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Jessie Bierman

MATERNAL AND CHILD HEALTH IN MONTANA,  
CALIFORNIA, THE U.S. CHILDREN'S BUREAU, AND WHO, 1926-1967

With an introduction by  
Pauline Stitt

An Interview Conducted by  
Jacqueline Parker  
in 1986

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On behalf of future scholars, we thank those persons who have made this oral history possible:

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Willa Baum  
Division Head

July, 1987

Regional Oral History Office

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June 4, 1966

JESSIE MARGUERITE BIERMAN

Trained as a pediatrician, she left clinical practice and teaching in this specialty to become one of the leaders in developing and administering public programs for the improvement of maternal and child health. Her widely respected achievements in governmental public health posts led to her appointment as Professor of Maternal and Child Health in the University's School of Public Health, in which position she has directed the training of many leaders in the field. She has served as consultant to national and international agencies concerned with promoting the well being of mothers and children around the world. For her outstanding work in the service of this important goal, we confer on her today our highest honor.

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## PREFACE

Jessie M. Bierman joined the faculty of the UC Berkeley School of Public Health as its first Professor of Maternal and Child Health in 1947. She came to the university with a wealth of knowledge and experience which she shared with and imparted to her graduate students.

Dr. Bierman began her professional career in private practice. After nine years, she was attracted to the field of public health in the special area of maternal and child health. Her first position in the field was with the Montana State Board of Health as a director of maternal and child health.

Together with Dr. Martha M. Eliot, Chief of the U.S. Children's Bureau, she pioneered the delivery of high quality health care to children. She became an effective advocate for change collaborating with voluntary and professional organizations as well as government agencies and legislative bodies.

Later, as Director of Crippled Children's Services for the State of California, she created one of the nation's most outstanding programs and persuaded the state legislature to adopt a permanent source of tax revenue to meet the needs of handicapped children and their families.

The stamina, dedication, and intellectual integrity that Dr. Bierman demonstrated in these positions was also evident in her teaching at Berkeley. A former student writes: "As a young pediatrician it was clear to me that she was a giant in her field. Her commitment to applying public health sciences of biostatistics and epidemiology to community diagnosis and programming came alive in her lectures, seminars, and personal counselling of professional graduate students. Dr. Bierman was an exceptionally inspiring teacher."

Perhaps Dr. Bierman's most enduring contribution to her profession and society was her research relating to the growth and development of children. She was the principal investigator for the Kauai Pregnancy Study--the first population-based study of children who were followed from early pregnancy through 17 years of age. The findings formed the basis of early childhood intervention programs that began in the mid-sixties.

Dr. Bierman's expertise and talents were also sought by UNICEF (United Nations International Children's Emergency Fund) and WHO (World Health Organization). On leave from the university she served as head of WHO's maternal and child health unit in the 1950s and was frequently invited by WHO to act as a special consultant after her return to the Berkeley faculty.

In 1963 Dr. Bierman retired from teaching at Berkeley, but as Professor Emerita almost immediately came back to become the Director of Maternal and Child Health Research from 1963 to 1967.

Those faculty, students, and alumni of the UC Berkeley School of Public Health who have had the privilege of knowing and working with Dr. Bierman have benefited from her unrelenting dedication to ensuring the health of future generations of children. Her advocacy, teaching and research strategies will long be remembered as the school pursues its mission of providing leadership in education, research, and service in all aspects of public health.

Joyce C. Lashof, M.D.  
Dean and Professor of Public Health

July 1987  
University of California  
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## INTRODUCTION

Actually, I first "met" Dr. Jessie Bierman long before I even saw her or shook hands. Back in the 30s, when I practiced pediatrics in upstate New York, people approached me time and again, saying that they knew another woman doctor. "In fact," said some, "we are even related to one, a splendid woman." Years later, I met Jessie herself, and realized that she was the woman to whom those people referred. That was a fine start to what is now a relationship of many years.

Pearl Harbor brought us together. When the bombs fell, I was on duty in a city hospital. I was soon in touch with the U.S. Children's Bureau to see if I might "join up" and serve in child health. The upshot was that they arranged for me to go to Hawaii as a Public Health Service Officer to be assigned to the territory's maternal and child health program.

My orders took me to San Francisco, to be briefed by Dr. Edith Sappington, Medical Director of the Children's Bureau's Western Region. Dr. Sappington launched me in the world of Maternal and Child Health (MCH) by taking me to California's own MCH Director, Jessie Bierman, and through Dr. Bierman, I met Dr. Marcia Hayes, her colleague in Crippled Children's Services. Those welcoming workers--Sappington, Bierman, and Hayes--escorted me into public health.

I arrived green, fresh from pediatrics in private practice and the wards and clinics of a city hospital. Much of that work was public health, although I did not always realize it. I was like Moliere's character who was surprised to learn he had been "speaking prose all his life." Bierman, Sappington, and Hayes pointed out the public health components of my past and piloted me on to public health. I was still green, but now I had role models.

Jessie Bierman had practiced pediatrics in San Francisco and worked with children and families in depression- and drought-ridden Montana. One of us in the East, and one in the West--we had seen enough to know that the plights of children and families are greater than pills alone can reach. We sought new approaches to old sorrows.

There in the city of the Golden Gate and Bay bridges, Jessie and her fellow workers forged the bridge I needed most: the span that takes us from serving one suffering child to tooling up to meet the needs of many. Jessie and her colleagues applied their convictions to worthy objectives. They radiated the force generated when capable people organize to meet human needs. I saw political skill serving social good, a lively pediatric and obstetric form of pro bona publica. When the SS Permanente put out for Hawaii, I felt

proud as I trudged up the gangplank and realized I was entering a field where I would be a partner to such people.

From then on, Jessie and I became further acquainted through the world of MCH. We were part of a zealous band trying to help children and families. Our common bond was the umbilical cord, the lifeline of life. We were separated by the Pacific Ocean but linked by EMIC, the wartime Emergency Maternal and Infant Care Program the Congress had asked the Children's Bureau to administer for the wives and infants of enlisted men. Jessie had plunged into California's program for those wives and babies, while I was similarly engaged in Hawaii, except that ours was the nation's only EMIC program for unwed mothers.

Sometimes we were together at a Children's Bureau planning or orientation session. Miss Katherine Lenroot, a social worker, was chief, and Dr. Martha Eliot, a pediatrician, was her associate. They brought in national leaders to guide us in all phases of child and family life. The atmosphere crackled with the interplay of those quick minds. Jessie was in her element and contributed her wide, real-life experience, vigor and good sense.

After the war, I became the Children's Bureau's Medical Director in the Atlanta Region, and I saw Jessie more frequently at meetings, kept up with her writings, and often turned to her for counsel. Later, after more experience in Hawaii, I determined to get formal public health training. While I was exploring the possibilities, two men from the World Health Organization (WHO) urged me, "Go to Berkeley to be with Bierman." I went.

From what followed, I select four examples of Bierman in action: her connections with the child development program at Children's Hospital of the East Bay (CHEB); her teaching at the University of California School of Public Health; the Kauai study she initiated in Hawaii; and the ways in which she has served research.

In 1951, when I came to California for further training and work experience, Jessie got me in touch with Dr. Luigi Luzzatti, Medical Director of Children's Hospital of the East Bay, now Children's Medical Center of Northern California. Jessie was developing a training alliance with their child development center, and soon I was working there in one of the most interesting child health programs I have ever seen. It was years ahead of its time then, and even today there are few pediatric public health operations that equal it.

Jessie was a board member of that hospital, and so was Dr. Kent Zimmerman. Zimmerman had been the Children's Bureau's psychiatric consultant, working to strengthen mental health content in MCH programs and in training workers. Once again, the Children's Bureau's candle cast a far beam. California saw the light, and Kent joined the state health department to develop mental health training for physicians serving in the state's health

programs. Jessie sought similar content for her students. Soon a training program for public health personnel was funded by grants from the state department of health and the Children's Bureau through the University of California School of Public Health.

This program was conducted at Children's Hospital in their department of medicine and as part of their service and training activities. Pediatric services reached out to preschool children in the community. The focus was on physical and emotional development of infants and children and on services for prevention and treatment of emotional problems of preschool children and their families.

Students were on the graduate level. There were the hospital's house officers, nurses, and other trainees, and some of Jessie's Maternal and Child Health (MCH) students from the University of California School of Public Health. There were also physicians and nurses on leaves of absence from field posts with the state health department.

Teaching was by a team of growth and development specialists, psychiatrists, psychologists, social workers, parent consultants, public health nurses, and pediatricians. Trainees learned to use what they learned as an essential part of their care of patients and families.

Jessie poured some of her deepest pediatric and public health convictions into that center, and she got ideal training for her students and countless other health workers. She not only strengthened training about growth and development in well children, but also in relation to sick or handicapped children and their families.

All along the way, Jessie connected school and center. She involved other faculty. For example, biostatisticians Jacob Yerushalmy and Fern French helped design program evaluation. Her cosmopolitan connections attracted foreign students, and through the State Department, the Children's Bureau, and the World Health Organization she brought them into the program. There were also frequent foreign observers.

Before long I became eager to go back to school, and Jessie encouraged me to become a part-time student in her MCH program at the University of California. Because of going part time I was enrolled for two years which gave me all the more opportunity to know Jessie Bierman as a teacher.

Jessie's approach to teaching reflected American medicine's legacy from the Viennese and German teaching hospitals--orderly, scholarly, and elegant. She illuminated the subject matter by her breadth of experience and involved the cream of Berkeley's related faculty, within and outside the School of Public Health.

Class atmosphere was conducive to learning with give-and-take among students and faculty, and Jessie saw to it that we heard from visitors active in MCH elsewhere in this nation or abroad. She ran a tight ship with subjects well-organized and clearly presented, and students enjoyed her sense of humor. For instance, she distrusted public health workers who proclaim their eagerness "to cooperate." Jessie recognized phonies and warned, "That kind mean that they'll coo while you operate."

We enjoyed her jokes and delighted in her hospitality. In addition to all her work, she still managed to have get-togethers at her home. Students came, and so did their young families. In the years since, when I come upon former schoolmates we beam as we recall Bierman hospitality.

Bierman is an initiator. She initiates directly thorough the force of her ideas, and indirectly through others she inspires.

The Kauai Study began as a longitudinal study of the pregnancies on Hawaii's island of Kauai. Jessie was the initiator along with two of her student alumnae: Dr. Dorothy Kemp, then Kauai Health Officer, and Dr. Angie Connor, Professor of Maternal and Child Health at the University of Hawaii, and formerly the territorial health department's chief of maternal and child health.

MCH cherished assumptions about effects of pregnancy and pre-pregnancy experiences on child-bearing women and their babies. Jessie wanted facts. She set out to get them and set up a project involving the University of California, the University of Hawaii, and Hawaii's health department.

The study started in 1955, led to sequel studies, and continues to shed light today. It not only illuminates the original study area, but coincides with today's interest in the lifespan concept of human life--the ways in which life's beginnings set the stage right up to the grand finale.

Louisa Howe, a sociologist, was resident director during the early study, and Fern French was the statistician. They worked closely with Jessie, Jacob Yerushalmy, Dorothy Kemp, and Angie Connor.

Pediatricians, psychologists, and public health workers followed over 3,000 pregnancies on Kauai and studied over 1,000 of the live born children and their families for a decade. Werner, Bierman, and French reported the experience in The Children of Kauai.

As time passed, Jessie largely transferred the study to her colleagues in Hawaii, and they continued the beautiful work. Dr. Emmy Werner and Ms. Ruth Smith brought together the ten-year follow-up, Kauai's Children Come of Age. By that time, data from the early pregnancies showed that "environmental casualties" were greater problems than "reproductive casualties," and Werner and Smith examined their records, then, in terms of vulnerability versus

resiliency. The result is their book, Vulnerable But Invincible: A Study of Resilient Children. This research brings a message of cheer--needed epidemiologic data on resilience and survival.

So, the studies Jessie launched on reproductive and environmental casualties achieved their purpose, and then broke new ground with facts on resilience and survival. Jessie staffed the studies with talented workers with freshness of viewpoint. The results are monumental works.

Early in the 60s, amendments to the Social Security act opened the way for MCH research and research grants. Until that time, except for compliance reporting and program evaluations, use of MCH funds was restricted to delivery and improvement of services. The 60s amendments ushered in a new era, and Jessie Bierman was among the first to see the potentials.

The grants were administered by the Children's Bureau's research division working closely with the health services division and other parts of the bureau. There were also research grants for welfare, and under Dr. Helen Witmer, chief of the research division, Dr. Charles Gershenson was in charge of both sets of activities. I served with him, and we rejoiced that the health and welfare grants could function as parallel operations or even as joint grants.

Jessie Bierman made wise use of grants in university research and teaching. She also served as advisor to the bureau as they developed granting mechanisms. She saw the degree to which proposed projects might be relevant to service programs. She also provided insight into the scientific merit of proposals, the adequacy of resources available for the investigations, and the potential significance the outcome might have regionally and nationally.

Eager people leaped on board with grant applications, and Jessie helped the bureau launch scientific research within sound administration. Her Kauai experiences supplied beacons.

Jessie Bierman has been part of the modern world's major public efforts to help families and children in the United States and internationally. For one thing, the annals of her life follow the creation, existence, and accomplishments of the U.S. Children's Bureau, and she participated in the milestone actions of that bureau.

The bureau itself was practically dismembered in 1966 when health portions were moved to the U.S. Public Health Service, and fragments went to the Office of Child Development. The name "Children's Bureau" lingered as little more than a Cheshire cat grin, a vestigial remnant of the Organic Act of 1912 that established the original bureau. But human life and human needs go on and call for human action.

Katherine Lenroot, former chief of the old CB, often spoke of a social phenomenon she wanted us to remember. She referred to the way social progress appears, disappears, and then finally returns to stay. She urged, "Take heart!" and added that with return comes new vigor.

Jessie Bierman makes no brief for mythical "good old days." She is keenly aware that fresh breezes of child advocacy are stirring. Even as she remembers, she looks to the future. Her memoirs call, "Forward march!"

I rejoice in this book. It is needed.

Pauline G. Stitt, M.D., M.P.H.

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## INTERVIEW HISTORY

Dr. Jessie Bierman first came to my attention as a maternal and child health expert who had a connection with the U.S. Children's Bureau. She was then living in the same retirement community in the Carmel [California] area as Katherine Brownell Oettinger, former Children's Bureau chief, whose interview as part of the Women in the Federal Government Project I was in the process of completing for the Schlesinger Library. I met Dr. Bierman briefly on a visit to Carmel Valley Manor in the spring of 1985. In subsequent correspondence, we agreed to talk further after her annual summer trek to Montana, the land of her birth and growing up.

In the fall of 1985, Dr. Bierman and her sister, Mrs. John D. [Esther] Simon, appeared at my house on a hill behind the University of Oregon campus. They had been on the road for hours; the back of the car was jammed full of shapes under a tarpaulin, and they had yet another hour or so to go down the road until they arrived at the home of friends where they would stay the night.

Our discussion centered on the Children's Bureau connection. I learned of Dr. Bierman's great admiration for Martha Eliot, the fourth chief of the bureau, and of some apparent mentoring by Eliot when Bierman was brought into the bureau in the late 1930s and early 1940s. What I was unprepared for was the information that Bierman had been considered by Eliot as a successor in 1956-57, before the torch passed on to Mrs. Oettinger. I determined to pursue this lead in the Eliot papers at Radcliffe College, and to query Willa Baum at the Regional Oral History Office to see if there was an interest in sponsoring the oral history of a native daughter of the West and long-time faculty member in the School of Public Health at the University of California, Berkeley. It also appeared that Dr. Bierman had begun a habit of keeping a diary from her earliest professional days in the 1920s; she had extensive papers and files, and had published widely.

As Dr. Bierman left that day, she reached into the mysterious depths of her cargo, and pulled out a most precious part: a carefully wrapped package of salmon that she had caught and smoked at Flathead Lake and could share with only a privileged few. The formal, witty, and rather forbidding Dr. Bierman became "Jessie," and I knew that some basic trust and rapport, essential to any real work together, had begun.

The actual interviews, under ROHO sponsorship, took place the second week of May 1986 in my house in Eugene. This unusual arrangement was necessitated by our schedules, and my impending move to Cleveland State University that summer. Jessie had spent the intervening months reviewing her files, and she brought a couple of boxes with her. She had a firm sense of what she wanted to cover and was able to work in a concentrated fashion, talking on tape for long stretches. Twelve tapes were recorded: one and a half on May 6th, five

and a half on May 7th, three on May 9th, and two on May 10th (part of one of these tapes was found to be blank, probably due to mechanical error).

In between, as I went down the hill to teach, I realized that Jessie was renewing herself by interacting with the creatures and silences on the hill: the red and gray squirrels and varied species of birds that came to feed on the deck of the house, the wind that rustled through the great-leafed maple and noble fir, the distant bird calls and crackling of other life in the forest beyond. At times, I'd find her nearly hidden behind an open encyclopedia, looking up a classical reference that tumbled into her thoughts, or she'd be jotting notes in her diary at the table. She entered into the affairs of the household unpretentiously, and Jessie was altogether the most gracious houseguest I've known, as if accustomed to bonding with professional women in an experience of mutuality and reciprocity few others can imagine.

Sometimes a point is reached in the interviewing when process and momentum become truly illuminating, a depth of self-comprehension is reached that transcends the actual substantive detail discussed. The reader will, I hope, recapture this sense of transcendent self-discovery and meaning toward the end of the interview.

The transcription from the tapes and final typing was intelligently done by Marjorie Larney of the Regional Oral History Office, The Bancroft Library. Estolv Ward did a very careful proofreading of the text. I edited the transcript initially for sense and clarity and added an index. Dr. Bierman also edited it, including additional material at points about which she felt strongly. We conferred briefly on the process at her home at Flathead Lake as I journeyed eastward to Cleveland. There, I came to know the Bierman sisters for just an instant in their most intimate setting. It was as if, in the generations of western pioneers, the art of hospitality had been distilled and its essence resided in that place.

Jacqueline K. Parker, D.S.W.  
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13 May 1987  
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## I FAMILY

Parker: This is an interview with Jessie Bierman, M.D. The date is May 6th, 1986. The recording is taking place in Jackie Parker's house in Eugene, Oregon; I'm Jackie Parker.

I know you're a Montanan, by love and by birth and by growing up. Why don't you begin by telling us about your family in Montana.

Henry Bierman, Father

Bierman: My father was Henry Bierman, who was born in Germany, in Mecklenburg, Germany, in 1860. His mother was killed by lightning when he was a very young child, and his father remarried. In 1866, he and his younger brother William and father and new mother came to America by steerage. They had to sell all their holdings to pay the fare; their father sold everything.

Parker: What were their holdings in; what was the occupation?

Bierman: Farming, near the little town of Neu Straelitz.

Parker: So they sold their farmland.

Bierman: They sold it in order to get the money to come steerage to America. According to my father, his father was eager to get out of Germany because of the impending war with France. That was the time when the Franco-Prussian War was heating up. He said that he did not want to raise his sons to be cannon fodder for the army.

They had some relatives in the vicinity of Cleveland, Ohio. When they came they got in contact with them. [They came into New York. JB] His father then became a farmer in the vicinity of South Euclid, Cleveland.

There were lots of children in the family. I think all together twelve or thirteen, eventually. And my father being the oldest son, he was given a good deal of responsibility for caring for the younger children. One of the reasons he gave for leaving home when he was sixteen years old was because he got tired of taking care of babies. [laughs]

Parker: So he left home in Cleveland at the age sixteen.

#### Frontier Occupations

Bierman: Yes, at age sixteen, but he had worked before that. One person he worked for and sold some hay to was John D. Rockefeller, senior. And he refused to take John D.'s check because his father had told him to bring the money home, and he didn't recognize a check and refused it. John D. Rockefeller laughed and went and got cash to give him for the hay.

Parker: [laughs] That was his first lesson in economics.

Bierman: That's right.

Then he took off for Chicago, at the age of sixteen, and got a job in one of the big packing companies [Anglo-American]. At first he was told he was too young to do a man's work. He said he had to show them that he could lift as much as the men could. He lifted halves of beef, whatever they gave him to do, including shaving pig's heads at two cents a head. He was able to make four dollars a day. So he did a lot of pig's heads. He was working so fast that they kept reducing the amount they paid him per head, but he still kept up to his four dollars a day.

That got sort of old business after a while. He had saved up money enough to get to Kansas City where there was another big meat packing plant. And he worked there, I suppose, six months maybe, and then went on to Denver. He earned his money and saved and kept going west.

In Denver he learned how to make bricks by hand as they were doing them then. His ability to make bricks came in very handy in his later life. He did make brick for the construction of the round-house in Billings, when the railroad first came into Billings, Montana.

Parker: He had the contract for that?

Bierman: No, he helped make the bricks, because he was a skilled brick maker by that time.

From Denver, he got a job with a concern (I have that name someplace), some cattle people. [From Denver he moved to Laramie City in Wyoming Territory late in 1881. He got a job with Phillips in Jennings as a meat cutter at \$75 a month plus room and board. His duties soon included cattle buying and butchering. JB] He learned a good deal about buying cattle as well as butchering. From there he went into Wyoming where there's lots of cattle. That same outfit he worked for. He was a cattle buyer, eighteen--nineteen years old he was then--cattle buyer.

Parker: It was a fruitful three years since he left home.

Bierman: Yes. By the time he left Wyoming; that was at Fort Laramie, it was called Fort Laramie at that time, he had bought himself a team of horses and had a wagon. There was a group called--let's see it was some company moving a lot of what he called pilgrims who wanted to go to New Montana Territory. He took a family. It was a long train of lots of families moving. He tells in his memoirs some very interesting things about that trip. [In the spring of 1882, he joined the Yellowstone Colony--a group of some 30 wagons moving emigrants to the New Montana Territory, driving a team for Mark Jennings. In father's memoirs, he tells some very interesting things about that trip including the crossing of the Custer Battlefield just six years after the famous battle. JB]

Parker: Are his memoirs published or unpublished?

Bierman: Oh they're published in the Christmas issue of the Montana Magazine of Western History--1961.

Parker: I see, winter 1961.

Bierman: The whole story is in that issue.

Parker: So he took the pilgrims to Montana territory.

Bierman: He took them to Montana territory. Then he began feeling that he was really at the frontier. (That was of course, while Montana was still a territory.) There were still buffalo roaming at that time, and he was actually a buffalo hunter for a time, killed and butchered them, brought them into Billings for food.

He tells very interesting stories about that. It was during that period, just after he had decided to go into the freighting business because buffalo were disappearing. He went in freighting because the railroad, the Northern Pacific Railroad, was coming into

Billings. That was the railhead. It was apparent there was no way of getting freight from Billings up into central Montana, so he got into freighting and gradually acquired horses and all his outfit that he had to have for freighting. [Henry Bierman's freight route was through the Judith Gap to Lewistown. He later referred to, as the best years of his life, living out of doors all the time, winter and summer, over roads as nature made them and using all his ingenuity to cope with the inevitable problems of such a life. JB]

He married a girl that he had met, who was from Iowa. They were married in 1887.

Parker: How did he meet her?

Bierman: She was a relative of someone who was in his outfit someplace up on the plains. That's the way the men in those days got wives. Their relatives came out, and then they sent back home for an eligible lady. This girl was actually working in one of the camps; she was a good cook. He married her.

Parker: What was her name?

Bierman: Her name was Ida Showers. In 1888, they had a baby in a little brick house in Billings that my father had built.

#### Puerperal Sepsis

Bierman: Well, the baby was born on February 2nd, 1888. Shortly afterward, Ida began running a fever and developed what we call now puerperal sepsis and died.

Father had friends all of whose wives who were having babies had died. He was very fearful about that. One of his friends' wife was having a baby and she sent to Chicago for her brother who was a doctor. And he found that the doctor in Billings had had erysipelas himself and must have had a lot of infection on his hands. This was long after Semmelweis and what was known even then about asepsis, but he was still having death after death after death of women in childbirth!

Parker: Did the man take action against the doctor?

No, but my father tells the story of how he was in the post office one day, and as he was going down the steps, Doctor Reinhart was coming up and he said, "Bierman, I've sent you a good many bills, and you haven't paid me yet." Dad put his hand on his hip,

and said, "There's only one way I'll pay that bill." So that was the end of that.

Parker: That was his hip where his gun was?

Bierman: His hip where his gun was.

Parker: Did the doctor not know that he was infecting the women?

Bierman: I don't know.

But I think the young man, the young doctor who came out from Chicago made it quite apparent. I think he probably did a lot to get Rheinart to stop taking obstetrics cases.

But that was a tragedy. Some of his wife's family came out from Iowa to look after the baby. From then on until he married my mother---that was ten or eleven years later---Ida was in one family after another as he moved from place to place. He'd find a good family who would take care of this little girl.

Alice Chapman, Mother

Parker: Your mother comes into the picture in 1898, is that right?

Bierman: Yes, that's right, they were married in June 1899.

Parker: How did they meet?

Bierman: It was in a way quite similar. My mother was living in Jamestown, New York, where she grew up. A relative of hers had been out West and had worked for my father on his farm. A year later he went back East and brought my mother and his wife back with him because he decided to live in Montana. That's when they met. She went back home, and the following year she came back. They were married in June 1899 in Kalispell, Montana.

Parker: What is her name?

Bierman: Alice Chapman, Alice M. Chapman. Do you want to hear about her?

Parker: Okay. You can tell us about her family, and then we'll get back to your father's farm.

Bierman: She was born in Warren, Pennsylvania, which is just across the line from Jamestown, New York, western New York state. Her father was

Moses Peter Chapman, a Yankee who homesteaded in that area of Pennsylvania. He was from a Connecticut family and is said to be related in some way to a large number of Chapmans who still are in Saybrook, Connecticut. She was born in 1864 of a family of eight children.

Parker: She's getting married at thirty-five. Is this her first marriage?

Bierman: Yes, that's right, her first marriage. She worked up in Jamestown for a number of years after she left Warren, because there was a sister living in Jamestown. She kept a diary during those years, just as my father did. It tells interestingly that her first job was in a box factory where they were making boxes for a knitting mill on a piece basis.

She started out getting a dollar and a half a day and inside of a year she was making eight dollars a day because she made boxes faster I guess. And she wrote in her diary, about what she paid for the purchases that she made, such as articles of clothing: two dollars and a half for a pair of shoes; a dollar to have a hat trimmed; piece of flannel for eighty-five cents; dress cloth for four and a quarter, and so forth. It was the relative that returned from the West that got her to Montana finally.

Now, then we go back to the farm.

#### Homesteading near Kalispell

Bierman: At that time, the time of their marriage, my father was trying to "prove up," as they called it, on a hundred and sixty acres, that's a quarter section of very rich farmland about eight miles east of Kalispell, Montana. It was just a little town then. The railroad had recently come in.

They both wrote in the same journal. Some days she would write, it would be in her handwriting and other days it would be his. All of the usual routines of life on a farm. They had livestock, cattle, horses and hogs. They had a kitchen garden, orchard. He grew both barley and wheat. The entries were just the routine chore around the farm.



## Jessie's Birth

Bierman: One of the items in his handwriting April 6th, 1900 reads like, "Ed (that was his brother who was then working for him) reports two new calves this morning. Alice sick; baby girl born four p.m.."

Parker: Was that you?

Bierman: Yes. "Mrs. Sinclair and Mrs. Waugh present." Then the next day, "Went to town and brought Mrs. Van Wagnen and Mrs. Angwood back to stay with Alice. Dr. Carver called." He was called the day after the baby was born.

Now you know, just the routine having a baby born at the time calves are being born in the spring, it was just a natural thing. There was no mention of the baby after that for, oh, months when my mother's handwriting said, "Henry went to town with a load of wheat; I went with him and took the baby." I don't know when I got named, because I was never mentioned by name.

Parker: Your mother was thirty-six. I wonder if your father wasn't a little worried about her ?

Bierman: I don't know, I'm sure he was. I don't suppose there were more than one or two doctors in Kalispell at that time. No telephone.

Parker: How big was Kalispell at that time?

Bierman: Oh, I don't know, maybe a thousand or two. Just a very small place.

I heard them speak of Doctor Carver in later years. He was the main doctor. He did come out the following day. But he had to come by horse and buggy.

Parker: Do you have any idea what his training was?

Bierman: No, I don't, I don't know.

Parker: He didn't play any part in your life as you grew up?

Bierman: No. Later we moved to Kalispell. He (father) didn't get the place. He was outbid so we had to leave the farm, which was a terrible disappointment to both of them. He went into town, and went into business, established his own meat market.

Parker: Okay Jessie, you were telling me about "proving a homestead," and you said he didn't get the place. Will you explain that a little bit?

Bierman: Well, I don't know if I know exactly how it went. I think they have land, I suppose it was homesteaded, wasn't it? He was improving it but when it was put up to bid a Frenchman (and he always [laughs] hated the French; this went back, I think, to his early childhood because the French and the Germans were at loggerheads, and he never had any use for anybody with a French name), a Mr. Jaquette, outbid him. So they had to leave after several years. They moved into town into a new house on Second Avenue East where we lived all the rest of their lives.

Parker: He had his own meat business?

Bierman: His own meat business and small farm south of town.

Parker: What was it called?

Bierman: Kalispell Meat Market on Main street. He did very well until he got into the big ranch operation, then he lost a lot of money on sheep one year. The war, World War I, interfered a lot with prices. [He got into the big ranch operation in the Big Draw near Elmo, Montana. He and his partner Bud Bruns had a 23,000 acre spread under fence for cattle. But during World War I he lost a great deal of money in sheep. JB]

Parker: I know you have a sister. Are other sibs born to this family in Kalispell?

Bierman: No. Esther was born with a similar entry in the diary. She was born on November 19th, in 1901. There were more mentions about her in the diary from time to time, but everything seemed to go all right. Nobody got particularly sick.

## II CHILDHOOD

Parker: What impression do you get of your parents as young people through the diary and through your hearing of the stories? What were they like in terms of personality and interests and relationships?

Bierman: Well, my father was, I think you can sum it up by saying he was pater familias.

Parker: In the German manner? [laughs]

Bierman: Yes, not extremely so. But just the minute he came into the house, the cat ran out, because he didn't like cats very well. He didn't think they should be in the house. And the kids cooled down, and everything was quiet. [Well I've always thought of my father as being highly intelligent and resourceful and self-reliant. He had great love and respect for nature. He was a good and generous father to his children but a strict disciplinarian. In the family I guess pater familias about sums it up. JB]

Our mother was entirely different. She was very quiet, soft-spoken and very affectionate and supporting. She was quite religious and belonged to several women's social groups. A good friend of the children in the neighborhood who knew where she kept her cookie jar!

Skittish Horse

He was a wonderful father, really. He had absolute faith in these two girls. And he let us do things. We didn't do crazy things any more than most kids did, but we learned to have our own horse and buggy when we were very young. I drove a kind of a skittish horse. I think he was a little bit concerned. I can recall one Sunday I was driving, had the reins, and he was with me. We drove through an underpass where the railroad went over us, and

made a great deal of noise and the horse reared up, and I just held on and braced my feet against the buckboard, and never lost my cool. He said afterwards as he was telling somebody about it, "I decided after that that Jess could handle that horse."

Parker: [laughs] How wonderful.

Bierman: And he never said a word during the excitement.

Parker: He was there?

Bierman: He was there at that time to see the whole thing. I told him I could handle her, but he had proof of it then.

Parker: Did that horse have a name?

Bierman: Queen. I have among my possessions here now, in looking through all these memorabilia, I found a negative of Queen and that little buggy. It's a terribly poor one but anyway we still had that horse and buggy when I was twelve I know, because I have that picture.

There was no nonsense at all. At table there was a high degree of decorum, and the girls ate what they were served. Absolutely no nonsense about it. The first time we had raw oysters I just didn't think I could manage them. You wouldn't think you would have raw oysters in Montana, but he was always importing things. He loved good food. I could remember I finally got one down. Then of course immediately I had to leave the table to upchuck it. He said, "Go to your room." ##

After he had left to go to town, mother came up the stairs with a tray with my dinner because she knew that I hadn't had enough to eat. That I think tells the story pretty well.

Parker: Your mother was soft and he was firm. Is that it?

Bierman: That's it absolutely.

Parker: Give me an example of "no nonsense" that you and Esther got into that required some attention on his part.

### Kalispell Indians

Bierman: Well, this illustrates another thing about him. At the table Esther and I were talking about a girl in school. We said that she was dirty, and we didn't like her. We were saying all sorts of unkind

things about her. After he listened a little while, he said, "She's Indian, isn't she?"

I stopped, and said, "Yes, I think she is an Indian."

He said, "Do you have any idea where she lives?"

I said, "No, I don't know."

"How far they have to go to get water? What their house looks like?"

"No."

He said, "I don't want to hear one word in this house again against Indians until you learn something about Indians."

Parker: What did you learn? What kind of Indians live in Kalispell?

Bierman: The Kalispell Indians. They were part of the Flathead tribe. He was a great friend of the Indians, went back to his pioneer days on the frontier. He had great respect for them, felt deeply the injustices which they suffered as a result of the white man. There was never a time that an Indian came to his place that they didn't get meat. He always found something for them to eat. That's one thing.

We'd get to giggling and things like that, and he just couldn't stand it. When we got our first telephone, like kids we liked to call each other up. He would tolerate a conversation as much as a minute and a half, and then he'd say, "That's enough: the telephone is for business."

To this day, I can't tolerate people getting on the telephone and visiting. They're going to see each other the next day. They have to tie up the phone and just spend this time, talking, talking, talking.

#### Germans and Germans

Parker: Did he speak German, at home?

Bierman: No, he didn't speak German at home. But, he did send me to a German-speaking parochial school during the summer, because he wanted me to learn some German. The days I had been in class he would get my little book, and I would have to say the things over to

him. He was a stickler on pronunciation. He was a Prussian, that was hoch Deutsch. He didn't want any mushy German pronunciation.

He could speak German I'm sure at that time. There was a group of men all of German origin, the brewer, and other people in Kalispell. They had a singing society, a Verein, of some kind. I ran across a picture of those fellows, all of German background. They used to get together and sing and had outings together. It was very interesting.

Parker: Did you learn songs in German?

Bierman: Oh, perhaps a little, but not very much. Part of that was our mother didn't know any German. That's always difficult when there's only one parent interested.

That's something. Learning how to pronounce an umlaut when you're six is helpful. In later years as I studied German, and then I went to Germany after the war, it all came back so well. I could speak in a way, as one of the German men said, "Your German is not fluent, but it is music to my ears."

Parker: It was pure.

Bierman: The pronunciation he liked.

Parker: Was this a Lutheran school?

Bierman: That was a Lutheran school.

Parker: How long did you stay in the Lutheran school?

Bierman: Oh, just a summer.

Parker: Did you associate much with other Germans besides your father?

Bierman: Yes, Henry Bose his family. [Richard] Best was a brewer, I forget what Henry Bose did. Actually the Boses lived in Chicago, and when I went to medical school, that's where I went. They met me at the train, and I stayed with them until I got settled over on the south side.

Parker: If you describe the class structure of Kalispell, where do you put the Germans and these groups of people that your father associated with?

Bierman: Oh, I think they were among the leading citizens. We had one black family, and maybe a couple of families that turned out to be Jewish. I didn't know they were Jewish. Two families, I think.

Parker: There must have been a Frenchman or two?

Bierman: Oh yes, there were.

Parker: And what other composition?

Bierman: Scandinavians, but at that time there weren't as many Scandinavians coming from Minnesota west as they did later. In the early days I think we had perhaps a larger proportion of Germans in the total population, than later. These were the people that were the farmers; they made these towns in the West.

Parker: During World War I did your father experience prejudice because he was German?

Bierman: Yes, he did. As he said, he had to buy Liberty bonds every time anybody came round for fear--. There were people that said that he was a German and people shouldn't trade with him because he was a German. He was very sensitive to it, and he was very careful what he said. He had no sympathy for Germany at that point, whatsoever.

Parker: He must have had family back in Germany?

Bierman: He never kept in touch with anyone in the German branches of his family.

Esther and I had thought we'd like sometime to go back to that area and see if we could find some of his family, but its now in East Germany, and its a little more difficult to get out there.

Parker: What about the Verein. There wasn't pressure among his friends to contribute to the German cause?

Bierman: Oh no, I don't think so, I didn't hear anything at all about that. I think they all kept very quiet. They probably didn't sing anything in German during that war. That was very difficult. I guess we always lose our balance in time of war.

I can remember, I was very young at that time, I was a teenager, that he found it was difficult for him. He spoke perfectly good English, kind of frontier-type of English. And his writing was very colorful. It was frontier writing. When we wrote this thing and edited it we tried to keep as much of the flavor in as we could.

Parker: What thing was that?

Bierman: This article based on his journals, you see. That's only just part of what was in the total picture. He wrote that when he was eighty years old. [See Montana (1961); also Lewistown News-Argus, 15 Dec. 1985]

### Trips with Father

Bierman: I took him on a trip, going over all of his old freighting routes. He hadn't been in that part of Montana for many, many years. Now, he didn't travel much. He was always tied down to working, and I was in medical school at that time. No, let's see, '39. No, I had come back to Montana, to work in the board of health.

I thought this would be an interesting thing to do. Mother had never been to Yellowstone Park. I went up to Kalispell, and took the two of them on a trip. We went to Yellowstone, and then put Mother on the train to go back, because she didn't care to go that whole distance. She wasn't very well. Dad and I had a marvelous time. He laid out the route exactly where he wanted to go.

Parker: Why don't you sketch the principal points.

Bierman: From Yellowstone, after we put mother on the train, we then headed east, and we went to Red Lodge and Billings, and all around Billings. Then went up the Musselshell River and the Judith Gap where he had homesteaded--his first homestead, and found the cabin that he had built with his two hands. I have a photograph of it with him standing in front of it.

Then, we went into Fort Benton, and into Great Falls. And before that we went down the Jefferson Canyon to Butte. That's when I became convinced about his dates. When he'd be telling a story, he'd say, "That was January 21st," and then later he'd say, "No, that was later in January, it must have been closer to the 30th." I'd just ha, ha, after all these years who could remember that? But his memory for details was simply great.

We went down the canyon of the Jefferson River. When the railroad into Butte was being built, he constructed ripp-rapping on the side of the mountain to keep the avalanches of gravel from falling down on the tracks.

As we drove along he said, "Pretty soon, there should be a bridge crossing the river, and I think it would be kind of nice just to drive over that bridge." Well, sure enough we found it. How could he tell after all those years that we were getting close to that bridge?



Not far from the bridge he said, "Now look over to your right, and see if you can see any evidence of a cemetery." His vision was poor at that time.

I kept looking and looking. It was all grown over with weeds, and I thought if there are any headstones there you couldn't see them. But suddenly I saw a headstone. So we stopped the car, and I made my way toward it. He said, "See if you see a stone by the name of Olsen on it. I think his name is Fred, Fred Olsen."

Well I looked around, and sure enough here were lots of Olsens and then Frederick Olsen. He said, "He's the man who had the farm here. That's where we had our camp with all of the people and all the men working on the railroad in that job." He remembered that cemetery.

Parker: This freight route that you retraced, when he ran that freight route, what was he carrying or picking up or shipping?

Bierman: Everything, and he tells that in this story. Everything, from what they call "swell belly cutters"---.

Parker: What are those?

Bierman: The horses pull the cutter instead of a buggy, it was on sleds. And the swell belly was this great front that went out, you had a place for your feet. They were called swell belly cutters. Equipment of that kind as well as fruits, vegetables, all kinds of produce and machinery that came in from the East by the railroad.

He tells one story of a load of apples that he was taking over his route to Lewistown in freezing weather, where it got so cold that he had to build a fire under the wagons at night to keep the apples from freezing.

Parker: What did he haul back to the railroad, was there a product of some kind?

Bierman: He hauled back hay and hides and beef that the farmers had killed, but I remember particularly loads of hay and hides.

### Marital Dynamics

Parker: With your father such a firm Prussian, with ideas of civility that he wanted you daughters to learn, how do you think that he and your mother with her English background got along together?

Bierman: Not awfully well. Not awfully well. There was a very important factor in that, and that was a stepchild. That little girl, I should think, must have been very difficult. She was.

Parker: She was about thirteen or so when your mother got married.

Bierman: She was ten or eleven by the time I was born, she was twelve. That's a difficult age under any circumstances, and to have this strange woman come in and stand between her and her father, there was great conflict. I think that made my mother's life very unhappy much of the time until Ida married, about 1912 or 1913.

There were little conflicts of all kinds. There were conflicts over church for instance. When they were out living on the farm, the two of them would walk on Sunday nights to the church down the way, probably a mile or so, and often no minister showed up. The communications weren't there. They had no way of letting people know.

My mother was brought up a Methodist. She was very religious; it meant a lot to her. With a lot of unhappiness, she depended more and more on religion for what comfort she got.

They were not compatible. There were times when it seemed pretty hard for Esther and me. Our sympathies as we grew up, as little children were always with her. We respected our father, but we also feared him. He never laid a hand on us. It was just his authoritarian way of handling things. In retrospect, he was a wonderful man. What he sacrificed for us and our education, just unbelievable.

Parker: Let's continue with childhood a little bit more.

Bierman: Esther and I both took music lessons. She chose the piano and I chose the violin. We took lessons from local teachers.

Parker: Were you talented?

Bierman: No. I found practicing terribly hard work, and there were other things that I liked doing much better. I never really did it well. But there were so few violinists in town that I played at dances. I was in the high school orchestra, and we had a lot of social life out of that. I can think of sleigh rides where those of us who were in the orchestra played at every dance in the country, played in church. It must have been terrible listening, too.

Scoliosis

Bierman: Then I was in the orchestra when I went away to college for a while. By that time I had decided that playing the violin was not good for me. I had a scoliosis; it was discovered when I was about twelve years old. I thought that holding the violin this way might have had something to do with making it worse. So then I took up singing. I took voice lessons in college and was good enough to be in a couple of evenings of songs, recitals. That all went by the board. But I have an abiding interest in good music. I can read music.

Parker: Tell me what scoliosis is.

Bierman: Curvature of the spine.

Parker: Jane Addams had that, had surgery for that.

Bierman: No, I never had surgery. But I had lots of treatment such as the local doctors were able to give, including osteopaths, and a lot of pain as I was growing rapidly. It's been a nuisance my whole life.

Parker: When did you first experience the--.

Bierman: I was twelve when a neighbor who was a nurse noticed it when I was in a swimming suit. So that was the beginning of that concern.

Parker: You hadn't been aware of the pain or anything?

Bierman: No, but that was just the time when it was beginning to become apparent. It's very hard to diagnose in a very young child. It's when that rapid growth takes place that you begin getting the curve.

Parker: Did that disable you?

Bierman: No, but I've had an awful lot of pain all my life in my back.

Parker: Does that mean you've been on medication to control the pain?

Bierman: Oh no, oh no. I would never take medication. There would be no percentage in that because it just gets worse and worse. You would have to have more and more, and that doesn't work.

Parker: How do you cope with the pain?

Bierman: I don't know, you just sublimate it. After eighty years--. People's attitude toward pain and how they react to pain is a very individual matter, I think.

Parker: So you do it by mental imagery or--?

Bierman: I just don't think about it. Now, as I'm at this age I take a little more rest. I found that in the last few weeks when I had been really pushing it, in every direction, that I'd have to lie down in the afternoon for an hour. But I never got the habit of taking an afternoon nap. I've done about as well as anybody could with quite a severe scoliosis.

Parker: Did that concern your father at all?

Bierman: Yes, it did. But nobody could make any suggestions. Nowadays a big deal is made of putting youngsters in a cast that they are expected to wear for months and months on end. There's some question I get from my reading that maybe it isn't all that effective after all. The best thing of course is prevention, to notice a scoliosis in a baby, a tendency toward it, and then try to do something about it at that time with exercises and keeping track of it. My mother had a scoliosis. I became convinced it was hereditary. Well, it probably is hereditary in the sense that a scoliosis interferes with the position of a growing foetus, maybe a little more crowding. That may be. There is some evidence that there is a familial trait. That worried me terribly. I think it affected a lot of my social life, because I was so conscious of it.

Parker: You felt different.

Bierman: Yes.

Parker: That's an awful time for you to feel different, right in adolescence more than you would ordinarily.

Bierman: Right.

Parker: Can we get back to your mother in the early days? Can you give me an example of conflict that you felt between your parents?

Bierman: Their standards were different. He was not at home very much. I don't mean that he was out of town, but he went to a men's club. He didn't find any satisfaction staying at home with howling kids and a wife that he couldn't talk to. They seldom ever carried on a conversation.

Parker: You never saw them as affectionate with each other.

Bierman: No. Not in the slightest. I think it was terribly hard on her, because she came from a very caring, affectionate family. I know many members of her family, and they are such lovely, lovely people. Quite different from his family.

Parker: Were you cut off from your maternal grandparents because of living in Montana?

Trips with Mother

Bierman: I never met any of them. Just my mother's younger sister. Their children and grandchildren are friends of mine, because we visited them there when we were children. She took us back there.

Parker: Did she go back frequently?

Bierman: I don't know frequently, but several times during our childhood we went back to New York, Jamestown. She also took us to the world's fair at Portland, Oregon. [turning pages] In 1905, mother took us to the Portland Oregon world's fair. The passenger checks for lower berths on the train between Spokane and Portland are in the family diary. The price was a dollar and twenty-five cents apiece. ##

Parker: Can you tell us about the fair in Portland?

Bierman: I don't remember, I think I was only six years old, five years old. I can't really remember. I remember I had my first taste of coca-cola. It was brand new then. That's when we learned about coke. It was in Portland, the world's fair. I can't remember anything more about it.

Parker: Did your father go with you?

Bierman: No, no. But she liked to travel. As I say she took Esther and me East two or three times during our childhood. She wanted to keep in touch with her family; it was a strong family bond in her. On my father's side he did not have that same feeling of closeness to his family because he had left home when he was very young, and he often said humorously he was in good standing with all of the boys because he never saw them.

Parker: Those are the twelve boys you're talking about?

Bierman: Yes, that's right. And only one daughter, one girl.

Church

Bierman: One point in which they were different was touched on before about going to church. He was a great outdoors man, and he wanted Esther and me to go with him on pack trips, fishing trips, and on weekends he particularly liked to get out of town. Well, she wouldn't ever go because she was not a natural born camper, nor did she want to miss church. There would always be this argument about whether the girls would go with him on a fishing trip or whether they would stay home and go to church. She hated to have us miss so much church.

Parker: This was your mother; she didn't go on these fishing expeditions?

Bierman: Yes, mother. No, she didn't go.

I can remember him saying one time after they had quite an acrimonious debate about our going, as we camped in a lovely grove of trees, majestic trees with the sun coming through. He looked up and said, "This is my cathedral." And he really felt it. He just felt reverence toward the out-of-doors and for all of that, which she did not feel.

So we were pulled apart. Whenever we could, we went to church or Sunday school with her. As a matter of fact, when I was in high school I taught Sunday school classes for several years.

Parker: Your father didn't have fixed ideas about female roles?

Bierman: No. Apparently not. He couldn't seem to get a boy. I think if he had a son, it would have been a very different life for me and for Esther.

Tomboy

Bierman: Our mother had one boy some years after Esther was born who did not live past infancy. That was a bitter disappointment, but I think father just decided then he'd do the best he could with what he had. As to the question of his attitude and the way we were reared, I was a tomboy. I liked the things, the exciting things, and Esther was quite different.

Parker: She wasn't a tomboy?

Bierman: No, and I can remember so distinctly when I would be out in the garage with Julius down the way, and we'd have the whole interior of the car spread out on a cloth, be dirty, and just having a lovely time. She'd come all dressed up, and oh she felt so superior. She just couldn't understand how I could spend my time that way.

Parker: This is your sister Esther.

Bierman: That's Esther.

Parker: What kind of car did you happen to get to take apart?

Bierman: It was an Overland. Then later we had Fords. I was really an expert with a Model T Ford.

Parker: So you have a natural mechanical inclination?

Bierman: Yes, I liked to know how things worked. There was no mystery about any of it. If you looked hard enough and got enough instruction, you could find out what was wrong. And fix it.

Parker: You still have that aptitude?

Bierman: I guess so. Yes, I think that's right. Up in my place in Montana we're twenty miles from town, and I have learned to look after my own plumbing pretty much, because it's pretty costly to get a plumber to come nowadays. To drive down there, it costs you about thirty-five dollars just to get him down there whether he does anything. So, you learn how to change washers and do everything possible before you call a plumber. I like that sort of thing.

Parker: What kind of skills outdoors did your father teach you?

Bierman: We know how to handle firearms, make campfires, and how to camp simply. We went on pack trips with him. One of the pack trips we remember the best because we were older. Esther was then, I think she was in college or just out, and she was a nutrition major. I was in medical school, I just started medical school.

### Pack Trip

Bierman: We went on this trip, and we told him we'd like to go and kind of repeat the way he used to camp. It was very interesting. We had just the absolute basics. We lived very well and had a marvelous time.

Parker: Okay, tell me what the absolute basics are?

Bierman: Flour, a small bag of corn meal, a side of bacon, a handful of raisins, no canned goods whatsoever. Three or four potatoes and one onion. They were very extra special, not to be eaten every day. Later there was something came out about them.

He made bread, what he called "bannock" (Bannock was the first capital of Montana, a mining town). It was his own "pre-mix." He already had the flour and the right amount of baking powder in it. He would sit cross-legged and put this bag of flour on his lap, and have a tin cup with water in it, and mix by letting the water go drips at a time to make just as much dough as he wanted. Then the flour wasn't wet, it didn't take up moisture. It was marvelous.

We had one of these long "spiders," the frying pan with the long handle, for campfire. We'd cook a little bacon so you'd get the fat. Then he spread out the dough, made a reflector, baked the batter that way.

He counted entirely on our having berries and fish. We had lots of fish. There are plenty of huckleberries at that time. We ate very well and very simply.

After we had been in camp a while and eaten many fried fish this was when the potatoes were used and the onion and a couple of whole allspice and bay leaves, which we thought was very queer but he wanted them. What we did then was to cut up the potato in large pieces and cooked them in water in a lard can over the fire. We added the spices to it, as soon as the potatoes were almost done, we cut up the large fish, and just lay them on top of the potatoes. So we had a fish stew that was just elegant. Wasn't fat, you see. We got rather tired of fried things.

That's the sort of thing we did. But we had more fish than we could eat. So we rigged up a drying area and smoked the fish near the campfire.

Parker: Did he learn that from the Indians?

Bierman: I think so, but he knew that from the early days.

Parker: What kind of fish did you eat?

Bierman: All trout.

We went over the divide out of Echo Lake. That's an area now called Jewel Basin because there are six or eight small lakes at the top of that pass. We went all the way into the south fork drainage



into the other side, just a lovely trek. We had one horse that took our beds, one horse that took all the other equipment, and a third horse, so we took turns riding. We had our little nephew who was nine years old with us. It was a great trip for him.

Parker: Who was he?

Bierman: Bob Marsh. He was Ida's son.

Parker: So, after Ida left you continued some family relationships with her?

Bierman: Oh, sure, very close.

Parker: Was your father particularly close to Ida or vice versa?

Bierman: I don't think so. She worked in his office quite a lot off and on. She was widowed when Bob was about four years old, and his little sister was only two. Her husband was an engineer on the Panama Canal, and periodically he was ill. It was thought to be the result of a tropical fever that he picked up in that time. He died as a relatively young man, so that she's had all those years of widowhood, and she went right to work.

### Montanans

Parker: It's amazing how much traffic in and out of Montana there is in your lifetime, even though we think of it as so isolated.

Bierman: Montana people are kind of special. [laughs] I can sense the difference just as soon as I get up there. The clerks in the stores are friendlier, more outgoing, trusting, good sense of humor. They believe in themselves. They're nice people. It's not very sensible to attribute to a whole people, to a whole state these characteristics, but I notice them. I like being a Montanan and I like being back there. But of course, the opportunities for young people are limited. My professional life took me out of the state-- for the most part. But as long as my parents lived, I got home periodically.

Parker: Returning each summer, you feel like you've touched earth again?

Bierman: Right, right,

Parker: I know from an earlier experience that you also smoke salmon. Did your father teach you that? Or was it trout?

Bierman: Salmon. I smoke Kokanee salmon now because that's what I catch up in Flathead Lake. All my first fishing was with him, in that lake and in streams throughout the area; he was a very good fisherman.

#### Deer Hunt

Parker: Did you hunt?

Bierman: I went hunting with him once. It was after I was in San Francisco, just beginning practice, fall 1929. I was on my way East to attend some clinics and I stopped to go hunting with him. He was eager to have me go. We went out into the Little Bitterroot country. Saturday morning we went out; in no time at all he had a deer. I watched him dress it out. We got back to the cabin and he said, "Well, I guess it's time for me to be pulling out."

I said, "What? I haven't got my deer yet."

He said, "Well, you've got plenty of time you can go hunting tomorrow."

I said, "What would happen if I got a deer?"

He said, "Well, that would be sort of up to you, wouldn't it?"

"I know what I'd do. I saw you dress that deer, and what I'd do would be to slit the throat so it could bleed (I know you're supposed to do that). Then I'd get in my car and get to someplace with a telephone and I'd call you to come out to help me get the deer in."

He said, "The hell you would! If you get a deer, you bring it in." And that's just exactly what I did. The very next day I got a deer. And I dressed it, and got it up an inch at a time on to that car. I suppose that was one time when I really got tired.

When I drove into town and came to the back of the market, he saw me there, and he knew there was something up or I wouldn't have come to the back. (I remember then, there was a bunch of Indians there.) He came back, his eyes got big, he saw that deer on the running board--I had it tied on--he was really proud.

## III EDUCATION

High School

Parker: Tell me more about your growing up, your adolescence?

Bierman: From seventeen on I kept a diary. Apparently I loved school, and I had marvelous teachers in high school. I can remember especially an English teacher who was a very good teacher, a lovely person who had a great influence on me.

Parker: Who was this?

Bierman: Mary E. Walters was her name. She taught me to like good literature, gave me good books to read. Here I was reading things you'd think for most adolescents would be way over their heads, but anyway I loved it.

Parker: What were you reading, for instance?

Bierman: Oh, we read lots of Shakespeare. I can't remember, I have them all written in my diary the things that I read. She'd want to talk about them. She was a marvelous teacher. Then there were other good teachers in high school, and I had tremendous respect for them. They were happy years.

Parker: You must have been an extraordinary student?

Bierman: Oh, I don't know. I didn't get uniformly high grades. Things I didn't like I didn't bother so much about.

To Be a Doctor

Bierman: You see I had made up my mind, by this time, that I was going to study medicine. It was a little difficult because my father didn't know this. And Ida, our older sister, he had sent to Northwestern [University] and he thought she didn't make much of it. Came home after the first or second year and got married.

He thought, "Well that's a waste of money." He thought that the other two girls were going to have to show him that they'd do something with it. Furthermore, during the War, the first World War, he lost a lot of money at just the time when Esther was in college and I--. I wanted to go to medical school, and he was just down to rock bottom. This was terribly hard on him as well as on us.

I wanted to study medicine and he wanted me to come into his office and work for a while. All during high school I spent every Saturday in his office.

Parker: On the books?

Bierman: On the books, and letting his regular bookkeeper have a day off. I just hated it. I hated it because it was going to be the thing I thought that would stand in my way of my doing what I wanted to do.

After I had graduated from high school he and I were walking home from the office one day and he said, "By the way, what are you going to do this fall?"

I said, "I'm going to the University of Montana, take pre-medicine, and I'm going to study medicine." He didn't turn a hair. From then on that's just what it was. We talked about it just as if we had talked about it a great deal. He knew that if I made up my mind that I was going to do it, that I probably would do it.

That fall, he drove me down to Missoula in the little model T Ford and deposited me and there I was.

Parker: Can you tell me how you decided you wanted to go to medical school and who influenced you?

Bierman: It's a little hard for me to say exactly. I think maybe my own scoliosis was a factor because I read everything I could find in the library, I talked to every doctor I could find. Then I became terribly interested in why the schools weren't doing something about kids' health. I remember. That's entered in my diary, that I wrote a paper in high school on school medical services. It was all

on my own. We didn't have any health services in the schools then. None whatever.

Parker: The Children's Bureau sent Dr. Florence Sage Bradley to Montana, around World War I. You never met her?

Bierman: No, never. Nothing ever hit our schools. We had to be vaccinated, that's all.

I was very much interested, did lots of reading, went to the library, got every health journal they had out. Something, you see, did this. During the time I was in high school, my mother's niece who had tuberculosis came to stay with us because they thought maybe the change in climate would do something for her. I was worried about that, and I went down and talked to Dr. [William] Morrow, who was one of the practicing physicians and was also the so-called county health officer, what he thought of that.

I don't remember what he said, but he must not have discouraged the family from having her come. She was a nurse, and she was meticulous. But, I think, both Esther and I developed positive tuberculin reactions during that time, but we didn't get the disease.

She was there for six or eight months, and then mother took her back East, and she died within a few months. It didn't do her any good and it was not the best thing for us. We were very fortunate that we didn't get sick.

Oh, another factor. We had one woman doctor in town, and I could see then that a woman could be a doctor. She was the sister of one of the leading doctors. Dr. Frances Houston.

Parker: Where did she go to school?

Bierman: I believe it was Rush Medical College in Chicago but I'm not sure.

Parker: She wasn't a direct influence on you?

Bierman: No. I really didn't know her. She would be in that Petticoat book; you got that didn't you?

Parker: No, I don't think so.

Bierman: Willa [Baum] said she would send that to you. She has it.

Parker: What's the name of the book?

Bierman: Petticoat and Stethoscope.\* It was written as part of the centennial celebration of the Montana Medical Association. There were five Montana women physicians who were chosen to represent all of the women physicians who have practiced in Montana, and I was one of them. The author was a woman doctor who was retired and who went around to interview us all, and wrote this little book, which Willa has.

Frances Houston, I think, was mentioned in that. They tried to get every woman who had ever practiced in Montana over the hundred years into the book in one way or another.

Parker: Perhaps the idea that your father's first wife died in childbirth may have had some kind of influence, or do you think it did?

Bierman: I don't really know, could be.

Another thing that's very interesting in that regard was that when my father came back from one of his freighting trips, when baby Ida was just a few months old, they told him that there was something wrong with the baby, that she'd been sick and that they had tried the milk from every cow in the neighborhood and they hadn't found any that agreed with her.

He said that he noticed that she was pale and looked anxious, and whenever anybody approached her crib, she would start screaming. When he'd picked her up, she'd just scream until he put her down again, so she was in pain. He made up his mind that he was going to find something that would help her. The doctors didn't know what to do.

It was in the fall. He was very fond of fruit himself and some grapes came into the market, Concord grapes. He squeezed the juice from Concord grapes into her mouth. She was eager to have it. By the time he had to leave she was better and was receiving fruit juice regularly.

It's just a classical story about scurvy. You see, they were boiling (sotto voce) all of her milk. She didn't get anything fresh whatever.

Parker: When was it that you changed your sympathies from mother to father? Does something symbolize that shift?

Bierman: (pause). It was just as a child that this childish need to be comforted all the time as children will do. We got comfort from my

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\*Petticoat and Stethoscope--A Montana Legend by Mabel Tuchscherer M.D.

mother. I always loved her and appreciated her, but--. She was not as stimulating and challenging as father. ##

### University of Montana

Parker: Jessie, last time we were talking about your getting ready to go to college, can you tell us about that?

Bierman: I entered the University of Montana in Missoula, October 1918. My father drove me down in our Model T Ford and started right home at once, because he had a long drive to make--hundred and thirty-five miles or whatever it was.

I lived most of the first year, in Craig Hall university housing, made some very good friends, pledged Alpha Phi Sorority. I wanted to be a biology major and signed up for that. Dr. Morton J. Elrod, who was a famous biologist, marvelous man, was my major professor.

### Influenza Epidemic

Bierman: Everything went along very well for about a month, when the influenza epidemic broke out. Many of the students become ill and their parents were calling them home. They finally decided to close the university.

As far as I was concerned, I was willing to stay, because I hadn't got sick, and I was so eager to get on with my work. My father didn't see any reason for me coming home. So I stayed, but the university was entirely closed for a while.

Several of us in the Alpha Phi sorority, which I had then pledged, decided that we would like to make some money. They were advertising for apple sorters in Darby, Montana. And the four of us took the train, went down to Darby, and worked for, I guess, about a week sorting apples that were coming along over a conveyor belt. It was cold and it was a miserable job.

We did all right for a few days until one of our girls got flu. Then all of the money we all had made up to that time had to be paid to get a doctor to come up to see her. We decided then to go home.

I went home on the bus. I didn't tell my family that I was coming. I was so annoyed with them, because most families were

worried about their youngsters and wanted them home. Father didn't see any reason that I should come home.

Parker: What was his understanding do you think?

Bierman: I wasn't sick. He just didn't think that you give in to little things like that. I went home, and went to work almost immediately with the family doctor, who was in great trouble with so many patients. He sent me to nurse a family, where the mother had three children ill, and she had just came down with the flu. I think I lasted three days caring for them without sleep to speak of, and they were all desperately ill. One of the older girls had pneumonia. That was quite an experience.

But I wanted to be something, I was so inured with medicine.

Parker: You were a biology major, not a pre-med major.

Bierman: There was no such thing as a pre-med major. There was a biology major, which I considered to be a good preparation. Dr. Elrod agreed.

Parker: Who was the family physician who sent you out to work?

Bierman: Dr. A. A. Dodge, he was a great friend of my father.

Parker: You say you lasted three days. What happened?

Bierman: I got flu. I went home then and was put to bed. But nobody else in our family got it.

Parker: Who took care of you?

Bierman: My mother. She didn't get it, nor Esther, nor my Aunt Jessie who was visiting from the East; nobody got it except me.

Parker: Are you named after Aunt Jessie?

Bierman: Yes. She's was Aunt Jessie Chapman, my mother's older sister.

Parker: How were you treated?

Bierman: Oh, I was kept in bed. We probably had aspirin and some kind of cough medicine. That was irrelevant really because there was nothing specific you could do for it.

On the eleventh of November, Armistice Day, I can remember awakening and hearing the bells ringing, the fire siren was going,



great noise in Kalispell. I was delirious, and thought I was probably going to heaven. So that times it very well. In a few days I was out, went to a parade, victory parade.

Parker: Do you think it was a close call for you?

Bierman: No, I don't think so.

Parker: No Bierman would die of flu.

Bierman: [laughs] I don't think you could draw that conclusion.

Then, a short time before Thanksgiving, they called us back to the university. They said they were going to open, and I went back. Then they closed again, but I decided to stay. By that time Dr. Elrod said, "You might just as well stay here and I'll give you your work just as if we were having classes and you'll get your units." I really was tutored by this great man for weeks on end. You know, using a microscope for the first time, and doing all of these thrilling things. It was a wonderful experience. I went home for Christmas, and then right back again. Originally, I was going to take two years pre-medicine, but some time during the second year, I decided that if I went during summer school, as well as during the year, and took as many units as I could handle, I could graduate in three years. That's what I decided to do.

#### Yellow Bay Biological Station

Bierman: And I got my final four units to graduate up at the biological station at Yellow Bay on Flathead Lake and I really fell in love with that place. It has dominated a lot of my interest ever since.

Parker: Tell me more about it.

Bierman: That was in the summer of 1921. The station had been established, I think, about 1899, shortly after Dr. Elrod had come to the university to head up the biology department. Most everything was in tents. We had a tent dormitory. I think there were maybe twelve students in this very beautiful setting.

Dr. Elrod said in a very brusque way the first day he assigned projects, he had a lot of work to do to get things set up, but he wanted to have all the students busy. "Bierman," he said, "find out what killed that yellow pine." There was an enormous yellow pine tree, ponderosa pine, that had died and was blown over during the winter. This enormous tree was right in front of the lab building.

I was disappointed because I had not studied any botany or silviculture, and I thought it was a little out of my line. But you don't argue with Dr. Elrod. I went down and spent a good deal of the morning looking at the tree, and found it was certainly dead, there was no question. But why had it died? At noon, at lunch, I said, "Dr. Elrod I think I'm going to have to have some help with this project."

He said, "What's the trouble?"

I said, "I don't even know where to begin."

He said, "Well, there's a library here you know." No answer, no help whatsoever. I went to the library and got a clue that it was a pine beetle, Dendroctonus brevicomis. Then I got the idea to go up to Kalispell and talk to the forestry department. They could really tell me a lot about it, because evidently this was something that was passing through that area. I got very good instruction one day from the forester. Then went back and got some tools and started dissecting the bark, and finding all the little tracks that the beetles made, then read up on it, and finally wrote the whole thing up. That was my first project. Elrod was a wonderful teacher.

Dr. Morton Elrod

Parker: Tell me more about him.

Bierman: He had come from the University of Iowa, and he was one of the first biologists in the Flathead valley. He did a reconnaissance of the lake area, the mountains and the valley that is a classic to this day. He was interested in not only limnology which is concerned with the quality of the water in the lake, fresh water, but in ornithology, in the animal life, in all of the botany, and geology. He was the first naturalist in Glacier National Park. He took on that responsibility. He soon became very much interested in the bison, because we had quite a good many bison in the Indian areas up there. He was largely responsible for the establishment of the National Bison Range in Moiese, south of the lake. A great man.

Parker: What was he like to work with?

Bierman: Wonderful, he was helpful but he never spoon-fed anybody. I think that retort to me was classical of him: "There's a library there." There's a tool. If you go look it up in the library, you'll start getting into it. I had a good many other projects like that. I got

no special help on them, but I learned to use the library, a reference library, out of it. And I got my four units and my start as a birdwatcher.

That was a wonderful summer because my family, father and mother and Esther, came down frequently to see me, and that went well. After that summer, I continued to have interest in the station. Later we'll discuss some of my subsequent relationships with the station.

Parker: Yellow Bay Biological Station. Did Dr. Elrod make any differentiation between men and women students?

Bierman: Not that I was aware of. Never was I aware of any difference in my classes between boys and girls. Maybe I wasn't sensitive enough to it, but I never felt a thing there. And I think Dr. Elrod was quite proud of his girl students.

Florence Dixon, who was the daughter of the governor of Montana, a lovely girl, was one of my good friends, because she was going to study medicine, too.

Parker: What happened to her?

Bierman: She went to Johns Hopkins, met Charles Leach, and married after her first year in medical school. That was the end of that.

Parker: He continued? Was he a medical student too?

Bierman: I presume so. He became quite a famous member of the Rockefeller Foundation team that was doing studies in various parts of the world. She got a lot of world travel. She's still living and I see her occasionally.

Parker: Are there other friends that you developed that continued throughout your life? Professionally or otherwise?

Bierman: Yes, many. I had lots of friends.

#### Flirting with Johns Hopkins

Bierman: The next thing was medical school. I had applied at Johns Hopkins, that was my first choice. But I had also written to some doctor, I think it was some doctor at the Mayo Clinic (his name I forgot) to ask him where he thought was the best place to study medicine. At

that time Montana people were not looking to the West coast. We never thought about it apparently. It was either Minnesota, Chicago or East. I think I wanted to go to Hopkins because Florence was going to Hopkins. She thought she was. I was not accepted at Hopkins because I was deficient in German.

Parker: Oh, how ironic!

Bierman: They required a reading knowledge of both French and German. I had two years of French in college, so they assumed that would be all right. I could not take any courses in German because of the war. None were taught at the University of Montana. But still I really knew more German than I did French. That's another story.

I guess it's nothing special but I really did a lot of outside work during that time I was at the University of Montana. I became president of the sorority; I found time to do that. They were wonderful, wonderful years. Lots of friends that I made through Alpha Phi during that time that were lifelong friends.

Parker: Did you also work part-time?

Bierman: I did work some in the biology department, and I became a teaching assistant in my last year under Dr. Francis X. Neuman. He was doing some research work in blood-typing. I helped him with that. Actually, there was a paper written. I don't think my name got on the paper, but somehow or other the local newspaper in Kalispell had a piece about what Dr. Neuman and I had done. It was perfectly ridiculous, but it was quite thrilling at the time.

Parker: Thrilling. You said your name didn't get on the research paper, but did you write it?

Bierman: I worked on it, but I was just delighted that he had, in an interview, had said that I had helped with it. So it got into the local paper. [chuckles]

Parker: I was just wondering if this was a case of exploitation.

Bierman: Oh, no. I never felt the slightest bit of exploitation. That's one of the things I couldn't quite understand. Well, I'll finish this Johns Hopkins thing.

I was so determined that I was going to go on. I could work my way. And Esther that year was going to college. She had not done well her first year in college, because she became involved with several of her boyfriends. She got a failure in chemistry. Henry Bierman didn't like that. He told her that summer, after her first

year, that if she wanted to go on with college, she'd have to go to a girl's school.

Parker: Was that supposed to be insulting?

Bierman: No, that's just the way he felt about it.

Parker: Oh, so she wouldn't get distracted by men.

Bierman: That's right. One of the men that was pursuing was a man who later became a Nobel Prize winner. She then decided to go to Milwaukee-Downer in Milwaukee, and I went to the University of Chicago, where I was going to make up the German deficiency as fast as I could, then re-apply to Hopkins, which they asked me to do.

#### Rush Medical College

Bierman: After I had been in classes for one week, I was just drawn like a magnet to the medical school. I looked at the bulletin board, and finally got up my nerve to ask if the dean was in. And was told that he was. That was Dean E. E. [Ernest] Irons. He invited me in, and I showed him--I just happened to have my transcript in my pocket--showed him my transcript. He looked it over very carefully.

"You want to study medicine?" I said, "Yes."

"Well, what are you over in the graduate school for?"

I said, "Well." I didn't dare tell him that I was planning to go to Hopkins. He said, "Why aren't you in the medical school?"

I said, "I haven't even applied." He thought for a little while, and then he said, "I have a place in this entering class. I have a telegram here from a man who's ill and can't come. Your transcript's here already, do you want it or don't you?"

I said, "Oh, I'll have to consult my father."

I sent him a telegram, told him that I could be admitted to Rush and what did he think. He wired back a classical reply: "Use your own judgment, H. Bierman."

I went over to the medical school, got all my white coats, and found myself in gross anatomy with a cadaver, and three men who had just gotten over all the first revolt. They had been there a week

by that time, and were accustomed to the smell of the formaldehyde and all of that. That was a little rugged, but I went on.

And, as I said, all during medical school I had to work for money. I got a job with the health service. It was mostly a matter of working with records.

Parker: The city?

Bierman: No, the health service on the campus. Dr. Marie Ortmeier was in charge of women's health services. Later I got an additional job in the bacteriology department, assisting the head of the department, keeping his own personal stock of cultures up. These were all things that I did in addition to taking a full load of classes.

Parker: Let's look at that more closely, your class work, the contacts you were making, what you are thinking. It must have been a shock of change. You had slaughtered animals, hunted them, and fished, and all that, but working on a cadaver? Where did you start with your dissection, for instance.

Bierman: Oh, I had what was left, because the boys were already dissecting. Upper quadrant was always favored, the arm, lung, then you get the heart, the chest, and the head. I had the left leg. That was what was left. The left leg of a man from potter's field, I suppose.

Parker: Somebody told me that at Johns Hopkins they made students start with men's penises. Is that all apocryphal or is that true?

Bierman: Oh, I think that's crazy.

Parker: Okay, so you started with the left leg.

Bierman: Well the penis was there, and I had half of it, you see.

Parker: [laughs]

#### Quotas

Bierman: One of the really important things that did occur when I went back the next morning to pick up all my admission cards and things, Dr. Irons looked up at me and said, "I want you to know, young lady, that you're getting the place of a man in this class. We limit the number of women we accept." So I was over the quota. That's the only indication I had that I was any different.

Parker: Were you treated differently in class?

Bierman: None at all; I was not aware of it at all.

Parker: Except you started with the leftovers, but that was just because you were late.

Bierman: Every other cadaver had four students; it didn't make a bit of difference. I think there were seven women in that class. There were only supposed to have been six or something to that effect.

I learned later they also were keeping the proportion of Negroes and Jews down to a minimum. So Negroes, women and Jews were limited. But I didn't really know anything about Negroes, because we had one family in Kalispell, very respected family, and the same with Jews.

#### Cape Cod Marine Biological Laboratory

Bierman: That summer I got a job at Cape Cod, the Marine Biological Laboratory (MBL). I took all the money I had, I guess probably my father sent me some money for rail fare to get to Boston and up to Cape Cod. By the time I got there, I was practically penniless. I had a job, what they called "hashing," waiting on table in the mess hall. But I couldn't pay my room rent. I finally got up my courage to ask my boss, who was Dr. Leo Loeb, if he could advance my first month's salary so I could pay my room rent. He was kind and did that.

But I had almost not a penny on me. Esther was spending her summer up in Milwaukee on a playground. She had a job working on a playground for the summer. In desperation I sent her a telegram: "Need money." The next day I got five dollars by wire, which we love to talk about because that shows she was just as broke as I. I had to scrounge, you see, because I had to pay back the extra money. I think it was thirty dollars I paid for my room or something like that.

#### Publication

Bierman: That was a wonderful summer. I worked for Dr. Leo Loeb. There I did get my first actual publication. He put my name on a publication. He was doing tissue culture work with limulus.

Limulus is horseshoe crab, and the blood has copper carrying the oxygen rather than hemoglobin, which is iron. The blood was

blue. We had these lovely cultures out on plates of limulus cells. He was doing some very fundamental work on the reaction of various molar strengths of reagents on tissue cultures. ##

The title of the paper was "The Effect of Acid On the Amoebocyte Tissue of Limulus in Tissue Cultures" with Dr. Leo Loeb and Elizabeth Gilman, published in the Proceedings of the Society for Experimental Biology in Medicine, volume 21, 1924.

Parker: Wasn't this kind of extraordinary for a first year medical student to be involved in this?

Bierman: It's an indication of what a wonderful man Dr. Loeb was. His brother, Alfred Loeb was the director of the laboratory and a very famous biologist. Dr. Leo was his younger brother and at Washington University in St. Louis at that time.

Parker: Who sponsored you for the summer job?

Bierman: Dr. Leonard Loeb, who was Alfred's son. He was teaching at the University of Chicago, and his wife was a member of the faculty in the medical school. She was a physician and was teaching neurology.

Parker: What is her first name?

Bierman: Marian Hines-Loeb.

Parker: Had you had a class with her?

Bierman: Oh, yes.

Parker: In your first year?

Bierman: Yes, must have been. She got me the job; her husband got me the job with his uncle.

Parker: What else happened at the biological lab that summer?

Bierman: We had such marvelous times, such a lovely group of people. We went sailing to Old Martha's Vineyard. That was really quite interesting, how we had to go when the tide was going out, and we had to get back as the tide was coming in. We had wonderful beach parties. We'd get Alfred, the man who brought in the supplies for the researchers, to bring us a lobster apiece, and go down to the beach at night and cook our lobsters. That was great fun.

I had saved some money so I could stop in New York on my return to Chicago. I had never seen New York, and I stopped there for a day or so. Then back to medical school.



By that time, I took on a third job. I had the other two jobs, and I took on a third job. The doctor who later became health officer of San Francisco was working on a food poisoning research project. One was a purely bacteriological job in connection with Bacillus proteus and its effect, if any, in food poisoning. I did that at night. So I had three jobs.

#### Peptic Ulcer

Bierman: That was a pretty hard year, that second year, and I was living on a dollar a day for food. The result was, all the pressure I was under at work, I developed a peptic ulcer.

When I went home that summer, 1923, I weighed 116 pounds. I'm five seven and a half, so I was kind of thin.

We had an interesting summer. Dad said he needed a new car, and he sent Esther and me \$700 to buy a new Model T which we had fixed up with the seats cut and hinges put in so we could sleep in the car. It had a back seat. We started out with two other friends who drove with us cross country in 1922. No, it was the summer of 1923. That was quite an experience. Driving a Model T Ford in 1923 on the so-called Lincoln Highway. There were times when you couldn't see any highway at all. But it was a marvelous experience.

Parker: It was a wagon trail that was made a highway.

Bierman: They called it that, that was before the interstate highway system was established. We went up through Wisconsin, and we took in all of the sites, the Wisconsin Dells, and into Minnesota, through South Dakota, across Wyoming and into Montana.

Parker: Tell me what you're thinking back on your experience. You've been in medical school two years, you've worked very hard, you've gotten some good mentoring.

Bierman: Oh very good. Except that my stomach was bothering me a lot, I felt I was doing what I wanted to do.

Parker: You weren't questioning what you were about to do?

Bierman: Oh no, never once.

Parker: Were you thinking about a specialization?

Bierman: No, not then.

Teaching Microscopic Anatomy

Bierman: I think I had made arrangements before I left at the end of that second year to take a year off to teach. I taught at Loyola University Medical School; microscopic anatomy.

Parker: Was that out of economic necessity or because of health or--?

Bierman: Economic necessity. I got a hundred and fifty dollars a month, which was good pay in those days. I saved money. I saved enough to bring my mother back East. No, that was later I did that. I saved enough to pay my way for my junior year and I still had some money. I didn't go home again because that was far too expensive. Then during the senior year I was working half and half, over at Loyola part-time and in medical school. That's the way I finished my last two years.

My work suffered some, my classes suffered, because there is just so much juice in every lemon, and it was squeezed out. [chuckles] I got through.

Parker: You alluded to the fact that your father had some economic reverses. How did that effect you and your sister's going to school? Exactly what was the situation at home?

Bierman: He just couldn't send as much money every month.

Parker: But you had talked about 24,000 acres that he leased, off tape.

Bierman: Yes, but he had lost thousands and thousands of dollars. Apparently there was a depressed period. He went into sheep at that time. He had bought lambs at a very high price and then the bottom fell out of the wool market. I know he lost \$68,000 in one fell swoop. At that time, \$68,000 was quite a lot of money.

He was very frank with us, both of us. He just couldn't come through with any more. We'd ask for a hundred dollars, and he'd send maybe fifty: "That's all I can scrape together at this time." He even sent us his life insurance policy to sign because he then was borrowing money on his life insurance. Then we got very little after his death because we had used it during that time. But he always said that he'd rather that we would get our educations than leave us money. He really believed that and we believed that was the right thing.

Parker: So you were basically on your own. Were you on your own while you were at the University of Montana?

Bierman: No, he was supporting that.

Parker: It was only after you got to Rush?

Bierman: Yes, it was very hard on him, because I was going to Chicago, and Esther was going to Milwaukee. We both were away from home, really rugged.

Parker: Did Esther get sick in Milwaukee?

Bierman: No, she did very well. She was president of her class. She did very well, a good student.

### Professors

Parker: I'd like to know more about the courses and the professors, your experience at Rush, what it was like to be a medical student in that period in the 1920s.

Bierman: I think I had very good teachers. At that time Rush professors were nearly all men who were in active practice. The full-time professor in a medical school had not yet come. Actually, during the time I was in Chicago the University of Chicago had decided that it was going to have its own medical school independent of Rush. That was during the time that UC was cutting its relationships with Rush. But by then, I was on the west side. You see the first two years in medical school at that time at Rush were on the south side--on the university campus, all the fundamental subjects. Then the clinical subjects were taught on the west side near the County Hospital, the old Rush buildings. It was an old medical school, old red brick buildings.

I can remember Dr. Baer was my professor in obstetrics; I admired him very much. Clifford Grulee in pediatrics. Those were two specialties that I rather favored. Well, women didn't think about others; they'd just think, "Well, you'd be defeated, what's the difference."

Parker: You'd be defeated?

Bierman: In trying to get into surgery, for instance. In those days it was almost unthinkable for a woman. Some women did it. But I didn't have the manual skills; I just didn't have the feeling for it.

So I thought quite a bit of obstetrics. But, a later experience changed all that. I'd like to mention that Dr. Irons, that day that we had our famous talk and he admitted me, asked me what specialty I wanted. I said, "I didn't know."

He said, "Women do pretty well in pediatrics, obstetrics, and public health."

I never remembered that, never thought of it until many years later that I did give obstetrics a little try, and then I wound up in pediatrics and public health. I don't think it's what he said that influenced me, but that's just the way it turned out.

Parker: Are those the least prestigious specializations?

Bierman: Oh no, not necessarily, I never considered them least prestigious. I just did not feel any different about being a woman. I can remember one time telling my father I thought that women had to work harder to get the same distance that the men did.

Other outstanding teachers, that was the day of Arthur Dean Bevan, who was one of the great surgeons of this period, and he was a very good lecturer. There were no women professors that I can remember from the clinical years. In the pre-clinical years there were some, several very fine people, including Marian Hines-Loeb.

Parker: Any clinical experiences that stand out in your mind now?

Bierman: When we got into the senior year, we all had to deliver a certain number of babies at home in those days. The case would be assigned to us in the outpatient department. We would see the mother during prenatal care, and then when she went into labor at home, she called the clinic and we were alerted. No matter what time of day or night it was, we had to get out on our own wherever it was in Chicago. All of my families were blacks, and I delivered these lovely little lilac-colored babies.

## IV INTERNSHIP AND PRACTICE

San Francisco Children's Hospital

Parker: You said you decided not to get into obstetrics.

Bierman: Well, that was after I went to San Francisco. I got an internship at Children's Hospital in San Francisco. Some of my best friends were going to Los Angeles General. But somehow that enormous Los Angeles General Hospital, it just didn't have appeal to me. I kind of liked the idea of going to San Francisco. I didn't know much about it. Of course, Children's Hospital was for women and children, so we had lots of experience with various kinds of medicine.

Parker: Who were the great doctors in San Francisco and at Children's at the time that you were there?

Bierman: Dr. Adelaide Brown, who was the daughter of the founder of the Children's Hospital, was one.

Parker: What was her first name?

Bierman: Her first name was Charlotte Blake Brown.

Her daughter was Adelaide Brown. She was a great character in San Francisco. She weighed about 200 pounds, a competent lady, and very influential politically. She ran the Children's Hospital with an iron hand in the early days, I guess. [Other prominent women physicians at the time were: Dr. Florence Holsclaw; Dr. Anna Flynn; Dr. Rachel Ash; JB]

There were no, well, there were few men on the courtesy staff. All the basic staff was women physicians which was quite an experience. I had a rotating internship. I looked forward to the obstetrics service.

Just to make a very long story short: I diagnosed a woman as having twins, because I heard two sets of heartbeats when she was in prenatal clinic.

Parker: That's saying two sets of heartbeats?

Bierman: Yes. I went off the service before she came in to deliver and the chief of service told me that when Mrs. \_\_\_\_\_ delivered that I could deliver those twins.

I won't go into all the gory details, but she happened to have siamese twins. It was just one awful, awful night that I'll never forget. We saved the mother finally, but doctor, the obstetrician in charge, didn't realize they were siamese twins for a time.

Then, after hours and hours and hours of labor we had to take her into surgery, and operate to remove the babies. One of them by that time was dead, and the other one lived for a little while. But the mother--we saved the mother.

I thought, "If that's obstetrics I don't think I want it."

Parker: Is that when you decided not to continue?

Bierman: Yep, I never looked back on obstetrics after that. I think there is lots about obstetrics that I wouldn't have liked.

Pediatrics seems less dramatic in a way, but for me it was just the right thing because it got me into thinking about preventive pediatrics and about all of the social and economic factors that are behind the healthy development of children. That's what I really warmed up to. That was my career.

### Preceptorship

Bierman: Fortunately, Dr. Florence Holsclaw, who was one of the leading pediatricians in San Francisco, invited me to come into her office, and I had what was called a preceptorship. Instead of staying tied to the hospital for the next two years, I was in the office with her. That was marvelous, because I was thrown right into practice, under very careful supervision, and in no time at all I was making house visits. Dr. Holsclaw wasn't very well. She had terrible hypertension, and her vision wasn't very good. I was always on hand to look into ears and into children's eyes, things that she found very difficult to do.

I lived at her home, answered the telephone at night, and I got seventy-five dollars a month and board and room.

Parker: That's better than continuing in the hospital.

Bierman: Much better. I think it was a better experience actually because she had very high standards. She was a protege of Langley Porter. Langley Porter started out in pediatrics; he was a pediatrician. He called Florence Holsclaw his daughter in medicine, and he called me his granddaughter because I came up by way of Florence Holsclaw.

Parker: Can you describe her a little bit, her personality?

Bierman: She was a very hard worker, very strict disciplinarian. I thought many times that she regarded me more as a servant than anything else. But that was not really fair because I learned, I was learning all the time. It was very close quarters living in her home. She wasn't well, and she needed help. She stayed in practice probably longer than she would have been able to otherwise because I was there. She introduced me to all of her patients. She had a big practice up in Pacific Heights as well as across in the Mission district.

### Practice

Bierman: I went on that hunting trip with my father in the fall of '29. She died suddenly one morning while I was away. I rushed back and signed up for the remainder of the lease in the suite of offices in the Fitzhugh Building, which was very expensive. I had two office attendants, a woman who looked after the books and a nurse. My practice then, my own, from the fall of 1929 to 1936 was during the Depression. Again, I sure had to work.

But there were things about practice that I didn't like. Mrs. Davis, who was the office secretary, would see my book when I would come back from a morning of house calls, and say, "When are you going back to the Harrimans?" for instance. I would say, "I don't have to go back there, it's just a little cold." She'd say, "You've got to go back."

Parker: Why?

Bierman: The Harrimans could pay their bills. I was making so many visits in the Mission district where papa had lost his job, and they just didn't have the money. Sometimes those people would come in with two dollars, and leave it. It was heartrending.

That's the way I was having to practice to keep things together. I had sublet one of my offices to a dentist, and then to another doctor. After I got all of the bills paid, if there was anything left at all I might buy myself a new coat or something. It was miserable economically. Sometimes I'd make as many as twenty-four house calls in a day. I was working, but the people couldn't pay.

When I got out of it was when the Social Security Act passed. Dr. Edith Sappington met with the Pediatric Society one night and told us about the Social Security Act and its effect on pediatrics and children. She mentioned in passing some of the states in the West that were looking for directors of maternal and child health.

When she mentioned Montana I surely pricked up my ears. I think inside of twenty-four hours I decided, "I'm going back to Montana." I made arrangements, eventually by June of the next year, for a young man who had been in the military in pediatrics to take over my practice. And off I went to Montana!

Parker: As chief of the maternal and child health section.

Bierman: It was called child welfare then; we changed it to a full bureau of maternal and child health.

Parker: Can we backtrack a little before we get to Montana? There are two cities that are important: Chicago where you are a medical student and also begin teaching. Did you come in contact with the Hull House people?

Bierman: I knew they were there. Somehow in some of the families where I went to deliver babies, some people from Hull House had been there. I knew Jane Addams, the founder was still there at that time. But I didn't meet her.

Parker: Did you meet Alice Hamilton, who was at the Harvard School of Public Health?

Bierman: I knew her slightly. I greatly admired her. The time that I really saw her in action the best was at a big conference of some kind. I can't remember what it was now. I went to so many meetings after I went to the Children's Bureau. It was a controversial topic in which there was speaker after speaker regaling against the federal government and how it was doing everything wrong.

Finally, she stood up and started to speak, and of course couldn't be heard. So they asked her to come up to the podium. They respected her greatly. She got up on the podium, and in her very quiet way said, "I think we're forgetting that the people who



represent us in Washington, and whom we have been criticizing so severely really represent us. We're criticizing ourselves, because they represent us." People just listened to her in silence; it was so effective. Very great lady.

Parker: Anyone else from the Chicago period that comes to mind?

### First Love

Bierman: No. I had my first serious love affair, and was greatly tempted to marry a young physician. ##

It was a serious love affair, but I didn't want to get married at that point. I had gone through so much, and my father, I felt had gone through so much, and he had such faith in me to complete my career. So I just told Ed that I would have to have my hospital work on the west coast. He didn't think he wanted to wait. So, within six months of the time I left Chicago he was married. [chuckles]

I think my father was somewhat disappointed because he thought at long last maybe I had found somebody. We remained very good friends over all the years. But he had some troubles staying married. He had had one wife before that, a friend of mine, who had divorced him. He was the son of one of the very great men on the University of Chicago faculty. I think he was a bit perhaps spoiled. But he was brilliant, brilliant in many ways. That was that.

Parker: You weren't going to do what Florence Dixon did at Johns Hopkins?

Bierman: Oh no, I had gone too far in medicine at that time, had too much in it, to live my life through somebody else. I couldn't have done it.

I went home that summer. Two of my good friends, a couple, actually Leigh Sloan had lived in Kalispell as a little boy, he and Jean, his wife, we all three went to my parents' place in Montana. We were all in the same class at medical school, and we became very good friends. Dad took us all around. We were down at the ranch at that time, riding horseback; we had a lovely time. Then Jean and Leigh left to go to Los Angeles to LA General and I went on to San Francisco.

Parker: Was it hard for you to get that place at Children's Hospital? Were the internships scarce or was that what you really wanted?

Bierman: No, I don't think so. It was as popular then as it is now, although much easier then. But I was admitted to other hospitals, Harper Hospital in Detroit. That didn't mean anything to me. Somehow I didn't want to stay in the Midwest. So the Children's was fine.

### Networks

Parker: Who are some of your other connections now in San Francisco? You mentioned several of the women; your belonging to the Pediatrics Society.

Bierman: Yes, the local county medical society. There were a lot of people who were on the staff at the Children's Hospital. One or two of the interns, the same year I came, became lifelong friends. One of them, who became a psychiatrist, just died last year.

Parker: Who are these?

Bierman: Mildred Squires, who went into psychiatry at Johns Hopkins, and then had a psychiatric practice on Park Avenue. Did very well. She married another psychiatrist, and lived out in Amityville [Long Island]. When I was in New York, going to the school of public health later, I saw a great deal of her. We had a lifelong friendship.

One of the members of that intern group was Rachel Ash. She was less than five feet tall, and just the absolute opposite of big Rachel. So everybody called them big Rachel and little Rachel.

Parker: Who was the big Rachel?

Bierman: Big Rachel was Rachel Ash, who was the head of medicine; she was a very fine lady.

Parker: Okay, and little Rachel's last name is?

Bierman: Ash.

Parker: They're both Ashes?

Bierman: Both Rachel Ashes. And I saw a good deal of Rachel Ash later; she lived in Philadelphia. [Then several house officers at the Children's Hospital became great friends--Dr. Margaret Swigert who still lives in Monterey--Dr Hilda Davis of England who has visited me and whom I visited in England. JB]

Parker: Did you have any contacts at the University of California, like Jessica Peixotto or anybody else?

Bierman: I didn't know anybody, except in the medical school, because I became an instructor in the medical school, probably starting about 1927 or 1928.

Parker: How did that happen?

Bierman: The Children's Hospital was utilized, especially the pediatrics department, because we had a much bigger pediatrics load than they had at the university hospital. They sent students over. Every week we had a bunch of students. I'd work up cases and have the students present them. That added in the end to a very long period of tenure, because that all counted. I had nearly forty years of tenure at the university.

Parker: So you started as lecturer in 1927, is that right?

Bierman: Instructor, and then later when I went to the Berkeley campus I became a lecturer at the medical school. But I guess I was still a lecturer all the time I was away. (tape interruption)

#### Langley Porter

Parker: Did you get to know Langley Porter at this time?

Bierman: Yes, I did.

Parker: Tell me about him.

Bierman: He was a delightful person, was tall and rotund, wore big round glasses, and was very jocular, cordial. If Langley Porter was in a room, at a cocktail party, everybody knew he was there. Just that kind of person. That was long before he was instrumental in getting Langley Porter clinic established.

He had through pediatrics learned something about how important mental health was. That really pushed him in that direction. The psychiatry department was apparently not well developed during Langley Porter's time. He, of course, was head of the pediatrics department, and then I think he became dean of pediatrics. The institute was named after him.

Parker: Langley Porter Psychiatric Institute or Neuro-psychiatric Institute?

Bierman: Part of the medical school. Up on Parnassus Hill, right next to the big hospital.

Parker: Was he involved in various issues, medical issues, that you were aware of?

Bierman: I think so, I think he was very vocal. He must have always been on the right side, in my opinion, because I admired him so.

Parker: You don't remember medical controversies, one way or another, that you might have been involved in or followed?

Bierman: No, not in those early days.

### Polio

Bierman: While I was at the Children's Hospital, I think I mentioned to you that my last year I had been in the communicable disease service. In those days, polio was very prevalent, and we got most of the acute polio in the city at the Communicable Disease Unit.

Dr. Edward Shaw was the director and one of the members of the staff of the Children's Hospital, one of my very good friends. During that time just toward spring, when I began feeling that my state medical exams were breathing down my neck, I became ill, running a fever, was quite sick. I didn't know what was wrong with me, and Drs. Shaw and Rachel Ash hovered over me. I insisted on having my books and notes because I felt I had to study, study, study because the exams were coming up. It turned out that I had had bulber polio, a light case of bulber polio. I had a paralysis of one side of my face; they never allowed me to have a mirror so that I could see. I went through that. I couldn't take the exams; I had to postpone them until the next time they were given.

Parker: Was that next year?

Bierman: No, that was in the spring. I think in the autumn I took them and did all right. But during that time I was with Dr. Holsclaw. It wasn't critical that I have my license until fall.

Parker: What year is this?

Bierman: 1927-28, that period.

Parker: Anything else about San Francisco before we move to Montana?

Bierman: I don't think so. After Dr. Holsclaw's death I took an apartment out near the Children's Hospital on California Street. Had lots of friends, was very, very busy.

Parker: Were most of your friends medical people?

Bierman: Yes, or those connected with the hospital in some way.

Parker: So that's a world that's sort of all encompassing. You live, work and socialize with people you work with.

Bierman: Absolutely, absolutely.

### Social Life

Bierman: I was trying during that period to get a little more exercise in, and I went back to riding horseback. I rode in Golden Gate Park. I tried to get out there once a week, but I couldn't always make it. And it was pretty expensive. Anyway it seemed to me it was.  
[laughs]

Parker: Did you have to change from western saddle to eastern style?

Bierman: Yes, that was my first experience in riding eastern style, and the horse had to be reined differently. I was thrown one time out in the park. I complained about the nags they were giving me, and they finally gave me a horse that was not a nag. [chuckles]

Parker: A spirited one.

Bierman: Very spirited. The worst part was---. I didn't get hurt particularly. We were out near the lakes. The ground was soft, and he went down in soft earth, and I just kept on going right over his head. Catching the horse was the big trick. That was the hardest part, that he didn't want to be caught again. I finally caught him, mounted him and got back. There was lots of social life during that time.

Parker: What kind of things did you do; what was your social life involved in?

Bierman: Oh, partying. During that time I saw more opera and ballet and plays than all the rest of my life put together, because the father of one of my patients was connected with the opera house. He had great difficulty paying his medical bills, so I would come home at night from the office, and there would be this narrow envelope with

tickets in it. Oh, I'd be so tired. If I was too tired to go or I had some other engagement, I felt I had to try to find somebody else to utilize those tickets. I did an awful lot of going out at night.

I had to sign out to somebody for my patients. Leave a telephone number. There was a lot of anxiety connected with going out at night, and being away from the telephone, wondering if the person you signed out to went out to the opera also, and that sort of thing. You're just really tied tight to the telephone.

Parker: Is that one of the disadvantages of private practice?

Bierman: Absolutely, absolutely. I used to say I just felt sometimes as if I were like a glorified servant.

And people calling, mothers calling and saying, "Johnny has been sick all day; he's running a high fever, and I thought maybe it would go down. But, it's ten o'clock at night now, it's higher than it was this morning. Will you come right out?" That sort of thing.

Parker: And you thought to yourself, "Why didn't she call during the day?"

Bierman: Oh yes, of course. That's the sort of thing that any practitioner has to deal with, especially pediatrics, because people become (sotto voce) so anxious about their youngsters.

### Child Deaths

Parker: What was your first child death like?

Bierman: I was just thinking of that. That's another thing about practice that's rough. Some people apparently can take it, but it just tore me apart. Those were the days before antibiotics. I lost children from illnesses that would be a pushover now with antibiotics. Just had to join the Christian Scientists and pray for them because I was doing everything I could do. The youngsters would develop blood stream infections so easily, streptococosis. Had a few beautiful children die. I didn't have very many deaths fortunately, but the ones I did have were traumatic. I didn't like that, and I didn't like the economic part of practice.

During those days, I also became very much interested in nutrition, and I did my first public speaking. I did a whole series on nutrition for the PTA.

Allergy Expert

Bierman: I established the first allergy clinic at the Children's Hospital. In order to help out financially, I accepted a job on the Stanford faculty also, in allergy. Actually, I ran the allergy clinic at Stanford for about six years.

Parker: I haven't seen that anywhere on your vitae.

Bierman: No.

Parker: How did you begin this specialty?

Bierman: I did that because they paid me seventy-five dollars a month. [chuckles]

The head of the allergy clinic at Cal, when he heard that, was quite put out with me. He always wanted me to work with him when he found out I was interested in allergy, but I said very simply, "They pay me seventy-five dollars a month, I'll bet you couldn't do that." Well, he couldn't, so that was it.

I learned a lot about allergy during that time. That was quite interesting. I learned how to make the antigens that we used. Now you can buy them all very easily. House dust, for instance. I had people bring in samples if it looked as if house dust was the problem, samples of house dust, then make extracts of them and run them through berkefeld filters, and get an absolutely aseptic product with different gradations of strength and start desensitizing the patient. We got good results, too.

Parker: It sounds like you're an awfully good diagnostician.

Bierman: Uhhh. It's been said. I think part of it is being observant. I had one spectacular success at Stanford. A man, who it turned out to be, was sensitive to coffee. He had a clinic record inches thick. He'd been through all the other clinics. He couldn't work because he had a constant migraine type headache. The neurologist couldn't find anything. Nobody could find anything.

In desperation they just dumped him down to allergy. When I did some tests, I got a very mild reaction to coffee. It was the first time I'd ever got a positive reaction to coffee. I put him on an elimination diet. He protested my eliminating coffee. He said he didn't think he could get along without coffee. I said, "For one week you can get along without it." And when he came in that following Wednesday morning, he wanted to come right in at once. There were many patients ahead of him. I'd see eighty patients in

half a day. He came in. Oh, his face was just lighted up. He says, "Doc, I haven't had a headache for several days."

He wanted me to put him back on coffee. I had him on rice and all those bland things. I added a little of this and a little of that. He was so delighted because he'd been sick so long with that headache. Then, two or three weeks later, I told him that I thought that coffee was the problem.

He thought for a minute, and said, "By God, you're right doc." He said, "I began getting these headaches when I met a man from Turkey, and I've been eating once or twice a week down on Third street in a Turkish restaurant where we have thick Turkish coffee." And he said, "That's when my headache started." It was marvelous. Allergy, you know, is detective work.

I had other experiences similar to that that were rewarding: A little girl who always had her asthmatic attacks on Mondays. "What happens on Sundays?" I asked. Not every Monday, but about twice a month. That's when Grandma came, (sotto voce) on Sunday. There was apparently great conflict between her mother and her father's mother who was very critical of the way the mother mollycoddled this little girl. That's why she was always sick and wheezing. Now she was allergic to something, but the trigger mechanism was that anxiety.

Parker: You found in the social environment--.

Bierman: I figured that out, and the man that ran the allergy clinic over at Cal--. You see, we had long arguments over that; he just thought it rubbish.

Parker: [laughs]

Bierman: I had fun in the practice of medicine. In my allergy clinic at the Children's Hospital I had just hordes of kids. Little babies, particularly the Chinese babies with eczema from head to foot. Became sensitive to cow's milk, because Asian children really can't take care of cow's milk; it's a genetic thing, I'm sure.

Then I had many boys, pre-adolescent boys, in my severe asthma clinic. Invariably they had overanxious mothers. The specific allergen is the bullet in the gun. The trigger mechanism, the thing that sets the thing off, that is anxiety and emotional stress. They could handle it other times.

Parker: Did you do any work in psychiatry?



Bierman: No. I never was tempted. I thought at that time and I'm afraid I still think that there's an awful lot of [chuckles] nonsense in psychiatry. It's not a very scientific part of medicine.

Parker: What about psychoanalysis?

Bierman: Same thing.

Parker: I know you admire Erik Erikson.

Bierman: Yes, but he was not a psychoanalyst. He was a child development specialist who did real careful research on people who had psychiatric problems, particularly children, on what went wrong. What's wrong, and the cause. Not how you can dig down and supposedly correct something that has gone wrong in the past. I just don't have the respect for psychiatry that lots of people do. To me it isn't basically tight science.

Parker: Well, you have an intuitive psychological diagnostic intelligence. [chuckles]

Bierman: Let's see now, where are we? Did I not mention that I sold my practice. I sold it for a minimum. The doctor maintained the same office staff, so the secretary, Mrs. Davis, continued to bill the people who hadn't paid me. I continued to collect a hundred dollars here and there from those patients.

Parker: Was it a bit lucrative for you with all of your various responsibilities, or not? Your private practice, concerning all the work that you put into it.

Bierman: No, it was not lucrative. I told you I had a big expensive suite of offices, and I had two people working there, and maintaining a car. But I had to have them, it was a busy practice. For the last year or two I lived at the Western Women's Club, where I could cut down on the expenses of maintaining an apartment and the extra work. The Western Women's Club was on Sutter just a couple of blocks away from my office. That kind of simplified things. It didn't make for any better living, but it was a little simpler.

#### Uncommon Cases

Parker: Are there any names you can put to children who represent something to you in terms of diagnostic interest?

Bierman: Yes. Gloria K. She had coeliac disease, what was at that time considered quite an unusual metabolic condition. ##

This child was a little girl, I would say maybe she was around two years old, when she first came to the office. She had great difficulty eating, had a constant diarrhea, and was very very thin. I have a photograph I took at that time.

Dr. Holsclaw turned Gloria over to me when I was working with her to see what I could do. I worked very, very hard on her diet, finally working out a diet that she could tolerate. She eventually improved after nine months in the hospital. I have a series of photographs showing her as she put on weight, which was quite nice. After I left San Francisco practice, someone sent me a newspaper clipping about Gloria's wedding. It's a wedding picture of her looking like a beautiful lady. [chuckles] That was kind of fun.

Parker: She had a metabolic problem, and you figured out what it was?

Bierman: Yes, it was coeliac disease. It was uncommon, a diagnostic problem. She had a wonderful mother who carried out the instructions. We really worked very conscientiously.

Then I had other cases of great interest: a child with nephrosis. That child was a little boy on the ward, Polk ward at the Children's Hospital; he was very edematis. You could hardly see his eyes, they were just little slits. He had so much edema in his face and all over his body. At that time nephrosis was not well understood. One of our interns was from Germany, and she saw something in the German literature about treating nephrosis with a diet that contained absolutely no protein whatsoever; a vegetable and fruit diet. That intern and I worked out a diet for the youngster. One of the things that they said was unusually helpful was watermelon. This was in the winter. It was kind of hard to come by, watermelons. But we got the family interested and they produced a watermelon. This little boy would sit up and eat great quantities of shredded raw vegetables of various kinds, and then eat watermelon. He liked the watermelon. He was hungry.

After we got him on that diet, I think maybe the third day I went into the ward one morning. They had rubber sheets all over the bed and floor. He looked as if he had lost, five, ten pounds. The edema was down. The nurses said they just couldn't stop the diuresis. He was losing all of that water. The diet worked! It was quite thrilling. We didn't write that up, we should have.

Parker: How often were you publishing now?

Bierman: I published another paper or two with Dr. Holsclaw. She was very much interested in otitis media in babies. In her view this was a source of a toxemia which produced diarrhea and other problems in babies. She had really a thing on otitis media in babies.

Parker: What is that?

Bierman: Middle ear infection and mastoiditis. Mastoiditis was very common in those days; the mastoid cells back of the ear became infected as a part of a total infection from the middle ear. These are streptococcal infections largely, and we had no antibiotics. They're nothing nowadays.

She and I wrote a couple of articles on otitis media, and I think probably that is the very first one here [rustling paper]: "Otitis Media and Mastoiditis in Infants Under Three Months of Age," published in the American Journal of the Diseases of Children, April 1930.

This was after Dr. Holsclaw's death. My next paper was "A Mediastinal Tumor." That was a case report of a youngster that I had had since he was born, who finally developed a cough when he was about six, I suppose. He was losing weight. We found a big mass in his chest x-ray, which turned out to be a lymphoma, and he died very shortly.

Then another case report of acute diffuse glomerulonephritis and that's a case that got me very much interested in nephritis. I had several papers on the significance of glomerulonephritis in childhood in California Western Medicine and Minnesota Medicine.

So I started writing and studying cases rather early.

Parker: You were in a context where that was possible, and expected, and supported?

Bierman: No, not necessarily. I don't think there were very many people publishing papers in the Children's Hospital.

Parker: Then explain how this happens.

Bierman: But anyway I did. Because I got so interested in the cases.

Parker: Did you have sponsorship or mentoring?

Bierman: In writing?

Parker: Unhuh.

Bierman: The papers on otitis media were with Dr. Holsclaw, but the mediastinal tumor and the glomerulonephritis were cases that I had later, 1936 or 1937. Then another paper in 1937 on glomerulonephritis.

We had a very great nephritis specialist at Stanford, Dr. Thomas Addis. I would go in and talk with him about my cases of nephritis. I think he was a factor in my interest.

Parker: He encouraged you to publish?

Bierman: Oh, yes. He was a real scientist. Whatever I published under nephritis he had to approve.

Parker: Were there any other case situations, learning experiences in practice? Deaths?

Bierman: I had a whole ward of Chinese babies with allergic dermatitis, eczema. That was what first got me interested in allergies because they're were so many of them. As I used to say then , I went into the study of allergy to protect my children from the allergists who would take them off milk, not being aware of the fact that you've got to substitute something else for a rapidly growing child. They've got to have their nutrients. That was a challenge too.

Parker: Did you ever get into a conflict with a colleague over that?

Bierman: Yes, I did at the UC Clinic. And there were allergists. There was a famous allergist in Oakland at that time (I can't recall his name). Everybody went to him for their allergic problems. They really wanted to get into an expert's hands. And some of my patients were going over to him. The diets he put them on were atrocious; he was starving them to death.

Parker: Jessie, what was your style working with patients? Were you authoritarian, directive? Did you consult, or negotiate? What was your style working with mothers and children?

Bierman: Oh, I don't know that I could say. I was just being myself [chuckles]. No, I think I took a good deal of pains to try to teach them and to explain why certain things were being done. But I did not enjoy having the mothers become too dependent on me.

Well-Baby Clinic

Bierman: One of the big features of this period, and this again was a legacy of Langley Porter, was a well-child service. Dr. Holsclaw had a well-child service going in her private practice. People would pay so much a year for us to look after the child's health. That was the beginning of the HMOs, I think you could say.

Langley Porter had picked that up in Europe. I think particularly in Italy they were doing something like that. When he came back from a trip to Italy, he got Dr. Holsclaw interested.

Wednesday afternoons were given over to our well babies. Once a month the mother brought the baby into the office, and was weighed, and we checked on the diet. That was a teaching job, and there's nothing authoritarian about that. We sat down and talked about how the baby had been. The visits were less frequent as the child got older, but we continued them right up to adolescence.

Parker: I think that's more authoritative than authoritarian. That is you were the expert, and you were imparting this information to mothers to help them take care of the child.

Bierman: Yes. But that was a period when there was a much greater interest in child care and child feeding. It was common in all of the publications. I used to say that to practice pediatrics you just had to know a little bit more than the mothers would learn in the Ladies Home Journal. But they were reading those things and they were becoming really interested. I think that was an interesting period.

Parker: The Children's Bureau had a role too, in funding--.

Bierman: Yes, it did. And Infant Care was probably in the hands of some of my patients. I later worked some on Infant Care when I went to the Children's Bureau.

Parker: Yes. That famous publication.

Bierman: Yes, that sold more copies than the Bible.

Parker: Were you in contact with the public health department in San Francisco, and their well-baby clinic? Wasn't that something that the Children's Bureau would help fund through the state?

Bierman: I don't know how well developed they were through the county health department or the city health department, but Dr. Holsclaw ran a well baby or sick baby clinic out on Oak Street. It was called the

Oak Street Clinic. I inherited that. She turned that over to me very early on. I learned a great deal. I kept that up all the time I was in San Francisco, working at that clinic. That was sponsored by a voluntary agency, the Babies Aid Society.

## V MONTANA STATE DEPARTMENT OF HEALTH

Parker: There were positions open in maternal and child health. You said that you heard about the announcement, after the Social Security Act was passed, and Title V was part of that.

Bierman: That appealed to me, and of course I talked with Dr. Sappington who was the western regional representative of the Children's Bureau at that time. She was very eager to fill those positions. I thought that it would be great to go back to Montana. So I arrived in Helena in April 1936.

That was a very happy two years. I just loved it. Went back to my native state, and I was closer to the family. Father and mother were still living up in Kalispell.

Maternal and Child Health Division

Bierman: I had a whole new job to organize the division, to recruit nurses, other staff. It was the first administrative job I had, but I liked it. Lovely people to work with. In order to know what was going on with the children in the state, I did a great deal of traveling. After I got some nurses, we went out and held demonstration child health clinics in every part of the state. They were well publicized. Here the farmers would bring their kids in, from long distances sometimes, to have them examined.

Parker: Farmers and Indians?

Bierman: No, not Indians, because the Indians had their own health service. I had something to do with that later on.

## Drought and Depression

Bierman: It was during the Depression and the drought. It was the eighth year of no rain in Montana to speak of. The dry land farmers were really suffering.

I had not been on the job a month or so when I got a telephone call from Dr. Martha Eliot in Washington (I didn't know her at all, had never met her) asking me what was the condition of the children in the eastern part of the state? Well, I didn't know. I hadn't had a chance to get out there. All of the staff in Helena said, "You don't go to the eastern part of the state in July. It's just too hot! You must go there, it's interesting, but don't go at this time of the year."

So I was plotting it out, taking local advice. But after I got some nurses, I got a telegram from Dr. Eliot saying, "Dr. Doris Murray will arrive Miles City on such and such a train next Wednesday at such and such a time to help you make a study of the condition of the children in eastern Montana." [laughs]

I drove my car over to Miles City in the eastern part of the state. Met her, and then we started out. We ran into some very interesting things: grasshoppers, 117 degree temperatures, as well as a lot of poor people. We had some clinics that we hurriedly organized through the local doctors who were very (sotto voce) suspicious of us. We made visits to people's homes and found the most marvelous people who were going to stay it out. This was the eighth year they hadn't had a crop. It was rough.

Well, as a result of that, Dr. Eliot arranged to have [laughs] a carload of tomato juice and cod liver oil shipped to Montana as diet supplements for the children.

Parker: She was thinking of rickets.

Bierman: Still thinking of rickets, and of ascorbic acid problems--scurvy. Anyway, we had to set up distribution points for these things. We heard great stories. The woman would say, "Well, the kids didn't get very much of the cod liver oil, Pop liked it on his pancakes." People were so hungry, you know. He was taking it as the only fat they had; he had it on his pancakes.

## Green Grassers

Bierman: Those were quite eventful days. And as we got the nurses we assigned them to various parts of the state. Some of my best long-



term friends were those nurses. I called them my green grassers because they were greener than anything in eastern Montana.  
[chuckles]

Parker: [laughs] They had been from the East Coast?

Bierman: No, they were Montana girls. The health officer took them out of the University of Minnesota where they had been sent on Social Security funds, federal funds, to get their public health training. They'd been there one semester.

I came and I had to have nurses. They said, "We've got seven nurses at the University of Minnesota. Send them home, and then we can send them back later." So here I had these girls who had mostly hospital training. Oh, what a wonderful bunch of girls. We sent them out to various parts of the state.

Parker: How would they work, when you say you sent them out?

Bierman: To help the local doctors with prenatal follow up, with making home visits where the local doctors told them they thought there were health problems, to help set distribution points for these commodities.

Parker: Food or medicine?

Bierman: Tomato juice, mostly. Then through the welfare departments, they encouraged them to provide food when there were children. One of the classical stories was about Virginia G.--one of the nurses who had a hard time getting the local doctor to accept her. He couldn't understand what a nurse could do.

She said, "If you have patients out here, prenatal patients, you lose track of I'll be glad to go out and see them. I'll make a visit, and I'll come in and report to you." Well, he called her up one day and said, "You've been wanting to do something. You can go out and see Mrs. so and so; they live about forty miles out." He gave the best instruction he could about her, where she lived. He said, "She's about due, and I haven't heard from her for a long time."

So she went out there, met a bunch of kids at the gate. They let her in, saying, "Mama's sick." Mama was in hard labor. Papa had gone to get help from a neighbor. He must have gone a long way because he didn't get back.

The nurse found herself confronted by a breech delivery and had to try to remember what the obstetrician in the hospital where she trained did in such cases. Anyway she delivered a breech baby. The

kids all were bringing hot water and all the things that she learned to do. First time she ever used that little bag that we supplied her with. All turned out well, and they named the youngster Virginia.

Parker: After her?

Bierman: Yep. Poppa finally appeared and said, "Are you an angel?" She was in white. Oh, he was so delighted that she was there. Noting that the nurse was preparing to leave, he said, "It's clouding up, and nobody drives on these roads when it rains."

She said, "Oh I'll get home, it's only forty miles. I'll just flip home." She had a new car.

Anyway, she eventually slid off the gumbo road and spent the night, very uncomfortably! She wasn't hurt, and it was a long night. Somebody came along the next morning driving a truck and hauled her out. She got into town and the first thing she did was go to an automobile supply place and have a radio put in her car, because she said, "If I'm going to spend my nights that way, I want music." [laughs]

This shows the spirit of the people. Well, that was a wonderful two years, but it wasn't long before Martha Eliot was breathing down my neck.

Parker: Before you leave Montana, who was your boss in the health department, who was the health officer?

Bierman: Dr. W. F. Cogswell. He had been the longtime state health officer, and had been active in the development of the Rocky Mountain Spotted Fever Laboratory in Hamilton, Montana. Rocky Mountain spotted fever was researched in Montana. They finally found how it was carried by wood ticks, and he was very much instrumental in that.

Parker: Was he receptive to having a new maternal and child health division?

Bierman: Absolutely. He was very much interested in taking advantage of every federal dollar he could get. [laughs]

Parker: Why don't you fill me in a little on how the funding works. The state health departments had been receiving child health funds through the Children's Bureau under Sheppard-Towner Act, and that was discontinued. In 1935 they had a new source through Title V of the Social Security Act.

Bierman: They had a new source, and Dr. Cogswell, I think, was there in Sheppard-Towner days. They had their first grant by the time I got

there and was put right on the staff. I know I had money to buy a new car immediately. Got a Dodge car that belonged to maternal and child health division.

#### Investigating Maternal Deaths

One of the first things I did was look at the mortality data. I became very friendly with Mr. L. L. Benepee, who was the state statistician. We studied the things that were going on in the state. And of course I was impressed by the fact that the mortality rate among the Indians was so much higher than among the whites. One time Ben brought into me, at the end of that first year, the data on the maternal deaths in Montana for the year before and there was a great cluster of them in one county, and close together. He said, "What do you make of that, Doc?"

Parker: What did you make of it?

Bierman: I got in my little black Dodge and drove to the county seat. Went to the hospital where most of the deaths had occurred and talked to the head nurse. I think it was a Sister. She was very reluctant to talk about them. I asked her if she would bring me the records. ## She brought me some of the records I asked for. And I found that it was the same doctor who was having these deaths. I said, "Now should I go to the head of your obstetrics department and inquire about this?"

She said, "Well I don't think it's necessary. He's as worried as you are and I am."

It was a doctor who was in another town in the county who brought the patients to the hospital. I said, "I'll go and see that doctor." I had the data of the death reports, and his name on all of those records. He was an older man doing a general practice, and I confronted him with the evidence that he had more deaths than almost all the state put together. "There is something wrong. That's why I'm here, and I want to know what's going on."

Then he told me that he had had erysipelas. This had brought back this same situation that existed with my father's first wife.

Parker: Tell me what erysipelas is.

Bierman: It's a streptococcic skin infection, a very invasive and very difficult streptococcic infection. It's easily transmissible by the hands. We had quite a conversation, the doctor and I. He said, "You're not going to turn me in, are you?" I said, "No, we have the

authority to do so as you know." I said, "I know you are a decent man, and that you're as worried about this as all the rest of us are."

He said, "I sure am."

I said, "Well obviously you're to stop seeing obstetric patients as of NOW. You're not to see another obstetric patient."

He said, "All right, Doc." And that was the end of that.

Parker: Was his disease treatable?

Bierman: By that time he was getting over it. His technique must have been poor, and after the patients became infected, he transferred them to the hospital.

Parker: So no more statistical blurps from that part of the state.

#### Infant Deaths on Reservations

Bierman: We had no more problems. But that was a useful thing. I did, in the same vein, visit some of the Indian reservations and talk to the medical people there. The infant deaths are ever so much more complicated than that of course.

Parker: You mean, malnutrition? And no prenatal care?

Bierman: Yes, and--. Basically, economic problems. Just not enough money for good housing and good nutrition, good care, ignorance, poor child care. That was a sad thing--still is.

In that part of the country we don't have the problem of black people, but we have Indians. And the Indian Service is always under served--underserves the people. You have conditions of degradation among Indians from poverty and lack of opportunity that is similar to the black problem, only much worse.

Parker: Did you get involved with political problems?

Bierman: Yes. Yes, the kind of political problem that were indigenous to Montana. We had our problems with the doctors, to some extent, who didn't understand what we were up to. I had some very good friends, influential friends who were supportive of the health department in general. I can't say that we had any serious problems, except overcoming the reluctance of many of the doctors. We had a very

fine obstetrician in Great Falls, who was head of obstetrics at the Great Falls clinic, Dr. Frank McPhail, who was very helpful.

Through our chief nurse, we used a technique there of getting an advisory committee and used Dr. McPhail to chair the advisory committee. He laughingly told me later when we sent all this material about public health nurses and what they do in helping with obstetrics cases in private practice in rural areas: He said. "I had to read all that; boy, did I learn." He was very supportive, and he lent a great deal of prestige in the state for the sort of thing we were doing.

### Silicosis

Bierman: Then there was another kind of problem. I was worried about the high death rate from respiratory infections in Butte. They were all attributed to tuberculosis. So I went over to Butte, and got there fortunately when some doctor from the Public Health Service was there. It was apparent that silicosis was prevalent. This was one of those same things as the famous story about the mines in Wales. I was told then by the acting health officer that there is no such thing as silicosis.

Parker: That's infection from sand?

Bierman: It's an industrial disease from silicon that the men inhale. Black lung disease it's called now. But the doctors, the medical association, most of the doctors, I guess, must have been doing what the Anaconda Copper Mining Company said they should do. They did not use that diagnosis on a death certificate.

The doctor from the Public Health Service who was there and this health officer, the man who was serving as health officer--a practicing physician--just said, "You might just as well forget it because the ACM [Anaconda Copper Mining Company] owns this state." That was one thing that was pretty disappointing.

Parker: So you couldn't do anything. Do you remember who the Public Health Service officer was?

Bierman: No. They never had had a local health department in Silver Bow County. They may have one by now.

Parker: What about the national U. S. Public Health Service person, do you remember? Was he a person that you worked with?

Bierman: That's the only time I ever saw him, I think. He was making his rounds and was talking with this practicing physician who was acting H.O. I think by law they had to have some doctor in every county who was the health officer. As they were part-time they didn't, couldn't, do very much.

Parker: So people continued to die of silocosis and it was recorded as something else.

Bierman: As tuberculosis. A big "tuberculosis" problem. That was politics in a way. At the time the ACM was still controlling most of the newspapers in the state. You were kind of locked up as to what you could do. It had to be pretty mild and just certain things you could do. I think, sooner or later, if I had stayed in Montana, I'd have had great difficulty with some of those constraints.

Parker: You would have had to go public in some way.

Bierman: I expect. Oh well, yes, but lots of people have gone public in Montana. It's a very serious thing.

So I did quite a lot of writing while I was in Montana about the problems: I have a scrapbook here that's just full of these Montana days.

#### Publicity

Parker: What do you see, Jessie, that you would like to comment on?

Bierman: [reading aloud newspaper headlines] "Kalispell Woman Gets Health Job." That was from the local paper I guess. "Child Welfare Program for State under Security Act Announced by New Director." Things of that kind, lots of things in the paper. I just traveled, traveled, traveled, traveled all over the state. "Child Health Day Finds Montana Welfare Program Well Underway." And a picture of the director.

So we got quite a bit of publicity, the best we could. Those were very happy days; I really enjoyed it. Here was my director of nursing and I out in the field someplace.

Parker: Do you remember her name?

Bierman: Anna H. McCarthy. She had come from a demonstration public health project in Fargo, North Dakota. One of the big foundations had done a lot of the pioneering in local health programs. She was the chief nurse there.

This is Dr. Sappington, Edith Sappington.

Parker: She visited you as regional director of the Children's Bureau.

Bierman: Yes, that's right. There are some of the nurses. Here we are on a picnic. "Dr. Bierman to Head State's Health Plans." "Maternal Death Rate in State at Low Record."

Parker: Well now, "Maternal death rate will rank in lowest bracket of states." That's the prediction that you're making in, we don't have a date on this, but it's between 1936 and 1938.

Bierman: That's right, had to be. Well we just took advantage of the fact. Those were nice exciting days. I liked public health because you could get out and do something about things.

This is that Jean Sloan, that I was telling you about from the medical school, came out to Montana. This is down at our ranch; she's on one of our horses.

Parker: Well, you're a professional woman in the 1930s in a pioneer state. Basically, people accept you in your position, is that right?

Bierman: Oh yes. This is my Christmas card that year, showing all the places I'd been all over in the state of Montana. [laughs]

Parker: So you're based sort of in the middle of the state in Helena.

Bierman: I got around pretty well, all over the state.

"Days of Ignorant Midwives Said to be Passing Now. State Leaders to Participate. Dr. Bierman to be Speaker for AAUW [Association of American University Women]." I had never, well a little public-speaking, but, you know, you're catapulted right into it.

#### Reception of Maternal and Child Health

Parker: Did you find that you liked administration?

Bierman: Yes, I liked it. You can get things done. And I had wonderful support from Dr. Cogswell, the staff. They kind of liked the action. There was action. [laughs]

Parker: They liked your action. You.

Bierman: Yes. I think that a good many of the people in a health department, a state health department or local health department in those small rural states, were very slow moving. The people who held the jobs were not go-getters or they would not have stayed. But wonderful people. Too often the health officer was a political appointment and there was just so much he was willing to do to stir things up, largely with the medical profession.

Parker: In your case, the Anaconda Copper Company.

Bierman: And the medical profession both. Although I never really felt it too badly in Montana. But they were suspicious of public health. After the Social Security Act, we started moving around and doing a lot of things that had not been done before.

Parker: Working with women and children and environmental and social factors.

Bierman: That's right.

Parker: Even the old line health people didn't like it, did they--the public health people?

Bierman: The Public Health Service, I think, resented the Children's Bureau and the fact that it was pushing out pretty fast. They didn't like that. And they felt that all public health should be their province. Stella Ford Warner was their child health person, and she was still active in the Public Health Service at that time. It was a little hard on Dr. Warner, because where do the Public Health Service activities for children fit into this general pattern? Because the Children's Bureau had a good deal of money for children, they forged ahead, particularly with people like Martha Eliot really in there pushing.



## VI U.S. CHILDREN'S BUREAU, 1938-1942

Parker: Martha Eliot is, in this period, assistant chief of the bureau?

Bierman: That's right, in charge of the health services.

Parker: How did you meet her?

Bierman: You heard how I met her. She introduced herself by telegram saying that she was sending Doris Murray out. And then it wasn't long until she was out herself.

Parker: That same year?

Bierman: She was up at a meeting in Denver and came up. I was only there two years, so it was either that year or in the next year.

Better Care Conference

Bierman: Then I was invited to the Better Care Conference, in Washington. I had several trips to Washington in those two years. One was the Better Care Conference. That was rather amusing. Of course you went by train, and always had to change trains in Chicago. On the train out of Chicago one morning to Washington, I was seated in the dining car with a woman who looked very familiar. I couldn't think who she was. It bothered me, and every time she'd look up from her newspaper I'd [laughs] be looking at her. Finally, she looked up and I said, "I hate to be staring at you, but I just know that I should know who you are, and I just can't place you."

She said, "Oh, it's just because my face looks like everybody else's face." She said, "The name's Abbott."

Parker: [laughs]

Bierman: [laughs] That was Grace Abbott. She said, "You're going to the Better Care Conference, I bet." I said, "Yes I am." So then we talked about the Children's Bureau. I met her other times, but that was the first time. That was an interesting conference.

Martha had worked that one out. She had representatives of her child health directors from various parts of the country. I had to give a paper on Montana in the White House, in the East Room of the White House. I don't have a copy of that anyplace, but I tried to give an idea of what MCH was doing in the wide open spaces.

Parker: What did you give your paper on?

Bierman: What it was like in Montana, and some of the things we were trying to do. I had a good deal of humor in it. I made a lifelong friend. Purcelle Peck approached me after the paper. She was editor of the American Journal of Public Health Nursing. I was talking a good deal about public health nursing, because all we were doing was using the nurses out in the state. She came and asked me for the rights to publish the paper in the journal. After that she married and came out to Berkeley to live. She and her husband are still my dear friends; I just saw them last week.

Parker: What's her married name?

Bierman: Mrs. Austin J. Smith.

Parker: So this was your first trip to Washington under Children's Bureau auspices?

Bierman: I think so. Then after that Martha had a meeting of the directors in all of the states. We got to see Martha and Martha got to see quite a bit of us. I don't know whether you have seen the paper that I wrote about Martha. I tell about how we started, how I got to know her. It was in Clinical Pediatrics, September of 1966.

Parker: Why don't you just tell us on tape.

Assistant Director, Health Division

Bierman: She wrote to me, and said she wondered if I would consider coming to the bureau to be assistant director of health services. By that time she had moved up to assistant chief of the CB. There was a young obstetrician who had become director of health services, so the offer was to be his assistant.

Parker: Who was this, do you remember?

Bierman: I knew you were to going to ask me. Ed Daily, he was an obstetrician from Chicago. I was not really ready to leave Montana at all, but she was so insistent. She was in touch with Dr. Cogswell. Anyway, I finally caved in and went to Washington.

Parker: What kind of argument did she use on you and Dr. Cogswell to make you move when you didn't really want to?

Bierman: I was needed. She had all the other directors all over the country to choose from. I couldn't see any reason why she couldn't have found someone else, and I told her that. But for some reason she wanted me to come. So I went.

We recruited another doctor from Texas for Montana. Her name I don't recall. She came before I left, and was in the job, so it was covered all right. I think Dr. Eliot was instrumental in getting her to go to Montana.

Parker: To fill your place.

Bierman: Yes.

Martha May Eliot, M.D.

Parker: Let's get a sketch of Martha Eliot. What's your first impression of her, as you got to know her, what kind of person she was.

Bierman: She was hard driving, idealistic, hardworking, fair, very effective--a real personality.

Parker: So far, she just sounds like a workaholic, so tell me what the personality is.

Bierman: She had a nice quiet sense of humor, great loyalty to her staff. She has done more for me professionally than everybody else put together. She had faith in me.

On that first job I had at the Children's Bureau I found was largely reading all the literature; that came in by the ton. Anything that mentioned children was sent by the clipping service to the Children's Bureau and then it wound up on my desk. I was sitting there eight hours or ten hours a day reading. Gee, that got tiresome!

I wanted a little more action. Well, I soon got it. I don't know how all the stuff got read after that. You know, clippings of the New York Times and all the professional journals. I guess I got a very good education during that period and what I was supposed to do was to bring anything of great importance to Dr. Eliot's attention. Either write up a precis or some kind of memorandum or take the article into her and say, "This is something you must read."

#### Federal/State Relations

Bierman: A lot of the things that were going on then was getting state programs organized. Getting state health departments to develop MCH programs and to find directors. Martha did a great deal to help recruit people for them.

Then she would have those people in to Washington. She was fashioning an organization of directors who were informed, who were in agreement with the program, her concept of the Children's Bureau, concept of what they should be doing and accomplishing.

Another job at that time was the merit system, getting the merit system established in health departments and particularly in maternal and child health. There were many states where the MCH department was the first one that really accepted the merit system.

We ran into some real hard problems in a few states. The regional CB officer had come up against a stone wall, so Martha started calling on me to go out and troubleshoot. And see if I could persuade the health officer to come around to the merit system. I had some very interesting and delightful experiences.

## Missouri and the Merit System

Parker: Can you tell me some of the states that you visited?

Bierman: Nebraska was one, and Missouri, two that were specifically in connection with the merit system. The Missouri one was very memorable. Upon arrival I was taken to see the health officer. He'd been through this many times before, but he had a wonderful sense of humor. He didn't cave in at all. He told me the problems it would mean for him. I could understand.

Parker: What kinds of problems.

Bierman: He was in some kind of political bind. I finally went to see the governor. The governor's name was Stark. He was a horticulturalist who developed the Stark's delicious apple. He was a geneticist, a plant geneticist. He was just a charming guy. I really had quite fun with him, and I was invited to his home for dinner.

I had to tell the governor and the health officer that if they didn't come around, they'd had enough warning, that the Children's Bureau was going to withdraw its funds. I said, "That's just the way it is." Then I went home to Montana for my vacation for the month of September.

Then I got a wire from Martha saying to get back to Missouri [interrupting the vacation]. ## After I had my conferences with the governor and the state health officer, I had to inform the department head of maternal and child health that unfortunately the Children's Bureau funds were going to be withdrawn.

That night I was leaving on the midnight train. A number of the staff invited me to dinner. I said, "I can get on the train, board the car and go to bed after ten." They said, "No, no such thing. We're going to get you into a poker game."

So, we played poker until midnight. I never considered myself a great poker player, but I could not lose that night. I won thirty-five dollars from that staff and cut off their funds, all in one day!

They said they were going to get even with me. In September I got word from Martha that I was to go back to Missouri again, that they were accepting the merit system. They met me at the train after a long, harried trip, hot as anything in the day coach from Billings.

There they all appeared with all white "ice cream" pants, so fresh. They said they'd give me ten minutes to get ready for

dinner. We had a lovely dinner, played poker, and they took that money all away from me. [laughs] I got quite a reputation as a poker player in the state of Missouri.

#### Nebraska and Infant Mortality

Dr. Eliot sent me also out to the state of Nebraska to see why the state of Nebraska had the lowest infant mortality rate in the country at that time. That was another eye-opener to me when I saw how the people lived and what their value system was. They just took good care of their children. Children were important and they took care of them. There wasn't great poverty. They didn't have much of an Indian problem and all of that.

So I had to go back to Martha and tell her I didn't think it was due to the excellence of their maternal and child health program. [chuckles] I thought it was just because Nebraska was a good state for children to live in.

Parker: That was her native state, wasn't it?

Bierman: No, she's from Massachusetts. I did quite a few of those special jobs for Martha.

#### Public Health Degree--1942

Bierman: The time came when I wanted to get my public health degree. See, I hadn't had public health training. The Children's Bureau was giving out all this money for public health training, but they couldn't give it to a member of their own staff. So I had to sell my car, and I sold a piece of property I had in California to get the money to go to public health school.

Parker: Columbia [University], is that right?

Bierman: I went to Columbia, got my degree, and I got it in a short time because Martha called me back at the spring quarter. I just couldn't stay any longer. So, Doctor Haven Emerson, who was the dean, and I worked out a plan whereby I would write a thesis about MCH problems in California, and fulfill the requirements for my degree.

## Midwest Regional Consultant

Bierman: I went back then and Martha gave me a job as a regional consultant for the Midwest. I traveled constantly. There was no Midwest office as there was, say, in San Francisco. There was one subsequently developed in Kansas City.

But I would go out three months at a time and live out of a suitcase and go into every state in my region. We were called "itinerant gossips on expense accounts."

Parker: [laughs] Is that what you were called? You were helping them set up maternal and child health services?

Bierman: Well, they were set up, but seeing what they were doing, and learning a great deal of what works and what doesn't work. And then going on and telling other states what's going on in this or that state. It was stirring things up. It was a very great learning process.

Parker: You were, in effect, performing an intelligence function for Eliot?

Bierman: For the Children's Bureau.

Parker: And a trouble-shooting function.

Bierman: That's right.

Parker: And you're reporting now on experiments that work and services that work.

Bierman: Yes, that's right.

Parker: And in compliance--whether people were in compliance or not.

Bierman: I did an awful lot of speech making. What I talked about I don't remember now. But it's part of being an itinerant gossip. My diaries for the period are full of my trips. It makes me almost weary to read how much work I did in those days. I had to write up field reports on all those things.

The thing that really killed the Children's Bureau with me was that period when I had all of this traveling to do, field reports to prepare, and come back and find stacks of material on my desk that I had to work on, comment on and give Dr. Eliot reports on.

She could do that amount of work and she just assumed that everybody else could do the same thing. I suspect that I perhaps

came rather close to being able to do it. That's why she loaded me so.

I found in reading through my notes of those years that it was very frustrating to me. And I was sick a lot. I recall a statement about how you retreat into illness under pressure, and that's what I was doing.

Parker: What kind of sickness?

Bierman: My ulcer was bothering me. I had that for years and years. I got so many colds: "Another cold coming on." About the only time I really had a chance to rest was when I was sick. And then I'd get an extra day off because I'd get sick over the weekend and then on Monday I couldn't go in. As I look back on it I can just see what was happening. I was simply pressing myself beyond my capacity.

Parker: Were you also isolated from a network of friends?

Bierman: Oh, no. I had lots of friends, lots of friends. I did lots of entertaining in those days.

Parker: You weren't in one post for very long.

Bierman: In Washington, my headquarters was in Washington.

Parker: But out in the field, was it lonely?

Bierman: Never lonely. There are such lovely people in the world. Most of them doing good jobs, the best they can under the circumstances. I don't recall any of the people that I met that I didn't think were doing pretty well under the circumstances in which they found themselves. So many of them with a wonderful sense of humor which I think is one of the greatest gifts is a sense of humor.

#### Informal Washington Network

Parker: Tell me more about the Washington staff. Whom did you interact with at this time in Washington?

Bierman: There was Doctor Maude Gerdes, who came from Nebraska I believe. She was an obstetrician who graduated from the University of Minnesota and she was a very nice gal. She got fed up with the Children's Bureau and went to Billings, Montana where I knew they needed an obstetrician. Went there, and for years was a leading obstetrician.



There were quite a few other people: the nutritionists, Helen Stacey and Marjorie Heseltine. They were very good friends of mine. I actually lived in Marjorie Heseltine's house when I went back to Washington to work for the Academy of Sciences in later years.

Naomi Deutsch was head of nursing at that time; she was a good friend. I had lots of good friends at the bureau. There was lots of social interaction among us. And Martha, herself, was always very good to me. She lived in the same part of Washington that I did a good deal of the time.

Parker: Where was that?

Bierman: Out near Rock Creek Park, that way.

I moved a great many times in Washington. Then at the end I was living on Wisconsin Avenue, 2727 Wisconsin, near the Cathedral. Helen Stacey and I took an apartment there after the war began. We both were out in the field so much that the apartment stood idle. There were always people coming to Washington that we knew could stay in the apartment. It was rather nice.

Parker: Was there a trolley down Wisconsin then that you could take?

Bierman: Yes, there was. But I always had a car, which was a nuisance really.

Parker: Did you socialize with Martha Eliot and Ethel Dunham?

Bierman: Yes, I did. I was at their home quite a lot. They were great gardeners, especially Ethel; had a lovely garden. They were very cordial.

Parker: Did they have hobbies or interests, or did they just talk about work when you socialized?

Bierman: Oh, I don't think we talked about work at all when we socialized. I don't think so.

I would come back from the field. Just as soon as Martha knew I was there--BING--I'd be called to her office, and then she'd give me things to do, ignoring the fact that I was way behind in field reports and all of that--. She really was a slave driver, there's no question about it.

She was simply measuring other people by her own standards. She wasn't trying to be too hard on people, but she could hardly conceive of anyone who didn't have limitless staying power because

she had. She had wonderful health herself, great stamina. A great lady!

Eliot's Credo

Parker: Did you talk with her on things like what she thought the future of the bureau should be, or its mission, or her long-range planning ideas?

Bierman: Oh, yes. I think that came out constantly. The fact the Children's Bureau would survive forever was never questioned in her mind. And I think it would have if Martha Eliot had lived forever. Because there are very few people who really had the dedication that she had and the vision, the vision that she had.

Parker: Can you spell that out a little bit for us.

Bierman: Yes. I think this quotation that she gave me when I was interviewing her one time in connection with an article that I wrote about her for the Journal of Clinical Pediatrics does it:

[reading aloud] "She mirrors in practice the philosophy of a treasured Christmas card she once received from Panama. 'A child is the person who will continue what you have begun, who will sit right where you are sitting and witness the things that you consider very important when you have gone. You may take all the measures you like but the manner in which they are carried out will depend on him, even though you may sign alliances and treaties it is he who will execute them.'

He will take his seat in the assembly and will assume control of cities, nations and empires. It is he who will be in charge of your churches, schools, universities, councils, corporations and institutions. All your work will be judged, praised or condemned by him. The future and destiny of humanity will be in his hands. Therefore it will not be a bad idea to pay some attention to him now.'"

Parker: This is what Martha Eliot wrote on a Christmas card?

Bierman: I don't know. No, it's her philosophy expressed in a treasured Christmas card she once received from Panama.

That was her credo. And she was not sentimental about children, not at all. To her it made hard-headed sense. If you

loved your country, and looked to the future. This is the way it has to be done.

Parker: Through the transmission of values from one generation to the next.

Bierman: That's right; that's right.

Parker: Was she taking you in hand in this way, do you think, preparing you in some way for future work?

Bierman: I don't know. Perhaps, yes, I think, perhaps. She certainly opened doors for me. And long after I left the Children's Bureau she was still in there. It always seemed to come at such inconvenient times [chuckles]. I went to join the faculty at the University of California in 1947, the fall of '47.

Effect of War on Children, Office of Military Government, U. S.

Bierman: In 1948 there she was wanting me to go to Germany to head up a study of the effect of the war on postwar German mothers and children. She had worked out a plan with the ministry of health in England for them to provide a person for the British zone, and she was looking for somebody who would do the American zone. We were to work in concert. She was so insistent, and got the dean to let me go. Part of the time I was away was summer vacation, but I had to go before school was out.

That was a great experience! Going in January, February and March--that was in the school year--and that was a very bad time for me. But I went. That was my first trip abroad. That's where I depended on my childhood German to quite an extent. Went to lots of meetings and wrote voluminous reports on the condition of the German mothers and children. Dr. Rachel Elliot, who was representing the ministry of health in England, and I became fast friends. We have visited one another over the years.

I went to England after we had finished our work in Germany. We spent two weeks working on our report. It was a joint report signed by both of us. That was internationalism [chuckles]. Because the two zones were very similar, we compared notes and we had no trouble coming to agreement on what to say in the report. One went to the British ministry of health and one went to the Military Government, U. S..

Parker: What were your findings?

Bierman: The condition of the children wasn't so really bad. There were lots of complaints about not enough fat in the milk. They were down to two percent milk. And just think, we can hardly get Americans to take anything more than two percent now.

The Germans have always been great for rather high fat diets. We managed to get some extra food for the children in Berlin. The airlift was on then. Martha came over. One time we took the airlift into Berlin during the time when the wings were icing; it was a very hazardous trip. We went to see Willy Brandt, who was then the Mayor of Berlin. She laid down the law to Willy about how they had to do more for the mothers and children.

We did visit hospitals and found there were cases of scurvy, especially in Berlin, where they were not getting fresh food of any kind. Trocken is the word for dried. Trocken kartoffeln, dried potatoes, many trocken items. It was necessary for Willy Brandt to pay some attention to the condition of the children.

Then through OMGUS [Office Military Government, United States] we were able to get supplies for the German mothers and children. We visited new pasteurizing plants. Pasteurization of milk was a new thing in Germany then. That was a very interesting trip. Food was scarce and everything was under reconstruction. But I became convinced that the Germans were going to come out all right because they knew how to work. Outside my hotel window in Frankfurt just as soon as daybreak came, there they were with all their wheelbarrows taking out rubble, and they worked until dark. There was still lots of rubble at that time.

Parker: 1948?

Bierman: 1948, that was just '48, '49. I was over in January 1949. That was a very interesting experience. On the basis of that experience Martha recommended me to the Unitarian Service Committee. It sent a group to Germany two years later, and I was the maternal and child health consultant. I went with Haven Emerson, who had been dean of the school of public health at Columbia while I was a student there. There were other distinguished people on the team; Jim Perkins who was the director of the American Tuberculosis Association; Norman Topping who became president of the University of Southern California. That was quite a trip, and it was in many ways similar to the job I had done in Germany two years before; I knew my way around a bit. We gave papers and talks, saw most of the important public health people in Germany.

Parker: What was the purpose of this visit?

Bierman: Well, what does the Unitarian Service Committee do? They're educating, promoting good will between the two countries. Kind of stimulating Germany in public health ways. I think they were a little behind us in preventive medicine. But we got into all aspects of medicine on that trip.

Parker: What was Haven Emerson like?

Haven Emerson

Bierman: He was a New Englander, stern without much sense of humor, very businesslike, very correct in everything, a kind man. He was our leader on that trip. I was not well then; I was having a lot of trouble with my stomach; it was still terrible. And some of the men on that trip were great drinkers, and I soon learned that I couldn't keep up with them in drinking. The only other person who wouldn't drink was Haven because he didn't drink.

Shortly after I got back, the same year actually, I had--I thought it was the ulcer--but I was having trouble with my gall bladder. I had acute gall bladder problems so that I had to have surgery soon after I got back home. I've been all right ever since.

Parker: Was that 1952?

Bierman: Around the early fifties sometime.

## VII WORLD HEALTH ORGANIZATION, 1956-1957

Consultant for WHO: India

Parker: You're still open to the call from Martha Eliot, and you know its not a trivial thing when she calls?

Bierman: Absolutely. That's right, and I've always responded to my benefit.

Parker: She always works above you, and around you, and directly with you, also.

Bierman: You see, then, of course the last thing, was to have my name suggested to follow her as chief of the Children's Bureau [sotto voce].

Parker: In 1956?

Bierman: Yes. I was in Geneva at that time.

Parker: She helped you get to the World Health Organization?

Bierman: No, not really. I applied to WHO and took my sabbatical, my first sabbatical, with the WHO. I wanted that experience. I had been in Europe a couple of times and wanted a broader experience. I went to Geneva and got sent to India.

Parker: As a World Health Organization consultant. What was your task in India?

Bierman: To review all of the child health centers in India that were financed and supported by the WHO. Every part of India. I traveled from one end of India to the other. That was a tremendous experience. I had to report on everything I saw. That must have been in 1956.

- Parker: I have a date from one of your bibliographic citations. It lists 1955 as consultant, and then chief maternal and child health section, in 1956.
- Bierman: That's when I went back, 1955, that's right. And then I went back in 1956.
- Parker: It's hard to imagine for somebody who's never been to India what you might have seen at the child health centers funded by WHO. Why don't you tell us.
- Bierman: Poverty and the condition of the people physically and the confusion of the great numbers of people. ## It makes quite an impression on a westerner who'd never had that kind of experience before. That's cultural shock all right. I landed in Bombay which later I came to realize was the best of the big cities in India from a westerner's standpoint, orderly and all of that. But that trip in the limousine from the airport, Sahara Airport, to my hotel, Taj Mahal Hotel, was really impressive. People living in hovels; it's just almost indescribable. I wished then that I had my camera--that first trip.

Later as I came into Bombay, after having been in Calcutta and other places in India, I thought what did I see in Bombay that was so impressive that I wanted to photograph, because I couldn't see much that time. It shows you how rapidly you can get accustomed to that part of the world. I saw many things worse.

Calcutta, I guess, would have to be the worst where people had no place to sleep; they sleep on the streets. One morning I was taking a plane to Hyderabad--an early plane--so I had to leave the hotel and stand out in the square, waiting for the limousine to come along. I saw all of these blanket-shrouded figures in a line on the streets. It was by a fountain. I suppose I stood there for perhaps three-quarters of an hour. To see one after another of these people all lying covered with blankets, start to move, and uncovering themselves, getting up, taking a toothbrush made out of willow, and going to the fountain to brush their teeth. The most marvelous experience. That's India. I had many experiences in India. Of course, everybody has who goes there, unless they confine themselves to the tourist spots.

#### Population Control

- Bierman: Some very good work was going on in those health centers. They were beginning to push population control in those days. I went around in some villages with some of the important population control

people. The women were very receptive to birth control methods that were being given out at that time.

Parker: What were they?

Bierman: I think they were dispensing shields; it was really before the pill was available.

Parker: You mean IUDs [Intrauterine devices]?

Bierman: They were using mostly IUDs. The man who was in charge of the population control program was a native of India who was head of the population control unit at Chapel Hill [North Carolina]. I saw him again when I came back and when I worked at Chapel Hill.

It was wonderful to follow him around the villages and see how well he was accepted. Of course, he could speak the language. I think he was very effective. They were starting male sterilizations also at that time. I think they still are.

Parker: Was this the program that became somewhat controversial because some of them were not voluntary?

Bierman: Well, yes that's what they said, but I don't know. I wasn't really into population control so much. I was looking after the babies when the population control failed: the children that resulted. [laughs] And there were lots of them.

#### Diseases of Poverty

Bierman: We were trying to see that the people really were aware of how important it was that the children had nutritious food to eat. We were just then beginning to realize the extent to which serious malnutrition affects the brain, the development of the brain. I'm sure one could see in India at any time great numbers of people who were not functioning mentally any better than they are physically as a result of malnutrition during those critical baby and early childhood years. We worked on that.

And we worked on xerophthalmia, blindness due to a lack of vitamin A in the diet. They used cooking oil, but the cooking oil was nearly always palm oil or cotton seed oil which is very low in vitamin A. Using an engineering approach we recommended introducing vitamin A concentrates into the cooking oil that people used. So we got quite a lot of interest in that for a while, but I don't know that they've ever done anything with it. Also large doses of vitamin A concentrate given intramuscularly were being introduced.



Also I became also very much interested in tetanus of the newborn during that period, because it was the principal cause of neonatal death in the many of the villages. Tetanus would thrive in a community using cow dung to plaster the walls of the homes, and with the techniques that were used in cutting the umbilical cord contamination was prevalent.

Parker: How did they do that?

Bierman: Well, they tied the cord with a string. The untrained midwives had dirty hands, and there'd be no reason why the cord wouldn't become infected.

But we started a movement then, and I got one of the directors, Dr. Harbans Damn who was head of maternal and child health in the Punjab, interested in the possibility of immunizing the mothers to tetanus during pregnancy so that they would transmit some passive immunity to the foetus. It would last two or three months after birth and that would help to protect the newborn.

That was an idea that appealed to me. I got that idea from Florence Dixon's husband who was with the Rockefeller Foundation. He put it into practice in places in China. I read his article and it always stayed with me.

We finally (in 1965) got a study going. Doctor Damn ran the study. I went back again in 1965 to help her get it set up. I think they are doing this immunization as a standard procedure now.

Parker: Did your friend at Rockefeller have anything to do with your becoming a medical consultant with WHO?

Bierman: Oh, no. I never knew him at all; I never met him.

Parker: I see, through the literature. Was it Martha Eliot who steered you in that direction and opened the door with WHO?

Bierman: Yes, I'm sure she helped, but it was part of my sabbatical.

Parker: It was her idea where you should spend it?

Bierman: I don't know whether her idea or whether it was mine. Anyway, she opened doors.

Children's Bureau and the Public Health Service

Bierman: Stella Ford Warner, who was in charge of child health in the Public Health Service, was then in India. She was very helpful to me when I went to India.

Parker: So you didn't experience that hostility between the two bureaus that other people have?

Bierman: Oh no. Depends on what stake you have in it. Now Martha and Stella Ford Warner, I presume, must have felt some competition. But I never heard Martha say anything against Stella Ford Warner. She was a very attractive lady.

Well, that's India.

Parker: Did Martha have enemies that she talked about? Enemies, in quotes? Groups or--?

Bierman: I don't know. She was very skillful in working with the Academy of Pediatrics. She was highly respected by the pediatricians of the country. I'm sure that there were people in the American Medical Association and perhaps some pediatricians who were opposed to the program, but she was very skillful.

I can remember her saying one time how to comprise a good advisory committee. Have it made up of ten members; five well known, highly respected supporters; three prominent and influential opponents (e.g. from the AMA) and two "friendly Indians" who might vote either way.

Parker: You might say an enemy is somebody who is located in a high position in a competing agency, who could nevertheless be friendly. Is that a friendly enemy?

Bierman: [long deep breath] Well, that would be one. But there were officials from organized medicine who were pretty much opposed to federal programs. There were pediatricians who didn't believe what the Children's Bureau was doing and what Martha Eliot was doing, was the right thing. But opposite them would be, somebody like, well, the president of the Academy of Pediatrics, who was equally prominent in pediatric circles, and who was convinced that this was a good program.

American Academy of Pediatrics

Bierman: The Academy of Pediatrics at that time was somewhat on the fence. They certainly were not supporting the Children's Bureau. Now the Academy of Pediatrics actually is doing more of Children's Bureau work than the federal government is, much more.

Parker: In what way?

Bierman: They have taken over and are pushing school health programs and are encouraging pediatricians to take on responsibilities for school health in their communities. Well-child services. All kinds of supportive services for children. The Academy of Pediatrics is doing that.

To a very great extent you can say that Martha Eliot really started this groundwork to get the academy really interested in what can be done in a community way. In preventive pediatrics, rather than being confined to sick children. I think the academy now is the strongest force for child health in the country.

Maternal and Child Health Unit, Geneva

Parker: I noticed along with your WHO consultative experience you also got into the administration of maternal and child health programs.

Bierman: Yes, I took a leave of absence from the university, went back and became the chief of the MCH unit in WHO for a year.

One big job there was to recruit a permanent chief. It was clear that I would not take the job for more than a year. That was the time when the USSR had walked out on WHO, and had just come back. Dr. M. G. Candau, the director-general, thought it was very important to have somebody from behind the iron curtain as my successor. So we were quite limited. We could have got people from England or other countries. We already had too many people from the United States. That was one of the troubles they had. U.S. and England were the principal suppliers of staff, and efforts were made to achieve greater geographic representation.

We did our recruiting among the Soviet bloc countries, and we finally got a successor from Poland, whose mother was German. She was from Poland, back of the iron curtain all right, had got along with the Nazis, and with the U.S., and with the Soviets. She was

very skillful at that sort of thing and she was a survivor, a very competent gal. We finally got her on board before I left. Her name was Winnicka, Victoria Winnicka.

Parker: Do you have more on the WHO experience that you would like to mention?

#### USSR Conference

Bierman: I told you while I was at WHO I went to the Soviet Union.

At the time I had planned to attend a meeting of some of the world leaders in child development with great men like Erik Erikson and Jean Piaget and such. I had looked forward to that with great delight. Because really child development, intellectually, is the basis of my real interest. But I thought that I had better serve WHO by going to the Soviet Union meetings.

#### Children's Services

Parker: And what did you learn?

Bierman: In the Soviet Union I learned that the Soviet government and Soviet people hold children in very high regard. There are creches in connection with almost every factory, office, event. The Bolshoi theater has its own creche for the ballerinas who have babies. So the babies can still breast nurse. The mothers are allowed to go and feed the baby periodically.

Everything is done for babies and children. The polyclinics are wide open to children, with preventive services. And they have lots of health personnel. Their doctors are on a somewhat different level; their training is of less depth and breadth of medicine than in this country or the western world. But they have great numbers of feldshers who have had three years of training in medical subjects beyond high school. In as much as at least eighty-five percent of illnesses are easily handled by practitioners under the doctor level, that makes quite a lot of sense. They turn them out in great numbers.

I was impressed by their health services and educational services for children in the Soviet Union. I spent a whole morning in a school in Moscow. It was an eye-opener with children ten years old taking chemistry. Not only that but every child in that school

had an opportunity to learn to play some kind of musical instrument if they wanted to. Some didn't show any signs of interest in music, so they were given the opportunity to make puppets or to paint, some artistic expression. Such a fine looking bunch of kids in that primary school.

Later, some of the critics said that that was a school for the children of elites. That may have been, but it was an awfully good school. Those children may well be headed for leadership positions. Another critic said, "Well, they get propagandized."

So I asked the principal at one point, "What was their principal educational goal?" He said, without any hesitation, "To produce good citizens for the Soviet Union." Well, what's wrong with that? I wish that we could say that our schools could say definitely our goal is to provide good citizens for America.

And we saw all the usual sights as well as the serious things. Being the only physician in that group of women I was taken to hospitals and all sorts of polyclinics, and creches. They're at a different level from ours, but equally good for the country they serve. And much more widespread, available to everybody.

#### The Georgian Republic

Parker: Did you get outside of Moscow?

Bierman: Oh, yes. We broke up into four groups. We could choose where we wanted to go. I chose to go to the Georgian Republic. We were given an opportunity to go to an exhibition in Moscow with halls for the different states. I liked the Georgian Republic. It was more like California. They grow not only tea but citrus fruits and grapes and things of that kind. Most everybody wanted to go to Tashkent, go into the Asian part. Ours was a smaller group, but each had its own private plane. We stayed in a fine hotel in Tbilisi. I found the Georgian people to be very interesting.

Parker: Any qualities that stand out?

Bierman: Yes, their beauty for one thing, especially the men. They have such beautiful men. The milk-white skins and their lovely black mustaches. They're so dashing; they're handsome, gay people.

We had a marvelous experience visiting a tea plantation out of Butahmi. We were invited casually, it appeared to me, by one of the

tea pickers, an older woman, to come to dinner that night at her home.

It was all laid on, of course, and what a meal that was! There were seven different courses with meat. We were sitting at that table from four-thirty in the afternoon until ten at night. Every course with a different wine. Such food. There were toasts and toasts and toasts. They were all toasting peace and toasting women.

Finally, I had enough of their wine to think I was getting awfully tired of these same toasts: women and peace. So I stood up and being the only American attracted attention. [sotto voce] I said that I wished to propose a toast.

(It was quite something because it had to be translated from English into Russian and Russian into Georgian.) I said, "We've heard many toasts to peace and women, and I was all for peace and all for women, but I thought we should toast these handsome Georgian men." There was a group of male musicians who immediately began playing dance music. They went into pandemonium. I had to dance out there on the floor with those wonderful Georgian men. It was great fun. Such people, such outgoing people.

There's a little book entitled Anything Can Happen by a Georgian [Papashvily is his name. JB] He had come to America years ago and described his country and the kind of people they were. It's just the kind of experience we had at this big dinner party. Great cordiality.

On the way back to Moscow we stopped at Sochi, a beautiful resort on the Black Sea. Our hotel was a regular castle. I think all of our groups met at Sochi. We came together there, and then we went back to Moscow and had some more meetings there. By that time we all were given some rubles to spend. They couldn't be taken out of the country, and I was leaving early because I had to get back to Geneva. How can I spend my rubles in a very short time? I got a Russian lady to take me down to GUM, the big department store in Moscow, and I purchased a beautiful little lacquer box of the work they do in Russia and some records of dancing and music which I enjoyed.

They just couldn't have been more cordial to us. We were taken to the Bolshoi theater. We were taken every place: the Hermitage in Leningrad and the Summer Palace. It was a good show. And then we had a whole week of solid indoctrination about their programs and what they hoped to do. Really impressive.

Parker: Did you issue a report?

Bierman: Yes, I did to WHO. And I gave a talk to the staff when I came back, because at that time there was still a curiosity about what was going on back of the iron curtain.

Parker: Still the time of the cold war.

Bierman: Yep. I had to obtain special permission from the State Department to go as an American citizen.

I had some other exciting experiences before I left WHO in 1957. ##

### Suez Crisis

Bierman: WHO had not been able to initiate as much activity in the eastern Mediterranean area as they had in other parts of the world, in Asia and Europe, so forth. One of the things that the director-general wanted me to do was to organize some meetings and try to stimulate a greater interest in maternal and child health work in that area. Plans were worked out that would include the people in the universities, in pediatrics and obstetrics, and those who were in public health positions serving children. In Egypt, Syria, Lebanon, Iran, Iraq, all of those countries. I had correspondence with them, and I was to go around on this particular trip to meet those people all personally and get their input into the timing of the symposium and where it should be held, etc.

I think it was in October of 1956 that I flew to Alexandria, Egypt. That was the regional headquarters for WHO in that area. But I had been there less than a week when we were wakened one night by bombs. I was staying at the Carlton Hotel; there was great excitement. A Reuter's dispatch in the lobby said Israel was invading the Suez. When I got over to the WHO building, we went up onto the roof and saw planes flying overhead, bombing warships in the harbor. We didn't know whose planes they were, whose warships. But something was going on. Finally we found that the British and the French were there trying to knock out the warships which were a gift, I guess, or supplied by the Soviet Union to the Nasser's Egypt at that time. There was a war on.

Things started getting rather tense. In the hotel at night all the lights went out because they didn't want to provide targets. The elevators were out because the electricity was out. I was on, I think, the fifth floor of the hotel. You'd feel people coming up and down in the dark, trying to get out, or get into the lobby or what not.

Anyway, the word finally came from Geneva that WHO families, dependent families, should all be evacuated. But there was nothing about staff. So we stayed on for a few more days, and then the word came that we were to come back to Geneva. I wanted to go on to Beirut and Karachi but I wasn't allowed to.

Some days later we were evacuated by ships of the Sixth Fleet that came into Alexandria. We had to wait quite a while because people were coming from Cairo and from Haifa and other places to board the ships. I was assigned to a gunboat, an ammunition boat, the S. S. Thuban, and we finally got out of the harbor Friday night. I had a wire recorder with me. I didn't have any opportunity to use it for MCH purposes but I did record some of the sound of the bombing and the aak-aak. It was quite exciting.

We went to Suba Bay, Crete. Sometime during Saturday night we pulled into Suba Bay. That's where we were all taken on landing craft into a big transport, the Alexander Patch. Two thousand people from all over the area were being "cattled" together in the transport and taken to Naples where we were landed on Sunday and got on our way back to Geneva.

Parker: Did you often have such scary experiences?

Bierman: No. That was the only one of that type. We all lined up as soon as we got on shore in Naples to telephone to our respective families. Mine didn't even know that there was any trouble [laughs]. It was an expensive call and unnecessary. They didn't realize that I was involved.

Parker: How did you stand up under stress in a strange city?

Bierman: I don't know that there was any great danger. I think we were pretty tired so we slept. We didn't get much sleep the night before in hammocks on the transport. Everybody volunteered to be of help. There were lots of dependents with little children. Finally it was decided by the nurses in charge that there were an awful lot of babies who needed bathing and too many doctors and too few nurses. They decided that the toddlers would stay with the mothers and the little babies would be the responsibility of the staff. I spent the whole day bathing very dirty little babies because they hadn't had a bath for several days as they were being evacuated from various places. We just had little basins to work in. After I got back into my hammock that night I recorded that day on my wire recorder.

Parker: Do you still have that recording?

Bierman: I had it transcribed onto a record. I have that, someplace.



Parker: Anything more about the World Health Organization.

WHO Bureaucracy

Bierman: It was an interesting place to work in many respects, but also it was very difficult [sotto voce], because of the hierarchy and the way it was organized. The tension between countries was reflected in the staff. It was a very strict organizational structure. My immediate boss was an American. He didn't like women. He certainly didn't like me. He was very difficult.

Then over him was an Indian who was also very difficult. He was next to the assistant director-general who was a Frenchman and he was difficult.

Before my first year was up I was going over the heads of all of those men right to the director-general. I told him why I had come directly to him because I said, "Everything that I suggest is stopped at one or the other of these three levels." And he said that Yes, he recognized that there were difficulties. But there they were.

Parker: Did he cooperate with you informally?

Bierman: Very well.

Parker: He would authorize your trips? Who was the director-general?

Bierman: Dr. M. G. Candau of Brazil. I can remember an experience with my immediate superior. I had been out of the office on a field trip, and came back to a stack of work on my desk. He'd stuck his head in and said, "Bierman, I haven't got a reply to that memorandum, yet."

I said, "Well I haven't had a chance to really think that through." He said, "I didn't ask you to think, I just asked you to write the memorandum." That sort of thing, very difficult.

I also had some very pleasant experiences. I inherited responsibility for chairing a scientific meeting that had been planned by my predecessor. It met in Copenhagen in connection with a meeting of the International Pediatrics Association, and that was quite a responsibility. Some of the leading pediatricians of the world, of course, were there. And because of my position as chief

of MCH in WHO I had to perform in ways that I sure never was cut out to do.

Parker: Like what do you mean?

Bierman: I had to preside at meetings and social events. I had to speak extemporaneously on almost any subject. Do everything with proper decorum. Denmark is very formal, and I was expected to perform properly. It was difficult. Quite a challenge.

I went to lots of meetings representing WHO in one way or another. There was a children's institute in Paris that was then being supported by UNICEF. I was there to see how that worked. I had quite a few visits to various places in Europe and went to England a number of times.

Parker: Were you involved in policy making?

Bierman: I tried to be. You see in the short time I was there I couldn't really get too deeply into it. But I can recall a few things that I thought really could be changed--procedures which could be streamlined and made so much easier for everybody, but that got nowhere. Because that's the way it had always been done. I think that bureaucratic problems, problems that are inherent in all bureaucratic organizations, were simply magnified in WHO. And that must be true of all international organizations. It is staffed by people from various parts of the world with different backgrounds.

Parker: Jessie, when Martha Eliot went to work for the UN, I think it was at WHO right after World WAR II--

Bierman: Yes, she was assistant director-general.

Parker: I have the impression that it was a very difficult time for her also?

Bierman: Yes, I think so, because she was in the habit of having things happen that she proposed. There were too many blocks in the way. There I think it would be more likely that one's gender made it more difficult. Because those men in some parts of the world aren't accustomed to being told how to do things by a woman. She was over most of the men. I don't know whether Dr. Candau was there then or whether it was his predecessor, who was a Canadian, a wonderful man. But I'm sure that she found it difficult, no doubt about that, knowing her personality and her great urge to get things done. I shared that to some extent, only I had more people over me than she did.

Parker: You're both physicians, both trained to command, which must fit awkwardly sometimes in a bureaucracy?

Bierman: Yes, terrible. And especially with men who are insecure or stupid. There are some stupid men. [laughter]

Parker: You mean because they're political or what?

Bierman: They just aren't very bright. They're not gifted. A job of that kind is often a political sinecure, because they get more money than they ever got before. They have position, prestige, everything that's important. They don't want to do anything that they think might jeopardize their standing. Therefore they're not terribly interested in making changes; they want to hold the job. That's very frustrating.

#### Candidate for Children's Bureau Chief

Parker: You said a while ago that about the time you were going to WHO, you were invited to submit your application or indicate an interest in succeeding Martha Eliot as the chief of the Children's Bureau.

Bierman: No, that was after I was over there. In Geneva.

Parker: Could you tell us about that?

Bierman: The dates I'll have to supply later, but I still have the correspondence, the letter that Martha wrote to me saying that she was leaving as of (some date in the future) and she wanted to know if I would consider having my name included with those that she was proposing for a successor.

I have a copy of my reply in which I said, "I could not conceive of myself being the chief of the Children's Bureau." I thought it called for skills that I did not possess, that was the political part, you know. She was so good in dealing with Congress and congressional committees [sotto voce] that I could not really think of myself in that role. But if in her judgment she thought I could do a commendable job, then I would not have objection to her putting my name in.

I have a clipping here from the New York Times November 26, 1956 under the heading "Cherchez la Directrice" [Search for Directress]:

"Marion B. Folsom, the Secretary of Health, Education and Welfare, is trying hard to find a woman to succeed Dr. Martha M. Eliot, the chief of the Children's Bureau who will join the Harvard faculty Jan. 1, 1957.

Mr. Folsom has some prospects. Among them are: Dr. Jessie Bierman, former director of the Maternal and Child Health program in California, now on foreign assignment with the World Health Organization; Martha Branscoms, former Alabama child welfare chief, now on the United Nations staff; Dr. Edith Sappington of San Francisco, a former regional consultant for the Children's Bureau."

Bierman: Well, I didn't hear anything from it at all, and I didn't really expect to.

Parker: In succeeding years, did you get other little teasing letters saying why don't you indicate an interest or let me nominate you?

Bierman: For what?

Parker: For chief. For instance, when President Kennedy became President in 1961? Dr. Eliot left in 1956. In '57 the fifth chief was appointed.

Bierman: That was Mrs. Oettinger.

Parker: Yes, but when there is a presidential transition of party and president, again the whole thing is open. You weren't aware that you were on a list?

Bierman: Not at all. I didn't have any friend there then. As much contact--

Parker: Well, Martha was still your friend and she was still active in this process.

Bierman: In the Children's Bureau after Oettinger?

Parker: No, when Oettinger was still chief, your name came out on a list in that period, 1961.

Bierman: To succeed Oettinger?

Parker: [tape interruption] According to schedule C the president could put in his own appointee. Wilbur Cohen argued No, that it had been nonpartisan by tradition and the president shouldn't change the chief just because there was a new president. But before this came

about, this decision, there was an opportunity for Martha Eliot to circulate a list of candidates and your name was on the list.

Bierman: I was completely unaware of it. Well, that was the time Kate Oettinger was moving to HEW, was it?

Parker: No, she didn't leave until 1967,

Bierman: Well, I'm still puzzled about the timing of this.

Parker: The opportunity you are thinking about was in 1956, when Martha Eliot wanted to appoint her successor.

Bierman: She wanted to propose a list of candidates. And the social work people were also proposing a list of candidates.

Parker: That's right. Well, why don't you tell me what you know about this time, 1956, 1957.

Bierman: Well, that's all I know. I got the letter from Martha. I told you what I said in my reply. And I didn't hear anything. I didn't really expect to. I don't think there was another time that there was a vacancy.

Parker: There wasn't, but the president could have [laughs] said, "I'm going to appoint another chief."

Bierman: Oh.

Parker: And he chose not to, but as part of the background to this, the context, there was an attempt to--.

Bierman: Well, how was the appointment then made of Kate Oettinger?

Parker: She was simply reappointed by Kennedy.

Bierman: Oh, I see. That was during her period. I didn't know anything about that.\*

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\*See also pp. 141-143.

## VIII CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH, 1942-1947

Chief, Maternal and Child Health Section

Parker: So, what happens after Geneva is that you return to Berkeley?.

Bierman: Yes, my leave was over, and I came back to Berkeley and settled in. I became involved about that time in this Kauai study.

Parker: Before you start on that, we haven't talked anything about your being professor of maternal and child health at the School of Public Health at the University of California at Berkeley. That position began when?

Bierman: That began in 1947.

Parker: Oh, and we've missed something else. That's the position with the California State Department of Public Health. Let's start there.

Bierman: Yes, that's after I came back to California from the Children's Bureau. That was in 1942. Dr. Ellen Stadtmuller, who had been the longtime chief of maternal and child health in the California State Department of Public Health, had died. The state health officer of California, Dr. Bertram Brown, came to Washington for a meeting. I met him and summoned up my courage to ask him if they had done anything about filling Ellen Stadtmuller's job. By that time I was eager to get back to California and to get into the business of administering one of these programs that I had been telling other people how to do. I wanted to get back to reality, as I called it.

Parker: You didn't consider this a similar job to your one in Montana?

Bierman: Yes, and I liked that. But I had all this intervening period.

Dr. Brown said, "Well, are you a citizen of California?" I said, "That's where I came from." I have spent most of my life in

California. I'd spent more years there than any other place, even in Montana at that time.

He said that I would have to take an examination through the state personnel board. That was simply met. It was an evaluation of one's experience.

Parker: Was it written or was it oral?

Bierman: No, it was the evaluation of experience. That was the examination really. I placed first on the list. So I got the job. And then had to tell Martha I was leaving. I went to San Francisco in the Spring of 1942.

The state office was in San Francisco at that time. They didn't have the building that they subsequently had in Berkeley. I had some savings by that time, and I bought some property down the peninsula in Hillsdale, a farm called Laurel Creek Farm. I had seven acres. A beautiful place. [It was during the war and the previous owner felt isolated that far from the city and sold at a sacrifice. JB]

I had to commute back and forth on the train. I would take the 6:53 train in the morning and come back on the 10:03 at night.

Parker: What a day. [laughter]

#### Emergency Maternity and Infant Care Program (EMIC)

Bierman: It was not the end of my contacts with Martha, by any means. I had no more arrived in California than she started writing to me as she did to other MCH directors about the emergency maternity infant care program for the wives of the lowest four pay grades in the armed forces. They were to have free medical care administered by the state health departments.

Before I really got my feet on the ground there were stuffers in the pay envelopes of all the military. And we had lots of army camps in California. In a few days after the notice had gone out we received in one mail a thousand letters with applications. We were short staffed. I had assumed responsibility for crippled children's services as well as MCH, because the crippled children's director had gone into the armed forces and I had that dumped in my lap. I had both bureaus and then all of this. And it came so suddenly.

We were almost literally stopping people, women, on the street to ask them if they'd like a job. We had to have people to slit

envelopes and sort the applications. The amount of work was gigantic.

Parker: Now, these were applications from individual--.

Bierman: Individual women whose husbands were in the army. They were pregnant, going to have a baby or they had a baby, and they wanted the authorization to get free medical care. Every doctor in California was supposed to be willing to give this care for the sum that the CB had worked out.

Parker: I didn't realize that was the way it worked administratively. It didn't work through the bases or the camps at all, military organizations.

Bierman: No, I don't think so.

Parker: It went directly to the state health departments?

Bierman: Yes, we received the applications from the women.

I had during that first year a budget that was bigger than all the rest of the state health departments put together. There was a pipsqueak assistant administrator who wanted our mail routed to him so he could tell me what to do. That was one of the unnecessary problems. I had to take that up with Dr. Halverson, and say, "I just cannot put up with this any longer. I don't want my mail routed to him or I'll quit."

That's the last thing they wanted, [chuckles] was for me to quit with all that awful job on their hands.

Parker: Was most of your money federal funds?

Bierman: All of it, I guess. I don't know that they got anything from the states.

Parker: There was no match?

Bierman: No, no. I don't think so. No matching. This was for the armed forces.

Parker: What about the other programs?

Bierman: The other programs--they had to limp along while we were administering that medical care program. Martha was very keenly interested in a national health service. I think in her mind this was a way in which it could be begun and tested out; it was very smart.



I guess it worked pretty well, in general. We had trouble with some of the doctors who either refused to see the women or charged them on the side and got paid by us, too. There was quite a lot of that.

Parker: Do you suppose they were afraid of a precedent for a national health insurance program?

Bierman: Oh, yes. ##

Parker: As a precedent for a national health insurance program?

Bierman: Yes, and what they called socialized medicine, they were opposed to it. So we had our problems with the medical societies.

Parker: How did you deal with it, because you were in charge?

Bierman: Yes, well I just went right ahead. If we got real evidence that a doctor was charging on the side, we just wrote him a letter and said, "Tut, tut, this can't be. If you don't want to be in, we'll just scratch your name."

Oh, we had all sorts of complications. I remember some of the funny things. How I got into a gin rummy game on a train one night and found that the doctor that I was playing with, in the group, was one of the doctors that we had denied. [laughter] Anyway, he beat me at rummy.

Parker: What did he say, "I'm going to be good now, will you put me back on the list?"

Jessie, before you leave that. You seem to be incredible--you have an incredible ability to get along with the network of the "old boys."

Bierman: Well, you get along, you have to.

Parker: Is that your Montana background? You can out drink 'em, outplay 'em, out--? [laughs]

Bierman: I was successful in playing poker one night anyway. I used to play pretty good poker, and it's sort of like a good poker game, isn't it? If you know poker, it's sizing up your opponents and the other players; that's very important. How you play your game. What you can get away with, and what you can't.

Parker: Now that's what you've learned as an administrator.

Bierman: I think so. I think that's part of it, sure. I think you have to, to be that way. One might think that Martha was too direct and too serious minded to do that, but she played her game very quietly and very skillfully. She accomplished a tremendous lot. She had a great, strong following in Congress. Claude Pepper, for instance, was one of her great admirers. The chairman of the House Appropriations Committee at the time, I forget what his name was, but he was just eating out of her hand.

Parker: You don't mean Wilbur Mills? No, that was Ways and Means.

Bierman: Yes, Wilbur was one of her great friends. She had a way of appealing to the very best in them. She could talk about children in a way that made them come right around. Because who could be against children?

Parker: Put that way?

Bierman: Yes, put that way.

Parker: Tell me more about your experiences in maternal and child health in California state department of health.

Bierman: I did a great deal of traveling again, all parts of the state. There were some very competent directors in Los Angeles City and in Los Angeles County. In San Diego. There were a lot of competent people. Leaders in the field. Here again I found the pattern that we used in the Children's Bureau effective. Getting the local directors together, and for the first time having a team feeling, that we were all going in the same direction. That was very nice.

But so much of that time was taken up with this miserable EMIC [Emergency Maternal and Infant Care] program which was just straight slut work, administration. The terms of the EMIC program were all laid out in Washington and none of us in the states had anything to say about what we did. We just had to try to make it work the best we could.

Parker: You couldn't delegate all of the administrative tasks on that, the emergency maternal and infant care?

Bierman: Well, to whom?

Parker: You mean you were involved in it yourself, decisions about eligibility and all of that?

Bierman: I don't remember the details of course, but I think a lot of the clerks could do it. They had to show the husband's number and fill the application out. If it would seem to be all there, the

authorization was sent out, which the mother could take to the doctor and then the doctor billed us.

Parker: But you're saying a lot of your staff time and resources went into that.

Bierman: Oh, yes so much. During the time that that lasted I had very little time to advance the basic program. And I must say I resented it at times. It was not fun. It was just work, hard routine work.

Parker: There are a couple of other programs I wonder about and whether you were involved in. One is the Japanese relocation.

Bierman: Yes, I was just about to say that. That was one of the things. We did not have any camps as such in California, but we had assembly centers, and a big Japanese population. They were sent to the assembly centers. I visited them. I don't think we had a great deal of responsibility for the mothers and children in those assembly centers because they moved on to permanent camps in other states.

#### Special Education for Handicapped Children

Bierman: I think that some of the lasting things that we were able to accomplish while I was there was in the crippled children's program. We got a mill tax through the legislature for handicapped children in schools for special education. That was the first time we had a state-wide program of special education for handicapped children. We got that through lobbying in Sacramento. We had lots of help from high sources. One of the greatest helps was an admiral whose son had cerebral palsy. He would go up there for those night lobbying meetings, and meet before appropriation committees all in his hash marks and everything. Oh, it was very effective.  
[laughter]

Parker: How did the school system react to this? Were they prepared for special education--?

Bierman: Oh, sure. They didn't oppose it; they were there helping to get the legislation through. The thing that was unique was that we got a mill tax; we provided the money. We got a lot of money for handicapped children that's still going, I guess.

Parker: Administered by the state department of education. Did you work with the Federal Security Administration's regional representative in San Francisco? There was an assistant director by the name of

Helen Valeska Bary. Remember her? I think Richard Neustedt's father was director?

Bierman: During my time FSA didn't have as much to do with the Children's Bureau. You see, we were in the Labor Department. It was just after I left that the Children's Bureau moved to HEW. I actually worked in the Labor Department building with Frances Perkins. I'd meet her in the hall.

Parker: Did you ever sit on a committee with her or--?

Bierman: I think so, not a committee, but meetings. She frequently attended our meetings. She was a great friend of our chief, Katharine Lenroot.

Parker: Did you have any contacts with Lenroot?

Bierman: A lot.

Parker: What was she like?

Bierman: A lovely person. Very supportive and helpful in every way.

Parker: How did she compare with Eliot?

Bierman: They were different personalities, entirely. And health was getting a good deal more emphasis during those years that Martha was chief than it had received earlier under the social workers. But Katharine was all for it, she was very supportive.

#### Hearing Tests for Children

Bierman: Another thing that we initiated during that period when I was the chief in California was hearing testing in the schools. And that went throughout the state. We imported a very good audiologist who was interested in school health. We got that program established, and that's still going.

Parker: Was that under crippled children's services too?

Bierman: Yes. So, we got a few things done in addition to administering EMIC.

Lanham Act

Parker: Were you involved in the Lanham day care centers at all during the war? Did that come to your attention?

Bierman: Yes, we had them, and I can remember places like Vallejo, where there was a large navy base, that was our closest base. Getting services started, getting doctors to man those centers was real difficult. There was a shortage of doctors, because of so many of the men going into the services. I made many trips over to Vallejo because we had so many dependents over there.

Parker: Were you concerned with migrant laborers families and their children in the central valley?

Bierman: No, not so much then. I don't seem to recall that much. You see, I left there in 1947. I came in 1942, I was there altogether about six years.

## IX UNIVERSITY OF CALIFORNIA, SCHOOL OF PUBLIC HEALTH, 1947-1967

Berkeley M.P.H. Curriculum

Bierman: In the meantime, Martha was trying to get me to Harvard, to succeed her as MCH director at Harvard. I had two offers: from Harvard School of Public Health and from the University of California at the same time. I decided to go to Berkeley.

Parker: What made you decide?

Bierman: Well, [tape interruption] I had lived most of my life in California by that time. Ned [Edward S.] Rogers was the new dean. The school was just getting organized as a full time school. And I'd known Ned for some years and admired him. We were great friends and colleagues--we were about the same age. I thought this would be quite a challenge, to start a department. It was started almost from scratch. More like the job I had in Montana. So that's what I did.

Parker: Wasn't it hard to leave this administrative bureaucracy?

Bierman: Yes, it was. I didn't leave because I wanted to, but I just left because I thought maybe this was the next step. I was not really as great a teacher as I might have been.

Parker: Why do you say that?

Bierman: I don't know. For one thing that turned out to be a bureaucracy, too. My successor developed a regular kingdom of her own, and had her own social worker, her own nutritionist, her own everything in the maternal and child health unit.

I was much more convinced that we should be developing a relationship with other professional schools such as the school of social work, where they had medical social workers. I thought that the medical social workers should be teaching my students, and that

my students should be getting nutrition from Agnes Fay Morgan, who I started out with.

But I think the Children's Bureau itself sort of encouraged building empires. And so, that's one of the things that my successor succeeded in doing, and getting much more money out of the Children's Bureau.

Parker: In the school of public health?

Bierman: In the school of public health.

Parker: How did the Children's Bureau encourage building empires?

Bierman: I guess they just liked things to be bigger and bigger. But I got all the money I asked for, and I thought my program was a good sound program, and I sure turned out some awfully good people. But I didn't have thirty students; I had twelve or fifteen.

Parker: I don't understand how the school of public health is organized. You're talking about your program. Were you in charge of the sequence of maternal and child health within the school? Is that what you're talking about?

Bierman: [deep breath] A sequence? All of the candidates for the degree, Master of Public Health, had to take certain core subjects. Then they had a specialty in addition. So my maternal and child health people had to take statistics, public health administration, sanitary engineering, that's environmental health.

Parker: Now are you setting up this curriculum, this is one you developed?

Bierman: No. These are core subjects required of all students in the school. The maternal and child health people who were my majors took the courses I developed for the rest of the time. I had them in major seminars and in field work. They were my students in that MCH was their home base; I advised them. But they all had to be trained in the public health core subjects. Now some of them were going to be public health statisticians, so in addition to the core subjects, they took all of their electives in statistics. Public health engineers took their electives in that department. Public health educators took their electives in health education, etc.

Parker: What else is in the core?

Bierman: Statistics, and environmental health, and public health administration. Those were the three major core courses.

Parker: What was the substance of the specialization that your students took from you, the curriculum that you were working out?

Bierman: Public health and preventive medicine as it applies to children and mothers. We had seminars. I had a very good obstetrician on my staff who taught the obstetric and maternal health aspects.

Parker: Who was that?

Bierman: That was Dr. Carl Goetsche, a member of the Medical School faculty. I had a social worker from the school of social work.

Parker: Who was that?

Bierman: I knew you'd ask me that; I hadn't thought of her for so long. Ruth Cooper. Don't you know Ruth? Ruth didn't come over and teach, but one of her staff did. But Ruth Cooper and I were the ones who dreamed this plan up and made it work.

Parker: Did you offer a joint degree?

Bierman: We didn't then, but they do now, I think.

Parker: So your students might take some of Ruth Cooper's courses in the school of social work, too.

Bierman: Yes. Now I think there are some other joint degrees; there's one with business administration. We had courses in hospital administration. They were beginning to work out joint courses with business administration. We have a wonderful dean in the school of public health now. The best dean we've ever had, a woman, Dr. Joyce Lashof. She came from New York, I think. She's terrific! She's rather like another Martha Eliot in a way; she's really effective. She strongly believes in these joint endeavors. She's worked out a very strong relationship with the medical school so it's possible now for a student in five years to get both an M.D. and M.P.H. That's a great thing. Very good relationship between the two schools.

Parker: Tell me more about Berkeley and your program and the scene there in Berkeley and the times. This covers a period from 1947 to?

Bierman: 1947 to 1967.

Parker: Twenty years as a professor.

Bierman: That's right. Well, actually to age sixty-three as a professor, then I became emerita, but I stayed on a director of the MCH research unit, because we had not finished our Kauai study, and we



had an awful lot of work to do in writing up our findings. It was twenty years all together.

### Kauai Longitudinal Study

Bierman: I became involved in 1953 in a study on the island of Kauai. We had two students in my MCH group who thought Kauai would be a good place to set this study. Dr. [Jacob] Yerushalmy, who was our professor in biostatistics, and I were dreaming up the study. So those two girls suggested we investigate Kauai as the setting for the study.

And "Yak" went over there. (His name was Jacob; everybody called him Yak. I think he was born in Israel; Yerushalmy is Hebrew for Jerusalem. A very brilliant guy.)

He set up a house-to-house census of every household on Kauai; got the age of the parents; and how many children there were. So we had a base population and that became our study population, that population of women of childbearing age. And that took a great deal of my time.

Parker: This is a classic study, a longitudinal study, and the point of it all was?

Bierman: First, to determine the magnitude of the problem of fetal mortality. Fetal mortality is in the first twenty-four weeks of pregnancy. We had no solid data on that, and that was the thing that Yak was particularly interested in. You can't start with a population of live births, or even premature births, because that's not a proper population for the study of early fetal deaths. So we had to start with a population of pregnant women, and that we did by all sorts of means. We got every woman on the island who became pregnant to report to us, even many of them before they ever went to a doctor.

So, it was a well planned study.

Parker: Tell us how you accomplished that, tell us some of your techniques, because it's important enough for us to spend some time on it.

Bierman: We hired local nurses and women who had experience in this sort of thing to be our census interviewers, and do a house-to-house canvas. I don't think we missed anybody. Then getting them to report their pregnancies early, that took a little bit of ingenuity. We had posters put up in the post office, in the supermarkets: "Report your first missed period." You know, these people didn't mind that

at all. And the milk companies put little flyers around the milk bottles that were used then. "Babies are our best customers, cooperate with the Kauai Pregnancy Study." It was called that in the beginning.

Then, of course, we had the doctors reporting to us. Some of them did, some of them didn't. But our nurses had to go and visit every doctor's office every week to see every new patient. Through one means or another including shorts in the movie houses, "Cooperate with the Kauai pregnancy study." It was really wonderful.

Parker: How much money did you get from the Children's Bureau?

Bierman: Our first study money came from the Public Health Service, from one of the research institutes. Then the Children's Bureau later kicked in. It was a very expensive study. \$300,000 dollars was one of the grants. We had to hire a lot of people. And we were running a study across the Pacific. We were cooperating with the Hawaii health department and with the local health department. They all were very helpful. And with the University of Hawaii.

Parker: And the medical society?

Bierman: Well yes, the medical society--they dragged their heels. We had some of the doctors, as was true always, who were very much interested and cooperative and others who--well, they didn't oppose us but they didn't cooperate. That's why we had to go to them, to their offices.

But we had interviews with every mother as soon as we found she was pregnant. Then we had another interview just before her due date. We had another interview as soon as she got home from the hospital. We had access to all the hospital records.

You see, it was during this period that we got all of the early fetal losses that we wanted and did a classical study that's never been touched since, the fetal mortality study.

Then, we decided we ought to continue. We continued to follow the live-born, and we saw the babies again when they were twelve months old. We had medical examinations for all of those youngsters. Pediatricians came over from Honolulu to examine each of the babies. We had all the data including any congenital anomalies. We did studies on all the handicaps, birth handicaps.

Parker: The Apgar?

Bierman: No. This was before Apgar. But we had help from Marjorie Honzik on the Berkeley campus in getting psychological tests, using the Cattell Infant Intelligence Scale at age two. We had nutritionist Ruth Huenemann from our faculty who went over to appraise the mothers' diets. We had access to IQ scores of many of the parents of these children when they were in school, because they were doing IQs at that time. So we knew the IQs of both parents, of many of them. ##

Then, at age two, there were pediatric examinations, a good physical examination of each baby and a Cattell IQ score. By this time we were beginning to analyze the early findings. Our staff included a sociologist-psychologist. She had a Ph.D. in sociology, but then had taken many courses in psychology after that. She was the resident director, and I was the director in Berkeley.

Parker: What was her name?

Bierman: Louisa Howe.

Parker: You're the project director in Berkeley, and she's the--?

Bierman: Resident research director in Lihui in Hawaii in charge of the day-to-day activities.

Then we had quite a large follow-up staff of nurses largely, and one was a psychologist, the wife of a local engineer, and we had a wonderful Filipina woman, who was well known and could speak with the Filipino people.

You see, that island was about twenty-six thousand in population at that time. The largest population group was of Japanese origin, then the second probably was Filipino. Then came the "Haoles" (Caucasians) and the part Hawaiian-Portuguese, and then Chinese. We had relatively few Chinese. We had a very mixed population. But we had a very low overall infant mortality rate. And that was good for us because we weren't trying to find out why babies died from environmental causes. We were interested in the birth process. A low infant mortality rate was really favorable for us and our particular objectives.

Then we went on with the study. We got approval from the Children's Bureau as well as the National Institute of Health to continue the follow-up until the children were ten years old. They were then in school, and we could see how they were performing and relate this to the early physical and psychological findings because we had all the data. It was a very interesting study.

Parker: When was the ten year follow-up, 1973?

Bierman: Oh, no. We wound up everything by 1965. They didn't all arrive at age ten at the same time because they came into the study at different times. But we were finished and Louisa, I think, left in 1965, and we transferred all those records back to Berkeley. Most of the analysis was done in Berkeley.

Parker: Did you start the Kauai study before you went to WHO for the first time?

Bierman: Yes, it was getting under way in 1953. Yak was largely responsible for the census and getting the statistical part of our study population straightened out. Then he, for some reason which none of us ever understood, pulled out of the study. But fortunately we had other statisticians. Fern French, who's one of my best friends to this day and whose house I stayed in last week, was the principal statistician. She was one of Yerushalmy's students and received her doctorate during the time she was working with us. We had good statistical follow-up.

There were a lot of administrative problems inherent in this kind of arrangement. As Jean McFarland of the Berkeley Human Development Study said, "Working with human babies is even more difficult than working with baby monkeys." [laughter]

And then when you stretch that out with a staff that is divided across the Pacific, an island in Hawaii and in Berkeley, and in Honolulu, it was pretty widely spread out. It had all of the staff problems that would go with a multidisciplinary staff in that kind of a setting. I felt that much of the time my role was keeping peace among all of the staff; it was a big staff. Most of them highly trained specialists. Some of them didn't understand other disciplines very well. The statisticians made life miserable for everybody. Because we had to be so meticulous and have proof of everything. [chuckles] I think the study would always stand up statistically very well because it was really nicely done that way.

Parker: What did you find out about fetal mortality?

Bierman: We found out for the first time that about a fourth of all conceptions result in the death of the conceptus before twenty-four weeks.

Parker: Would you say that is nature's abortion rate?

Bierman: I think so; it's hard to say. We were not able to say what the causes of the losses were. But in perfectly healthy women they'd miss a few periods or two, followed by a loss of a lot of blood and then they'd return to normal cycles. We were not prepared to examine the conceptus. The method that Dr. French used

statistically to determine the rate of early losses was quite unique. It utilized the life table method of statistical analysis. That was one of the most important features of our study.

I spent all of my holidays, you know, Christmas holidays, spring holidays, spring breaks between semesters, every time there was a chance to get away from classes I was off for Hawaii. We had a lovely group of people over there. Very cooperative and hard working. We had good cooperation among the people, just wonderful.

I went back some years later after the book was out and everything for a meeting to which all of the mothers who had cooperated in the study were invited. We gave the proceeds from the sale of the book to the island of Kauai child welfare organization. We never got a dime out of the sale of the book. It didn't have a great sale, because it was not a very popular subject. I went over there and signed books and we had an all-day seminar in which the mothers themselves participated. They were so interested in having the results brought out so they could understand them.

Emmy Werner, who joined the staff later on, and Ruth Smith who was the psychologist on the island, went on and did another follow-up on the youngsters while they were in high school and they published another book out of that. By that time I had retired, and I was tied up then with the National Academy of Sciences in Washington, D.C.

Parker: Would you summarize your findings at Kauai on your famous longitudinal study of fetal mortality?

Bierman: We had an excellent study group with great stability. People did not move, in contrast to a longitudinal study that would be undertaken in the states [mainland] where people move so frequently. We were encouraged and became very much interested in continuing on beyond the fetal mortality stage of our study. To make a very long story short, the principal findings could be summarized as follows:

Each 1000 live born babies represented 1311 pregnancies. There were 311 fetal deaths. By age two, there had been 19 additional deaths. Among the survivors there were 100 children who had perinatal physical or mental handicapping conditions which required special care, mostly the result of prematurity and other short time care. But included here were 24 children with severe physical and/or mental handicaps requiring long-term special care, and an additional 45 children who may require special educational services. This means that of the 1000 live born infants there were 865 children at age two who appeared to have no handicaps and required no special medical or educational services.

Parker: Who did the examinations?

Bierman: Two pediatricians from Honolulu, practicing pediatricians, did the physical examinations and psychologists performed the mental tests.

By age ten, there were 660 survivors without handicaps. By that time we had identified 205 additional learning and/or behavior problems. So that was the statistical overview.

We studied the relationship between perinatal complications and the quality of the early childhood environment, the socio-economic status of the family; family stability; mother's intelligence; intellectual stimulation that the baby and the young child had; emotional support during the first two years. We had data on all those observations.

Parker: And what did you find?

Bierman: The quality of the environment had a significant effect on both the mental and social development by age two. It was very apparent. The effect of increasing severity of prenatal complications indicated that the support was increasingly important. Then by school age, in a surprisingly large number of the youngsters 205 additional learning and or behavior problems had occurred. These were children who were simply not doing well in school.

Parker: Do you attribute this partly to the social environment at home?

Bierman: Yes, partly, that is certainly true. We had some critics of this aspect of the study because there are those who felt that we were not aware, sufficiently aware, of the differences in the ethnic rearing patterns. But our point was, we wanted to determine the number of children who fell by the wayside and were going to have difficulties living successfully in an American environment.

Parker: You mean on the mainland; as compared with mainland standards?

Bierman: Yes, on the mainland as well as Hawaii. Well, I think you'd have to say that there were mainland standards in the schools because they were good schools. Because of these 205 additional learning problems there were children who were simply not making the grade and falling by the wayside, or were having serious behavior problems. As far as we know, this was the first time that this kind of study was done.

Parker: Of the thousand babies at birth, by age ten there were six out of ten who were doing well, but four out of ten were not?

Bierman: That's right.

Parker: Now, how generalizable is this study, do you think?

Bierman: We had a larger proportion, of course, of ethnic origins other than Caucasian, it's true. But we also have in our schools on the mainland tremendous numbers of children by age ten with behavior problems and children who are not doing well in school. I would rather think that it's quite applicable.

Parker: Was the standard of nutrition adequate as compared with, let's say, the central city in Chicago?

Bierman: No, it would be much better, much better. All those children had enough to eat. We had a skilled nutritionist who did a study, a sampling study of our households. That was her conclusion.

Parker: So you're saying that those who fall behind are falling behind--. Is it on the basis of genetic or congenital factors or is it basically the social environment?

Bierman: Both. We found that the social environment had a mitigating influence on congenital defects. Much could be said about the birth defects, but that's just a whole other story.

We started out, as I said, in response to a request really of the U.S. National Committee on Vital and Health Statistics which pointed out that there was great need in knowing what the loss figure was in the early months after conception. It was pointed out by the committee that we were at that time, 1950, about where we were in infant mortality data at the turn of the century. We had got very much better reporting data on infant deaths and understood infant mortality much better by this time. But we still didn't really know a thing about early fetal deaths.

Then we were tempted to go on, because we had this good study group, had so much data and were encouraged on all sides to continue. So we did and we held onto the youngsters until age two and then by that time we went on to age ten because we were so eager to know how they were going to do in school. ##

Parker: It's very valuable. Who were your contacts on the U.S. Committee?

Bierman: Oh, I don't know, that was all Dr. Yerushalmy's. He was a member of that committee.

Parker: He was on your faculty or he was a student?

Bierman: Oh, he was the head of statistics in the School of Public Health, Berkeley. It was originally his study, it was his idea. But, he

was a statistician. The follow-up of the children and getting into the psycho-social aspects was not of his choosing.

Parker: Was that of your choosing?

Bierman: Yes, very much.

Parker: The design and the measurement of the medical and social aspects?

Bierman: Yes. Of course, it all developed as a result of the people who we had working on it. We had people of great vision, I think; Louisa Howe was an extremely able person.

Parker: Did you select her?

Bierman: Yes. She was unusual in that she originally was a sociologist; she got her Ph.D. in sociology. But became very much interested in psychological aspects and went on and had a great deal of preparation in that field as well. So it would have been hard to find a person who fitted into the latter part of the study as she did. And, as I pointed out, we had very good statistical help. And we had the best medical people and psychologists we could get. Excellent pediatricians and psychologists came over from Honolulu.

One of the interesting aspects was that at the two-year appraisal we asked the doctors to appraise the youngsters mentally and emotionally and give an estimate of whether they were bright children or not. Then at the same time we had the psychological tests, so that we were able to do another study on the agreement between them. We have a paper on the agreement between pediatricians' appraisals of two-year olds' intelligence versus that of the psychologists'.

Parker: Was there a good positive correlation?

Bierman: No, there wasn't. [laughter]

Parker: There wasn't; tell me about that.

Bierman: I'll say the conclusion would be that if pediatricians, when they were doing an appraisal, had psychologists to help them, between the two of them they have it just about 100 %.

Parker: But on their own they didn't?

Bierman: On their own each profession missed a good many. And there was great bias in favor of the girls.

Parker: That they seemed smarter?



Bierman: Yes. That, of course, is a developmental thing, because girls are a little bit ahead of boys. Those are all interesting things. There's a lot of very interesting material in the study.

Parker: And lots of publications.

Bierman: Yes. We had, I think, sixteen independent publications and then we pull it all together in the book.

Parker: Why don't you give me the title of your book?

Bierman: It is The Children of Kauai: A Longitudinal Study from the Prenatal Period to Age Ten.

Parker: And the authors?

Bierman: Emmy E. Werner. Emmy Werner came on board late in the study. She was a psychologist on the faculty at Davis [University of California at Davis]. I'm second and Fern French is third listed. Emmy Werner really took the major responsibility for writing the book. I was, at that time, full-time at the Academy of Sciences and I simply could not give the time to writing. She had a sabbatical; she's a great worker and she went to work. She was going up the academic ladder, and being the senior author of a book was a great thing for her career.

Parker: And it was a great gift to her, too.

Bierman: I suggested that she put her name first. It meant nothing to me at that time.

Parker: Well, that's collegial generosity to a high degree. [laughter] What's the date of the publication?

Bierman: 1971, University of Hawaii Press.

Parker: And then numerous articles, as you said.

Bierman: Yes, and they were published largely in pediatric, obstetric and public health journals. And some of the later studies were in the psychological literature. We had an enormous bibliography. That was another great contribution that Emmy made because she was very familiar with all the psychological and educational literature. This was a truly multidisciplinary study.

Parker: It was indeed. Were there spinoffs for you and the others besides helping some people get their Ph.D.s?

Bierman: I think perhaps Emmy benefited the most, and Fern French advanced her career. But the book didn't sell a great many copies because it was too specialized and too statistical. At that time we were saying that a book, in order to be a great seller, had to be full of sex. Emmy said, "This is just full of sex and its results, but [laughter] it's the wrong kind."

Parker: The pleasure's left out. [laughter] I notice at some point toward the end of the study, you go to the National Research Council. Did it have any relationship?

Bierman: No, not at all. That was post-retirement.

Parker: Shall we get back to Berkeley and the School of Public Health, unless you want to do something?

Bierman: No, that's fine.

#### Founding the School of Public Health

Parker: I know you're in one of the first cohorts of faculty at the school of public health as it was established at Berkeley. Maybe we can get back to the ideas surrounding its beginning, its implementation as a going concern at the university. What do you know about that and the people who were behind it in the beginning?

Bierman: There was quite an active California Public Health Association and some very fine public health men of the old school who thought we should revive the--. Well, it wasn't really revive because there had been a department of hygiene on the Berkeley campus, but it was not a full school and, I think, it was not very well supported in it's early days.

Parker: What was the department of hygiene like?

Bierman: I really don't know because that was before my time. I know Dr. Escholzia Lucia who was very well-known, a statistician, a woman, was on the faculty of the school of hygiene. Dr. Richard Bolt was on the faculty. Dr. Bolt was in child health actually. I don't recall who the other members of the faculty were.

Parker: When they talk about the golden age of public health around the turn of the century, they're talking about breakthroughs in treatment of VD, and what else would come to mind, sanitation of some kind?

Bierman: Sanitation, communicable disease control and immunization. There were specific measures for reducing mortality from the infectious diseases. They yielded very great results. However, also looking back, you can see that as the standard of living improved, the mortality rates went down. We finally got to the point where we had a largely immunized population of babies and children for the specific infectious diseases. Some were becoming rare actually, but we still had lots of illnesses which were attributable to environmental and social factors.

Parker: So the new wave in public health, around the 1940s and early 1950s when the school was getting started--?

Bierman: I think there was greater emphasis then on the environmental aspects. But we have found that we really hadn't all of the infectious diseases under control because the viruses have become so important and the viruses are likely to change all the time. So they keep the virologists happy with all of the new manifestations.

Parker: You said some public health men of the old school were interested in starting a department of public health. Who were they?

Bierman: I cannot quickly recall all their names, but they were good men. [Drs. Malcolm Merrill and James Shepard and Mr. Lawrence Arnstein were influential in the establishment of the School of Public Health. JB] What was very important was that the governor at the time, Governor [Earl] Warren, was interested in public health, in all kinds of health matters. You recall that he actually was interested in having a pre-paid medical care system. It was a very fortunate time for public health when Warren became governor. He put his full support behind the establishment of a school of public health and was willing to get the finances through the state budget. I joined the faculty, I think, just the second year of the school. We were located in the life sciences building, had very inadequate facilities. Then later we were moved into one of the quonset huts, T4 [building], that had been erected during the war. That seemed like we had great deal of wonderful space in T4.

Parker: Is that by the mining circle, that part of campus?

Bierman: Yes, that's right, that whole group of quonset huts.

Then we later got support for a building, and Warren Hall was finally erected. Then of course, we had wonderful space, that was in the 1950s.

Parker: That's sort of a skyscraper, isn't it?

Bierman: No, it isn't very tall. Just three floors.

- Parker: I must be thinking of the state department of health.
- Bierman: That's across the street.
- Parker: Now, you were the maternal and child health chief of a section of California state department of health.
- Bierman: Yes, at that time.
- Parker: What part did the state department of health have to play in creating the new school?
- Bierman: It was very supportive, very supportive. Malcolm Merrill was the state health officer at that time and he was very supportive, and the fact that the state built the state health department headquarters across the street was an indication that they felt that the two institutions should work closely together.
- Parker: Who was the new dean of the school?
- Bierman: At that time, it was Dr. Edward Rogers.
- Parker: How was he chosen, whom does he represent, what's his background?
- Bierman: He was a Harvard man and had had a great deal of experience with the development of the modern treatment of pneumococcus pneumonia. He was one of the bright young men in public health. Very active in the American Public Health Association. I had known him through my association with the Children's Bureau and the American Public Health Association.
- Parker: Who else does he bring on board; now we're talking about 1947?
- Bierman: Yes, 1947 actually. Well, [Bill] Hammond was the professor of epidemiology, and I don't recall where Hammond came from. Yerushalmy was one of the outstanding biostatisticians in the country. I think he had come from Baltimore, if I'm not mistaken, maybe Johns Hopkins. It was a pretty good staff. Dr. Dorothy Nyswander of New York headed up a strong department of health education.
- Parker: And you came in as head of maternal and child health?
- Bierman: At that time, I was at the state health department. When Ned Rogers was considering taking the position, I had a long talk with him in Washington. He then approached me. He said, "If I take it, I'd like to have you come and head up maternal and child health."

## Harvard Offer

Bierman: Well, I didn't hear anything about it; it was maybe a year later before he came. In the meantime, Harvard had offered me, practically offered me, a similar position, and I did go back and was looked over at that time because [Harold] Stuart was running the MCH program. He was not a clinician in pediatrics; he was a research man. He wanted to get back to his research, so that was pending. Rogers, as soon as he arrived in California, was apprised of the fact that Harvard was interested in my going there, so he immediately approached me. I had quite a hard decision to make.

Parker: Tell me the basis on which you decided.

Bierman: I think the fact that I was a westerner for one thing, and pioneering--I'd done pioneering all my life. I'd liked getting things started, and that part didn't bother me at all. I thought that was probably where I do the best.

Parker: What did you think of your visit at Harvard School of Public Health?

Bierman: It was very impressive. Of course, wonderful people on the faculty. There's a certain prestige about Harvard. It's recognizable by anyone. But--anyway I liked the California climate better, too. [laughter]

Parker: Did you have any special friends on the Harvard faculty?

Bierman: No, I didn't. Oh, I think Bill Schmidt was there. There were people that I knew, but I knew them through my work with APHA [American Public Health Association] and the Children's Bureau.

Parker: Bill Schmidt had close ties with the Children's Bureau, did he not?

Bierman: Yes.

Parker: Could you describe him for me?

Bierman: I didn't know him well. He's a very fine man. He's still living. He later became a very close friend of Martha Eliot's, but at that time I wasn't aware of that. He was very thoughtful, I think a fine, fine man.

Dean Edward Rogers

Parker: Let's go back to Dean Rogers. I'd like to hear a little bit about him, what he was like as a person and leader.

Bierman: Well he was an idealist, and perhaps a bit too sensitive--not tough enough for this kind of political job. Deanship is a job in politics as you know. He greatly impressed President Sproul. In a very short time Sproul was calling on him for advice in a number of ways.

One of the things that President Sproul was working on then was a way of coordinating the medical school with the health functions on the Berkeley campus. Ned was very helpful to him on that. He had been offered the job of being, I think, vice-chancellor in charge of health services, which appealed to Ned. It was very hard for him because he was so committed to the school, in getting it really upon its feet. Anyway, the [loyalty] oath controversy arose and Sproul's ability to influence the board of regents plummeted for a period. Because Sproul was on the wrong side of the fence as far as the regents were concerned. So the plan fell through.

But by that time Ned, being very foresighted, had already committed Dr. Charles E. Smith, who was on the faculty at Stanford Medical School, to come over to be dean. After this thing all blew up, Ned, being a man of very high principle, said that he would be willing to take the chair of public health administration and medical care and that the position of dean would still be available for Chuck Smith.

Parker: So he stepped down as dean? Because he had made a commitment to Smith.

Bierman: He stepped down.

Parker: Tell me more about the idea of combining UC med school and the health--

Bierman: No, not combining them, but having a coordinating mechanism. It would be a department under the vice-chancellor for bringing the two efforts together, coordinating them so they could have joint classes and all of that. I don't know just what their ideas were. That has happened in other schools. Actually we have achieved many of those objectives by now.

Parker: You mean there is a formal position?

Bierman: Not a formal position perhaps. But the coordination is very much better, they were really separate in those days. The medical school

was, I think, a little suspicious of the school of public health. They didn't know what we were up to, and thought maybe we would be rivals to them. I wasn't really involved in the politics of it, but I know that we lost Ned as dean.

#### Loyalty Oath Controversy

Parker: You also mentioned that a factor in this, in losing Ned, was the oath controversy. You're talking about the McCarthy period. How did that effect the UC system?

Bierman: This was a thing that originated, the big push for it was, in the board of regents with an attorney whose name I can't remember (which is Freudian because we all disliked him so) who insisted that every member of the faculty sign a loyalty oath. That doesn't go very well with a university faculty. It split the campus in many directions. We lost from the school of public health some of our best people. And the university lost some of its best people. I told you that Erik Erikson left at that time. We lost the head of occupational medicine, and two other people, I think, whose names I can't recall right away.

Then the rest of us were in a terrible dilemma. For various and sundry reasons we didn't feel that we could leave. So we all got together, many, many faculty members on the campus to sign under protest with a very clear statement of our displeasure with the whole bit.

After that was finally over, Sproul again became much more popular with the regents, I guess there were some changes in the board of regents. Don't recall, but they stay forever, don't they, sixteen years or something? So it was a very divisive, difficult time.

Parker: Did you have any, you might say, "loyalists" on the faculty? Was your own faculty polarized in the school of public health in support of the oath versus others--?

Bierman: Oh, we had no support for the signing of the oath.

Parker: None at all?

Bierman: Not that I know of.

Parker: What about the faculty member, the man who had the clearance with U.S. Naval Intelligence?

Bierman: Yes, he was one of our good strong faculty people.

Parker: Do you remember him; what was his name?

Bierman: Yes, that was Leon Lewis, Dr. Leon Lewis, but he was a skilled clinician. He had been in clinical medicine more recently than most of us, so he just established a practice in Berkeley.

Parker: He simply refused to sign it?

Bierman: Absolutely, because he had Q clearance from the navy during the war. He was a naval officer during the war. That I was told was the highest clearance. There was a special hearing for him. He made a very impassioned appeal, but they turned him down.

Parker: As an exception. Do you remember the form the oath took? What you had to swear to?

Bierman: No, I don't remember that. [sotto voce]

Parker: That was loyalty to the United States, against overthrow.

Bierman: And you're not a member of the Communist party or a sympathizer for it or something to that--.

Parker: Yes. Any other colleagues on campus that you remember gathering with, particularly?

Bierman: Over the oath controversy?

Parker: Yes.

Bierman: I haven't thought about that for so long. Well, yes. I went to night meetings I can recall. We had lots of night meetings, general faculty meetings working on strategy. I met members of the faculty at that time from other schools that I would not have known otherwise. There were extremists on both sides and then there were voices of moderation. You know, the usual things. All of them very articulate.

Parker: You don't remember any specific incident that symbolizes this?

Bierman: No, I can't. We had meetings of the academic senate, many of them. It was just a difficult time. I can't recall the name of the faculty member who wrote the book, The Year of the Oath. That came out quite a bit later but it tells the story very well, what went on.



Parker: Were your students activated one way or the other? The House Un-American Activities Committee met in San Francisco in this period. I remember student protests and going over to San Francisco to protest in front of city hall.

Bierman: You were on the campus at that same time?

Parker: Yes, I was as an undergraduate, somewhere in the mid 50s.

Bierman: Sure that's right, that's in the mid 50s.

Parker: So your students didn't get polarized or activated?

Bierman: I don't recall if they did.

Parker: There's another very active period, maybe we could bring this in right now. That's the Free Speech Movement.

Bierman: Yes. [laughs] Well, I was there through that whole thing. Much of that time I was in the research unit. I was not any longer teaching. You see, I became emerita in 1963. We had moved our research unit, in order to have more space, down to Odd Fellows Hall. We were much closer to Sather Gate than we would have been in Warren Hall.

So we saw what when on. I must say I felt considerable disgust with an awful lot of it--the extremism of the kids. Walking around with bare feet in the middle of the winter, and all the silly things.

Parker: What else did you see from your windows?

Bierman: If you went a block to Sather Gate you saw lots of desecration--smashing things without any sense. These crazy kids looking so dreadful, haranguing. At any time they'd be up there, some of them, haranguing and orating. You were on the campus at that time?

Parker: Yes. On the steps of Sproul Hall.

Bierman: Yes, on the steps of Sproul Hall. I don't know, I was preoccupied with the study and I just thought much of it was nonsense. It seemed that the perpetrators, we were told and I think it's probably true, that a good many of the perpetrators were not really students at all. They originated down on Telegraph Avenue.

Parker: [laughs] That was the period of the drug scene, too. Did you get concerned about the police reactions? Did you get caught in a tear gas sweep or--?

Bierman: No, I didn't. But I knew it was going on.

### Collegiality

Parker: Maybe we should get to the Rogers period and the school of public health. As Rogers is establishing routines and precedents and operating procedures and policies for the faculty as a whole, what comes to mind in this early period?

Bierman: It was such a happy period. Ned was very informal, we all brought paper bag lunches and we ate lunches together, the whole faculty informally. Whoever was there would always go into the same room, the biggest classroom naturally, and sit and have our lunches informally and talk informally. That all disappeared with his successor.

Parker: Was it a productive faculty?

Bierman: Yes, I think so. It was a happy time, a very happy productive time.

Parker: Did you socialize after work?

Bierman: Yes, it was close-knit, a small faculty at that time and we were all such good friends. Such polarization as developed all came later and after we all had our own little cells in Warren Hall. We didn't see so much of each other. Never got together as a faculty except in formal faculty meetings. There's something to be said for not having too much fine space; it puts space between people.

Parker: You became institutionalized in a nice big building with your separate cells.

Bierman: That's right.

Parker: Why don't we trace this period of polarization. Does that begin with the shift in deans?

Bierman: That was certainly one factor, an important factor. Then we were getting bigger, there were more of us. There was a period when we were terribly crowded in T4. I was actually in Europe on my sabbatical when the move was made to Warren Hall in the autumn of 1955. I was not there to defend my turf. Dorothy Nyswander and certain others of my friends saw that maternal and child health had some space. [laughter]

Parker: How long had Smith been dean at this point?

Bierman: I don't know, several years. But the plans for a building had been made, I'm sure, before he came.

Dean Charles Smith

Parker: Tell me about Smith as dean, this is your second dean.

Bierman: It's hard for me to do, to appraise him entirely objectively. Because he's one of the few bosses I ever had that I couldn't seem to relate to. He was very diverse. He never seemed to be terribly interested in any one thing more than anything else. He was basically, I think, an epidemiologist, and so I thought that the epidemiology department got most of his support. I found him difficult to talk with. He was into everything. He tended to be distractable. The telephone was always ringing. He was always talking to somebody else at the time I was down there talking about something that seemed very important to me. That's the sort of impression I have after all these years.

Parker: You never got his attention for things of concern to your maternal and child health?

Bierman: No, I don't think so.

Parker: Did he have a problem with faculty women?

Bierman: I don't know, it could be. I don't know any of the faculty women who were very close to him in any way. He was hale and hearty and everybody called him Chuck, Chuck Smith. He had become well-known and established in his work with valley fever, coccidioidomycosis. That was his thing, "coxie." He thought he could maintain a laboratory, a coxie lab, in the new building. But he was so busy with all of the other matters that I don't know that he was able to spend much time there. ##

Parker: Jessie, you were telling us about Dean Chuck Smith, and you were started on a particular illustration.

Bierman: I read in Minnesota Medicine, as I recall it, a little article that was written by the director of the state heart association in Minnesota. "Prescription for a Coronary" it was called. The prescription was that you work ten hours a day at the office and take your work home with you in a bulging briefcase. And then get a few hours of sleep, and then right back again to work. Then you're always on the telephone.

It just described a typical type A personality. Anyway, at lunch one day I read it to the group and someone said, "Let's send the article to Chuck." He didn't eat with us because he was far too busy. So we sent it to him, and he was angry, very angry. That tells something about him. Incidentally he died suddenly of a heart attack a few years later.

Parker: What kind of people did he bring in during his deanship?

Bierman: I don't recall.

Parker: New specializations? New concentrations?

Bierman: No, I don't recall.

Parker: He wasn't much interested in curriculum?

Bierman: I don't know that he was; I was. I was chairman of the curriculum committee, I think, for three years. That was one of the times when he and I had real difficulty because I felt that I wasn't getting any support from him. He was so partial to the epidemiology and biostatistics departments that when some of the conclusions the faculty had arrived at in the committee about changes in the curriculum affected in the slightest either of those two departments, he just told the fellows, "Don't bother about that, don't worry about that."

Parker: He told the fellows rather than you as the--?

Bierman: He didn't tell me. But as this all came to me I found that the whole operation was taking so much of my time and energy and was getting nowhere, I just sat down one day and wrote him quite a long dissertation on my frustrations and that I hereby resign. Then he was angry. We just didn't get along. That's all.

Parker: Do you remember the direction your committee wanted you to go as a school?

Bierman: We were at that time proliferating courses. Everybody who wanted to put in a new course, they just put it in. And it was getting to be absurd! This happens; there's a tendency for this to happen. We were trying to make some sense out of it all, and combine courses. I was a great one for joint courses. I've always favored a multidisciplinary approach to things; it seems to me it makes sense.

But there were also empire builders, people were wanted to keep adding people to their own faculties in all the specialist areas which were already represented on the faculty. That sort of thing. It was a chaotic kind of administration. And, I think, this is

something that Chuck Smith did not have much feeling for. "If they were nice fellows and they wanted to do something, they knew their business, let them do it." That sort of thing.

Parker: Can you think of some extremely ridiculous courses that proliferated, for instance?

Bierman: No, I don't think I can.

#### Cross-Discipline Contacts

Parker: When you say you're interdisciplinary and you liked joint courses you meant joint with the school of social work or with the department of nutrition?

Bierman: That's right.

Parker: Who were some of your links, who comes to mind?

Bierman: Ruth Cooper in the school of social welfare and Agnes Fay Morgan in nutrition. I was trying very hard to develop relationships with some of the obstetricians and pediatricians in the community to enrich my courses as well as trying to be a bridge to the medical school and the practitioners. I can't remember a lot of the details. But I was sort of unhappy with the way lots of the things were going or not going.

Parker: Was there any psychiatric content, or psychological content in the courses? Mental health content?

Bierman: Yes, of course there was quite a bit in my courses and health education. Dorothy Nyswander's Ph.D. was in psychology. And my courses were loaded with child development.

Parker: And she was on your faculty?

Bierman: No, she was head of health education.

Parker: In the school of public health?

Bierman: Yes. Then Andy Knutson came on to head up behavioral sciences. He was a great friend of Dorothy's. Andy and I worked quite a bit together. We had joint doctor of public health students, that we worked together with. I think that was pretty well-represented in MCH, but it didn't get into the other departments.

Parker: You mean specializations within the school?

Bierman: In other departments such as statistics, epidemiology. Now there are some epidemiological aspects to mental illness, for instance, but I was not aware that that department was interested.

Parker: You mentioned your acquaintance with Erik Erikson, can you tell us more about that?

Bierman: I knew him through Anne Martin, who was a great friend of the Eriksons. I had worked out a very fine relationship with the child health center at the Children's Hospital in Oakland. We had several people, good psychologists, who were then working in child development with the one-way screen. I used that facility for my students. It was through Anne Martin that I met Erik and his wife, Joan. I became quite friendly with them; I was invited to their home and that sort of thing.

Parker: What did you think of his psychological theories?

Bierman: I thought they were great. They've influenced me all my career.

Parker: Specifically, the stages of life?

Bierman: Yes, the stages of life. They just seemed to hold up absolutely, and after all these years being applied in such a multitude of different circumstances, there's Erikson right there, basically right. And another psychologist that influenced me very greatly was [Abraham] Maslow, his hierarchical scheme which I think is wonderful. Those two men influenced my thinking a great deal.

Parker: Did you know Abraham Maslow personally?

Bierman: I didn't; no, I never met him.

Parker: When you studied children at Children's Hospital did you use these developmental schemes?

Bierman: Yes, absolutely. It was probably through that, you see, that I really got to know Erik Erikson. I had his stages multilithed and my students all had them.

Parker: Did you know some of the psychoanalytic community like Beulah Parker or Portia Bell Hume?

Bierman: I knew them both socially. I think Beulah came to my classes occasionally, but I didn't have any other relationship. She is a longtime friend.

Parker: Then there was an Alberta Parker on your faculty.

Former Students

Bierman: Alberta was one of my students. She then went to the Berkeley health department in maternal and child health, and eventually joined the faculty. She was on Ned Rogers staff in medical administration. She became very much interested in primary care, different forms of primary care, medical care in different parts of the world. One time she came over to Hawaii when I was living there and studied the Wilcox clinic program as a method. She's still in that field, actually. Has done a lot of research and writing.

Parker: You've mentioned one of your students who came back on the faculty and made a contribution in the field. Are there other students that you would like to mention? Of yours.

Bierman: Yes. Earl Siegal became professor of maternal and child health at Chapel Hill [University of North Carolina]. I think most of the people in maternal and child health in the San Francisco health department, as well as the Berkeley and Oakland schools, were all my graduates. Then I had a good many foreign students, so as I have traveled about the world I can find my students here, there and every other place. In the Philippines I have quite a few. In India, Thailand, China, Latin America. Uruguay, Paraguay, Mexico. I had students all around. Germany, Italy. I had lots of foreign students.

Parker: So you spread the maternal and child health word abroad.

Bierman: Right. India, I had several students from India. That's been very rewarding personally as I have done so much traveling, to be able to find my students around.

Parker: As public officials or university professors?

Bierman: That's right, both. Egypt, that comes to mind. Andy said my doctoral student is teaching in the university in Cairo. He's head of the department.

Shaping Maternal and Child Health

Parker: Now, what directions were you trying to take maternal and child health in the school in the 1950s?

Bierman: Directions?

Parker: What's the status of the field; how are you shaping it?

Bierman: That's an awfully big question. So much of my life has been in that direction, it's a little hard to say. Well I shaped--I went to Chapel Hill at Dr. Siegal's request, that was one of my post-retirement jobs. He was not satisfied with his courses in child health. He thought that I could come down there and just sit down and in a few days write out a course. I have recently looked at the outline of the course that I developed at that time. It was the result of all my years of experience, which was a pretty broad scope.

Feeling that we had made so much progress in physical health of children, I tended to place a good deal more emphasis than perhaps many departments would on the social and environmental aspects of child health. That comes out again in later years, but it was sort of being distilled all of these years.

Parker: Specifically what variables are you looking at when you say incorporating social and environmental health?

Bierman: Well, what kind of parents, their educational backgrounds, their economic support. Nutrition became a very important thing to me. I got Ruth Huenemann to come and join my faculty because there I felt I was not and could not get enough help from Agnes Fay Morgan's department.

Parker: That was the department of what?

Bierman: Nutrition, at the university. I used people from her staff off and on until Ruth came. But Ruth was a Ph.D. in nutrition from Harvard, and a public health nutritionist, which is different.

Parker: Explain.

Bierman: Well, the factors that influence the populations of people, not just individuals. That strengthened my staff a good deal, having Ruth there. My students all learned nutrition. They got a good deal of child development and all in kind of a clinical form. They were out looking at youngsters behind the one-way screens, observing. All of



our economic data we had to get from books. I had lots of field work to observe the results of economic deprivation.

Parker: In what kinds of settings, for instance?

Bierman: The county hospital, sick youngsters in the county hospital. Clinics of various kinds. And we got a good deal of international stuff in, because I had by that time some experience in international problems. The differences in child rearing practices, that part was enriched by the fact that I usually had students from various parts of the world.

I recall one example; we were talking about, theoretically, the advantages of the extended family, where children got support from a large group of family. I can remember we had a woman from India, who listened very carefully for a while. Then she said, "Don't get the idea that the extended family is all that you have said because it has its drawbacks as well." She was an older daughter. I guess she had plenty of responsibilities.

Parker: And there's always the Chinese mother-in-law problem for the wife.

Bierman: Absolutely.

Parker: Well, I can see that you were perking along, infusing content from your WHO experience.

Bierman: One of the things I found was that there's no such thing as writing a course outline and having it any good the following year. I was always revising, adding, adding, changing, dropping, adding. So, when I went as visiting professor to Chapel Hill I had to work like everything that year. I thought it very difficult because the library facilities weren't good in the school, so that I had to be running to the university library all the time. It was hard work.

Parker: Did you have a good library at the school of public health in Berkeley?

Bierman: Yes, we did, an excellent library, a good librarian.

I think another thing that made it difficult was that I had not been teaching for, I guess, four years. I had a lot of other experiences which again had to be incorporated in my new course. I think any experienced teacher recognizes this dilemma. You don't ever get a course and have it last very long, because it's living, changing all the time.

Parker: Did you connect your classroom experiences and field experiences with public policy program changes and innovations and developments?

Bierman: Well, I didn't actually do that but I could certainly see how important they were in the last formal paper I ever wrote. It was for the World Health Organization, and was later excerpted and printed by the Oxford Press in kind of an important series.

I emphasized the importance of public health people getting away from medicine and into politics, because when you come down to it, so many of the problems, real problems, that are persistent in health of children, as well as the rest of the population, are determined by people outside the public health professions: the politicians, the farmers, the economics of a country, and also the lack of real concerted study of what it is that human beings have to have in order to meet their needs.

Agricultural policy is determined by what's the most remunerative for the producers and the distributors, not what the consumers need. So, these are all things that I brought out in that paper that seemed important to me then. And certainly the physician who's working in public health has to make a complete change in his orientation from sickness to the prevention of sickness which immediately gets you into the community and other disciplines.

Parker: And into community-type programs, community-based programs, wellness programs.

Bierman: That's right. I have seen in my career a tremendous change over to emphasis on wellness, which now is almost a cult.

Parker: Can you comment on the present leadership of the school?

Bierman: From what I have been able to observe, the UC School of Public Health has greatly improved and expanded its influence on the campus, nationally and internationally under Dean Laschoff, who came to Berkeley with a rich background in public health and medical care administration. And a woman! ##

I can see from the reports of the staff meetings that Dean Lashof really enjoys administration and has a clear picture of her objectives. She has, I think, excellent relationships with her own faculty as well as the university administration. Very able, so we're fortunate.

Parker: Do you think the maternal and child health part of the school is doing well?

Bierman: Very well. The professor now is Frank Falkoner. He's actually from England, but has spent much time in America. He's very well-known worldwide, has great vision. He's a perinatalist. His particular

research has been in perinatal research, which I, of course, spent my early years in, too.

So I think the school is in better shape now than it has ever been.

Parker: How about relative standing compared with other schools of public health?

Bierman: I think it's rapidly getting right up to the top. There was a long period we would have to say that was not the case.

##

## X THE BIERMAN FILES

Harvard Correspondence

Parker: Jessie, I notice that you're looking at some documents from your files--correspondence--that cover the period when you joined the school of public health at Berkeley, and also some material related to Martha Eliot over the years. Could you begin with the school of public health material?

Bierman: I have a letter from Harold Stuart who was professor of maternal and child health at Harvard at this time. The date is April 17, 1947. He evidently called me on the telephone about my possible interest in joining the faculty at Harvard. He says:

"I've delayed writing to you since our telephone conversation while you were in Washington in order to find a time I might ask you to come to Boston. General Simmons (who was the dean at that time) and I feel that it would be very helpful if you could come to Boston for a few days and I believe you felt that you might be able to do so after completing your budget. We would like to have your advice in regard to the development of our teaching program here in maternal and child health and it would provide an opportunity for us to explore the possibility of your coming to work with us." (He set the date and I recall that I went.) "I will of course pay all of your traveling expenses and an honorarium if the dates I suggested" and so forth.

Bierman: Anyhow I evidently went; I recall I did go to Boston. That was in April.

Then in June I have a letter from Stuart saying:

"You can imagine how disappointed we all were to receive your letter of June 23rd and to learn of your decision

to remain in California. I can well understand the reasons for your decision, and I am sure that Dr. Rogers has offered you a position of great promise. I appreciate very much the assistance that you have already been to us and your offer of continued interest and service in the future. We will also follow with interest the development of your work in San Francisco. I hope to visit your department in the near future. I had already decided before receiving your letter that it would not be wise for me to take the extra time in July to try to see your work in California at this time."

Bierman: Anyway, he evidently did insist on sending an honorarium which I felt under the circumstances I shouldn't accept, but he said that I was helpful to them in my comments about their program and so forth.

The letter from Ned Rogers is dated several days after Stuart's original letter to me. He [Rogers] says:

"Vague rumor has reached me that Harvard is attempting to obtain your services and that recent developments locally, somewhat along the line that you discussed with me once in the past, are such that you are considering the possibility of making some sort of move. (This is the time I was with the state health department) If this is true then one of the principal obstacles is removed which heretofore has stood in my way of my discussing with you the possibility of your coming to this school. If it is not too late I would very much appreciate it if we could find time at an early opportunity to discuss this matter. Perhaps you'll be good enough to phone me" and so forth. "Edward Rogers."

Bierman: So that's how that all came about.

#### Eliot Correspondence

Parker: And the correspondence with Martha? She was influential in enticing you with various jobs.

Bierman: Absolutely, one after another. I just have some of the letters here that I have found. This is December 17, 1951:

"Would you be interested in being considered for Regional MCH Consultant--advisor, I believe is the right

~~term~~--for the Western Pacific Region of WHO with headquarters in Manila, then covering Korea, Japan, Philippines, Hong Kong, Vietnam, Cambodia, Laos, Malaya, Singapore, Borneo, Australia and New Zealand? I have had a cable from Dr. I. C. Fong, the Regional Medical Director, a very fine Chinese and a great personal friend of Ethel's and mine, asking for names of women MCH specialists. His British woman advisor has resigned because her husband is in Hong Kong" and so forth.

She gives me the details of what the pay grades are: "from \$7,300 to \$9,500 tax-free. No doubt it would be possible for you to get at least \$8,500 to \$8,700 to start with if you said you would not come for less. This would mean at least \$10,200 including taxes here. As you know they pay transportation to and from the station and give about twelve dollars and a half per diem while traveling. What about it? If you're interested, telegraph me and I will cable Fong to get in touch with you. A Happy New Year, Martha"

Parker: [laughs] How did that pay scale compare with your university faculty salary at that time?

Bierman: Oh, I guess it must have been comparable. I don't recall what I was getting then. Then on the 30th of December, a few days later, she says: "I received your telegram when I got back from Christmas in Cambridge and I at once wrote Dr. Fong, Regional Director."

What I said was "Position sounds interesting. If not filled by spring, would like to be considered. Couldn't leave before end of spring semester." Eliot went on, "I gave him your home address and said for him to write directly to you."

I guess we could not work things out. I don't remember exactly but I didn't go. "I believe you would get a real kick out of it, and I know it would be grand for Dr. Fong and his region if you could make a deal with him, here's hoping." That's Martha. That's on that job.

Then, this is November, this is an earlier letter written from London:

"I meant to work in a letter to you before leaving New York yesterday, but life is just too hectic. How I yearn for an evening of peace! Dr. [Harold] Soper who is both Regional Director of WHO for the Americas and Director of the Pan-American Sanitary Bureau, which acts as a regional office for WHO, is, I know, anxious to see

if you would be interested in work with WHO ROA [Regional Office Americas]. We have discussed the professional educational jobs that I spoke about to you and also the position of MCH regional advisor which is also a WHO position. Because of the great activity that is developing in Latin America under UNICEF and because WHO provides the technical know-how and approves plans for UNICEF, the position of MCH Regional Advisor becomes very important. I have urged Dr. Soper to discuss this job also with you, and I would urge you to consider it very seriously. It comes within the division of public health services which has as its director, Paulo Antunes of Brazil who is A-One. Can compete with most U.S. public health men. I've had long talks with Dr. Antunes about the MCH work."

Bierman: Anyway, she thinks this is a big job and she's pushing me.

Parker: What's the date on that?

Bierman: November 30, 1950. "You would be of great strength to WHO to have you in the ROA, one of the zones, as Regional MCH Advisor. Excuse this awful scrawl." (She writes very well.) Anyway, that is an example. And then on November 20, 1956 written from Washington:

"By now you will have heard that I have resigned from the CB [Children's Bureau] effective January 1, 1957 and am taking over the job at the Harvard School of Public Health, now held by Harold Stuart." (See, he didn't get anybody.) HS has wanted to be relieved of his administrative duties for some time now. I returned yesterday from the APHA where I saw Dr. Candau (he's the director-general of the World Health Organization) and asked him to tell you that numerous people are suggesting you for the chief's job.

I myself would be well pleased indeed if the secretary [Marion Folsom] were to recommend you to the president [Eisenhower]. I shall put you at the top of my short list which he has asked me to give him in order to show him the caliber of person that we should consider. I shall name two or three men, also. I have every reason to believe that he wants to name another woman. I expect to talk with him again before long. If he does look favorably upon my proposal and if you will consider it, I will find a way to pay for your travel over and back so you can talk with him." (At this time I must have been in Geneva? Yes, I was in Geneva.)

"There are as you would know several things involved [chuckles] such as the place of the Children's Bureau in the department which should be talked over with the secretary by any candidate. I am writing as I am so you may know what I am doing. I have not an inkling at this point what he will do. I know he will be hearing from many health and welfare people. The American Academy of Pediatrics will be writing or seeing Mr. [Marion] Folsom, and probably the AMA etc. etc. You may not hear soon or at all, but I hope if you do, that you will give it the most serious thought. I understand from Dr. Merrill (who is the director of the state health department) confidentially that Dr. Smith knows he cannot stand in your way if you're approached and want to do it. (You see, I was still on the faculty at that time.) I tried to see Dr. Smith at the APHA but could not; perhaps it is just as well." [laughs]

"The CB needs someone with forthrightness and courage, as well as the technical qualifications that you would bring to it. Will you send me soon your curriculum vitae in whatever detail you're willing to give me. Affectionately, Martha"

Parker: An important letter.

Bierman: That is actually all I heard, except the article in the New York Times which I have already mentioned--"Cherchez la Directrice."

Parker: Meaning the director of Maternal and Child Health--

Bierman: Well, HEW wasn't mentioned, just the Children's Bureau.

Parker: WHO I mean.

Bierman: No. This is the Children's Bureau job, Martha's successor. Well, my answer; I have something here that I wrote:

"Dear Martha, Yes, Dr. Candau called me to his office upon his return and gave me your message which came as a great surprise indeed. I really think the CB job requires qualifications I do not possess. For example, the daily dealing with Congress and congressional committees would not be my forte. If you, with your knowledge of the job and the situation with regard to me, think I could manage it I might be willing to consider it if anything comes of it. I have no copy of my vitae here except that which is filed with the



personnel section of WHO and so far I've been unable to get it, but I'll send something along to you."

Parker: So, you were on Martha Eliot's short list for her successor as chief of the Children's Bureau, the top of the short list. \*

Bierman: Life would have turned out quite differently, I suspect, if I had gone in that direction. But other people had short lists as well. I really--you know I'm rather grateful that I didn't get that job. Oh, that is administration at its worst.

Parker: Meaning?

Bierman: Oh, all of the politics involved and such an enormous administrative job. I don't know that I could have done it. In any event that is what happened. But I do think that the subsequent history of the Children's Bureau might have been somewhat different from that which finally evolved.

Parker: Tell me what you mean, what you're thinking.

Bierman: I think my orientation was quite different from that of Kate Oettinger, who did go to the bureau. I was health oriented, as well as some orientation in the social fields. From what I know of Kate Oettinger's career at the Children's Bureau, I think she was less, really less, interested in the health side than I, which was perfectly natural of course. And she was greatly more interested in population control than I was at that time.

Parker: You have a letter from one of the staff in the Children's Bureau when you were there in the period 1938 to 1942 that gives an insider's view of you the decade and a half earlier.

Bierman: [laughs]

Parker: Why don't you read that to us?

Bierman: [laughs] I like this for one reason, as you can see:

"You have probably reached your destination of your dear old San Francisco, and are on the job again. I didn't know I'd miss you as much as I have since you left for good. The CB has lost its best public health mind (underlined), it's most effective supporter of states rights, and the only good poker player [laughs] which, seriously, is sad for all of us."

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\*See also pp. 97-99.

Bierman: That's the main thing. She actually moved into my apartment with Helen Stacey on Wisconsin Avenue, and she's telling me the details about that.

Parker: What's the date of that letter?

Bierman: That letter is dated May 26, 1942. See that's the year I returned to San Francisco.

Parker: To go with the state department of public health.

Bierman: But I love the part about the poker player.

Parker: We know you returned from Geneva, the experience as chief of MCH section of WHO, back to the school of public health. Do you have anything else you would like to say about this whole stretch of your professorship at the school of public health, at Berkeley?

Bierman: In addition to teaching, I was so involved for ten years in the Kauai study that took all the juice I had in me. I gave talks to various community groups, especially after I had returned from the Soviet Union. People were interested in that. I gave lots of talks on the Soviet Union, as little as I knew [chuckles] about it.

Parker: That was the commission on women trip? The status of women trip?

Bierman: Yes, the United Nations Commission on the Status of Women.

#### American Public Health Association

Parker: You were a member of the American Public Health Association's joint commission for the study of graduate education in public health for a good many years. Do you want to say anything about that or the professional association at all, the public health association?

Bierman: I went through a good many of the chairs, the maternal and child health section, and then I became very much interested in school health. I thought it was such a neglected field of child health. So did the supporters of school health, largely Dorothy Nyswander, who was a very good friend of mine.

There was a great push to have a school health section established in APHA; that was a period when lots of new sections were being established. We thought, Dorothy thought and I agreed, that if we had a section we would be attracting many more school people to the APHA and they would in turn enrich the public health people's understanding of health problems among school age children,

and of course that they might learn a little more about public health.

So, I moved over with Dorothy then to school health section and I became chairman of that committee for a couple of terms. That was the political part. I was often on the council of that and of the MCH section before that.

Parker: Who were the movers and shakers on the council of the APHA?

Bierman: Martha Eliot was president for part of the time, the first woman to be president of the APHA. She was much loved and respected by her public health group. She was not actually ever trained in public health, but she talked the language and was very, very much admired by all of the men. Everybody admired Martha. What she stood for, who she was, and what she had accomplished.

Parker: Getting those grants to the state departments of public health.

Bierman: That's right. Oh, that was a bit of a help. [laughter]

Parker: Did you have anything to do with the state and territorial organization of health officers?

Bierman: No. But we had ever so many meetings with them on the Children's Bureau staff. Dr. Eliot was a great person for getting groups that she needed to work with, getting them into Washington, paying their way to come to Washington to conferences, and she often had the state and territorial health officers in. That's where they learned about MCH, about Martha, and about how important it was. And also that loosened them up to free their MCH directors to come to meetings. And then she'd have meetings of the MCH directors from all the states and territories, and with some of the leaders of the medical schools in pediatrics and obstetrics. So there was this learning process all the time. That's the way people learn. Lots and lots of meetings and interchange of ideas.

I used to think there were almost too many meetings. If I had a stack of work on my desk, to have to be going to meetings was very interrupting. But I finally learned that you never get that stack of work done. It just used to drive me crazy. I'd be in the field and come back and find piles of work. Now that was true, just as true as when I was at the university. Certainly in the health department and in the Children's Bureau it was awful the amount of material that went over my desk.

Parker: And next there are some honors that come your way. I'm thinking of the Jessie Bierman lectureship. When was that established?

Evaluation Research

Bierman: I would say probably 1963, that was the time I became emerita. I was still around because I was running the research unit at that time, finishing up our studies. I had a grant from the Children's Bureau to do some consulting in the western states to encourage more interest in doing evaluative research. So I traveled during those four years to Colorado, Washington, Oregon, Utah, Montana--all the western states, kind of stimulating them to get going on some evaluative research.

That was the time they were establishing a research unit in the Children's Bureau for the first time. That had been one of the things that I was pushing in the Children's Bureau. You remember there was a paper I wrote, it was in honor of Dr. Eliot, on the roles of advocacy and research in MCH.

Parker: In the American Journal of Public Health.

Bierman: Yes, so it was along that line I did that traveling.

Parker: The research unit you were consulted on in the mid-60s by the Children's Bureau: wasn't Helen Witmer head of the research division?

Bierman: She had been, yes. But the research division was a very tiny division when I was there under Helen Witmer. I guess Kate Oettinger got Charles Gershenson to come and that's when I was called back, and I worked with him.

Parker: Tell me about Charles? What was he like?

Bierman: I enjoyed him, he has a very keen mind, and he seemed to learn the context of what he was doing so quickly. It was not in his field but he learned it very quickly. He knew research and he knew research methodology.

Parker: Was that his field?

Bierman: Yes.

Parker: Not maternal and child health or public health.

Bierman: I think he was a statistician, basically. Much more outgoing, content-interested person than many statisticians who are all consumed by methodology. I enjoyed that.

Parker: That was a shakeup in the bureau, wasn't it? This transition from Witmer to Gershenson.

Bierman: Was it? I don't know.

Parker: And a different orientation.

Bierman: Entirely different.

Parker: And you were trying to get him into evaluative research?

Bierman: Yes, what's going on. All this money that's going out to the states: how good are the results that they are getting? So that was the main thrust. But they also then began supporting research efforts, including my own.

Parker: Aha, at this point.

Bierman: Because they never had any research money before.

Parker: This was the period in which your own research got funded by the Children's Bureau?

Bierman: Yes, I believe that was the beginning, because originally my study was funded by a grant from the Public Health Service, research grants.

Parker: Congress had just passed some amendments to the Social Security Act allowing research and demonstration grants to be funded for child welfare services and apparently maternal and child health.

Bierman: I think that's right at that point.

Parker: So Gershenson you consulted with on the nature of the grants and research demonstration programs that CB would fund. You would also become a beneficiary in your Kauai study at this time?

Bierman: That's right. I was used as kind of a troubleshooter for that research unit. I did some traveling for Gershenson.

Parker: To check up on studies in the field?

Bierman: Yes, that's right. Because my own research was going on. I was not teaching and I had a little more freedom. But we were working at that time on all the data from Kauai. That's when we ground out most of those papers.

Parker: Do you remember any projects in particular that you were troubleshooting on?

Bierman: Henry Silver had gone to the University of Colorado Medical School, was a professor of pediatrics, and I had known Henry when he was on the University of California Medical School faculty in pediatrics. He had begun to explore the possibilities of training nurses as nurse practitioners in rural areas. And he became just consumed by that idea and did a marvelous job in training nurses as child health practitioners. (This was new!)

We did some studies. I helped him set up the study to evaluate the results. For instance, he had placed these girls all in various rural areas in Colorado and gave them the job of making a diagnosis and prescribing a course of treatment for, say, a group of thirty youngsters he had selected so they were representative. Then would get some pediatric members of his faculty to go and examine the same group of children and see how they came out with diagnosis and treatment. And the nurses showed up very well. This was a very well-received paper when he wrote it up. It gave the whole idea of nurse practitioners kind of a boost with both nursing and the medical professions. Well, that was one of the things.

Then I visited in the state of Washington where a member of the medical school faculty was studying SDI, Sudden Infant Death. He was getting some Children's Bureau funding.

Parker: Did you get involved in the University of Colorado child abuse study, Kempe's?

Bierman: Well, Kempe was also from Cal originally. I don't think that was going on at that time.

Parker: That was a different time.

Bierman: This is early 1960s. Henry Kempe.

Parker: Tell me about him.

Bierman: I knew him slightly. He was from Cal as was Silver.

Parker: Anything else that comes to mind about these years?

Bierman: These years? That's the years that I was consultant to the Children's Bureau in their research programs and was doing the work on our study.

Honors

Parker: Well, I see some honors that are coming your way about the time that you are still involved in the research unit at Berkeley. You received an honorary doctor of laws degree from the University of California Medical School in 1966. Do you know who sponsored you for that?

Bierman: I have never found out, never found out.

Parker: You received a University of Montana doctor of science degree, that's your alma mater, in 1967.

Bierman: Yes, I was the first woman to receive an honorary degree at Montana. [laughs] That was rather nice.

Parker: Do you know the insides of that?

Bierman: No, I don't know. They always keep those things undercover, you know. You don't feel like pushing it in any way, so I don't know.

Parker: You want to tell us about going back to Montana to receive it?

Bierman: Oh, it was a very thrilling thing. They treated me very well. I was there just two or three days.

Prior to that in 1965 I had received the Alumni Association Distinguished Service Award. That was quite interesting because when I got to Missoula I found that another alumnus who was being honored was Jack Daniels. His honor was bestowed because he had won the decathlon at the Olympics. He turned out to be one of my babies when I was in practicing in San Francisco. [laughs]

I discovered this after we were backstage before we were presented. His mother was there and I recognized her. And the last time I had seen Jack he was a toddler who had gone up a ladder that was on top of their house. His little brother had pneumonia so I had come to make a house call on him. His mother was just frantic because here was Jack, this toddler, who had not yet learned about the laws of gravity, up running around on the roof. We finally talked him down. Very quietly [sotto voce] got him down. Because we couldn't, either of us, do anything about little brother with pneumonia until we got that kid off the roof. So he started out being athletic very early.

Parker: [laughs]

Bierman: But wasn't this a tremendous coincidence?

Parker: One of your babies.

Bierman: Yes, we both got the same award the same night.

Parker: You also received the Martha Eliot Award from the American Public Health Association in 1968. Can you tell us about that occasion?

Bierman: At that time it was awarded by the executive board of the APHA and it was in New York. I was, I think, at that time in Washington at the Academy of Sciences. It was a simple little ceremony, had luncheon and so forth. Martha was there, of course. I have pictures of that. That was rather nice because I was such an admirer of Martha's.

Parker: A very high honor.

Bierman: I think that was one of the earliest of the awards because it had been established by the Ross people. I think that was in 1968. I don't remember when it was established and I don't remember who received earlier awards, but it was quite a nice honor, and a thousand dollars, too.

Parker: The Ross people, who are they?

Bierman: It's the branch of one of the big pharmaceutical houses that manufactures infant feeding and other pediatric products. It is very supportive of pediatrics in general and child health.

#### National Academy of Sciences Nutrition Study

Parker: Perhaps you could tell us now of your stint as study director for the National Research Council of the National Academy of Sciences in Washington, D.C.

Bierman: That was my first post-retirement [chuckles] job. I was very reluctant to take it because I had decided that I had earned being put out to pasture. I had my place in Montana I had built by that time, the place on Flathead Lake. I wasn't a bit eager to take a job, a full-time job, but they were pressing me very hard. I said that I would take it if I could work half a year, but I'd never work summers anymore. So they took me on that basis. That was kind of a tough, rough job because we had to push so much in. I had a very small staff, a secretary and one assistant.

We were supposed to review the literature and to explore the importance of the role of nutrition in the outcome of pregnancy.



All in a very short time. We had a committee, quite a distinguished committee. That was under the auspices of the research council. I was study director. We reviewed the literature (some 800 references) which provided a very good bibliography which was part of the final report and was published separately as a supplement.

Our committee met occasionally and we started writing. I found it a very difficult experience, largely because of the pressure for completion. We finally got the thing finished after two and a half years. The members of the committee were all very busy men. They were not good correspondents. They didn't answer our letters. We'd send drafts and send them out for approval and not hear. One or two of them would answer promptly and the others wouldn't. Never did answer.

Every three months, I think, we got the committee together and the ones who didn't answer were often terribly critical about what we had written. You know that's just the way it went. I felt that we were working for them and at the sametime I couldn't get any response out of them.

In the end, it wound up very unhappily for me because we wrote the booklet in two parts. There was a short one that was just a draft for general distribution, and then the full report which was a book. When we finally got drafts (I had returned to Montana) I found them so changed that I didn't recognize a lot of it.

Parker: You mean by the committee.

Bierman: No. Well, I don't know who did it. I think there were other editors at the academy who took great liberties with the text. We had a whole section on the importance of nutrition in childhood, and on child-mothers--this double jeopardy in which a girl who was still growing gets pregnant. That seemed a terribly important subject to us. It wasn't a popular subject at that time and much of that was eliminated. The result was that when I got the final draft I asked that my name not be on it, because I was so annoyed with them for what appeared to me to be very unprofessional treatment.

Parker: Who was the chairperson of the advisory committee?

Bierman: He was from Washington University, Bob [Dr. Robert Shank].

Parker: We'll pick it up later. I'm interested in the politics of the situation since they do put out such interesting reports. Sometimes they are divided, as yours apparently was. The committee can be overruled by the staff of the National Academy of Science?

Bierman: So it appeared. But I never received a clear picture of the final role of the committee, either. The man who emasculated it was from the staff of the academy.

Parker: Who was he?

Bierman: I don't remember his name. He and I didn't agree very much on anything. In my letter asking to have my name removed I said that I felt his idea was that I was regarded as a hired hand. I was not allowed to function as a professional, and this actually was my field. I was hired and paid to do a job, therefore they could change what they wished to change. I thought that was extremely [sotto voce] unethical.

Parker: Do you happen to remember the staff man's background?

Bierman: No. So that report came out, and it doesn't have any mention of the fact I had anything to do with it. My staff and I wrote every word, except what the academy editor changed.

Parker: Why was nutrition so controversial in this period?

Bierman: For a long period of time, generally, obstetricians just ignored it. They didn't know anything about nutrition, it wasn't taught in medical school. It was a period when obstetricians were withholding food from pregnant women because they didn't want them to gain too much weight.

This was all based on a very faulty premise and observation that was made during the war when women in Germany, for instance, who ate less, had less toxemia of pregnancy. Toxemia of pregnancy was one of the causes of deaths and bad outcomes in pregnancy, so they made this gigantic leap to starving women to prevent toxemia.

It was faulty from beginning to end. That's why the Children's Bureau requested the academy to produce this study, because they were concerned, the nutritionists were concerned. It was also a period when toxemia in pregnancy was very much more prevalent than it is now. So many obstetricians were giving great doses of diuretics for fear the women would begin developing edema.

We convened expert committees on toxemia of pregnancy. We had people from all over the world on that committee. We really did a nice study. Well, that was one job. Then what was next?

Parker: Next, you went to Chapel Hill.

Bierman: Oh, yes, I went to Chapel Hill.

WHO Conference on Human Development and Public Health

Bierman: And then I went to Geneva to serve as a member of the secretariat in this last scientific meeting that I attended. (It really wasn't the last, it was one of the last.) That was quite interesting.

Parker: What was the subject of that meeting?

Bierman: "Scientific Group on Human Development and Public Health." I prepared a paper for that meeting and I was a member of the secretariat so I had to help do the writing of the final report as well.

Parker: You said there was a philosophical position that you were trying to state then?

Bierman: Well, yes. I would say that's a part of my development up to that time. I had become convinced that we were, that the medical profession needed an awful lot of help from other sources if we were really going to improve the public health including child health. That is because of the tremendous role which the decision-makers play. Those who determine the environment in which children are born and grow up. Their role really is critical.

We, as physicians and public health workers, have ignored them, have not educated them, and have not influenced the crucial decisions they make. That was sort of the thrust of that paper. That was the paper, then, that was utilized by the Oxford Press in a series, Society, Stress, and Disease, that the Oxford Press was developing. This was volume II, the chapter on "The Impact of Major Public Health Problems on the Development of Children." They asked if they could use my paper, and WHO gave permission.

A Different Medical Curriculum

Parker: If you'd lost faith in the medical society as a profession to attend to environmental problems, then who should attend to them?

Bierman: It's not a matter of losing faith but a recognition of our limitations. It goes back, I think, to my multidisciplinary approach to problem solutions. The doctors, and the medical, and the public health people should not be sitting in their little fiefdoms talking about these things. They should be down in city hall. I think that was taken up in one of my papers about some

things learned: that if I were to do it again, I would spend much more time in city hall and in the governor's office and places of that kind trying to influence policies, re food production and distribution, housing etc. Those are things that impinge so tremendously on health of families and children. So that is how I kind of wound up.

Parker: Are you thinking of a new profession or a new professional base?

Bierman: Oh, I don't think a new profession. In order to be a good physician one has his hands full learning medicine. Although, I do think that we might start from a somewhat different level in training physicians for public health. Rather than going into the enormous detail of chemistry and technology, of treatment of rare diseases, which is the case now. We might provide a broader medical background which must be good and absolutely accurate as far as it goes. But with many more opportunities during the medical curriculum to study the importance of all of these other determinants of sickness and health, other than specific bacteria and viruses and toxins and all that sort of thing.

Parker: So you would shape the medical curriculum today somewhat differently?

Bierman: Yes. Well, it is already being shaped. Harvard is one of the schools, and I think there are others, Case Western Reserve I understand, and I think there are a number of other medical schools now that are starting experimental programs in changing medical education in several important respects.

At Harvard they were starting rather gently with selecting, in the first place, students who have had a much broader undergraduate education. They will require more in the humanities and social sciences. Those students, I think there were to be a limited number, were to be taught in quite a different way by some of the members the faculty, particularly the younger members of the faculty who believed in a different approach, more of a Socratic approach to teaching. I haven't read lately how it's working out. But I think it's bound to be an improvement.

The practicing physician would have a very much better concept of the social environment in which his patient is living, his background, and be much more interested in the patient as a person and the social responsibilities of medicine.\*

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\*Derek Bok, "Needed: A New Way to Train Doctors," Harvard Magazine, May-June, 1984

Parker: And in terms of your curriculum changes for schools of public health you would include political advocacy courses? Or how would that work out?

Bierman: I don't know that I know much about political advocacy courses, but I think so. I think that lots of public health people, as well as practicing physicians, have great difficulty dealing with professions other than medicine. They would be paralyzed in going to talk to city hall or the governor's office, because they feel it's unknown territory. But I'm convinced that we've got to do a lot more of that if we're really going to do a job for children. I don't know about the training. I haven't given enough thought to that.

Parker: Anything else in this general area? Education? Professions? Women in the professions?

#### Sex Discrimination

Bierman: I think women have made tremendous strides. There is an association, women's medical association, which I've never joined. I can't say that I have felt any particular--except in rare instances--have I experienced any difficulties because I was a woman.

Parker: You want to mention any?

Bierman: I think I probably had more in the school of public health than anywhere, but that was centered around the dean at that time. But with the dean before, and the dean after, I had no trouble.

Parker: Women usually experience it in terms of salary and--.

Bierman: Yes. I think there was some evidence, there was some salary discrimination in the school of public health. I was very, very angry about it for a while. [laughs] I got over it.

Parker: Tell me about it.

Bierman: A man who was being interviewed by the dean to take over one of my jobs in the school of public health was a married man with children, and he was offered a higher salary--beginning salary--than I'd had after twenty years. ## He was a doctor from the East who came to look over the job of director of the research unit in maternal and child health. He was a research man. He had a long conference with the dean and told me that he'd been offered a very good salary, more than he was getting at the time. He told me what it was. It was a

higher salary than I was receiving after twenty years on the faculty.

I immediately got in touch with the dean about this, because I was nearing retirement, and of course, your retirement income from then on is based on your highest salary. He denied that he had offered the man more. I think that's the only time that I really have had evidence, or had any strong feeling, about salary discrimination.

Parker: Did he explain why the differential was occurring?

Bierman: He denied it.

Parker: I thought you told me off tape, that there was something about the family and that the--.

Bierman: Oh, well, I don't know his exact words, but I think that he felt he was, after all, a man with family and responsibilities. But he said, "I didn't offer him any salary like that." You know. Well, he was caught, that's all. [laughs]

Parker: Yes, but from your point of view, whether he was a family man or not was irrelevant.

Bierman: Yes, that's right, because that job was to assume certain responsibilities. It didn't seem the fair thing. But that was the thinking then, and it's still the thinking, I guess, in many, many quarters. This is a long battle. I don't know if it's ever going to be won. Because basically men are bigger and have stronger muscles and that's what given them the upper hand--in all societies. It's true in all the animal kingdom as well. Maybe this is just a basic biological fact, I don't know.

Parker: Or social fact.

Bierman: I think it has biological roots. The bigness, the size, and that spills over into all other fields.

### Women's Roles

Bierman: My feeling about the women's movement is that so many of them deny femininity and the fact that women really are the nurturants in society. If they don't provide the nurturance during critical periods of their children's lives the children suffer. I cannot help but feel that a lot of the problems with our young people now,

and our youth and children, is because so many youngsters are growing up without the nurturance which is so vital to their healthy development.

Parker: Is it your opinion that one can choose to be a nurturer? That not all women are necessarily cut out to be nurturant mothers?

Bierman: Yes, but I think most of them are. I think most of them are.  
[sotto voce] I do.

The widely held view that men can take over more of the responsibility for children--up to a certain extent that's true, but I just think they're not naturally nurturant. There was a very good article in Science, that I read not so long ago. It reported some of the basic evidence that actually there are real psychological differences based on biological differences in brain structure. This has appeal for me, because the survival of the race has depended upon nurturance as well as male aggression.

Parker: [laughs] Well, we know there--

Bierman: It's simply that as a race we can't survive without nurturance. I really think the dominant role of women has got to be in nurturance. Now whether it is expressed in the bearing and care of children, or whether it's nurturance in the larger context. I just wish I could live long enough to see women in positions, such as Weinberger's [Secretary of Defense]. I think we would not have many of our present troubles if we had female heads of governments. War is basically an aggressive response to problems.

Parker: You're saying that the value hierarchy is different for women.

Bierman: Absolutely it's different. Men are biologically, as well as traditionally, I think, the warriors, the protectors. As long as they are running the show, we are going to go on having wars.

Parker: I think we should relate this to your decision, I think it was about the time of medical school, to proceed to California instead of marrying. In other words, to pursue your career at that point in time.

Bierman: Yes, that's right. Well, I guess I was not typical.

Parker: You were not typical.

Bierman: I think that my father helped make a boy out of me because he wanted a son so badly, and I think this happens. I was active, and reactive, and interested in everything. That was his idea of what a boy should do. He encouraged it, I'm sure. So I got these ideas

that I wanted to study medicine. I wanted to do things that were not necessarily considered feminine. I had boyfriends when I was little and growing up, but they never seemed terribly attractive. Actually some of them were quite stupid. And that isn't appealing, you know.

Parker: [laughs] I know, to be subordinate to someone less intelligent than yourself.

Bierman: I don't know. I felt that I had such a big commitment to go ahead and do this thing that I wanted to do.

Parker: And after all you had many babies that you delivered who were your children.

Bierman: I took care of lots of them; I raised more babies than most women. It's what I used to tell my sister when she--. I would try to give her little suggestions while I was in active practice about some of the things that she was doing with her kids. She was very resentful. She said I hadn't had any children. I said I'd raised many more than she had.

Parker: [laughs] But that's an example of nurturance in the abstract.

Bierman: That's right. Absolutely. And my attitudes about child-rearing and mother's role is nurturance. It goes right back to Erik Erikson, and his basic sense of trust and the support that every child has to have. Nurturance is like a basic vitamin. Its lack leads to faulty development. That's what's the trouble with so many, many of our children today. They have never had love or support that they could count on--the basic sense of trust.



## XI IN TRUST FOR THE FUTURE

### Environmental Concerns

Parker: I know in your personal life you've been devoted to various causes like the Sierra Club. Can you tell us about that.

Bierman: Again I think it's from my childhood. Basically, I'm interested in the environment and then early on got this concept of the interdependence of everything in life. It seems as we exploit resources in the natural environment, we're doing harm to ourselves. That always has made sense to me. I guess I've been a member of the Sierra Club for fifty years or so. I used to go on outings with them. Particularly during the time I was at the university, and made some very good friends that way, lovely people. I think ecologists are likely to be fine people and I've always been able to immediately relate to an ecologist.

I'm also interested in our American Indians. That again was from my childhood, because we lived, actually at that time, right next to an Indian reservation, and there were lots of Indians around. Again, my father's influence of great respect for the Indians, a keen awareness of the injustices which the white man had visited on them. So, those two things have been abiding interests outside of my work.

### The Biological Station

Parker: I believe you told me off tape that that influences the way in which you are going to dispose of your estate?

Bierman: Yes, that's true. The biological station, as I think I have mentioned, was the place where I received my last units to get my degree at the University of Montana under Dr. Elrod. I've always

had this wonderfully warm feeling about the University of Montana, what it did for this little gal, especially the biological station. So that I've maintained an interest in the station all these years.

It began some years back: my father gave me stock in an insurance company in exchange for some money that I had from my practice when I returned to Montana in 1936. I asked him what to do with it, the money, how to invest because I had not invested money. I just lived a hand-to-mouth existence up to that time. I was then getting a salary of \$3,800 a year. It seemed to be absolutely clear, because I didn't have nurses to pay, all those office expenses. It's ridiculous now when you think of those pre-inflation years.

He said Yes; he had a good suggestion. Give him that five hundred dollars because he needed a new pump down at the ranch, and in exchange he'd give me this stock in Montana Life. So we did that. That Montana Life stock when I disposed of it many years later was worth \$40,000.

I couldn't sell it because of the appreciation thing, the tax business, so I gave part of the stock to the biological station to help build winter quarters if they could get some lumber company to provide the lumber, and they did. The Burlington Northern Railroad Company provided the materials, and I provided the labor. That was my first gift. I gave \$50,000 dollars two years ago. I have been very prudent and have had good advice about my investments. I have since given them money for a new marine engine. Somebody gave them a navy vessel that had no engine in it. The biological station had been on a starvation basis.

#### The Bierman Professorship

Bierman: Off and on I have given funds to the station and now, in recent years, they have obtained an extraordinary director. A young man who is very capable. I discovered last year that most of his salary came from soft money that he himself was raising for research projects. The university, over all those years, was providing a minor percent of the director's salary. I was afraid that he'd soon be enticed to leave. He was doing a marvelous job.

I worked out a scheme with the president of the university last year to provide sufficient funds jointly from the university and my estate to establish the Bierman professorship on a solid basis. So Dr. Jack Stanford is the first recipient of that professorship.

# Yellow Bay JOURNAL



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## Bierman endowed chair awarded to Dr. Stanford

Dr. Jessie Bierman, internationally known pioneer in the fields of maternal and child health care, and staunch benefactor and friend of the Flathead Lake Biological Station over the course of decades, has endowed a Distinguished Professorship of Ecology at the Station.

It will be the first permanent position for a scientist that the Biological Station has known in all its long history.

As an early protege of the Station's first director, Dr. Morton Elrod, Dr. Bierman, herself a pediatrician, professor, and public health administrator, has maintained a life-long commitment to Flathead Lake and its well-being.

She was born in the Flathead Valley near Creston in 1900 and, because of her love of

the Flathead, she has maintained a home at Goose Bay on the West Shore through a long, productive, and multi-faceted career.

Over the years, Dr. Bierman's other gifts to the Biological Station have included a donation in 1974 which was matched by Burlington Northern to build an all-weather home for graduate students on the Station grounds, a \$10,000 grant to purchase a new engine for the research vessel Taluga, and a 1981 endowment of \$30,000 to support graduate research at the Station.

Her most recent generosity, in the winter of 1986, was a \$50,000 grant to the limnological research program. This gift was subsequently matched by an additional \$20,000 from the University to amplify and enhance the pioneer research in the field which is being conducted at the station.

The Bierman Distinguished Professorship, as an endowed chair, is one of only a very few within the entire University System. It is one of the highest academic honors a professor can receive.

Dr. Jack Stanford, present director of the Flathead Lake Biological Station, has been named the first Bierman Professor of Ecology.

According to Dr. Stanford, this important and generous endowment will free him from devoting such large portions of his time to seeking research money and will allow him to expand the station's freshwater research on Flathead Lake and the Flathead River and to supply more information to the public on water quality issues.

Stanford said that the endowed chair will also make it possible for him to publish a variety of books and journal papers detailing the results of his many years of research work in the Flathead.



Dr. Jessie Bierman

(Don Schwennesen Photo)

"The creation of a permanent professorship is the biggest thing that's happened at the Station since I have been here," stated Stanford. "It is an important commitment to the future of freshwater research in the region."

A major thrust of that future research will be examining the effects on freshwater plant and animal life of both natural and man-made disturbances, such as temperature variations, nutrient (phosphorus) additions, and the introduction of non-native species.

Such research will truly be an appropriate and living tribute to the Biological Station's best Friend—Dr. Jessie Bierman, physician, teacher, unflagging advocate of human well-being, and philanthropist.

Barbara Weld



Dr. Jack Stanford

Bierman Professor of Ecology



Parker: Well, Jessie, you're leaving quite an imprint on the state. You mentioned your love for the state and the Flathead Lake etc.

Bierman: Yes, it's just part of my life. I would rather be there than anyplace in the world. I built that house on Flathead Lake. And I just feel--I've always had this same feeling--that this is where I belong. This wonderful feeling of belongingness.

The lake has undergone lots of damage. It's an enormous lake with the Flathead drainage of three branches of the Flathead River plus drainage of the Swan Range. There's such a flow of water that goes through that lake that in past years I used to think this is one lake that is not going to go bad.

Well, it's beginning to show signs of decline and Stanford is the first person who's really given us a picture of what's happening to the lake. He's a very good research man, so now he has an assistant director to look after the day to day administrative chores freeing Stanford for research and writing. He's starting on a book.

This whole business of what is happening to the Flathead Basin ecology as a result of economic development and increased population is not new, but there's much more public awareness of it due in greater part to the work of the station. Everything that is happening in that whole drainage from Canada south is affecting the lake and the valley is the study area. It's a beautiful concept.

#### Carmel Valley Manor

Parker: The other part of the year you spend in Carmel, California, at Carmel Valley Manor. Can you tell us about that experience and how long you've been there?

Bierman: I've been there since 1976--the fall of '76. I went back to Hawaii after I had finished the job at Chapel Hill. I bought a condominium on Kauai and I lived there for five years. That is, I lived there in the winter and then came to Montana for the summer. But I finally decided that I didn't want to spend the rest of my life there. It's a pretty restricted environment.

I had a friend who had moved to Carmel Valley Manor. I decided that as winter quarters that would be quite good, because I didn't have to lock everything. I could have my apartment and come and go as I wished. The only disadvantage is that I pay for three meals a

day and maid service and all of that whether I'm there or not, but that's where I want to be.

Parker: Can you tell us about that community of people?

Bierman: I call it a geriatric country club. It gives you kind of a general idea. There are lots of country clubs on the Monterey Peninsula, as well as all the rest of the county. The people who frequent the country clubs are, by and large, wealthy people who are golf players and society people. This applies pretty much to the manor which is on the peninsula right in the midst of the golf courses.

They are lovely people, but most of them are people with entirely different backgrounds from mine. There actually are not too many there who share my interests and values. I think, as a matter of fact, I'm really not very popular there, because Bierman is somebody who is always stirring things up.

I did some stirring up of the medical services. It took ten years. I can't take credit for it, but I reported regularly to the administrator on the deficiencies as I saw them.

Nothing happened until a year ago when everything happened all at once. And right now it has split the residents not quite down the middle, but there's a smaller group of people who will barely speak to me because they attribute the change to me, which in a way is sort of flattering because I had no power whatsoever. This was in the hands of the administration and the board of trustees. I did point out the weaknesses of the system as I saw them.

Parker: Can you explain the change that has come about and the issues?

Bierman: It was simply that, in my view, the medical services were not adequate. There was not enough knowledge of geriatric medicine, not necessary to go into all the details but it was a poor service. For people who were accustomed to having good medical care, it was almost intolerable to many of us.

Parker: Did you have a manor physician in charge of seeing people?

Bierman: Yes, that's what I'm saying.

Parker: What kind of abuses were you aware of?

Bierman: Well, not abuses, it was (lacks; just lax) lax and lacks, both. [laughs]

Parker: You were telling me of the case of a friend of yours who thought she was going blind and losing her mind. Can you tell us about that situation, what was really causing it?

Bierman: Over-medication. This is not limited to our place. I think this is very common among doctors who do not really understand older people, regard them as a whole as being hypochondriacs. They come, and they get pills. This is not unique to that place. But I think in a way it's not tolerable in a place like ours.

We are guaranteed lifetime care, but to be stuck with that kind of care was very scary to me. That's what I told the administration.

So anyway, after a big ruckus we finally have a good doctor who was at one time head of geriatrics at the University of California in the Los Angeles Medical Center. He knows gerontology and is an entirely different personality and I think a very fine doctor. We are getting a record system for the first time and there will be more emphasis on prevention. I think things are going to be very much better.

Parker: So you helped in the revolution, or the transition.

Bierman: Yes, I guess I did. I'm not highly regarded by some people who just loved the way things were. They liked the laissez faire kind of arrangement. But I couldn't tolerate it, that's all. I had much less to do with it than many people think.

Parker: I notice that there are lots of committees at the manor. Did you work through committees to accomplish the revolution?

Bierman: Tried to.

Parker: In other words these are women who have been involved in the League of Women Voters and the Junior League.

Bierman: Some of them. Some are league people. I would say we had more junior leaguers than the other. We have thirty-eight committees functioning on every aspect of the life there. Some parallel administrative divisions, for instance, there's a maintenance committee which is always made up of men who work with the maintenance engineer. Then, we have a grounds committee for people who work with the landscape man. Then we have special committees, the house committee which keeps track of the furnishings in the common areas. There's something for everybody to do.

Parker: I think I heard that there was a committee which was interested in the idea of the living will, and had some influence on state legislation in California. Can you tell us about that?

Bierman: Yes. There's a lot of interest in the living will. I don't have any way of knowing what proportion of our residents have signed

living wills, but we had an enormous attendance at a meeting, where Dr. [Alfred] Sadler and a lawyer presented and discussed the living will. I think nearly everybody was there. There's a lot of interest in it.

Where you're living so close to death--you know, one of the first things we do when we go to the office in the morning is go to the bulletin board and see if there's a card up there that is lined with black. It's very close. And we also see our friends who have become "drifty" going to the medical center and others who are dying of chronic illnesses. Some are there for many years. None of us who are still on our feet want that. So it's quite easy to see why there's so much interest in the living will.

Parker: The medical center is quite near the dining room, isn't it, so that there's some interaction?

Bierman: Hmm. Across a breezeway from the administration building. The dining room is on the far side of the administration building.

Parker: I thought there was some greater accessibility to people who can't move around and are in the center.

Bierman: There's the medical center. They get trays; food from the kitchen. Yes, we have people at the manor who hate to see anybody come into the dining room in a wheelchair or crutches. Makes them nervous, they don't like it, they don't think it's appropriate. ##

Parker: You've often used the term with me, in jest, that you're now an "octogeranium." Will you tell me what you mean by that?

Bierman: [laughs] At a place like the manor we're mostly octogeraniums, practically all. There are a few people in their 70s. But the average age of our population seems to be gradually increasing over the years. The average age is now in the 80s, I believe. The term, octogeranium, is just one that I learned from a letter of a friend of mine who said that her maid misunderstood--a Japanese maid--their calling themselves octogenarians and she called her employers octogeraniums. We've always thought that was a delightful term. [laughter]

Parker: Some of the gerontologists write about the differentiation between those who are the active growing old people versus the frail elderly. Do you have an estimate of what proportion are frail elderly at the manor?

Bierman: It's undoubtedly a minority, a smaller proportion than those who are active. But it's very closely related to age. As we grow older we slow up. It's been on the whole--I've been there ten years--a very



interesting, different chapter in my life, an entirely different living circumstance and way of life that I have found rather difficult to adjust to.

Parker: In what respect?

Bierman: It's communal living and I'd never done any communal living before in my life. This adjusting to so many different kinds of personalities--on the whole it has been an interesting experience, and I've become very much interested in gerontology and have taken, I think, three seminars at the medical school on gerontology. I was trying to get some better medical background on what was going on with myself as well as the community of older folks.

Parker: After you got to the manor?

Bierman: After I got to the manor.

Parker: Which medical school offered the seminars?

Bierman: University of California, my school, in San Francisco.

Parker: So you just went there.

Bierman: I took the seminars so that I would know what is going on in new thinking in gerontology.

Parker: So what's the state of the art and how does it fit with your experience?

Bierman: I think it's very rapidly growing, a special field of medicine, and of nursing, of course, as well. The literature in geriatric medicine is increasing. There are journals now devoted to geriatric medicine; Geriatrics is one. Then there are societies such as the American Association of Retired Persons and the Alliance for Aging. These are all very rapidly growing movements in the country. I'm sure within the next ten years we will have made great progress.

Parker: There are also the Gray Panthers.

Bierman: Yes. The Gray Panthers, I belong to the Gray Panther group. I think of that lady, Kuhn, Maggie Kuhn as a panther! [laughter]

I'm not entirely in sympathy with some of the extreme attitudes. I don't really feel that old people are as much discriminated against as that group seems to feel. They're fighting for their rights. Well, I don't know what their rights really are. I think we earn our rights.

Parker: Do you make a distinction between those who can afford a good retirement versus those who can't?

Bierman: Oh, sure. I'm sure that's true, that's undoubtedly true.

Parker: Have you been activated by the Gray Panthers in any way on any issue?

Bierman: I don't really think so. Also, in California there is the California Association of Homes for the Aging. I joined that shortly after I went to the manor because I wanted to know what was going on in California. I went to one or two of their annual meetings and found them very stimulating, interesting.

Parker: In terms of standard setting?

Bierman: That's right, standards. Unfortunately, at that time our administration did not belong to the association for reasons which I don't understand. So I was the lone representative from the manor in that association. Our present administrator was at one time president of the California Association. The state associations are related to the American Association of Homes for the Aging. It's the standard setting, organization and is I think quite influential in influencing procedures and standards throughout the country.

Parker: What is sort of the minimum requirement that you would say homes for the aged should need?

Bierman: In what respects? This is an enormous subject.

Parker: Well, let's say did you discover things at the manor, as wonderful a place as that is, set in this beautiful setting in Carmel, with exotic plants, primary colors, hills, separate cottages, a marvelous dining room--all the best facilities. There's even a swimming pool, isn't there?

Bierman: Yes, there is.

Parker: And a golf course or a putting green?

Bierman: A putting green, yes. But we're right in a whole community of golf courses, so that they're close.

Parker: Pebble Beach and everything, and many of the members have memberships at these wonderful clubs.

Bierman: That's right.

Parker: Okay, now what was the manor lacking when you began looking at standards?

Bierman: Things that I saw, principally, were the facts that I have discussed in the medical services, health services, as well as supportive services. I observed early on what happened to a woman whose husband had died. You know, as a rule men die earlier than women and you could certainly see evidence that was true there in our daily lives. A couple had been very close, very interdependent, and then the husband dies, and there was no support system for that widow. Many of them had no really close friends, they had not made intimate friends with other people. And then when the one important person in her life was gone, the widow seemed to have grave difficulty relating to others in an intimate way during her bereavement.

Parker: No professional help.

Bierman: Little professional help, so the poor woman begins, as I have observed going down the slippery slide into isolation--failure to relate to people, and pretty soon begins losing her memory. It's a very sad thing.

Parker: Now, in this case would some of the residents become aware of the problem and informally become a support group?

Bierman: Oh, they try, but it's pretty hard. I tried, in some instances myself, but I could just feel they were pushing me off. They were just too hurt and confused and worried to talk about their grief. And, of course, one of the things that's important is to talk it out.

At the recent meeting of the Alliance for Aging in San Francisco some of the topics that were subjects of seminars were very hopeful. And one of them was this whole matter of support in bereavement. We have a committee to which I belong, a health advisory committee to the administrator. One or two of our members went to this seminar and have given us a very good report on that presentation of the way support evidently can be helpful. That's something that we have lacked and I think there is growing interest in it now.

Parker: Actually, getting a professional staff position?

Bierman: I don't know about that. It will certainly involve professional people. Our monthly rates have gone up so rapidly that every time they put on another professional we have another big jump. I think we've gone at that rather cautiously.

Parker: You're thinking of referral into the community and developing services?

Bierman: Possibly, we have people on the staff who through in-service education are becoming increasingly aware of how they can be more useful and helpful.

Parker: Oh, they're sensitizing the regular staff.

Bierman: And that's one of the strong points of our new medical director. I think also our new director of nursing is for in-service education for staff.

Parker: You spoke of the problem earlier of medicalization of aging, that is, the sort of easy way out, giving people pills, treating them as sick because of normal aging processes.

Bierman: See, medicine is the one profession and the one institution that's on the ground floor, that people think of first. Nearly all older people have some physical ailment, so that it's rather easy to justify medical intervention. But the more I learn about the problems of older people, the more I realize that their physical health problems often are the least of their problems. The doctor, no matter how well-trained, is not quite able to meet all of these emotional and social needs. This is a place where I think multidisciplinary input is needed.

Parker: Do you see activating the resident population themselves into concerned groups of caring people to intervene when one of their members becomes, let's say depressed or--?

Bierman: Somehow, that is difficult. I think the reason is that we all are ourselves so close to the problems, feeling the anxieties that it's very hard for us to take on the burden of somebody else's anxieties. This is the only way I can explain it. There are people who are strong enough, secure enough in their own emotional adjustment, that they can do this. But, in general I don't think it is a thing we can count on.

Parker: In other words, one has to disassociate from other persons' grief and illness and incapacity in order to survive oneself.

Bierman: That's right; that's exactly the story.

Parker: One problem that I suspect might be present would be among the people who have been socially active and continue the social activities, highly ritualized within the manor, reflecting their upper class positions, like the cocktail hour--the elaborate kinds of things you do before you go to the communal dinner [chuckles]

or to a restaurant. There might be a vulnerability for some of the aging toward alcoholism since they're less able to metabolize alcohol as they grow older. Have you noticed that?

Bierman: Yes. It's not overt. Not overt, but I was told by a professor of psychiatry at UC at one of these symposia that about ten percent of the residents in retirement communities have been found to be alcoholics. I have been doing some observations. I think perhaps that's about right. I don't think it's because their metabolism has changed so much, but I just think that people drink more because they feel they need it more.

Parker: They need the lift.

Bierman: They need the lift, and they look forward to the cocktail hour. It's all covert; you never see any evidence of impropriety.

Parker: Nobody ever gets out of line? Only these private rituals in your apartments.

Bierman: Not at all. No. I have never seen it. Very, very well-controlled on the surface. The same thing is actually true of smoking. You hardly ever see anybody smoke in any of the public areas. But we have a few people who are really addicted. I also have had an opportunity to see how devastating the smoking is to people's health. Those people are going downhill so much faster than the rest of us. I really think it is perhaps more, well, it is more harmful directly than drinking.

Parker: You've been so interested in nutrition all your life, what do you notice about the diet among the residents?

Bierman: There's lots of griping about the food service, but that is partly because in older people food becomes terribly important. It's one of the great things. It breaks the routine of a long day. They go to the dining room three times a day, and if the food is not well-prepared--there are lots of complaints about vegetables, for instance, because in quantity-cooking it's hard to prepare vegetables so they're really palatable. There's all of that griping but anyone who really wants to eat well, properly, can do so, by choosing what they eat. Many people overeat of sweets and fats and things of that kind because that's their life pattern. They've always done that and they're not going to change at this age.

There's quite a bit of interest in nutrition, and we've had lots of presentations on various aspects of nutrition, which are well-received. People are interested.

Parker: Well, if you wanted to have a salad for lunch, could you do that rather than have a heavy meal?

Bierman: Absolutely.

Parker: Any other aspects of the life at the manor, sociological or psychological or otherwise that you want to bring up?

Bierman: No, I think it's, on the whole, a very acceptable way of life for people who can afford that kind of living. Any form of living would have some drawbacks because of the limitations of individuals.

Parker: How many people are at the manor right now?

Bierman: About 240, in that neighborhood.

Parker: And how many cottages or apartments do you have?

Bierman: I can't tell you the number but we have cottages which are mostly around the perimeter for couples. Then two-bedroom apartments, one-bedroom apartments and studio apartments. Then we have Hillcrest House which is between living in one's own apartment, waiting on yourself, taking care of yourself--between that and the medical center, being a bed patient. Hillcrest House is a delightful place and serves a very good purpose.

Say a person has had a stroke or some non-lethal illness and can no longer manage in their own apartment. They can be moved to Hillcrest House, where they have one large room and a private bath--they can take their own furnishings, as many as would go into one large room. There's a nurse on duty there all the time and other helpers, separate dining room, very quiet. It's a lovely place for mostly ambulatory people who can't manage all of their own affairs.

Parker: But the separate dining facilities means that they are segregated from the general population.

Bierman: Yes, that's right. But some of the people in Hillcrest always eat their dinners up on the hill, up with the rest of us, because they choose to. It's much livelier, most of their friends are up there. This is a difficult adjustment for many of the people who go to Hillcrest House, because most of the people there obviously are not very active. Or responsive.

Parker: But the administration policy is not to maintain the segregation if the people don't wish to maintain it, like for the evening meal.

Bierman: They can do as they like.

Parker: Can we get an idea of some of the people's backgrounds, I'm thinking of demographics? Like there are women and men who have been wives and bank presidents for instance.

Bierman: That's right--corporation presidents, largely. I think we have mostly people from the business world and some professionals. We have four or five doctors. We don't seem to have many lawyers. I know one or two.

Parker: Some of the women have been professional women in the state service, haven't they, like in the board of education?

Bierman: Yes, we have quite a few women with professional backgrounds, YWCA, teachers. In the early days the founder, Dr. Pratt, was particularly concerned with providing good post-retirement living for teachers and ministers. These two groups now are not so much in evidence because most couldn't afford to live there. The costs have gone up so terribly. So we're having more of people with large incomes.

Parker: Would you say their orientations politically are somewhat conservative?

Bierman: Oh, yes, very.

Parker: Except for you. [laughter]

Bierman: That's right. That's very true. We're often a precinct voting place, our meeting house. And I remember one year the newspaper carried the vote by precincts, and our precinct was over 90% Republican. [laughter]

Parker: You could almost identify the 10% that voted the other way.

Bierman: Oh, yes. You know who they are. But we have learned to be very careful in dinner conversations about bringing up politics. People sometimes take it so terribly seriously that you're in danger if you talk about politics or religion.

Parker: What's the religious composition, do you think?

Bierman: I think it's overwhelmingly Protestant--Presbyterians, Episcopalians, Methodists--and I think a smaller number of Catholics. That would be it. Our manor limousine takes people to church on Sunday morning.

Parker: Is there any informal quota with respect to Jews or non-believers?

Bierman: I don't know anything about that at all. [sotto voce]

Parker: What about the admission process, how does that work?

Bierman: Well, the administration and the board of trustees have the say. The admissions are, of necessity, dependent to a very great extent on the financial status of the applicants. There's always a question of whether it's best to emphasize younger people who can add more to the living during the years they are there versus older people who are soon going to be using the medical facilities and die--making a rapid turnover of the facilities. The units revert back to the manor on the death of the resident.

I'm sure that with all of the retirement communities in the country there are some places where they've done studies of this. It's always been my view that it would be good each year to assure a mix of younger and older people. There are times when we have terrific pressures on our medical facility because we have a lot of people arriving in their late 80s at the same time, and you can expect there are going to be more illnesses among them. Other times the medical facilities are utilized much less.

Parker: I noticed a pattern among the residents. Many of them seem to travel a lot. In other words, this is a pied a` terre for many of them.

Bierman: Yes, that's true.

Parker: And that includes you, of course.

Bierman: I have done a good bit of traveling since I've been there.

Parker: Is this a pattern of the others? Many of the others?

Bierman: We have a good many travelers. At all times there's somebody away, particularly during summer. So that's very true. And we have a good many people from the bay area [San Francisco Bay Area]. They are frequently with relatives and friends in California.

Parker: And the airport makes the world accessible to you. The Carmel Valley airport.

Bierman: Yes, not as accessible as we'd like. [chuckles] Since deregulation Carmel is like thousands of smaller communities across the country that have been shortchanged in their air service. The airlines have been able to eliminate all of the services that aren't very profitable. Evidently we're not very profitable. We've had a rapid turnover of small feeder lines. They stay for a few months or a few years and they're gone. The administration says they're coming back and they're going to get us good service eventually, but I don't know about that.



Flathead Lake

Parker: What about your own travel patterns from the manor? Can you tell me about them?

Bierman: I've spent every summer for more than twenty years at my place up on Flathead Lake in Montana. That's near where I was born and spent my childhood and I have a special love for that part of the world.

Parker: Give us a visual picture of it.

Bierman: Flathead Lake is a very large lake. It is said to be the largest natural body of fresh water in the country outside of the Great Lakes. It's some thirty miles long and at points twelve to fifteen miles wide. So, it is a very large lake. It is west of the continental divide; some two or three ranges of the rocky mountains are just to our east. A beautiful setting. Not far from the Canadian border, less than a hundred miles. Climate is cold in the winter, not a great amount of snow usually, but some snow of course.

Parker: Does it freeze over?

Bierman: Oh, yes. It is said that about once every ten years, the lake completely freezes over. That occurred not this past winter but the winter before. It was one of the coldest winters on record.

Anyway, it's a beautiful place. Off the beaten path, so we don't have great numbers of summer people who come and fill the lake with motorboats and so forth.

Parker: If people are going that way they go to the Grand Tetons or Yellowstone?

Bierman: That's right. They're more spectacular, but we're only fifty miles from the western entrance of Glacier National Park. It's a beautiful place.

Parker: What's the little village where you are, or is it a village?

Bierman: Yes, it's called Lakeside. It used to be Stoner when I was a child. For Stoner Creek. That's where I do my shopping. But I go into Kalispell, the town where I spent my childhood, which is about twenty miles away, for big time shopping. [laughter]

Parker: What do the people do there? What's their economic base?

Bierman: It's an agricultural community, very good farming, and forest industries. Lots of logging. It's depressed, as all small

communities in the country are, I guess, at this time, unless they have a big military contract of some kind. We don't have any such, very few in Montana.

Parker: What's the agricultural product they raise?

Bierman: Wheat and barley, mostly grain. Some beef, but I'd say mostly wheat and forest products.

#### The House

Parker: Did you build your house yourself, on the lake?

Bierman: Yes, I learned, oh about 1960, I guess, from a friend that one of my favorite places on the lake, which is Goose Bay, was being subdivided. That property had been owned by Frank Bird Lindermann, the famous Indian writer. I can recall when I was a child driving, either by horse and buggy or Model T, to our father's ranch south of the lake--we'd go along the lakeshore--thinking that this Goose Bay was the most beautiful spot on the lake. I used to think of that as a child. And when I heard that they were subdividing it, I wrote a letter to a friend, who was the daughter of Frank Lindermann, and asked if there was any property available. I bought it sight unseen. It turned out to be a very nice lot, facing south. Has a dock on it that had been there since 1910, a very substantial dock.

We built the house for which I helped draw the plans. It suits our purposes very well--my sister and me.

Parker: Do you want to tell me a little bit about the house and its arrangement?

Bierman: It's called split-level, because I'm on somewhat of a slope facing the lake. I'm only about 150 feet from the lakeshore. That little house has everything we need. It has a beautiful, big kitchen because I'd never had a good kitchen in my life before. I'd lived in apartments and I like cooking. And a living room with a big fireplace, a native stone fireplace.

Parker: What's the native stone?

Bierman: It's a granite. A guest bedroom upstairs, and my own bedroom. Downstairs is just the same size as the upstairs with a very large room that I have now furnished with three beds and a bath. And then a service utility room where I have washer and dryer and freezers and tools.

Parker: Do you have natural craft products, I mean do you have like Indian rugs or native crafts or--?

Bierman: Some, yes. By and large the place is furnished with the things that I shipped up from Berkeley. When I sold my home in Berkeley I had to have some place to put everything. They went to the lake.

Parker: --with your travels around the world.

Bierman: Yes. It's comfortable. It's a little hard to heat because it's not well enough insulated to be a really all-year-round home in that climate.

### Salmon Fishing

Parker: Give me an idea of what your summer activities are like.

Bierman: Well, I spend all the time I can fishing, because I like to fish. [laughter] I've always had a boat. I now have a good sixteen-foot fiberglass boat; with a new 50 horsepower motor that I hope will run properly. I've had a little trouble with my previous motor. But I get out into the lake whenever I can.

When I was a child we fished there so much with our fathers. The fish were native cutthroat trout and Dolly Varden trout, but back in the 1920s-30s they started introducing kokanee salmon, which is a land-locked salmon found in a great many of the western freshwater lakes. And the salmon really have taken over now. Occasionally we catch a trout, but mostly salmon. There are also large Mackinaw trout which some say are native, but other people seem to feel they were introduced way back at the turn of the century. Those trout lie on the bottom of the lake and get very large, weighing twenty, thirty pounds. I caught one myself one time that weighed twenty-three pounds.

Parker: [laughs] What kind of bait do you use to catch a trout like that?

Bierman: It's a lure. You go along slowly trolling slowly with this lure just above the bottom, a gravelly bottom.

Parker: How deep is the lake?

Bierman: In places it's over 300 feet deep. But you see we have mountains coming up either side, so it's down in the bottom of the canyon between the two ranges of mountains.

Parker: How do you catch the kokanee salmon?

Bierman: With trolling. You see trolling is an appropriate kind of fishing for older people. [chuckles] I used to do trout fishing with flycasting, but that's far too much work for me now. So trolling is wonderful.

We have a very complicated kokanee trolling lure which we use. I've experimented with all kinds of lures. Fishermen tend to be superstitious. So the word goes around that a particular kind of lure is what's taking them this year so everybody buys that lure. But I have always been experimental. Sometimes I can catch fish on the simplest kind of lures--just as many as some of my friends who use the fancy lures. Anyway, that's just part of the fun. We compare notes about how many we caught. Fishermen are the most notable liars in the world, so you soon learn never to really--. You don't always tell the truth about your catch, and you don't ever believe anybody else's.

Parker: [laughs] What's a good day's catch?

Bierman: Well, with the limit--. We used to have a limit of thirty-five a day, and I often hit that thirty-five. But now we're down to ten a day.

Parker: Do you abide by those rules?

Bierman: Absolutely. Absolutely. I go out often with another person, so between the two of us we are allowed twenty, and that's pretty good; It's a good day's fun.

Parker: What do you do with the fish? I know that takes a lot of your time to prepare them subsequently.

Bierman: If we have enough we fill a smoker. I have a little electric smoker. The fish are cleaned and brined. We put them in brine overnight and the next morning they have to be washed and dried carefully and put into the smoker, smoked for six hours, and then cooled and refrigerated until they are canned. I take the meat off the bones and pack them in half-pint jars and then process the jars in boiling water.

Parker: That's the smoked salmon. You brought some wonderful salmon with you today that was fixed differently. How was that fixed?

Bierman: That was just canned. Particularly that method is good for the larger fish. You can get larger pieces. I put them into pint jars, larger jars, and pack them in just as tightly as I can; add a bit of lemon juice and oil, and a little ketchup. That gives just enough to bring out the flavor, and when they're processed, they keep

perfectly well. The processing is in boiling water and takes quite a while.

Parker: So much of the summer really goes to enjoying the environment and preparing food for the winter?

Bierman: Yes, it's a marvelous place for all kinds of garden produce and fruit. I've never really had the opportunity to keep house and do these things myself. So, when the strawberries come on, they are just absolutely luscious. It seems a shame not to make some strawberry jam. That's my first, and then pretty soon the raspberries are on and I'm making raspberry jam, and that's the way it goes.

I don't have any garden at all because my place is too rocky; besides I'm not there enough to do a proper job. But I have many gardening friends. I'm kept in nice fresh produce: corn, string beans, every kind of garden vegetable.

Then one of the high points is when the cherries come on. The Flathead Lake area produces sweet cherries in great quantities commercially. We have a processing plant on the lake. They go to the eastern markets mostly, because by the time our cherries are on, the cherries in most of the country are all already gone. And they're very fine quality. I'm probably less than a mile from a very good orchard, and we have access to all the cherries we can use.

#### Mexican Cherry Pickers

Parker: By the way, who are the laborers in the processing plant? I'm thinking of Indians, do they happen to use the Indians at all?

Bierman: Well, not Indians, but Mexicans. We have migratory Mexican labor. And we have had trouble in the last few years. They are tightening up on aliens, and we have had times when some of the Mexican families who have come to pick cherries are apprehended by the immigration people. And the growers lose their pickers just at the time the cherries are at their height resulting in great losses. So even this little remote community is suffering from some of the same problems that effect a great many other parts of the country.

Parker: You had a suspicion that many of the migrant laborers were undocumented workers?

Bierman: Oh, yes. And I can see the problem from the standpoint of the growers, the ranchers, the farmers, because they're not in a position to get out and do recruiting. If they treat these families well, they tend to come back.

And they are expert cherry pickers. They follow the cherry crops. They go to parts of the country where cherries come on earlier. Then they move on in their little jalopies, and the orchardists depend on them. And they don't feel any great necessity to ask for their immigration status because they're so eager to get the cherries picked.

This is a continuing problem. I have often thought, there are complaints, ever present complaints, about the fact that young people in that valley as elsewhere don't have work, but you can't get those kids to go out and pick cherries. I'm very critical of that situation.

I can usually get young boys to come and work for me around the place, but they only want to work a few hours, and on certain days, because it interferes with their other activities. Some of them are very good help and others are anything but good. You have to watch them every minute or they are not working. Here is all of this work they could have, steady work but they don't--that's beneath them. So, we're really depend on the Mexicans to harvest the cherry crop.

#### A Storm on the Lake

Parker: You mentioned off tape an incident when you were fishing on the lake. I wonder if we could just look at that again, the context in which it happened, the community resources that became available in the midst of your single-minded vision to get some fish.

Bierman: [laughs] Oh, well that was last summer. It's just one of many very interesting adventures I have had on the lake in twenty years, and of course in my childhood we had some. My sister and I went out fishing in the afternoon, and a storm came up. We were way out because at that time the fish were in deep water. We have to know where they are. And a storm came up very suddenly which it frequently does from time to time.

My motor conked out just at the time we were heading for shore. We drifted probably from about three-thirty, quarter to four in the afternoon until after eight o'clock at night with the storm. We had had an invitation to dinner for six o'clock. So we thought maybe there would be some rescuers coming onto the scene. But we had

drifted miles and miles toward the south, because the wind was coming out of the north, helpless, absolutely helpless.

Parker: Were the waves high?

Bierman: The waves were very high, but my boat is very stormworthy. We tossed around. All I had to do was keep us from having the waves come over the stern, because that's the lowest part with the motor back there, and it could get a wash there. That was a relatively easy chore.

Parker: Did you have an oar?

Bierman: We had a couple of oars, and we thought we might be able to do some good, keeping us going toward shore. Actually there's an island, Cedar Island. We thought maybe we could make Cedar Island. It's completely uninhabited; I don't know what we would have done if we got there.

Anyway, we didn't get close enough to land. We just kept going, and going and going. And the sun was getting very low in the sky, in the west, and we were still going. Eventually I thought we'd land up way at the southern end of the lake which would be miles from where we had started.

But after about twenty trials I got the motor started. Then we limped in, because our trolling plate was down. We can't go fast with a trolling plate. In that storm there was no way of getting the trolling plate up.

We made shore, and fortunately came into the dock of an old time friend ten miles or more from home. When we got to a telephone and reported to our hostess that we'd be a bit late for dinner, she said that they had sent out the word.

The coast guard and all of the neighbors with boats had been out looking for us. They'd come back because of the severity of the storm. They were afraid to go any farther, and thought that instead of just having one casualty they might have several. They alerted the biological station on the east shore which is many miles away.

Parker: Was this your friend Jack Stanford?

Bierman: That's my friend Jack Stanford. So Jack, he's the director of the station, he and a member of his staff went out in their big boat. They were equipped with a ship-to-shore communication system. They'd got about half way across the lake and they were going in the right direction. Eventually they would have found us. But then word came that we had appeared, so they went back. But we had, oh I

suppose at one time, we had six or eight people out looking for us. Anyway, we came in unharmed completely, and our hostess had put the dinner in the warming oven, so we had dinner about ten o'clock that night. [laughter]

Parker: Well, you told me that your sister had a lot more trepidation about the experience while she was in the process of it.

Bierman: Oh, yes, but she finally adjusted to the situation very well. She did say that if she ever had to be in any kind of a dangerous situation again, she hoped it would be with me because I had no fear at any time, really. Because I knew that boat was seaworthy. And could see what the wind was doing, where it was taking us.

Some of the people at home were very unrealistic. They could visualize us being carried down through the outlet to the river and over the dam etc. There's a dam three miles south of Polson, but that never entered my mind in any event. That didn't happen. We were a long distance from that. But by the time we got to tie up at the dock it was dark.

Parker: You also talked about the eventuality that you might have to spend the night in the boat. How did you plan to do that?

Bierman: We thought that one person should be on watch and the other would lie down flat on the bottom and cover up with the life preservers because we had no other cover of any kind. It was warm when we left at two-thirty in the afternoon. This was in September, it was warm, the weather was very pleasant. So, anyway, we were very philosophical about it.

Parker: I think this is a good example of two sisters doing very well under stress.

Bierman: [laughs] Well, it was quite an experience. Anyway, I have a new motor. As a result of that, I have a new motor in my boat. I haven't tried it out yet, but I'll be going up there in a week or so.

Parker: Now you're part of the legend of the lake. [laughter]

Bierman: Oh, there have been many experiences similar to ours on that lake.

Parker: Anything more about your summer residence or the life in Montana that you would like to mention right now?

Bierman: All my childhood friends lived up there. But each year I have fewer, and fewer friends. Because when you get to be an octogenerian as I am you have more friends up in the cemetery than



you have down in town. I miss my childhood friends very much. They were a great attraction to me when I first when up to the lake.

### Winters

Parker: After about forty-five years of being a professional woman living in apartments, you finally got your own home.

Bierman: That's right; that's right. And I had everything just the way I wanted it. I had thought originally that I'd spend winters there, because after all I grew up in that climate and survived. But I found differently the first winter I tried to stay all winter. About the middle of December, I sat there before the fire one night and I thought, "What have I done today?" It made me look back on the day. All I had done was shovel snow in the path down to the woodpile and carry in wood, all day long. That, and stop to eat a little. And I thought, "Well I can't spend from now until March or the beginning of April this way."

Parker: All by yourself?

Bierman: Yes. By myself didn't bother me a bit, but that seemed kind of a useless way to spend my time.

Parker: Without other commitments and people? What do you mean?

Bierman: Well, carrying wood. Just carrying wood, trying to keep warm.

Parker: Trying to keep alive.

Bierman: Keep warm. I had plenty of food in the house, so that was not a problem.

So, anyway I decided to go to Esther's for Christmas in Oregon. Then I went to Hawaii. I went to a meeting, a followup meeting on our study, a community meeting that had been organized by the local children's agency group on the island of Kauai. I found they were building a condominium at Koloa. It was a low oriental-type building--very charming. So, I bought one of the condominiums right there before they were ever finished. I went over and I lived over there for about five years, during winters.

Parker: Then you chose to move to Carmel Valley Manor.

Bierman: Yes, I thought the manor might be a little bit better for winter quarters.

Sister

Parker: Did it happen in that period that your sister was widowed, and that she also wanted to retire?

Bierman: No. She and her husband came to the Manor in 1978. He was ill for many years. So, they came to the manor about two years after I did to the manor. He died in 1982.

Bierman: Her name is Esther Simon. Her husband was John D. Simon. He was an advertising man in Portland, Oregon, owned his own agency.

It's been quite a fine thing for me to become acquainted with my sister again. Because many, many years we were apart, and only saw each other at holiday times and largely when I went to Portland for one reason and another. I've discovered that she's really a very fine person and we've become very good friends.

Parker: You seem very compatible.

Bierman: Very, yes. It's been a joy for me to have her at the manor.

Parker: And she also joins you in your summer place.

Bierman: Yes, yes. And I've even made a fisherman out of her. She has less patience than I with fishing. She's very keen about it as long as the fish are biting. But when as much as seven hours goes by without any luck, she gets a little fed up with it. I sometimes am out seven hours at a time, because there's nothing I like doing any better.

Parker: What goes through your mind when you're sitting on the lake?

Bierman: I don't know. I'm just busy. There's always something to do. I remember one of my friends said, "What do you do in all the time that you're out there? Do you take a book to read?" I said, "No, I don't take a book."

The first time I took her fishing, we were out five hours. When we got home I said, "You didn't take a book to read." She said, "Why, there wasn't time to read any books."

So, it fully occupies one. If you can get, say only two fish an hour, by the time you get reeled in and then get the fish in and then get your gear all ready to put out again, that takes up time. Then you're just going along so sweetly, and you get another strike, and then you lose that one, and you lose the next one--you know there is always something going on, but it's interesting.

Parker: And you love the feel and sound of the water, and the smell of the air?

Bierman: Oh, yes. And I have to watch where I am and watch the weather because that lake is treacherous. I, sometimes, don't watch it as well as I should perhaps. But I've always told my sister and my friends, that if I ever went out fishing (I go out alone quite often), that if I go out and don't come back, they'll at least know that I died happy. [laughter]

Parker: I'm glad your sister goes out with you and is now watching the bottom lining of the clouds to see if it gets too black. [laughter]

### Travels

Parker: You've spent an extraordinary amount of pleasurable experiences traveling, both professionally and after retirement.

Bierman: Since retirement we've done quite a bit of traveling and Esther's been able to go with me because for so many years--. She had planned on doing a lot of traveling, but her husband was so occupied with his work that he thought he couldn't get away. She would like to have traveled much more than they did. He promised her that as soon as he retired they would travel. But by then his health was so poor that they really did very little after his retirement in order to look after him.

We have done quite a bit. I guess our first trip was not long before his death. It was my first cruise on the Royal Viking through the Panama Canal into the Caribbean. That was very pleasant. Since then we've been to Africa and to the Orient, to Europe and the West Indies.

Parker: Which part of Africa?

Bierman: To Kenya and Tanzania. That was marvelous because we're both naturalists at heart. The birding was just superb.

Parker: Oh, you're a good birder. What did you pick up in your binoculars?

Bierman: In Africa? Oh, I don't know, two hundred new birds or something. It was fantastic, just fantastic. And of course, the animals we loved, took a lot of photographs. That was a marvelous trip!

Then we have been to Southeast Asia, not really Southeast Asia--the Orient that time. We went to Hong Kong, Taipei, Manila, Singapore, Bali and Bangkok.

That was all by air. It was a luxurious trip--we stayed at such marvelous hotels. I think I read subsequently of a listing of the six world class hotels, and four of them we had the pleasure of experiencing at that time. We ended at the Oriental Hotel in Bangkok. That was very nice. The flight home from Bangkok to Honolulu had stops at Taipei, Korea and Japan--that was a killer.

Parker: What happened?

Bierman: It was so long. It's hard to say how many hours we were in the air because of the change in time. It was really something. We both were more or less basket cases by the time we got to Honolulu. Esther was met by her son and family who live in Maui. I went back to Kauai to visit with friends there. We rested up before we went back to the mainland.

#### The Pacific Basin

Parker: In terms of your professional sensitivities, did anything stand out on this trip to the Orient?

Bierman: I saw great changes in Manila. You always see great changes in Hong Kong, their building has progressed so. I became convinced, as I have since when I have been back there, that what is going on in the Pacific Basin is very important. It is going to be increasingly important to the United States. I think, not in my time, but in the years not far ahead when the Pacific Basin is going to mean more to the United States than is Europe.

Parker: Tradewise?

Bierman: Tradewise, yes.

Parker: In Oregon, there's a big transfer of students from the Far East. And increasing trade.

Bierman: And I think when China really gets going, it's going to make a tremendous amount of difference in the economy of the Pacific Basin.

## China

Parker: Well, you've recently been to China.

Bierman: Yes, I was in China, just a year ago now. Of all of the traveling I had done I would say without a doubt that's the most interesting. Fortunately, I went with a group sponsored by the Monterey Institute of International Studies led by Nancy Stillwell Esterbrook. Nancy had spent most of her childhood in China, knows the language very well. We were told by Chinese people that it was a pleasure to them to hear her speak, she spoke such beautiful Mandarin. She knows the Chinese people so well and her management skills were great. I think we had as good a trip as is possible in China. It's not possible to have a perfectly comfortable trip under any circumstances because they simply do not have enough hotel facilities or transportation facilities to deal with the enormous numbers of visitors they're having.

Parker: How did you travel overland?

Bierman: We went by train; the trains are quite good, really. We had some good flights on planes that are run by the government. Russian planes, we learned, very spit-and-polish, very good.

Parker: With Chinese crews?

Bierman: Yes. We had some boat trips. One was a trip down the Yangtze River, which turned out to be quite eventful at times. We were rammed--not our ship--but when we were on a ferry. We were doing some exploring of the upper part of the gorges on a ferry and were rammed by a big gravel barge and had a long split in the side of the ferry. Most of our people were thrown to the floor from the impact. I had some emergency medical care to give for a while. We did not then know that we might sink. If we had all been at the back of the ferry we would have sunk. There were about a hundred people on board. We were distributed enough. The eight to ten inches they ripped in the side of the boat was just above water line. That was quite an experience. I had quite a lot of medical care to give. I was not hurt at all because I happened to be standing and holding on to the side of a window. There was no glass in the window--but looking out I saw this boat, this barge coming our way and it was obvious that it was going to strike us.

Parker: Did you shout?

Bierman: Yes, those few of us who saw the thing, we did. But, of course, it was too late then. Our people, so many of them were thrown to the floor. Nancy herself sustained a sprained ankle. Our tour leader fell, hit a pipe and sustained a gash in her scalp and was bleeding

profusely. We had people who had wrenched backs and all sorts of things. So, I was giving first aid in all directions. [chuckles]

Parker: Were you the only doctor on board?

Bierman: Apparently.

Parker: And they had first aid supplies for you?

Bierman: No, the ferry didn't have anything. But there was another tour group, and the little lady who was head of that tour group had some first aid supplies which we used up in the first five minutes.

Parker: Did you make right to the bank, did the captain?

Bierman: We had to go back to our ship on that ferry. There was no way--it was in a canyon, there was no place to land. That was quite a frightening experience.

Parker: Did the Chinese crew remain calm or did they get very excited, hysterical?

Bierman: The ferry captain came immediately and bowed deeply and said, "So sorry, so sorry." The next morning on our tables were cans of special kinds of preserves and nuts and things which the captain on the ferry had ordered and had delivered to the ship for our group.

Parker: To apologize, in other words.

Bierman: Yes, we actually had some very distinguished lawyers in our group and one of them said, "We certainly would have litigation if this had happened in the states." But he didn't show the slightest desire to start any litigation. It's just as well. What good comes of litigation? One of our men had lower back pain, and I guess he really had a long period, about three months afterwards, of getting care for his back, because he got a very bad wrench. But, it was exciting. A very close call.

Parker: Who were some of the people who toured with you, with Nancy Stilwell Easterbrook?

Bierman: People who were closely related to the Monterey Institute of International Studies. In our tour in China we saw, visited with and entertained some of the students who had been in Monterey. The Monterey Institute had been training a good many Americans, teaching Chinese. They then were assigned to various industries in China, teaching English and American ways with dealing with various aspects of industrial development. They were young people. We enjoyed them very much.

Parker: One of the members of the group is somebody you had a professional contact with.

Bierman: One of my students in 1948. That was Dr. Wai Shun Sien, a charming man. He and his wife and some seven of his grandchildren came to the White Swan Hotel in Guang-zu. He and his wife were our guests for dinner at a seventeen course banquet. He brought a gift for every one of our people. He is such a delightful person. He became principal medical officer of health for Guang-zu, which is the province in which he worked. He's retired now, as is his old teacher. [laughter]

Parker: Actually, you could visit former students all over the world, couldn't you?

Bierman: Yes, I have.

Parker: When you went to Sri Lanka you met--.

Bierman: I have students in Sri Lanka, in Manila, quite a few in the Philippines, in Europe. I've had them from Germany. Wherever the United States has fought wars and vanquished the people we've become great friends. Then we send money for them to come to the US. This is an old pattern. You can tell the countries we were wooing or had just fought a war against. And those were the countries that we had students from--international students.

So, anyway I have a lot of friends around, Indonesia--several from Bangkok.

Parker: You had a recent guest at the manor who is connected with a professional associate, wasn't she?

Bierman: Her husband was a professional associate. He was a member of one of our advisory committees when I was with the World Health Organization. Professor of Pediatrics at the University of Ceylon as it was called then.

Parker: What is his name?

Bierman: C. C. de Silva. He was a very distinguished pediatrician.

Parker: It was his wife who visited you?

Bierman: Yes. Irene was from a very prominent family in Sri Lanka, which it is called now. She was not a professional, but was very active in many of the organizations for children and the poor and so forth.

Parker: You were telling me they were Sinhalese?

Bierman: Sinhalese. Very well-educated people. Dr. de Silva got his medical training in England. He is an Oxford graduate. She did not have formal education in England, but has spent much time there and both of their children went to college in England. They are very "English."

Parker: And you visited the de Silvas actually in Sri Lanka as part of your travels for the WHO?

#### The Philippines

Bierman: Yes, that was in 1957. At that time I stopped in several other places. I was much interested in the Philippines, I had students in the area, and that was the headquarters for the Western Pacific Region of WHO. I had been offered a job by the World Health Organization there at one time. I had a very good friend who was the regional director at that time for maternal and child health, Dr. Fong.

I saw quite a bit of the work that was going on in public health, particularly in child care in the Philippines. The thing I recall with amusement was that I was invited to two medical meetings.

The first was with the pediatricians in Manila, and I thought I was just to be a guest at dinner. But when I was seated at my place I found it was up on a platform. Right in front of my place at the table was a microphone. I began having butterflies because I couldn't understand why that wasn't in front of the chairman or the president of the society. And sure enough, I was expected to make the address of the evening without any notification whatsoever.

Parker: What did you do?

Bierman: I don't know. I can't tell you what I did. I just talked.

And the next day I went to another meeting that was arranged for me, a luncheon by the health department. This was all the heads of the departments in the health department of Manila and some of the country people. And there again they had all come to hear me speak. I had a little easier time with that because they were interested in what was going on in the world, and the places I had visited.

But I was very unhappy in a way by the kind of care and emphasis of care in Manila. It had been raining; it was during the



monsoon. I spent an afternoon at the main hospital and they wanted me to see, particularly, their premature care unit.

There we stood in this beautiful room with all the shiny chrome incubators and the little tiny, peewee, premature babies. As I looked out the window I saw dozens of little toddlers playing around in the alleys in the water, because of the rain and the mud. No attention whatsoever given to them. [sotto voce]

When the head of pediatrics urged me in front of all of the people who were standing around to admire the wonderful work they were doing in premature care, I just had to say that I wasn't impressed by it. But I was impressed by what was going on out in the alley, and that for a fraction of what they were spending on those incubators--trying to save babies who might not amount to very much even if they saved their lives--they could clean up the streets, they could feed and care for those youngsters who were suffering from diarrhea and enteritis and malnutrition.

It was quite shocking to him because that was his great pet. He had seen the incubators on his visits to America. And that's where they've gone wrong so many times. And we're responsible for it.

Parker: Jessie, that's a courageous statement for you to make.

Bierman: Yes, but I couldn't help it. I just couldn't say that I thought they were doing such a wonderful job with their incubators.

Parker: Their priorities were all wrong.

Bierman: All wrong. All wrong.

Parker: The developing countries' flirtation with advanced technology from the West, that only a few can profit from in their country.

Bierman: They become inured to the way poor children grow up. They don't see them anymore. Well, that was Manila.

#### Singapore

Bierman: Then in Singapore there was what they called a baby factory. They delivered sixty to seventy-five babies a week. It was an enormous ward with beds very close together. The women stayed only twenty-four hours.

They had an excellent domiciliary nursing service. All the prenatal care was given by the nurses and nurse-midwives with doctors being on tap but not on top. They came to the hospital, were delivered by expert midwives, again with medical backing up. And then they went home in twenty-four hours. Their infant mortality rate compared favorably with those in the West. Marvelous. Much better than many of the so-called advanced countries.

Parker: All this went into your report in 1956 or 1957 to WHO?

Bierman: Yes. Those are some of the high points.

## XII SUMMING UP

Parker: Jessie, if you were summing up, how do you sum up a life of a child born in Kalispell, her father had thousands of acres of farming land in the valley--

Bierman: Ranch land.

Parker: --who decided to go to the university, got excited at the biological station and, at great sacrifice, went to medical school, and got into the public health world, international circuit. How do you sum this life up?

Bierman: You make it sound glamorous. It wasn't, but it's been great fun. I've enjoyed it, every bit of it. When I got into an intolerable situation I just moved on, but I didn't do that very often. Six years or four to six years. Or it wasn't necessarily an intolerable situation. Because, you know, my ideas changed about what I'd like to do. I was at the Children's Bureau for four years. I was catapulted in to it rather early in my career.

It would have been better if I had had a longer opportunity to experience work on the community level first. I had so enjoyed the first two years in Montana that I wanted to get back to that. That's why I left the Children's Bureau. I could have stayed on at the bureau--probably still be there. But I came to feel that I was just too far removed from the firing line.

Maternal Child Health Politics in California

Parker: Was the time at the California State Department of Public Health a happy one, a fruitful one?

Bierman: Yes. It was. I got to know the state of California very well. You see, when you are in a position like that you're supposed to know

your state and to know the people who are out there doing the work. That was a great source of satisfaction. We initiated some new activities. I think I mentioned that we got services for our handicapped children into the school system for the first time.

Parker: Ahead of other states.

Bierman: Yes, that's right. Our infant mortality rates were considered acceptable, on the low side. We had all kinds of medical care--from some that was pretty indifferent in the rural areas to some of the best in the world. Again, I had the experience in that position as I had had in Montana, of closing a nursing home one time because of some deaths from puerperal sepsis; the same thing.

That got into the political arena because one of the influential senators in the state senate was closely involved through friendship with the people who owned that little maternity hospital. They'd had some deaths and I decided to go up there and see what was going on. And because it was politically sensitive, the state health officer, Dr. Halverson, went with me. We took the train, and went up to that remote area.

Parker: Where was it?

Bierman: It was up in a small community near Redding, I think. Anyway, we had long conferences with the staff and I think found that there were some techniques in use which were not good. The senator made it perfectly clear to us that we weren't to close that maternity home. So we said, "All right, then you get them to shape up." And they shaped up.

Parker: What did you insist that they do?

Bierman: Well, I think it was mostly a matter of the poor technique and they didn't have very good personnel. They had to get some better trained personnel. We had no more trouble, but that was worth a day's work. Saved some lives probably.

Parker: Do you remember the name of the senator?

Bierman: No, fortunately I don't. [laughter]

Parker: We have to know what county that was in; we could figure it out.

Bierman: He later became a judge and was a very influential man. But that's just part of the way politics works.

Parker: He was telling you as a bureaucracy not to be heavy-handed, but to help them find the reason to get new personnel and higher standards.

Bierman: And he was cooperative. I think they had called on him, and he was available. When the health officer and I were [chuckles] to appear, he was there: to protect them.

Parker: His constituents.

Bierman: Right.

Parker: What about your relationship with the health officer at this time?

Bierman: That was Dr. [Wilton B.] Halverson, who was a fine man, very good. He was the first trained state health officer California state had had in a long time. Under Governor Warren, who was very much interested in health matters, as I have said, and the state committee told--no, I guess the governor asked them, "If you want a trained health officer, tell me the qualifications for a trained health officer?" So they told him.

Then he said, "Well, give me some names." They replied, "They were not in the business of giving out names, that he'd have to choose them on the basis of their qualifications." He said, "I haven't got time to go through all of these things. Give me a panel of names of people who have the qualifications."

And Dr. Halverson was then the health officer of Los Angeles county, I think, so he got the job. He was well qualified, one of the leaders of public health in the country.

Parker: And he brought you in?

Bierman: No. His predecessor, Dr. Bertram Brown.

#### A Life Dependent on Ideas

Parker: Summarizing your experience at the School of Public Health at Berkeley--

Bierman: That was a period of great satisfaction. I had never done any formal teaching before, and I had to learn as I went along but that was largely a matter by then of sharing experience. I was beginning then to conceptualize what teaching was all about. And not just seeing things done, and then doing them and trying them out. It was really an intellectual awakening. I had to work pretty hard to keep ahead of my students, bright students. They were all graduate students, you see, physicians largely. And an occasional nurse, social worker, nutritionist. So, that was a great time.

Then, by far the most gratifying professional experience I ever had was the study: our Kauai pregnancy study. That I really enjoyed. Research is the thing to do if you're really interested in ideas. That was a great experience. And it went on, you see, for fully ten years.

Parker: This was when you reached Erik Erikson's stage of generativity?

Bierman: I think so. I think so. That's right. I hadn't really thought of it that way, but that's true. Or the same thing that Maslow taught--the same way. You've reached a point of creativity where you feel comfortable with yourself.

Parker: And you say intellectual work has been the most satisfying kind of work you've done?

Bierman: Oh, yes. I still become excited with new ideas. I think people who have never been exposed to a way of life which is dependent on ideas and dealing with ideas have missed most of the importance in life.

Parker: Most of the joy of being human, fully human.

Bierman: That's right, absolutely.

Parker: And that's why you have this life-long admiration for Martha Eliot.

Bierman: That's right. And she was motivated, I think completely, by ideas. Her own self aggrandizement was the last thing she thought about. I think from her own upbringing, as is true of so many New Englanders, they are very modest people. This was shown all the way through in her life. I recall the night she was inaugurated as President of the American Public Health Association. A charming chap from Johns Hopkins made the presentation that night. He did such a beautiful job, he called her "the lady with the hat."

The story was that of a New England lady whose friends wanted her to get a new hat, and she retorted very tartly that, "I don't need a hat, I've got a hat." It was a hat she'd worn for many, many years, and her friends were trying to get her a new hat. [chuckles] He called Martha "the lady with a hat." She also had flat-heeled shoes, and a clear idea of her objectives and how to attain them.

I recall a cute story about her from my first trip abroad when I was in Germany working for the military government. Martha came over at one time and when we were flying into Berlin--that was the period of the airlift. We were having a hard time getting to Berlin because of the weather, it was in the winter. Icing problems, and we had to go in over the Russian corridor, because at that time Berlin was cut off.

We finally get a telephone call that they were going to fly a plane up, because some French general wanted to go, so we could go along if we wanted to. We appeared at the Rhein-am-Main airport.

We waited and waited and waited, and finally the French general appeared. Then an officer came out and saw us--both of us were wearing suits--and the army regulations were that all women passengers had to wear slacks, pants. And that annoyed Martha no end. They held the plane while we took a taxi back to the hotel. I went to my room, she to hers, and in no time at all she was knocking on my door, "Come on, come on, come on!"

I had got my skirt off, I had to take a slip off in order to get into pants--it took a few minutes to do that and she was standing there. She had not bothered. She had just pulled her slacks up under her skirt. Here she was with her slacks hanging down below her skirt, and away we went! [laughter]

Parker: What interests me is that she had a pair of slacks to wear.

Bierman: That was part of our instructions. To bring them. And women were not wearing pants in those days.

Parker: I didn't think so.

Bierman: No, because later when I went to England to start working on the report I had to wear slacks because I was on a military plane. They had made reservations for me at the Goering Hotel which was one of the fancy hotels in London. And here I was transported from the military airport to the Goering and had to go into that lobby in slacks. You know, that was quite something in those days in the early 40s.

Parker: They must have been a little used to it, women traveling.

Bierman: But not in England, apparently.

Parker: The military, though.

Bierman: But in the Goering Hotel they were out of place.

Parker: Well, they let you stay there anyway.

Bierman: They let me stay; that's right. And I found then that they had less to eat in England than they had in Germany. I brought food from the PX [Post Exchange], cans of meat, tinned foods for my hostess. Those were difficult days in England. It took them a long time to get back on their feet and to get food.

My hostess had dinner the first Sunday I was there and had saved her meat ration for the whole week--one little joint of meat. I think there were about six of us at dinner. A little piece of meat like this, what we would say was about enough for two people. But that was the entire allocation for the week for them. An eye-opener. You wondered who had won the war.

Parker: At what cost.

Bierman: Yes.

Parker: Did you have any involvement in studying the health of the children in England during wartime.

Bierman: No, I hadn't done that at all. I think Martha did. Martha was going back and forth during the war.

Parker: Well, continuing with this summing up, how would you conclude?

Bierman: Well, it has been, still is, an interesting life. I have few regrets. When I think of my professional experiences I often think of Martha Eliot and how much she did for me. She opened doors for me all the way along the line. And my great gratitude to her. She was a role model. There isn't any doubt about it. It was her real, sincere, unsentimental, sensible attitude toward the importance of children. If you love your country and you like humanity, take good care of your children.

Parker: Did she have fixed ideas, just as she had her New England hat?

Bierman: I don't know, I think she was pretty flexible in many ways. But, she had things figured out the way she thought things should be done, and things that had to be done. You had to get them done or you weren't doing your job. Oh, yes.

Parker: I have a sense that at times you went to places and said things and did things that were as if you were entering areas conceptually and experientially where angels fear to tread? Did you have a reputation for being outspoken?

Bierman: Yes. Absolutely, no doubt about it. And I made some enemies that way. But I knew what I meant, that I wasn't trying to harm anyone, but I was calling the shots the way I saw them. There have been times when I've been kind of hurt by peoples' misconceptions of my motives, but you get over that.

The last was in connection with my campaign to get something done about the medical services at the manor. I have lost friends in the manor, I think. I don't know what they think of me, but they



don't bother to speak to me. I don't feel that I'm particularly handicapped by that.

Parker: [laughs]

Bierman: But my father was like that. He was outspoken. He said what he thought. There was never any question about where you stood with people--that way. I can't be any other way.

Parker: Has that helped or hindered your career at various points, do you think?

Bierman: Oh, I don't know. Probably hindered, more than helped; I don't know. I'm not really a smoothie.

Parker: Well, give me an example of some situation where it had impact one way or another.

Bierman: I've heard things, you know, in retrospect that I had said--which yes, I had--that amused people and they thought that was praiseworthy. But at the time I was afraid that I had, you know, been too frank.

Parker: Example.

Bierman: So, you never know just how people are going to--and especially if they are people you don't know very well. But, that's just the way it was--the way it is--and I don't think you can change yourself.

Parker: Oh, no. Do you have an example, Jessie, that comes to mind?

Bierman: You think of the more recent examples, and I think we have discussed the situation more recently sufficiently.

I rather think that in those troubled areas, when Martha sent me out for troubleshooting, say with the governor of Missouri when I just told them right out they were going to lose their money and nobody'd had the courage to tell him that.

They were trying to get it around one way or another, but I think that's probably why Martha sent me because I would say the way it was. It turned out to be effective because they knew there was no molly-coddling and fiddling around. They wanted the money and they had to come across.

Parker: In other words, to reach the heights, you might say, professionally, you have to be able to take the heat.

Bierman: Absolutely. Yes, you have to take it. You can't be loved by all people at all times. If that isn't terribly important to you, if you're more interested in what you're doing, and dealing again with ideas rather than with what people think of you--. But this is everyday living, isn't it, this happens all the time.

#### Bierman's Credo

Parker: So, you're talking about a model of leadership that is inner-directed, directed by your idea of professional standards and what's right?

Bierman: That's right. That's right. Oh, I think I have always been an inner-directed person.

Parker: And that's how you would describe Martha, too?

Bierman: Absolutely.

Parker: And she used you for those qualities.

Bierman: Yes, I think so. Martha, I think, we were very compatible in our ideas. I absorbed her ideas like a sponge in those early days, because I had so little background. I knew pediatrics and I had become--for reasons I cannot say--terribly interested in preventive medicine.

It made no sense to me to go on spending enormous sums of money trying to care for a baby who shouldn't have been sick in the first place, if it had just had minimum good care. And that's been my credo.

I was told while in practice by a public health nurse that after I had given a talk, she said, "You sound like a public health person." I didn't know anything about public health people at that time. It was a premonition that shaped my thinking.

Parker: You went intuitively into a wider area than clinical practice to put these preventive ideas into operation.

Bierman: Yes, I think that's right. And when the whole idea of the program that was contemplated under Title V of the Social Security Act was passed, that made eminent sense to me. I thought, that's what I would like to do.

I was at that time, also, quite fed up with private practice. There were many things about private practice that I didn't like. I

didn't like the way it was financed, the way I had to make extra calls on wealthy people to pay the overhead, so that I could take care of the kids who really needed me. That didn't make any sense to me. But that's the basis on which private practice was based.

So, anyway, that's just the way it unfolded.

Parker: So Title V's preventive-oriented program, maternal and child health, caught your imagination, and that's where you went.

Bierman: Yes.

Parker: Into the Children's Bureau and under Martha's influence.

Bierman: And I have all through my career been a little saddened by the growing emphasis in public health on concerns for the administration of medical care services. I think it sapped some of the energies of public health as a movement, because we've got so concerned with how we are going to finance public medical care, when so much of it is after-the-fact anyhow.

I don't say that I am opposed to care of sick people, but let's get our priorities straight. We haven't in my lifetime. Maybe eventually we will.

The great growth of the HMO movement in my time shows that we're moving in that direction. You see, when I went back to California in the 1940s, the Kaiser Foundation Hospital in Oakland, the first HMO, was established. Oh the controversy that that stirred up. I went to county medical society meetings where they were just castigating them. Doctors were as paranoid about Kaiser as Reagan now is about the Commies. Even the mention of the word just threw them into agonies.

The HMOs are now spreading throughout the country. Incidentally, it has become quite apparent that the HMO would be by far the best, the cheapest, the most effective way of providing care for old folks.

Parker: [laughs] With old folks, too.

Bierman: That's right. So some things are moving, I guess, in the direction that I think is the right direction.

I think the practice of medicine and medical care in general has sort of lost its way--with its almost total preoccupation with technology to understand and to deal with individual diseases with little thought to the role of the patient in dealing with his illness. Another development--health insurance--we have third party

people really dictating how medicine is practiced. It has created great problems.

Parker: In social work terms I guess you're talking about the shift from cause to function. And you'd like it to get back to the movement idea--the idea of great causes like prevention.

Bierman: That's right. Oh, we can always create endless numbers of professions and numbers of people practicing those professions in helping people after they get into trouble. That's limitless. But to me, a losing game.

Parker: [laughs] So in this deep kernel of your being when you see little kids out in the street playing in dirty and infected water while you're looking at a new preemie ward--you're saying take care of all of the children.

Bierman: Those are the children who would make good citizens with very little help.

These preemies, you might save them and add to the feeling of greatness on the part of the doctor. He feels a hero if he can save a two and a half pound baby.

Parker: Maybe, mentally retarded.

Bierman: Mentally retarded or something, probably. I've seen a great deal of that.

Parker: Anything else you would like to say before we stop?

Bierman: Well, you probably recall the aphorism that is posted up over the door of the entrance of the men's faculty club on the Berkeley campus. It used to be anyway. It goes something like this: "That which does not need changing it is necessary not to change." I've always thought, "Well that's one way of looking at things." But I think I have been more influenced in my life with the obverse: "That which needs changing it is necessary to change."

Parker: That's wonderful.

Bierman: [laughter] I don't rest until I have done something about something that needs changing.

Parker: Exactly, well done.

Transcriber: Marjorie Larney  
Final Typist: Marjorie Larney

APPENDIX:

Curriculum Vitae

Awards, University of Chicago Alumni Association, 1984

Petticoat and Stethoscope, A Montana Legend, edited by  
John A. Forssen, 1978.

H.E. Thelander, M.D., "Children's Hospital of San Francisco,"  
The Medical Woman's Journal, July, 1934.

Jessie M. Bierman, "Advocacy and Inquiry: Their roles in  
development of health services for Mothers and Children",  
American Journal of Public Health, Vol. 56, No. 5, May, 1966.

Jessie M. Bierman, "Some Things Learned", American Journal of  
Public Health, Vol. 59, No. 6, June, 1969.

Article from the Lewiston News-Argus titled "Henry Bierman  
survived early days in Montana." Dated Sunday, December 15,  
1985.

Jessie M. Bierman

## Curriculum Vitae

Born April 6, 1900, Kalispell, Montana

Education:

A.B. University of Montana - 1921  
 M.D. University of Chicago (Rush Medical College) - 1926  
 M.P.H. Columbia University (Institute of Public Health) - 1941

Positions:

1970-1971 University of North Carolina, Chapel Hill  
 Visiting Professor, School of Public Health

1967-1969 National Academy of Sciences, Washington, D.C.  
 Executive Director, Study of Maternal Nutrition for the  
 National Research Council

1963-1967 University of California, Berkeley  
 Professor Emerita and Director, Maternal and Child  
 Health Research Unit

1947-1963 University of California, Berkeley  
 Professor of Maternal and Child Health, School of Public  
 Health; Lecturer in Pediatrics, School of Medicine

1956-1957 World Health Organization, Geneva, Switzerland  
 Chief, Section of Maternal and Child Health  
 (on leave from University of California)

1942-1947 California State Department of Public Health, San Francisco  
 Chief, Section of Maternal and Child Health

1938-1942 Children's Bureau, Washington, D.C.  
 Assistant Director, Division of Health Services, 1938-1940  
 Regional Medical Consultant, 1940-1942

1936-1938 Montana Department of Health, Helena  
 Director of Maternal and Child Health

1927-1936 Private Practice of Pediatrics - San Francisco  
 Instructor of Pediatrics, U.C. School of Medicine

Short-term Assignments:

1949 U.S. Army  
 Expert in Maternal and Child Health - Germany

1951 Member of a Public Health Mission sent to Germany by the  
 Unitarian Service Committee

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- 1955 World Health Organization  
Consultant - MCH problems in India  
- Preparation for Expert Committee on Administration  
of Maternal and Child Health Programs  
(during sabbatical leave from University of California)
- 1964 Consultant to U.S. Children's Bureau in planning program  
of research
- 1971 Consultant, World Health Organization, Geneva, Switzerland  
*Chair* Scientific Study Group on Child Development
- 1972 Consultant, Bureau of Indian Affairs, Billings, Montana

Professional Societies and Committees:

- Fellow -American Academy of Pediatrics and of Montana Chapter  
Fellow -American Public Health Association  
Diplomate -American Board of Pediatrics  
Diplomate -American Board of Preventive Medicine and Public Health  
Member -Governing Council, American Public Health Association 1960-73  
Member -Advisory Committee on MCH, California State Department  
of Public Health 1950-65  
Member -Expert Panel on MCH, World Health Organization  
Member -Research Advisory Committee, U.S. Children's Bureau 1964-65  
Member -Corporation of U.S. National Committee for United Nations  
Children's Fund 1960-70  
Member -Joint Committee for the Study of Graduate Education in  
Public Health in the U.S. 1959-65  
Member -Advisory Council, National Committee for Day Care of  
Children  
Member -Editorial Board, Journal of Tropical Pediatrics and  
African Child Health  
Member -Advisory Board, School of Nursing, University of California,  
San Francisco 1962-67  
Member -Montana State Comprehensive Health Planning Council  
Chairman of Manpower Committee 1967-1973

Awards and Honors:

- Theta Sigma Phi Award for Community Service, May, 1958 (Alameda-Contra  
Costa Chapters)  
Wooley Memorial Lecturer, American Medical Women's Association, 1958  
Matrix Honor Society Lecturer, University of Montana, 1958  
Montana State University Alumni Distinguished Service Award, Sept. 30, 1960  
Appointment to Expert Panel on Maternal and Child Health, The United  
Nations, World Health Organization, Geneva, Switzerland  
Annual Jessie M. Bierman Lecture established in 1963, University of  
California  
Honorary membership, Western Branch of the American Public Health  
Association in recognition of distinguished public health service,  
1953  
L.L.D. - University of California, San Francisco, June 1966  
Sc.D - University of Montana, Missoula, Montana, June 1967  
Martha M. Eliot Award for Exceptional Health Services to mother and  
children, American Public Health Association 1968.

*Professional Achievement Citation, University of Chicago Alumni Association 1968*

Jessie M. Bierman  
Curriculum Vitae

Publications:                    Jessie M. Bierman

1. "Otitis Media and Mastoiditis in Infants Under Three Months of Age." American Journal of the Diseases of Children, April 1930, Vol. 39, pp. 747-57.
2. Case Reports: "A Mediastinal Tumor", California & Western Medicine, November 1936, Vol. 45, p. 423.  
"Acute Diffuse Glomerulonephritis", California & Western Medicine, January 1937, Vol. 46, p. 41.
3. "The Significance of Glomerular Nephritis in Childhood", Minnesota Medicine, November 1937, Vol. 20, p. 703.
4. "The Child's Health", Montana Education, September 1937.
5. "Accomplishments in Maternal and Child Health and Crippled Children Services under the Social Security Act". Journal of Pediatrics, November, 1938, Vol. 13, pp. 678-691.
6. "Recent Advances in Maternal and Child Health". Hospitals. Feb. 1939, Vol. 13, pp. 42-46.
7. The Maternal and Child Health Section. Social Work Year Book. 1939, 1954.
8. "An Experiment in Post-Graduate Medical Education". The Child. September 1940. U. S. Children's Bureau.
9. "Health Education in Maternal and Child Health." Health Education Institute Proceedings. American Journal of Public Health, 1940.
10. "The Care of the Premature Infant". Journal of the American Medical Assoc. August 31, 1940. Vol. 115, pp. 658-662.
11. "Maternal and Child Health Problems in California". Weekly Bulletin, California State Department of Public Health, October 17, 1942.
12. "Prevention of Hearing Handicaps". California's Health, July 31, 1943
13. "The Outlook for the Rheumatic Child". California's Health, December 15, 1945.
14. "Rural Schools Challenge Public Health". The Child. Federal Security Agency. December 1945, Vol. 11, No. 6.
15. "The California Hearing Conservation Program". American Journal of Public Health. April 1947, Vol. 37, No. 4.
16. "Children with Cerebral Palsy", A Report on the Problem in California and a suggested program for their care. Submitted to Fifty-sixth session of the California Legislature. Calif. State Printing Office, December 1944.
17. Sections on Maternal and Child Health - Biennial Reports of the California State Department Public Health, July 1, 1941 to June 30. 1945 and July 1. 1943 to June 30, 1945.



Jessie M. Bierman  
Curriculum

18. "Major Problems in Fetal Mortality". Vital Statistics - Special Reports, U. S. Public Health Service. 33:13. 1952.
19. "Evaluative Studies in School Health Services and Education". Year Book, Am. J. Public Health, 42:5, 1952.
20. "Review of Maternal and Child Health Services and Training Programs," World Health Organization, Geneva, WHO/MCH/64. June, 1957.
21. "Major Problems in Fetal Mortality." (with J. Yerushalmy) Obstet. & Gynecological Survey. 7:1-34, February 1952.
22. "Longitudinal Studies of Pregnancy on the Island of Kauai, Territory of Hawaii." Am. J. Obst. & Gynec. 71:80-96, January 1956
23. "Observations of Maternal and Child Health Problems and Activities in India." J. of Tropical Pediatrics, December 1956.
24. "Infant Feeding in the USSR." Quarterly Review of Pediatrics. August 1957.
25. "Communitywide Pregnancy Reporting in Kauai, Hawaii." Pub. Health Rep. 73:61-68, January 1958.
26. "World Health Organization Contributions to Child Health," Pub. Health Rep. 73:402-411, May 1958.
27. "Maternal and Child Health in the Developing Countries--Progress, Problems and Promise." Am. J. of Public Health. 48:888-897, July 1958
28. "International Health and a World in Ferment." Am. Medical Women's Assoc. 13:399-403, October 1958.
29. "Maternal and Child Health in Developing Countries," Chronicle of the World Health Organization. 12:361-366, November 1958.
30. "Research in School Health--Focus on the Future." California's Health 16:97-100, January 1, 1959.
31. "Some Research Needs in School Health." Proceedings of Regional Conference on the Health of School-Age Children. University of North Carolina, Chapel Hill. September 1959.
32. "Motivational Factors in Community Support for Health Services for Mothers and Children." Institute on Newer Concepts of Growth and Development: Implications for Child Health Services. University of Minnesota, Minneapolis. December 1960.
33. "Diets of Pregnant Women in Kauai, Hawaii." J. Am. Dietetic Assoc. 39:569-577, December 1961.
34. "Probabilities of Fetal Mortality." Pub. Health Rep. 77:835-847, October 1962.

Jessie M. Bierman  
Curriculum Vitae

35. "World Health Problems.": Proceedings Eighth Conf. of Directors of Graduate Programs in Public Health Nutrition. pp. 34-35, June 1962. University of California, School of Public Health, Berkeley, California.
36. "The U.N. Convenes an Expert Committee on the Role of Day Care Centers and Institutions for Child Care." J. of Nursery Educ. 18:3-80-83, January 1963.
37. "Ecological Influences on Infant Mortality among Japanese and Filipino Immigrants to Hawaii". J. Trop. Pediatrics and African Child Health. 9:3-13, June 1963.
38. "The Community Impact of Handicaps of Prenatal and Natal Origin." Pub. Health Rep. 78:839-855, October, 1963.
39. "Pediatricians' Assessments of the Intelligence of Two-year-olds and Their Mental Test Scores". Pediatrics. 34:680-690, Nov. 1964.
40. "Analysis of the Outcomes of all Pregnancies in a Community - the Kauai Pregnancy Study". Am. J. Obst. and Gynec. 91:37-45, Jan. 1965.
41. "Maternal and Child Health" in Community Health, John R. Porterfield, Ed., Basic Books, Inc., N. Y. 1966.
42. "Advocacy and Inquiry: Their Roles in Development of Health Services for Mothers and Children." Am. J. Public Health, 56:720-725. May, 1966.
43. "Martha May Eliot, M. D." Clinical Pediatrics. 5:569-578, Sept. 1966.
44. "Cumulative Effect of Perinatal Complications and Deprived Environment on Physical, Intellectual and Social Development of Preschool Children". Pediatrics, 39:490-505, April 1967.
45. "Congenital and Acquired Handicaps of 10-year-olds. A report of a follow-up study, Kauai, Hawaii". Am. J. Pub. Health. 58:1388-1395, August 1968.
46. "Reproductive and Environmental Casualties: A report on the 10-year follow-up. Study of Kauai Children" Pediatrics, 42:112-127, July 1968.
47. "Some Things Learned." The Martha M. Eliot Award Address. Am. J. Pub. Health. 59:930-935, June 1969.
48. "Children of Kauai": A longitudinal Study from early pregnancy to age ten (with E. Werner and F. E. French) Honolulu, University of Hawaii. 1971.

49. Society, Stress and Disease. Vol 2. Chapter on "Impact of Major Public Health Problems on the Development of Children". London. Oxford Univ. Press. 1975.

50. Maternal Nutrition and the Course of Pregnancy Report

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Research Activities:

The Kauai Pregnancy Study - a longitudinal study of all pregnancies which occurred in an entire community (the Island of Kauai, Hawaii) during a period of five years and of the outcomes. The live born children were followed for two years. A follow-up study of the children at age ten was completed.

Director of Maternal and Child Health Research Unit of the University of California School of Public Health. This Unit worked with the Western States to identify "high risk" communities for mothers and children, conduct studies of the roles of poverty, cultural, ethnic and geographic factors along with the availability, use, and effectiveness of existing health facilities in those States.



# *Awards Assembly*



*June 2, 1984*

*The University of Chicago  
Alumni Association*

## *The Professional Achievement Citations*

*The Professional Achievement Citations recognize those alumni whose attainments in their vocational fields have brought distinction to themselves, credit to the University, and real benefit to their fellow citizens.*

**Jessie M. Bierman, M.D. 1927 (Rush)**, has advocated, taught, and researched strategies to help generations of children grow up healthier. Dr. Bierman has led studies on the part played by poverty, culture, and ethnic and geographical factors in pregnancy, child-birth, and post-natal care. Her studies have had a major impact upon the entire area of maternal and child health, and have resulted in a better understanding of the problems relating to pregnancy and to the survival and well-being of infants. Attracted to the needs and challenges of the public health field, Jessie Bierman left her clinical practice in pediatrics to become the Director of Maternal and Child Health with the Montana State Board of Health in 1936. She inaugurated the well-child clinics that still continue in county health departments across the state. Dr. Bierman was soon recruited to the U.C. Children's Bureau where she quickly learned to identify the major unmet health needs of mothers and children and devised methods of responding to them. As Director of Crippled Children's Services in California, Dr. Bierman created one of the nation's leading programs which gradually became a prototype for other states. She successfully persuaded the state legislature to adopt a permanent source of revenue to meet the needs of handicapped children and their families. Called to service by the World Health Organization, Dr. Bierman became Chief of Maternal and Child Health in W.H.O., where she provided impressive leadership in programs which proved to be of enormous importance, especially to the developing countries of the world. Dr. Bierman spent many years as Professor of Maternal and Child Health at the School of Public Health at the University of California, Berkeley. She transmitted her special cognitive and affective skills to countless students who used these techniques to further the cause of public health throughout the world. The author of a string of publications since 1924, her classic ten-year Kauai Study reported insights on the influences of family stability, education stimulation, and emotional support on child health development. These findings formed the basis of early childhood intervention programs which were begun in the 1960's. Dr. Bierman has served as a consultant to more than a dozen national and international agencies concerned with the well-being of mothers and children. She has received honorary degrees from the University of California and the University of Montana and is the recipient of the American Public Health Association's Martha Eliot Award.

Jessie Bierman's career exemplifies the best in scientific dedication which has truly benefited her fellow citizens and brought honor to her University.

# Petticoat and Stethoscope

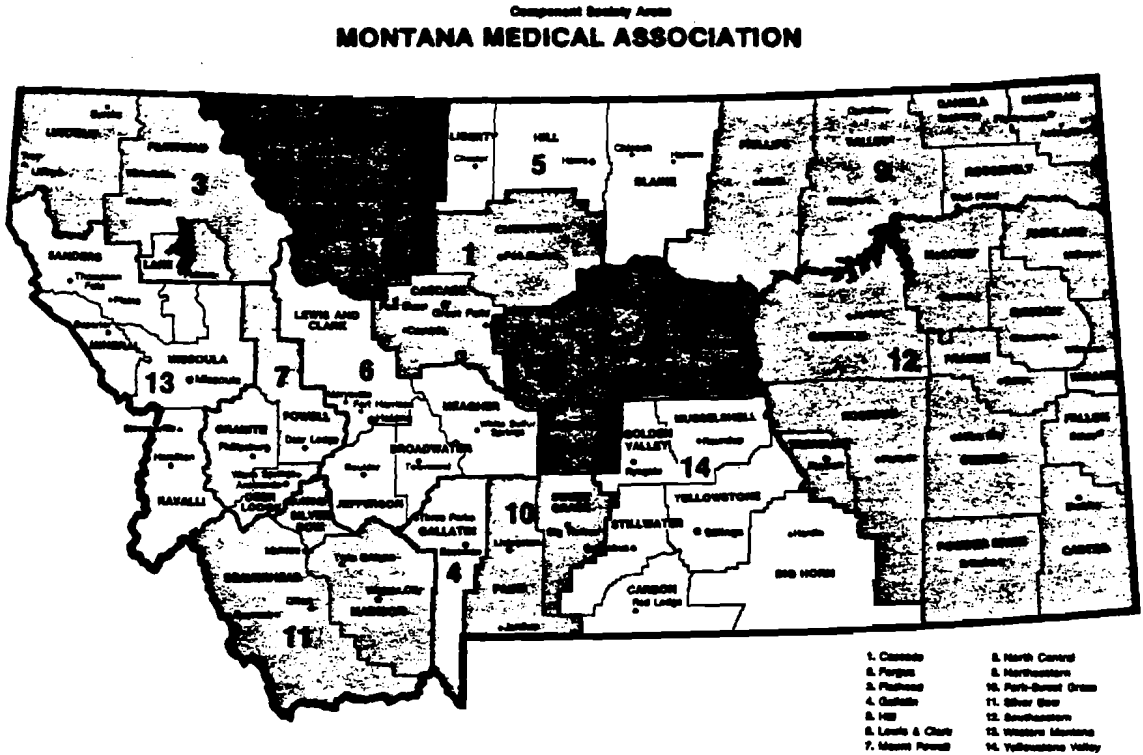
A Montana Legend

Courage, initiative, tenacity and hard work characterized Montana's women physicians from earliest pioneer days. This book relates something of their lives, including the hardships faced by many and according to available records includes all of them, past and present.

Edited by  
John A. Forssen

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Mabel E. Tuchecherer, M.D.

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Missoula, Montana 1978



choir. She is also on the local hospital board of directors, elected, she says, as the first physician "after a spirited campaign."

**Dr. Judy Northrup** lives in West Yellowstone with her husband, Dr. Robert Forsgren, operator of the West Yellowstone Medical Clinic, and travels to Pocatello, Idaho, and Bozeman seeing patients in consultation and performing electrodiagnostic studies. She said she hoped to help Montana develop rehabilitation facilities and help paramedical personnel in techniques of rehabilitation. Her hobbies are cooking, sewing, weaving, modern dance, skiing, swimming and "non-professional writing."

She was born in Cleveland, October 26, 1940, and received her B.A. degree from Ohio State University in 1962. She was granted her medical degree from the same university's medical school in 1966 and had a rotating internship at Swedish Hospital Medical Center in Seattle in 1966 and 1967. After this she practiced in Seattle until 1972, when she began a two-year residency in physical medicine and rehabilitation at the University of Washington. She was on the teaching staff of the University in July and August of 1974, and she was certified in her specialty in June of 1976.

She and her husband began the West Yellowstone Medical Clinic in June of 1976.

### **Lewis and Clark County Society**

**Jessie M. Bierman, M.D.**, was born April 6,



Jessie M. Bierman, M.D.



1900, in Kalispell and received her A.B. degree at the University of Montana in 1921 and her M.D. degree from the University of Chicago, Rush Medical College, in 1926. Her M.P.H. degree was received from the Institute of Public Health at Columbia University in 1941. She was in private practice of pediatrics in San Francisco and instructor of pediatrics, University of California School of Medicine, from 1927 to 1936.

She was director of maternal and child health in the Montana Department of Health, Helena, from 1936 to 1938. From 1938 to 1942 she worked with the Children's Bureau in Washington, D.C., being assistant director, Division of Health Services, 1938 to 1940, and regional medical consultant from 1940 to 1942. She was chief of the Section of Maternal and Child Health, California State Department of Public Health, San Francisco, from 1942 to 1947. From 1947 to 1963 she was health lecturer in pediatrics and professor of maternal and child health at the University of California, Berkeley, School of Medicine.

In 1949 she served the U.S. Army as an expert in maternal and child health in Germany. In 1951 she served as a member of a Public Health Mission sent to Germany by the Unitarian Service Committee. In 1955 she served the World Health Organization as a consultant on Maternal and Child Health problems in India and in preparation for Expert Committee on Administration of Maternal and Child Health Programs.

While on sabbatical leave from the University of California to 1956 and 1957 she was chief, Section of Maternal and Child Health, World Health Organization, Geneva, Switzerland. From 1963 to 1967 she was professor emerita and director, Maternal and Child Health Research Unit, University of California, Berkeley. In 1964 she was consultant to the U.S. Children's Bureau in planning programs of research. From 1967 to 1969 she was executive director, Study of Maternal Nutrition for the National Research Council, National Academy of Sciences, Washington, D.C.

From 1970 to 1971 she was visiting professor at the School of Public Health, University of North Carolina, Chapel Hill. In 1971 she was consultant, World Health Organization, Geneva, Switzerland for scientific study group on child development. In 1972 she served as consultant to the Bureau of Indian Affairs, Billings.

She is a fellow of the American Academy of Pediatrics and of the Montana chapter, a fellow of the American Public Health Association and a diplomate of the American Board of Pediatrics and the American Board of Preventive Medicine and Public Health. Among many committees, she was a member of the Montana State Comprehensive Health Planning Council and chairman of the Manpower Committee from 1967 to 1973, and the Editorial Board, *Journal of Tropical Pediatrics and African Child Health*.

She received the following awards and honors: Theta Sigma Phi Award for Community Service,

May, 1978 (Alameda-Contra Costa Chapters); Wooley Memorial lecturer, American Medical Women's Association, 1958; Matrix Honor Table lecturer, University of Montana, 1958; Montana State University Alumni Distinguished Service Award, 1960; appointment to Expert Panel on Maternal and Child Health, the United Nations, World Health Organization, Geneva, Switzerland; annual Jessie M. Bierman Lecture established in 1963, University of California; honorary membership, Western Branch of the American Public Health Association in recognition of distinguished public health service, 1953; L.L.D. from the University of California, San Francisco in 1966; Sc.D. from the University of Montana, Missoula, 1967; Martha M. Eliot Award for Exceptional Health Services to mothers and children, American Public Health Association for 1968.

She has had 49 publications, the latest being a chapter on "Human Development and Public Health" in Vol. 2 *Childhood and Adolescence in Society, Stress and Disease*, published by Oxford University Press, London 1975. She was involved in research activity with the Kauai Pregnancy Study and as Director of Maternal and Child Health Research Unit of the University of California School of Public Health.

Dr. Bierman maintains a summer home at Lakeside, on Flathead Lake. She has spent the last four winters on Kauai, Hawaii, and plans to spend her future winters in Carmel Valley, California. She is a bird watcher, fisherman and

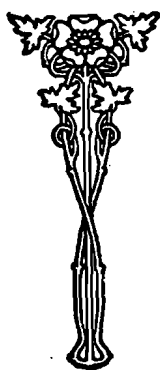
conservationist. She has contributed to the Winter Quarters Building at the University of Montana Biological Station, Yellow Bay, Flathead Lake. She is a member of the Sierra Club, Flathead Coalition, Flathead Tomorrow, Common Cause, Public Citizens, etc. In 1976 Dr. Bierman received her certificate from the University of Chicago indicating her 50 years since graduation from Rush Medical College.

*(Information obtained from Dr. Bierman)*

Dr. Hazel Dell Bouness was licensed to practice in Montana in 1923 and gave Helena as her residence. The only available record of her activities is her listing in the 1924 and 1926 Helena telephone directories and notation in the *archives of the Silver Bow County Medical Society* that she spoke to that group in March, 1926, representing the Child Welfare Division of the State Board of Health. She discussed the possibility of a well-baby clinic in Butte at a central location, encouraging the doctors to give free examinations to children, with referrals to be to family physicians if defects were found. She was graduated in 1913 from the University of Minnesota.

A veteran of public health service in Montana since 1955 is Dr. Katherine E. Dawson, a native of West Virginia and graduate of Ohio State University Medical School in 1946. She received her pediatrics training at Children's Hospital in Cincinnati. She was licensed to practice in Montana in 1955 and served first in

The  
CHILDREN'S HOSPITAL  
San Francisco, Cal.



*Reprinted from*

The Medical Woman's Journal

Cincinnati, Ohio

July, 1934

# Children's Hospital of San Francisco

By H. E. THELANDER, M.D.

San Francisco, Calif.

**T**HE Story of Children's Hospital dates back to the time when the city of San Francisco was just emerging from the days of Dons, gold nuggets and duels.

One of its founders shared intimately the early history of the West. She was born in Philadelphia in 1846, the daughter of a minister and missionary. At five years of age she traveled to California via Panama, being car-



DR. CHARLOTTE BLAKE BROWN

ried across the isthmus by Indians. She spent part of her childhood in Chili, graduated from Elmira College in New York at twenty and was married in Arizona in 1867. With her husband she returned to California over the desert in the company of a troop of soldiers. The Indians were hostile, raids were frequent, and it was understood among the white men that, in case of capture, the first bullet was for the bride in their company. When the mother of three children, this young woman returned to Philadelphia for a course in medicine. From then on the name of Dr. Charlotte Blake Brown figured prominently in San Fran-

cisco. She achieved renown as a physician and surgeon. She was the friend, physician and missionary to the Chinese of San Francisco. She struggled always for the recognition of women in medicine, nursing and other professions. And she realized one of her greatest dreams in the establishment of the first Hospital for Women and Children and the first training school for nurses on the West Coast. This physician was also a mother. Two of her children are prominent in medicine today. Dr. Adelaide Brown has followed the Children's Hospital through all its vicissitudes. The grand-children are now joining the medical ranks.

Upon her return from medical studies in 1874, Dr. Charlotte Blake Brown with Dr. Martha Bucknall called upon seventy women to select a group of eight of their number to constitute a Board of Directors for the Pacific Dispensary for Women and Children, under which name the organization, now known as Children's Hospital, was inaugurated in 1875.

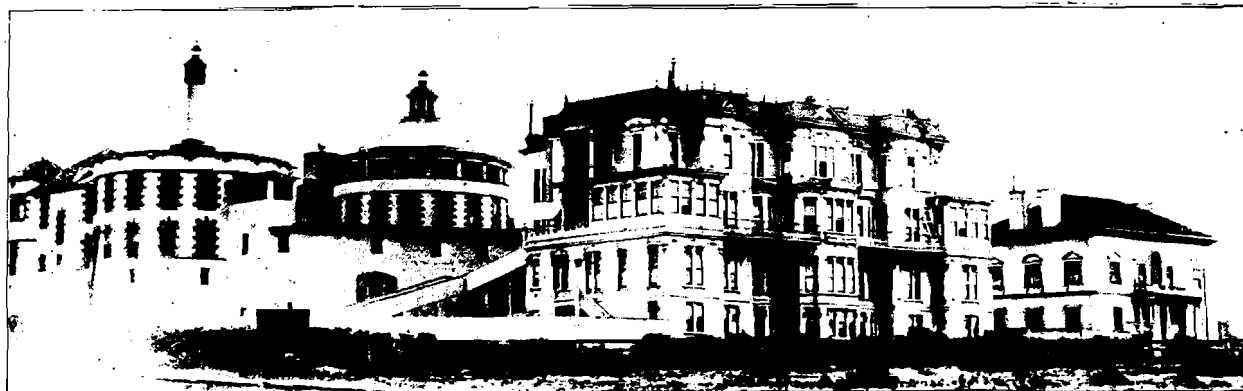
The broad purpose and vision of these women was ably defined in this simple sentence: "To provide for women the medical aid of competent women physicians and to assist in educating women for nurses and in the practice of medicine and kindred professions."

From this nucleus the organization began its growth and struggle. It occupied no less than five homes before it moved to its present permanent site in 1887. Frequently its financial status was precarious and the personal sacrifices of the women interested in the institution saved the day. But years of service to the women and children of the community were rewarded. The present grounds, many of the buildings, the equipment of wards and even individual beds have been the gifts of generous sympathetic citizens. "Crocker Ward," "Hearst Ward," "Lincoln Ward" and "Little Jim" connote friendships, stories and not a little romance. The two circular buildings in the rear will eventually have to yield their places to modern hospital requirements, but while they stand they lend atmosphere and a touch of quaintness to the place.

The Attending Staff has never been limited to women. Since 1885 men of note in the city have contributed much to the Hospital and greatly aided the women in their plans. The House Staff positions, however, have always been limited to women.

ago a decision was reached to continue particularly the work with children and a plan was outlined, patterned after the White House Conference plan of child care and study.

To conform to this plan was not difficult for much of the foundation was laid. The Hospital



First Hospital Building

The physicians who have figured prominently in the history of the Hospital's growth and developments have been women of vision and ideals. They have been devoted to their patients and loyal to the institution.

The Hospital was incorporated in 1885 as the "Hospital for Children and Training School for Nurses." From that time on the institution has grown and expanded rapidly.

In the past four years it has faced difficulties such as every non-profit hospital in this and other cities has had to face. The Board of Managers and the Staff have discussed how this Hospital can serve best the newly arisen

already had a well-developed children's medical department, with consultation services in surgery, otolaryngology, ophthalmology and orthopedics. The Out-Patient Department needed some additions, but on the whole conformed to the plan.

The Public Health Division is unusually well developed for a private hospital. It has a contagious disease unit for the care of private and service infectious diseases. The head of this department is epidemiologist for the Hospital. This department also has jurisdiction over the immunization clinic, the pertussis clinic and the follow-up clinic for the patients in its own



Present Hospital Building

problems in the community. From its beginning the Hospital has cared for both women and children, but its distinguishing feature has been its services to children. About two years

wards. The E. Charles Fleischner Memorial Laboratory is well equipped for research work and the fund provides for a Fellow in the Department.

The care of the handicapped child has always been a feature of Children's Hospital. To facilitate the doctors in the proper placement of these children in a rapidly growing city, an index of information on all children's agencies has been accumulated by the social service department. This information includes such agencies as schools for the blind, deaf, speech defectives and mentally retarded; facilities for the care and education of the crippled, the tuberculous, the cardiac or other chronically diseased children; institutions for the proper handling of the orphaned, homeless and delinquent children. It is hoped that a united effort on the part of physicians, social workers and educators will aid in making as many as possible of the handicapped children happy and useful citizens.

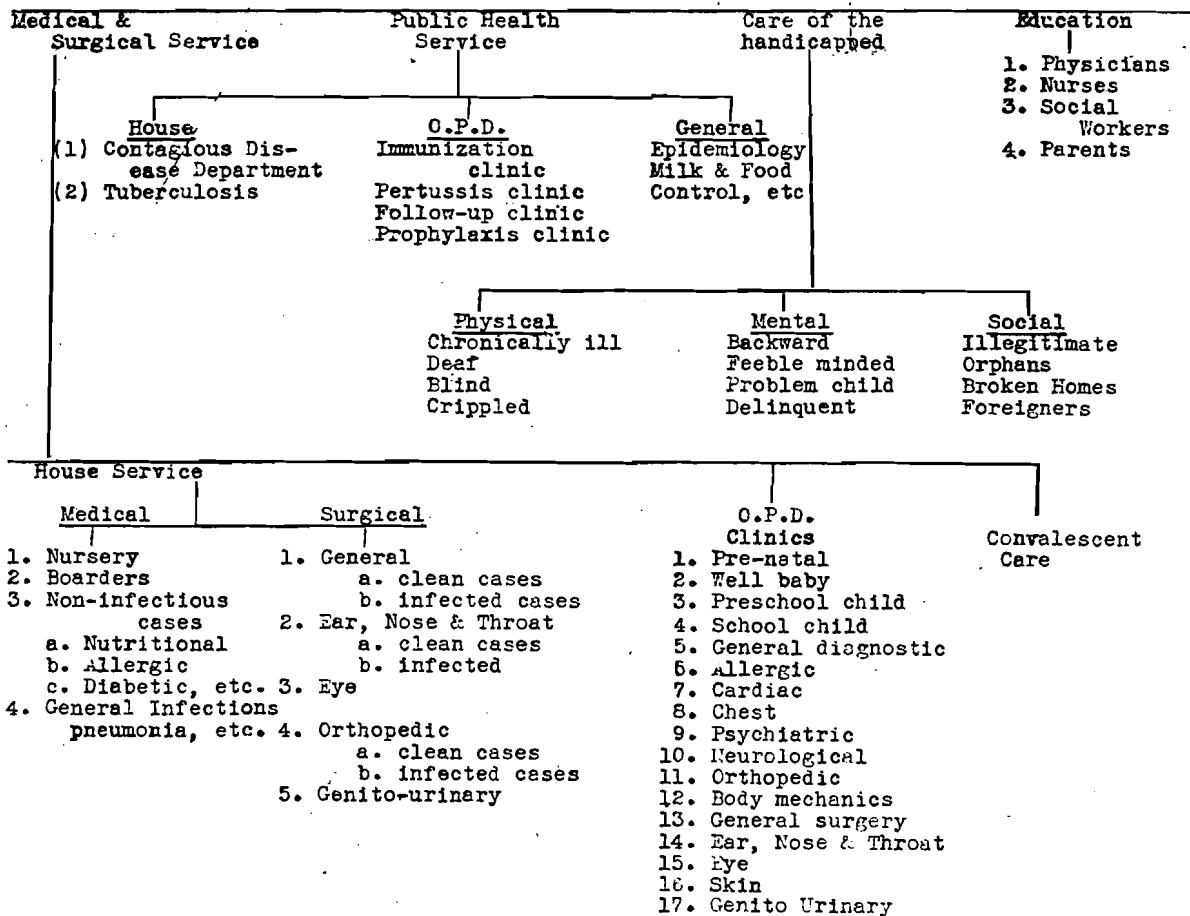
The fourth division—namely, that of education—was stressed in the original purpose of the Hospital. This purpose has been carried out through the years by educating women as physicians, through internships and residencies.

and by training nurses, laboratory technicians and social service workers. An added feature, that of parental education, is now under contemplation. Obviously every welfare program should include a course in home making and child care and training that will cover the whole span of life and overlap the beginning of a new life. Such a program will include instruction in prenatal care, infant care and feeding, the care of the pre-school child, the school child and the adolescent, sex-education and home-making.

Although an increased emphasis has been laid on pediatrics, the development of the other services—namely, medicine, surgery, obstetrics and anæsthesiology—will continue.

Under this plan there should be room for women interested in any branch of medicine. It is hoped that the Hospital will find well-trained women who will carry on this work with an unselfishness, loyalty and devotion equal to that of the women who have gone before.

#### CHILDREN'S HOSPITAL



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### III. ADVOCACY AND INQUIRY: THEIR ROLES IN DEVELOPMENT OF HEALTH SERVICES FOR MOTHERS AND CHILDREN

Jessie M. Bierman, M.D., M.P.H., F.A.P.H.A.

**A**MONG organizations engaged in carrying out community health programs throughout the United States at each level of government and in voluntary agencies, there has been an ebb and flow of interest in and emphasis on the roles of *advocacy* and *inquiry* as means for advancing their goals.

The Children's Bureau was established by Congress in 1912 as a center of research "to investigate, and report . . . upon all matters pertaining to the welfare of children and child life among all classes of our people." The intention of Congress was revealed in the report of the Senate committee which considered the proposal to establish the bureau. It was to "furnish information from all parts of the country to the respective states to enable them to deal more intelligently and more systematically and uniformly with the subject."<sup>1</sup>

The early studies were directed to infant and maternal mortality, birth registration problems, effect of dangerous occupations and accidents on children, social problems of child neglect and desertion, and to legislation affecting children in the states and territories. These investigations were needed to define the nature and extent of a number of problems recognized at the time to be important. The findings suggested corrective measures. Thus the role of *inquiry* was dominant for the first years.

But soon came the Sheppard-Towner Act of 1921. The passage of the act was the result of a long period of advocacy by Julia Lathrop, first chief of the bureau, and by organizations and individuals pleading the cause of children, and based in part on findings of the

bureau's studies. It provided financial aid to the states to help them develop certain preventive health services and education.<sup>2</sup> The act was short-lived, but it marked the beginning of an era of *advocacy* which has been the dominant force in maternal and child health in this country during the past 40 years. By advocacy is meant the whole process of gaining support for legislation in Congress and in the states and localities providing funds to support programs of service with various goals to be carried out by certain agencies under specified conditions.

The establishment or extension of administrative structures at each level of government to implement the legislation, the formulation of the technical and financial ground rules and the selection, training, and provision of administrators and consultants of many kinds (the creation of bureaucracy) are the necessary concomitants of advocacy. The passage of the Social Security Act in 1935 with its Title V authorizing child health and welfare services, the increases in federal, state, and local appropriations over the years, the Emergency Maternal and Infant Care program during World War II, the amendments to Title V of 1963 and 1965 authorizing grants for comprehensive programs of health and medical care for mothers and infants and for children and youth—all are evidence of the continuing sensitive concern of the Children's Bureau for the health and welfare of children and of its success in advocacy over the years. And of course similar efforts have been made in the states, marshaled not only by those promoting official agency pro-

## A TRIBUTE TO MARTHA M. ELIOT

grams but by innumerable private agencies concerned with special diseases or afflictions or groups of children.

But in this process and in the implementing of the resulting programs throughout the country, the role of inquiry has dwindled. Until very recently the programs were considered to be exclusively "service" programs and funds were not to be used for "research" purposes. The term "evaluation" in some quarters was tolerated, but "research" was almost a dirty word for years. This situation probably came about because of an evangelistic preoccupation with fulfilling the many unmet needs for services and with program building, but it was contributed to by categorical grants and the ever tightening of the boundaries between the big and little boxes into which the funds were placed and watched over by unseen people with bookkeeping mentalities. To their everlasting credit, the Children's Bureau leadership in the early days of the Social Security Act was able to get considerable flexibility into the administration of the Fund B grants under Title V. With these funds the states and localities were encouraged to innovate, to set up demonstrations, and to support training and even a few "evaluation" projects.

Some years later came a great rebirth of interest in health research—one of the most notable effects being the establishment of the National Institutes of Health as separate research institutes. But their interests and purposes were not closely related to the program development activities of the Public Health Service or other government agencies. The exception appears to be the National Institute of Mental Health established in 1949 and charged with the responsibility for assisting in development of state and community mental health programs and training of personnel as well as supporting research. In 1963 the Division of Community Health

Services of the Public Health Service was given responsibility for the administration and funding of research grants related to community health.

Research has rapidly become popular and prestigious, and some kinds are very generously financed. It has become acceptable—even fashionable—for voluntary health agencies also to support research. And the 1963 amendments to Title V of the Social Security Act authorized the Children's Bureau to make grants up to \$8 million in support of research related to Maternal and Child Health programs and Crippled Children's Services. Similar grants for research in Child Welfare began three years earlier.

There is now hope that over a period of time, the ill-effects of the neglect of the role of research in the formulation of the extensive programs of the past years can be ameliorated, and that in the future the roles of advocacy and of inquiry will be considered inseparable.

The language of the section of the 1963 amendments relating to MCH research makes it clear that the purpose is to stimulate and support research relating to Maternal and Child Health and Crippled Children's programs—their evaluation, improvement, and advancement. In the hearings on the bill, it was made clear that it was the intent of Congress that research under this provision was to be program-oriented and would not duplicate the kinds of research sponsored by the National Institutes of Health or other agencies.

There can be little doubt that there is urgent need for program-oriented research. But as is already apparent it will be slow in developing, in large part because little research talent has been nurtured among MCH workers during the past generation. In order to take advantage of the opportunities now available, it will be necessary to make as great use as possible of research trained personnel in related fields—epi-



demology, biostatistics, and the behavioral sciences.

With federal funds alone amounting to \$143 million for 1966 to support programs of Maternal and Child Health, Crippled Children's Services, and Medical Care for mothers, children, and youth, it is high time that some hard, disciplined thinking be devoted to program planning and evaluation. For too long there has been a tendency to equate money with results—the more funds, the better and quicker the results. But a feeling of uneasiness is becoming more apparent, and one hears references to the fact that most well-managed corporations have adopted a policy of setting aside a certain percentage of the budget for planning and development studies and building in control mechanisms for measuring progress and evaluation of results obtained. Similar policies need to be adopted by federal, state, and local agencies entrusted with the administration of the large and ever growing sums for health programs if goals are to be achieved and crises in public confidence avoided.

Among the kinds of studies badly needed in the broad field of Maternal and Child Health are the following:

1. Taking a fresh look at the problems; describing them in precise terms as to their nature and extent and the population involved;
2. Determining the extent to which target problems are really health problems and amenable to presently known health measures;
3. Determining reasonable program objectives in measurable terms as steps to long-term goal achievement;
4. Investigating the effectiveness of many of the commonly used means used to achieve objectives;
5. Evaluating periodically the progress being made toward achieving the objectives;
6. Taking a courageous and objective look at the administrative structure that has grown up over the years for delivering community preventive health services and medical care for mothers and children.

Such research is needed to provide the "rational underpinning" of current

and newly developing programs of service.

### Program Planning and Evaluation

Program planning and evaluation are considered to be integral aspects of good administration and a part of the responsibility of the administrator; but unfortunately many health programs are still being administered by physicians whose medical training, no matter how good, has not adequately prepared them for administering complicated programs involving large staffs and budgets, and serving thousands of "patients." In a survey of full-time state and local MCH and/or CC physicians conducted in 1962 by Wallace, et al., it was found that while 70 per cent were certified or eligible for certification by a Medical Specialty Board (largely pediatrics), only half had the M.P.H. degree.<sup>3</sup> It would appear that some exposure to the essential tools of public health should be possessed by all those who undertake to administer such programs.

Over the years a small but devoted group of public health workers has been talking and writing about scientific public health program planning and evaluation.<sup>4-9</sup> The Children's Bureau called a Conference on Evaluative Studies Related to Maternal and Child Health and Crippled Children's Programs in 1950.<sup>10</sup> A few persons, notably Yankauer, have contributed significantly to evaluation in Maternal and Child Health,<sup>11-17</sup> and in recent years Tayback has focused attention on the application of this scientific approach to several aspects of MCH programs.<sup>18-20</sup>

### Reappraisal of Time-Honored Services

In addition to administrative studies of the type mentioned, there is need for a thorough reappraisal of the effectiveness of such common and widespread services as prenatal clinics and child health conferences which comprise the

cornerstones of the preventive program in Maternal and Child Health. To many MCH workers, success in getting pregnant women under prenatal care is considered to be of such importance that it is thought of as one of the principle program objectives—not as a means to an end. Yet, Dr. Allan Barnes, professor and director of the Department of Obstetrics at Johns Hopkins School of Medicine, refers to the seeking of prenatal care as a “sociologic phenomenon in this country, carrying overtones of fadism in the economically privileged.” He points out the statistical hazards of attributing an etiologic influence to some mystical element in prenatal care while ignoring other differences between women who do and do not obtain such care.<sup>21</sup> Yankauer’s study of prenatal care is one of the few to study the differences.<sup>14</sup>

As long ago as 1934 a small but carefully designed study was done at the Yale School of Medicine by Tyler, Watkins, and Walker that indicated “no superiority in outcome” among mothers receiving better prenatal care than a comparable group without such care. They concluded that “improvement in the quality of labor care holds much greater possibilities for lessening hazards of childbearing than does further elaboration of prenatal care.”<sup>22</sup>

It is of interest to recall that this study was carried out under the auspices of the Subcommittee on Evaluation of the Committee on Administrative Practice of the APHA. In the preface to the report on the study, the committee stated “not only the administrators of public health services and their associates among physicians and nurses, but the actual and potential mothers of today, and the general public which bears the financial burden of protective measures for maternity and infancy are concerned with evidence which will disclose the absolute and relative worth of a procedure so widely

promoted and applied as prenatal care.” Now, more than 30 years later, the need for an evaluation of the worth of this procedure is even greater, and we have little more evidence than was then available.

Another pertinent comment about the Yale Study is that it was also noted that replacement of some of the medical visits by nursing care made no alteration in the outcome. We are still speculating about this! In addition to controlled studies along the lines of the Yale Study there is need to investigate the various components that go to make up prenatal care, the medical aspects, emotional support, and educational services to provide a rational basis for decisions about such questions as how many visits? When? What services must be rendered by a physician? What is the strongest role of the nurse?

The Child Health Conference, likewise, is in need of scrutiny. Is it too limited in purpose and scope to meet present needs? Does it reach the families most in need of the services? Does it contribute to the separation of preventive and curative care? The ever-increasing numbers of ill-prepared and handicapped children being dumped on the door steps of the schools each year is clear evidence that communities—including their health services—are failing to live up to their obligations to give all youngsters a fair and decent start in life. Information about the sad health status of children being examined in Program Head Start should be traumatic enough to spur MCH workers to undertake a thorough reappraisal of their preschool services with a view to creating new and more effective ways of deploying all possible resources to reach vastly greater numbers of children than they do now. Experiments in greatly expanding Day Care Services in cooperation with social and educational agencies might reveal them to be an excellent medium for providing con-

tinuity of physical and mental health services as well as cultural and educational stimulation for infants and young children and their parents. Such centers would also fill a neglected social need in providing day care for infants and children of mothers who must work outside the home. And they would supplement or replace Head Start programs with a year-round program throughout the preschool years, avoiding the criticism of providing too little too late.

Crippled Children's programs also provide excellent opportunities for study of the effectiveness of many commonly used procedures such as adeno-tonsillectomy in hearing loss, methods used in the treatment of cerebral palsied children, cardiac surgery, and many more.

Studies such as those referred to of course need to be designed and carried out by research personnel with skill and experience and with time. Hopefully some of the Children's Bureau research funds will be requested to support studies of many of the time-honored but too seldom questioned activities that make up such a large part of our community services.

#### Organizational Chaos

Alarming statements about the fragmentation and disorganization of health services are appearing with increasing frequency in professional journals and the press. The multiplicity of agencies both official and voluntary serving children adds to the confusion. A statement of the Governor's Committee on Medical Aid and Health in California is typical:

"Those needing health care are confronted by an uncoordinated multiplicity of professions, services, agencies, and institutions.

"Federal, state, and local governments have developed a series of largely unrelated health services to meet the special problems or needs of a particular group. Government agencies offer a patchwork of overlapping and piecemeal programs. These government agencies

should assume the responsibility for pulling together the diverse elements."<sup>28</sup>

During the five or six years since this report was published, little progress toward integration was made, and the proliferation and fragmentation of services have become even greater. Now the legislature has ordered a fact-finding survey to serve as a basis for new legislation which it hopes will contribute to bringing some order out of the present inefficient and wasteful situation. A part of this inquiry will be concerned with the effect of the innumerable agency barriers encountered by families seeking care for their children. That so little progress has been made suggests that the responsible personnel is so surrounded by agency-oriented and profession-oriented trees that they have difficulty seeing both the organizational jungle and the little people wandering around trying to find care. The structure of public health and medical care services needs to be overhauled so that the care can be used by people who need it. It is going to take a great deal of honest inquiry and experimentation to point the way.

The establishment in the Children's Bureau of financial support for program-oriented research is a welcome development that could stimulate the return of inquiry to its rightful place as the partner of advocacy in the planning and execution of health programs of high quality for the mothers and children of the country. The creation of an atmosphere of inquiry and innovation will help those at all levels who have responsibility for the awesome job of administering the statutes already on the books.

#### REFERENCES

1. U. S. Children's Bureau. Circular Containing the Text of the Law Establishing the Bureau and a Brief Outline of the Plans for Immediate Work. Bureau Publ. No. 1, 1912, 5 pp.
2. Eliot, M. M. The Children's Bureau, Fifty Years of Public Responsibility for Action in Behalf of Children. A.J.P.H. 52:576-591 (Apr.), 1962.

## A TRIBUTE TO MARTHA M. ELIOT

3. Wallace, H. W.; Hamnerly, M.; Hunt, E. P.; and Luton, L. Physicians in Maternal and Child Health and Crippled Children's Programs—1962. *Ibid.* 55:842-857 (June), 1965.
4. Hawley, P. R. Evaluation of the Quality of Patient Care. *Ibid.* 45:1533-1537 (Dec.), 1955. (Also, many other studies of the medical audit by the American College of Surgeons, and of the closely associated Commission on Professional and Hospital Activities, Ann Arbor, Mich.)
5. Knutson, A. L. "Evaluation for What?" In: Proceedings, Regional Institute on Neurologically Handicapping Conditions in Children, Implications for Maternal and Child Health and Crippled Children's Programs. Boydston, E. H. (Ed.). Berkeley: University of California, 1961, pp. 108-115.
6. James, George. Evaluation in Public Health Practice. *A.J.P.H.* 52:1145-1154 (July), 1962.
7. Research Methodology and Potential in Community Health and Preventive Medicine. *Ann. New York Acad. Sc.* 107:473-808 (May), 1963 (many articles).
8. Procedures for Evaluating Health Programs. Department of Community Health Services, School of Public Health, the University of Michigan, Ann Arbor (6th rev.). (Nov. 19), 1965. 69 pp. mimeo. For experimental use only.
9. Policy Statements, The State Public Health Agency. (Adopted by the Governing Council of the APHA, 1965), Support of Research in Health Departments. *A.J.P.H.* 55:2024-2026 (Dec.), 1965.
10. Report of Conferences on Evaluative Studies Related to Maternal and Child Health and Crippled Children's Programs. Washington, D. C.: Children's Bureau (Dec.), 1950. 8 pp. mimeo.
11. Yankauer, A. An Evaluation of the Effectiveness of the Astoria Plan for Medical Service in Two New York City Elementary Schools. *A.J.P.H.* 37:853-859, 1947.
12. ———. A Further Evaluation of the Astoria Plan of School Medical Services in New York City Elementary Schools. *Ibid.* 41:383-387, 1951.
13. ———. Designs for Evaluation Needed in the School Health Services Field. *Ibid.* 42:655-660, 1952.
14. Yankauer, A.; Goss, K. G.; and Romeo, S. M. An Evaluation of Prenatal Care and Its Relationship to Social Class and Social Disorganization. *Ibid.* 43:1001-1010 (Aug.), 1953.
15. Yankauer, A., and Lawrence, Ruth A. A Study of Periodic School Medical Exams: I. Methodology and Initial Findings. *Ibid.* 45:71-78, 1955.
16. "The Role of Evaluation." In: World Health Organization Technical Report Ser. No. 115, Administration of Maternal and Child Health Services. Second Report of the Expert Committee on Maternal and Child Health. Geneva: WHO, 1957, pp. 19-27.
17. Stine, O. C. Content and Method of Health Supervision by Physicians in Child Health Conferences in Baltimore. *A.J.P.H.* 52:1858-1866 (Nov.), 1962.
18. Tayback, M. "Quantitative Methods for Program Evaluation in Maternal and Child Health." In: Proceedings, Newer Concepts of Growth and Development: Implications for Child Health Services. Minneapolis, Minn.: Center for Continuation Study of the General Extension Division, University of Minnesota, 1960, pp. 165-174.
19. ———. "Methods Likely to Result in Reproducible Judgments Concerning Health Programs." In: Proceedings, Regional Institute on Neurologically Handicapping Conditions in Children, Implications for Maternal and Child Health and Crippled Children's Programs. Boydston, E. H. (Ed.). Berkeley: University of California, 1961, pp. 116-124.
20. ———. Evaluation of Mental Retardation Programs; Evaluation of Family Planning Programs; Evaluation of Maternity and Infant Care Projects. Presented to Bi-Regional Institute in Administration of New Programs in MCH. Berkeley: University of California (Jan.), 1966. (mimeo). To be printed in Proceedings of institute.
21. Barnes, A. C. "Prevention of Congenital Anomalies from the Point of View of the Obstetrician." In: Congenital Malformations. Second International Conference on Congenital Malformations. New York, N. Y.: International Medical Congress, Ltd., 1964, pp. 377-385.
22. Tyler, M.; Watkins, J. H.; and Walker, H. H. Report on the Evaluation of Prenatal Care. A Report to the Subcommittee on Evaluation of the Committee on Administrative Practice, APHA. New Haven: Yale University Institute of Human Relations, 1934. 68 pp.
23. Health Care for California. Report of the Governor's Committee on Medical Aid and Health. Berkeley: California State Department of Public Health (Dec.), 1960.

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*In accepting the Martha M. Eliot Award last year in Detroit, Dr. Bierman considered how specialists in maternal and child health might throw off their specialist blinders, and look at the health problems of mothers and children in terms of root causes and their prevention. What she says applies not only to MCH, but with equal weight to all public health workers.*

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## SOME THINGS LEARNED

Jessie M. Bierman, M.D., M.S.P.H., F.A.P.H.A.

CHERISH the honor bestowed on me in the name of Martha Eliot. For it was she, more than any other, who provided the model and the motivation for my early days in public health. To her vision, courage, persistence, patience, and prodding, the field of Maternal and Child Health, and most of us who have tilled that field during the past 30-40 years, owe much.

My return to my native state of Montana has heightened by interest in the conservation of natural resources and I want to tell you about the trouble the osprey are having on my lake. For the nonornithologists among you, the osprey is a beautiful large hawk, rather rare, that lives and nests near bodies of fresh water, lives on fish, and catches them with great skill. His numbers on Flat-head Lake have been drastically reduced the past few years, and the reason has been traced by scientists at the University of Montana Biological Station to the presence of DDT in the embryos. Most of the eggs fail to hatch. The insecticide is used by farmers miles away and washes into the river upstream, flows into the lake, is taken up and concentrated in the aquatic food chains from microorganisms through fish to birds and mammals, undoubtedly including

man. The fate of the osprey is saddening to nature lovers. But more important, it is another signal that man is creating an environment hostile to many forms of life. By knowing what is going on through observation and research it is perfectly clear what has to be done not only to save the osprey but to prevent even greater catastrophes.

### Warning Signals

For years now, we have been given warning signals that something is seriously wrong with the environment in which great numbers of our children are being born and growing up. The signals range from a stubbornly high infant mortality rate to the enormous numbers of children with achievement problems in school and our disaffected youth. And how have we in Maternal and Child Health been reacting to these signals?

Let us visualize what we might have done within the framework of our usual MCH activities if we had been called in to deal with the osprey problem. We would, no doubt, devote considerable time to calculate fetal and perinatal mortality rates for the osprey chicks, and make careful comparisons between the rates for our lake and those located far

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away. We would arrange multidisciplinary examinations for all the female osprey we could lure into traps, and for any chicks who managed to hatch and fall from their nests. The team would be headed by a qualified veterinarian specializing in wild birds, and we would note if there were any serious flight problems in the surviving young birds that need corrective care, and the extent of their backwardness in learning to fish.

In general, we would become aware of the fact that things are not as they used to be around the lake. There is often smoke in the air, the water is not as clear, and the fishing not as good as it used to be. One has to expect a few changes with "Progress" and "Development." We would wish that "they," meaning the Chamber of Commerce, the sawmills, the farmers, the business interests, and the politicians would give greater consideration to the effects of their decisions on the natural beauty of the area. But most of us would not venture far up river, out of our own field, to find out what is going on and who makes the decisions that affect the whole area. And too few of us would stick our necks out on behalf of the osprey and the other creatures dependent upon the maintenance of an ecological balance.

I agree with the conclusions of Phillip Broughton in his provocative editorial which appeared in the August issue of this Journal.<sup>1</sup> He points out that the health professions—only he calls us the "sickness" professions—have exerted very little influence on the decisions—social, economic, and political—that are all important in determining the kinds of communities in which our people live, bear, and raise their children; decisions that determine the very nature and extent of many of our greatest public health problems. He says "like the nineteenth century family doctor, the health profession is called in after the patient is sick."

With these thoughts in mind, I considered some of the things I have learned since I was an MCH director many years ago, and what I would like to do if I had to do it all over again.

## Some Basic Causes

I have indicated that I would involve myself to a much greater extent than I did during my first incarnation in real prevention. Prevention of the basic causes of reproductive deficiency—of lifetime neglect of health and nutrition, and of ignorance about health matters among the women and girls of my community. Prevention of all the conditions which interfere with children achieving their potentials for healthy growth and development—physically, emotionally, and intellectually.

This is much more complicated than figuring out the role of DDT on the food chain. We have very little precise knowledge about the nature of the relationships between poverty and health; about the pathways and mechanisms through which the various components of low socioeconomic status influence biological functionings and behavior. If I were to undertake another career in research, this is the area I would choose to study. But here I am considering what to do in the field of practice. A comparison of mortality and morbidity data for the highest 25 per cent and the lowest quarter of my population would probably show that, in general, the families at the upper end of the economic scale have higher levels of reproductive efficiency and lower mortality and morbidity rates than do those in the lowest economic group. Lacking more specific knowledge, my program would have to be based on the assumption that all measures that would result in better living standards among the poor families would contribute to improved maternal and child health. Therefore, I would concern myself with better housing, less

population density, better food, more stimulation to learning very early in life, better educational opportunities, as well as providing good health and medical care. I would think of these activities as ecological programing—an attempt to create an environment in which children could thrive. My role would be to interpret and constantly keep before the decision-makers, the needs of families with children; and I would need a great deal of help. Perhaps we could organize a sort of Sierra Club for the conservation of human resources.

This concern with prevention of the root causes would take me into unfamiliar territory way upstream from my office in the health department. But, hopefully, during my second round at a school of public health, the experience would prepare me far better for such activities than when I first got my public health degree. However, prepared or not, I would better devote my energies to these ends rather than go on and on fighting rear-guard actions. Setting up more and more clinics and special services to deal with an ever-increasing load of defects, deficits and disabilities of body, mind, and spirit may be necessary, but it would not be sufficiently challenging to me in my reincarnation.

If I inherited an ongoing program of traditional MCH activities, I would try to make some changes based on things I have learned—many of them in our Kauai Studies.

#### Maternal Health Services

Starting with maternal health services, I would reorganize and warm up the services in my jurisdiction. In our zeal to reduce the maternal mortality rate in the 1930's, we went all out for the notion that every pregnant woman should be seen regularly by a physician throughout pregnancy. We pushed for prenatal clinics—the institutionalized, bureaucratized and often dehumanized

form of care for the poor. Blood pressures were taken; laboratory tests and gains in weight were recorded. Every woman was examined with a stethoscope. And it could be shown that women who faithfully attended prenatal clinics, or had private physician care, had better outcomes than the women who did not. Our biggest worry became—how to get all these other women in, the ones who seem to need it the most; those who have the most complications; who have repeated losses; and small weak babies who die in a few days, weeks, or months, and keep our infant mortality rates so disgracefully high. How to get them into our clinics? And if we get them in, would all these problems vanish? It is doubtful, because only a part of these women's problems are amenable to even the most skillful care and advice applied during a few weeks while they are pregnant.

A lifetime of neglected health and nutrition calls for rehabilitation, most of which is best carried out between pregnancies. I would, therefore, work hard to get these women into intensive medical and supportive care. Prenatal medical care services and interpregnancy care then would concentrate on high priority patients. For the great majority of women, general health supervision, supportive care, and an occasional medical examination will suffice. As a part of general health supervision, I would attempt to get the doctors to take a more positive attitude about good dietary habits and to cease their efforts to restrict gains in weight to unphysiological levels. Indeed, there are those who are suggesting that the preoccupation of American physicians with limiting weight gains during pregnancy, together with prevailing dietary attitudes on the part of the women, may be contributing to our continuing high incidence of low birth-weight babies.<sup>2</sup> The evidence appears quite clear that there are strong, positive associations between

## SOME THINGS LEARNED

maternal gain in weight during pregnancy and birth weight, and also between prepregnancy weight and birth weight.<sup>3,4</sup> Dr. Nicholson Eastman proposes that failure to gain a normal amount constitutes grounds for placing some women in the high-risk category.<sup>4</sup>

In addition to possible adverse effects on the growth of the fetus, the terrorization of the mother over gaining weight is unlikely to contribute to her emotional health. As I poured over the recorded interviews of the expectant mothers in the Kauai Pregnancy Study, I was struck by the apparent eagerness of the women to talk to someone who appeared to be really interested in them, in their questions, their little and big anxieties, their feelings. In the beginning, we felt apologetic about making home visits every few weeks, asking the women to answer a long list of our questions and to talk freely about themselves, but we need not have been. Later on, some of my graduate students, who had developed a formidable interview schedule for use in home interviews of high-risk mothers, reported that contrary to my predictions, the mothers were quite receptive to the idea. One woman who had had repeated pregnancy losses said "I didn't know anyone at the hospital was this interested in me; no one ever talked with me before."

Perhaps quiet, home interviews of all women are not feasible, but surely there should be someone in the prenatal clinic with the good warm blood of human kindness in her veins whose primary job would be to lend a sympathetic ear, say a few kind words, and give a little TLC. This might prove to be one of the most important ingredients in maternity care. In terms of the behavior of the patients, in improved feelings of personal worth, and in attitudes toward the coming baby, this warm, supportive care could be most rewarding. And the warming-up process, of course, needs to extend to care in the hospital during

labor, delivery, and the postpartum period.

I am looking to nurse-midwifery to bring greatly needed improvements to maternity and newborn care in this country. I believe it will come into its own eventually. Our shortage of physicians will make it imperative. And let us hope our midwives are wise enough to place as high a priority on the art of their profession as on the science.

### Better Hospital Service

I would work much more closely with the hospital in my community to help them do a better job in their functions that affect the public health. The time has come when the hospital should be given the responsibility of providing birth and death certificates. The present laws and customs originated in the days when the individual doctor, alone, officiated at births and deaths. He was the only source of information. Hospital records also contain what we need to know about congenital defects and birth injuries in the newborn if our Crippled Children's Services are to be effective in early case finding and prompt care. In the Kauai Study we found that of all the congenital defects identified when our study children were two years old, two-thirds had already been recognized by the attending physician and recorded in the newborn record or in his office records; less than a third were reported on the birth certificates.<sup>5</sup> Some of the time, effort, and funds now spent on processing poor data might better be devoted to working out plans with hospitals and practicing physicians to get better data, and for feedback to them so they can see some direct benefit to themselves.

### Screening Examinations for Children

Turning to child health, I would work hard to see that every—and I



mean *every*—child in my community had at least one good medical and developmental screening examination in early childhood. Of course, comprehensive continuous health supervision from infancy would continue to be the goal; but after all these many years we are still far from attaining it. Witness the findings of the medical examinations of Head Start children! So I would make a gigantic effort to reach every child at least once before it was too late to institute some secondary preventive measures. Careful hearing and vision screening would be included in this examination, as would an appraisal of physical and mental development. The results could be tremendous in providing a specific focus for immunizations, early corrective medical and health services, and the possible prevention of crippling behavior and learning problems.

Of all the children in our study, who at ten years of age were found to be suffering from physical or mental handicaps severe enough to interfere with their progress in school, the overwhelming majority were identified in the screening examination provided at age two.<sup>8</sup> There is no excuse for us in this country to continue to allow enormous numbers of our children to reach school age with impaired health and nutritional status, emotional problems, and learning difficulties. I visualize this as a community-wide effort supported by the professions, schools, voluntary, and social agencies—with a centralized, computerized record system which would facilitate follow-up and get the necessary services organized and delivered.

Dealing with medical and health problems would be a small part of what the community needs to do for its children. From the ten-year follow-up of our Kauai children, we found that five times more children were having serious achievement problems in school than were suffering from health problems requiring medical care.<sup>8</sup> What can be done to iden-

tify these children early, and what might be done to prevent their drift into school failure? We found that the great majority of the poor achievers at age ten were considered to be within the range of normal intelligence at two years, and very few of them had shown any evidence of perinatal stress or any form of reproductive casualty at birth.<sup>7</sup> But there was a high association with low socioeconomic status of the family, low levels of educational stimulation in the home, and of emotional support. We therefore concluded that these children were in fact "environmental casualties," with the influence of a deprived environment already becoming apparent by age two; and that the real prevention of the majority of achievement problems must begin very early in life.

I would work with others in the community to establish day care centers for infants and young children. Such centers would make it possible for all agencies that serve young children to pool their resources so as to provide continuity of physical and mental health services, as well as cultural and educational stimulation for the children and their parents. In addition, they would serve a useful role in providing skilled care for the young children of mothers who work outside the home—an ever-growing need which we have disregarded far too long. This might be one way to stem the tide of poor school achievement problems which are overwhelming our schools.

### Conclusions

Of course, in tackling this ambitious program I would not be working alone, nor only within the confines of the health department and its personnel. I would have to work with physicians and hospital administrators, midwives (hopefully) and psychologists, social agency personnel, school administrators and teachers, and very importantly with business men and the politicians in City

## SOME THINGS LEARNED

Hall. We would have some trouble understanding one another and trusting one another. Most of us in our professional education have been taught to see and to consider important only the things we have been prepared to do. We have become locked into the viewpoint of our particular specialties. There is practically no problem of any consequence any more that can be dealt with effectively by any of us who work alone. There is much talk and some practice of what is called the multidisciplinary approach to problems these days. But just because members of several disciplines are brought together does not necessarily mean very much. They sometimes remind me of two-year-olds playing together. It is really parallel play rather than any real communication or learning from one another. Our professional schools should be teaching us to play together at least at the three and a half-year level!

So, with these thoughts in mind, I would probably go back into teaching

again. And I would try to learn with my students the difficult job of working up stream on the most important of all jobs facing America—how to provide fit communities for our children.

## REFERENCES

1. Editorial. The Valley of Decision. *A.J.P.H.* 58:1317 (Aug.), 1968.
2. Niswander, K. R.; Singer, J.; Westphal, M.; and Weiss, M. Studies of Weight Gain During Pregnancy and Prepregnancy Weight. I. Their Association with Birth Weight for Women of Term Gestation. (To be published in *Obstetrics and Gynecology*.)
3. Singer, J. E.; Westphal, M.; and Niswander, K. Relationship of Weight Gain During Pregnancy to Birth Weight and Infant Growth and Development in the First Year of Life. *Obs. & Gynec.* 31:417, 1968.
4. Eastman, N. J., and Jackson, E. The Bearing of Maternal Weight Gain and Pre-Pregnancy Weight on Birth Weight in Full Term Pregnancies. *Obst. & Gynec. Surv.* 23:1003-1025, 1968.
5. Bierman, J. M.; Siegel, E.; French, F. E.; and Connor, A. Community Impact of Handicaps of Prenatal or Natal Origin. *Pub. Health Rep.* 78:839 (Oct.), 1963.
6. French, F. E.; Connor, A.; Bierman, J. M.; Simonian, K. R.; and Smith, R. S. Congenital and Acquired Handicaps of Ten-Year-Olds—Report of a Follow-up Study, Kauai, Hawaii. *A.J.P.H.* 58:1388 (Aug.), 1968.
7. Werner, E.; Bierman, J. M.; French, F. E.; Simonian, K.; Connor, A.; Smith, R. S.; and Campbell, M. Reproductive and Environmental Casualties: Report of 10-Year Follow-up Study. *Pediatrics* 42:112 (July), 1968.

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Lewistown News-Argus Sunday, December 15, 1985

Buffalo hunter, freighter, brick maker and railroad construction worker . . .

# Henry Bierman survived early days in Montana

"A man learns to take care of himself, bunting his head against mother nature, and to take what comes his way and say he likes it."

This was the creed of the brave, adventurous and determined men and women who faced danger and great hardships a century ago when settling Central Montana.

Henry Bierman — buffalo hunting, freighter, brick maker and railroad construction worker — made the above comment in his memoirs.

He knew what he was talking about as he was one of the early arrivers who survived bitterly cold blizzards in the open, shot antelope and buffalo for his meat, and slept on the ground while making a living as a freighter.

Bierman met Charlie Russell when the cowboy artist was "just a kid," and he survived the terrible winter of 1887.

That was the winter that later brought fame to Russell with his sketch of the skinny, starving cow that he entitled, "Last of the 5,000."

Bierman even worked for a while as a cook at Fort Maginnis near the eastern end of the Judith Mountains, and at a frontier hotel in then gold mining camp of Maiden north of Lewistown.

The Montana Historical Society, in an article on Bierman in 1961, described his earlier days as follows:

Mr. Bierman's full journal tells of his birth in Germany in 1860, the accidental death of his mother, and the sale of all family possessions to provide steerage passage to New York in 1866. He recounts, tersely, early episodes of his life and hard work:

When 14 years old, near Cleveland, he worked as a chore boy for \$8 a month, board and room. The next

year, at the same wage, he became a butcher boy.

Henry's hopes turned westward in the Spring of 1880. He spent several months shaving pig heads for the Anglo-American Packing Co. in Chicago, becoming so proficient that he could shave up to 200 a day. Although the company continued to cut the price per head from 2 cents down to 1½ cents, he was able to bring home a princely \$4 to \$4.50 a day.

The following year young Bierman moved on to Denver, his penchant for hard work this time leading to the making of bricks. He wheeled mud to the molders who made up to 10,000 bricks a day by hand. The pay: \$3 a day.

**Bierman met Charlie Russell when the cowboy artist was "just a kid," and he survived the terrible winter of 1887.**

A few years later he used this new skill in Montana. He helped make bricks for the first Northern Pacific railroad roundhouse in the new town of Billings.

Henry returned to the meat trade late in 1881, answering an advertisement for meat cutters in Laramie City, Wyoming Territory. He got the job — from Phillips & Jennings — at \$75 a month and board and room.

His duties including killing and buying cattle, besides meat cutting. With typical honesty he confessed he tried to get on his first saddle horse from the offside.

Bierman's first cattle buying trip in Wyoming was a success. He bought 35 head at less than 5 cents a

pound, but Phillips & Jennings soon went out of business, so he headed for the Yellowstone in Montana in the Spring of 1882.

Resourceful, humorous and kindly Henry Bierman thus began a span of typical Western adventure and hardy living which lasted until he was more than 80 years old, teaching his daughters how to live well in the outdoors with a minimum of frills and camping equipment.

His narrative shares the pain of losing his young wife when his daughter, Ida, was born; hunting and pioneering; his fear of heavy-maned "buffalo wolves"; the shared happiness of a frontier homesteader's Christmas dinner; danger in calling

the bluff of horse rustlers; pride in his Kalispell butcher shop and the great joys of his family life.

Henry Bierman moved on to the Flathead country in 1895. He became one of Kalispell's leading citizens and did much for that area. Kalispell was then his home until 1943 when he died just a few days before he reached the age of 83.

His second wife, Alice, lived six more years:

Their daughters, Esther and Jessie, are alive and active. They spend summers at their home on Flathead Lake near Lakeside, Mont., and winters in Carmel, Calif.

Jessie is a retired physician and a national authority in the public

health fields of child and maternal health. Esther, who lived many years in Oregon, helped the Lewistown News-Argus in preparing this article.

Bierman's first daughter, Ida, as born in Billings in 1888 and is now 97 years old, living in Pueblo, Colo.

The following excerpts are from Henry Bierman's own account of his life in Lewistown and Central Montana a century ago.

by HENRY BIERMAN

#### APPLES IN CHAMBER POTS —

In the spring of 1884 I started cross country with my team for Fort Maginnis (at east end of the Judith Mountains) where the Collar mine was putting up a stamp mill. I worked my team hauling rock for the foundation and molded brick until the mill was finished, then sold my team and wagon to a sheepman and worked in the Post restaurant at Fort Maginnis. I wanted to learn something about cooking.

When winter came I moved to Maiden, working in the hotel until the spring of 1885. I always liked to cook and never missed a chance to take over this chore.

During this time, I had my first experience with dried apples, knew they would have to be soaked in water. I took what looked like a good amount for the pies and put them in a kettle with water to cover them.

Sometime later I looked at them and found the apples puffed up and overflowing the kettle, so divided them into two kettles and added more water.

Later when they began to overflow the two kettles, I used the last available camp container to take care of the situation. But still there were too many apples — apples everywhere!

Then I had an idea. Somewhere in one of the freight loads was a shipment of new chamber pots. It took quite a search but I finally found the crate and borrowed a couple of them as dried apple containers.

Due to my ignorance I had lots of apples left over, after making the pies. I made them into apple sauce. The chamber pots proved to be ideal covered containers for storing and serving this rare camp treat. After the first shock and some amusement at seeing the pots on the table, the men came to take them for granted.

Then one day some visitors dropped in for supper at camp and one of the ladies almost fainted at this strange sight. She couldn't be persuaded to sit at the table until the pots were taken off.

She refused to eat the apple sauce even when I explained the circumstances and put it in another dish.

#### FREIGHTING TO JUDITH BASIN

— It was very dry in 1886. Water in the Missouri River got low early and the steamboats could not make Fort Benton so a lot of freight was left at Bismarck, North Dakota, and reshipped to Billings.

There were not enough teams to take care of it before winter set in. Clarence Van Wagnen and I loaded out of Billings for the Judith Basin on December 19, 1886, stopping at Ubet, Philbrook, and Utica with a great many "Monkey Ward" boxes for Christmas, a great mixture of a load, including four swellbody cutters.

The roads were fine, no snow, but cold. We drove stage time part of the way and reached Ubet, 100 miles, in five days, the day before Christmas. We unloaded some and pulled three miles to Buffalo Creek and camped in a snowstorm.

Christmas day it stormed hard all day and we celebrated Christmas in camp. After breakfast I told Clarence, "You take care of our stock and I will get us a real Christmas dinner."

We had antelope and cottontail rabbits. I roasted two rabbit saddles and an antelope ham, baked a dried apple pie, boiled some frozen potatoes and made sour dough biscuits. When all was ready, about 4 o'clock and the tent tied for the night, we seated ourselves on our bed roll, ready to eat.

Then a man stuck his face in the tent and called, "Say, ain't this an awful day?" His face was covered with snow.

"Come in stranger, come in," we said.

He did, and we made room for him to seat himself on our bed and offered him a plate, telling him, "This is our Christmas dinner. Join us."

He hesitated, saying, "I am here to ask you to come to our place and have dinner with us. My wife feels so lonesome. It is her first Christmas away from her folks in Kansas. We left there this spring and have homesteaded across the valley about one-half mile."

When he looked over our food supply, he said, "You're better fixed for food than we are, but we'd like your company."

Their cabin could be seen from our camp. As we had not touched our food yet, we decided to go. Taking our roast meat and apple pie, we started over to the place.

On arriving we found a very pleas-

sant woman and a small boy — quite a change from our tent. We could stand up and walk about even if it was only a one-room affair. A white table cloth! White curtains at the window! A home, be it ever so humble!

After warming our meat, we were soon around the table, strangers but in true western hospitality. Our meat was a treat to the hostess. They had not had fresh meat for a long time.

After a good feed off a white table cloth, the dishes were washed and put away and our little hostess and her husband entertained us. They were good singers, she playing the guitar. How long we stayed, I didn't know, but it was late when we headed for our tent.

On looking back on this happening and the spirit that brought it about, it made a deep impression on my mind that will never rub off.

The next morning the storm had let up and we decided to move on. We took over a saddle of antelope for the young couple and bade them goodbye and have never seen them since.

WINTER OF 1887 — Henry Bierman and his friend had just left Utica in early January of 1887 when they were hit by the terrible winter of 1887, that made Charlie Russell famous with his sketch of the starving cow entitled, "Last of the 5,000."

Bierman described the winter as follows.

After several days of travel, we finished up at Utica and turned back. On New Year's Day we loaded oats at Frank Draper's on Swimming Woman Creek, the winter's feed for our horses.

The afternoon after leaving Draper's we came in sight of two bands of antelope and decided to stop and kill our winter meat supply.

The next day, taking one wagon, we brought the ten antelope we had killed to camp.

During the night a storm broke and it stormed for five days, one of the worst I ever experienced.

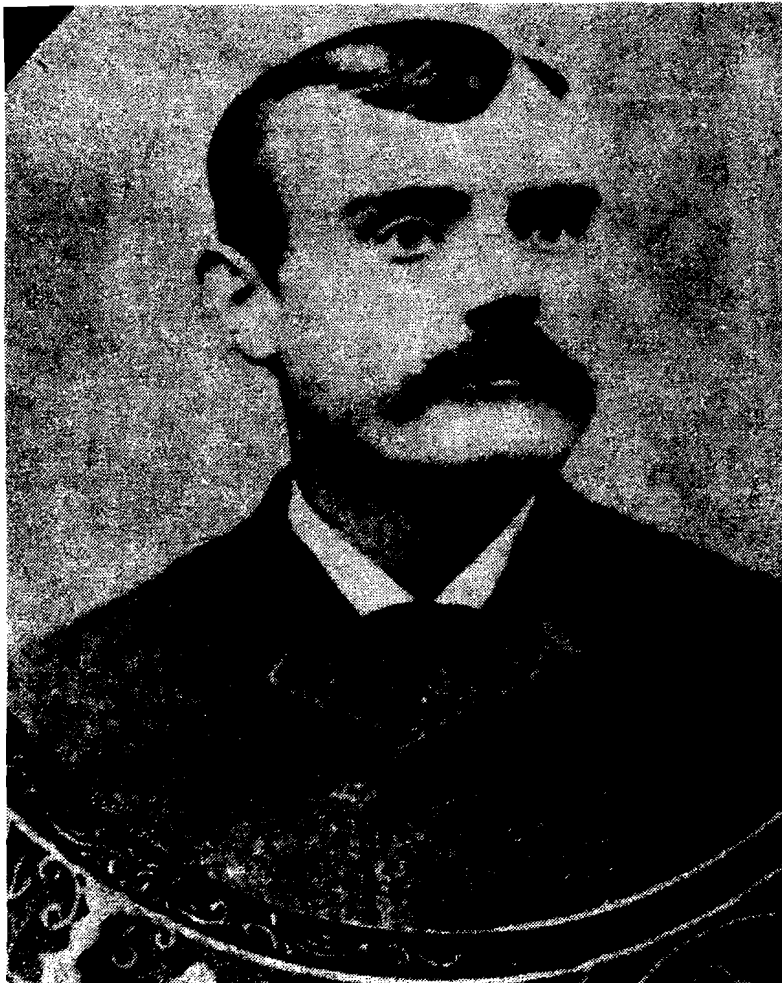
In the afternoon of the fifth day, it cleared and was cold. We were camped in tall sagebrush, but there was nothing in sight when it cleared.

Everything was buried under deep snow.

The next morning we hitched up to move as we wanted to get to my ranch on the Musselshell where I had a comfortable cabin and stove, and where we could walk upright. The distance being about 18 miles.

It took four hard days to make it, having to shovel snow all the way. This was the 12th of January, 1887.

Here we were met by the worst sight of a lifetime — cattle, cattle



HENRY BIERMAN was 25 years old and had been in Montana Territory three years when this picture was taken in 1887. He had a homestead on the Musselshell which he proved up in 1887, and enjoyed his life as a freighter and hunter, much of it in the Judith Basin.

everywhere, bawling for feed. For three or four days they would go down the river, then turn and go up again, eating everything they could get hold of.

The loss was something like 80 to 85 percent when we left the place on the 18th of February — dead cattle lay everywhere.

The sheep men fared no better. We cut cottonwood trees for our horses and gave them two feedings of oats a day. Our oats were running low so we headed for Billings.

A chinook was on and soon grass showed above the snow and our horses were safe, but it was too late to save the cattle.

This was the winter that started Charlie Russell to fame. He was looking after Kaufman and Stadler's cattle in the Judith. The firm made inquiries about their cattle, condition and losses. He drew a picture of a lone cow humped up and very poor

and a coyote watching her, and marked it, "The Last of 5,000."

On my return from a trip into the Judith the spring of '87, I stopped in the gap and loaded sheep pelts for a sheep man. It was his entire herd, some 2,000 head. On top of his sheepshed lay a dead cow.

Under a rock shelter on the Musselshell below Savina, I saw where cattle had laid down side by side never to rise again.

As we arrived at my cabin it looked as though a band of sheep had camped there, but it really was a band of antelope which had drifted onto the river bottom and hung around the cabins during the storm and had pulled out again before we arrived.

One of our neighbors fed all the hay they had in their bed ticks to save a milk cow and we gave them some of our oats and antelope to help them through.

APPLES TO LEWISTOWN — In the forepart of September 1888, I loaded for the Judith Basin, a cold rainy day in Billings. It got cold during the night and in the morning it was 6 degrees below zero. I laid over that day, it being Saturday.

Sunday morning it was still below zero. Wagons froze to the ground and I had to use the jack screw to break loose each wheel before making the start. The freeze made the road good.

On my next trip I loaded for Lewistown. The weather was mild and clear. It was the fore part of October. My lead wagon was loaded with boxes of apples up into the bows for M.M. DeWitt and Hortop.

The weather held good until I got into the Judith Basin then it got stormy. I camped at Rock Creek the night before I reached Lewistown. A good storm was blowing.

I went to the Hoag Brothers ranch near by and bought three logs for firewood and pulled them to my wagons. On the windy side I put an extra wagon sheet over the load of apples and staked it over the fire. I put another sheet around the wheels on the opposite side to hold the heat. These three logs kept a slow fire all night.

In the morning it was storming good and it took me until 11 o'clock to find my horses and get started. I did not reach Lewistown until dark. It was still storming.

As I passed Dan Crowley's place some men came out. I called to them to send a man to DeWitt's and bring my horses to the feed shed. DeWitt was all ready to unload his apples, with plenty of help.

Hortop, who had a hotel across the street from DeWitt's, saw the horses leaving, and came over and demanded his apples unloaded at once.

I told Mr. Hortop that I had kept a fire around the wagon last night to keep them from freezing and if he couldn't carry them across the street, he would have to wait for me to deliver them in the morning.

He soon had help to carry them over and found they were not frozen and was well pleased. He gave me free board and lodging for the night with whisky thrown in.

In the late fall, perishable goods such as apples or beer were hauled only at the owner's risk.

CHARLES RUSSELL — Going to Billings to file my homestead claim, I stopped at Antelope Stage Station for dinner where I met Charlie Russell, a cowpuncher artist who later became famous.

Soon the stage came in with Hayes the driver, Tex Lambert the swamper and a young fellow

**Christmas day it stormed hard all day and we celebrated Christmas in camp. After breakfast I told Clarence, "You take care of our stock and I will get us a real Christmas dinner."**

passenger. We all had dinner together. The stage got away first.

I went into the stock tender's room, which was at the end of the stable. The stock tender, Jack Satterswhite, showed me a piece of brown paper lying on the table, with some drawing on it made with a lead pencil, saying, "That Russell kid on the stage drew that. He is always drawing pictures."

You could recognize the driver and swamper from the way they were dressed and the six horses of the stage. They had a bob sleigh. The picture had a line underneath — "Colder than Billy be damned."

~~This young man was the great~~ Charlie Russell, cowboy artist, in later years.

**INDIAN HORSE** — I did not buy him. He was an Indian pony. He and another pony with sore backs and played out had been abandoned as worthless by Blackfeet Indians who were on horse stealing expeditions from the Crow Indians.

They were running on the range near Antelope and were sure tough looking.

I took one and Dewey the other, and with good treatment and a few oats, Babe became my pet and soon learned to follow the freight team. I seldom put a saddle on him. I would pull up the picket pin, roll up the rope and jump on bare back to bring in my horses.

He would be the first to get his nose in a nosebag. If he was near camp and I was eating my meal he would come up close and watch until I gave him a piece of bannock of some salt or sugar. Then he'd graze until I went to him with the picket rope and stake him for the night.

When one of my team horses was unable to work, I would put him in. I carried a small collar for him to work in, and he would hold his end up, always willing to work.

If antelope came in sight and I wanted meat for the trip, I would stop the team, put a rope around Babe's neck, jump on his back and head for the antelope. When I was close enough, I would jump off and drop the rope.

He would wait until I made my kill, then I would tie the antelope to one

end of a rope, the other end with a tight knot around Babe's neck or to his tail and he would follow me back to the team, dragging the antelope.

He would do the same with a small log — pull it to camp by his tail.

His color was dark roan. His eyes were clear, but he was blind in his left eye. If he was standing quiet, and someone walking up to him on his left side without first speaking, and touched him, he would kick.

**BUSIEST TIME FOR FREIGHTERS** — Late fall was the busiest time of the year for us. That was the time when country merchants would lay in their winter supplies.

The road to Lewistown was a very good freight road with good feed and water, but scarce on wood. There were no bad hills or mud holes.

At Halbert there was alkali beds, which were bad in the spring.

On one trip to Cottonwood, before the frost was out, I loaded back with potatoes, dry hides and barley sacks and had to unload twice before reaching Lavina.

**WOMAN IN LABOR** — I was loaded for Lewistown and camped at Antelope Station 25 miles from Billings. The stock tender there was a young man. His wife was soon to become a mother.



IDA SHOWERS BIERMAN, who married Henry Bierman in Billings on April 3, 1887, posed for this picture on her wedding day. She died a year later when their child Ida was born.

# Henry . . .

Continued from page 4E

The next day was Christmas. It was stormy and I did not find my horses until noon.

While looking for the horses I saw a small bunch of antelope in a low ravine out of the storm. After feeding my horses, I took my rifle and herd horse to get an antelope, when the little woman said, "I wish you would get one for us, too. We have not had fresh meat for a long time."

I told her I would try and I did get two. I tied them to the tail of the herd horse and turned him loose. He went to camp and delivered the antelope.

In the meantime, the young stock tender had filled three burlap sacks with hay, sewed them and laid them in the back of my tent which just made a perfect bed. I enjoyed that bed hugely, better than laying on frozen ground. And the young people enjoyed the antelope.

I felt sorry for the little woman in the condition she was in, far away from any medical help and six miles to the nearest human being.

Her husband came over to my tent that evening and I told him how I had lost my wife ten months before, right in Billings. I urged him to move her at once, not by stage, but get a sleigh from his neighbor and move her slow.

But he had waited too long. When her time came he rushed to his neighbor. By the time he came back, the little woman, being left alone, had died.

**HAULING FREIGHT** — These were the years of my life that I enjoyed being out of doors all the time, winter and summer, rain or shine. A man learns to take care of himself, bunting his head against mother nature, and to take what comes his way and say he likes it.

In those days most roads were made by nature. There were no bridges, you had to ford the streams.

If you could not pull all three wagons, you dropped two and pulled one. If in a mud hole you dug out by putting your jack screws under the axle, raised the wheel and tamped sagebrush under the wheel to rest on. If this didn't work you had to unload and pull to hard ground.

Freight outfits were of several different designs. Jerk-neck consisted of two single team and two wagons. Each team was hitched to a wagon of

3¼ inch size, the driver driving the lead team with lines. The other team was tied on behind the first wagon with a heave rope around their necks tied crossways to keep them from leaving the road.

A heavy bump board made of 2-inch plank hung back of the lead wagon to save the end gate from being broken when the trail tongue hit the wagon. This method was used to have the load on two wagons.

On bad roads or hills, one load was hauled at a time with the four horses. Each wagon was loaded with about 3,000 to 4,000 pounds, according to roads and team.

The next larger outfit was six horses or mules and two wagons tied together by trail tongue, a 3¼ inch, and a 3½ inch for trailer.

The lead wagon loaded 6,000 to 7,000 pounds, and the trailer 4,000 to 5,000 pounds.

Ten and 12 horse teams pulled three wagons, 14 and 16 horses or mules pulled four wagons. These teams were driven with a jerk line to the near lead horse, the driver riding the near wheel horse.

All wagons were well provided with brakes. Also, they had rough locks for bad hills.

On a freight team of 10 or 12 horses and three wagons, the lead wagon had a 3¼ or 4 inch high bed and bows, and could carry 10,000 pounds or more. It was rigged with a circle on the front axle and an 18 inch horn bolted to the rear axle to carry the clevis from the trail tongue of the swing wagon, or the second wagon.

From the circle of the front axle, a ¾ inch bar was carried forward to the end of the tongue, and joined by a long link fastened to the tongue, with a ring. From this ring, a chain ran forward about 8 feet and was fastened with a finger link.

Each team took about 8 feet of chain and spreaders and singletrees to pull from.

The wheel team pulled from doubletrees. The next team forward were called pointers and pulled from the point, or side, of the tongue. In so doing they carried the tongue.

The next two teams forward were the swing teams, and then came the lead team — the most important of the bunch.

The jerk line ran from the bit of the

near lead horse back to the saddle on the rear wheel horse which the driver rode. This line ran through rings on the hames of all the horses on the near side.

By giving a short jerk on the line, the horse moved to the right, and on a steady full he moved to the left. A chain ran back from the circle on the lead wagon and was fastened with a fingerlink in a circle on the swing or second wagon.

This wagon was fitted with a short crooked tongue with a heavy clevis that rode on the horn of the lead wagon. The trail or third wagon was pulled from the swing wagon and fastened to it in the same way as was the swing wagon to the lead wagon.

To explain a fingerline, take your middle finger and lay it backward to your wrist, if it was long enough to reach your wrist, and the ring was over your wrist and that pulled forward over your finger, you could not open your hand until the ring was pulled back. He would always slip the ring off no matter how tight the chain was pulled.

All wagons had bows and heavy sheets to cover them. You were held responsible for freight you loaded and signed for — breakage or damage was at your expense. Freighters were hard on barrels of whiskey. They could always find some way to tap the barrel.

We carried a certain amount of tools with us for repair, also horse shoes and nails. If in hot weather a tire became loose and had to be tightened, the axle was jacked up, the wheel taken off. Stones were gathered up to put the tire on and a fire built around it.

Everything that would burn was used, as wood was scarce. Buffalo chips or cattle chips, if dry, along with grass would heat the tire.

The wheel was then laid on something to keep it off the ground, and wrapped around the fellow with wet burlap sacks cut in strips. When the tire was hot it was placed over the wheel and covered with burlap and cooled by pouring water from a cup along the fellow. This would take several hours and we would be on our way again.

ca. 1939

Henry Bierman

THE HOMESTEAD CABIN of Henry Bierman on the Musseshell was still standing when this picture was taken in about 1939 by his daughter Jessie. The early-day freighter Billings and the Judith Basin.





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