The Children’s Preventorium of Ramsey County

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Message from the Editorial Board

Many essential concerns from a century ago remain essential today. We share two examples in this issue of Ramsey County History.

In 1915, the Children's Preventorium of Ramsey County opened. Why? Tuberculosis was a capricious killer. The goal was to isolate healthy but TB-exposed children in hopes they would remain healthy. Historian Paul Nelson takes us through the brief history of "The Preve," including its intended and unintended outcomes. Present-day COVID outbreaks remind us of the scourge of tuberculosis and the need to take care of ourselves and others.

Dietrich Lange, a young teacher and outdoorsman in the late nineteenth century, understood nature was in peril if human activity did not change—another message from the past that remains relevant. Lange spread his love of birds and his prescient observations of the natural world to students at Central High. As author Dave Richie points out, the Bird Observation of 1897 might not have been a blockbuster event, but Lange's efforts, and those of others who came after, remind us to take care of our world.

Finally—Harley Grandma. In the 1940s, a twenty-something Mary Eileen Kehoe discovered Harley-Davidson motorcycles and began riding, managing to keep her hobby a secret from her (mostly) unsuspecting parents—for a time, anyway. Eleta Pierce's profile of her grandmother and her Harley-riding ways is a delightful breath of fresh air and reminds us to go out and have a little fun!

Anne Field
Chair, Editorial Board

ON THE COVER

It was once believed sunlight helped keep at-risk children TB free. But Minnesota winters could make it difficult to get outside. Here, three boys soak up "artificial sunlight" under a sunlamp while passing the required heliotherapy time playing checkers. See Paul Nelson's "The Children's Preventorium of Ramsey County" on page 1.
The Children’s Preventorium of Ramsey County

PAUL NELSON

History can be useful in drawing lessons from the success and failure of human institutions. The Children’s Preventorium of Ramsey County arose, prospered, and sputtered out in the course of roughly one generation—1915 to 1953. What happened?

In 1915, 2,597 people died in St. Paul, which then had a population of about 220,000. Tuberculosis (TB), with 306 victims, killed more than any other cause. Of these, forty-nine were under the age of twenty, and fifty-one were housewives. Together, they made up one-third of the losses. Killer tuberculosis was a disease of the home.¹

TB had been the leading cause of death in Ramsey County, Minnesota, and the United States for decades—a cruel and confounding killer. Though German physician and microbiologist Robert Koch had proved in 1882 that its transmitting agent was a bacillus bacteria spread person-to-person, there was simply no predicting who, once exposed, would get sick and among the sick, who would die. There was no effective treatment.²

The only really feasible way to impede spread was to isolate the actively ill. This was good for the public but hard on patients and their families. For one thing, no one could say how long an active case would persist. It might last until death, as it did for about half of those infected. In the meantime, people still needed to work—if they could—and care for their families. The most effective form of isolation was in TB-specific institutions, which came to be known as sanatoriums.

St. Paul opened its first TB ward—The Pavilion—at Ancker Hospital in 1902. Patients were segregated there, but neither St. Paul nor Ramsey County ever had a stand-alone sanatorium. Minnesota opened its first state sanatorium—Ah-gwah-ching—at Walker, in 1907. Fourteen county sanatoriums followed in

Dreaded Tuberculosis

Tuberculosis of the lungs—the most common variety—was frequently referred to as consumption in the nineteenth century. It could be all-consuming, causing the body to waste away and atrophy. Others referred to the often deadly disease as the white plague because it turned many of its victims pale. Those who had it wouldn't speak about it for fear of ostracization.³ Writer Mark Caldwell describes its symptoms:

The patient coughs, first intermittently, then constantly. . . . Eventually small blood vessels erode, rupture, and bleed. . . . Full-fledged hemorrhages can now occur, the patient coughing up pure blood, bright, red, and foamy. . . . The patient begins to lose weight, tires easily, and may experience heart palpitations. . . . Eventually, if it remains untreated, the patient dies. . . . drowning in his own bodily fluids as they flood his destroyed lungs.⁴

No wonder people feared it so.
the next nine years, with Glen Lake in Hennepin County by far the largest. These sanatoriums were single-disease institutions with two purposes: to isolate the actively infected and to offer them comfort and treatment.³

But sanatoriums were for the sick. Preventoriums were designed for the young and healthy with the intent of keeping them healthy. The first opened in Lakewood, New Jersey, in 1909. In Ramsey County, Dr. H. Longstreet Taylor, a public health pioneer, opened what he named the Cuenca Hospital for the Care of Tuberculosis on the east shore of Lake Owasso in January 1910 as an early experiment in prevention. It closed in 1912 for lack of funding, but the preventorium concept had legs. No one wanted to see children suffer a preventable and frequently deadly disease. Taylor and his many allies tried again—this time with more success.⁴

Ramsey County’s Preventorium

The Children’s Preventorium of Ramsey County opened in the Cuenca sanatorium building in Mounds View Township (Shoreview) on July 1, 1915. The money came from private donations—$8,000 through Tag Day (later Christmas Seals) and $7,000 from benefactor James J. Hill. Citizens raised the money, acquired the land, and facilitated everything through a private corporation. Ramsey County served as landlord. The Preventorium or The Preve, as it was commonly called, operated at the same location until 1953.⁵

The founders stated their purposes with admirable clarity:

The Children’s Preventorium of Ramsey County is a corporation managed by public-spirited men and women of St. Paul, for the benefit of children who are exposed to
tuberculosis in their homes, and protects them from this dreadful disease, by taking them out of their unhealthful surroundings, and by means of an outdoor life, good wholesome food and careful supervision, builds them up to a condition where they will no longer be easy victims for tuberculosis germs.⁶

That phrase “outdoor life” was important when associated with tuberculosis. The Journal of the Outdoor Life was a publication of the National Tuberculosis Association, the leading American anti-TB organization. “Outdoor life” referred not to hunting and fishing but to the fresh-air regime of sanatoriums. The Preve was not a sanatorium—the children were not sick—but it used sanatorium methods: isolation, food, rest, and, above all, sunlight and fresh air.⁷

On day one, twenty-four St. Paul children moved in—fourteen girls and ten boys. Twelve of them had at least one immigrant parent; at least ten had lost a parent to tuberculosis. Another thirty-five children arrived before Christmas.⁸

Though the Preventorium had staff, facilities, support, and a plan, it is evident that the first six months were rough. Nine children withdrew (Robert McNearney lasted one day), two died, two ran away, one was kicked out. Average stay: ten months.⁹

In 1916, thirty-six kids entered, but only five withdrew quickly. Average stays grew to fourteen months. The Preventorium had found its stride.¹⁰

Caring for the Children
What did the children do there? In 1926, Dr. Everett Geer, The Preve’s medical director, published an article in American Review of Tuberculosis
There was little time to be bored at The Preve. The children were required to follow a regimented schedule to achieve the overall goal of remaining healthy while in residence. They enjoyed sports in moderation and classroom studies, with a focus on health. *Courtesy of Jacci Krebsbach and Minnesota Historical Society.*

 titled, “The Care of the Tuberculosis Preventorium Child.” There is every reason to believe that these methods, with one alteration, were used the entire life of the Preventorium.¹¹ He takes us through the regime:

**Rest in fresh air.** Except in the coldest weather, the children all slept on open-air sleeping porches. In keeping with the sanatorium belief in abundant rest, sleep time was twelve hours, supplemented with midday downtime.

**Supervised activities.** The adults wanted the kids active but not TOO active. In good weather, they were outside most of the time, but they were not to exhaust themselves. It was “essential to curb somewhat their animal-like restlessness.”¹² They rode ponies, swam, fished, played baseball—all in supervised moderation.

**A well-balanced and adequate diet.** Dr. Geer wrote, “Practically all these children come to us below weight . . .” hence “. . . food of the right kind . . . is an imperative need and one which is fulfilled without stint.” The children probably did NOT enjoy the frequent doses of cod liver oil.¹³

**Prompt elimination of infectious foci.** Dr. Geer does not explain this, but it seems to mean that if kids were battling toothaches, tonsillitis, or other issues, they were taken to a dentist or Ancker Hospital to protect the others.

**Heliotherapy and airbaths.** Heliotherapy is sun treatment. Kids got two sessions a day—on the roof or in a wooden, outdoor sun box in warm weather and under “alpine lamps” when cold. The belief in sunlight went back to the early days of TB sanatoriums in Europe and was held with great conviction in the US despite the absence of evidence for how it worked. But one can understand its attraction. People associate sunlight with health and vigor. The tuberculosis bacillus, by contrast, thrived only deep inside the darkness of the body and spread (most notoriously) in poorly lit, urban tenement districts. What is more, direct sunlight killed the exposed bacillus. In this time before a TB cure, the systematic application of light appeared clinical, and, what harm could there be?¹⁴

The phrase “air bath” apparently meant fresh air, or maybe cold fresh air: “When the cool weather in the fall precludes exposure to the sun, air-baths are given which continue throughout the winter,” Geer wrote.¹⁵ The famous (or infamous) photos of Preventorium children outside in the snow, wearing only boots and a big diaper (called a drape), perhaps tell the story. (See page 5.)

**Tuberculin.** Dr. Koch, who proved that tuberculosis was a germ disease, is rightly hailed still today as a hero in the long fight against the illness. But he also stumbled. In 1890, he announced that he had found a TB cure—tuberculin. But this soon proved to be a cruel error. Tuberculin had great use as a diagnostic agent but no curative powers at all. People—including Dr. Geer, evidently—persisted in believing in it. Here, Dr. Geer was making an argument, not a description: “As yet, our routine
A Preventorium Family Story: Lawrence and Allen Bodin

PAUL NELSON

A Christmas Seals advertisement from the late 1920s shows two shirtless, slender blond boys, arms around one another, with the caption, “Help Prevent Tragedies Like This One.” The text explains: “Allen is seven years old and his brother Lawrence is five. The only home these two little boys have is the Children’s Preventorium…. Who were they, and what became of them?

They were not identified by surname, but thanks to the surviving Preventorium records, their names were enough. They were Lawrence Alfred and Neal Allen Bodin, children of Nels Bodin and Augusta Anderson. The promotional piece got some facts wrong: Lawrence was older by eleven months. The parents were from Sweden, not Norway, and the boys were born in Minnesota, not Europe, but the word “tragedy” hit its mark. Their little brother, Roger, died of meningitis at seventeen months in 1926. Both parents soon contracted TB: Nels died February 27, 1928, and Augusta six weeks later on April 9. He was forty-three years old; she thirty-seven.

The boys entered the Preventorium on November 6, 1927, referred there by Dr. Everett Geer. He had likely seen one or both parents at Ancker Hospital. This was the classic Preventorium placement—parents ill; children exposed and vulnerable. What made it unusual was how long the brothers stayed—seven years. Their cases expose the orphanage nature of The Preve. Those two healthy little boys did not require seven years to get fortified against TB. They stayed at The Preve because they had nowhere to go.

But something had to be done. The Preventorium wanted all children out by age fourteen. No one wanted pubescent youth running around in giant diapers. Eventually, we don’t know how, a home was found for them with a maternal aunt, Christine Peterson, and her husband, Albert, a trucker, in Mound, Minnesota. Here, the story takes a happy turn.

The brothers attended Mound High School. In 1940, Lawrence served as co-captain of the football team and senior class president. After a year at the University of Minnesota, he enlisted in the United States Army Air Corps then stayed in the aviation business the rest of his life as an aeronautical engineer in Seattle, presumably with Boeing. He died in 2000, age seventy-nine.

Allen played football at Mound, wrote for the school newspaper, acted in plays, and followed up at the University of Minnesota. As a young adult, tuberculosis touched him again. He contracted the disease and was sent to the Glen Lake Sanatorium. There, he not only recovered but met the woman who became his wife. Allen worked as an electrical engineer and died in 2015, age ninety-two. His obituary noted, “Following the tragic deaths of his parents in the tuberculosis epidemic, Neal [Allen] and his surviving brother, Lawrence, lived some years in an orphanage for children whose parents had succumbed to TB.”

This ad featuring brothers Lawrence and Allen Bodin was meant to tug on the heartstrings of readers and encourage them to donate time, talent, and treasure to the Preventorium.

Another marketing effort included a volunteer dressed as Santa Claus standing outside with the children in their drapes. This image was used in advertising for Christmas Seals. Both images courtesy of Minnesota Historical Society.
does not include tuberculin, but we are strongly tempted to make it so.” They never did.¹⁶

**Open-air school rooms.** The children had to continue their schooling, and fresh air was part of their regimen. Put the two together, and you had open-air school rooms. This concept was experimented with all over the country, as a kind of half measure. Winter weather was not to get in the way—youngsters sometimes completed classwork while bundled in snowsuits.¹⁷

Despite the reliance on “folk medicine,” the Preventorium’s program made sense. The family home often endangered children. A tubercular parent, especially a mother in constant contact with children, could readily pass the disease to them—a horrifying prospect. Remove children from such homes, treat and feed them well, keep them active, and they are likely to prosper. And they did, although heliotherapy had nothing to do with it.

**Fire! A Tragedy and a Setback**

By the spring of 1927, a dozen years after opening, the Preventorium had become an established institution. It was not only full with seventy-four children, but it had a waiting list of forty. It had an experienced resident director, Margaret Weikert, and a full-time social worker, Lena Yugend. The location was ideal: close to the city but sufficiently distant to maintain relative privacy. The buildings and systems were not up-to-date, however. Tragedy was about to change that.

On the afternoon of Sunday, April 10, as Miss Weikert napped (recovering from surgery), and Miss Yugend held a session for a handful of residents on the floor below, two staff members, Mr. and Mrs. O. G. Russell returned to campus in their car. The couple noticed a wisp of smoke rising from the main building's roof. Mrs. Russell rushed inside to rouse Miss Weikert, while Mr. Russell climbed to the attic to investigate. He found a fire well engaged. Staff chased everyone out, and the St. Paul Fire Department—miles away—was called. The Preventorium had no hydrant, so the firefighters pumped water by hose from Lake Owasso, 500 feet from the structure. Firefighters Al Bossard and George Brown were working on the second floor when the ceiling above them collapsed. Bossard escaped, but a disoriented Brown failed to do so. His clothing caught fire, and, in desperation, he jumped. Horrified onlookers saw a man in flames fall twenty feet to the ground. Brown succumbed hours later—the first St. Paul firefighter to die on duty since 1921 and the twenty-fifth in department history.¹⁸

Newspapers printed several tributes to Brown and, within twenty-four hours, the *St. Paul Daily News* called for Ramsey County to replace the building in a front-page editorial titled, “Don’t Delay This.” With dramatic exaggeration, the piece asserted that without the Preventorium, most of its residents “. . . would die in the prime of life.” The Ramsey County Board of Commissioners pledged $50,000. Despite the tragedy and structural damage, staff kept the place running, helped enormously by the coming of spring. The Preve was, after all, a haven of the “outdoor life.” In less than a year, what The Preve had always lacked—a modern main building—opened in February 1928.¹⁹

**A Fresh Start**

The 1930 census gives us a snapshot of the new facilities at its peak. It included a new main building and a staff of twenty-one: the resident director, two social workers, five nurses, eleven support staff, and one teacher. (One hardly seems enough.) On census day in April, there were fifty-two children in residence—twenty-seven boys and twenty-five girls. They ranged in age from six to fifteen, with the average and median age nine.²⁰

On Sunday, August 31, 1930, the *St. Paul Daily News* published a front-page story featuring the women central to the institution’s program—Weikert and Yugend. Once you get past the hyperbole, “Four hundred youngsters owe their lives to these two women . . . ,” the article paints a persuasive portrait of a pair of imaginative modernizers.²¹

Weikert, then forty years old and in charge of daily operations since 1916, had put in place a program that would be considered progressive today. The so-called “Winnetka Plan,” named for a public school program rolled out in Winnetka, Illinois, in 1919, emphasized individualized, progress-at-your-own-speed instruction. This may well have been an adaptation to necessity, as The Preve was a sort of giant one-room schoolhouse with a constantly changing cast of
students. The kids got just two hours of education a day in shifts, so, the conventional school model could hardly work.

Weikert told the reporter that she and her staff bore full responsibility for the children's educational progress. If there were failures, “something is wrong with us (the staff) or our system. It can't be the children. We are here to help them and if we can't, we are incompetent.”²²

Yugend, who had joined The Preve in 1924, was credited with creating a comprehensive program of recordkeeping, family contact, monitoring, and follow-up:

Before the child is admitted he goes through a regular routine and a complete survey and study of the case is made. . . . During the patient's stay at the preventorium contact with the family is kept up and carried on without interruption following the patient's discharge. Home calls are made to see that the doctor's recommendations are followed . . . A child is not sent home until she [Yugend] has visited that home and found out what conditions exist and whether the benefits of the institution will continue.²³

Yugend had no assistants and with a population of over fifty in 1930, the duties appear exhausting. But she was young, born 1900 in New York. According to the reporter, who seems to have gotten most of his information from Yugend, no preventorium in the country kept such scrupulous track of its inmates, as the children were often called. These records, alas, are lost.²⁴

Eligibility

How did the fifty-two children in The Preve on census day 1930 get there? Dr. Geer's article plus another published by Yugend that same year give us some insight into the selection process. The baseline requirement was to be a child exposed to tuberculosis but not actively ill. Geer wrote:

> Our conception of the preventorium child is one between the ages of five and twelve, who has been intimately exposed to tuberculosis . . . and whose general condition is below that which is supposedly normal. . . .

There was a social class element too: “All of our children come from poor families.”²⁵

In its first ten years, the screening of children for admission apparently did not go beyond that. But this, according to Dr. Geer, brought problems. The Wilder Child Guidance Center had studied recently admitted inmates and found that twenty-eight of seventy-five “could qualify for feeble-minded schools” and that these were the kids who made least progress. These findings persuaded the managers to screen the applicants.

At present we are picking our children, and admitting those whom we think will be community assets instead of liabilities. . . . It is recognized that this departure is liable to bring down on our heads a storm of criticism, especially from those whose
interest in public-health is governed by maudlin sentimentality rather than by cold reason. But we risk this abuse, feeling very strongly that medically and biologically we are right.²⁶

There is more than a whiff of eugenics in this statement, but Dr. Geer was a man of his time.

In her piece, Miss Yugend also lamented that, in the earliest years, some children of “mental inability” were admitted but no longer, “Since 1925 preference has been given to the normal, stable child.” She later summarizes, “Viewing the group as a whole, we feel that generally the children in our institution come from homes where a medical problem is made a social problem.”²⁷

Who were these children, these “social problems?” Each was unique, obviously, but there were also patterns. If we were to confect a typical or representative Preventorium child, some of the characteristics would be these: He or she would be about nine years old upon entry, often with a brother or sister in The Preve and other siblings still at home; Father would be employed as a laborer and mother as a housewife; At least one parent or grandparent was an immigrant; The family rented a dwelling in an older neighborhood—Frogtown, the West Side Flats, or near the Capitol Approach. The inmates would stay about two-and-a-half years then rejoin their intact nuclear families and go on to live long lives.²⁸

Starting in the summer of 1926, admission to The Preve required a formal referral. Records show the institution firmly established in the Ramsey County public health system. Of the 634 children admitted after referrals began, 242 (38 percent) were referred by the St. Paul Health Department’s Tuberculosis Division. This looks like public health in action—outreach workers meeting families. According to the Ramsey County Health Association, during the 1930s (and maybe earlier), it held hundreds of outpatient clinics. These were “the alpha and omega of the preventorium routine,” and “the first contact an inmate had with the institution.” The public Ancker Hospital referred 122 others; Dr. Geer referred thirty-seven; the Amherst Wilder Foundation referred thirty-four; Ramsey County health and welfare workers referred thirty-three; both United Charities and Catholic Charities also participated. The Preventorium was wired in.²⁹

From the point of view of a worried parent, the advice from a physician or public health worker—“The Preventorium might be right for your child”—must have been powerfully persuasive. It is tempting to imagine the families as inclined to bow to authority. This may be true, in general, but there is evidence of resistance. Of the 956 children admitted to The Preve, some 115 were withdrawn by their families, another nine were dismissed after disagreements between the families and the Preventorium, nine were dismissed for misconduct, and thirteen ran away—a total of 16 percent.³⁰

The Preventorium prospered throughout the 1930s. Kids kept coming, though in slightly declining numbers. In the 1920s, an average of twenty-nine children (some of them repeaters) entered annually. In the ‘30s, that figure fell to twenty-four. The rate of withdrawals and disagreements declined after more careful screening began.³¹

The Preventorium’s fewer admissions in the 1930s may have reflected the Depression’s effect on resources, but there was another factor at work too: TB was fading as a killer. On September 18, 1935, the Pioneer Press reported that the declining TB death rate had caused vacancies at The Preve. Deaths fell steadily throughout the 1920s and ’30s in Minnesota and around the country. No one is entirely sure why. The
persistent work of the National Tuberculosis Association in research and public education probably helped; sanatoriums too. But author Mark Caldwell points to something else: by 1930 worldwide death rates from TB had been declining for eighty years. He speculates that the epidemic had its own poorly understood dynamics, leading to an inevitable decline regardless of human measures. In Minnesota, TB deaths had fallen from about 110 per 100,000 people in 1911 to about fifty in 1930. Whereas 306 St. Paulites died from TB in 1915, by 1933, the number had fallen to 131 (a decrease of over 60 percent). In the meantime, city population had grown by 50,000 (about 25 percent). The disease was no less cruel to its victims than it had ever been, but there were many fewer of them.³²

Minneapolis had never had anything like the Preventorium, but it had experimented with an open-air school—Lymanhurst. The minds behind Lymanhurst took a more scientific approach. They kept careful records, analyzed their numbers and, after twenty years, reached the conclusion that no evidence justified the effort. In 1934, they shut it down. Writing ten years later, Dr. Arthur J. Lyman dismissed open-air schools as “fresh air faddism.” Even earlier, in 1933, the National Tuberculosis Association had reached the same conclusion: “[I]t becomes increasingly clear that for the large majority of children institutional care is neither necessary nor desirable.” In 1937, another University of Minnesota physician, Chester Stewart, called preventoriums, “sentimentally praiseworthy but scientifically impractical” and urged their closure. These findings, closings, and urgings had no effect in Ramsey County.³³

The Preventorium soldiered on. In its first five years, the average inmate stayed about fourteen months, arguably a reasonable time to build up a sickly child. During the 1920s, that average more than doubled to twenty-nine months. It steadily climbed in the next decade, reaching a peak about the time the Depression hit its nadir: kids who entered in 1936 stayed, on average, 1,360 days—almost four years! It’s difficult to imagine why so much time was felt necessary, although a couple of factors may have been in play. An institution with declining demand held onto its clients longer, and families battered by the Depression waited to bring home another mouth to feed. But this is speculation. During the first six years of the 1940s, as TB continued its decline, average stays grew still longer—thirty-nine months—before finally falling to half that number at the end of the decade. By then, a cure for tuberculosis had been found.³⁴

**On Race**

Did race play any role in the operations of the Preventorium? When it opened in 1915, Ramsey County’s non-white population was tiny. St. Paul had a Black community of just a few thousand (in 1910, according to the census, 3,144 out of 211,515, under 1.5 percent), and there would have been a handful of American Indians and other non-Europeans. (The 1910 census found eighty-four.)³⁵

It stands to reason, then, that the vast majority of inmates at The Preve were white. But something else was going on, too. The St. Paul Department of Health kept track of TB cases and deaths in the Black community, and, from a public health standpoint, treating races differently made no sense. Yet, few African American kids came to The Preve. One Black child who did reside there arrived the very first year on August 29, 1915—Velma Holland, age nine. Her father, Isaac, from Arkansas, worked as a waiter for Northern Pacific. They lived at 707 L’Orient. Death struck the family on June 2, 1915, when Theodosia, Velma’s mother, died of TB. With Isaac’s job taking him on the road and Theodosia gone, placement in the Preventorium made sense for Velma. But then death struck again: Velma died of TB at The Preve on June 26, 1917. She was eleven.³⁶

For a Preventorium child to die from tuberculosis on site had to be traumatic for the children and staff, and Velma’s death may have played into a pervasive belief that African Americans rarely recovered from the disease. Public health workers, or Preventorium managers, or both, may have believed that admitting Black children was too risky. No Black children were admitted to the institution between 1916 and 1950. In this, Ramsey County conformed to US practices. Whereas nationwide TB death rates for non-white children were seven times higher than for white kids, the available evidence, summarized by Cynthia Connolly in her book, *Saving Sickly Children*, is that all preventoriums,
except one in Shreveport, Louisiana, resisted admitting Black children.³⁷

The situation proved remarkably different for St. Paul's Mexican American children. The first, Clementi Hernandez, came as a toddler in 1926 and stayed five years. Raymond Garcia and Vicente de Leon followed in 1929 and 1931. Then, starting in 1935, the numbers boomed—fifty-four over the next nineteen years. This amounted to nearly 14 percent of admissions in that time, a number far greater than the Mexican American share of Ramsey County population. What was going on?³⁸

On one hand, this was consistent with the original mission of the Preventorium. Almost all these kids arrived from the West Side Flats, where the housing was notoriously bad and rates of poverty high, so they faced a higher risk of TB than others. Kids had come in substantial numbers from the flats from 1915 onward (mostly Jewish, at first), so a public health pipeline to The Preve may have been well established. It’s possible, too, that as the Preventorium’s leaders saw demand fall, they recruited on the West Side.

Some numbers give shock value to the situation. A 1934 tuberculosis survey of the city concluded that, in the six-year period between 1928 and 1933, some 944 St. Paulites had died of TB. Sixty-six were Black and nineteen of Latino origin; Latino kids came to The Preve, but Black kids did not. St. Paulites of African heritage made up about 1.5 percent of the city’s population, but 7 percent of the TB deaths. Blacks were dying of TB at nearly five times the rate of whites. Health officials knew this. It was not until 1950, at the tail end of The Preve era, that three very young Black children, all from the same family, were admitted.³⁹

The Final Years

As the years passed and TB death rates fell, a few changes did come to the Preventorium. The most momentous began at Rutgers University, where, in 1943, a graduate student isolated streptomycin, which would soon prove itself the first drug to cure TB. In 1944, the Preventorium came under the direct control of Ancker Hospital, which is to say, Ramsey County, ending what remained of its autonomy.⁴⁰

In 1948, Joan Rose Danielson, then five years old, daughter of Lawrence and Bernice Danielson of 504 Selby, became the first child in Minnesota to receive streptomycin treatment. She was a resident of the Preventorium, having transferred there from Ancker in 1947. Getting the “miracle cure” did not get her out. She and her sister Judith, also admitted that year, stayed nearly four years until January 1951.⁴¹

Even after streptomycin, the kids kept coming—fourteen in 1947, nineteen in 1948, twenty-six in 1949, and twenty-two in 1950—numbers only slightly below the thirty-eight-year average of twenty-five new entrants per year. In 1950, it was announced that the Preventorium had officially become a children’s sanatorium—that is, a place for tuberculosis isolation and treatment, not prevention—with sixteen hospital beds. Of the last sixty-six children admitted, twenty-six were under age three, and sixteen were infants. The Preve wasn’t a preventorium anymore—and it was 40 percent vacant.⁴²

On March 15, 1953, it was announced that the Preventorium would close. Its patients would be transferred to Glen Lake. The Lake Owasso campus, where nearly a thousand Ramsey County children had studied, rested, endured sunlamp treatments, and played for thirty-eight years, went silent on July 21 when the last ten children departed. It had outlived its usefulness, and, by four months, Margaret Weikert.⁴³

What are we to make of this history? Though often presented as a public health measure,
it was never that—for two reasons. First, the numbers were too small: about 950 kids in thirty-eight years averages twenty-five annually. In a county of over 300,000, these numbers are insignificant. Second, and more fundamentally, the kids, though exposed to TB, were healthy when they went in. No one could say how many of them might have gotten TB but for The Preve. Public health operates on a wholesale scale. The Preventorium wasn’t even retail—it was boutique. J. Arthur Myers pegged it right in 1944 when he wrote that the money spent on preventoriums would have been better used to isolate and treat the actively ill, for they were the ones who threatened the public.⁴⁴

How do we explain the persistence of an institution whose public health utility was subject to doubt and for so long? Some partial answers suggest themselves. First, placement was always voluntary, so if there was demand, who could object to meeting that demand, especially when the public contribution was small? Second, on its own terms, The Preve remained consistently successful: kids came out healthy and stayed TB-free. Third, health workers kept sending kids there. Fourth, any visitor to the Preventorium would have seen a well-run institution in a delightful location, full of apparently happy, healthy children. Why shut it down? In human events, just as in physics, inertia has great power.

We should think of the Preventorium not in public health terms but as a family preservation institution. For some Ramsey County families stressed by poverty and mortal fears for the health of their children, it provided long-term charitable relief. The Preve probably did nothing to stem tuberculosis, but it helped several hundred families in times of dire need.

More to the Story: The history of the Preventorium is rich thanks to the preservation of documents, photographs, and other materials, and we have several more stories to tell. We have curated a collection of oral history interviews, family histories, FAQs, and context pieces that we have posted online at https://rchs.com/publishing/catalog/ramsey-county-history-winter-2023-childrens-preventorium/. We hope you enjoy learning more about this important part of Ramsey County history.

Acknowledgments: Thanks to former Preventorium residents Clyde Habas and Margaret Krell and to Dr. Cynthia Connolly of the University of Pennsylvania, whose book, Saving Sickly Children, was essential to putting the story of The Preve into national context. Gratitude also extends to Jacci Krebsbach, president of Shoreview Historical Society, who salvaged admissions records; Del Meath, once a counselor at Lake Owasso Residence, who preserved photos and other materials; and Sara Markoe Hanson, executive director of White Bear Lake Area Historical Society and the daughter of a former Preve resident. Because of them, the Children’s Preventorium of Ramsey County is not forgotten and probably has better surviving records than most of the nearly fifty preventoriums that once existed. The complete list of all the children who passed through the place is priceless.

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NOTES
1. Henry McColl and Justus Ohage, Annual Report of the Bureau of Health, Department of Public Safety, of the City of St. Paul (St. Paul: Review Publishing Company, 1916), 28. In the report for 1916, Dr. Carl Drake, the city’s medical inspector, wrote, “We still believe that infection in the home from parent to child is the most serious mode of transmission of this scourge.” Herbert G. Lampson, “A Study on the Spread of Tuberculosis in Families,” Studies in Public Health, no. 1 (December 1913): 50. Lampson published a study of fifty-five Minneapolis families, forty with “tuberculous” and fifteen considered “non-tuberculous.” The infection rate in families where one member had TB was exponentially higher than in other families.


5. *Children’s Preventorium*, 3; “Children’s Preventorium Record of All Admissions and Discharges, 1915 to 1953” (hereafter Preventorium Record), Ramsey County, Minnesota, from the personal collection of Jacci Krebsbach. A spreadsheet compiled from the record is available at rchs.com.


8. Preventorium Record.

9. Preventorium Record.

10. Ibid.


14. In this era, the medical journals were full of articles exploring the use of heliotherapy against tuberculosis. See, for example, I. D. Bronfin, “Heliotherapy in Advanced Pulmonary Tuberculosis,” *American Review of Tuberculosis* 11, no. 2 (1925): 96, where the author finds himself “unable to separate the wheat from the chaff;” “Sunshine vs. Tuberculosis,” *St. Paul Daily News*, September 22, 1931, 6. This article relays, “Scientists discovered the sunshine is the greatest enemy of tuberculosis;” Lisa Gensel, “The Medical World of Benjamin Franklin,” *Journal of the Royal Society of Medicine* 98, no. 12 (1998): 534-538. Benjamin Franklin was an advocate of air baths.

15. Geer, 525.


17. Geer, 524-528; Margaret Krell, interview with author, July 14, 2022; Clyde Habas, interview with author, July 15, 2022.


22. Stanley, 2.


25. Geer, 1-2; Connolly, 54. The Preventorium adhered to the ideas of the first preventorium in New Jersey.


27. Lee L. Yugend, “Results Obtained in the Children’s Preventorium of Ramsey County, Minnesota, Over a Period of Fifteen Years,” 303, 305, in Ramsey County: Lake Owasso Children’s Home, administrative files, MNHS.

28. This is the author’s assessment of the evidence, based on the Preventorium Record and tracing hundreds of inmate stories through ancestry.com.


30. Author’s compilation from Preventorium Record.

31. Preventorium Record.


33. J. Arthur Lyman, “The Evolution of Tuberculosis as Observed During Twenty Years at Lymanhurst,” *Journal-Lancet* (1944): 10. Researchers observed three groups of children: those treated out-patient; those treated in-patient at Lymanhurst; those sent to sanatoriums. “After a number of years of study . . . the results were essentially the same . . . the children who had been treated in the sanatorium were in no better condition than those who had been treated in the Lymanhurst School; moreover, those who had been in the school were in no better health than those
who remained in their homes.” In 1933, it was recommended the day school be discontinued. One has to assume that Ramsey County physicians and public health workers knew what happened in Minneapolis. “Lymanhurst to Be Discontinued as School for the Tuberculous,” The Minneapolis Star, April 17, 1934, 1; Lymanhurst School to be Discontinued, Star Tribune, April 18, 1934, 12; “TB Cases Held Unaffected by School Closing,” The Minneapolis Star, April 18, 1934, 6; Saving Sickly Children, 108-110.

34. All figures are the author’s calculations, taken from the Preventorium Record.


36. “Mrs. Theodosia Holland,” The Appeal, June 12, 1915, 3; “Miss Velma Holland,” The Appeal, July 7, 1917, 3; Minnesota Death Certificates 1915-MN-021927 (Theodosia Holland) and 1917-MN-023990 (Velma Holland) in the Minnesota, US, Death Index, 1908-2017. It’s not clear when, if ever, Velma Holland was discharged from The Preve.


38. Preventorium Record; Lowry Nelson and Hazel Clampitt, Population Trends in Minnesota, 1940, University of Minnesota Agricultural Station Bulletin (Minneapolis, 1945): June. This study of the Minnesota population did not register Hispanics as a population group, nor Spanish as a language spoken in the state; Dionicio Valdes, Mexicans in Minnesota (St. Paul: Minnesota Historical Society Press, 2005), 18. Valdes estimates the community’s size at 3,000 or about 1 percent.


41. Preventorium Record.

42. St. Paul Dispatch, October 7, 1948; Preventorium Record.


44. J. Arthur Myers, “The Evolution of Tuberculosis as Observed During Twenty Years at Lymanhurst, 1921 to 1941,” Journal-Lancet (1944): 34. Myers wrote: “The money spent on special schools, preventoriums and summer camps could accomplish much if it were used to isolate and treat adults who had contagious tuberculosis.”

Notes to Sidebar on page 1


Notes to Sidebar on page 5

a. “Help Prevent Tragedies Like This One,” Christmas Seals advertisement, Lake Owasso Children’s Home, records, Minnesota Historical Society (hereafter MNHS), T1D.2.2F-2, 1928; “Christmas Seals History,” American Lung Association, accessed December 7, 2022, https://www.lung.org/get-involved/ways-to-give/christmas-seals/history. In 1907, a small sanatorium in Delaware full of TB patients and short on money faced the reality of closing its doors. So, volunteer and veteran fundraiser Emily Bissell created and sold Christmas Seals at the post office for one cent each. Her idea worked; money poured in; President Theodore Roosevelt endorsed the idea; and the Christmas Seals program successfully launched. Today, funds raised benefit Americans suffering from a variety of lung issues and diseases.


c. Preventorium Record.


e. “Lawrence Bodin,” Mohian Yearbook, Mound High School, 1940, multiple entries.

The Ramsey County Historical Society (RCHS) strives to innovate, lead, and partner in preserving the knowledge of our community, deliver inspiring history programming, and incorporate local history in education.

The Society was established in 1949 to preserve the Jane and Heman Gibbs Farm in Falcon Heights, which the family acquired in 1849. Listed on the National Register of Historic Places in 1974, the original programs told the story of the Gibbs family. In 2000, with the assistance of a Dakota Advisory Council, RCHS also began interpreting Dakota culture and lifeways, now telling the stories of the remarkable relationship between Jane Gibbs and the Dakota people of Heyáta Othúŋwe (Cloud Man’s Village).

In 1964, the Society began publishing its award-winning magazine Ramsey County History. In 1978, the organization moved to St. Paul’s Landmark Center, a restored Federal Courts building on the National Register of Historic Places. An expansion of the Research Center was completed in 2010 and rededicated in 2016 as the Mary Livingston Griggs & Mary Griggs Burke Research Center.

RCHS offers public programming for youth and adults. Visit www.rchs.com for details of upcoming History Revealed programs, summer camps, courthouse and depot tours, and more. The Society serves more than 15,000 students annually on field trips or through school outreach. Programs are made possible by donors, members, corporations, and foundations, all of whom we appreciate deeply. If you are not a member of RCHS, please join today and help bring history to life for more than 50,000 people every year.

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RCHS is committed to ensuring it preserves and presents our county’s history. As we continue our work to incorporate more culturally diverse histories, we have made a commitment to diversity, equity, accessibility, and inclusion that is based on this core idea: RCHS exists to serve ALL who call Ramsey County home. To learn more, please see www.rchs.com/about.

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Mnišota Makhóčhe, the land where the waters are so clear they reflect the clouds, extends beyond the modern borders of Minnesota and is the ancestral and contemporary homeland of the Dakhóta (Dakota) people. It is also home to the Anishinaabe and other Indigenous peoples, all who make up a vibrant community in Mnišota Makhóčhe. RCHS acknowledges that its sites are located on and benefit from these sacred Dakota lands.

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Arrival of the Birds

The (Almost) Incredible 1897 Central High School Bird Observation

DAVE RIEHLE, PAGE 21

Members of the 1897 Central High School Ornithological Society may have converted class registers to document the birds they observed while in the field. Courtesy of Minnesota Historical Society.

Ornithological Society member Joseph Barrett identified a purple finch similar to this one on April 10, 1897, on Irvine Street in St. Paul. Over 126 years later, this bird is fairly uncommon in Minnesota, preferring to spend summers straddling and north of the US/Canada border. Courtesy of Andrew Cannizarro, Wikimedia Commons.