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SOCIOLOGY

History of Services to the Aged in Minnesota, 1850-1950

THE ALMSHOUSE, 1850-1900:

For the first half of the period under survey, the dependent aged of Minnesota appear to have been cared for largely by their own families, with those not fortunate in having adequate families being in some cases cared for in the mixed almshouse, or poor-house ("poor-farm"). In some counties, almshouses were not used and one may assume that mainly their indigent aged were boarded with non-related families at public expense.

The almshouses of Minnesota were all county owned and operated institutions. Hastings H. Hart, secretary of the State Board of Corrections and Charities for 15 years after its beginning in 1883, gives a great deal of information, factual and interpretive, in his thoughtful and complete biennial reports (1883-1900). While Mr. Hart was in office, he sought to bring to bear the weight of official, political, and general public opinion in efforts to make the almshouses satisfactory institutions. In his first visits to almshouses, Hart found 24 of them in some 70 Minnesota counties. He did not condemn the almshouse system. His recommendations to the Board made no suggestions that "out door relief" and boarding out the poor, which was the method used exclusively in the other counties, were superior to the poorhouses. However, Hart and Minnesota seemed to feel that almshouses were to be only one of several kinds of institutions to be used, there being special state institutions for the care of the insane, feeble-minded, and children with all kinds of special needs. The almshouse, while it might well necessarily be a catch-all, would primarily be a place to care for the infirm—that is, mostly the aged—paupers. However, mingled with the infirm aged were feeble-minded adults, alcoholics,

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and homeless persons. Nowhere in this period is there a suggestion that almshouses should be reserved for the aged exclusively.

One can only guess that toward the end of the century Minnesota found it necessary to give public care to about a thousand of its aged. A perspective on the relative size of the problem is gained from inspection of the following table computed from U. S. Census population figures relating to Minnesota:

<i>Year</i>	<i>Total Population</i>	<i>Over 65</i>	<i>Percent over 65</i>
1880	780,778	19,170	2.4%
1890	1,301,826	not available	
1900	1,751,394	66,771	3.8%
1910	2,075,708	86,057	4.1%
1920	2,387,125	110,766	5.1%
1930	2,563,953	163,480	6.3%
1940	2,792,300	212,618	7.7%
1950	2,982,483	269,309	9.0%

For the first 50 years, we find that aged were an element in the population of relatively little importance. The pioneer communities had a predominance of young families and youthful males. Most of the aged were apparently with their own relatives. Food was abundant and cheap in this agricultural area. Family structure and rural living commonly found the presence of extended families that included grandparents and other aged a matter of only slight inconvenience. Moreover, community mores made for strong convictions against "going on the town" or "over the hill to the poorhouse".

There was a preponderance of males in almshouse populations. This would fit into a situation where the frontier attracted excess men, some of whom never could find wives with whom to establish homes.

Were the almshouses of Minnesota's first half century adequate or not? They took care of only a part of the needy aged while Hart insisted that no new ones should be established unless they were well planned and properly managed. Many smaller counties that considered opening county poorhouses were deterred by Hart's warning. Doubtless he reflected to these counties some of the dismal findings of mismanagement. One has only to read his accounts of the overcrowding, filth, and exposure to fire-hazards that he found in a number of the county almshouses and which he fearlessly exposed in his reports. We

can assume that his frankness in the written record was a part of his deep conviction that the care of the poor was both a work of charity and a public trust and he warned against over-hasty extension of the poorhouse system.

A final note about the care of the aged in the first period: There were special places of care established for the infirm. In 1887 the state Soldiers Home was opened for disabled veterans, their wives, widows, and mothers. It has operated continuously since then and has had a bed capacity of 500. This institution never came under the influence of the Board of Corrections and Charities and is never mentioned in its reports. But in 1892, Hart strongly recommended a state institution "for the care of incurables", and the disabled, all of whom were not likely to receive proper care in almshouses. Such an institution never came into being under state provision. However, private homes for the care of the aged and infirm were established. In a brief section in the 1890 report, Hart lists five such private homes for the aged, with a combined capacity of above 200.

TRANSITION: 1900-1930

In the next 30 years, Minnesota moved along with the rest of the nation. The first 15 years was a pre-war period of uninterrupted prosperity, the second 15 years had the World War, and a short, post-war readjustment period when there was some serious unemployment for a brief time. In agriculture, Minnesota was now a leading state. About 1920, a land boom raised farm prices very high and collapse followed. Throughout the 1920s, farmers muttered and vainly demanded "farm relief" (federal legislation to stabilize prices). The Farmer-Labor Party was born and elected two senators and later on two governors. Social legislation was developed and social work expressed itself as a professional movement.

The aged in Minnesota grew in numbers from 66,000 in 1900 to 163,000 in 1930. Immigration had practically ended when this period began, so the excess of youth by immigration was no longer felt. The birth rate dropped steadily, while advances in medicine, sanitation and nutrition decreased the death rate especially among infants and children.

There was emerging some awareness of a social problem of the aged. Public health leaders began saying the special health problems

of the aged should receive special attention. Some social workers, like Anne Fenlason of the University of Minnesota, were trying to focus some attention on them by pointing out that private old peoples' homes were commonly restricted to those who could pay a sizeable entrance fee and consequently most of the aged of the state were excluded. Further restrictions on admission to these private homes were that they accepted only their "own", such ownership being a denominational, fraternal, or military organization membership. Thus, although more of these private old peoples homes were established after 1900, their combined capacity was not great—2,000 was a figure according to Mrs. Fenlason, in 1925, which included all aged institutional inmates in almshouses, mental hospitals, the Soldiers Home as well as the private institutions.

Nationally, there was some evidence of a viewing of the aged as having special and serious need for financial security. Arizona and Alaska, and Montana lead the way with plans for modest old age pensions (Stewart, 1937: 139-140). In 1927, the Minnesota legislature debated the matter and concluded that the "old man or old woman without means to provide for his or her own support is an actual condition confronting us . . . the inevitable result of the great changes in industrial operation" (Jordan, 1953: 424). The legislature passed a law permitting and recommending that counties pay pensions to needy aged.

PENSIONS TO END THE POVERTY OF THE AGED 1930-1950:

What happened to the aged in Minnesota during these two decades during and following the depression was generally the same as what took place nationally. Bank failures by 1933 had destroyed the life savings of thousands. Other thousands lost homes and other property through mortgage foreclosures. The unemployment of the depression was especially hard on the older worker. In the 1930s the nation was completely preoccupied with problems relating to economic recovery and personal financial security for the citizen. The problems of the aged quite naturally were viewed as basically economic.

Four main steps were taken in the nation and all had their application in Minnesota:

1. Modest pension programs were started for the aged in the states so that before the federal Social Security Act was passed, 28

states and 2 territories had old age pension laws. These were permissive acts, often limited in application, and under-financed, often from local funds only.

2. Industrial pensions became widespread. The railroads and some other industries began these long before this time. Eventually in the late 1940s the large industrial labor unions of the auto, steel, and coal industries made pensions a part of labor contracts for millions of workers. These pensions from industry were in addition to other governmental Old Age and Survivors Insurance payments.

3. Old Age Assistance was established as a federal-state system of aid for needy persons above 65 years in all parts of the U. S. This was a very major part of the Social Security Act of 1935. In March 1936, it became effective in Minnesota and by June of that year 37,697 aged persons were receiving \$698,628 per month, an average of \$18.53. "At least 50% of the aged in several northern counties received assistance (OAA) in 1943. For the state as a whole 27.5% of those over sixty-five were receiving assistance at that time . . ." (Jordan, 1953: 419). The state and counties paid half the cost, the federal government providing the other half.

4. Old Age and Survivors Insurance became operative as another part of the federal Social Security Act. This provided a monthly benefit to workers retiring at age 65 or thereafter. It also gave protection to the surviving family in event of the worker's earlier death. The plan was completely federal in administration. The money was provided from funds the workers and employers had paid in as payroll taxes. It did not become operative in paying benefits until the early 1940s and because many of Minnesota's older workers were not engaged in so-called industrial employment, they were not at that time covered by the law. This has since been remedied, but in June, 1950, only 34,000 aged persons in Minnesota received payments. Since the U. S. Census of that year listed 269,309 persons over 65, about 12.5 percent received OASI payments.

Several points can be summarized regarding the effect of these two decades on the history of services to the aged in Minnesota:

1. The problems of the aged were considered to be basically financial and the developments of remedies were financial programs.

2. The entire nation was alert to the plight of poverty for the aged and federal legislation was comprehensive and had the effect of making local and state support with federal money.

3. Public action was almost completely dominant.

4. Private groups were extending the field of service to aged by erecting more homes for the aged. Ethel McClure of the Minnesota Department of Health listed 223 nursing homes and 63 homes for the aged in 1945 (McClure, 1950). These had a capacity of 7,304.

5. The almshouse had almost disappeared. The federal law on old age assistance barred payments to persons living in public institutions and this had the effect of removing the aged from the poorhouses so they could get old age assistance (Burns, 1949). Miss McClure found in 1950 only eleven poorhouses still operating in the state, and it can be surmised that most of their bed capacity of 1100 was not used for aged persons.

6. In many instances the care of the aged had become a business for profit. All of the 223 "nursing homes" listed by Miss McClure were boarding homes giving nursing care and operated usually by private householders as a business. The welfare of 3,784 persons was involved in those homes, whether operated as business or charity.

7. A generalization should be made to the effect that the principle of family responsibility for the care of the aged was weakened. After the Depression, the return of full employment to younger and middle-aged relatives for instance, did not drastically reduce the numbers receiving Old Age Assistance (Leyendecker, 1955).

8. A concept of old age beginning arbitrarily at the 65th birthday was being firmly established in the American mind (Governor's Commission, 1956). Regardless of physical or mental health or demands of the job, millions of workers were being arbitrarily retired in America at 65 under the influence of a rigid definition of "aged" by public assistance and social insurance laws and the union labor contracts.

9. Comprehensive concern for the aged was growing. More was being written on such subjects as how to keep the older worker on the job even though past 65, on their needs for hobbies, recreation, and social life, on counselling, on the emergence of geriatrics as the special medical practice for the aged, on the growing problem of nursing home

care and other types of residences for older persons, and on the need for comprehensive social planning for a community congenial to "living in the later years" (Kaplan, 1953).

This history stops at 1950, not because there are no important events affecting the aged in the present decade, but because it will have to be written after more years provide a ripened perspective.

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