

## Chapter 14

### AIDS/STDs

#### Acquired Immune Deficiency Syndrome/Sexually Transmitted Diseases

The headline of the February 1959 agency newsletter, *Minnesota's Health*, read, "Minnesota Eliminates Syphilis as Serious Public Health Problem."<sup>1247</sup> Nine years earlier, in 1950, Minnesota had been the first state in the nation to report no cases of syphilis in newborns for the entire year.<sup>1248</sup>

The number of cases of syphilis had begun a downward trend by 1949. In 1949, 717 cases of syphilis were reported to the Health Department. This compared with 926 in 1948.<sup>1249</sup> The peak year for syphilis in Minnesota had been 1925 when 4,300 cases, a rate of 73.3 per 100,000 people, were reported. The number of cases in their latent stage was declining significantly by 1949. Late active and congenital syphilis cases occurred at a rate of 3.5 per 100,000 in 1952 compared to 32.0 per 100,000 in 1940. Congenital syphilis was becoming nearly non-existent.

In 1951, Minnesota had the lowest incidence of syphilis of any state in the nation.<sup>1250</sup> Unfortunately, Minnesota's success in controlling sexually transmitted disease created the same challenge as experienced with the control of tuberculosis. It became more difficult to obtain funding, and the Board of Health thought the lack of sufficient funding for continued control efforts was a serious problem. At a board meeting on December 21, 1950, the following interchange took place:

Dr. Ruth Boynton, Member of Board of Health: "When you tell people that we have the lowest VD rate of any state, it is hard to convince the Legislature that we need money."

Dr. Henry Bauer: "Why have a fire department when you just have a fire once in awhile? Why keep them sitting around?"<sup>1251</sup>

Much of the credit for the department's successful efforts to control syphilis and other sexually transmitted diseases goes to Dr. H.G. Irvine, a key figure in Minnesota's fight against venereal disease for more than 40 years. In 1916, as a University of Minnesota instructor, he read a paper before the Minnesota State Medical Association advocating the establishment of a venereal disease control program at the Department of Health. In 1918 he became head of the department's newly created division of venereal disease control. It was the first in the nation. Dr. Irvine was head of the division until 1929 when

<sup>1247</sup> MDH, *Minnesota's Health*, Vol. 13, No. 2, February 1959, p. 1.

<sup>1248</sup> MDH, July 23, 1951.

<sup>1249</sup> MDH, *Minnesota's Health*, Vol. IV, No. 1, January 1950, pp. 3-4.

<sup>1250</sup> BOH, *Minutes*, October 16, 1951, MHS, pp. 318-319.

<sup>1251</sup> BOH, *Minutes*, December 21, 1951.

it became part of the disease prevention and control division. He served the department on a voluntary basis from 1930 to 1936, and then became a part-time consultant. One year he refused his salary because he said he hadn't earned it.<sup>1252</sup>

Dr. Irvine contributed to the drastic reduction of syphilis in Minnesota by strengthening relationships between the department and physicians and increasing the reporting of syphilis. Physicians were encouraged to use the department's laboratory services for serological tests on syphilis on blood and spinal fluid specimens, dark field examinations for spirochetes and smears and cultures for gonococci.<sup>1253</sup> Dr. Irvine helped establish regulations requiring physicians to report all cases of venereal disease to the department.

In 1949, the department's laboratory examined 240,388 blood samples and 4,857 spinal fluid samples for the presence of syphilis. Multiple testing was done to ensure an accurate diagnosis. The department kept files and advised physicians when re-testing was needed. Efforts were made to secure data as to contacts. These contacts were investigated and treated. The drug used was penicillin, with auxiliary treatment of bismuth or arsenic.<sup>1254</sup> The department provided drugs to ensure treatment was available. In 1957, 99 million units of penicillin were distributed to 14 physicians and one hospital for 48 cases. In comparison, the number of cases receiving drugs in 1947 was 591.<sup>1255</sup>

The program started by Dr. Irvine took a pragmatic approach to the control of venereal disease. It concentrated on case finding, follow-up and technical assistance. But it kept diagnosis, treatment, and as much follow-up and investigation as possible, in the hands of private practitioners. In 1957, the department investigated 500 persons, and provided consultation to 745 physicians. Sometimes special investigations were made. In 1951, when the 47th Viking Division of the National Guard was activated, for example, the department laboratory examined blood samples from 7,213 men. One new case was found.<sup>1256</sup>

One issue the department had to address was who should be tested for syphilis? What was reasonable? In 1955, to better target resources, the department advised hospitals and medical professionals to limit testing for syphilis to persons with these characteristics: 40 years of age and over, single, divorced, separated, widowed, and any persons other than white of any age. The workload was reduced, but the number of cases found remained the same.<sup>1257</sup>

One of the persons who followed up on syphilis cases was Lucy Clare Finley, a medical social worker. She began working for the department in 1936, conducting follow-up investigations of actual and suspected cases of venereal diseases. Prior to penicillin,

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<sup>1252</sup> MDH, *Minnesota's Health*, Vol. 13, No. 2, February 1959.

<sup>1253</sup> MDH, *Minnesota's Health*, Vol. 15, No. 5, May 1961, p. 4.

<sup>1254</sup> MDH, *Minnesota's Health*, Vol. IV, No. 1, January 1950, pp. 3-4.

<sup>1255</sup> MDH, *Minnesota's Health*, Vol. 13, No. 2, February 1959, p. 3.

<sup>1256</sup> BOH, *Minutes*, May 28, 1952, MHS, p. 169.

<sup>1257</sup> BOH, *Minutes*, April 24, 1961, MHS, p. 110.

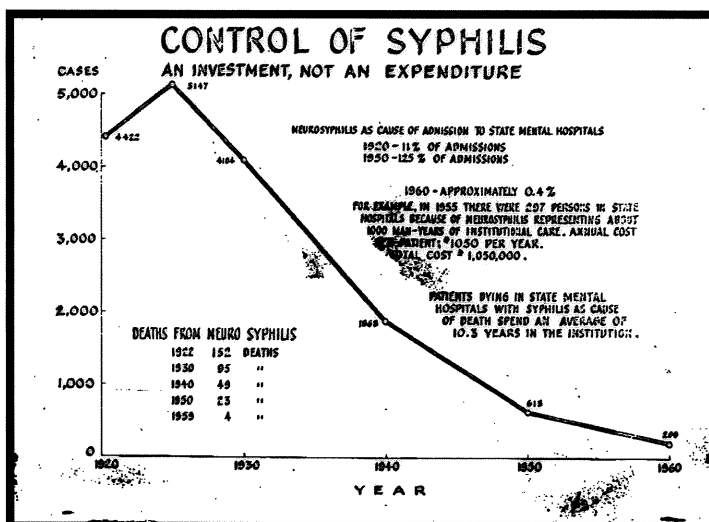
this required that she watch the calendar to note which patients were scheduled for treatment. If they didn't come, she found the patient and gave him/her a choice of being escorted to the doctor's office or the police station.

Miss Finley conducted follow-up investigations in all but one of the 87 counties in Minnesota. Once she went to a follow-up investigation, which necessitated she crawl through a barbed wire fence to get to the house. Undaunted, she ignored a large herd of cattle until halfway across the pasture she noticed the bulls charging at her. By a slim margin, she ran safely back to the other side of the fence. Eventually, Miss Finley found the patient and put her under medical care.

Miss Finley was dedicated. A former department employee recalls traveling with her in a car from Minneapolis to St. Paul for a meeting. Suddenly Miss Finley yelled: "Stop the car!" She saw one of her clients who was not supposed to be in town. Returning to the car, after speaking sternly with her client, Miss Finley said, "I told her to get out of town and stay out!"<sup>1258</sup> A poem read at Miss Finley's retirement in 1959 ended with these lines: "Jack or Jill...who now will put you sizzling on the grill?"<sup>1259</sup>

There were a number of cases of syphilis in mental hospitals, and the resulting costs incurred by the state were high. The estimated annual cost of caring for these patients while institutionalized was \$780,000, almost the same as the total amount appropriated to the department for its venereal disease program since its inception in 1918 through 1951. Fortunately, the numbers were dropping. While nearly 11 percent of mental hospital admissions in 1920 had syphilis, only 1.25 percent was affected in 1950. This fell to 0.4 percent in 1959.<sup>1260</sup>

The cost of syphilis was high for the federal government, as well as for the state. In 1950 the Veteran's Administration asked all states to follow up on cases to help prevent central nervous system syphilis. A case of general paralysis could cost the government \$40,000 per year. There were 1,400 cases from World War I, and with proper control, savings of approximately \$1.0 billion for the federal government would result. Records were received, and the division of disease prevention and control did the requested follow up. There were some challenges, however.



<sup>1258</sup> Interview with former MDH employee, February 1999.

<sup>1259</sup> MDH, *Minnesota's Health*, Vol. 13, No. 10, December 1959, p. 4.

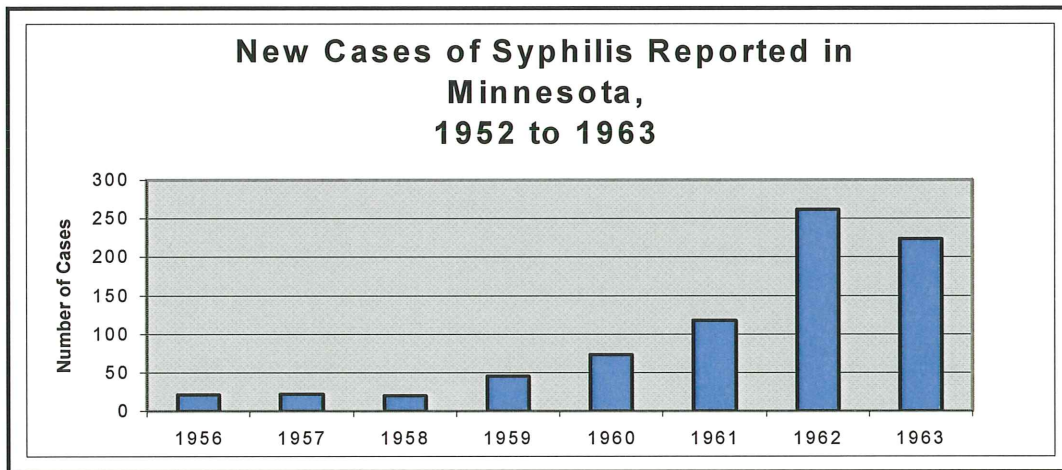
<sup>1260</sup>

Dr. Dean Fleming, disease prevention and control director, said, "There must be considerable error in the way they assembled their records because they have a complete clinical record on a person who absolutely denies he has ever had such."<sup>1261</sup>

Fewer syphilis cases were reported throughout the state, and in 1958 the all-time low of four cases per 100,000 people was reached.<sup>1262</sup> It appeared as though syphilis would, like smallpox and other diseases, become history.

While the article in the department newsletter celebrated the conquest of syphilis as a serious public health problem in 1959, the department itself remained cautious. The end of the article mentioned that the opening of the St. Lawrence Seaway, with the creation of an international seaport in the state, could easily introduce new cases.<sup>1263</sup>

Though probably not due entirely to the St. Lawrence Seaway, syphilis began increasing in 1959 and 1960. The total number of primary and secondary syphilis cases reported in 1961 was the highest in over 10 years. To some extent, the reported increase in syphilis cases in 1960 could have been the result of improved reporting and data collection. The Public Health Service had assigned two trained employees to work in Minnesota for the purpose of syphilis case finding and improvement of educational concepts of venereal diseases.<sup>1264</sup> The increase in syphilis, however, was occurring all over the world.



In 1963, Minnesota was one of only nine states in the country that did not have a law requiring persons who planned to marry to be tested for syphilis. When a bill requiring premarital testing had been introduced in the Legislature in 1947, the Board of Health opposed it. One reason was that the laboratory test results might not be accurate and would cause unnecessary suffering.<sup>1265</sup>

<sup>1261</sup> BOH, *Minutes*, April 25, 1950, MHS, pp. 108-109.

<sup>1262</sup> MDH, *Minnesota's Health*, Vol. 17, No. 2, February 1963, p. 1.

<sup>1263</sup> MDH, *Minnesota's Health*, Vol. 13, No. 2, February 1959, p. 4.

<sup>1264</sup> BOH, *Minutes*, May 24, 1960, MHS, p. 74.

<sup>1265</sup> MDH, handout titled "What About State Syphilis?" January 29, 1947.

A bill requesting premarital serology testing for syphilis was again introduced in the Legislature in 1963, and again the board opposed it. Dr. Henry Bauer, deputy executive officer and medical laboratory division director, advocated against the legislation. At a meeting of state laboratory directors, he pointed out that syphilis is rarely discovered in persons who never suspected they had it. He estimated the rate was about one out of every 10,000.<sup>1266</sup>

Dr. Bauer argued against premarital testing on the basis of cost. He thought the cost of testing could be better used for more serious public health problems. In 1963, the department's annual cost for conducting syphilis tests was estimated at \$48,000. In addition, each bride and groom would need to pay about \$5.00 to a physician for drawing the blood. In a 1955 study of serology tests done on 2,700 marriage license applicants, two syphilis cases were found. While the legislator introducing the bill was commended for his attention to public health problems, Dr. Bauer thought the program wasn't cost effective in Minnesota. One reason was effective case finding, due to the state's unique relationship between practicing physicians and the Board of Health.<sup>1267</sup>

Legislation calling for premarital testing for syphilis was proposed in 1956 but did not pass. Similar bills were regularly introduced during the 1960s. In the 1973 Legislature, a bill calling for mandatory testing of marriage license applicants for syphilis and gonorrhea was again proposed. Again, Dr. Bauer opposed the bill on the basis of cost and ineffectiveness. The board supported Dr. Bauer. In a news article titled "VD test proposal opposed by state health officials," board member Arnold Delger was quoted: "We'd be checking the wrong people."<sup>1268</sup>

Following a national trend, sexually transmitted diseases began increasing in the late 1950s. After declining for several years, the first increase in gonorrhea occurred in 1953. Gonorrhea cases increased from 778 in 1956 to 1,423 in 1960. Most of the cases occurred in teenagers and young adults. The upward trend continued, with 1,900 cases of gonorrhea in 1961, 1,994 cases in 1962, and 1,967 cases in 1963.<sup>1269</sup>

Spurred by an increase in cases in the early 1970s, the department made a strong effort to bring the silent epidemic of sexually transmitted disease out to the public. The results were an awareness and education campaign that included hot lines, mass advertising, a speaker's bureau and training.<sup>1270</sup> The somewhat controversial award-winning "Clap, Clap" posters and billboards attracted a great deal of interest. This message was a significant change from earlier years when venereal diseases were not discussed openly, along with other communicable diseases. In 1918, the media substituted the term "the blood scourge" when referring to venereal disease.<sup>1271</sup>

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<sup>1266</sup> *Minneapolis Star*, "Doctor Advises Against Pre-Marriage Blood Test," October 29, 1956, p. 9B.

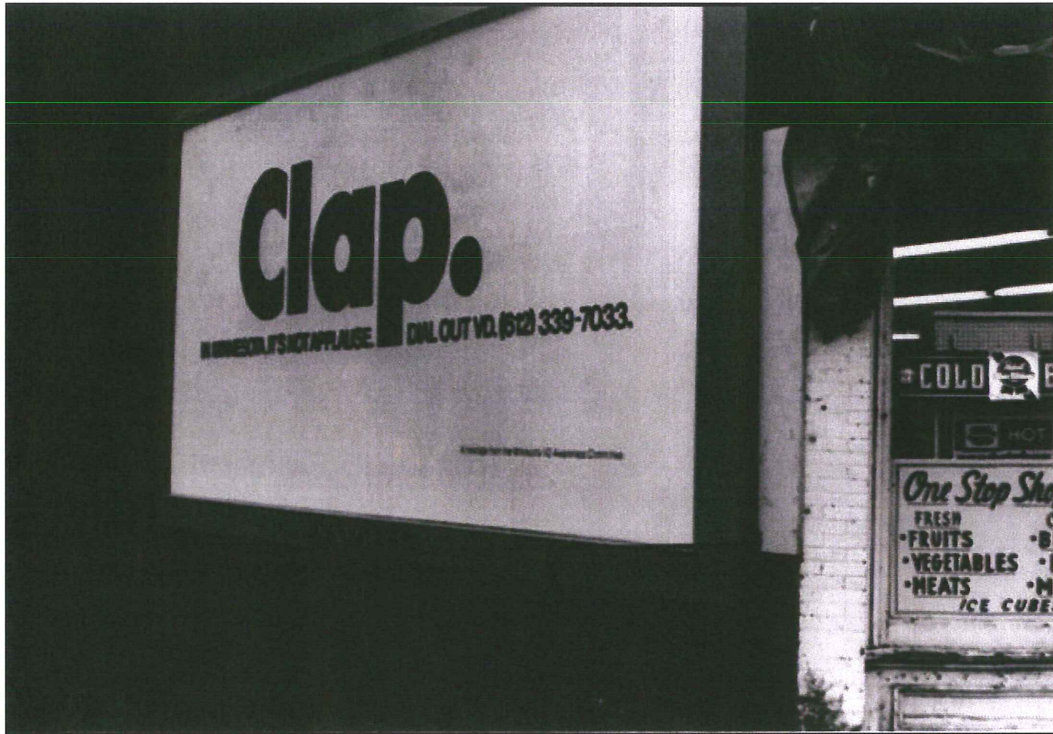
<sup>1267</sup> BOH, *Minutes*, January 22, 1963, MHS, p. 32.

<sup>1268</sup> *Minneapolis Star*, "VD Test Proposal Opposed by State Health Officials," December 1972.

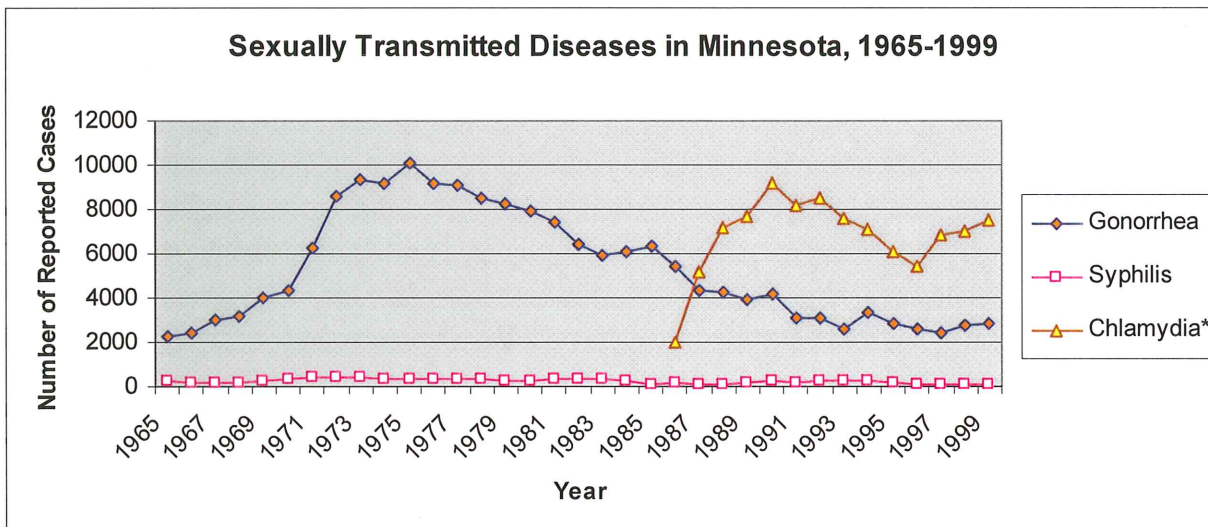
<sup>1269</sup> MDH, *Minnesota's Health*, Vol. 18, No. 8, October 1964, pp. 2-3.

<sup>1270</sup> MDH, *Program Performance Report FY 1975*, pp. 72-73.

<sup>1271</sup> MDH, *Minnesota's Health*, Vol. 21, No. 4, April 1967, pp. 1-4.



Unfortunately, the 1959 headline announcing the end of syphilis proved incorrect. Sexually transmitted diseases remained a concern of the department in 1999, warranting the continued existence of the section of AIDS/STDS.



### **Acquired Immune Deficiency Syndrome (AIDS)**

In 1981 a 34-year-old Minnesota man read about a new illness, acquired immune deficiency syndrome (AIDS), a condition that attacked the victim's immune system. Some of the symptoms, such as swollen tissue around the neck, matched what he was

experiencing. One year later, his worst fears were confirmed. He was diagnosed as Minnesota's first case of AIDS.<sup>1272</sup>

Several new diseases and conditions had surfaced in the early 1980s, but the one that generated the most fear and concern among the population was AIDS. Little was known about the disease, and rumors abounded. In February 1983 the St. Paul Dispatch newspaper ran a full-page spread on this new and unknown disease. In one article the disease was described: "It is a disease that is baffling doctors while it kills. No one is sure what causes AIDS, what transmits it, what cures it."<sup>1273</sup> In the same newspaper the cause was postulated:

It may be linked to poor hygiene and could be spread through such oral-fecal contacts as food handling. During the past two months, however, evidence has been pointing to the very real possibility that the nation's emergency blood supplies are being contaminated by whatever causes AIDS.<sup>1274</sup>

Within the same article, it was noted that some non-CDC researchers thought AIDS could be the result of biological warfare run amok. There was even a suggestion that it was a CIA plot to wipe out gays.<sup>1275</sup>

AIDS was most commonly reported in homosexual men, Haitian immigrants, IV drug users and hemophiliacs. There was increasing support for the theory that AIDS was transmitted through frequent sexual contact. The message the public health community sent was similar to the one the gay community had been receiving from political or moral arenas – they should avoid a promiscuous lifestyle. This seemed to create difficulties in interpretation of the message. Dr. John Whyte, a Minneapolis doctor, explained the public health approach: "We're not talking about sex, we're not talking about sin; we're talking about hygiene."<sup>1276</sup>

Gay leaders formed the Minnesota AIDS Project in 1983. This project offered support and information to persons diagnosed with AIDS and those who were potential victims of AIDS. The department supported this project, as well as others, with annual funding grants.

The first death of an AIDS victim occurred in October 1982 at St. Paul Ramsey Medical Center.<sup>1277</sup> The second Minnesota victim of AIDS died May 27, 1983.<sup>1278</sup> By August 1983 there were six confirmed cases of AIDS in Minnesota. Three of the victims had died.<sup>1279</sup> One month later Dr. Joel Kurtisky, the department's AIDS program director, reported there were now four confirmed deaths from AIDS in the state.<sup>1280</sup>

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<sup>1272</sup> *St. Paul Dispatch*, "Gay Plague Stirs Growing Concern," February 17, 1983, p. 1A.

<sup>1273</sup> *Ibid.*

<sup>1274</sup> *St. Paul Dispatch*, "AIDS Emerges as Deadly Epidemic," February 17, 1983, p. 8A.

<sup>1275</sup> *Ibid.*

<sup>1276</sup> *St. Paul Dispatch*, "Syndrome: Gay Leaders Form Local Task Force," February 17, 1983, p. 8A.

<sup>1277</sup> *St. Paul Dispatch*, "Gay Plague Stirs Growing Concern," February 17, 1983, pp. 1A and 4A.

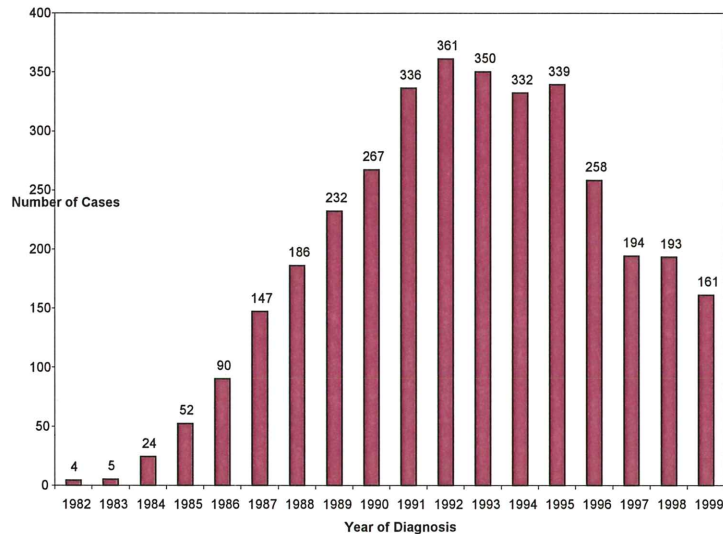
<sup>1278</sup> *St. Paul Pioneer Press*, "Second AIDS Fatality Reported in Minnesota," June 3, 1983, p. 12A.

<sup>1279</sup> *St. Paul Dispatch*, "Man's Death is Probed for AIDS Link," August 3, 1983, pp. 1A and 4A.

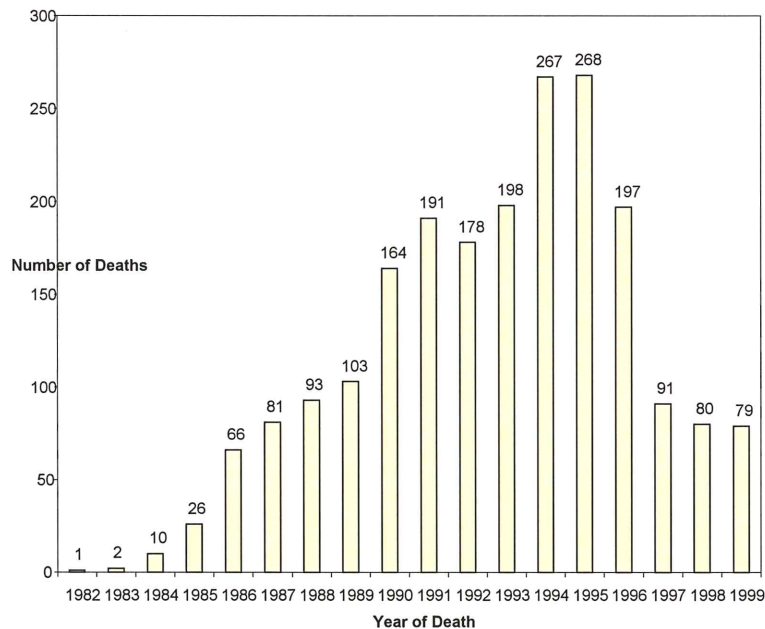
<sup>1280</sup> *St. Paul Dispatch*, "AIDS Victim Suffer Affliction and Misunderstanding," September 20, 1983, pp. 1C and 5C.

The cause of AIDS was still unknown, but the accepted theory was that AIDS was caused by an unknown virus. In 1983, in France's Pasteur Institute, the AIDS virus was isolated. In September 1983 Michael Osterholm, chief of the acute disease epidemiology section, said there was no way of knowing what would happen with a virus. It was possible that cases could drop off tomorrow, as viral diseases tend to peak.<sup>1281</sup> Unfortunately, that didn't happen in this case. AIDS continued to increase. By 1999, 161 confirmed cases and 79 deaths had been reported in Minnesota.

AIDS Cases Diagnosed in Minnesota, 1982 - 1999



Deaths Among People Living with HIV/AIDS in Minnesota



<sup>1281</sup> St. Paul Pioneer Press, "Four Minnesota AIDS Victims Die," September 14, 1998.