suppression of the influenza epidemic, some having been referred to the Board of Poor and Hospital Commissioners by the Board of County Commissioners and others having been presented directly, were next considered and it appeared to the satisfaction of the Board that these claims are all for expenses incurred in the matter of control and prevention of contagious diseases and are charges against the various municipalities and the county revenue fund and not the poor fund and these claims were examined in detail for the purpose of making proper recommendations to the Board of County Commissioners. Payment was recommended for such as were in the proper form of verified claims."

[The County Board of Commissioners, in turn, referred the matter to the County Attorney, Ralph A. Stone, to determine the legal authority, responsibility

and procedure. He reported that the law provided for the payment from the revenue fund to aid in the "control and prevention of contagious diseases," but that in this case the county was authorized to pay one half on presentation of verified claims, and that the other half was a legal charge against a local municipality or community. If the charge should be accepted by the Board of Poor and Hospital Commissioners as a correct expense for the needy, the entire amounts could be paid from the poor fund. Some claims were from individuals located in unorganized territory, some from municipalities that were financially unable to take care of the expense. The matter was finally settled in a joint conference of the Poor and Hospital Commission and the County Board of Commissioners, ~~and the County Board of Commissioners.~~ The County Board made a special allotment from the revenue fund to the poor fund, and the Poor and Hospital Commission, after careful investigation, paid such of the bills as they were able to approve.

epidemic subsided

Even after the "flu" ~~times~~ the capacity of the hospital was often strained, and on April 4, 1919, the Poor and Hospital Commission, in a body, inspected the hospital to determine its needs and authorized additional beds "for patients and employees" and instructed the superintendent to obtain them.

By 1919 the efforts of the Commission in reducing relief costs began to show up. The October, 1919, levy for the following year was \$30,000 for the poor fund and \$7,500 for the hospital. On date of December 3, 1919, the salary of the superintendent of the hospital was raised to \$125 per month "from and after December 1st, 1919".

In January 1920 the Poor and Hospital Commission lost a very active and able member when Alexander King, third district, retired. His greatest interest was in the hospital, and it was now a going concern. The work of the commission as handled by Mr. King, took a great deal of time and he felt that the generosity of his company with his time should now be repaid by a greater devotion ~~of his~~ ~~time~~ to his work. His place was taken by Mr. Peter Fahey, of Coleraine, also

an official of the Oliver Mining Company. The minutes of January 5, 1920, record the passing of a resolution extending a vote of thanks to Alexander King for his efforts and his attention to duty as a member of the commission.

Depression in the Twenties *sub*

[Affairs moved along smoothly at the hospital in these early years and the relief situation seemed to be coming well under control. Then the effects of the national depression of the early twenties reached Itasca County. To quote from the February 15, 1922, issue of the Grand Rapids Herald-Review: "For the first time since there has been a Poor and Hospital Commission to administer the poor relief in Itasca County, there have come requests for aid where there is an able-bodied man at the head of the family. At the meeting of the Poor and Hospital Commission held Tuesday there were a number of requests for assistance, instances where the wage earner of the family was not able to provide enough food and clothing to keep the family from suffering even though able and willing to work. The industrial depression that has affected all parts of the country, but has been little felt here, is named as the cause."

["In commenting on this unusual situation, M. J. Baker of Deer River, member of the commission, stated that a number of calls, a majority in fact, were for needy in the different mining towns on the range. Work has been scarce there for many months, and cases of actual suffering have been found. There have been several requests for aid, however, that have come from the remoter sections of the county, because the settlers there are unable to sell their timber products, and when the infrequent logging camps or road graveling crews do not provide work, the family is obliged to ask aid. Though these cases are few in number, they are present for the first time in the history of the Poor and Hospital Commission."

[At the regular monthly meeting of the Poor and Hospital Commission held June 12, 1922, the Board was handed the resignation of Anna Manthey as Superintendent of the hospital, resignation to be effective August 15, 1922. The services of this woman had been highly satisfactory, but as she wished to retire her resignation was accepted with regret. At the Commission's meeting the Board

passed a resolution expressing their thanks and appreciation to Anna Manthey for her services. At this same meeting Lottie Young was appointed to fill the position of Superintendent of Itasca County Hospital.

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~~chapter~~ IV ~~chapter~~ TROUBLE DEVELOPS [

[During the first six calendar years of the Commission's existence, 1917 to 1922 inclusive, their operations had been pleasantly free ^{from} ~~of~~ major difficulties. The early months of 1923 brought a change in this respect. In conformity with ancient superstition, their troubles came in a time-honored group of three.

[For a number of years the county had appointed and paid a county physician whose duty it was to take care of the medical needs of those in the county unable financially to get professional care. This physician was selected from the group practicing in Grand Rapids, the county seat. At times, assistant county physicians were designated in other sections of the county. As this county physician was paid from the poor fund, his selection became a duty of the Poor and Hospital Commission. Appointment was usually made at the beginning of the calendar year.

[At the January meeting in 1923 the Poor and Hospital Commission received a number of applications for appointment as county physician. After consideration, ^{Thomas} Dr. Russell of Grand Rapids was appointed. Persons who were members of the Commission at the time state that he had acted as county physician for several years and, as satisfactory service had been given they saw no reason to change.

[However, one applicant, Dr. M. M. Hursh, claimed right to the appointment under the soldiers preference law, he being a veteran. Through another party he made a formal claim against the Commission in February. They postponed action till next meeting awaiting advice of the county attorney. County attorney Stone appeared at the March meeting and gave it as his opinion that in the case the Poor and Hospital Commission were required by law to investigate the qualifications and fitness of any such soldier preference applicant, and, if found qualified and fit, to appoint ^{him the} ~~to~~ position desired. The matter was again tabled until next meeting to await a ruling by the Attorney General of Minnesota. At a meeting of the commission held May 9, the application was laid on the table.

[Another of their difficulties had to do with the conduct and management of the county hospital. Over the county there were rumblings of discontent with the

county hospital management. It was a many-headed situation. Some county commissioners and county officials felt that services of a county hospital should be free to them and even members of their families. Other county and hospital employees also approved of this idea. It was the practice of the Commission to collect the ~~the~~ standard rates from all who were able to pay. The determination of this ability, they felt, should be in their province. This naturally led to misunderstandings. Commission members of those days state that the co-operation of the physicians practicing at the hospital was not all that could be desired. ^{(?) tariff (?)} All this was complicated by rumors and hearsay, and the anxious efforts of well-meaning but uninformed groups.

(b) [The situation was full of possibilities ^{for} political repercussion. Because of this, and because of pressure brought upon them personally the Board of County Commissioners at a meeting of February 20, 1923, passed a resolution calling a joint meeting of the County Board of Commissioners and the Poor and Hospital Commissioners "for the purpose of discussing the management of the County Hospital", the joint meeting to be held February 28.

[When the joint meeting was convened, the members of the Poor and Hospital Commission, although agreeing on the advisability of an investigation, claimed that the method of calling and the auspices of the meeting were wrong. ~~Mr.~~ George B. Aiton, member of the Poor and Hospital Commission, offered the following resolution, which was adopted;

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BE IT RESOLVED: That the board of Poor and Hospital Commissioners immediately convene in special session for the purpose of making an investigation of the management of the County Hospital and that the members of the Board of County Commissioners be invited to sit in at said meeting. That interested witnesses be brought before the Board and duly sworn to testify and give evidence regarding the management of the County Hospital and that said hearing commence forthwith and be adjourned from time to time as necessary and until concluded.

[Twenty-four witnesses were then questioned, including seven doctors. The hearing was then adjourned until March 8. At this later meeting the depositions

of three hospital patients were read, together with reports from University staff members. This completing the witness list, ~~Mr~~ Alton moved that the joint meeting be adjourned and that the Poor and Hospital Commission convene at 2:00 P. M. "to discuss and consider the investigation of the County Hospital and dispose of regular business".

[The investigation was discussed with the hospital superintendent and action was deferred until next meeting. The details of the investigation are not historically important and were ironed out to the satisfaction of those concerned. The significant angle is the establishment of the independent authority of the Commission in regard to hospital affairs.

[At a regular meeting held March 8, 1924, Clarence B. Webster, who had been clerk to the Poor and Hospital Commission since its first organization, presented his resignation effective April 1, 1924. His requested release was granted, and a vote of thanks extended him for his long services. Viola N. Burke was appointed clerk, her term beginning April 1, 1924. She served but a comparatively short time, resigning at meeting of August 8, 1924, effective September 1. Fannie Young was then appointed as clerk, serving for almost five years.

[Lottie Young resigned as hospital superintendent April 8, 1924, effective June 1, and Karen Knutsen was appointed to the position on June 8, 1924.

Conflict Develops ~~End~~
[Contentions concerning the scope and independence of the authority of the Poor and Hospital Commission were ever-recurring problems throughout the first nineteen years of the commission's activities. The increased social consciousness of the Minnesota legislature, strange to say, operated to the disadvantage of the Itasca County Poor and Hospital Commission. Something like eighty out of eighty-four counties in the state had no such organization. Laws looking to the improvement of social conditions were drawn with the eighty odd counties in mind. Legal provision was made for child welfare boards, nursing boards, county nurses, juvenile work, aid to blind, feeble-minded, deaf and dumb, mothers' pensions,

University Hospital care, and many other like projects. The Itasca County Poor and Hospital Commission were in complete sympathy with the ideas and aims of practically all of these. However, the Commission had been given "full, complete and exclusive charge of and control of the poor of such county, and the handling, use and paying out and expending of all moneys for poor purposes in such county including the poor fund thereof". The conflict is obvious.

✓ 57
 One of the earliest of these agents ^{child} was the County Welfare Board. At the start of activity of the Commission there was considerable co-operation between this group and the Poor and Hospital Commission. The ^{child} welfare board operated chiefly as an investigating body for the Judge of Probate, and in 1919 ~~the~~ Alexander King, president of the Poor and Hospital Commission, was a member of the welfare board, and the judge of probate was clerk of the commission. By the end of 1926 no member of the Commission was on the welfare board, and the Judge of Probate was no longer directly connected with the commission. In fact, there was friction between them, because of mothers' pensions allowed on authority of the Judge of Probate and paid from poor funds. ^{child}

It is necessary to mention but a few instances to illustrate the state of affairs: -

1924 - Board of County Commissioners and Poor and Hospital Commission differ. Bills from three different Tuberculosis Sanitoriums for patients sent there from Itasca County were referred to the Poor and Hospital Commission. Patients were committed to the sanitoriums by the County Board of Commissioners without consultation with the Poor and Hospital Commission. Commission returned bills to the County Board. County Attorney R. A. Stone instructed by the county board to take matter up with the Commission and get the tangle straightened out.

1925 - Bills for care at University hospital for patients sent there by members of county board returned to county board.

1925. - Poor and Hospital Commission applied to the County Board for an attorney to act for them in cases where appeals had been taken from decision of Probate Court.

1924-1925-1926 - Doctor bills for treatment authorized without Poor and Hospital Commission consultation returned to county board.

SK
10 [Piling up of the agencies and work to be done, together with the contentions regarding authority and eligibility resulted in a movement for employment of a trained, experienced welfare worker to operate under the authority of the Poor and Hospital Commission. Nineteen twenty-five seems to have been a "peak" year. The Grand Rapids Herald-Review of January 14 of that year states that the Child Welfare Board will co-operate with the Judge of Probate to limit mothers' pension expenditures. The same issue mentions that Elizabeth Hanson was reappointed county nurse, and salary fixed. Issues of the same paper from February to July inclusive mention a number of clinics held under auspices of the county welfare board; - mental clinic, lung clinic, prenatal clinic, crippled children clinic, etc.

[In a February issue of the same paper an editorial states; - "Of late there has been considerable buzzing around about county affairs, namely the Mothers' Pension and the poor fund. The financial statement for 1924 shows that mothers' pensions cost the county in excess of \$22,000 and other forms of relief for the needy cost much more than that figure."

["While the laws concerning charity are to be charitably administered, yet the county funds must be expended with care. We believe that this is being done at the present time, that an effort is being made to overcome errors of the past."

["There is one thing that the public probably does not understand. That is ~~that~~ ^{that} the relatives are responsible for the assistance of their kinsmen who need aid. Aid should not be given to those who have parents, children, brothers or sisters who may support them. By many it is considered a disgrace to have any of their family a public charge. Many nationalities even take care of their own unfortunate members. In this section many have apparently felt that to get county aid for a relative, whom they were legally responsible to support,

was not only all right, but an exercise of good business abilities.

"But times will change. They are changing now. Though there is still room for improvement, Itasca County's affairs are in better condition and in better hands today than ever before."

Trained Social Worker (Sed)

At their regular meeting of September 8, 1925, the Poor and Hospital Commission members discussed having a joint meeting of the commission and child welfare board to talk over the idea of employing a "trained social worker" and the payment of mothers' pensions. This joint meeting was held October 7, and the idea generally approved, but action left to be taken at the discretion of the Poor and Hospital Commission.

Because they doubted the wisdom of starting a trained social worker in this area in midwinter, the board decided to postpone the actual hiring of such a worker until spring. Meanwhile, because of the anticipated difficulty of finding a satisfactory applicant willing to work in this type of locality, an extensive correspondence was carried on throughout the winter and early spring, and in April, 1926, ~~Miss~~ Lydia Bucknell, a trained social investigator from Philadelphia was employed.

Miss Bucknell was retained as investigator until expiration of her contract May 15, 1927. No new contract was drawn, as the "county had decided to dispense with a welfare worker". Economy was given as the ostensible reason, but some members of the commission at that time say that they felt that this worker was not sufficiently familiar with the type of situation here presented, - that she proved too generous and aimed at a living standard not practical here.

A Pioneer Board Member (Bak)

In January, 1925, the Commission lost the last of its "first" members when M. J. Baker of Deer River retired. He was one of the original appointees for the two year term, was reappointed in 1919 and again in 1922. Of the other original members, Downing had died in 1918, Alexander King retired in 1920, Stackhouse had resigned and left the county in 1922, and Gurn retired in 1923. Mr. Baker has what is probably the largest mercantile business in the county.

with headquarters in Deer River and other branches in the county. Mr. King, who was commission president for its first three years made this comment on Mr. Baker: "Before the time of the Poor and Hospital Commission, Baker, because of the size of his business and territory probably handled through his store more relief orders than any other store in the county, and at a considerable profit. When he accepted appointment to the commission, and throughout the eight years of his membership he refused, on principle, to have any relief orders pass through his establishment." He declined reappointment in 1925 and was tendered a vote of appreciation by the commission for his service as a member.

Soldier's Preference

[The Commission always had a number of applicants for the position of manager of the Poor Farm or overseer of the poor. ^{Nineteen twenty-five} ~~1925~~ was no exception in this respect. At the yearly meeting, January 8, 1926, after considering all applicants, the Poor and Hospital Commission appointed H. E. Hagen to the position.

[At their meeting held February 8, 1926, the county sheriff served the commission with a writ of mandamus in behalf of one William Benzing, who, as one of the applicants, claimed right of appointment to the position under the soldier preference laws. No action was taken at the meeting, but at a special meeting called later in February to consider the mandamus matter, and on the advice of the county attorney that it was required that they investigate the qualifications of the above applicant, this resolution was adopted: -

["Whereas, this Board has been ordered by the district court to make an examination as to the fitness of William Benzing to hold the office of overseer of the poor, now therefore be it resolved that a committee of the whole Board be and hereby is appointed to make such an examination and to report at the next meeting."

[This resolution was seconded and passed unanimously.

[The next meeting was held March 8 and a resolution was presented to appoint Benzing to the position. On being put to a vote the resolution did not carry. The meeting adjourned temporarily and reconvened at 7:00 P. M., same

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date. On presentation the resolution again failed to carry, and the following substitute resolution was offered; -

WHEREAS; - This Board did heretofore appoint a committee of the whole to make examination into the qualifications of one William Benzling for office of overseer of the poor, and

WHEREAS; such committee has made its examination and report and the same has been fully heard and the said matter having been fully heard, discussed and determined

NOW THEREFORE BE IT RESOLVED; that this board in the exercise of its discretion has determined and does hereby determine that said William Benzling cannot perform the duties of overseer of the poor in a reasonably efficient manner and that the appointment heretofore of H. E. Hagen be and the same hereby is in all things adopted, approved, ratified and confirmed.

[This resolution was adopted. The question was not finally settled until fall. On October 8 the Commission was informed that the Benzling action had been dismissed and clerk was instructed to pay to Hagen salary held up pending settlement of the matter.

Hospital Expansion Plans - (Sub)

[Looking toward hospital expansion and improvement, the Poor and Hospital Commission in the spring of 1926 recommended to the county board of commissioners that the county purchase some adjoining property for future use. "The recommended area includes eleven lots across the river from the hospital. The plot has one house on it, and the Poor and Hospital Commission propose to use the same for a nurses home. Price asked was \$5,000 for the eleven lots and house." At a County Board meeting reported in the Grand Rapids Herald-Review in the May 19, 1926, issue, the county board decided not to recommend purchase of the property mentioned.

[By 1926 the lack of capacity of the hospital was so pronounced that the Commission considered the building of an addition. Architects plans were

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examined at an August 9 meeting, but action was postponed because of the absence of some Board members. At a special meeting August 24 the addition matter was taken up and the clerk was authorized to advertise for bids.

[On consulting the county attorney the clerk was advised that the authority to erect a building or addition resided in the Board of County Commissioners, and further, that the matter of providing the money for such building must be put up to the voters.

[The voters decided favorably in the November election, and the addition was built by the County Board in full co-operation with the Commission.

[Karen Knutsen resigned as superintendent of the county hospital as of August 15, 1926, and the commission selected Miss Cecelia Campbell to succeed her.

Minor Difficulties

Sub

[The years 1927, 1928 and 1929, while producing no major incidents in the operations of the Commission, were filled with several persistent lesser difficulties.

[There was ever increasing demand for relief, and the consequent steady increase in tax levy for the poor fund. The increased taxation met with the usual disapproval.

[Financial affairs of the hospital were characterized by a large amount of unpaid hospital bills carried on their books. Efforts were made through several agencies to collect these, and the action met with some success. The activity of collectors did not help the situation in regard to the undercurrent of criticism of hospital affairs. [Hospital business was handicapped in several ways, but two things seem outstanding. There was rather frequent change in the superintendent of the hospital. Again, there is considerable evidence of what might be termed professional rivalry or jealousy between some of the doctors practicing or having patients at the hospital. In the case of two doctors the rivalry grew to the proportions of a feud. Each had his partisans. This all made for grief and confusion in hospital affairs, and was more or less directly

responsible for the frequent change in hospital superintendents during these years. Superintendents were accused of favoring some doctors over others.

Persons were assigned to the hospital as county cases, at times, by other agencies without consultation with the commission, and hospital bills of county patients were paid from the poor fund.

The commission had no investigator, and increased call for relief piled a heavy load on the members of an unpaid board. Members were not allowed even their expenses. One member, ^{Ed} ~~Persons~~, 4th district, resigned in January, 1928, after one year's service because he could not afford the demand on his time and purse. This situation has occurred repeatedly in the history of the commission to 1931.

The hospital superintendent, Miss Campbell, was "summarily dismissed on thirty days notice" on June 14, 1929. Miss ^Korcull succeeded her. At about the same time the clerk resigned and D. M. Gunn, a member of the board, acted as clerk for a period of over two years.

The minutes and records of the commission do not show the details of discussions, recording motions and resolutions made, lost or carried, but the newspaper files of the period give a fairly clear picture. ^{an} ~~To quote~~ ^{editorial in the} Herald-Review, January 11, 1928 ^{stated:} "In 1927 the county poor fund was \$64,000. ~~\$20,000~~ of this was used for relief of poor people. There has been considerable criticism of the management of the poor fund and of the Poor and Hospital Commission. While we appreciate the difficulties of the commission some suggestions for improvement might be:

- (1) Make sure applicant is a resident.
- (2) See if relatives can help applicant.
- (3) Make poor farm more nearly self-supporting.
- (4) More general cooperation with and understanding of the Poor and Hospital Commission."

^{the} Editorial, Herald-Review, August 21, 1929: "One group of public officials has our sympathy. We refer to the members of the Poor and Hospital Commission.

They serve without pay. They spend their time listening to sad tales and giving what relief they can. The thing that had doubtless given them much to worry about is the hospital. That very worthy institution has always been a source of contention among groups which should work together in complete harmony. If it is not one thing it is something else."

"Everyone concerned with the hospital in any way owes an obligation to the public and the taxpayers of the county. That obligation is one to work in complete harmony for the welfare of the sick and the afflicted. The management of this useful institution should be a delightful service, not a burden, to the taxpayers and their conscientious servants."

the same editor repeats
 An editorial in the same paper, issue of February 26, 1930, comments on the "much improved handling of financial affairs of hospital".

An effort was made in 1929 to obtain a ruling of the commission allowing chiropractors to practice at the Itasca County Hospital. This action ^{however,} was opposed by *the*

single space
 American Medical Association, *the*
 American College of Surgeons, *the*
 Minnesota State Medical Association, *and the*
 Minnesota State Hospital Association. *and in view of this strong opposition the plea*

~~For this reason the permission was denied by the commission.~~

The week before, February 19th, the Herald-Review reported the organization of the Poor and Hospital Commission for the year. It listed the Commissions duties as;

- single space*
1. Look after the management, conduct and care of the County Hospital and the outside care the county's sick.
 2. Has Poor Farm under its care.
 3. County tubercular patients at Lake Julia Sanitorium.
 4. Make collections from patients sent to University Hospital.
 5. Oversee payments made for feeble minded, epileptics and deaf, dumb and blind.
 6. Burial of indigents.

7. Regulate dispensing of relief to those in temporary need.

Each and every one of these duties was involved in complications. Hospital matters and outside care of ^{the} sick suffered from differences between members of the medical profession practicing in the county. On February 8th, 1930, the commission passed the following resolution: RESOLVED that the County Physician be required to perform all surgical operations for and furnish all medical attention to county dependents, but that any doctor in the county having a patient who may become a county charge, may, if he choose, continue to treat such patient or perform any necessary operation without charge and be it further

RESOLVED that no bills for treatment at the University Hospital will be allowed by the Poor and Hospital Commission unless the applicant has been passed on by the County Physician in the County Hospital at Grand Rapids.

From the minutes of April 8, 1930 - "Communications were read and placed on file. The letter or bill from Dr. Harsh in regard to A WOULD-BE COUNTY CHARGE cared for by him during February, 1930, was left for further investigation."

In regard to the Poor Farm, there was increasing pressure being brought by the State Board of Control to get improvements made on the County Home buildings. The Commission did not feel able to take on the financial burden at the time.

The matter of county tubercular patients at the sanitorium was a large yearly expense charged to the poor fund, but the commission did not always have the opportunity to authorize the commitments to the sanitorium. In fact some members of that time said they often did not know of some patients at the sanitorium until the bills came in. The same was sometimes true in respect to patients sent to the University Hospital at county expense, payable from the poor fund.

Although it seems that other agencies than the Commission exercised the right to send patients from the county to the University Hospital, yet the duty of collecting from those able to pay was considered that of the Commission.

State laws providing for the care of feeble-minded, epileptics, deaf, dumb

Ill. dep. del. my children and

and blind and other unfortunates had been passed and put into effect. To fit the situation in most counties the authority and responsibility was placed in the County Board of Commissioners, County ^{Child} Welfare Board, Judge of Probate. The expense necessarily incurred in the county were paid from the poor fund. In Itasca County the Poor and Hospital Commission had been given, by law, the full, complete and exclusive control of the poor fund.

^{costly} The burial of County indigents was paid from the poor fund, yet others assumed the right to order such county burials without authorization by the Commission. There was considerable criticism of some of those authorized.

Regulating the dispensing of direct relief to "those in temporary need" was a never ending headache. Bear in mind that these Commission members were unpaid, not even their expenses were paid. They simply could not afford to ^{personally and carefully} personally carefully investigate each application. There was a great deal of criticism. An article in the Herald-Review of June 25, 1930 stated, in part: "County Board authorized the County Auditor to communicate with township officers to ascertain condition of families now receiving aid". The article pointed out that the Poor and Hospital Commission did not always have access to necessary facts and said many instances had been cited where aid was not justified. (12) Mothers' Allowances ^{sub}

Another heavy county "relief" item was the Mothers' allowance. To 1931 these allowances had not been a charge on the poor fund, except indirectly. The allowances were made under order of the Judge of Probate. The cases were investigated by the judge himself or the county child welfare board. The total amount paid out by the county for these allowances had been increasing every year. The allowances had been paid from the revenue fund of the county with the result of an increasing deficit in that fund. Some thought the allowances should be paid from the poor fund. The Commission objected unless it be given full control of authorization of said allowances.

Tax payers brought pressure on the County Board. Authority and responsibility was confused, and things finally came to a head by the end of 1930.

On January 8, 1931 there was held a joint meeting of the County Board, Poor and Hospital Commission, Judge of Probate, County Auditor, County Attorney and some interested citizens. Several subjects were taken up.

First, mothers allowances. It was reported that approximately \$35,000 had been paid out in the county in 1930 for these allowances, that there was a large deficit in the revenue fund because of the allowances paid out during 1928, 1929, 1930.

There was discussion of the conflict of authority and responsibility due to laws passed since 1917. The County Board expressed its desire to have all kinds and types of relief go through the Poor and Hospital Commission. This met with the approval of those present and the County Attorney, W. B. Taylor, stated that he would take up the matter with the Attorney General of the State of Minnesota with the view of having a bill introduced ^{to} in the legislature amending the 1917 law and providing the concentration of relief in the hands of the Poor and Hospital Commission.

The idea of having a paid investigator to work under the Commission was discussed and left to the Commission to decide.

The legislative bill mentioned above was introduced and approved by the legislature March 14, 1931. It provided for the concentration of relief in the authority and responsibility of the Commission. It further provided that Commission members would henceforth be allowed their actual expenses to be paid from the poor fund. The full text of the 1931 bill is given in the appendix.

The Commission decided to hire a paid investigator and at the April 8, 1931, meeting they considered the applications of R. H. Milne and A. K. Seckinger for this position. A. K. Seckinger had some experience along this line as service officer of the American Legion, and he was hired at \$100.00 per month, 8¢ a mile travel allowance, and meals while out of town. With ^{its} ~~their~~ newly granted concentration of authority and a paid investigator the commission entered a new phase of ^{its} ~~their~~ existence.

A History
of the

POOR AND HOSPITAL COMMISSION
ITASCA COUNTY, MINNESOTA

In large centers of population, social agencies such as community chests, welfare boards, and systems providing the needy with medical and hospital care are usual and taken for granted. They represent the fulfillment of a public responsibility which has come to be taken rather for granted. But it is distinctly out of the ordinary to find a sparsely-settled, semi-pioneer county in which such an agency has been operating on a non-political basis since 1917, when Social Security was just a couple of words. That is the unique record of the Itasca County Poor and Hospital Commission.

Chapter I. - Where.

In considering the agency's history, a brief review of the setting and of events leading to the establishment of the commission will promote understanding and appreciation.

Itasca County is in the north central part of Minnesota with its northern boundary about sixty-five miles from the Canadian border. The county sits like a saddle on the continental divide. The streams of the southern part of the county drain to the Gulf of Mexico through the Mississippi river and the northern section drains into Hudson Bay through the Big Fork and Rainy rivers.

The winters are long, with plentiful snow and severe cold, the summers short and marked by warm days and cool nights. A temperature swing of 130 degrees between summer and winter extremes is usual.

Itasca County is 1,819,876.52 acres in area, of which 128,768.61 acres are covered by the waters of meandered lakes and streams. There are three hundred and eighty-six meandered lakes in the county while no accurate count has ever been made there are thought to be between five and six hundred

unmeandered lakes, of more than twenty acres each, within its boundaries.

The population of the county is 32,996, about equally divided between the rural areas and the towns and villages. The seat of county government is the village of Grand Rapids, ^{population 4,875} situated on the Mississippi River in the south central part of the county.

The county area may be roughly divided into three sections: timber, mining and agricultural.

The chief timber regions is the Chippewa National Forest in the northwestern part of the county and the George Washington Memorial State Forest, which includes several northeastern townships. These forest projects are located, for the most part, on lands that are marginal or sub-marginal from an agricultural standpoint. During the past decade both forests have received extensive improvements through activities of emergency employment agencies such as the Civilian Conservation Corps and the Work Projects Administration. There are a few other small timber holdings privately-owned scattered throughout the county.

The iron mining section of the county lies east and a bit north of Grand Rapids. Here is found the chief concentration of population outside the county seat. There are eight mining towns or villages with populations ranging from 300 to 2,500.

The remainder of the county may be termed agricultural area. Farming, however, is in the beginning stages in Itasca County, with less than five per cent of the available land actually under tillage. Most of the well-developed farms are found in the southern one-third of the county.

The inhabitants are descendants of many nationalities. Besides native Americans, families of Finns, Scandinavians, Yugo-Slavs and Italians and predominate, with usual scattering of German, Irish, English, Scotch

and French found in a midwest community. There are about a hundred Indian families grouped in a few villages in the western part of the county.

Those of Italian descent and the Jugo-Slavs are found centered in the mining towns. The farming population includes most of those of Finnish and Scandinavian extraction, as well as many Germans. Several families of Czecho-Slovaks are located on farms in the northwestern part of the county.

Good roads reach all parts of the county. The past ten years have brought great improvement in this respect through depression-time work provided by the county, state and federal governments. The county is served by two railroads. The Northern Pacific crosses the county from east to west in the southern part. This once had several feeder lines reaching into the northern parts of the county. The main purpose of these feeders was to haul timber and timber products to the main line and over the continental divide to the Mississippi. When logging operations were completed, these lines were taken up. The Iron Range has a separate railroad to haul ore to the head-of-lakes coaks at Duluth.

Principal occupations in Itasca County are mining, lumbering, agriculture, and wood processing.

Mining

That portion of the Mesabe Iron Range lying within Itasca County includes fifty-four mines less than one-half of these, are in operation. On the average, most of the operating mines today are of the open-pit type. Early mining was underground, the open-pit method being a later development.

While the ore deposits of the Mesabe Range are more extensive in St. Louis County, adjoining Itasca on the east, mining occupies a very prominent place in the latter's economy. The industry was opened up in Itasca a year or two before 1900, but mining was not conducted on an important scale until

about 1910. The latter year saw the beginning of the use of heavy machinery and the introduction of open-pit mining. A few of the underground mines have continued in operation because of the superior quality of the ore obtained, and in order to use equipment already installed.

In open-pit mining, the soil and parent rock is stripped from the ore, which is then removed from its bed by power shovels. This method requires processing of the ore, in crushers and washing plants located at the mines.

Employment in the mines has varied from a high of five thousand in 1921 to a low of eleven hundred in 1915 and 1932. There has been a gradual improvement in mining methods during the past twenty years, and a consequent reduction in the relative number of men employed. In the peak employment year of 1921 the amount of ore shipped was 6,000,000 tons (5,000 employed), while the peak production year was 1923, with 9,800,000 tons shipped, 4,800 employed.

Another factor making for periodical unemployment is the seasonal nature of the mining industry. This results in a forced lay-off of its workmen for a four to six-month period each year, and at a season when there is little chance of finding substitute employment. Worst of all, this periodical lay-off applies chiefly to the lower wage group, as there is a good deal of shop work available for skilled men during the winter.

Production, moreover, is on a season-to-season basis. It is inadvisable to build up stock-piles for future use, as extracted ore is taxed much more heavily than the unmined reserve. For this reason, in a year of few orders, little mining is done and few men employed.

Shortly after 1910, with the rapid expansion of mining operations, an acute housing shortage developed. To cure this condition, the mining companies built groups of homes conveniently located for their workmen on

what were called "locations". Practically all of these were later incorporated in the mining towns or villages.

It has been the policy of the mining industry to act in some respects as a sort of volunteer social agency. In slack times, it has reduced rents on company-owned houses, and employed its men on maintenance and improvement projects on a part-time basis to spread the pay checks, sometimes operating at a very small margin of profit or even at a loss rather than close down altogether.

In safety equipment and education, splendid progress has been made during the thirty odd years of operation. A few examples from yearly records show a steady reduction in the relative number of occupational injuries:

1913	2,000 employed, 260 injured.
1914	2,500 employed, 255 injured.
1918	4,500 employed, 230 injured.
1923	4,700 employed, 230 injured.
1925	3,900 employed, 155 injured.
1930	4,300 employed, 120 injured.
1932	1,100 employed, 20 injured. (Record low employment year since 1910).

Employment has increased since 1932, but the accident record has been held at or below the 1932 level, in percentage of injuries to men employed.

Other welfare activities of the mining companies include quantity purchases of fuel sold at cost to mining town inhabitants, medical and hospital care, help and encouragement along educational lines, and pensions to long time employees. Public-spirited welfare-minded mining officials advise their people in financial, social and legal matters, and many times in family and inter-family affairs.

The Mesabe Range area is served by two hospitals, both situated in Hibbing, St. Louis County. These institutions are sponsored by and receive

most of their support from the mining interests. These are branch hospitals in the Itasca County mining towns, serving as diagnosing centers, and for treatment of minor injuries; cases requiring surgical care or bed treatment are taken to the main hospital at Hibbing.

It is estimated that the high grade ore now being mined in Itasca County will be exhausted in about thirty years. Experiments are being conducted, however, in the processing of lower grade ores. Should these meet with success, the life of commercial ore deposits might be extended for many years.

Lumbering

The entire county was once heavily timbered, and it was this timber that drew early comers to Itasca. The first logging camps were opened in the decade before 1880. The major portion of the logs were floated down the Mississippi to mills at Minneapolis. In the latter part of the logging era, however, a considerable amount of timber was processed locally and hauled out by railroad. The best and more convenient stands of timber were rapidly cut, and by 1910 the Paul Bunyan days were over.

Since that time, logging activities have been those of the small operator who purchases stumpage from state, federal or private owner, and those of the land owners themselves. The timber products today are pulp wood, railroad cross-ties, cedar fence-posts and poles for telegraph and telephone, match wood and box wood, mining timbers, and some saw timber of inferior grade.

Camp logging operations are seasonal, conducted chiefly during the winter months when the swamps and bogs are frozen. The volume is small compared with the boom logging days, but is important as a bridging of the gap between logging and agriculture.

Farming

With open farm land available at low prices, cutover land that must be cleared of stumps and brush attract the average experienced, well-equipped farmer. However, agricultural development in Itasca County has been steady, though not rapid, through the past twenty years. Those making land improvements fall into several classes.

One group is composed of those who wish to own a farm home to supplement part time employment in mines, woods and other activities. This idea has been encouraged by cheap lands and development of good roads. In early days a considerable part of the land was homesteaded for its timber. Many homesteaders sold timber rights to logging concerns and worked in the camps. When logging ended, some had made headway in land clearing and continued their improvements, supplementing their income by work in small timber product camps and by township and county road work.

During the period when land prices were high elsewhere, ambitious but under-capitalized farmers bought cut-over land in the county and placed it under cultivation. Economic mortality in this group was high, but the developments remained. Furthermore, there were a good many who rode out their difficulties and attained moderate success. Notable among these were the groups of Finnish farmers with their cooperative enterprises.

The members of another distinctive group are the victims of the depression. Men who had lost employment elsewhere, many of them with large families, were attracted by cheap land on easy terms with an abundance of fish, game, wild fruit, and fuel to aid subsistence. These moved in, erected shelters, opened garden patches and started from scratch. In early depression years they were numerous. More recently, the county has developed a natural reluctance to see the number increase, and acquisition of residence has been

discouraged except in special cases.

The principal cash crops are dairy and poultry products and potatoes. Others are seed, truck garden products, small fruit, pork, mutton and wool. The chief markets are the county seat and the mining towns. Naturally, this market is conditioned by mine operation. A considerable demand for seed potatoes from this region has developed in states farther south.

The University of Minnesota maintains and conducts an experimental farm as a branch of the Agricultural College. This is located on good roads near the county seat. The county employs an agricultural agent, whose function is to advise with and aid the farmers with their problems. They have been fortunate in being able to keep individual agents for long-time periods, and the county has profited by their intimate knowledge of the territory, individuals, and local conditions.

The Tourist Business

There are more than 150 summer resorts of various types in Itasca County. There are boys' and girls' camps catering to the families of those in the upper financial brackets, and summer welfare camps for less fortunate children. Summertime tourists are served by cabin camps, trailer camps, camp grounds and lodges, offering lodging and meals. The more elaborate places have summer hotels with tennis courts, golf courses, and riding horses, in addition to the natural accommodations of bathing, fishing and boating.

The resort season proper is from May 15 to Labor Day. Chief attractions are the equable summer climate with its cool nights, and the clear lakes well stocked with fish and excellent for bathing and boating. The timbered and cutover regions afford good duck shooting during the fall flight, so that many camps have an additional run during the hunting season.

The resorts draw their custom from the east, south and middle west. They hire a few of the employables of the region, and during their short season, are an important market for dairy, poultry and truck farm products. The summer resort and tourist trade is an important addition to the commerce of the county.

Manufacturing

The most important manufacturing concern in the county is the Blandin Paper Mill located at Grand Rapids on the banks of the Mississippi river. This mill employs an average of two hundred and twenty-five people. It was opened in 1902, and has been in continuous operation since.

The paper mill purchases almost all its material locally, from nearby pulp cutting camps and from individuals cutting and hauling from their own land. The mill uses from thirty to thirty-five thousand cords of pulp wood per year, and has a production output of one hundred and fifty tons of paper per day.

At Deer River, population 987, in the southwestern part of the county, is a box factory. It uses material purchased in the locality, and employs between fifty and sixty people.

There are several cooperative and private capital creameries scattered over the county; also a number of small saw and planing mills, mostly employed in custom sawing of lumber which is used, for the most part, in local building projects.

Commercial activities in the county are those required to serve the needs of the territory. The county seat has a wholesale grocery concern, yards for the marketing of timber products, and a freight trucking company.

Chapter 2 - Why.

To understand the need for early establishment of a social agency in Itasca County it is necessary to go back to the years immediately following the logging period.

Logging was the county's chief industry in the early days. The closing of the camps and slackening of traffic on the logging railroads severely curtailed employment. This type of work had been the main dependence of many of the early settlers. Some left, but many stayed, of necessity or by choice. In parts of the county the closing of the camps was in some measure offset by the expansion in iron mining which took place at about the same time.

The governing body of the county is the Board of County Commissioners. The county is divided into five commissioner districts, and the board consists of five commissioners, elected one from each district. The chief concern of the board is road maintenance and improvement, though it has several other functions of varying importance. In early days its field was very wide and complex as it was practically the sole arbiter in all county affairs.

In case of misfortune, sickness, fire, crop failure or unemployment the county commissioner of the district of residence was the person to see. Sometimes assistance took the form of work on the county roads, but more often it was the direct grant of a grocery order, or an order for building materials or medical or hospital aid, paid for from county funds on the order of the commissioner. Until 1917 each commissioner was sole authority in the granting of these aids within his own district.

Under this system the amount and type of assistance granted differed widely throughout the county. Road work was paid for from a county road and bridge fund. This was raised by taxation of property in the county and the receipts were divided proportionately among the districts, so that each district had a definite amount to use. Direct aids were paid from the county poor fund, which was not divided among the districts.

This granting of relief was considered a minor duty of the commissioner. The commissioners were busy men and their districts were large, with extensive areas often inaccessible on account of road conditions. There was consequently no scientific system for investigating the relative need of applicants. Personal knowledge of the commissioner and reports of neighborhood groups were commonly the basis for the granting or denial of relief. Naturally, the eloquence of the applicant and the generosity of the commissioner factors. Oldtimers state that election year was likely to influence both demand and generosity.

The records show that during the years 1913, 1914, 1915 and 1916 the amount of aid granted in district No. 1, in the western part of the county, totaled more than that of the other four districts combined. This situation gave rise to dissatisfaction in other districts, both on the part of applicants for aid and of the commissioners who desired to keep down relief expenditures. The poor fund was "in the red" at the time, the county was paying interest on unredeemed warrants, and an increase in the tax rate impended.

Another contributing fact was the hospital situation in Itasca County. Until 1910, practically the entire population of the county was directly or indirectly dependent upon the logging industry for its living. There were a few settlers working in the camps, but most of those employed were typical lumberjacks. They were usually single men who followed the camps from one section of the country to another as the timber was cut off.

"Jack" was a carefree individual who gave little thought to the future. He worked all winter in the woods, living in camps of doubtful sanitation, and drawing against his wages for necessary clothing and for

tobacco kept in stock by the camp clerk. At the time of the spring break-up he drew the balance of his winter's wage, generally in the form of a check, and headed for the nearest point where a good time might be had. The fee for cashing his check was often as high as twenty-five cents on the dollar, and the remainder, in the course of a week or two, found its way into the tills of the saloons and loggers' hotels. Rid of his hangover, Jack then made for the Dakota harvest fields, and in the fall came back to camp, his pockets again empty.

The loggers almost never made provision for sickness or accident. A company known under one of its names as the Northwest Hospital Company established several hospitals through the northern part of the state, one of which was located at Grand Rapids. Their plan of operation included the sale of "hospital tickets" to the men working in the logging camps. The charge for a ticket ranged from nine to twelve dollars. This ticket ostensibly entitled the purchaser to any needed hospital service during the year. Virtually all the clients were woodsmen, to whom the tickets were sold on commission by agents visiting the camps for that purpose.

This hospital operated with some degree of success while the big camps were running. The management frequently evaded its ticket liability by ruling that the patient either was not sick enough to need hospital care, or was too sick to be moved to the hospital. Clients began to drop out, and as the logging business was already entering upon its decline, the hospital company was soon in financial hot water. It closed for a time, then reopened under a new name but with its business policies unreformed. Its days, of course, were now numbered. Many of the camps were closing down, while the loggers who remained were disillusioned and no longer easy marks for hospital-ticket salesmen. Shortly after 1910, the Northwest

Hospital Company closed down for keeps. It was an ill-starred venture, and its methods unsavory, but at least it had the distinction of being the first experiment in group hospitalization in the north woods country.

The hospital was taken over and operated for a time by Dr. Thomas Russell and Dr. H. B. Ehle. They acted as house physicians and surgeons. The care and nursing of patients was entrusted to the Benedictine Sisters. An attempt was made at first to operate on the ticket system, but the effort was not a financial success. They found that they could not give good, conscientious service for a price low enough to make the tickets salable to persons who were not already sick. After operating for a couple of years, the hospital was closed for a time. The Benedictine Sisters then reopened it and conducted it as a nursing home until 1917.

Another private hospital was operated for a time on a site directly across the Mississippi River from the present paper mill location. It was conducted by Dr. Rosser in connection with his medical practice, but was closed before 1917. Dr. Rosser leaving for another location.

Due to a number of contributing causes, tuberculosis was quite prevalent in Early Itasca County. As few families were able to meet the expense of sanatorium care, many of the patients became county charges. By 1912, this had become so severe a drain upon county revenues that there was considerable demand for a local sanatorium, to be built with county and state funds. At a meeting of the County Board of Commissioners held June 10, 1913, steps were taken toward the establishment of such a sanatorium in Itasca County.

The board appropriated fifteen thousand dollars to start the building fund, and levied a moderate tax to raise additional money. In making this appropriation, it was understood that the State of Minnesota

would furnish a like amount for purchase of the site and erection of buildings, and thereafter would assume one-half the cost of maintenance.

On the same date the County Board appointed a hospital advisory committee of three members: Dr. Russell and Dr. Storch of Grand Rapids, and Dr. Ring of Nashwauk. But this committee, after careful investigation, advised against establishing a sanitorium in Itasca County. For one thing, the committee could not agree upon a site for such an institution. It was admitted that the only practicable location would be in or on the outskirts of a village located on the main-line railroad, and that, in the opinion of the committee, would constitute a serious menace to the health of the community chosen. As a result of the committee report the matter was dropped for a time; meanwhile, the fund began to accumulate a bit of interest.

In its issue of August 25, 1915, the Grand Rapids Herald-Review one of the two leading newspapers of the county, revived the discussion. In a front-page article, it called attention to the fact that "there is an appropriation of \$20,000.00 ear-marked two years ago (1913) for a hospital and this fund is lying idle. A law passed by the legislature in 1915 made it possible for the county commissioners to appropriate \$40,000.00 to build and maintain a hospital and, if that is not enough, that \$20,000.00 can be added to the appropriation legally." The article suggested that the hospital be built and turned over to a Catholic sisterhood to run. With this, interest revived, and the Herald-Review for October 6, 1915 reported that the Grand Rapids Commercial Club, two days before, had appointed a committee to meet with the County Board of Commissioners to discuss the hospital matter. The members of this committee were Henry Hughes, Ralph Stone, A. L. Thwing and J. A. Amberg.

The next newspaper mention of the matter was in the July 12, 1916 issue of the Herald-Review, an announcement that the Board of County Commissioners had decided to submit the question of a county hospital to the voters in the November election. "There has been considerable agitation for such a hospital from time to time," said the Herald-Review, "and much discussion pro and con on the idea of a county hospital The County Board of Commissioners determined to have the voters decide the question and ask for a vote in November on building the county hospital at a cost not to exceed \$50,000.00."

The decision of the voters in November was in favor of the hospital and on November 14, 1916 the hospital committee and President Rosman of the commercial club met with the county board at the courthouse. The commercial club met with the county board at the courthouse. The commercial club group suggested that the County Board of Commissioners appoint an advisory committee of five members to aid the board in hospital affairs. As the proposed institution was to be county owned and conducted, it was suggested that the committee be made up of one appointee from each commissioner district, to serve without pay. The committee would, by visit and correspondence, collect from other hospital organizations information on building and equipment, methods of management, and such other data as might be of value in building and setting up the organization of an Itasca County Hospital.

After adjournment for consideration of the proposal, the county board met again on November 18, 1916. Having decided to follow the suggestion made, they appointed the following men to act on this advisory hospital committee:

District 1 - - - - - M. J. Baker, Deer River merchant
 District 2 - - - - - George O'Brien, Cohasset farmer
 District 3 - - - - - Alexander King, Coleraine mine official
 District 4 - - - - - Dr. Daniel Costello, Grand Rapids dentist
 District 5 - - - - - B. W. Batchelder, Nashwauk

At the meeting of the county board on December 5, 1916, Dr. Bracken, secretary of the State Board of Health, discussed hospital matters with the board and its advisory committee.

At the first commissioners' meeting of the new year, on January 2, 1917, three members of the hospital advisory committee, King, Baker, and Batchelder tendered the committee's first report. The report stated, in part: "Itasca County Hospital will be the first hospital to be constructed by a county government in the State of Minnesota. Its construction and maintenance have created new legal problems as no provision has been made in the Minnesota statutes for this kind of county work."

As advised in that report, the county board authorized the committee to draft a bill to be presented in the legislature, authorizing the building of a county hospital, and outlining the method of management.

The Herald-Review of February 14, 1917, states "County Attorney Ralph Stone assisted by C. C. McCarthy and receiving suggestions from a number of others has drafted a bill which it is proposed to have introduced at the present session of the legislature, providing for the management and control of the new Itasca County Hospital and for the poor of the county."

"It will be remembered that at the last session of the old Board of County Commissioners, Mr. Stone was instructed to prepare a bill covering points involved in the decision of the voters of the county to build a county hospital. In his work on this bill, Mr. Stone conferred with a great many people and there seemed to be a general feeling that the measure should also include a provision for making the care of the poor of the county a part of

the duty of the hospital board, as well as charging them with the responsibility of conducting the hospital. It is felt that these two interests are so closely allied that they should be combined under the management of a single body

"The bill has been prepared to follow quite closely the lines of the act under which the St. Louis County Poor Board operates. The system has been a tremendous success in St. Louis County. It is felt by many that it would be a good thing to relieve the county commissioners of the duty of caring for the poor. These obligations have consumed a great deal of the time of the commissioners and has caused them a great deal of expense. In fact, some of the commissioners have made the statement that their expenses on poor cases alone have used up the entire expense money allowed them for the year."