

# **- A HISTORY -**

## **The Development of Public Health in Rockford and Winnebago County, Illinois From 1854 to 2004**

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*A Celebration of 150 Years of Progress*



**For the  
Winnebago County Department of Public Health**

**Written and Edited by:  
Raymond W. Empereur  
March 2004 (with updates added in December 2006)**

**Preface – March 2004**

Twenty-two years ago, in 1982, the first edition of this history was completed. The original work marked the twentieth anniversary of the Winnebago County Department of Public Health, which began service on April 4, 1962.

I am pleased to return to this work with an improved and expanded version to honor the 150<sup>th</sup> anniversary of public health in Rockford and Winnebago County, from 1854 to 2004, adding new material and correcting unintended errors and omissions.

In this brief review of public health, we have sought to focus on the major developments in sanitation and preventive health services in our community from the earliest times, shortly after the original settlement of the county. The story is told through the establishment and work of the venerable Rockford Health Department, with roots back to 1854, the creation of the Winnebago County Health Department in 1962, the successful merger of the two in 1971, and further growth and maturation of public health county-wide through 2004. Dr. Joseph E. Orthoefer, former public health administrator, authored the original chapter on public health services from 1971 to 1982, which is cited here.

Three works of significance to public health in Illinois and Rockford have been written in recent years and are referenced as well. These include, *Public Health: What It Is and How It Works*, (1997) by Bernard J. Turnock, MD, *From Yellow Fever to the AIDS Epidemic, A History of Infectious Diseases in Illinois*, (2002) by Ross Mullner, PhD, and, *A History of Public Health in Rockford: 1854-2004*, (2003) by Steven Lidvall, MD.

As in 1982, this 2004 work is dedicated to the citizens of Winnebago County and to the hundreds of public health pioneers and activists, many named in this history, who gave of their time and talent to improve the health of the community.

Special thanks are due to numerous individuals who made this new edition possible: J. Maichle Bacon, Public Health Administrator and the members of the Board of Health for support and encouragement and to Judy Box, Sue Fuller, and Dr. Eric Henley for proofing and editing. Thanks also to Joel Cowen of the University of Illinois, Health Systems Research, Rockford, for suggesting and providing new source material.

For the original 1982 version, thanks again to many who helped and contributed, including: Dr. Joseph E. Orthoefer, co-author; Mrs. O.B. Lunde, Local History Librarian, Rockford Public Library; Barbara Snider, former Executive Secretary; Barbara Chapman, for biographical information; Ernest L. Johnson and Kenneth Easton, who provided photographs and biographical information; Sue Malone; Virginia Barker- Jones and Linda Robinson, for production and printing of the original version.

Respectfully,  
Raymond W. Empereur

March 2004

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**A Chronology of Public Health  
In Rockford and Winnebago County**

- 1846 - Rock River Medical Society Organized**
- 1850 – Population of Rockford reaches 2,093**
- 1852 – April 26, City of Rockford Chartered**
- 1853 – Cholera epidemic sweeps area**
- 1854 - First Board of Health Organized**
  - First Health Officer Employed**
  - First Health Ordinance**
- 1860 – Population of Rockford reaches 6,979, a three fold increase in 10 years**
- 1870 – Garbage collection and inspection of slaughter houses begins**
  - Population of Rockford reaches 11,000**
- 1874 – First municipal well**
- 1875 – First city plumbing ordinance**
- 1877 – Scarlet fever epidemic**
- 1878 – First tests on Rock River water quality**
- 1880 – City Council approved first sewage ordinance**
  - Population of Rockford grows to 13,129**
- 1881 - Scarlet fever epidemic**
- 1882 - Quarantining for smallpox and scarlet fever begins**
- 1884 - Board of Health Reorganized with a Standing Committee on Health formed**
  - In the City Council**
- 1885 - First physician Health Officer employed**
  - Rockford Hospital opened at the home of Dr. W.H. Fitch on Court St.**
- 1886 – First sewer lines laid in Rockford**
- 1887 – First housing survey completed in city**
- 1888 – City Council approves licensure on milk dealers**
- 1889 – Death rate for city estimated at 125 per thousand**
- 1890 – Epidemics of Scarlet Fever and Diphtheria – death rate to 145 per thousand**
- 1891 - Plumbing inspector employed**
- 1899 - Saint Anthony Hospital opened at the former east-side Sanborn mansion**
- 1900 – Rockford population reaches 31,051, more than double that of 1880**
- 1902 - Milk inspection program begins**
- 1904 - Dairy inspection program begins**
- 1910 - Medical examination of school children begins**
- 1911 - Rockford Visiting Nurse Association organized**
  - SwedishAmerican Hospital Association formed**
- 1912 - City public health laboratory opens; VNA begins prenatal and infant care**
- 1913 - Fresh air rooms in schools began operation; Typhoid kills 16; First food protection ordinance approved by City Council**
- 1915 - Fresh air camp opened**
- 1916 - Municipal Tuberculosis Sanitarium opened**
  - Bureau of Food Control created**
- 1917 - Bureau of Vital Statistics organized**

**1918 - Tuberculosis clinics started**  
     **SwedishAmerican Hospital erected**  
**1922 - County adopts Glackin TB Sanitarium Tax**  
**1923 - Health Commissioner becomes a full-time position**  
**1924 - Bureau of Ventilation and Heating, Bureau of Publicity, and Bureau of**  
     **Water Safety and Typhoid Control established.**  
**1925 – Pre-natal clinics started**  
**1926 – Regular food establishment inspections begin**  
     **Rockford population estimated at 77,500**  
     **Rockford Sanitary District Created by referendum**  
     **Deaths from Tuberculosis average 54 per year in Rockford**  
**1927 – US Public Health Service confirms an epidemic of polio in Rockford**  
**1930 – Rockford places second in national health conservation competition**  
     **700 active TB cases reported citywide**  
**1933 – Dr. Norman C. Bullock replaces Dr. Gunderson as Health Commissioner**  
**1937 – Mayor Charles F. Brown re-appoints Dr. Gunderson**  
     **Premarital blood testing initiated**  
**1938 – Measles epidemic – 1,736 cases reported in Rockford**  
**1939 – Rockford Health Department moves to the new City Hall building**  
**1941 – The Winnebago County Defense Zone Health Unit begins and operates**  
     **through World War II as the prototype for the future County Health Department**  
**1944 – Penicillin begins to revolutionize the treatment of gonorrhea**  
**1945 – Pasteurization of milk become mandatory in Rockford**  
     **Polio epidemic – 321 cases**  
**1950 – Polio near record levels in city**  
**1956 – Housing Code approved by City Council with enforcement by Health**  
     **Department**  
**1959 – February – Dr. Gunderson urges creation of a County Health Department**  
     **August – Dr. Gunderson announces his retirement**  
     **November – Chester W. Anderson appointed Acting Health Commissioner;**  
     **Alderman Zeke Giorgi recommends a study for the formation of a**  
     **City-County Health Department**  
**1961 – February – Mayor Schleicher announces the appointment of Dr. McLaren as**  
     **Health Commissioner for Rockford**  
     **July 13 – Winnebago County Board creates the first Winnebago County**  
     **Board of Health**  
**1962 – April 4 – Winnebago County Board of Health appoints its first employees**  
     **April 10 – The Winnebago County Health Department opens**  
     **April 11 – Dr. McLaren resigns at Mayor’s request**  
**1963 – July 1 – Regional Office of the Illinois Department of Public Health opens**  
**1965 – November 15 – Dr. Arthur E. Sulek appointed City-County Health**  
     **Commissioner to direct both health departments**  
**1967 – July – Winnebago County Health Department moves out of the Court House**  
     **to 425 West State St.**

**1968 – July – Dr. Sulek resigns dual post; Arlo Anderson become Acting Rockford Health Commissioner and Robert H. Anderson becomes Winnebago County Public Health Administrator**

**1969 – Winnebago County Board of Health pursues a formal city-county merger of public health services**

**1970 – March 16 – Mayor Schleicher vetoes a City Council merger ordinance; recommends that a referendum be held for the voters to decide the matter**

**1970 – July, Council for Community Services announces formation of the Winnebago County Citizen’s Committee for the Health Referendum**

**1970 – September, Health Referendum Committee secures sufficient signatures to win a place on the November ballot**

**1970 – November 3, Referendum for Public Health carries by 7,855 votes in Winnebago County**

**1971 – May 26, Winnebago County Board of Health concludes its national search by hiring Joseph E. Orthoefer, DVM, MPH, MAPA, to assume the duties of City-County Public Health Administrator on July 1, 1971**

**1971 – Summer, Illinois Department of Public Health surveys Rockford to determine the need for a childhood lead poisoning prevention program which is subsequently Federally funded and runs through 1981, administered by Winnebago County Health Department**

**1971 – December, Winnebago County Board of Health purchases Jewett Hall from Rockford College. City and County staff are merged at the new facility at 701 Division Street, formerly part of the Rockford College campus.**

**1971 – Health Department assumes control of Family Planning and moves to enlarge the program with Title X Federal Funds**

**1972 – Health Department purchases a mobile dental treatment unit and initiates a dental program for underserved children**

**1972 – Health Department opens a Sexually Transmitted Disease treatment program**

**1973 – Health Department initiates a Women’s Infant Children (WIC) Federal food supplement and nutrition program**

**1974 – Health Department expands Well Child Clinics**

**1975 – Health Department seeks a Hill-Burton grant to expand the clinic facility, however funding is not available**

**1975 – Winnebago County becomes the first in Illinois to expand its Board of Health to 12 members as permitted by state law**

**1976 – Health Department immunizes 75,000 residents against Swine Flu**

**1976 – Private Sewage Disposal Code is improved and strengthened**

**1977 – New funding received for the hypertension screening program**

**1977 – Health Department receives a grant from the US Department of Commerce for a 5,000 sq. ft. clinic addition which is completed by November 1978**

**1978 – Food Sanitation Program ranks third in national competition for excellence**

**1980 – Health Department receives the National County Achievement Award for services provided in conjunction with the University of Illinois College of Medicine at Rockford**

**1980 – Indochinese Refugee Screening Program initiated**

- 1981 – Health Department’s Fetal Alcohol Syndrome Program receives Gerty Award for excellence in the prevention of alcoholism**
- 1982 – The Samuel J. Crumbine Award for excellence in food protection programs is won by WDCPH in national competition.**
- 1982 – The Rockford Council for Affordable Health Care is organized; later to become Rockford Health Council.**
- 1995 – The Violence Prevention Collaborative becomes the latest program focus on the Health Department recognizing that violence is a public health issue.**
- 1997 – Dr. Joseph E. Orthofer retires after 26 years of service to WCDPH.  
J. Maichle Bacon, RS, MPH, selected to become Public Health Administrator.**
- 1998 – University of Illinois College of Medicine at Rockford adds Master of Public Health curriculum.**
- 1999 – Healthy Community Study released by Rockford Health Council.**
- 2002 – Black Male Health Program created by WCDPH.**
- 2002 – Blackhawk Park School-Linked Health Center opened.**
- 2002 – Violence Prevention Strategic Plan completed and implemented.**
- 2003 – Tri-County Bioterrorism Plan completed and implemented.**
- 2003 – Winnebago County Board ends open burning in unincorporated areas.**
- 2003 – Rockford Health Council completes *Healthy Community Study 2003*.**
- 2004 – Bernard “Buz” Salafsky retires as Dean of the University of Illinois College of Medicine at Rockford.**
- 2004 – Winnebago County Department of Public Health celebrates 150 years of public health achievement in the Rockford area.**
- 2005 – And beyond... to be continued.**

## **Common Infectious Diseases in Illinois: Lest we Forget**

Since many of the infectious diseases mentioned in this history are no longer common afflictions, thanks in large measure to the success of public health interventions, we have included brief descriptions of several to remind us of the true value of public health.

The source for this material is, *From Yellow Fever to the AIDS Epidemic: A History of Infectious Disease in Illinois*, by Ross Mullner, PhD, MPH (2002). This is an excellent monograph published jointly by the Mid-America Public Health Training Center at UIC School of Public Health, Chicago, and the Illinois Department of Public Health.

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**Yellow Fever** – One of the most feared diseases of the 19<sup>th</sup> century, yellow fever is a mosquito borne viral illness. For years, epidemics of yellow fever periodically ravaged the seaports of the east and south. In 1878 a great epidemic invaded the interior and an estimated 20,000 perished. In mild cases, it causes flu-like illness, with general malaise, headache, chills, and aches and pains in muscles and joints. Duration may be two days or a week. In more serious cases, yellow fever produces high fever, followed by liver failure. It may progress to renal failure, convulsions, coma, and death within two weeks. An effective vaccine was developed in the 1930s. Today the disease has been eradicated from the U.S. and is found only in the jungles of Africa and South America.

**Small Pox** – A highly infectious viral disease, smallpox was deadly well into the 20<sup>th</sup> century even though a reliable vaccine became available in the 1880s. An ancient disease, small pox has killed more people than any other infectious disease. Cortez and his party unknowingly carried the disease to Mexico in the 16<sup>th</sup> century, where it brought the powerful Aztec Empire to destruction, killing millions, since the disease was previously unknown in the Americas. Small pox produces flu-like symptoms, followed by head, back, and muscle aches. Red spots appear on the tongue and roof of the mouth and later spread to the face, arms and legs. These evolve into raised pimples and finally into blistering oozing pustules. Simultaneously, the disease ravages the internal organs, attacking the throat, lungs, heart, liver and intestines. Death comes to up to 30% of those infected. Today, smallpox is the only disease that man has systematically eliminated from nature. No cases have been reported worldwide in over twenty years.

**Diphtheria** – Until the late 1920s, diphtheria was one of the most notorious causes of death to young children. A highly contagious disease, diphtheria is caused by a bacillus and is spread by coughing, breathing, direct contact, or in contaminated food. It normally appears after two to four days of incubation. Symptoms include sore throat, fever, hoarseness, swollen neck glands, and difficulty in swallowing or breathing that can cause death by suffocation. Untreated, diphtheria produces a powerful toxin that can cause pneumonia, paralysis and heart failure. With the advent of antibiotics, treatment cured the disease in children in 90% of cases. Untreated, the disease kills 25 to 50% of children who contract it. Today the disease is prevented by the DTP (diphtheria, tetanus and pertussis - or whooping cough) vaccine. The last outbreak in Illinois took place in an



unimmunized Hispanic population in the north of Chicago in 1970 with 23 cases and 2 deaths.

**Influenza** – In 1918-19, Illinois and the world faced the Great Influenza Pandemic, one of the most devastating outbreaks of infectious disease in world history. With no vaccine available, millions died worldwide and millions were sickened in Illinois. Flu is an acute respiratory infection caused by a variety of viruses and is found in humans as well as many other mammals and birds. In humans, the viruses spread from person to person, especially by coughing and sneezing. Upon infection, symptoms usually appear in two to four days. Flu usually brings headache, chills and a dry cough, followed by general aches and pains, extreme fatigue and weakness, and a high fever. After the fever breaks, a sore throat and nasal congestion often follow, lingering for a week or more. Flu is often fatal to newborns and the elderly due to complications including bronchitis and pneumonia. Because multiple viruses cause flu, every year scientists must reformulate a new vaccine based upon those viruses most likely to cause illness. Today, vaccination is the best prevention for influenza, which occurs worldwide each winter.

**Malaria** – In the early history of Illinois malaria was so widespread a killer that many people considered the state a “graveyard.” For decades malaria was a seasonal threat in the summer and fall. It gradually declined in northern and central Illinois by the late 1900s, but continued to threaten southern Illinois until the mid-1940s. For centuries, malaria, from the Italian for “bad air”, was thought to be spread by gases emitted from rotting vegetation since it often occurred in swampy or marshy areas. By 1897, the true vector – the *Anopheles* mosquito – was finally linked as the source of the protozoan parasitic infection. Malaria causes spiking fevers and shaking chills, as well as flu-like symptoms. Without treatment, the disease may lead to kidney failure, coma and death. Malaria was eliminated from Illinois as an annual threat by the end of World War II. Mosquito control and abatement remain the most effective preventive measures.

**Typhoid Fever** – A highly contagious disease, typhoid fever is caused by the bacterium *Salmonella typhi*, and has long been linked to sewage tainted water, or fecally contaminated foods such as oysters, raw fruits and vegetables, and milk and dairy products handled by infected workers. Typhoid is also spread to food by flies. Typhoid fever is characterized by sustained fever and headache and may progress to mental confusion and delirium. The liver and spleen usually become enlarged and fatal complications such as intestinal perforation and pneumonia may result. Sound public health measures, including clean water and sanitary sewage treatment are the best for prevention. Untreated, typhoid lasts up to four weeks and kills 10% of those infected. During the American Civil War it swept through both armies, killing thousands of men who unknowingly consumed tainted water and food. But with prompt antibiotic treatment, available since the 1940s, the fever passes in a few days and mortality drops to less than 1%.

**Tuberculosis** – TB is a chronic bacterial infection that most commonly infects the lungs, although it may invade any tissue or organ. Usually a chronic disease that may linger for years, acute forms of tuberculosis may strike infants and young children proving fatal in days or weeks. TB also affects animals and the bovine form can produce TB in humans who drink infected milk. Tuberculosis is mainly an airborne disease, transmitted from an infected person to others through close contact over prolonged exposure. Most infected people never develop active disease, and have no symptoms. Once active, the disease produces flu-like illness, a slight fever, night sweats, weight loss, weakness and fatigue. Frequently those infected cough up blood or sputum. Before modern drug based treatment was developed in the 1940s, TB was common and mortality rates were high. Today victims can be treated and cured, but TB is stubborn and often requires six to nine months of multiple drug therapy to be cured. We are well advised to remain vigilant.

As if to remind us of its tenacity, TB still plagues us. Seven active cases were reported as under treatment in Winnebago County in 2002, and the threat of new cases still makes the news, especially among children. On March 10, 2004, the *Rockford Register Star* reported that the Winnebago County Health Department was screening students at Rock River School over possible cases. The paper ran a retrospective piece, “Days of TB Sanitarium Remembered”, featuring an interview with Dr. Charles Gray, former medical director of the Rockford TB Sanitarium.

**Poliomyelitis** – Polio epidemics were once common in Illinois and from 1916 to 1955 it was one of the most feared of all diseases. Striking suddenly, without warning, polio would paralyze and often kill children and young adults. Images of crutches, leg braces and “iron lungs” still haunt the memory of living Americans. Poliomyelitis is a highly infectious viral disease and primarily would strike young children. It is spread from person to person by fecal-oral contact, often through contaminated food or water. Once ingested, the virus invades the central nervous system, targeting cells that control muscle tissue. After years of research by the scientific community, Dr. Jonas Salk in 1955 finally found the right vaccine to prevent the disease. By 1961, Dr. Albert Sabin developed the oral polio vaccine as well. With an active vaccination campaign in the state, the last case of polio in Illinois was in 1983, down from 2,900 cases in 1949.

**Measles** – For decades in Illinois, measles was the most common and most contagious childhood disease in the state, infecting tens of thousands of children each year. Although most fully recovered, some suffered permanent disabilities and hundreds died. Measles is also known as rubeola, 10-day measles, hard measles, red measles and morbilli and is caused by a virus that invades through the nose or mouth. Transmitted by airborne droplets, it is easily spread from person to person. Within twelve days the infected person develops fever, chills, general malaise, sneezing, nasal congestion, brassy cough, and light sensitive eyes and red-blotchy rash. While most children fully recovered, some cases resulted in blindness, deafness, mental retardation or death from respiratory or neurological complications. A measles vaccine was developed by 1963 and was distributed in Illinois cutting the disease rate by two thirds in just three years. Today measles vaccination is required of every child prior to entering school and the disease has been virtually eliminated from the United States.

## **Public Health in Rockford - The Early Years: 1854-1925**

In the fall of 1927, the *Rockford Morning Star* (1) serialized a history of public health in Rockford from the establishment of the first Board of Health on June 13, 1854.

Written by Isaac D. Rawlings, MD, William A. Evans, MD, Gottfried Koehler, MD, and Baxter K. Richardson, *The Rise and Fall of Disease in Illinois*, was published by the Illinois Department of Public Health in 1927. (2) The history, with an extensive chapter on Rockford, was obtained for publication in the Rockford newspaper from one of the authors, Dr. Koehler, by the City Health Commissioner, Dr. N.O. Gunderson. This account, supplemented by other material as cited, is taken from this 1927 work as serialized by the *Rockford Morning Star*.

### **Board of Health Created in 1854**

Dr. Josiah C. Goodhue was a Chicago physician who moved to unincorporated Rockford in 1838. At that time the city destined to grow to over 150,000 by the year 2000 was a village with fewer than 250 residents. Dr. Goodhue had been an alderman in Chicago's first ward who was instrumental in the establishment of the Chicago public school system.

Chicago adopted its first sanitary ordinance in 1833. At this time Chicago had about 3,200 residents. The following year Dr. Goodhue served as Sanitary Officer of the Town of Chicago under a "vigilance committee" which was working to prevent outbreaks of cholera.

It was Dr. Goodhue that some credit with suggesting the name Rockford, in preference to Midway as the village was known prior to 1835. Having the town named for the prominent rock ford that allowed easy crossing of the Rock River seemed more desirable than naming the place for its proximity on the way from Chicago to Galena, then the largest settlement in north western Illinois.

Eight years after moving to Rockford, Dr. Goodhue organized the Rock River Medical Society in 1846, and became its first President. According to historian Charles H. Church author of *The History of Rockford*, (1900), as cited by the *Rockford Morning Star*, the need for organized medicine in Rockford was compelling:

"The year 1846 was signaled by much sickness. Nearly every family living on low land had malarial fever, and the doctors were busy... One day Dr. Catlin made 30 calls, and prescribed for 66 patients."

The toll in human life went unrecorded in these early years since no official morbidity or mortality records were kept in Rockford or anywhere in Illinois. And since medical

science was in its infancy at the middle of the 19<sup>th</sup> century, little was known about the causes of communicable diseases.

Another historian of public health in Illinois, Ross Mullner, PhD. MPH. (2002), confirms the deplorable public health conditions of the time (3):

- “Deadly epidemics frequently ravaged the state. Disastrous cholera outbreaks occurred repeatedly.”
- “Smallpox epidemics frequently occurred, killing many who got the diseases.”
- “Diphtheria outbreaks often destroyed all the children in a family in a single epidemic.”
- “Diarrhea caused by epidemics of dysentery, enteritis, and typhoid fever killed thousands of infants annually, particularly in summer.”
- “Residents of southern Illinois constantly feared yellow fever would spread up the Mississippi valley.”
- “Other devastating diseases, such as malaria and tuberculosis, were endemic. The entire state, from Chicago to Cairo, was one vast reservoir of malaria. Indeed, malaria was so common in Illinois that many people in the state no longer considered it a disease, but a normal part of everyday life.”
- “Tuberculosis was the greatest killer of the time. It claimed more victims in Illinois than typhoid fever, diphtheria, scarlet fever and smallpox combined.”

During this period Rockford was growing rapidly due to its important location on the Rock River between Chicago to the east and Galena to the west. In 1839, 235 persons were recorded. By 1845 the village had 1,278 people, and by 1850 the population was 2,093, although no official census figures were available until 1860. The 1927 history estimated the death rate in Rockford in the mid-19<sup>th</sup> century to be over 83 per thousand; nearly ten times that recorded for Winnebago County in 2001 of 8.8 per thousand. (*Healthy Community Study 2003*, Rockford Health Council, page 12.)

The City of Rockford was organized on April 26, 1852, under a special charter. The nation wide cholera epidemic of 1849 reached Rockford by 1853. Although virtually eliminated today by basic sanitation methods, in the mid-19<sup>th</sup> century cholera was a deadly disease, and not well understood. At that time no one knew that this disease was caused by a tiny unseen bacterium that was carried in water and spread from person to person by hand-to-mouth contact.

In Chicago in 1849 the cholera epidemic killed 1 in 36 citizens, the disease having arrived aboard an emigrant boat from New Orleans.(4) In Rockford as was often done, victims were isolated and “treated” outside the city limits in a “pest” house. As a result of this health emergency an ordinance was passed providing for nuisance abatement and the preservation of health on June 13, 1854. Thus the first Board of Health in Rockford was created with Mr. Newton Crawford as Health Officer.

### Early Sanitation Efforts – 1860 to 1883

By 1860, Rockford had grown to nearly 7,000 people, and the following year the City Council approved a code of sanitation. Beginning in April 1861, hundreds of boys and men from Rockford and Winnebago County responded to President Lincoln’s call for volunteers during the Civil War. Between 1861 and the end of hostilities in April 1865 over two million would march to war and 620,000 men on both sides would die, more from infectious diseases and wound infections than from bullets, and more than from all American wars combined since 1865.

Both armies attempted to control disease, as tens of thousands of soldiers, many from isolated rural communities, gathered in military camps creating immediate communicable disease, hygiene and sanitation issues. Troops were taught basic personal hygiene and commanders enforced strict standards, reinforced by doctors in the field, who later in civilian life would become advocates for sanitary reforms. These efforts would lead to the creation of the first state board of health in Massachusetts within four years after the end of the war. (5)

Back home efforts to improve public health continued. In 1864 a section regulating barbershops was added to the Rockford code of sanitation. Just after the war, in 1866, nuisance control rules were revised and expanded. Rockford grew to a population of 11,000 by 1870. This was still the period before electricity, indoor plumbing, running water, and central heating, conveniences we can’t image living without today.

During the thirty years between 1854 and 1884, fifteen Health Officers were appointed, and until 1867 each served only a one-year term. Dr. R.P.Lane was the only physician to serve as Health Officer during these early years.

#### Rockford Health Officers 1854-1884

1854 – Newton Crawford	1862 – A. Halstead
1855 – T.B. Potter	1863 – J. Fisher
1856 – E.H. Potter	1864 – R.H. Paddock
1857 – Dr. R.P. Lane	1865 – T. Sully
1858 – E.C. Roberts	1866 – G.H. Platter
1859 – M.T. Upright	1867 – 1879 – T. Sully
1860 – A.J. Pennock	1880-1881- P.A. Coonraet
1861 – A. Halstead	1882-1884- T. Sully

In their 1927 history of public health, Dr. Rawlings and his colleagues suggest that the duties of the early Health Officers were primarily those of a “sanitary policemen” charged with the abatement of “nuisances complained of by the citizens.” In the event of an outbreak of smallpox, for example, physicians would be employed with public funds to treat the sick. The job of the Health Officer would be to remove the sick and deceased and to attend to quarantining and fumigation. Such was the limited science of public health in the 19<sup>th</sup> century.

Dr. Bernard Turnock of Illinois, writing in 1997, reminds us that the history of local public health efforts in this country can be traced to Lemuel Shattuck's *Report of the Sanitary Commission of Massachusetts* in 1850. Shattuck outlined the existing and future public health needs in Massachusetts and his report became the blueprint for the future development of the nation's public health system.(6)

A true visionary, Shattuck called for the establishment of state and local health departments to organize and oversee sanitation efforts, communicable disease control, food safety, birth and death records, and measures to protect the health of infants and children. Slow to develop their full potential, local and state public health agencies began forming across the country, as in Rockford in 1854. As the science of sanitation, disease prevention, and immunization improved during the latter half of the century, so did local public health efforts.

In Rockford, the city's first plumbing ordinance was approved in 1875. The state's first weed ordinance was passed by the Rockford City Council in 1877, and required regular cutting of weeds and grass in streets and alleys. Today, the Winnebago County Health Department still enforces a modern version of the original "weed" ordinance.

Garbage collection was organized as a city function in 1870, the same year that slaughter house inspection was added to the work of the Health Officer, who made his rounds three times per week in summer.

In 1877, Health Officer T. Sulley began to receive an annual salary of \$200, the first paid compensation recorded for the Rockford Health Chief. That year, and again in 1878, there were outbreaks of scarlet fever in Rockford, with 399 cases reported in 1877.

In May 1877, the Illinois General Assembly passed an Act creating the first State Board of Health. The same day, the Medical Practice Act was passed, and both were quickly signed into law by Governor Shelby Cullom. The new State Board of Health, composed of seven well-qualified men including five physicians, was charged with both protecting public health and regulating the practice of medicine. To carry out its dual mission, \$5,000 was appropriated. (7)

Back in Rockford, the first drinking water tests were performed in 1878, with water samples from the Rock River and the water works being sent of Bridgeport, Connecticut for analysis. At that time a new shallow city well, completed in 1875, was beginning service although much drinking water in the city was still drawn from the river. The tests proved satisfactory – at least for the measures of the time.

The first ordinance regulating sewage disposal was approved in 1880, although modern sewage treatment had not yet been invented. Also in 1880, a tract of land was set aside for the burying of dead animals. Horsepower still reigned as the primary means of transport in the city. The invention of a practical automobile was still twenty years in the future.

By 1880, physicians were reporting cases of contagious diseases to the Health Officer. The registration of births and deaths was handled by County officials. This function was later taken on and is still performed by the Winnebago County Health Department, which would not be formed until 82 years later. Rockford's population was recorded as 13,129 in 1880, having nearly doubled in the fifteen years since the Civil War ended.

Scarlet fever again reached epidemic proportions in 1881, with 53 cases reported. Health Department appropriations were increased to \$593.75 that year. Between May 1881 and August 1882, 23 cases of smallpox resulted in 3 deaths. The source of the outbreak was traced of a small child from Milwaukee who died shortly after arriving in Rockford. In mid-October 1882, a watch case maker from Chicago became ill with smallpox in Rockford and infected his attending physician. The physician had been vaccinated as a child and both men recovered.

In 1882, the city commissioned the building of a "pest house" for the isolation of those sick with communicable diseases, on the outskirts of town at a cost of \$2,000 and appropriated \$175 for its operation. This was an improvement over the barn on the city's fringe used for this service.

By 1885 the Rockford General Hospital, destined to become Rockford Memorial Hospital, began operation in the former residence of Dr. W.H. Fitch downtown on Court Street. It was staffed by six physicians and a head matron. In 1899 the Sisters of the Third Order of Saint Francis formed Saint Anthony Hospital in the old near east side Sanborn mansion on the summit of State Street. By 1911 the SwedishAmerican Hospital Association formed and constructed SwedishAmerican Hospital in 1918, at its present location. (8)

#### Board of Health Structured by City Ordinance - 1885

In an effort to strengthen public health in the face of epidemics of scarlet fever and diphtheria and the continued threat of smallpox, the Rockford Board of Health was reorganized in 1884 to consist of the Health Officer, Mayor, City Marshal, and one Alderman. That year, the City Council appointed its first five member standing Committee on Health.

On May 1, 1885, the Rockford City Council approved a new ordinance establishing a Board of Health: "consisting of the Mayor, City Marshal, the Chairman of the committee on health of the City Council, and a Health Officer who shall be a resident practicing physician possessing the requisite knowledge of sanitary science and preventive medicine, and shall be appointed by the Mayor with consent of the City Council."

The term of office for this part-time position of Health Officer was to be one year at an annual salary of \$450. Dr. E.E. Oder was appointed for three consecutive years, through 1887. The Board was empowered with police-like authority in all matters of sanitation and was given the power of arrest, if necessary, to hospitalize or quarantine any person who became ill with an infectious disease, such was the threat to public health at the time.

The vaccination of school children was strictly enforced in Rockford by the 1880s. A primitive vital statistics system of recording causes of death was instituted. Burial permits were required as issued by the City Clerk. Such regulations and improvements served to initiate a local system of registration and tabulation of causes of death, most prominent of which were communicable diseases – cholera, smallpox, scarlet fever, and diphtheria, all of which were conquered in the twentieth century by good sanitation, preventive medicine, and immunology.

The State of Illinois was beginning to play a prominent role in urging the local gathering of vital statistics. Dr. John H. Rauch, then Secretary of the State Board of Health, was requesting that local health authorities report to a state registry of vital statistics. Rockford complied.

Dr. Rauch was a premier public health authority, recognized nationally for his work. A graduate of the medical school of the University of Pennsylvania (1849), by 1850 he had moved west and in 1858 was teaching at Rush Medical College in Chicago. During the Civil War, Dr. Rauch served the Union Army as a surgeon, later becoming Assistant Medical Director for the U.S. Army. At the Battle of Antietam, one of the bloodiest, he was placed in charge of the thousands of wounded left on the field by both armies. The lessons learned in wound care and infection control as well as in management of scarce resources served him well later in promoting public health back in Illinois. By 1872, he had helped found the American Public Health Association and became its president in 1876. (9)

In 1885 the Rockford Health Department, under Dr. E. E. Oder, expended \$857 of its \$1,425 annual appropriation. An inventory of Health Department property in 1886 showed the following items, valued at \$27.25:

#### Rockford Health Department Property Inventory – 1886

- One desk and chair
- One bill file
- One pick
- One Health Officer's badge

In 1886, Rockford was faced with a potential outbreak of Asiatic cholera, working its way west from New York City. Dr. Rauch of the State Board of Health ordered a house to house survey of all city dwellings at a cost of \$400. This was accomplished and a report issued to the state. Apparently no cholera outbreak occurred in 1886-87.

#### Housing, Sanitation, and the Development of Public Water Supplies

The special housing survey of 1886-87 ordered by the state revealed about 3,000 single family dwellings and 500 tenement houses in Rockford occupied by two or more families. 953 houses had “cesspools” (primitive septic systems – banned in later years)



designed to receive kitchen and laundry wastes. Only 235 of all houses had water closets (indoor toilets) with half of these connected to cesspools. Nearly 24 of every 25 houses or tenement used "privy vaults" (out houses), none of which were water-tight. Such was the science of wastewater disposal in the absence of modern sanitary sewers or septic systems.

Seeing the need to modernize, beginning in 1886 the city began to develop a system of sewers. Two outlet sewers, each a mile long, were built discharging into the Rock River. The other principle drain ways were Kent Creek with its two branches and Keith Creek. At this time some of the city drinking water supply was still obtained upstream of the sewage discharge pipes, but of course communities upstream from Rockford were also discharging sewage into the river. Not surprisingly, typhoid fever was still present in Rockford with 22 cases reported in 1887. Rock River accepted untreated sewage well into the twentieth century.

The rapid settlement of Rockford and the areas along the Rock River now known as Loves Park and Machesney Park were recognized as a potential source of contamination for any water supply obtained near the surface of from the river. As a result, Rockford developed its first well-water supply in 1874-75. The original pumping station was located in the block bounded by Park Avenue, Wells, and North Main Streets.

The spring fed water well was constructed by laying tile drains through the gravel to a filter well. Coke, gravel, and stone were placed above the tile drains where they entered the filtering chamber. Water flowed into the well and upward through the filter chamber then to the pumping pit. The upper portion of the well was accessible to the river via a pipe to allow supplementary river water into the well as necessary. By 1881, this well proved insufficient for the needs of the growing city and a new one was constructed south of the pump station.

The new well was 50 feet in diameter and 36 feet deep, with a 12 foot shaft in the center with an added depth of 10 feet. This well was fed from the water trapped in underground gravel deposits. Its capacity was approximately one million gallons per day. However, it too proved insufficient, and by 1883 it was necessary to renovate the abandoned filter well for additional supplies of water. By this time, river water as admitted into the city mains only for the purpose of fire fighting.

Artesian wells were coming into use at this time, and Professor T.C. Chamberlain, a geologist at Beloit College, was consulted prior to constructing the first artesian well in Rockford. By 1897, six such wells were in use in the Forest City.

In 1888, the City Council approved an ordinance for the licensure of milk dealers. The following year a new ordinance was passed to regulate the storage and collection of garbage. Also that year, 1889, the death rate in Rockford was recorded as 12.47 per thousand, very low for the time, and very likely inaccurate. (It was 8.8 per thousand in 2001.) There is, however, no way to verify this rate since vital statistics were not accurately recorded until 1925.

1890 brought epidemics of scarlet fever and diphtheria. 134 cases of scarlet fever claimed three lives. 135 cases of diphtheria claimed 54 and three more were caused by typhoid fever. The death rate rose to 14.46 per thousand during 1890, but again it is impossible to have faith in this rate. By 1900, the City's population was 31,051, having more than doubled in just ten years. As in the rest of the U. S., the city was awash with immigrants – Germans, Swedes, and Italians – seeking opportunity and a better life.

The Rockford Health Department's budget for 1892 was \$2,000. This included \$157.50 for garbage removal presumably throughout the city. That year the title of Health Officer was changed to Commissioner of Health, and the post continued to be a part-time office.

Scarlet fever and diphtheria continued to ravage the city with 87 cases of scarlet fever claiming four lives in 1892. That year, the death rate was thought to be 12.95 per thousand. House to house sanitary inspections continued from the pattern established in 1886, and in 1892, 54 dwellings were inspected.

#### Smallpox, Typhoid, Scarlet Fever, and Tuberculosis Prevalent: 1893-1913

Rapid urbanization brought more communicable disease. Smallpox reappeared in 1893-94, with seven cases reported in '93. The following three years witnessed an increase in typhoid fever, with five deaths in 1894, six in '95, five in '96, and ten in '97. City water samples were being routinely sent to the University of Illinois by 1896 for testing.

During this time housing inspections were increased to between 5,500 and 6,000 per year, and in 1896 the fumigation of private homes was first reported, apparently to control contamination and the spread of disease. Today we can't imagine the health authority having the right to "inspect" private property in this manner, but at the time it was sanctioned through the police powers granted to protect the health of the community.

Dr. G.W. Rohr served as Health Commissioner from 1895 to 1900. During 1897, the Health Department budget was \$7,200. This included: \$1,149 for garbage removal (probably contracted), \$342 for housing inspections, \$155 for fumigation, and \$600 for the commissioner's salary. We don't know if other regular staff were employed or in what capacities.

In 1897, sections of the second and sixth wards, contiguous to and north of Keith Creek were found to be unsanitary due to inadequate sewers and contaminated private wells. Presumably corrective action followed. That year, Rockford had a population of about 35,000 and an estimated death rate of 95 per thousand, over ten times the rate reported in 2001. The leading causes of death were tuberculosis and diphtheria, which today have been eliminated as major threats to health through sanitation, modern medical science, and immunization.

Dr. Emil Lofgren became Health Commissioner in 1902 and J.E. Edward was appointed Chief Sanitary Inspector. Scarlet fever was again prevalent in 1903 with 192 cases and 17 deaths. That year a smallpox vaccination effort was initiated.

Thanks to retired Sanitarian, Ken Easton, who contributed material for the 1982 edition of this history, we know a bit more about Dr. Lofgren. A Rockford native, Emil Lofgren was one of Augustana College's first outstanding athletes. He was a starting halfback on the school's first football team in the mid-1890's and was a motivating force behind the formation of that team. He also served the college as both a basketball coach and baseball coach.

Young Mr. Lofgren graduated in 1897 seeking to pursue a career in medicine at the University of Iowa. He interrupted his studies to serve in the Spanish-American War and transferred to Northwestern University in 1900, receiving his M.D. in 1901. Dr. Lofgren returned to Rockford to practice medicine in 1902 and was appointed to serve as Health Commissioner, a post he held for four years, while also developing an extensive private practice.

Among his contributions to public health in Rockford, Dr. Lofgren was instrumental in stopping the use of formaldehyde as a preservative in milk, and in banning the use of ice from the Rock River for human consumption. Dr. Lofgren continued in private practice in Rockford until the fall of 1953. He was active in the Illinois State Medical Society, the Spanish-American War Veterans, the Veterans of Foreign Wars, and the Svea Soner Singing Society. He passed away in 1954. (Biographical material courtesy of Mr. Ken Easton, retired Sanitarian)

In 1905 a smallpox outbreak was reported to the north in Janesville, Wisconsin. Dr. Lofgren visited there and took precautions to keep the disease from spreading across the state line. By, 1906, however, a case of smallpox was confirmed in Roscoe, and the State Board of Health confirmed the outbreak, acting to contain the disease. At that time there were no county public health agencies in Illinois, only a few city health departments and the Illinois Department of Public Health in far away Springfield.

Dr. Crawford, Health Commissioner in 1901-02, served another term between 1907 and 1910. During June of 1907, a serious outbreak of scarlet fever – 60 cases – resulted in the closure of Freeman School, with many children referred for medical care. That year sixteen children died of scarlet fever.

In 1911, dairy inspections were added and in 1912, records cite 200 inspections. In April 1912 a milk ordinance was approved and required milk to be kept at 60 degrees or cooler. Over 300 milk and cream samples were subjected to bacteriological examination. That year, a waterborne and two milkborne typhoid fever outbreaks generated 342 cases and 42 deaths. Pasteurization of milk would not be practical until the 1920s and not required until 1945.

The Visiting Nurses Association began prenatal care and infant care visits in 1912, under the direction of Mrs. Walter Forbes. That year the VNA attended to over 300 families who suffered with tuberculosis and other diseases. An “anti-tuberculosis society” was formed to promote good public health practices.

Between 1885 and 1927 ten different physicians served Rockford as Health Officer:

CITY HEALTH OFFICERS 1885-1927

1885-1887 Dr. E. E. Oder	1907-1910 Dr. C.E. Crawford
1888-1890 Dr. W.R. Helm	1911-1916 Dr. W.E. Park
1891-1894 Dr. W.A. Boyd	1917- Dr. G.S. Lundholm
1895-1900 Dr. G.W. Rohr	1918- Dr. W.H. Cunningham
1901-1902 Dr. C.E. Crawford	1919-1920-Dr. J.S. Lundholm
1902-1906 Dr. E. Lofgren	1921-1927- Dr. N.O. Gunderson – First full-time Health Commissioner

The death rate for 1912 was reported as 11.6 per thousand (probably reported in error – more likely 116 per thousand). In 1913, 170 typhoid fever cases claimed 16 lives. Epidemiological work fixed the cause as food and milk borne.

In May 1913, the Board of Health adopted a new “score care” for use in food establishment inspections. Also that year, a food protection ordinance was adopted by the City Council, as well as a plumbing ordinance, which created a new board of plumbing examiners.

By 1917, with an annual budget of \$8,250.00, the Rockford Health Department was staffed by a part-time Commissioner of Health, one clerk, two sanitary inspectors, and a part-time chemist. It had a small laboratory for testing water, milk, and food samples as well as some bacteriological work. Department functions included vital statistics, including recording births and deaths, communicable disease control, food and dairy inspections, nuisance abatement, laboratory services, and the supervision of garbage removal.

During World War One, with Camp Grant active, Rockford saw a rapid rise in population and further advances in public health. The Health Department developed a nursing service in 1918, and by 1920 staffing was expanded to include a nurse, a quarantine officer, and a bacteriologist.

Dr. Gunderson, First Full-Time Health Commissioner, Develops Health Services Among the Best in Illinois

Dr. N.O. Gunderson was appointed Health Commissioner in 1921, still a part-time position, and conducted a reorganization of the Health Department into bureaus.

By 1922, a public health nurse was employed to assist in enforcement of quarantine regulations. Her work in health education and enforcement apparently was effective as the number of communicable diseases reported decreased by 650 cases from the previous year!

Tuberculosis, however, increased by 30% over 1921 and the sanitarium cared for 114 persons in 1922. The increased patient load resulted in the appointment of a full-time sanitarium medical director.

That year, Commissioner of Health, N.O. Gunderson announced that nearly all cellar bakeries had been closed. The health authority encouraged the modernization of the twenty-one dairy plants in the city to better protect public health and guard against milkborne diseases. In 1922 dairymen reported spending over \$250,000 on such improvements. Improvements in milk sanitation had a dramatic effect on bacterial counts, which dropped from 154,000 per cubic centimeter to just over 29,000.

In 1923, Dr. Gunderson was appointed the first full-time Health Commissioner at a salary of \$2,750. That year the City Council adopted a zoning ordinance. Sewer lines were laid in the bed of Keith Creek and fill was added. Also that year saw a 50% increase in reported cases of smallpox, diphtheria, scarlet fever, and typhoid from the previous year.

During that era child health care in the Rockford public schools was organized under the Board of Education and carried out by a team composed of a physician, dentist, and four nurses. The municipal TB sanitarium, which had opened in 1916, constructed a new wing with funds available from a new TB tax (passed in 1922), increasing its capacity to 70 beds and out-patient work was expanded with 3 nurses assigned to field work. The food inspection program reported in 1923 that pushcarts dispensing food were no longer operating on the city streets.

The city milk supply originated from 754 area farms. In 1923 all 21 milk plants were under routine inspection with samples of both raw milk and finished product being tested. In other matters of sanitation, 227 privy vaults (out houses) and 19 cesspools were condemned and disconnected, with weeds being cut on 1,963 properties as ordered by public health.

The Visiting Nurses Association initiated a program to insure a more complete registration of births. VNA nurses delivered registration birth certificates to the mothers of newborns. By 1923, 63% of Rockford babies were delivered in hospitals. The infant mortality rate (deaths of children from birth to age one) was thought to be 8.39 per thousand, very good even for 2004. This may have been actually much higher, however, due to questionable statistical methods. Most likely the true rate was more like 84 per thousand.

In 1924, the VNA made 10,041 maternity and infant welfare visits in the city. Well baby clinics were conducted which may have contributed to a reduction in the infant mortality rate. The first officially recorded infant mortality rates for Rockford were published by

the Illinois State Center for Health Statistics in 1925 as 51.96 per thousand.(10) Never the less, the infant death rate was declining, most likely due in part to the efforts of the VNA.

During 1924 a new comprehensive milk ordinance was adopted by City Council that included the requirements that all milk be bottled for sale to consumers, that milk handlers submit to medical examinations, and that all milk be obtained from tuberculin tested cows. This initiated the first comprehensive effort for the testing of cattle in Winnebago County.

At that time a thorough survey was conducted to find and break all cross connections between the city water supplies and all secondary supplies that might contaminate drinking water. Over a period of two and one-half years, project plumbing staff inspected over 300 industrial, commercial, and residential water system installations. As a result no fewer than 48 cross connections; some contaminated with sewage, were discovered and eliminated.

The 1920s roared on. During 1925 the “municipal dispensary” clinic focused on the growing problem of venereal diseases, treating 339 patients. 193 Wasserman tests yielded 52 positive cases. Antibiotics would not become available until the 1940s.

Also in 1925, 15 cases of typhoid fever were reported, with some attributed to infected oysters. In December, 6 cases of smallpox were traced to one hotel waitress.

Tuberculosis deaths between 1915 and 1925 were examined in an effort to trace and locate all contacts. During that decade, no fewer than 545 people died in Rockford from TB, including 16 non-residents. 178 had received care in the sanitarium. On January 1, 1926, there were 394 registered TB patients in the city, 101 of whom were sanitarium patients. Today, while TB care rarely requires hospitalization, it still requires an extended course of drug therapy.

Regular food service establishment inspections began in Rockford in 1926, with 2,434 inspections made that year. Also, a sediment test on milk was begun, with five grades of purity established according to the amount of sediment detected in pint samples. Early in the year, 83 percent of all samples were in excess of grade three – or so called “dirty” milk. By year’s end, the percentage of dirty milk was reduced to 40% of the samples. The average bacterial count of 288 samples of pasteurized milk collected in 1926 was 34,000 per cubic centimeter.

A review of a few of the other improvements in environmental health in the mid-1920s is revealing. In 1925 alone, the Health Department abolished 187 privy vaults (out houses) and condemned 11 dwellings, 4 stables, and 25 cesspools. The Bureau of Water Safety reported that 39% of 89 samples of private well water were contaminated. The work of breaking all cross connections between the city water system and other water supplies continued. Public swimming pools came under inspection during this period. The

Bureau of Ventilation and Heating began sampling for excessive carbon monoxide in auto repair shops.

Public health clinics in 1925 recorded nearly 1,600 patient visits. Clinic staff consisted of two part-time physicians and a full-time nurse who also performed social service work. Health bulletins were published periodically and health education materials were developed and distributed throughout the community.

The estimated 1925 Rockford population was 77,429, with a death rate of 72.5 per thousand. Infant mortality was 51.96 per thousand, a marked decline from previous years, but high by today's standards. By 2000, the death rate in Winnebago County dropped to 8.8 and the infant mortality rate to 10.2, a marked improvement over time.

In 1925 the Rockford Health Department was budgeted at \$36,581. That year, Dr. Isaac D. Rawlings, Illinois Director of Public Health, surveyed public health agencies in 15 Illinois cities. He had high marks for public health in Rockford:

“Enjoying a public health service far above the average of the 15 cities studied, Rockford ranks second to Evanston only... All health activities are on a much higher plane than average. Especially this is true in vital statistics, tuberculosis, milk control, laboratory and health educational services. The board of education conducts all school hygiene work, employing a part-time physician, dentist, and five nurses. The tuberculosis, prenatal, infant and pre-school work is conducted by the Rockford Visiting Nurse Association... The municipal sanitarium Board pays \$2,000 per year to the VNA for field nursing services. The City health department conducts all of the other phases of health service and in addition handles garbage collection.”

It is evident that during the first 71 years of organized public health activity in Rockford significant progress had been made in the science and art of public health. In many ways events in Rockford followed progress that was evident in all parts of the country and in some aspects Rockford was a bit ahead in practice and application.

Thus ends the first chapter of this history. We are forever indebted to those who first endeavored to tell this story. While Dr. Gottfried Koehler provided much of the content, we must also acknowledge Dr. N.O. Gunderson for bringing this important information to the public eye and the *Rockford Morning Star* for making it available to the public and to us through serializing the story in 1927. The Rockford Public Library archived this account for all to access.

Dr. Gunderson would prove to be a durable public health advocate, serving as Rockford's Health Commissioner during most of the period between 1921 and 1959. He was even a consultant to the Winnebago County Department of Public Health as it emerged in the early 1960s.

Thanks to journalist Barbara Chapman and Bill Verick, archivist for the Chicago Medical Society, we discovered some background on Dr. Koehler, who was a 1902 graduate of the Northwestern University Medical School. He became a member of the Chicago Medical Society in October 1924 and was then employed by the Chicago Department of Health. In 1932, Dr. Koehler moved to Springfield.

Dr. Koehler acknowledged two other Rockford Health Department staff for their contributions to the 1927 newspaper account. They were Miss Pearl Hixson, Public Health Nurse, and Mr. Ernest L. Johnson, Quarantine Officer.

Special Note: Dr. Orthoefer and Ray Empereur had the privilege of meeting Mr. Ernest L. Johnson in 1981, during the final production of the first edition of this history, and in fact he contributed information and material to this work. Our encounter is recalled in the Epilog at the end of this history.

### **Public Health in Rockford During The Middle Years: 1926 – 1961**

The public health appropriation for 1926, as reported the following year by the *Rockford Morning Star* was just over \$37,000. It included \$8,000 for establishing “public comfort stations”, which we assume to have been public toilets.

As a means of educating the public on the merits of immunizing infants and children against dreaded diphtheria, in 1926 the health department posted numerous signs throughout the city and distributed over 8,000 pieces of health education materials.

During January 1927, 465 TB patients were under treatment and “fresh air” rooms were established in the junior high schools as a prevention measure. These were used by nearly 3,000 people daily, although we now know that this method was of little value in preventing tuberculosis. The average stay of TB patients in the newly completed municipal sanitarium was 284 days in 1926.

The Bureau of Food Control created by Dr. Gunderson conducted 3,438 food establishment inspections in 1926 and condemned over twelve tons of food. The Bureau of Sanitation continued its annual attack on noxious weeds during July and August. Perhaps the most significant achievement of the year was the creation of the Rockford Sanitary District, which won voter approval in a special referendum. The health department had expressed concern for several years over the inadequacy of sewage treatment and had worked in support of the referendum to help curb pollution of the Rock River and of our aquifers below ground.

Garbage disposal was still the responsibility of the health department at this time and was managed through a contractual arrangement at an annual cost of 30 cents per capita. The science of land filling was still undeveloped and dumps were notoriously unsafe and foul places where open burning of refuse was allowed.



In 1926, two more artesian wells were sunk raising the total to eight city wells. No contamination of city water was reported as a result of a flood of the Rock River that June.

The Bureau of Ventilation continued its work in 1926 with more than 265 tests for carbon dioxide, more than 50 of which found dangerous concentrations in garages, factories, and homes. Follow-up inspections resulted in the repair of nearly 80 furnaces and defective gas heaters. Fifty garages and auto repair shops were required to install ventilation equipment.

In the winter of 1926, the Bureau of Social Hygiene investigated and corrected numerous complaints of inadequate heat in apartments and work places. The bureau also conducted regular sexually transmitted disease clinics. The laboratory completes over 8,700 tests of all kinds, the highest volume since its inception in 1915. Late in 1926, 17,000 Health Department Bulletins were circulated and 12,000 "general clean up notices" were issued. With an estimated population of 79,700, Rockford had an infant mortality rate of 60.3 that year.

Here ends the narrative provided by the Dr. Koehler in 1927. All material that follows is from a variety of sources as cited.

### Rockford Among Healthiest Cities in 1930

During 1927, Rockford was struck by an epidemic of infantile paralysis (polio) which was verified by the US Public Health Service. The epidemic peaked in September and October, and then sharply declined. Twenty-five cases, or 30.5 per 100,000, were reported and resulted in just four deaths. In general, however, the rate of contagious diseases dropped by 22% from the previous year. (11)

Throughout 1928-29, Dr. Gunderson and his Quarantine Officer, A.E. Compton, worked to sustain a lower incidence of infectious diseases. Rates for scarlet fever, diphtheria, chickenpox, and mumps showed a sharp decline. Whooping cough declined by one third during the first quarter of 1929. Dr. Gunderson lauded the citizenry for their splendid cooperation in immunization and containment efforts. (12)

Dr. Gunderson had long contended that Rockford was one of the healthiest cities in the nation. He was vindicated when the American Public Health Association announced on April 15, 1930, that Rockford had placed second in a national health conservation competition in the category of cities of 50,000 to 100,000 population. East Orange, New Jersey placed first. Clarence E. Patrick, then Secretary of the Rockford Chamber of Commerce, praised the Rockford Health Department for its contribution in helping place Rockford near the top in indices of health. Rockford placed second in spite of the fact that the new Rockford Sanitary District was still only midway in its 2.5 million dollar sanitary sewer construction program. The effects of the Great Depression, which began in 1929, were only beginning to be felt in Rockford. (13)

### Public Health Laboratory Services Available Since 1915

In a feature story, in the *Rockford Morning Star* on October 5, 1930, the newspaper highlighter the work of the Public Health Laboratory operated by the Rockford Health Department. At that time, the lab had already been operating for 15 years housed “in a little laboratory on the third floor of City Hall, far apart from the political bustle...”

There in two small rooms Chief Chemist, Chester W. Anderson, assisted by Miss Marion Arnold conducted a daily variety of water, milk, and food tests. In addition, the lab staff kept a daily check on the natural gas supply, then distributed by the Rockford Gas, Coke, and Light Company. The lab monitored for any reduction of BTUs. Diagnostic medical tests were also performed for physicians. In 1929 alone over 4,000 such tests were done. At that time the Health Department was housed in the old City Hall located at the corner of Walnut and South First Street. (14)

Chester Anderson would serve the Rockford Health Department with distinction from November 1925 through May 1961, retiring at age 66. Following Dr. Gunderson’s retirement, he also served as Acting Health Commissioner between November 1959 and May 1961, when Dr. Ian McLaren was named Health Commissioner by Mayor Benjamin T. Schleicher. (15)

### Tuberculosis Increases in 1929; Dr. Bullock Becomes Commissioner in 1933

Dr. J.S. Lundholm, who chaired the Winnebago County Tuberculosis Association’s Christmas Seal Committee, reported in November 1930 a total of 700 active tuberculosis cases. Rockford’s case rate of 244 per 100,000 population was among the highest in the state, with 208 new cases reported in 1929 alone. By 2002, once effective treatment and case control were well in place, only 7 cases would be reported countywide.

Although the rate of TB was high, deaths from the disease, 27.9 per 100,000, compared very well with the state average of 68.95. A preponderance of Swedes was believed by some to be a factor, as it was thought that blondes did not contract the diseases as readily as brunettes. (16) Fact or urban legend – this belief was publicly held at the time.

Early in 1933, Mayor C.H. Bloom exercised his authority and removed Dr. Gunderson as Health Commissioner and replaced him with Dr. Norman C. Bullock. By 1935, Dr. Bullock reported that smallpox and diphtheria were nearly eliminated in the city. The incidence of smallpox was 198 cases in 1931, and just 9 the following years, dropping to zero in 1934. Diphtheria declined from 24 cases in 1931 to just 5 in 1934. A strong immunization campaign was credited, with every physician in the city providing immunizations at just half their normal fee.

Chickenpox (466 cases) and measles (751 cases) comprised the bulk of contagious diseases in 1934. Effective vaccines for these diseases and for whooping cough were still

in the future. 100 cases of whooping cough were reported, but no typhoid fever was noted. (17) By mid-1935 the Bureau of Sanitation staff had grown: (18)

Oran Ringstrand, Bureau of Sanitation Chief  
Joseph Gallagher, Quarantine Officer  
Frank Ditto, Food Sanitarian  
Ernest Johnson, Milk Inspector (See the Epilog for a biographical sketch.)  
Chester W. Anderson, Chief Chemist  
Andrew Rivers, Township Chemist

At that time, Rockford had one of the few health departments in the state conducting throat cultures for scarlet fever. Cough plates were also taken in the control of whooping cough.

Later in 1935, the Illinois Department of Public Health reported that infant mortality rates as well as deaths from tuberculosis and typhoid were lower in the northern third of the state than in other regions. Between 1928 and 1932, 56 infant deaths per thousand were reported in northern Illinois, compared to 59 in central and 73 in southern Illinois. The Rockford Infant Death Rate was 47.61 per thousand. (19) For 2001, as previously noted, the Rockford Health Council reported the infant rate had fallen to just 8.8 per thousand!

#### Dr. Gunderson Returns in 1937

Mayor Charles F. Brown re-appointed Dr. Gunderson in 1937 after Dr. Bullock refused the offer of a third term. Bullock did agree to a term on the Board of Health and to serve as President of the Municipal Sanitarium Board.

Dr. Gunderson probably felt very much at home returning to head the department he had done so much to nurture between 1921 and 1933. He had, after all, established virtually all of the services and bureaus that were in place upon his return. His public health credentials were impressive as well. A graduate of the Northwestern University Medical School, Dr. Gunderson was a fellow in the American Public Health Association, a member of the International Association of Medical Health Officers, and a member of the American Society of Sanitary Engineers. He also served as a collaborating epidemiologist with the US Public Health Service. (20)

In July 1937, Miss Beryl Sherman was hired as a Laboratory Technician to help cope with the increased workload imposed by the new state marriage law. This law required premarital blood tests for the diagnosis of "social diseases". The number of tests doubled from 15 to 30 per day. Miss Sherman was a Rockford College graduate having previously worked for the Connecticut State Health Department and as a Bacteriologist for Davenport, Iowa. (21)

Dr. Gunderson reported the following health statistics for 1936-37. In the first eight months of 1936: 118 cases of pneumonia, 92 cases of mumps, 104 cases of gonorrhea,

and 74 cases of scarlet fever. For the same period in 1937, the incidence of all of these diseases increased approximately one third. That year, the Illinois Department of Public Health announced plans to open a district office in Rockford, to be staffed by a Medical Health Officers, a Sanitary Engineer, and Nurses, to assist with public health activities in northern Illinois, most of which had no local public health authority in place.

#### Milk Control Effective by Mid - 1930s

By 1937, the milk quality control program had evolved into an effective safeguard of the public's health. Eight years earlier a cooperative effort was initiated by the Rockford Health Department, the milk producers in the Mid-West Dairymen's Association, and the city pasteurization plants.

Prior to this, in 1929, only 64.9% of all milk received at the plants tested "acceptably clean", but by 1937, nearly 93 % was so classified. Product shelf life also increased. By 1937, nearly 28 million pounds of milk was received annually in Rockford for processing. Dairy Inspector, Ernest L. Johnson was collecting 48,000 milk samples yearly from local sources.

The Rockford milk control program then consisted of inspection of the milk as well as the farm's premises. Each farm was visited annually. In 1937, for example, 125 milk houses were cited for upgrades needed to meet city code. At the 11 local milk processing plants, milk from every producer was tested weekly for cleanliness, temperature, odor, and color. Samples that bordered on acceptability would trigger a notification to the producer's association and serious violations could result in the supply being refused for sale in the city. Thus, thousands of pounds were refused monthly.

Inspector Johnson made a daily tour of the pasteurizing plants and 3 dairy farms that still operated within the city limits. Two Wisconsin dairies that supplied milk to Rockford were also periodically checked. We must remember that milk was not nearly as safe as today. The first local efforts at controlling bacteria in milk dated from a 1912 ordinance requiring cooling of milk and regular inspection of dairies for cleanliness. Although recommended since 1924, pasteurization of milk (heating it to kill bacteria) was not required until 1945. Today, we wouldn't risk drinking un-pasteurized milk. (22)

#### Measles Up Sharply in 1938

During the first six months of 1938, the incidence of measles reported locally exploded to 1,736 cases, nearly 100 times greater than in the same period in 1937. This paralleled state figures at 87,395 cases up from 5,216 cases the previous year. (23)

Sexually transmitted diseases, however, appeared to be well under control. Premarital testing in 1937 found only 1% positive for syphilis, with gonorrhea found in only 2 of 1,500 samples. (24)

Before the end of 1938, the Health Department instituted a pneumonia typing service using the Newfield technique of sputum examination. (25) Laboratory Director Anderson also tested mice by injecting them with sputum. 190 cases of pneumonia were reported for the first 11 months of 1937.

By January 1939, Dr. Gunderson credited Mrs. W.R. Fringer and the Council of Social Agencies for coordinating all health and welfare efforts, thus reducing duplication and lowering costs. A persistent problem was the low immunization rates for smallpox and diphtheria. A.E. Compton, Quarantine Supervisor, reported that only 18% of children entering school in 1938 were immunized against smallpox and just 12% against diphtheria. The Health Department did not provide immunizations at that time, nor were they required for school admission until near the end of the century. (26)

### Environmental Health in 1938

The Food Protection Program under E.R. Kelley, Food Sanitarian, had by the late 1930s been successful in promoting the general adoption of mechanical (not ice) refrigeration, steam tables, and chemical sterilization of dishes, glassware, and tableware in most food service establishments. The milk control program coordinated by E.L. Johnson was also deemed a success and a model for other cities. The department also still supervised the collection of city garbage at a cost of 38 cents per capita.

The 10 public swimming pools in the city were then under regular inspection for water quality, with 3 new schools planned for construction in District 205 to absorb the growing population. Health Inspector, Robert Galvanoni was recommending a ground water survey for 1939, the initiation of a cooperative industrial smoke abatement educational program, and the establishment of industrial hygiene inspections, all very innovative for the time. (27)

### Health Department Moves to New City Hall

In mid-1939 plans were announced for the relocation of the Rockford Health Department, located on the third floor of the old City Hall at Walnut and First Street, to the eighth floor of the “new” City Hall at State and Second. The VNA would in turn occupy the space formerly held by public health, moving from a dilapidated structure just east of old City Hall that was destined for the wrecking ball.

For the Health Department the move meant nearly three times more space than before. The municipal VD clinic and dispensary had already been moved from the Empire to the Mead building. (28)

### Venereal Disease Treatment Improved

1944 saw the introduction of penicillin, a revolution in the treatment of gonorrhea, and many other infections. Prior treatment meant that patients were hospitalized and given intensive sulfa drug treatment for seven to ten days. This assured that patients would take the tablets at regular four-hour intervals as required by the treatment regime of the time. Penicillin, however, administered by injection usually cured the disease in one day! (29)

During 1944, Dr. John R. Porter, the VD program physician, examined 305 women whom the police suspected of prostitution linked to Camp Grant where thousands of troops were trained during World War II. He found 114 with gonorrhea, 3 with infectious syphilis, and 6 more with non-infectious syphilis. (30)

The VD clinic would operate for 39 years, from 1917 through June 1956. At that time Dr. Gunderson closed it stating that the services were no longer needed since the advent of “antibiotics for the rapid, effective treatment of venereal disease has made the matter of clinics no longer a factor in community control”. (31) The matter returned to the public sector by 1972, when Dr. Orthofer, newly appointed city-county Health Officer, re-established an active VD clinic at the Winnebago County Department of Public Health. Sexually Transmitted Disease programs, as they are now known, are established services in most urban health departments. Such efforts are now seen as essential in finding, treating and preventing STDs, including AIDS, which first appeared in the early 1980s.

### City-County Health Department Envisioned in 1944

While Winnebago County would not form its own health department until 1962, and a city-county merger wasn't feasible until voter approval of the 1970 Referendum for Public Health, some county health services were available during World War II. At that time a countywide “Defense Zone Health Unit” was established, which some envisioned as a prototype for a county health department.

The Winnebago County Defense Zone Health Unit, staffed by the City, was involved in sanitary surveys of all taverns outside the city limits and tested wells in all county schools and forest preserves. The unit also worked to eliminate industrial dumping of cyanide wastes into open streams, and required the testing of dairy herds of the 28 milk producers selling their product to retailers in the county.

Meanwhile, the Rockford Health Department in addition to staffing the county enterprise, continued its own numerous programs. Well pleased with these city-county efforts, Dr. Gunderson was able to report, for example, that 1944 was the first year in which all of the milk sold in Rockford was pasteurized. (32)

In another effort, the Health Department was promoting the control of diseases in cattle, in particular mastitis and Bang's disease. Early in 1945, Norman T. Fried, DVM, was retained as a consultant to the department.

During July 1945, the Vital Statistics Division of the State Health Department ranked Rockford as “among the best in Illinois” in its function as registrar of vital records. Even at that time the Health Department was keeping all birth and death records and provided the public with photostatic copies. (33)

This tradition was continued later by the Winnebago County Health Department, which later contracted with Comprehensive Health Planning and then the University of Illinois, College of Medicine, Health Systems Research, at Rockford for analysis of health data and eventually employed its own epidemiologist as well. Today the Rockford area, through Health Systems Research (HSR) at the College of Medicine, has one of only locally based health research units in the country that devotes substantial resources to the collection and analysis of county health information. HSR also markets its services to several other local health departments in Illinois.

### 1945: Polio Epidemic Sweeps Area

Suddenly, from July to December 1945, Rockford experienced poliomyelitis in epidemic proportions. Later eradicated through effective vaccine, at the time a total of 321 cases of polio were reported in Winnebago County in the second half of 1945, resulting in 26 deaths.

The fatality rate for those infected was 7.21% in the city and 9.44% in the county. In addition, 81 cases from surrounding counties were treated in Rockford hospitals, with 11 deaths. In total, 402 persons were treated for polio during these six months. (34)

The gravity of the epidemic brought Rockford into national prominence that troubled summer of 1945, in a failed effort to curb the spread of disease using DDT. The new pesticide was being used in the war effort to control the mosquito vectors of malaria in the South Pacific and of louse-borne typhus in Naples, Italy. (35)

It was suggested that similar results might be possible with fly-borne diseases, notably bacterial dysentery and perhaps even polio. While this theory was at best speculative, the Yale University Poliomyelitis Unit began to study the possibility. They were quickly able to link the common fly with contamination of food in the spread of the virus that caused polio. (36)

Sliced bananas were exposed to flies in the vicinity of homes of polio patients in North Carolina. The contaminated food was collected after 24 hours, frozen and transported to a lab. There, the bananas were fed to chimpanzees, some of which promptly developed sub-clinical infections as demonstrated by the excretion of poliovirus. This result proved the theoretical possibility that flies might deposit poliovirus on the food of children thereby inducing the infection. (37)

It seemed logical to attempt fly control as a measure to suppress epidemics of polio, which were then breaking out across the country. Working in Texas, US Public Health

Service teams found DDT highly effective in fly abatement, followed by a significant reduction in reported diarrhea. It was determined that dealing with polio would require selecting a site where the disease was approaching epidemic proportions in order for a fly abatement experiment to provide relevant data. (38)

By 1945, the Yale Poliomyelitis Unit had decided to attempt fly abatement during polio epidemics, aided by two Public Health Service entomologists and a group of conscientious objectors to the current war effort. The group proposed to use DDT in urban areas in controlled experiments leaving a portion of the area untouched to determine if the treatment had an effect. At the time the long-term effects of human or animal exposure to DDT were unknown. (39)

In early summer 1945 a trial was undertaken in Savannah, Georgia, which did not at the time have a polio problem. The experiment succeeded in effectively controlling flies in the area treated. The group awaited the summer's first polio outbreak. The first opportunity came in Patterson, New Jersey, which experienced an outbreak of 62 cases. Although the fly population was reduced by 75%, the epidemic was not impacted. The group sought a larger outbreak for a more conclusive test. (40)

July brought epidemic polio to Rockford and a member of the Yale group was dispatched to evaluate the potential for a second trial. Rockford was deemed an ideal site and the Yale group offered to bring their program to town. Grasping for anything that offered to stem the loss of innocent life, city leaders and the news media clamored for spraying by air and on the ground. Dr. Don Gudakunst, Medical Director of the National Polio Foundation came to town, as did Captain Lyman of the US Public Health Service. In August, aerial spraying by converted B-25 bombers was followed by a ground crew of eleven working around the clock to apply a 5% DDT emulsion in a concentration of 1.5 pounds per acre. The two-week effort killed millions of flies but had no effect on the epidemic. (41)

The Yale group abandoned fly-abatement after the Rockford experience. In time scientists would prove that flies do not play a significant role in transmitting the polio virus.

Crisis often brings progress. Numerous permanent public health improvements did result from this failed effort to contain polio: (42)

- The Rockford city dump, under Dr. Gunderson's orders, began covering garbage and refuse with a layer of dirt, signaling the actual beginning of sanitary landfills in Winnebago County.
- The City Council mandated that city sewer lines be extended to all residential areas and also ordered the extension of a sewer line to County Hospital, later to become River Bluff Nursing Home. By the end of October, the City Planning Commission released a 25-year plan for the improvement of landfills and new sanitary sewer extensions.



- The Rockford Morning Star reported that Beloit and South Beloit were still dumping raw sewage into Rock River, and urged reform.
- Mayor Bloom and County Board Chairman Nelson met with Gunderson to begin a study on how to form a county health department, based on evidence that county health statistics were clearly inferior to health status in the city.

### World War II Brings Expansion in Hospital Services (43)

Rockford's three hospitals were well established by 1940 and continued to grow during the war years as the population of Rockford reached 95,000 and that of Winnebago County grew to 125,000. (Today Rockford has over 150,000 people and the County, over 278,000 population.)

In 1942 Rockford Hospital became Rockford Memorial Hospital, and by 1951 would grow to need more space, relocating from its former downtown site to its present campus on Rockton Avenue. In 1943 SwedishAmerican expanded to 127 beds, and has remained at its original site.

Saint Anthony Hospital was then located on East State Street, just a block from SwedishAmerican. By 1967, Saint Anthony would acquire its present campus and sell its old building to SwedishAmerican. Today, Camelot Towers occupies the former Saint Anthony site.

### Public Health Services Highlighted in 1948

The State Health Department announced grants to local health departments in 1948, with Rockford to receive \$15,000 per year plus an additional \$10,000 for a new mental health clinic. Previous to this, five Rockford Health Department staff were paid directly by the state, including: Dr. John Porter, VD Clinician; JoAnn Hunter, Supervising VP Clinic Nurse; A.E. Compton, VD Program Field Advisor; Ray Moehring, Assistant Bacteriologist; and Eleanor Dexter, Laboratory Worker. This new arrangement would give them civil service status and entitle them to retirement benefits under the Illinois Municipal Retirement Fund. (44)

Reprising a feature story carried in 1930, the *Rockford Morning Star* reported on the work of the public health laboratory on September 5, 1948. By this time the lab had grown to six staff and occupied five rooms on the eighth floor of City Hall. By 1948, the laboratory was handling nearly 60,000 tests of water, food, milk, as well as diagnostic medical tests. When the lab opened in 1915, it occupied only one room in the old City Hall and was staffed part-time by Kenneth C. Jones, a high school science instructor. (45)

In his 1948 Annual Report, Commissioner Gunderson cited a variety of health department services serving an estimated Rockford population of 95,492: (46)

## Rockford Health Department at a Glance – 1948

- Bureau of Laboratories – Lab Chief, Chester W. Anderson and his staff conducted 58,154 tests.
- Food Sanitation – Robert Anderson made 1,568 inspections and 246 re-inspections of retail food establishments.
- Dairy Inspection – Ernest Johnson regularly inspected all dairies and condemned 39,050 pounds of milk.
- Field Sanitation – Robert Galvanoni responded to 737 nuisance complaints and inspected barber shops, ice stations, laundries, nursing homes, motels, pet shops, theaters, and rooming houses.
- Bureau of Contagious Diseases – H.H. Kempster reported 624 cases of chickenpox, and a total of 547 cases of measles and mumps.
- Bureau of Public Health Nursing – The nurse for parochial schools examined 2,812 students, performed 1,655 physical exams, and weighed and measured 1,728 students.
- Division of Venereal Diseases – 83 delinquent cases were investigated and 13 industrial plants were visited.

### 1950: Polio Strikes Rockford Again

Polio returned to Rockford as a significant health problem again in 1950 with 195 new cases being diagnosed, with 42 in a single week in August. This was the largest incidence of polio since the epidemic of 1945 when 321 cases were recorded. By mid-November, 1950, Rockford had reported 9 polio deaths for the year. Winnebago County was second to Cook County in polio rates during the year. A vaccine for polio was still several years in the future. (47)

1950 recorded another development in public health. Robert G. Anderson, Food Sanitarian, and William P. Brooks, Food Service Director of the Elks Club and Secretary-Treasurer of the Rockford Restaurant Association, launched a monthly trade bulletin called *Rockford Restaurant News* in December. This cooperative newsletter was produced on the Health Department mimeograph and contained items of: “policy, operational factors, public appreciation, inventory, cooperation, food catering, education, state convention, window display, spot news about persons in the business, and regular editorial chatter”. (48)

While we do not know how long *Rockford Restaurant News* continued in print, it is interesting to note that Winnebago County Health Department developed a new trade bulletin, *Food for Thought*, in January 1981.

### 1956: Department Enforces Housing Hygiene Code

During the 13 months following adoption of the “Housing Hygiene Code” by Rockford City Council in April 1956, the Health Department inspected over 200 housing units.

This resulted on 63 substandard units and 12 trailer homes being condemned and ordered for demolition.

By May 1957, Dr. Gunderson was mapping plans to extend enforcement to Rock River Avenue, in the Sabrooke area, where 17 trailer homes condemned nearly a year earlier were still occupied. Another casualty of enforcement was the infamous “blockhouse” at 321 Peoples Avenue. This structure contained 60 “cubicles” called apartments and had posed numerous health and law enforcement problems for years. It was finally razed in 1956. (49)

While these efforts served to address sub-standard housing, they also deprived Rockford’s newest immigrants of some of the only housing available to them.

### African – Americans Become the Latest “Immigrants” to Rockford

Over a century of growth, Rockford had accepted successive waves of immigrants, mostly from Europe. Swedish immigration to Rockford is legendary as reported by many local historians, including by Jon W. Lundin in, *Rockford: An Illustrated History*. By the 1870s Swedes accounted for a quarter of the city’s population, and each month they continued to arrive by the hundreds, many simply because at the time the rail line from Chicago ended at Kishwaukee Street, where a Swedish neighborhood grew and prospered. (50)

By the mid- twentieth century other groups also arrived and ultimately prospered in Rockford’s melting pot, including large numbers of Italians, Irish, Germans, and even Poles. These groups often settled in their own enclaves as well. Sadly, however, pronounced ethnic, cultural, and religious differences often resulted in cruel discrimination by the dominant established groups upon newer arrivals as is reported by Pat Cunningham in *Rockford: Big Town Little City*. (51)

African-Americans became the latest wave of newcomers during and after World War II. Of course, blacks had always lived in Rockford. Lewis Lemon arrived with Germanicus Kent as his slave from Alabama in 1834. Kent held Lemon as a slave for ten years, even after arriving in Illinois, which had banned slavery in its 1818 constitution. Lewis Lemon eventually purchased his own freedom and is today celebrated as a Rockford founding father.

The Great Migration brought millions of African-Americans to northern cities during World War II in search of better education, job opportunities, and freedom from the cruelties of Jim Crow segregation. During the 1940s, Rockford’s black population doubled and reached 2,500 and doubled again by 1960. By 2000, the black population was ten times that of 1940. (52)

Blacks arriving in Rockford in the 1940s and 1950s were not welcomed and experienced crushing racial discrimination in housing, education, and employment. This racism was

widespread in northern cities. While much of this shame has been corrected over time through a gradual process of public enlightenment, residual racism is still entrenched locally as it is throughout American society.

In Rockford, African-Americans have made substantial contributions in business, politics, religion, education, health care and the arts. Still, the vestiges of long term economic and social deprivation have not been entirely erased. In health, African-Americans have suffered from disparities in access and health status, meaning that blacks are more often uninsured, are more often faced with chronic diseases, and usually have a shorter life expectancy.

To its credit, many in Rockford's health care community were quick to recognize and address the health disparities faced by blacks. Crusader Clinic, formed on the near-west side in 1971 with support from the Medical Society, Health Department, and area hospitals, was among the first community health centers in the country. Its mission is largely to address health disparities and the needs of the uninsured and underserved.

Crusader Clinic, directed by an enlightened community-based board with the leadership of John Frana and more recently, Will Rodgers, and currently Gordon Eggers, Jr., has evolved into one of the largest and most comprehensive Federally Qualified Health Centers in the state. Crusader Clinic has offered first-class primary health services for decades with a strong orientation to addressing health disparities and improving the health status of minorities through primary prevention and out patient care. Yet, substantial disparities in health status exist between the minority community and the general population of Winnebago County as documented in recent (1999 and 2003) Healthy Community Studies completed by the Rockford Health Council.

The issue of minority health disparities was more fully explored by the Rockford Regional Health Council, which in 2005 released the results of a new survey of blacks and Hispanics of Rockford and Winnebago County that more fully documented health and access issues faced today by the minority community. This study was federally funded with additional support from Project EXPORT and Health Systems Research at the University of Illinois, College of Medicine, at Rockford.

Public health also responded to the need to address health disparities. Shortly after arriving in Rockford in 1971 to complete the merger of the Rockford and Winnebago County Health Departments, Dr. Joseph E. Orthoefer moved to establish programs to improve preventive health services, many marketed strongly to African – Americans and other underserved people. These new efforts included Health Education, Lead Poisoning Prevention, the WIC Federal Nutrition Program, Hypertension screening, Well-Child Clinics, a Dental Clinic for children, and Title X Family Planning.

That tradition has been continued and strengthened since 1997 under J. Maichle Bacon, MPH, who followed Dr. Orthoefer upon his retirement, and former Board of Health President Al Goode, Director of the Black Healthcare Coalition, who together created the Black Male Health Program. Mr. Mark Hunter was appointed Black Male Health

Coordinator in 2002 to focus local efforts to address glaring health disparities that are worse for black men than for any other minority group in Winnebago County. Recently the Health Department has also partnered with Crusader Clinic as a site for medical care and has also opened its own Blackhawk Park School-Linked Health Center near Beyer School, in an area of high minority concentration.

#### 1958 – 59: Gunderson Urges Expansion, Announces Retirement

At the end of 1958, Commissioner Gunderson reported the following health data for the year:

- Influenza – Although the epidemic of 1957 forced the closing of numerous factories and schools, no major outbreak occurred in 1958.
- Tuberculosis – New cases declined from 57 in 1957 to just 32. By now new drug treatments had revolutionized TB care.
- Polio – Only 3 cases, down from 8 in 1957.
- Chickenpox – 173 cases reported. No effective immunization was available.
- Scarlet fever – Just 13 cases.
- Mumps – 90 cases, up from 40 in '57.
- Whooping cough – Only 2 cases.
- German measles – Just 3 cases.
- Syphilis – 47 cases reported.

No cases of diphtheria, pneumonia, or typhoid had been reported since 1955. (53)

In February 1959, Dr. Gunderson publicly called for the expansion of the Rockford Health Department, and he urged another study to determine the viability of a county public health agency as well. Nothing had come from earlier efforts to stimulate movement toward a county public health department. He indicated that Rockford allocated far less per capita (66.5 cents) for public health than did other similarly sized cities.

The 1959 Rockford public health appropriation of \$95,193, which included \$14,500 in state subsidy, compared unfavorably with Madison, Wisconsin at \$207,000, Peoria at \$186,472, and Champaign-Urbana at \$102,334. Over a period of 18 months, Gunderson had been meeting with various county officials about the emerging problems in the townships relative to potential urban sprawl.

While the biological control of disease had affected a revolution in communicable disease control, new problems were beginning to impact the city and county. Among them, Gunderson cited traffic hazards, pesticide poisoning, synthetic products, air pollution, and in rural areas surrounding Rockford issues such as drainage, solid waste disposal, septic systems, and safe drinking water. (54)

In August 1959, Dr. Gunderson who had spent 34 years stewarding public health in Rockford, stunned the City Council when he announced his retirement for September. (55) In November, Mayor Schleicher appointed Chester W. Anderson, Laboratory Director, as Interim Health Commissioner. (56)

The venerable Rockford Health Department would soon say farewell to most of its tenured staff. Milk Sanitarian, Ernest L. Johnson, who had worked for RHD since 1923 retired at the end of 1959. He was replaced by Robert H. Anderson of Neillsville, Wisconsin. Chester Anderson, Interim Health Commissioner, had planned to retire early in 1960, but stayed on until the appointment of Dr. Ian McLaren in 1961. Rosa Hartman, RN would retire at the end of 1959, or as soon as a replacement could be found. (57)

Other staff nearing retirement age were Housing Sanitarian, Herbert Kempster, who retired in 1961, Chief Clerk, Emily Markam, 1962, and Sanitarian, A.E. Compton, 1963.

Pursuant to its resolution to appoint C.W. Anderson as Acting Health Commissioner, City Council Alderman Edolo "Zeke" Giorgi rose to propose a resolution to direct the Finance Committee to study the creation of a countywide health department. (58)

#### 1961: Dr. Ian D. McLaren Appointed

Mayor Schleicher's search for a new Health Commissioner took far longer than anticipated. In early February 1961, the Mayor confirmed that Dr. Ian D. McLaren had accepted the post and a five-year contract at a salary of \$15,500. McLaren, Commissioner of Public Health for Cattaraugus County, New York, was 36 and held a medical degree from the University of Western Ontario and a MPH from the University of Pittsburgh. He would begin work in Rockford in late April. (59)

In an earlier development, Arlo J. Anderson was appointed Sanitary Engineer and assumed his duties on January 3, 1961. Anderson, an eleven-year veteran of the Madison, Wisconsin Health Department was destined just 18 months later to succeed McLaren. Mr. Anderson ultimately relocated to become Health Commissioner for Stephenson County following the merger of the Rockford and Winnebago County Health Department in 1971. He retired from public service in the spring of 1981.

### **Public Health in Rockford and Winnebago County: 1961 - 1970**

#### Winnebago County Department of Public Health Organized

The Winnebago County Board, Owen Pollard, Chairman, acting on July 13, 1961 appointed the first County Board of Health: Robert Heerens, MD, President, Kenneth

Kieselburg, County Board Member, John Catlin, Ruth Long, J.N. Frederick, MD, Robert Ross Shannon, DDS, Ernest Lantow, RPh, and Attorney David North.

Thus realized was a dream first envisioned during the 1940s by many in the community and long advocated by Dr. Gunderson and political leader Zeke Giorgi. The new County agency was granted a budget of \$37,750, but not everyone was pleased. Loves Park Mayor Frank Larson was opposed to a county health department since he feared half the homes in his jurisdiction would not be able to meet public water codes and since he felt that home inspection was probably unconstitutional. (60) The new department's first employees were appointed on April 4, 1962. They included: Barbara Snider, Office Supervisor, Robert H. Anderson, Sanitarian, Kenneth A. Easton, Sanitarian, and Dr. N.O. Gunderson, Medical Consultant.

The office opened on April 10, 1962 in Suite 106, first floor of the old Court House. Equipment included a folding table loaned by Mrs. Snider, a portable typewriter from Dr. Gunderson's sister, a desk and chairs provided by Owen Pollard, County Board Chairman, and a file cabinet and other materials courtesy of Township Supervisor, Peter Perrecone. The office was an enclave behind the stairs, small but functional.

### **City and County Health Officers 1961 – 2004**

1961 – 1962	Dr. Ian D. McLaren, Rockford Health Commissioner
1962 – 1965	Arlo J. Anderson, Acting Rockford Health Commissioner
1962 – 1965	Robert H. Anderson, County Health Administrator
1965 – 1968	Dr. Arthur E. Sulek, City-County Health Commissioner
1968 – 1971	Arlo J. Anderson, City Health Commissioner
1968 – 1971	Robert H. Anderson, County Health Administrator
1971 – 1997	Dr. Joseph E. Orthoefer, Public Health Administrator (City and County Health Departments Merged as Winnebago County Health Department)
1997 –	J. Maichle Bacon, MPH, RS, Public Health Administrator

#### McLaren Resigns at Mayor's Request

On April 11, 1962 Mayor Schleicher requested and received Dr. McLaren's resignation, reportedly over poor local grade A milk ratings. The new Winnebago County Board of Health had already accused McLaren of blocking their efforts to explore creation of a joint city-county unit. In a conciliatory move the Mayor promised to appoint a successor in cooperation with the County. (61)

By June, Sanitarian Arlo J. Anderson was appointed Interim Rockford Health Commissioner. Mayor Schleicher and County Board Chairman Owen Pollard met on June 14<sup>th</sup> to discuss the recruitment of a health administrator to serve both the city and county, thus pooling resources. The Board of Health had appointed Robert H. Anderson

as County Health Officer in April 1962. (62) It would, however, be late in 1965 before a joint city-county health officer would be named.

### 1963: County Dental Society Promotes Fluoridation

During February 1963, Dr. Robert C. Anderson, President of the Winnebago County Dental Society, announced the group's support of fluoridation of the public water supply. A referendum approving the use of fluorides was approved in 1952, yet a program of fluoridation had not been implemented.

There had been an irrational opposition to the "poisonous" substance which local dentists had been unable to overcome. Dr. Anderson and Dental Society were making a vigorous effort to convince city leaders to begin fluoridation in Rockford. (63)

Also that year, Governor Otto Kerner announced the establishment on July 1, 1963 of Regional Offices of various state agencies: Public Health, Mental Health, Youth Commission, Public Aid, Services for Crippled Children, and the Division of Vocational Rehabilitation. Rockford was to become the head quarters for a nine county region, later to be know as Region 1-A. (64)

### County Unit Adds Staff, Moves to Expand Services

Within a year of its creation, the Winnebago County Department of Public Health, under Health Officer Robert H. Anderson, began to expand capacity for service. Two additional sanitarians were hired: John Foss in January 1963 and Marco Monti the following month. Monti left in 1969 to become Health Officer for Jo Davies County. An RN, Suzanne Schaub, also joined the staff in February 1963.

John Foss had earned both a Bronze Star and Purple Heart for action in the South Pacific during World War II. He later became the department's Chemist and County Radiological Officer. Foss served with distinction and retired in the fall of 1980 with 19 years of service. (65)

In 1962, the Board of Health created its first Health Code containing six articles: (66)

- 1) Nuisances – which regulated the type of garbage containers allowed and provided for weed control.
- 2) Housing – established police power for reasonable inspection, a power long held by the city, created minimum living space requirements per occupant.
- 3) Rooming Houses – established minimum requirements plus an annual permit fee of \$2.00.
- 4) Water Supply – this formally established Illinois Department of Public Health rules in Winnebago County.



- 5) Sewage Disposal – required that all residents be connected to a sanitary sewer, if available, or an approved septic system.
- 6) Enforcement – created the right to a hearing and established failure to comply fines and involvement of the state’s attorney.

During its second six months of operation, the new department sharply increased its level of service to Winnebago County:

**Winnebago County Department of Public Health  
Selected Service Statistics: 1962-63**

<u>Services</u>	<u>March-May, 1962</u>	<u>December 1962-February 1963</u>
Building Inspections	60	299
Condemnations	13	90
Septic Inspections	77	241
Well Inspections	233	501
Housing Inspections	117	223
Nuisance & Trash Complaints	253	881

Dr. Arthur E. Sulek Serves as City-County Health Commissioner: 1965-1968

Following confirmation by the Rockford City Council, the Winnebago County Board of Health acted on November 15, 1965 to approve Dr. Arthur E. Sulek as the first City-County Health Commissioner at a salary of \$22,000, of which \$6,000 would be paid by the County. Dr. Sulek had previously served as a consulting physician for National Lock Company. Simultaneously, Robert H. Anderson, who had headed the county health department since 1962, was named Administrative Assistant to Dr. Sulek. The new health chief quickly endorsed the fluoridation of city water, a measure long advocated by the Winnebago County Dental Society.

At the same meeting Health Board member Paul T. Gambrel, D.V.M., moved for the establishment of a rural water testing campaign to test drinking water in wells for potential high nitrate levels. The County Health Department would make sample collection bottles available to county residents served by private wells, and the City Health Department lab would perform the tests under contract. Board member Bengt G. Johnson, a local pharmacist, made his Pecatonica Pharmacy available as a depot where rural residents could obtain water bottles without coming to the Court House. (67)

These two activist board members served their community well. Dr. Paul Gambrel continued as a member of the Winnebago County Board of Health for 15 years, through June, 1980. Mr. Bengt Johnson also served for many years after joining the Board in 1964.

During 1966, Medicare and Medicaid became a reality, providing health coverage to millions of Americans. On the local front, Dr. Heerens, county Board of Health President, pushed for a measles vaccination program. The Board also addressed the problem of open dumping and established, with County Board approval, a new licensing fee of \$10.00 per year for restaurants.

By 1968, the Winnebago County Department of Public Health (WCDPH) had grown to a full time staff of 12 including:

Ida P. Carlson, RN, who served from February 1965 – July 1974  
Leo Masiulis, Sanitarian, who served from June 1968 – July 1979  
Avy Ring, Sanitarian, who served from March 1967 – May 1980  
Ken Easton, Sanitarian, who served from April 1962 – August 1974

The budget appropriation for 1968 was just over \$98,000. The department had outgrown its cozy Court House office by July 1967 and at that time moved to a vacant store front just across the street at 425 West State Street. The city health department was still on the eighth floor of City Hall on East State.

On May 7, 1968, Dr. Sulek announced his resignation to be effective on July 1<sup>st</sup>, due apparently to Mayor Scheicher, who would not recommend extension of his appointment. A dispute had arisen over Dr. Sulek's personal retention of fees generated through registration of births and deaths. At Sulek's departure, Arlo Anderson was named Acting Health Commissioner for the city and Robert H. Anderson resumed the helm at WCDPH. Thus ended the brief experiment with a dually appointed health officer. (68)

Two separate public health departments, one for the City of Rockford and one for Winnebago County, continued to operate from separate locations, with separate staffs and appropriations. In addition, the City of Loves Park had recently appointed its own health officer. Would a third health department soon be operating in the county? It was increasingly apparent to many community leaders that this fragmentation of effort was both inefficient and ineffective. The vision of a unified public health authority which had emerged in the 1940s, and which Dr. Gunderson had advocated prior to retirement was about to be rekindled.

#### A Plan for Merger Develops – 1969

During January 1969, the Winnebago County Board of Health took a firm position on the need for a joint city-county health department, and in a move authored by Paul Gambrel, DVM, Board President and John McHugh, MD, the board agreed to develop various options for merger. The Board planned to meet the following month with representative of the City Council and County Board to define the legal and administrative questions involved. Board Secretary, Attorney David North said that such a merger could be accomplished through a referendum that would also establish a taxing authority for financial support. (69)

The question of consolidation was reviewed as planned on February 4<sup>th</sup> with a panel of city and county officials. That evening, the City Council endorsed the idea and directed its Health, Housing and Utilities Committee to study the proposed merger and report within 45 days. (70)

Later that week, the Board of Health approved a resolution to recommend merger, which was to be brought before the County Board in mid-February. David Martenson, Special Assistant State's Attorney for the Winnebago County Department of Public Health said of the legal work need, "I frankly think it can be accomplished in two months." The real work would be accomplishing the merger which "might take a year or two years" to develop the scope of services envisioned by some, according to Martenson. Dr. Paul Gambrel, Board of Health President, said that with a merger of the two agencies possible, "we have a much more attractive climate to attract the type of person we need", a health administrator with a Master of Public Health Degree. (71) State law had recently been amended to allow counties to hire qualified non-physician public health administrators.

City Council Democrats opposed the formal merger since city employees, if absorbed by county government, could lose civil service system advantages, including higher pay, not available to county workers. (72)

In June 1969, the *Rockford Register Star* ran a three part series exploring the question of merging the two public health departments. The newspaper surveyed recently formed referendum health departments in Macon County (Decatur), DuPage County, near Chicago, and the already merger city-county health department in Peoria. The articles stressed the success of well organized referendum based health departments under non-partisan policy making Boards of Health and strong public health administrators. Dr. Charles Sutton, Chief, Division of local Health Services with the Illinois Department of Public Health said of the Rockford – Winnebago County public health merger that "the city and county should determine the best method of setting up the new department right now, and then proceed". (73)

In another development in the summer of 1969, the newly-formed Jane Addams Neighborhood Health Service Committee launched its first "well baby" clinic. Providing exams and immunizations targeted to uninsured and low-income children, the clinic was conducted on July 15<sup>th</sup> by Dr. John McHugh.

McHugh, a long serving Board of Health member and one of the organizers of the Jane Addams group, has remained a staunch advocate of comprehensive public health efforts to this day. McHugh was also instrumental in the development of Crusader Clinic, now a comprehensive federally funded Community Health Center with sites in Rockford, Belvidere, and briefly in Freeport. He has also been a long-time United Way volunteer, and since 1999, active with the Rockford Health Council's efforts to improve life for families through the 6110 Collaborative.

This first Well Baby Clinic was held at the Campus Towers High Rise and served 79 infants and toddlers during three hours. The idea was to provide exams and immunizations to needy children using volunteer medical staffing, including referral for follow-up by participating physicians. Additional clinics were to be held in August and September 1969 and future sites would include Washington Park and North Park. Appointments were made through the City and County Health Departments and the Visiting Nurse's Association. (74) These efforts underscored the emerging need for clinical preventive health services, which the Rockford Health Department had never permanently organized. This model would later be replicated by Dr. Joseph Orthoefer and his new combined city-county staff in developing a Pediatric Nursing Program at the Winnebago County Health Department.

By August 1969, it was becoming apparent that a city-county public health merger would not be realized by year's end. The snag, it appeared to John Long, Chairman of the County Board's Public Health Committee, was over financing the proposed new department. The City of Rockford would need to provide a substantial subsidy since the County of Winnebago was already at its maximum tax rate with no new funds available for balanced cost sharing with the City. (75)

In November, the City Council voted to authorize a special committee to enter into firm negotiations with the County Board. The vote was along party lines, with all six Democrats being opposed. Mayor Schleicher appointed Alderman Arthur Neilson, R-1<sup>st</sup> Ward, David Carlson, R-2<sup>nd</sup> Ward, and Frank Falzone D-5<sup>th</sup> Ward, to represent the City. One Democrat criticized the proposed merger with these words: "This is a power play by the Republican machine in the county to get more patronage... This is like Jonah swallowing the whale". (76)

As future developments would demonstrate, however, the new Health Administrator would quickly remove any suggestion of patronage, with the support of both political parties. Concerns over the civil service protection of former city workers would also be addressed as all city workers would be welcomed to the County Health Department's system of merit based human resources management.

### Merger Plan Vetoed in 1970

By early February 1970, the City Council voted 12 to 9 for Alderman David Carlson's committee report recommending dissolution of the Rockford Health Department and to grant the County a quarter million dollars over three years to help finance the combined city-county health department. Those in opposition suggested a better approach would be to hold a countywide public health referendum, which would also establish a property tax base for the new agency.

Although the majority of Aldermen had supported the Carlson report, Mayor Schleicher indicated he would not approve Council action of such import on the basis of a simple majority. The Mayor also had concerns over job security of former city workers who

would forfeit civil service protection as well as about the legality of the City using funds to subsidize the County. The County pay scale was also lower than that of the City. In essence, he tabled the merger as proposed and supported the concept of a public referendum. Councilman W. Timothy Simms argued to: "Put politics away... If the county finds it can't finance the new department, then let's have a referendum". This would prove to be the right advice.

Responding to the concerns expressed by the Mayor, Councilman Simms, and local Democrats over funding for a new merged city-county health department, the County Board on February 13, 1970, approved a resolution stating that it could assume the full financial support of the new department. This intent was conveyed to the Mayor by County Board Chairman, George Palmer, in writing on March 7<sup>th</sup>. He also offered the City the choice of four of the eight Board of Health members. While this might entail amending state statutes, the County was willing to take this matter to the Illinois General Assembly in April. (78)

At the next meeting of the City Council, Aldermen voted 12-7 to dissolve the City Health Department on December 1, 1970, transferring all public health functions to Winnebago County. Mayor Schleicher had promised to veto the proposal unless more than 12 Aldermen voted in favor. "I've got to study this... the situation has changed completely since February 2<sup>nd</sup>. My concern at that time was the subsidy and the fact that the city would have no control over the new department", he stated. (79)

The Mayor would have until the following week to consider a veto, which would require 14 votes to override. A vote to override Schleicher's expected veto would be doubtful, since the Democrats appeared to be solidly opposed to the merger on the basis of concerns over protecting city employees, and only 12 Republican Aldermen had ever supported the move. Even though the County had expressed intent to retain all former City employees beyond December 1<sup>st</sup>, many Aldermen suspected that pay and benefits would over time not match that of the City. (80)

As expected, the Mayor acted on March 16, 1970 to veto the proposed ordinance to dissolve the Rockford Health Department, stating that he feared the County was not ready to assume the burden of a newly expanded public health entity. This was more than a hollow fear. Schleicher had obviously studied the financial picture, citing recent statements by County Auditor, Tagee Bengston.

The Auditor was concerned that the County could be in for a revenue shortfall of \$1.85 million in 1971. This included: \$1.35 million if collector's fees charged by the County Treasurer were declared unconstitutional; \$300,000 if the State were to demand County Clerk's fees be turned over, and a \$200,000 loss in taxes from a potential decrease in assessed valuation from homestead and personal property tax exemptions. Bengston himself had urged that these issues be resolved before the County assumed the increased costs of an expanded health department. (81)

Given these facts, the City Council made no effort to override. The veto would stand. Schleicher suggested a way out of the dilemma. Both sides wanted better public health services under a unified authority with increased funding to support it. Why not ask the voters to approve a County wide public health referendum that would establish a new property tax base and allow the County financial relief from the costs of expanded services? (82) This approach had been already suggested by numerous community leaders.

### The Public Health Referendum – November 1970

In July, Dr. Joseph C. Cleveland of the Council for Community Services announced the selection of committee chairs for the new Winnebago County Citizen's Committee for the Health Referendum. They were:

Petition Drive – Eric Ax;  
Get Out the Vote – Dr. Mildred Berry;  
Speaker's Bureau – Mrs. George W. Gayle;  
Funding – James M. Craig; and  
Publicity – Edward Stoyanoff.

Dr. Cleveland would serve as Chairman of the Health Referendum Steering Committee, assisted by Mrs. Pat Brown as Vice Chair. Others serving on the Steering Committee were LaVerne Ax, Estelle Black, Robert E. Carlson, Mrs. Warren Cunningham, Ralph Glassford, J. Francis Haste, and Dr. Robert Heerens.

Other people were affiliated with the effort as well. Among them were many other prominent Rockford names: John Holmstrom, Mrs. James F. Maynard, Dr. John P. McHugh, Hal Nelson, Rosa Mary Pond, Frank St. Angel, Guy Stubblefield, Joe Terranova, Norma Williams, Dr. Donald H. Wortmann, Dr. Allen Pang, and Barbara Olson.

The committee was charged with obtaining 10,000 signatures required to place the public health issues on the ballot in November 1970. The ballot proposition would ask if the county of Winnebago should levy an annual tax of not to exceed 10 cents per \$100 of assessed valuation to support county health facilities and services. (83)

By September, the *Rockford Register Republic* reported that 10,505 eligible voters from Winnebago County had signed the petitions being circulated county wide. This assured that the issue would appear on the November 3, 1970 ballot. (84)

At the end of October, the *Rockford Morning Star* reported that the referendum committee had mounted a highly successful campaign with every indication of a victory on November 3<sup>rd</sup>. Even Mayor Schleicher, who had vetoed the proposed health merger in March, had signed a petition to place the ballot on the referendum, in an apparent show of support for the issue.

Others urging a “yes” vote in November were Congressman John B. Anderson, and numerous local labor unions and other organizations, including: Rockford Civic League, League of Women Voters, Forward Rockford Congress, Winnebago County Medical Society, Northern Illinois Council on Alcoholism and Drug Dependence, Winnebago County Dental Society, Winnebago County Pharmaceutical Association, the Mental Health Society of Rockford, Rockford Community Action Association, Children’s Development Center, American Association of University Women, Visiting Nurses’ Association, Women’s Resource Group, and the Winnebago County Association for Parents of the Retarded.

If successful, the referendum would establish a new property tax which had the potential of generating \$1 million per year for public health, as compared to the \$400,000 in total then spent annually by both the city and county on public health programs. Dr. Cleveland envisioned an effective VD treatment effort, immunization programs, and “a nutrition program we dream about, but haven’t realized”. Dr. Mildred Berry, on of the drive’s leaders, said, “There’s no organized opposition to the referendum; it’s just a matter of educating people so they will get out and vote.” (85)

The Citizens’ Committee had indeed done the job. Within a few days the voters of Winnebago County vindicated their belief in the message that public health was worthy of tax support! The Referendum for Public Health carried by 7,855 votes, 31,632 to 23,777. It would now be possible to proceed with the merger through a clear mandate from the electorate and a solid base of financial support that would not require the use of existing City or County general funds.

On November 12, 1970, Board of Health President, Paul Gambrel, DVM, appointed a Health Officer Search Committee. Members included Dr. John McHugh, Bengt Johnson, John Long, and one member each to be appointed from the Rockford Community Hospital Council and the Council for Community Services.

Voting on December 14, 1970, the Rockford City Council dissolved the venerable Rockford Health Department, which had been in continuous operation for 116 years since 1854. In doing so, they transferred the employees, property, and responsibility for programs and ordinance enforcement to the jurisdiction of the Winnebago County Board of Health effective January 1, 1971. The time had finally come for a unified public health authority for Winnebago County.

Between January and June, 1971, the Board of Health worked through the numerous details required to fuse the two organizations into one. This included the search for a new facility in which the combined workforce of 41 employees could be re-located, and recruitment of the right person to lead the organization as Public Health Administrator. By May 26, 1971, the search was successfully concluded in a contract with Joseph E. Orthoefer, DVM, MPH, MAPA, with employment to begin on July 1, 1971. Orthoefer, Deputy Health Commissioner for Dayton, Ohio, was selected for his extensive training and experience in public health, and for his recent work in merging the Dayton City and

Montgomery County Health Departments into one new health district. He would be paid \$24,000 and oversee a combined budget of \$507,548.

## **Public Health in Winnebago County – 1971 to 2004**

### **Public Health Prospers Under New Leadership**

Dr. Joseph Orthoefer would hold the position of Public Health Administrator until his retirement on September 30, 1997. Under his 26 year tenure, public health services grew and expanded to meet 20<sup>th</sup> century urban health challenges.

The budget of the Winnebago County Department of Public Health, in its new configuration as the unified City-County public health entity, grew to \$7.5 million by 1997 from just over \$500,000 in 1971. During the same period, the department expanded from 17 to 160 employees, having purchased the former Jewett Hall on the old Rockford College Campus for \$120,000 and relocating there at the end of 1971. The site at 401 Division St. still serves as the main office. (86)

Dr. Orthoefer brought the world of public health grantsmanship to Winnebago County. Through his skill and knowledge of public health funding at the federal level, Dr. Orthoefer was instrumental in securing over \$30 million in new state and federal funds previously unavailable to the agency. An activist believer in personal health services, he led the agency to expand into prevention oriented healthcare. (87) A firm environmentalist, he strengthened and expanded the role of environmental health, especially in food sanitation and ground water protection, and appointed J. Maichle Bacon, MPH, a Registered Sanitarian, to head the Environmental Health Division.

The Winnebago County Department of Public Health flourished under a strong Board of Health, funded with a local public health levy, and capably administered by a new team of public health professionals. Over time, public health's emphasis in Rockford and Winnebago County has, according to Dr. Lidvall, "Evolved from a retroactive quarantine and fumigation role to a proactive health promotion and assurance of public safety priority, an excellence the population has grown to assume." (88)

Some of the major accomplishments early under Dr. Orthoefer's watch included:

- The newly combined public health departments were re-engineered into one agency with the traditional public health divisions of Nursing, Environmental Health, Health Education, Statistics, Disease Control, and Mental Health.
- In the summer of 1971, the Illinois Department of Public Health conducted a survey in Rockford to assess risks for lead poisoning among children. This study revealed elevated blood lead levels in up to 25% of children in some census tracts and examined housing stock. Subsequently, WCDPH applied for and was awarded a new federal grant for lead poisoning prevention. The program continued for several years and was successful in greatly reducing exposure to lead based paint.



- WCHD expanded well child clinical services in collaboration with Crusader Clinic.
- Sexually transmitted disease clinics were re-established and expanded.
- By 1972, WCDPH assumed operation of the Family Planning Program. It expanded through receiving Title X grant funding.
- To reduce landfill usage, the Department with input from its new Advisory Council developed a recycling plan in 1972 that was eventually adopted by the City of Rockford.
- In 1972, the Department developed a need based mobile dental treatment program for children and purchased a moveable dental unit and staffed it with a dentist and assistant.
- A revised and improved private sewage disposal (septic system) code was approved in 1972 based upon an improved state code.
- By 1973 all old City Health Codes were stricken, replaced by County Codes.
- In 1973 WCDPH acquired its first computer – a terminal at the University of Illinois College of Medicine at Rockford, to be used for health data, and a statistician was jointly employed.
- WCDPH was awarded grant funds to purchase a blood lead analyzer in 1973.
- The first Pediatric Nurse Practitioners in the community was recruited to work in the Department's Well-Child Clinics in 1973.
- Late in '73, the Department received its first Women, Infants, Children's (WIC) program grant for \$30,000. This program would soon grow and expand into several other area counties through Dr. Orthoefer's leadership.
- During 1974 a seasonal burning ban was passed in the County.
- A communicable disease "Hot Line" was established in 1974 following a large outbreak of Hepatitis A.
- Also in 1974, WCHD was instrumental in working with local nursing homes to upgrade inspections and better training for nurse's aides.

By 1975, additional public health services had brought the budget for public health to over \$1.6 million in Winnebago County, more than tripling since 1971, with nearly \$600,000 from grants and nearly \$200,000 in fees and other non-tax income. That year, the Advisory Council, a body of local public health advocates, expressed interest in controlling smoking in public places. Board of Health set an example by being among the first organizations in Rockford to ban smoking from its own building.

The County Board expanded the Board of Health to twelve members from eight in 1975. Winnebago County the first to do so, under a new state law that provided for greater local representation on Boards of Health.

Also in 1975, the Department added pap screening to its array of personal health services through a grant from the Illinois Department of Public Health. Because of rapid program growth, clinic space was becoming scarce. A federal Hill-Burton grant was sought to add a new clinic addition, but the program was in decline by that time. Two years later a grant from the U.S. Department of Commerce, Economic Development Administration, was secured by assistant administrator, Jerry Robinson, and ground was broken in January 1978 for a new addition to add 5,000 square feet of needed clinical space.

1976 brought the infamous Swine Flu and the Department immunized over 75,000 residents in anticipation of the expected epidemic. That year a large outbreak of measles did occur in three Rockford schools, but was contained, with over 1,000 children being immunized.

By 1976, the completion of a major soil survey of Winnebago County the previous year brought needed improvements to the Private Sewage Disposal Code. Soil borings became the standard to determine the suitability of soil types to receive and absorb septic system wastewater, replacing percolation tests that were notoriously unreliable.

Public health was also involved in setting behavioral health policy. In 1976, the Department's own Mental Health program, headed by Randall Locke, obtained federal funds to relocate alcohol detoxification from a hospital setting to a community social setting at the Salvation Army. For years, the Board of Health has also awarded small grants to local groups for innovative work in Mental Health and Substance Abuse. By 1978, Locke had obtained a new grant to address fetal alcohol syndrome in pregnant women. Within three years the program would win the national "Gerty Award" for excellence in preventing alcoholism.

In 1977, the Department negotiated a contract with the Sheriff to add a jail nursing program to help ensure the health of those incarcerated by the County. WCHD added hypertension screening to its services that year, and began blood pressure screening in local industries. Later the Department would add other health promotion services, including an innovative "health risk appraisal" system to identify chronic health risks.

The 1980's brought a new scourge to public health's attention, AIDS. Acquired Immunodeficiency Syndrome is not a single distinct disease, rather a disorder characterized by a severe suppression of the human immune system. The immunodeficiency renders the body susceptible to a variety of infections, cancers and other diseases, which ultimately causes death for many infected. It is caused by the HIV virus, a retrovirus that infects certain cells. White blood cells of the immune system are a particular target of the virus. (89)

AIDS is communicable through intimate personal contact and has been addressed largely through public information to reduce risky personal behaviors. The Health Department had mounted successful public awareness campaigns over the past several years. While there is as yet no cure, the case rate appears to be in decline in most populations at risk.

In 1995, the Department adopted the new Violence Prevention Collaborative (VPC), a group formed to find ways to address crime and violence in our community. The collaborative, headed by Ms. Geri Alten, has been a focal point in Boone and Winnebago Counties for innovation and community collaboration in addressing and preventing child abuse, youth violence, partner abuse, and elder abuse. In 1999, the Rockford Health Council identified crime and violence as a leading community health issue and partnered

with VPC to develop a strategic plan with over 50 specific objectives in 2002. The plan now shapes the future direction of these efforts.

The University of Illinois, College of Medicine at Rockford has been a true catalyst in advancing community collaboration for public health under the stewardship of Dean Bernard “Buz” Salafsky, who retired in April 2004 after decades of service to the region.

Others affiliated with the College of Medicine who have contributed to the work of public health over several years have included Joel Cowen, MA, who directs Health Systems Research, Karen Lytwyn, MPH, of Health Systems Research and past chair of the Violence Prevention Collaborative, Andrea Doughty, PhD, and Johanna Lund, PhD, past Chair of the Rockford Health Council. Eric Henley, MD, MPH, who heads the Master’s of Public Health Program started in 1998, has inspired many public health workers to complete advanced training. There have, of course, been many others at the College of Medicine who have advanced public health over the span of time, including Paul Burkhardt, MD and Joella Warner, who co-direct the Northern Illinois Diabetes Coalition (NIDC), and Howard Zeitz, MD, who chairs the Rockford Asthma Consortium (RAC). Both NIDC and RAC developed as project teams of the Rockford Regional Health Council (RRHC), which was directed by Raymond W. Empeur from November 1999 until November 2006.

### The “Politics” of Public Health

By the end of 1977, public health’s rapid expansion into areas of personal health care was, it appeared, making a difference in health statistics. The infant death rate in Winnebago County had declined from 19 per thousand to just 11.4 in seven years. Teen pregnancies had dropped from 850 in 1970 to 647 in 1977. Increases in child immunization rates were having a real impact on communicable diseases. (90)

While the Health Department was suddenly offering a wide array of preventive and personal health services to rival those of the most progressive urban public health organizations, not everyone in the community was pleased. Rockford was after all a fairly conservative Midwestern community, not accustomed to an activist public health board served by a willing new administrator, capable of finding creative ways to fund innovative programs with outside state and federal funds. Eyebrows were raised when public health intruded into healthcare by offering such services as hypertension screening and family planning.

Dr. Orthoefer always justified new services on the basis of need and a revenue source to support the cost. He believed in public health as a provider of preventive health services, especially for people who had little access to traditional healthcare. The Board of Health was always consulted prior to new services being initiated, and indeed the Board was eager for new programs to address the needs they saw manifest in the community.

Periodically, over the years various political and ideological factions would call Health Department services and policy into question. Dr. Orthoefer was steadfast, unmovable, and survived more than one effort to remove him. He served but one master – the Board of Health – and never bent to political pressure in making policy decisions or crafting programs to address public health needs. He also resisted every effort at political intrusion into the work of the Health Department. On balance the Board of Health grew to share Joe’s conviction to the mission of public health. “Public Health”, he would say, “is more a cause than a career.”

Dr. Joseph E. Orthoefer retired on September 30, 1997, having served with distinction for 26 years and leaving a legacy of achievement unmatched by previous local public health executives. He has remained in the community and has been active in numerous health and social causes.

### Hispanics Create a New Demographic in the Region

The migration of Hispanics into the Rockford area has been a factor in the population for decades, especially since Mexican families first began arriving here after 1910. This fact was recognized long ago by community leaders who established La Voz Latina. Today this organization led by Marco Lenis, has helped new Latino immigrants for over thirty years.

In the decade between 1990 and 2000, the known Hispanic population more than doubled in the region. In Winnebago County alone, the Hispanic population has increased by 147% from 7,771 in 1990 to 19,206 in 2000. Hispanics now account for 6.9% of the population, up from 3.1% in 1990. (91)

While the African-American population has also increased, the growth has been less dramatic, from 9.1% of the population of Winnebago County to 10.5%, for a year 2000 total of 29,317. It is apparent that Hispanics are destined to become the largest ethnic minority in the region within the current decade, a trend mirrored around the country.

The rise of Hispanics has also brought new challenges to public health and increased pressure upon the entire health care system. Many new immigrants need to be served in Spanish. While most still come from Mexico in search of new opportunities and a better life, others migrate from Argentina, Bolivia, Columbia, Costa Rica, Cuba, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Panama, Paraguay, Peru, and Uruguay, virtually everywhere in Hispanic Central and South America. Today, we readily recognize and celebrate cultural diversity in Rockford. An Ethnic Heritage Museum recently opened on South Main Street to preserve and display our rich cultural heritage.

While Hispanics are eager to contribute to the growth of the economy, they also need access to medical care. Many more Hispanics are likely to be uninsured, up to 33%, double that of the general population. Most come from countries with less developed

health care and public health systems, thus many are in need of preventive and primary care upon arrival.

The challenges of providing affordable, accessible healthcare and in addressing the disparities in health status that occur due to race, ethnicity, and economic status will be a major focus of public health in the current decade and beyond.

The U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality in Rockville, Maryland, has just released a new comprehensive report, the *National Healthcare Disparities Report*. (July 2003) Commissioned by Congress in 1999, this new focus on the causes of health disparities experienced by people who lack insurance or who otherwise face barriers in access due to race, economics, or location, should help state and local public health agencies in leading or participating in efforts to address the problem more forcefully than in the past.

Locally, the Health Department, Black Healthcare Initiative, University of Illinois College of Medicine, La Voz Latina, United Way, Crusader Clinic, and Rockford Health Council led a new effort to better define and address health disparities in partnership with the African-American and Hispanic Communities of Rockford. This effort included a major new health survey which was designed for the minority community by the minority community to better ascertain health status and the dynamics of how minority communities interact with the healthcare system. This culminated in 2005 by the release of the *Rockford Minority Health Survey* and the development of a strategic plan, completed in 2006, to bring new efforts to bear on addressing disparities in health by mobilizing the communities most impacted.

#### J. Maichle “Mike” Bacon Moves Public Health into the 21<sup>st</sup> Century

In 1982, Mike Bacon, MPH, still headed the Environmental Health Division. That year he led a second effort to compete for the prestigious national Samuel J. Crumbine Award for excellence in food protection programming. Winnebago County won that year. It was solid vindication for years of effort to improve the quality and outcomes of the Food Sanitation Program.

Mike Bacon would subsequently leave the agency in 1986 to accept the post as Public Health Administrator in nearby McHenry County. There, he would learn the skills needed to return to Rockford in 1997 to replace his former boss upon Joe’s retirement on September 30, 1997.

Mike Bacon assumed the direction of the Winnebago County Department of Public Health at the end of 1997, returning to the agency that he had helped mold under Dr. Orthoefer’s leadership in the 1970s and 80’s. In fact, Orthoefer mentored and launched the public health careers of several younger staff proteges, including this chronicler of history.

Under Bacon's leadership the Winnebago Department of Public Health has continued to address unmet community needs. In collaboration with Will Rodgers, President of Crusader Clinic, the two organizations agreed to an arrangement that has added the Winnebago County Health Department clinic on Division Street as a Crusader Clinic site in offering expanded primary care services to area residents.

Bacon himself, and many of his senior staff have been active in the Rockford Health Council, a local healthy community collaborative that has helped convene many diverse community stakeholders in Boone, Ogle, and Winnebago Counties to determine and address health and human services needs through collaboration. Acting together, leaders from healthcare, business, education, and human services have published two major Healthy Community Studies of the area since 1999, and have mobilized hundreds of area activists around addressing identified health issues. For example, the Health Department has led or participated in a number of Health Council health initiatives, including, Access to Medical Care, Access to Dental Health Care, Black Male Health, Childhood Immunizations, Crime and Violence, Infectious Diseases, Maternal and Infant Health, Respiratory Diseases, and Cardiovascular Health.

Outcomes of the Health Department's engagement in the work of the Rockford Health Council have included the creation of a comprehensive Bioterrorism Preparedness Plan for the tri-counties, completed in 2003 with the participation of dozens of key players from the private and public sectors. Another example has been the opening of the Blackhawk Park School-Linked Health Center in 2002 near Beyer School in the heart of the 61104 area. This was accomplished in collaboration with several organizations, including the Rockford Public Schools, the Rockford Housing Authority, Janet Wattles Center, the Children's Home and Aid Society, United Way's "61104 Collaborative, led by Dick Kunnert and Becky Cook Kendall, and the Rockford Health Council's Community Access Project. Rockford Health Council has also contributed grant supported staffing and program funds.

Public health advocates have been effective in changing public policy. One recent example was the ban on open burning in unincorporated areas of the county approved by the Winnebago County Board for implementation in 2003.

At the request of health professionals, including Kathleen Sullivan and Dr. Herb Lash of the American Lung Association, and Dr. Howard Zeitz and Stuart Tousman, PhD, of the Rockford Asthma Consortium, County Board Chairman, Kristine Cohn, appointed a citizens committee to study the issue of opening burning in 2002.

The panel, which included Larry Swacina, Director of Environmental Health for WCDPH, produced a comprehensive report on the deleterious health effects of open burning. This report was widely endorsed by the community, with dozens of citizens appearing regularly at County Board meetings. This and the unflinching support of the *Rockford Register Star* through its editorial board, ultimately convinced the County Board, facilitated by Chairman Cohn's leadership, that clean air warranted a change in public policy. This effort has demonstrated that citizens can be mobilized in defense of

public health and lobby for a change in policy. The revised ordinance was approved in the spring of 2003.

Today, the Winnebago County Department of Public Health operates a diverse set of “state of the art” preventive health services from three permanent office locations in Rockford. The communities of Winnebago County are well served by an enlightened Board of Health and highly skilled staff. At 150 years young, public health has indeed come some distance in the Rockford area in promoting a healthy community.

Public health will have a role to play as long as disease threatens. Future challenges to public health are already apparent. We will need to be constantly vigilant to the rise of new or exotic infectious diseases, like SARS, while guarding against the old scourges which are kept at bay only through effective immunization and basic sanitation practices. We will need to protect against bioterrorism that has just recently become a real domestic threat.

Public health also has a social justice mission. As discussed above, the need to better identify, understand, and address health disparities in our society is paramount to engaging the community, and especially minorities themselves, in improving the health of racial and ethnic minorities. And we need to find ways to ensure that all people can receive timely and appropriate health care, especially for the 40,000 area people who remain uninsured.

Still, Public Health is strong and effective, and deserves to be celebrated in 2004 for a century and a half of progress. As can be seen through the history of public health, we have addressed the basic issues of sanitation. Today we enjoy a healthier environment due in large measure to successful efforts to improve drinking water, manage wastewater and sewage disposal, and to protect food supplies.

Medical science has also fostered the defeat of many old human diseases that ravaged human populations for centuries. Largely through the science of immunology, today most of us enjoy a potential for health and longevity never realized in previous centuries. But new challenges have appeared. Modern, sedentary lifestyles and a diet rich in calories and fat have created a new crisis in public health. This threat we bring upon ourselves and the results are beginning to cause concern in the medical and public health communities as we face alarming rates of diabetes, heart disease, and cancer, and the underlying causes are often obesity, tobacco use, lack of exercise, and poor nutrition.

The new mission of public health, it appears, will be much about health promotion and making better lifestyle choices. This seems to be a good fit for public health as we face the future.

**Congratulations to all public health advocates, past and present, for a job well done!**

**Epilog:  
A Visit with Ernie Johnson - 1981**

He arrived unannounced and quite by surprise late on the afternoon of July 2, 1981, the day following Dr. Joe Orthoefer's tenth anniversary reception as Public Health Administrator. Ernest L. Johnson, then over 80 and among the most senior of the retirees of the Rockford Health Department, had dropped in for a look at what had become of public health and to give congratulations to Dr. Orthoefer on his years of service to the community.

A man frail with age, Ernie had retained the vitality and sparkle of a man in love with life. We four chatted for a long while, Ernie, Barb Snider, Joe, and me, about the old days, nearly sixty years earlier. It was then that he began his long career in public health with the Rockford Health Department,

Ernie Johnson's career in public health spanned 36 years, from October 1923 to November 1959. Serving first as Sanitary Officer under Dr. Gunderson, he shortly became Milk Sanitarian, a job he held for 33 years. In addition to Gunderson, Ernie knew and worked with a number of public health veterans, all of whom retired from the Rockford Health Department between 1969 and 1963. These included: Chester W. Anderson, Laboratory Director, Rosa Hart, RN, Herb Kempster, Housing Sanitarian, Emily Markam, Chief Clerk, and A.E. Compton, Sanitarian.

Reminiscing about long ago, Ernie recounted the difficulty he experienced as a young man "settling down" after returning home from the horrors of World War I. He spoke of his early days with the city health department, of the Model T Ford that he drove on his inspections. The old Ford had to be crank started by hand. It was city property and lacked the luxury of a heater. It got mighty cold in that car in the winter as he made his rounds checking on area dairy farms and the numerous milk plants which at that time operated in the city.

We toured Ernie through the department and introduced him to a number of staff. Agnes Rubin, Bookkeeper, greeted him warmly as she recalled him from her days working in City Hall.

Ernie was impressed with the size and scope of the Winnebago County Department of Public Health and its various services, most of which didn't exist during most of his career. We presented him with a copy of our newly written history and thanked him for the loan of a few old photos, which appeared in the final 1982 edition.

Seeing him to the door at the end of his visit, I felt warmed by the experience of reconnecting with our public health past, and privileged to have met such a wise and honorable gentleman.

Ray Empereur – July 1981



## AN HONOR ROLL OF RETIREES

### Rockford Health Department

Occupation, years of service and retirement date if known:

N. O. Gunderson, MD – 34 years - Commissioner	1957
Ernest L. Johnson – 36 years – Milk Sanitarian	1959
Chester W. Anderson – 36 years – Laboratory Director	1961
Herbert Kempster – Housing Sanitarian	1961
Emily Markam – Chief Clerk	1962
A. E. Compton – Sanitarian	1963
Rosa Hartman – 17 years – Public Health Nurse	1964
Eunice Baynes	1968
Pearl Hixson – Public Health Nurse	
Rudy Kjellquist – Sanitary Officer	
Ray Genrich – Quarantine Officer	
Charles Lambert – Food Inspector	
Irene Nelson - Secretary	
Ralph Lundquist – Milk Sanitarian	

### Winnebago County Department of Public Health

Clarice Nelson – 36 years – Office Supervisor (Former City employee)	1972
Kenneth Easton – 12 years - Sanitarian	1974
Ruth Nelson – 36 years – Laboratory Technician (Former City employee)	1976
George Hamer – 8 years – Sanitarian	1977
Wilson C. Scott – 10 years – Sanitarian	1979
Leo A. Masiulis – 11 years – Sanitarian	1979
Robert G. Anderson – 35 years – Sanitarian (Former City employee)	1980
Ralph N. Platt – 16 years – Sanitarian	1980
Avy W. Ring – 13 years – Sanitarian	1980
John Foss – 17 years – Chemist	1980
Barbara Snider – Executive Secretary	
Randall Locke – Director of Mental Health	1997
Joseph E. Orthofer, DVM, MPH, MAPA – 26 years Public Health Administrator	1997

## **About the Author/Editor**

Raymond W. Empereur, MPA, served as Executive Director of the Rockford Regional Health Council from 1999 until November 2006. Prior to accepting this position, he spent 20 years in public health administration, including 5 years as Assistant Public Health Administrator for Winnebago County from 1978 through 1882. A native of Beloit, Wisconsin, Empereur has lived in Rockford, Loves Park, and Machesney Park and graduated from Harlem High School in 1965. He earned a BA from Rockford College in 1969 and a Masters in Public Administration from Northern Illinois University, DeKalb in 1978. Empereur currently operates Empereur Consulting, Inc. and serves as adjunct faculty to Benedictine University, where he teaches in the MPH program.

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