St. Pauli News in Detail





Greeting and Ushering

May 3	Jerod and Tammy Haugen
May 10	Marc and Heidi Haugen
May 17	Ryan and Katy Haugen
May 24	Gary Iverson
May 31	SPCA Board Members

Altar Preparation: Virginia Anderson

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Cemetery Clean-Up Day

Saturday, May 16

1:00 – 3:00 pm

Come and help make our cemetery look neat and tidy for Memorial Day and our Dedication Service. Bring your own tools and chairs. Cookies and coffee furnished.

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Pay Close Attention to the Worship Schedule for May

Kevin Reich will conduct worship services on May 3rd and May 17th.

Pastor Darrel Cory will conduct Holy Communion services on May 10th.

Dr. Kari Torkelson will conduct worship services on May 24th (Memorial weekend). She will be joined by Susanne and Emmy Hinrichs. The three will talk about their mission trip to Belize.

May 31st we will have a dedication ceremony and service at the cemetery pavilion, followed by a picnic lunch. We will have extra seating available and all food is furnished. You may park in the grassy areas of the north end. In case of inclement weather, the service will be held in the church.

Stewardship

Don't throw out those old cotton t-shirts yet!

Those clever St. Pauli WELCA ladies are making baby diapers for Lutheran World Relief out of them.



Adult size only, but they can be any color, and don't worry if they have writing on the front – the ladies will fix that.

You can even get the sleeves and leftover pieces returned to you for your rag bag, if you so wish.

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Plant Swap/Giveaway

Bring what you don't need! Take what you want! Or relax and take nothing at all.

We'll be having our third plant giveaway on May 31st from 9:30 - 10:00 at the St. Pauli Cemetery. Open your trunk to display your wares and then do some shopping.

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May Milestones



Birthdays

May 3	Barb Smith
May 8	Inez Mathson
May 8	Shelley Mathson
May 13	Jodie Torkelson
May 15	Tammy Haugen
May 16	Larry Liden
May 21	Virginia Anderson
May 27	Deb Mostrom

Anniversaries

May 7	Craig and Sally Torkelson

Minutes of the Church Council

March 19, 2026

The St. Pauli Lutheran Church council held its monthly meeting on Thursday, March 19, 2026 at St. Pauli Church. Members present included Faye Auchenpaugh, Marisa Benson, Jim Rondorf, Jana Prickett and Kevin Reich.

Council President Faye Auchenpaugh called the meeting to order at 7:00 pm. Kevin Reich opened the meeting with a prayer.

Approval of Agenda: M/S/C (Prickett/Jim Rondorf) to approve the revised agenda.

Secretary's Report: M/S/C (Benson/Auchenpaugh) to approve the Secretary's report for February 2026.

Treasurer's Report: M/S/C (Prickett/Jim Rondorf) to approve the Treasurer's report for February 2026.

Checking Account Balance End of Jan 2026	$ 27,893.86
Feb 2026 Revenue	5,280.00
Feb 2026 Expenses	(13,114.85)
Checking Account Balance End of Feb 2026	$ 20,059.01
Other Account Balances End of Feb 2026	
Edward Jones	$ 98,390.49
Memorial Fund	8,338.46
Savings	45,992.36
Total St. Pauli Acct Balances End of Jan 2026	$172,780.32
Cemetery Association Funds End of Jan 2026	$ 68,054.58

Council Treasurer Benson pointed out that the large expenditure in February includes our 2026 annual remittance to the Northwest Minnesota Synod ($7,850).

Kevin Reich's Report: The conference summit that was scheduled for April 11 at Redeemer has been cancelled. More details to come if it will be rescheduled. The Synod Assembly is scheduled for May 30 and will be a virtual event.

Other Reports:
WELCA – 9 quilts were finished on the second quilting day in March. WELCA is collecting personal care items during Lent. There is no meeting in March because of Lenten services.

Board of Education – no report provided

Old Business:
- A new kitchen faucet will be installed before Easter.

New Business:
- Synod Convention will be Saturday, May 30th and will be held virtually. We are allowed 2 voting delegates. Early rate is $100 per registrant prior to March 21 and $125 after. We can use basement TV and wireless to stream.
- A new printer/copier is needed. Marisa Benson to price options.
- The steeple trim is in need of repair. Jana Prickett to request a quote from Lawrence Builders and Faye Auchenpaugh will get a quote from Walseth Construction.
- Pulpit Supply
  a. March 25 Lent Service - Kevin will provide the message to be read
  b. March 29 - Bishop Tesch w/communion
  c. April 3, Good Friday, Tenebrae Service – Kevin Reich
  d. April 5 Easter service – Kevin Reich, approved to serve communion
  e. April 12 - Pastor Cory w/communion
  f. April 26 - Pastor Cory w/communion

Next meeting date: Thursday, April 16.

The meeting closed with the Lord's Prayer and adjourned at 7:45 pm.

Jana Prickett
St. Pauli Church Council Secretary

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Our St. Pauli Cookbooks provide sweet moments in more ways than one

Bev Larson and her daughter Amy spent Easter this year in Knoxville, Tennessee, where Bev's oldest daughter Amy and her husband Jon live.

They had a great dinner for Bev and Amy and used recipes from both of the St. Pauli cookbooks!!

The Centennial edition Amy used for the Fudge Stripe Salad recipe from Sharon Bugge. On the first page was the following inscription:

"Congratulations on your first anniversary, Amy and Jon, from Grandma." (Grandma being Belle Rolandson.)

Bev gave each of her kids the new 125th edition and, again, Sharon Bugge's recipe was used for brunch. This time, it was for caramel rolls.

Truly, sweet moments…





In Memorium

Yvonne Maxine Johnson

September 9, 1928 – March 15, 2026

Yvonne was Virginia Anderson's sister and was confirmed at St. Pauli.

Yvonne Maxine Johnson was born on September 9, 1928 to Victor Ato Walsberg and Yvonne Gregorie Walsberg. Yvonne was one of 14 children in the Walsberg family. She was born outside of Grand Forks, ND, moved with the family to a farm outside of St. Hilaire, MN and then moved to a farm outside of Thief River Falls, MN. She passed away on March 15, 2026 at the age of 97 years.

In 1946, after graduating from high school with honors, Yvonne bought a suitcase with her graduation money, got on a bus and moved to Dekalb, IL to pursue a new life. In Dekalb she lived with her Uncle Oscar and Aunt Rouha but eventually found a room with a local family to be more independent. She began working at the Wurlitzer Piano factory in the purchasing department, but left it to assemble coats at the Sycamore Coat Company to earn more money. Leaving home at a young age and working in unfamiliar places with no immediate friends, Yvonne said "I grew up in a hurry."

While living in Dekalb, IL, Yvonne met a young city engineer named Lloyd Johnson. They were married on July 7, 1951. For a wedding present, Lloyd offered Yvonne either an engagement ring or a trip to California. She took the latter and "never regretted it."

Yvonne and Lloyd moved to Moline, IL in 1954, and for the next 47 years she led a fulfilling life there, never one to be sitting on her hands. In addition to raising three sons, she worked as a seamstress doing alterations and making bridesmaid and flower girl dresses for a local bridal shop. She also worked at a flower shop, creating flower arrangements, and at The Opportunity Center, an organization that served people with developmental disabilities. In addition, she learned American Sign Language and used that skill to converse with her sister, Colleen (deaf from an early age), and interpret at the Opportunity Center and at a machinist class at the Rock Island Arsenal.

After spending 47 years in Moline, Yvonne and Lloyd quickly decided to move to the Twin Cities area where their sons lived, once their granddaughter, Kirsten, was born. So, in May 2001, they sold their house, packed their belongings and moved to Victoria, MN where they were close to their new granddaughter and sons. Yvonne was key to Kirsten's upbringing. She picked her up every day from school and provided her a comforting home-away-from-home until her parents came and picked her up after work. She happily did this for many years.

Yvonne loved gardening and the gardens around her home in Moline showed off that love. She carried that love of gardening to Minnesota where she grew vegetables in several community gardens near her home. When the growing season was over, Yvonne had a ready arsenal of canning jars to preserve some of the harvest through the winter months.

Yvonne was an accomplished artist and started oil painting after hearing an announcement on the radio for a local art class. That class led to a long career painting miniature pictures (for display in doll houses), portraits, and landscapes. Never one to boast about her work, she entered one of her paintings in an art show at Augustana College in Rock Island, IL and won a blue ribbon!

Yvonne was fortunate to have traveled extensively with her husband, visiting Hawaii, Spain, England, Bermuda, Norway, Finland and Sweden. They also took long winter vacations to Florida and California to enjoy the warm weather. However, Yvonne's most memorable experience was a mission trip with fellow church members to Venezuela to help build a church in a local community.

Yvonne was deeply involved in her churches. She sorted devotional material, bibles and periodicals for International Christian Literature Distributors, sang in the church choir, played in the hand bell choir, and counted offering money on Monday mornings.

Yvonne had the upmost faith in God and in his salvation. "Now as I look back over the years, I can see that I have been truly blessed. I had good friends... I have been blessed with a very loving husband and children .... I never lacked for anything. And best of all God drew me close and showed me my need for a savior in 1976. And now I don't know when He will call me home, but I do know that when He does, I know where I'm going and it will be with Jesus."

She was preceded in death by her husband, Lloyd, parents, Victor and Yvonne Walsberg; brothers, Russ, Duane, Ralph, and Victor, and sisters, Gertie, Colleen, and Carol. She is survived by her sons, Dave, Rick, and Russ, daughters-in-law, Jackie, Suzanne, and Sue, granddaughter, Kirsten, and sisters, Judy, Jeanette, Virginia, JoAnn, and Mary and brother, Dennis.

A Celebration of Yvonne's Life will be held on May 11, 2026 at the Chapel in Grace Church in Eden Prairie. There will be a visitation at 1pm and a memorial service at 2pm, followed by a reception. Yvonne will be interred at Ft. Snelling Cemetery next to her husband, Lloyd, in a private service earlier in the day.

Yvonne's family wishes to extend their gratitude to the staff at Riley Crossing and to the hospice staff at Brighton Health. The care and compassion they delivered exceeded all expectations and provided solace to all.



Yvonne was confirmed on June 11, 1944 by Rev. Alvin O. Skibsrud.

Front Row L to R: Oscar Eugene Borgie, Ferdie Finstad, Sadie Robertson, Rev. Skibsrud, Beverly Thune, *(unknown)*, Otto Wedul.

Back Row L to R: *(unknown)*, Yvonne Walsberg (SH). Lois Nelson, Louise Mae Finstad, Mae Belle Alberg, Kenneth Lian.

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In Memorium



Bruce L. Carter

August 16, 1948 – April 23, 2026

Bruce was married to Christi (Mathson) Carter.

Bruce L. Carter, age 77, of Carlos, MN peacefully passed into the loving arms of his Creator, on Thursday, April 23, 2026, at Alomere Health in Alexandria, MN.

Bruce. was born on August 16, 1948, to Frank and Anne (Boyer) Carter in Devils Lake, North Dakota. He was baptized and confirmed at Olivet Lutheran Church in Fargo.

Bruce graduated from Southwest Minnesota State University in Marshall, MN. He was united in marriage to Christi R. Mathson on June 1, 1990, at St. Pauli Lutheran Church near Thief River Falls.

Bruce was the Director of Multicultural Affairs for Columbia Basin College in Pasco, Washington and SoBeButh Dakota School of Mines in Rapid City, South Dakota. He was an enrolled member of the Turtle Mountain Band of Ojibwe, Belcourt, North Dakota.

He was honorably discharged as a U.S. Air Force Veteran of the Vietnam Era. He enjoyed reading, spending time outdoors, camping, walking in the woods, exploring, and history adventures. Bruce especially enjoyed time with his family and his canine companion, Sophie.

He was preceded in death by his parents; grandson, Isaac Eubanks; siblings; and brother-in-law, Clair.

Bruce is survived by his wife of 35 years, Christi Mathson-Carter of Carlos; daughter, Kelly L. (Jose) Carter-Martinez of Pasco, Washington; granddaughter, Alexis Anne Bahena of Pasco, Washington; great-grandson, Angel Martinez; mother-in-law, Inez Mathson of Thief River Falls; brothers-in-law, Brian Mathson, and Bruce (Shelley) Mathson; sister-in-law, Brenda (Jeff) Nielsen; and many other extended family members.

Graveside services will be held at 1:00 p.m., on Saturday, July 11, 2026, with Synod Authorized Minister Jewel Townsend presiding at St. Pauli Lutheran Cemetery, rural Thief River Falls, Minnesota.

May Their Memories Be Blessed

Around the Neighborhood



Arlo Rude, left, commander of American Legion Post 117 in Thief River Falls, presented a $500 donation to Dan K. Wiley, national commander of The American Legion. The donation was provided to the group's Veterans and Children Foundation. Commander Wiley spoke at a dinner hosted by Post 117 on April 19th and thanked Legion members for the work they do on behalf of veterans.

Chad has done it for the Third Time!

The 4-H Poultry Project Bowl Teams did well at the State contest on April 11. The Junior Pennington/Red Lake team took Reserve Champion. The Senior Pennington/ Marshall/ Mower team is now the three-time defending State Champion!



ABOVE: Pennington/Red Lake Junior team L to R: Niah Rupprecht, Arlo Rupprecht (Red Lake), Owen Shaw, Audrey Shaw, Ryder Olsonawski (Pennington)



LEFT: Pennington/Marshall/Mower Senior Poultry team L to R: Briley Olsonawski, Brianne Ellison (Pennington), Coach Chad Torstveit, Reuben Drees (Mower), Elizabeth Jarshaw, Elly LeClaire (Marshall)

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Special Luncheon for Nordic Fest



Sandra Bestland is an independent scholar who began researching "all things Norwegian" during the pandemic shutdown. A resident of the Twin Cities, Bestland will speak on: "Lives & Loves of Norwegian Women Immigrants from Amsterdam to Swaziland," and "Lives & Loves of Norwegian Women Immigrants in the Dutch Colonial Era."

Thursday, May 14, at 11:30am at Redeemer Lutheran Church.
Cost is $15 for a wonderful lunch catered by Jeff Liden and Bestland's talk.

In September 2025, two journalists from Norway traveled to Minneapolis to interview Bestland at *Mindekirken*. The journalists were very curious about why she chose her research topic. Bestland responded: "I research the lives and loves of Norwegian immigrant women to resurrect them from the dustbin of history."

We hear about men in history all the time. Now we can learn about Norwegian women who ventured beyond the borders of their homeland and did so with courage and fortitude. Among the intrepid women from the 19th century were an adventuress, a bigamist, a composer, a diarist, a divorcee, a dressmaker, a homesteader, an interpreter, a journalist, a landowner, a midwife, a missionary, a pastor's wife, a politician, a publisher, an unwed mother, a widow, a writer, a slave owner, and a soldier. A baby girl born aboard the sloop *Restauration* in 1825 became a suffragist. In 1896, a Norwegian mother and daughter walked across America. Bestland's presentation will reveal the triumphs and the tragedies that 19th-century families faced in their new homeland. Two centuries before the sloop *Restauration* set sail, 57 Norwegians settled in New Amsterdam (now New York City). Twelve were Norwegian women. The first arrived with her family in 1630. One woman was given land for her ability to speak the language of an Indigenous tribe, while another had her land in Manhattan confiscated. A widow served as a midwife.

MEN AND WOMEN, DON'T MISS THIS FANTASTIC EVENT!

Two Hundred Years to Flatten the Curve

How generations of meddlesome public health campaigns changed everyday life — and made life twice as long as it used to be.

By Charles C. Mann

The first time people in New Orleans truly understood their refrigerators was the summer of 2005, after Hurricane Katrina struck the city. Because big storms are common in New Orleans, families there were accustomed to evacuating for a couple-three days, then coming back to streets covered with branches and trash and maybe a few roof shingles.

Katrina was different — the worst natural disaster in North America in decades. Flooding was so bad that people couldn't return for two months. And this was New Orleans: sunny and hot. The hurricane had knocked out the electricity. Across the city, 250,000 refrigerators became accidental demonstrations of the biology of putrefaction.

The government warned homeowners not to open their refrigerators. Many did anyway. All realized instantly that something comprehensively bad had happened in their kitchens.



Throughout the fall, returnees duct-taped their refrigerators shut and lugged them out to the curb. White metal boxes lined the streets, painted with do-not-open warnings. Teams of workers in hazmat uniforms slowly loaded them into trucks and drove them to a giant toxic-waste dump in the outskirts of the city. Occasionally people got tired of waiting for the hazmat guys and illegally dumped their refrigerators in faraway neighborhoods only to find when they came home that people from those neighborhoods had dumped refrigerators on *their* streets.

Thousands of families were discovering that refrigerators are not only appliances: they are also a key component in the public health system. By sealing food into a clean, cold box and constantly filtering the air inside, refrigerators defend families against the legions of bacteria, viruses, molds, insects, fungi, and parasites that otherwise would contaminate their suppers. Suddenly living without refrigerators, Katrina's victims couldn't keep their food safe. Emergency rooms filled with food poisoning victims. People in New Orleans were learning the hard way that they could not take for granted one of the pillars of modern life: public health.

Medicine is not the same as public health. The medical system focuses on individuals. The public health system works to safeguard *communities*. If children get sick from drinking spoiled milk, they go to doctors, who may treat severe cases with antibiotics. That is medicine. The rules setting out how companies treat, store, and package milk, the criteria for how and when it can be sold, the regulations governing the functions of refrigerators, the inspectors that monitor compliance: that is public health.

Public health is generally pictured in terms of doctors and medical researchers setting guidelines for disease prevention and treatment — the kind of actions associated with the Centers for Disease Control and Prevention and the Food and Drug Administration. But that's not how the originators of public health thought of it. Nor does that image adequately describe what they set up — the arrangement we live with now. Built up for more than a century, today's public health system is a massive, interlocking set of laws, standards, institutions, and technologies that undergirds much of our daily lives.

Paradoxically, the public health system is so omnipresent that its effects are often invisible. But the numbers tell the tale. In 1875, the median age of death in Great Britain, then by many measures the world's most affluent nation, was 45. Today it is 82. The rise is astonishing. For tens of thousands of years, the average human life expectancy hardly changed. Then, in just 150 years, it almost doubled. The increased food supply created by modern agriculture played a big role in this jump. So did clean water and the electric grid. But the great bulk of the improvement was due to the creation of the public health system.

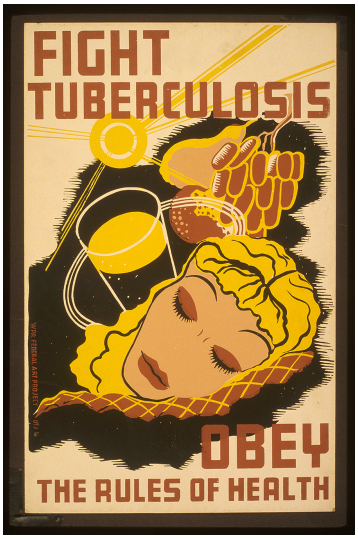
Its biggest effects were on our smallest. In 1875, about one out of every four British children died before the age of five — 248 out of every 1,000, to be exact. Today the equivalent figure is 4 out of every 1,000, a drop of more than *98 percent*. The primary causes of infant and child death at the time were measles, diphtheria, whooping cough, and a host of poorly understood respiratory and gastrointestinal diseases. All were specially targeted by the public health system, mainly through vaccination and sanitation programs. All have been reduced so much that diseases that were common sources of tragedy in 1875 are completely unfamiliar to most parents today.

'In Street and Shop and Home'

The public health system had many beginnings, but among the most important was tuberculosis. TB, as it is called, attacks the lungs, filling them with fluid and pus. Victims can't take in oxygen and slowly suffocate, coughing so hard they spit blood. In the 19th century, the disease was stunningly widespread. It was the single greatest overall cause of death in the United States, Europe, and Asia — nothing else came close. In crowded places like New York and London, more than nine out of ten inhabitants were infected (though a sizable number had no symptoms). No effective treatment existed. About 70 percent of symptomatic victims died within ten years, and most died within three. TB is thought to have killed a billion or more people in the last two hundred years, more in that time than any other infectious disease.

In 1882, the German microbiologist Robert Koch discovered its cause: *Mycobacterium tuberculosis*, a group of closely related bacteria. Doctors had believed tuberculosis was a hereditary disease, which meant they could do nothing about it. Koch found that TB instead is due to microorganisms passed from one person to another by coughing, sneezing, or shouting, all of which spray tiny, contagious droplets into the air. People who inhale the droplets suck *M. tuberculosis* into their lungs, where it wreaks havoc. Galvanized by this discovery, volunteers created hundreds of anti-tuberculosis

associations across the United States that sought to stop *M. tuberculosis* from spreading — and launched, along the way, today's public health system.



The rules of health to fight TB in 1941: rest, sunshine, and good food. *Works Progress Administration*

Some of the reformers' ideas were off-base, such as their campaigns to abolish floor-length dresses (thought to pick up deadly bacteria from the ground) and beards (seen as bacterial time-bombs on men's faces). Others are now so widely accepted that it is hard to believe that anyone had to advocate them. Among these are the notions that people should cover their mouths when they sneeze, wash their hands after visiting the toilet, and not spit on the floor or sidewalk.

All the while, the TB associations were establishing a novel infrastructure of health: hundreds of new TB dispensaries, TB open-air tent camps, and TB sanatoria (specialized hospitals for long-term care). The dispensaries were information centers where technicians diagnosed TB cases and shunted patients to camps (if the case was mild) or sanatoria (if it was severe).

The camps and sanatoria served two main functions. The first was a kind of quarantine. By packing TB sufferers into dedicated facilities, the reformers prevented them from infecting others. The second was to provide rest, sunshine, fresh air, and a balanced diet: improved living conditions that would, activists hoped, let TB patients get better by themselves. Mostly, these treatments had little impact. The first real cure for *M. tuberculosis* was an antibiotic, streptomycin, proven effective against tuberculosis in 1944. But the camps and sanatoria represented the first systematic, nationwide effort to provide a clean environment to improve health.

Coupled with these measures was a raft of new laws and regulations. In the early twentieth century, for example, many urbanites got water from municipal water pumps, drinking from metal cups that hung by the pump handle. Similarly, conductors carried buckets of water on trains, offering drinks to passengers from a common cup. Reformers denounced the cups as vehicles for transmitting *M. tuberculosis*, and by 1912 they had convinced 24 states to ban them at drinking fountains and the federal government to restrict them on interstate railways. In addition, they had managed to pass 150 urban anti-spitting laws, though apparently these were lightly enforced.

The anti-TB effort set the template for other, later medical campaigns, such as those against hookworm (a parasite that then infected more than a third of the people in the southeast) and typhoid (a disease caused by a lethal variant of salmonella that at the time was rampant in American cities). More importantly, the effort was a launchpad for what became a broader movement to improve Americans' physical and mental well-being.

In 1904, the Charity Organization Society, an umbrella group for the nation's numerous private philanthropical organizations, argued that controlling tuberculosis would require not only direct medical interventions but "public sanitary preventive measures in street and shop and home." The idea was that the rise of industrialized societies, with their dangerous factories and dirty cities, was fostering the conditions for not only tuberculosis and other infectious diseases but also unsafe foods, deadly accidents, and dying children. And those industrialized societies were so complex and operated on such a grand scale that it was folly to imagine that people could overcome these problems individually; governments and large institutions had to step in. Eventually businesspeople, politicians, doctors, economists, and muckraking journalists joined what would become a crusade to increase the safety and salubriousness of American life.



Tens of Thousands of Standards

The ensuing reforms created an enormous system that, in theory, can be thought of as covering four main areas:

1. Providing clean inputs: water, air, food;
2. Preventing disease: both infectious diseases like tuberculosis, and chronic diseases like cancer;
3. Forestalling injury: safety regulations like requiring "dead man's switches" on chainsaws that turn off the saw if the user lets go of the handle; and
4. Surveilling the community to measure its conditions.

In practice, the public health system is an overwhelming pile-up of rules and procedures that affect everything from the packaging of milk to the contour of highway curves, from the standards for electric plugs to the performance of automobile bumpers, from noise limits in factories to air conditioning norms in offices, from apartment fire safety requirements to water testing guidelines for sewage plants. Local statutes regulating the design of sidewalks to protect pedestrians from cars, state vaccination mandates to protect children from disease, nationwide environmental laws to protect citizens from dirty air and water: the public health system encompasses them all. It sets down how chlorine must be administered to swimming pools and fluoride to drinking water. How children's playgrounds in many states must have a foot of impact-absorbing material (wood chips, safety-tested rubber) around each piece of equipment. How construction workers must don protective equipment like respirators, hardhats, and safety glasses. How coaches, pharmacists, electricians, park rangers, and veterinary technicians must be

trained in cardiopulmonary resuscitation (CPR), a technique for restarting a person's heartbeat after it has stopped. And so on. And so on.

The immense network of health regulations is administered by an equally large network of state, local, and federal agencies. The Occupational Safety and Health Administration, the Health Resources and Services Administration, the Federal Occupational Health, the Administration on Aging, the National Highway Traffic Safety Administration, the Food and Drug Administration, the Centers for Disease Control and Prevention, the Environmental Protection Agency, the National Institutes of Health, the fifty state and thousands of municipal health departments — a full list would take many pages.

Much of the information used to lay out these rules is contained in the 86 volumes of ASTM standards, most of them fat black paperbacks. (ASTM initially stood for American Society for Testing and Materials, but the organization now calls itself simply ASTM International.) Generated by countless research teams over more than a century, ASTM standards are the results of testing the safety and performance of a staggering variety of materials in an equally staggering variety of circumstances. To glance at their titles is to reveal the intricate, far-reaching way these standards are woven into the world we have built around us.

- ASTM F1819-19: Standard Test Method for Resistance of Materials Used in Protective Clothing to Penetration by Synthetic Blood
- ASTM F2891-15: Standard Specification for Commercial Bulk Milk Dispensers
- ASTM F2061-17: Standard Practice for Chemical Protective Clothing: Wearing, Care, and Maintenance Instructions
- ASTM E1879-22: Standard Guide for Sensory Evaluation of Beverages Containing Alcohol
- ASTM A1103 / A1103M-16: Standard Specification for Seamless Cold-Finished Carbon Steel Structural Frame Tubing for Automotive Racing Applications

These are supplemented by still more standards from specialized groups supervised by the American National Standards Institute, which also coordinates with two major international standards organizations, the International Electrotechnical Commission and the International Organization for Standardization (known as ISO). They, too, have their own libraries. Taken together, these tens of thousands of documents are the warp and woof of the public health network. If somehow society collapsed, these bodies' collective works are the texts one would need to rebuild it.

Individual vs. Collective

At the same time, many public health measures are contentious. Almost all public health measures involve imposing some costs, in part or in whole, on individuals or groups to benefit a larger community. Frequently the costs are small. When regulations force restaurant waiters and cooks to wash their hands after visiting the bathroom, few of those businesses or employees complain — the cost in water, soap, and time is minimal. Similarly, not many objections were raised when the 1971 edition of the National Electrical Code required that standard electric sockets in new homes be grounded — that is, have a three-prong socket — so that people wouldn't shock themselves replacing light bulbs or experience fires from short-circuits. Some contractors grumbled about the extra work of putting in ground wires; some consumers were annoyed when they had to buy adapters to resolve a mismatch between old, two-prong sockets and new, three-prong plugs. But overall, the changeover happened smoothly.

On another level, people now generally want cars to have safety features like seat belts, air bags, crash-resistant bumpers, and pollution controls. But they didn't always. So many drivers were angered in the 1970s by the first mandates requiring them to use seat belts that Congress repealed the rules. In a surprise, the Supreme Court reinstated them. The automobile companies supported the ruling — but only because they hoped that seat belt directives would be enough to stop health-and-safety regulators from demanding they also put air bags into new cars. (The hope didn't pan out.) Even today, when seat belts and air bags are more accepted, those safety features are not free. Studies show that safety regulations have, over the last half-century, built up to the point where compliance accounts for nearly $3,000 of the cost of a new car in today's dollars.



Opposition to public health measures is most intense when large numbers of individuals are asked to accept a personal risk to benefit the community, especially when the risk is imposed by "experts" whom those individuals don't trust.

In 1918, a lethal influenza pandemic swept the world. At least 50 million died, equivalent to about 225 million today when adjusted to the current population. (By contrast, Covid killed 25 to 30 million.) As hospitals and morgues filled up, many U.S. cities passed laws decreeing that everyone had to wear a face mask in public. Nobody then knew the cause of what was called the "Spanish flu" — the virus that causes influenza wasn't discovered until 1931. But medical reformers, the experts of the day, were sure that this disease, like tuberculosis, spread through the air.

Public resistance was immediate and vehement. Mask mandates struck more than a few Americans as dictatorial interference in private life. Many city dwellers viewed streets filled with masked people as threatening and alienating. In San Francisco, a center of resistance, a health inspector shot an anti-mask activist in a violent tussle. Soon after, a bomb was defused in the quarters of the city health officer. A wealthy San Francisco socialite founded the Anti-Mask League, which staged demonstrations before the city's Board of Supervisors. "Freedom and liberty!" protesters shouted.

Similar ire greeted the cities that added fluoride to their water supplies. Throughout most of our history, people have spent much of their lives with rotting teeth. Famously, George Washington had only one tooth in his head when he was sworn in as president. To make his smile presentable, he wore sets of false teeth made from human and animal teeth.

The introduction of sugar to diets in the 19th century worsened our nation's dental issues. To enlist in the U.S. Army in the early 1940s, G.I.s were required to have at least 12 opposing teeth: 6 on the top, 6 on the bottom. Thousands of would-be soldiers were barred from service in the Second World War because they didn't have even twelve opposing teeth.

In the 1930s, dentists discovered that people in Colorado had fewer cavities if the water in their wells contained chemical compounds called "fluorides." Within twenty years, cities had begun experimenting with tipping small amounts of fluoride into their water supplies. In every case, overall dental health improved. In reaction, an anti-fluoridation movement emerged: a loose coalition of chiropractors, biochemists, homeopaths, Christian Scientists, Boston society ladies, and Dr. E. H. Bronner, the spiritualist soap-maker. They feared that fluoride would be deadly — fluorine, its main constituent, is lethal even in small doses. And they didn't trust the experts who promised them that it was safe to put a toxic substance in their drinking water. Congress held hearings on the subject, at one of which a San Francisco woman testified that fluoridation was a Communist plot to turn Americans into a race of "moronic, atheistic slaves."

The anti-fluoride crusade never vanished entirely. Possibly spurred by a study in January 2025 that found 2 million Americans live in areas with fluoride levels high enough to lower children's IQ scores by a small but detectable amount, the Utah legislature banned fluoride in public water systems in May 2025. And Health and Human Services head Robert F. Kennedy, Jr. has talked of trying to ban fluoridation nationwide (though his agency probably doesn't have the authority to do that). Nonetheless, the anti-fluoride crusade is a shadow of what it once was.

The same cannot be said for the anti-vaccination crusade. Vaccination and vaccination-like measures have been known for centuries in parts of Asia and Africa. But they were unknown in Europe and the United States until the early 18th century. The first tests drew controversy — one that has never, it seems fair to say, gone away.

In contemporary terms, vaccination involves "training" the body's immune system to attack a bacterium or virus by exposing it to less-potent forms of those microorganisms. In general, it makes people better equipped to fight off diseases themselves. But vaccination can't fully protect all people. Inevitably, some will have immune systems that don't "train" well. These include cancer patients, children too young to have fully developed biological defenses, and pregnant women (although the fear for them is more that the shot might affect the fetus than that it would harm the woman herself). But those people can be protected by a second effect of vaccination: what is called, perhaps unfortunately, "herd immunity." If a sufficiently high proportion of the members of a community are vaccinated, bacteria and viruses can't find suitable hosts. In "herd immunity," the vaccinated form a protective wall, so to speak, around the unvaccinated.

For vaccine critics, the main problem with vaccination is that it involves injecting healthy people with a disease (or, in some cases, putatively risky chemicals added to vaccines as preservatives or to enhance their effects). Even with modern methods, there is a tiny but real chance that something could go wrong — people occasionally react badly to vaccines. When parents take their children to be vaccinated, they are unavoidably exposing their children to a risk (again, a very small one). For this reason, Congress set up the National Vaccine Injury Compensation Program, which awards money to children and adults injured by vaccines. Between 2006 and 2022, for example, the U.S. dispensed 2.4 billion flu vaccine shots. About 6,600 people — less than three ten-thousandths of the total — had reactions severe enough to be compensated by the fund.

That number is minute, but it is not zero. On an individual level, parents would be smart to avoid vaccinating their children and rely instead on herd immunity — letting others take the hit, so to speak. But if everyone did this, there would be no herd immunity. Since 1855, states have responded to this problem by decreeing that children must be vaccinated to attend public school. And since that time, protesters have charged that the government has no right to force them to endanger their children. Only in 1905 did the U.S. Supreme Court uphold the legality of compulsory vaccination. The Constitution, the Court said, "does not import an absolute right in each person to be … wholly freed from restraint." Otherwise, it said, "organized society could not exist with safety to its members."

The Supreme Court ruling didn't stop anti-vaccine protesters. Nor did similar rulings stop those protesting mask mandates and shutdowns during Covid. Or anti-smoking ordinances, when those were first passed. Or motorcycle helmet laws, when *those* were first passed. In every case, the underlying issue was the same: How much of an infringement on personal liberty is permissible to benefit the public as a whole? How big must that communal benefit be to justify the cost to individuals?

More Than Just Science

In the fights over Covid, public health advocates often argued that one should "trust the science." But many of these questions, then and now, are not fundamentally about science. During Covid, many areas closed schools for prolonged periods, fearing that children in crowded classrooms would spread the disease among themselves, and from them to parents and teachers. School lockdowns surely saved some lives. But with equal surety they harmed students' educations and social skills, with the effects being especially dire for children who are from poor families or had learning disabilities. In addition, not letting children go to school made parents' lives more difficult in a terrible time. In retrospect, were the closures a mistake? How should we balance all the competing interests in making decisions about the health of communities?

Such questions will come up again and again as the public health system is faced with new circumstances and new knowledge. And because the answers to those questions will be informed by our priorities, which shift as our circumstances shift, they will have to be renegotiated by each generation. No one can say now what the best answers will be in the future. But a vital necessity for maintaining the public health system that reflects our values tomorrow will be having some understanding of what the system is now, and how and why it was created by our forebears.

The Back Page

Somebody Said

(from a Motherhood Bulletin)

Somebody said it takes about six weeks to get back to normal after you've had a baby.
Somebody doesn't know that once you're a mother, normal is history.

Somebody said you learn how to be a mother by instinct.
Somebody never took a three-year-old shopping.

Somebody said being a mother is boring.
Somebody never rode in a car driven by a teenager with a driver's permit.

Somebody said "good" mothers never raise their voices.
Somebody never came out the back door just in time to see her child hit a ball through the neighbor's kitchen window.

Somebody said you don't need an education to be a mother.
Somebody never helped a fourth grader with his math.

Somebody said you can't love the fifth child as much as you love the first.
Somebody doesn't have more than one child.

Somebody said a mother can find all the answers to her child-rearing questions in the books.
Somebody never had a child stuff beans up his nose.

Somebody said the hardest part of being a mother is labor and delivery.
Somebody never watched her "baby" get on the bus for the first day of kindergarten.

Somebody said a mother can stop worrying after her child gets married.
Somebody doesn't know that marriage adds a new son or daughter-in-law to a mother's heartstrings.

Somebody said a mother's job is done when her last child leaves home.
Somebody never had grandchildren.

Somebody said your mother knows you love her, so you don't need to tell her.
Somebody isn't a mother.

(Author Unknown)

I just looked at my laugh lines in the mirror and I genuinely do not remember anything being that hilarious.

