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Dear Sir:

I have recently finished writing a book about my life, which in some respects is rather unique. The book is entitled "Autobiography of a Pioneer in the two fields of Occupational Medicine and Active Nursing Care."

I am writing to inquire if this is the type of work you would be interested in publishing. In this letter, I can only give you an inkling of its content because it is quite large in size, but it may be an important document in the history of medicine.

I was born on a small farm in southern Ontario, Canada in March 1901. After finishing my high school education at Vienna, Ontario, seven miles away from home, I spent the next three years helping my father on the farm. I then entered the University of Toronto. How I managed to finance six years of schooling and one year of internship, by my own earnings, during the five summer vacations at University, is part of the story. In my fifth year at University I became a member of the Alpha Omega Alpha Honorary Medical Fraternity and in 1927 I graduated with Honors.

The Autobiography is organized into seven sections with each having more than one chapter.

Section One is entitled "Childhood Days and Early Manhood."

Section Two is entitled "Years of Preparation." This Section deals with my University years and my thirteen years in private general practice of medicine in southern Ontario, Canada.

Section Three is entitled "Years of Occupational Medicine in Canada." The first chapter, in this Section, records, in some detail, my research work on T.N.T. Poisoning at Defense Industries' Pickering Shell Filling Plant at Ajax, Ontario, Canada. This research work was done with the co-operation, and technical assistance, of the Department of Pharmacology of the University of Toronto. This opportunity launched me into my new career of Occupational Medicine. My success in solving the problem of T.N.T. Poisoning there, led Defense Industries of Canada to choose me to be its Director of Health Services at Canada's Atomic Energy Project at Chalk River, Ontario, Canada, which that Company was then engaged in building.

The second chapter of Section Three records my very extensive responsibilities at Chalk River and at the developing townsite at Deep River, Ontario, which was also being built by Defense Industries. It includes the building-up of Health Services from nothing, to staffing and administration, of a hospital at each site and laboratory facilities, etc. My staff had to provide services to employees with original physical examinations and subsequent health services, and monitoring of exposures to radioactivity. We also provided the usual health services needed, by their families living at Deep River, which included medical, surgical, obstetrical, and dental services. At the height of my responsibilities there, I had a staff of seventy people under my direction.

I was in charge of Health Services in Chalk River, at the time the Atomic Bomb was dropped on Japan. At that time too, all of the British Scientists were there, instead of being in England. When Defense Industries had completed its building program, the whole Project was turned over to Scientists. At that point I was retained and Dr. John Cockcroft became my immediate boss. When he was recalled to England, another British Scientist, Dr. W. B. Lewis, became my boss. At the end of the year 1949 I resigned my position there to become Chief of the Division of Industrial Health for the Minnesota Department of Health in the U.S.A.

It was while I was engaged in medical research at Ajax that I began writing scientific papers. While there I wrote twenty papers dealing with research into T.N.T. Poisoning. These were sent to the proper authorities, and my associates at the University of Toronto, but none were published. Later when I was working at Chalk River, and the war was over and security restrictions somewhat relaxed, I did have four papers published in the Canadian Medical Association Journal in the years 1947, 1948 and 1949. The above mentioned unpublished papers and several others written at Chalk River, Ontario are dealt with in the Autobiography.

Section Four of the Autobiography is entitled "Years of Occupational Medicine in the United States of America." This Section deals with the next eight years of my life. During part of this period I was attached to the Minnesota Department of Health, but for the greater part of the time I was attached to the Minneapolis Health Department. Also from 1950, for the next nineteen years I was a Lecturer, without pay, at the University of Minnesota for the School of Public Health.

During the eight years covered by this Section of the Autobiography, I made hundreds of visits personally to industrial plants in Minnesota, but chiefly within the City of Minneapolis. Many health hazards were found and dealt with, as indicated in the Autobiography. Here I enjoyed unrestricted opportunities to publish papers and so I began, what I consider, the most fruitful years of my life.

During this eight-year period, the Autobiography refers to twenty-seven speeches which I made and to about seventy papers which I wrote, of which sixty-three were published. The Autobiography indicates when and where, and what the papers were about.

As the Autobiography indicates, I initiated the formation of the Minnesota Academy of Occupational Medicine and Surgery and was one of its founders. I also served as its first president. This organization still survives, as an important entity of the American Occupational Medical Association, as the North Central Occupational Medical Association. In November 1972, I wrote a paper about it, which was never published, but I understand that a copy of it has been placed in

the early documents of the present Association. My paper is entitled "Early History of the Minnesota Academy of Occupational Medicine and Surgery."

I suppose it was inevitable that what was happening in Minnesota should attract some national attention. Anyway, without any initiative on my part, the following actions took place as indicated.

1. On April 27, 1955, I was made a Fellow of the Industrial Medical Association of the United States of America.
2. On November 18, 1955, I was Certified as a Specialist in Occupational Medicine by the American Board of Preventive Medicine. (Also I was one of the Founders of this Specialty Group.)
3. On November 2, 1956, I was made a Fellow of the American College of Preventive Medicine.

Section Five covers the years 1958 through much of 1962. As the Autobiography indicates, during these years I continued to carry my full responsibility for the Occupational Health Program for the Minneapolis Health Department and, at the same time, I Directed an intensive effort on the part of the Minneapolis Health Department to up-grade the quality of care being given to patients confined to Nursing Homes within the City of Minneapolis. In this latter program, as detailed in the Autobiography, I had the assistance of several Public Health Nurses and a large number of interested Agencies, among them the Kenny Rehabilitation Institute, Nursing Organizations, some Educational Staff of the University of Minnesota and many prominent practicing physicians.

During this same period, I continued with my writings, which amounted to thirty-six in number, of which twenty-nine were published. Of those published ten were in the Occupational Health field, nine were in relation to Nursing Homes and the remainder dealt with Health, Safety, and needs of the Aging. All of these, and the several speeches I gave during the period covered by Section Five, are described in considerable detail in the Autobiography.

During this period, a paper of mine on "Labor Union Relations" originally published in 1954 was published again by Minneapolis Labor Review in January 1959, and again by Industrial Relations News in February 1959, and again published in Industrial Medicine and Surgery in April 1959.

It was during this period that I coined the term Active Nursing Care, in preference to Rehabilitation Nursing, because the latter term seemed to require close supervision by a Physiatrist or Therapist, in which the nurse became something of an assistant. On the otherhand, Active Nursing Care seemed to imply a turning away from the traditional role of tender loving care, which fosters inactivity.

Section Six describes our first Federally funded Project. It was entitled "Promotion of Active Nursing Care at Home, in Nursing Homes, and Other Institutions." This Project was funded by the United States Department of Health, Education and Welfare, to be administered by the Minneapolis Health Department, with me, Wilford E. Park, M.D., named as its Director.

The following words, in the Autobiography introducing the Chapter dealing with this subject, quite realistically alerts the reader to what the Project is under-

taking to do. "Leading the Field of Medicine into Utilization of Nurses, in their Natural Supporting Role of Active Nursing Care, in the Preservation of Patients' Physical Functions and Mental Awareness."

The Autobiography describes how public support was mustered through the organization of, and utilization of, several active committees. This, in itself was quite an experience in public relations. The Committees developed, and used, were as follows:

1. The Project Advisory Committee. It consisted of twenty-seven members representing key Agencies, Departments, Associations, Professional Societies, Hospitals and the University of Minnesota.
2. The Scope Committee. It consisted of twenty-one members who are listed in the Autobiography by name and their professional status.
3. The Revision Committee. It consisted of eight members also listed in the Autobiography by name and professional status.
4. The Interdisciplinary Committee. It consisted of forty-seven members. They were all high officers, or professional people in their own fields, and all represented areas which were affected by the impact of the Project. They are listed in the Autobiography by their titles and the organizations they represented.
5. The Committee on Active Nursing Care Staffing. It consisted of sixteen members. They are listed in the Autobiography by their professional status.
6. The Project Study Committee. It consisted of eight members, four of whom were on the University of Minnesota staff.

A great deal was accomplished by these committees during the three years of the Project's tenure, and much of it is recorded in the Autobiography, but much more is contained in the Interim Report and the Final Report on this Project, which I submitted to the Public Health Service in 1964 and in 1965. Copies of these are in my files.

The Scope Committee, in particular, did an excellent job in defining the Scope of Active Nursing Care. This committee produced a ten-page single-spaced typewritten document entitled "The Scope of Active Nursing Care in Nursing Home." This was widely used in Minneapolis and in its vicinity. A copy is in my files and much of it is detailed in the Autobiography.

During the tenure of this Project, fourteen papers were prepared by me for internal use, which were not published, but are explained in the Autobiography.

However, a document entitled "Active Nursing Care" was produced in booklet form and issued jointly in 1964 by the Minnesota Department of Health and the Minneapolis Health Department, and circulated widely throughout the City and State. Also another booklet written by me entitled "Active Patient Care Staffing Supplement" was again issued jointly by the Minnesota Department of Health and the Minneapolis Health Department in 1965.

Another important development during this same period was the production of a new Form entitled "Patient Care Referral." This was badly needed and accepted. Two papers, written by me, about it, and further discussed in the Autobiography, were published in 1965 as follows:

1. In Minnesota Medicine in May, Vol. 48, under the title, "Special Article - Information and Orders are Vital."
2. In Hospitals in May, Vol. 39, under the title, "Minneapolis Forges a New Communication Tool."

Section Six of the Autobiography also contains much information about my other activities and some published papers, which were not part of the Project described above, but which never-the-less were important to the practice of medicine.

Section Seven is devoted to our second Federally funded Project entitled "Active Care Satellite Project." This, as before, was issued to the Minneapolis Health Department, with me named as Director. Originally the contract was with the Department of Health, Education and Welfare. Later it was assigned to the Health Care Institutions Branch, of the National Center for Health Services Research and Development in 1968, at which time the Project Number was changed to 96485. This was a five-year Project.

A vast amount of detail is contained in the Final Report on this Project which I completed on March 31, 1971. This Final Report consists of two large Volumes which together are 2 3/4 inches thick of typewritten materials. Because of its potential usefulness to higher educational institutions, a copy of both Volumes was sent to the Deans of all of the leading University Medical Schools of the United States and of Canada. Volume I consists of 140 pages, and in addition contains 57 Attachments of pertinent papers written by me and my staff. Volume II contains 254 pages and has four Attachments.

The Autobiography undertakes to describe this Project in Three Parts. The introductory statement of the Chapter dealing with Part One, which is largely about Volume I of the Final Report, reads as follows. "This chapter illuminates the way in which excellence in the delivery of comprehensive patient care can be achieved through teamwork among professionals and institutions engaged in the preservation of human life and dignity."

The main objective of the Project was to develop, in some nursing homes and in some extended care facilities, a high standard of long-term care which could guarantee the continuation of the high degree of excellence achieved in hospitals prior to transfer, and thus perpetuate the practice of Active Nursing Care. It was visualized that such facilities could then be identified as worthy of Satellite Status.

The Project was essentially an intensive educational effort to show what could be accomplished by the integration of many disciplines into a unified effort to bring about the delivery of Comprehensive Patient Care. What is meant by Comprehensive Patient Care was spelled out by me, in a paper entitled "The Active Care Satellite Project Concept of Comprehensive Patient Care," which is among the Attachments to Volume I.

The Project's team was carefully selected, as explained in the Autobiography. It included three nurses. They were Mrs. Mildred Moe who had already been working with me for many years, Miss Ruth Larson whose expertise was in Nursing Administration, Mrs. Elaine Wharton whose special field was Active Nursing Care. The Physical Therapy Consultant was Mrs. Fay Mutzner, the Occupational Therapy Consultant was Mrs. Carol Tammen, the Nutrition Consultant was Mrs. Helen Richter, the Consultant Sanitarian was originally Mr. Del Matasovsky and later Mr. Eugene Carlin.

It took several weeks of work to weld these experts, in their own fields, into a coordinated team. When they did fully understand the challenge of the concept, they went to work and really showed the staff, in nursing homes, how joint efforts resulted in much better patient care. The result of months of work by this team did bring five facilities up to Satellite Status. These were identified by the presentation of The Distinguished Performance Award to each of them.

To galvanize the support of the public, and the facilities affected, and of the professions involved an Advisory Committee was formed in 1967. It consisted of 31 members. Among them were University of Minnesota Professors, Directors of various Community Services, City and State Health Department officials, Administrators of Hospitals and Nursing Homes, Registered Nurses, Physical Therapists, Occupational Therapists, Physiatrists and other Doctors of Medicine.

The Advisory Committee was very helpful and supportive as shown in the Autobiography. A document written by me entitled "Structure and Operating Guidelines of the Satellite Approval Committee," with only minor changes was approved and adopted by the Advisory Committee. This resulted in the establishment of a completely independent examining committee, which decided when a facility had met the standards of excellence required to win the Distinguished Performance Award. These details, and how the Distinguished Performance Award was created, are written-up in the Autobiography. All of these documents are preserved in my files.

The Autobiography contains a great deal of information about the individual members of the Active Care Satellite Project team, which can only be obtained by reading the Autobiography itself. Each of them did an excellent job. Not only that, but each of them related, in a most wholesome way, with their fellow professionals and with their own professional societies. The Autobiography also elaborates on many papers which were written by them, or in conjunction with me, which were included in the Attachments to Volume I of the Final Report of the Project. For instance the paper entitled "The Minneapolis Active Care Satellite Project" written by me and Fay Mutzner was published in March 1967 in Pubheasic, Newsletter of the Public Health Section of the American Physical Therapy Association.

The Autobiography, covering this period of time, refers to many papers written by me. About half of them were never published, but are attached to Volume I of the Final Report of the Active Care Satellite Project. Notable among those which were published were the following.

1. "Physical Therapy Avant Garde." Journal of the American Physical Therapy Association, October 1969.
2. "Preventive Therapist Could Fill Major Need in Rehabilitation." This appeared in Viewpoint Section of Geriatrics in July 1970. It was essentially the same as "Physical Therapy Avant Garde" but presented in the form of an interview with me.
3. "Guidelines Governing Transfer of Patients with Potentially Infectious Conditions (chiefly Staphylococcal) to Nursing Homes." This was written by me in January 1968 and widely distributed to hospitals, at that time, in typewritten form, but not published. Apparently the Hennepin County Medical Society wanted this to become an official document, so in August 1971, it appeared in toto in the Bulletin of Hennepin County Medical Society, without any foreknowledge on my part.
4. On May 5, 1966 I gave a talk before the Medical Technologists Section of the Upper Midwest Hospital Conference of the American Hospital Association, at its Annual Meeting in the Minneapolis Auditorium. My Subject was "Toxicology in

Respect to the Clinical Laboratory." Afterwards, a representative asked for a copy of my paper, in order to publish it. It then appeared in the September 16th, 1966 issue of Hospitals under the title "Reducing Toxic Hazards in the Laboratory."

One of the important contributions made by my team of Consultants in the Active Care Satellite Project was the development of many forms for recording details about the patients' needs and orders for treatment, etc. These were introduced into hospitals, and for the use of Doctors, Nurses and Agencies needing such forms. They are described in detail in the Autobiography and copies of them are among the Attachments to Volume I of the Final Report of the Active Care Satellite Project, but here I can only mention some of them by name.

1. Admission Data form
2. Discharge Data form
3. Patient Referral Memorandum form
4. Patient Care Plan form
5. Physical Therapy Requisition form
6. Interest Questionnaire form
7. Activities Program form
8. Patient Transfer form
9. Medication and Treatment Record

Part Two of Section Seven of the Autobiography is devoted entirely to a Study of the Minnesota Veterans Home in Minneapolis. This being a State Institution was not within the responsibilities of the Minneapolis Health Department, However the Board of the Veterans Home asked the Minneapolis Health Department to make the study and it was assigned to me and the Active Care Satellite Project staff. We made the Study and prepared the report.

The report consisted of 27 single-spaced typewritten pages, written by me, with five pages of staffing charts added to it. Individual Consultants of my staff added their particular comments which together made about 75 more pages. Enough bound reports were produced to supply one for every member of the Home's Board. All of this work we provided free of charge. A little later we were shown by the Chairman of the Home's Board a report submitted by a Professional Group earlier, which they had paid for. We were agreeably surprised at how much better and more comprehensive our report was. The Autobiography contains a vast amount of detail about this remarkable study but nothing further will be said about it in this letter.

At this point, before going into an explanation of Part Three of Section Seven of the Autobiography, I want to refer to some happenings which, at their outset, had some relationship to me and thereafter led to later developments over which I had no control. They are mentioned here because they show other aspects of the Autobiography.

1. On January 30, 1952 I gave a talk before the Industrial Nurses Section of the Greater Minneapolis Safety Council on the subject "Master Mechanics in Human Maintenance." This was published in December 1952 in Advanced Management. The University of Minnesota's Industrial Relations Center purchased 500 reprints of the paper for distribution.
2. On February 9, 1953, I gave a talk on the subject "Human Maintenance" before a combined meeting of the Minnesota Section of the American Institute of Electrical Engineers and the Northwest Chapter of the American Society of Safety Engineers.

In March 1953, I gave the same talk for a gathering of the Minneapolis Insurance Buyers Association.

In May 1953, National Safety News published my paper under the title "People Need Maintenance Too." From here the Greater Minneapolis Safety Council obtained 1000 reprints for distribution.

3. In October 1955, the Committee on Industrial Health of the Minnesota State Medical Association, of which I was an active member, in cooperation with the Minnesota Department of Health prepared a booklet entitled "Emergency Treatment in Industry." The Minnesota Blue Cross and the Minnesota Blue Shield paid for the printing of 20,000 of these booklets for distribution throughout Minnesota.

4. On January 25, 1961, I gave an address before the Public Utilities Section of the Greater Minneapolis Safety Conference on the subject "Off-the-Job Accidents - A Physician's Viewpoint." This paper was published in National Safety News in May 1961 under the title "A Physician Examines Off-Job Jeopardy."

The October 1961 issue of Industrial Nurses Journal reproduced my paper as printed by National Safety News.

5. On October 2, 1953, I gave an address before the combined meeting, in Minneapolis, of the Upper Midwest Industrial Health Conference and the Central States Society of Industrial Medicine and Surgery on the subject "Health Services in Industry - Rock Foundations." This was published in Minnesota Medicine in May 1954.

This was copied from Minnesota Medicine and published in Canada's Occupational Health Bulletin issued in Ottawa, Ontario, October 1954.

This paper was again copied from Minnesota Medicine and published in the April 1955 issue of the American Association of Industrial Nurses Journal.

This paper, again taken from Minnesota Medicine, was abstracted and published in Europe in the German language in June 1956 by ZENTRALBLATT FUR ARBEITSMEDIZIN U. ARBEITSSCHUTZ.

6. A paper written by me and Mildred Moe, R.N., entitled "Rehabilitation Care in Nursing Homes", was published in Public Health Reports in July 1960. An abstract of this paper was published in Rehabilitation Literature in September 1960.
7. This item may be of interest to Minnesotans in particular. In our intensive educational program during the years of the Active Care Satellite Project, the only Extended Care Facility of a hospital to win approval of the Satellite Approval Committee and to receive the Distinguished Performance Award was that of St. Mary's Hospital in Minneapolis where, at that time, Sister Mary Madonna was Administrator of the Hospital.

I understand that, at this writing, the same Sister Mary Madonna is now in charge of the Minnesota Department of Health. I am not suggesting that there is any connection but, as I recall it now, she was the only Hospital Administrator in Minneapolis who gave whole-hearted support to the Active Care Satellite Project.

By this time my associates, on the Active Care Satellite Project, had become so competent and sure of their message that they too were writing papers and, on invitation, giving talks to various bodies to which they were related. Their participation in this manner is also documented in the attachments to Volume I of the Final Report of the Active Care Satellite Project.



Part Three of Section Seven of the Autobiography is chiefly concerned with the contents of Volume II of the Final Report of the Active Care Satellite Project. Its 258 double-spaced typewritten pages are devoted almost entirely to an explanation of the much improved "Minneapolis Grading System for Nursing Homes and Extended Care Facilities."

Although a paper written by me entitled "Minneapolis Scoring System of Grading Nursing Homes" was published in Nursing Homes in 1961 it had since then been much improved and refined by the team of the Active Care Satellite Project. In fact, by the end of the Project term, we had developed so much confidence in the modified Grading System that we felt that, after all, it was the most valuable contribution of the Active Care Satellite Project.

One reason why we felt this to be true is because, through the Project, we had successfully established and demonstrated what is excellence in the delivery of Comprehensive Patient Care. This provided the necessary standard which was previously missing.

So, with these factors in mind, Volume II is in reality much of a textbook about the Modified Minneapolis Grading System for Nursing Homes and Extended Care Facilities. It explains in detail how it is designed, how it should be used, how to do a survey, how to evaluate, what to look for, etc. etc. The Autobiography elaborates on some of these factors to show how explicit and useful Volume II of the Final Report is and how important it is for Universities to use it in undertaking the education of Surveyors.

The Autobiography visualizes that nursing homes and extended care facilities throughout the whole U.S.A. could be uniformly graded by utilization of the new Minneapolis Grading System, so that the Grade on licenses would be universally meaningful. The impact of such a development would be enormous, because the Minneapolis Grading System is the only one known which can measure the degree of patient care actually being delivered in terms of quality.

The present system of payment for Medicare and welfare patients is counter-productive, so far as benefits to patients are concerned, because higher rates are paid for bed patients and the more helpless. In our world, where money talks, few people will go for patient self-sufficiency when the result will be less income.

As the Autobiography explains, the Minneapolis Grading System classifies homes into Grades A, B, C, D and U. Each of these has a range of points instead of a fixed number, which permits flexibility within a grade and encourages variations in emphasis, without changing the grade. Grade U means unsuitable.

There are three defined situations where a bonus point of one may be added. Each of these enables the home to give better care. On the otherhand, a Surveyor must be on the alert for efforts, on the part of management, to deceive or cheat in the delivery of high quality care. So the Minneapolis Grading System provides for the application of minus scores which may be subtracted from the total score otherwise warranted. The Autobiography lists situations of this kind where a point of one may be deducted for each infringement, if left uncorrected, when brought to the attention of management. These are not common but applicable when found.

The Autobiography lists such items, as they appear in Volume II of the Final Report of the Active Care Satellite Project as follows.

Under -

- A. Unsavory Practices Bordering on Fraud there are 9 items.
- B. Patient Neglect and Patient Abuse there are 16 items.
- C. Violations of Enforceable Regulations there are 8 items.

In a letter of this kind, I cannot hope to give the reader a clear picture of the nature of the Modified Minneapolis Grading System but I can confidently state that the Autobiography itself does explain it quite well.

As the Autobiography points out universal application of the Minneapolis Grading System would stimulate competition among suppliers because both private and public paying agencies would be able to put their patients where they would get the standard of care the home is licensed to give. Any neglect, or chiseling, would put the license in jeopardy, because the qualified and licensed surveyor could apply a deductible point of one for every uncorrected infringement.

Among other things the Autobiography points out that legislation would have to be passed to secure the authority of the surveyor.

The Autobiography also goes into much specific detail of how a surveyor should be university trained, by tutoring and field internships, to qualify him for a special degree of high standing status.

The Autobiography goes on to point out that the leading Medical Schools in the United States and Canada already have in their hands the necessary guidelines to undertake such a task, because both Volumes of the Final Report of the Active Care Satellite Project, with their multitude of attachments, were sent to them in 1971.

I know it must seem to the reader that, through this Autobiography, I am basically interested in my own aggrandizement. But truly such is not the primary motive.

I have felt impelled to write this Autobiography but, until recently, I have had no insight into 'why'. As I have been reviewing the contents of Volumes I and II of the Final Report of the Active Care Satellite Project, and what was accomplished by the preceding three-year Project, it appears that publication of this Autobiography may be the stimulus necessary to bring about resurrection of that momentous advance in the delivery of superior patient care.

So far as I know, these two vital volumes of the Final Report of the Active Care Satellite Project, with their multitude of attachments, have been lying dormant in Universities these thirteen years.

If publication of this Autobiography starts the volcanic eruption needed to release this mountain of resource materials, 'So Be It'!

Having read the enclosed information, you will now know whether or not my Autobiography falls within the range of your interest. It consists of 602 double-spaced typewritten pages.

I look forward to hearing from you soon.

Yours truly,



Wilford E. Park, M.D., F.A.C.P.M.

Dear Sir;

This additional memo is being sent to you as an after thought.

It occurs to me that if you have decided to have someone on your staff actually read my Autobiography that, instead of me sending my manuscript to you, it would be more practical to send your man to my residence here in Sun City, to read it.

This is because the manuscript refers frequently to a multitude of documents, preserved in my files, which the reader may want to read coincidentally, and they are only available here.

Furthermore quite possibly, if my manuscript is published, they may eventually have some historic value.

Yours truly

*Wilford DePask.*

AUTOBIOGRAPHY  
OF  
A PIONEER  
IN THE  
TWO FIELDS  
OF  
OCCUPATIONAL MEDICINE  
AND  
ACTIVE NURSING CARE

BY

WILFORD E. PARK, M. D., F. A. C. P. M.

A

C O N T E N T S

	Page
<u>Introduction</u>	1
<u>Section One</u>	
<u>Of Childhood Days and Early Manhood</u>	2
<u>Chapter 1</u>	2
<u>Family Background and Environmental Setting</u>	
<u>Chapter 2</u>	20
<u>Father Remembers</u>	
<u>Chapter 3</u>	27
<u>Of Very Early Years</u>	
<u>Chapter 4</u>	36
<u>Of Later Preschool Years</u>	
<u>Chapter 5</u>	45
<u>Of Elementary School Years</u>	
<u>Chapter 6</u>	74
<u>Of High School Years</u>	
<u>Chapter 7</u>	88
<u>Of Three Years as a Farmer</u>	
<u>Section Two</u>	
<u>Of Years of Preparation</u>	109
<u>Chapter 8</u>	109
<u>Of University Years and Internship</u>	

B

	Page
<u>Chapter 9</u>	145
<u>Of Years in General Practice</u>	
<u>Section Three</u>	
<u>Of Years of Occupational Medicine in Canada</u>	173
<u>Chapter 10</u>	173
<u>Of Years in Ajax and Whitby, Ontario</u>	
<u>Chapter 11</u>	209
<u>Of Years in Deep River and at Canada's Atomic Energy Project at Chalk River, Ontario</u>	
<u>Section Four</u>	
<u>Of Years of Occupational Medicine in the United States of America</u>	243
<u>Chapter 12</u>	243
<u>Of Years of Occupational Medicine When Attached to the Minnesota Department of Health</u>	
<u>Chapter 13</u>	279
<u>Of Years of Occupational Medicine When Attached to the Minneapolis Health Department as Chief of Occupational Health Service</u>	
<u>Section Five</u>	
<u>Of Continuing Years of Occupational Medicine Combined With Expansions Into Public Health</u>	322
<u>Chapter 14</u>	322
<u>The Skills of Industrial Inspections Brought to Bear on Minneapolis Nursing Homes</u>	

	Page
<u>Chapter 15</u>	360

Of Years as Director of Adult Health in the Minneapolis  
Health Department

Section Six

<u>Our First Federally Funded Project Entitled Promotion of Active Nursing Care at Home, in Nursing Homes and Other Institutions</u>	401
--	-----

<u>Chapter 16</u>	401
-------------------	-----

Leading the Field of Medicine into Utilization of  
Nurses in Their Natural Supporting Role of Active  
Nursing Care, in the Preservation of Patient's  
Physical Functions and Mental Awareness

Section Seven

<u>Our Second Federally Funded Project Entitled, Active Care Satellite Project</u>	452
--	-----

Active Care Satellite Project

Part One

<u>Chapter 17</u>	452
-------------------	-----

This chapter illuminates the way in which excellence in the delivery of comprehensive patient care can be achieved through teamwork among professionals and institutions engaged in the preservation of human life and dignity. These features are detailed in Volume I of the Final Project of the Active Care Satellite Project.

D

	Page
<u>Active Care Satellite Project</u>	524
<u>Part Two</u>	
<u>Chapter 18</u>	
<u>Study of Minnesota Veterans Home</u>	524
<u>Active Care Satellite Project</u>	
<u>Part Three</u>	
<u>Chapter 19</u>	544
<p>This chapter goes into considerable detail in describing the finalized form of the Minneapolis Grading System for Nursing Homes and Extended Care Facilities, because it has been much modified and improved since it was published in 1961.</p> <p>It also points out the magnitude of the details which are contained in Volume II of the Final Report of the Active Care Satellite Project which are vitally important to universities which should <u>now</u> be undertaking training of Surveyors qualified to utilize the System.</p>	
<u>Addendum</u>	
<u>Some Reminiscences</u>	597