Chapter 12

Organizational Changes – The Board Dissolves

"Nowhere in the world -- not in Kansas or Korea, not in Michigan or Mexico, not in Washington or West Germany -- does the family of man have more or better medical care available than in the state of Minnesota. There is a sad and never-ending procession of stricken humanity from throughout the nation and throughout the world crowding the great medical centers at Rochester and the University in Minneapolis. . .

In addition to these considerations, Minnesota has a century old public health program which is perhaps without equal in the world. The work and standards of Minnesota Board of Health are unique in the United States and they are the undisputed model for every other state.

All this is background for a startling proposal introduced suddenly in the chronically chaotic and frenzied final days of the legislative session and already scheduled for action on the Senate floor after cursory consideration in the Senate's Civil Administration committee. The proposal would erase the existing and model organization of an appointive state board with staggered terms which names an executive director and would substitute for it a state commissioner of health and a deputy commissioner appointed by the governor for terms which coincide with the governor's term.

It would make the office of the chief public health officer in the state a political football and it would make the officer himself a political creature.

This is an outrageous and totally undeserved affront to the existing board of health and its respected executive officer, Dr. Robert Barr. It also reflects a calloused disregard for the welfare of every citizen for this sake of creating (for a still obscure reason) a new political plum.

As a matter of self-interest and even self-protection, citizens ought to urge their senators and representatives to oppose this proposal. Protests would also be appropriately addressed to the chief author, Sen. Gordon Rosenmeier, conservative of Little Falls.

If this proposal had any merit it would properly have been introduced at least in the first 90 days of the session when hearings and general discussion were still possible. Lawmakers ought to be advised that public patience with high-handed, undemocratic legislative dealings is exhausted. The introduction of "midnight legislation" has become habitual in the Minnesota legislature. As the case in point illustrates once again, proposals nearly become laws (and in some instances do become laws) before the public and the groups concerned are even aware that a proposal exists."[1075]

Worthington Daily Globe, 1963

[1075] *Worthington Daily Globe*, "New Bill Would Put State Health Service in Politics", May 2, 1963.

Established through legislation in 1872, Minnesota was the third state in the nation (after California and Massachusetts) to have a state Board of Health. The Minnesota Board of Health first consisted of seven persons, including a secretary. The governor appointed the secretary who administered the functions of the board, including supervising quarantine matters, devising a scheme to collect health statistics and acting as an advisor for hygienic and medical matters.[1076]

Dr. Charles N. Hewitt, credited with establishing Minnesota's Board of Health, was the state's first health officer. The governor dismissed him suddenly in 1897, after 25 years of service. Some months earlier he had been asked by Tamas Bixby, the governor's private secretary, to contribute to the governor's political campaign. Dr. Hewitt declined because he did not want to mix his work with politics, and Mr. Bixby suggested he change his mind as a matter of policy.[1077]

William Watts Folwell, first president of the University of Minnesota, described Hewitt's dismissal in a memorial he wrote:

> After a quarter century of devoted service to his state, that service came to an abrupt termination. Dr. Hewitt had never needed to ask for reappointment to membership of the State Board of Health, nor to reelections as its executive secretary. He had kept the office absolutely clear of political complications. At work in his office on a certain afternoon in January in 1897, word came to him that the Governor had omitted his name from the list of appointments to membership of the State Board. It was the work of a few minutes for him to gather up the few articles belonging to him personally and say a word of parting to his faithful assistants. In his last report, for the preceding year (1896), in a concluding paragraph he expressed, as follows, the feelings of the hour.
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> 'The best of my life and effort have gone into this work. I have spared neither time, labor, nor thought, to make it what it ought to be. Such as it is, the record is made and closed. I resume tomorrow the active practice of my profession with the sincere wish that the public health service of Minnesota may maintain and advance the position which it has won among the similar organizations in other states. I am still more anxious that it continue to serve the whole people of Minnesota in the future as in the past.' [1078]

Following Dr. Hewitt's sudden dismissal, legislation was passed giving the Board of Health, not the governor, the power to appoint the executive secretary. This would prevent the rapid discharge, at the discretion of one person, experienced by Dr. Hewitt. The board was the decision-making body, and the governor appointed each member for a four-year term. The secretary and executive officer, a paid position, was the administrative head of the department, enforcing health laws and directing departmental activities. The secretary and executive officer reported to the board. Members of this board were unpaid.

This arrangement did not go without challenge. As early as 1917 a bill was presented to the Legislature proposing a commissioner of health to be appointed by the

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[1076] Philip Jordan, *The People's Health*, 1953, p. 42.
[1077] Ibid., p. 74.
[1078] BOH, *Minutes,* attachment, October 13, 1964, MHC, p. 537.

governor.[1079] The bill failed, but some form of it continued to appear throughout the years.

In 1949 the board's legal mandate, written in Minnesota Statute 144.03, was to "see that all lawful rules and orders of the board of health, and all duties laid upon it by law are enforced and performed, and that every law enacted in the interests of human health is obeyed." Minnesota Statute 144.05 further described the board's role:

> The board shall exercise general supervision over all health officers and boards, take cognizance of the interests of health and life among the people, investigate sanitary conditions, learn the cause and source of diseases and epidemics, observe the effect upon human health of localities and employment and gather and diffuse proper information upon all subjects to which its duties relate. It shall gather, collate and publish medical and vital statistics of general value and advise all state officials and boards in hygienic and medical matters, especially those involved in the proper location, construction, sewage, and administration of prisons, hospitals, asylums and other public institutions. It shall report its doings and discoveries to the legislature at each regular session thereof, with such information and recommendations as it shall deem useful.[1080]

Department employees accomplished specific tasks, but ultimate responsibility fell to the board.

Efforts to Eliminate the Board of Health

In the early 1950s, the board's existence came under attack with the release of recommendations by Gov. Luther Youngdahl's commission on efficiency in government, better known as the "Little Hoover" commission. This commission, established in 1950 to improve the operations of state government, used three outside consultants to evaluate state agencies. The J. L. Jacobs Company of Chicago was hired to survey the Health Department. They focused their attention on all ramifications of health in the state, not just within the department. [1081]

The governor's commission made 143 recommendations that affected the department, based on the findings of the J. L. Jacobs Company.[1082] Of these recommendations, the Board of Health judged 25 as duplications, 35 as requiring legislation and 52 as administrative action items.

The consultant's appraisal of the department's existing structure was unfavorable:

> The State Board of Health is headed by an administrative board of nine members appointed by the Governor with customary (not required by law) Senate confirmation for three-year overlapping terms. Boards are useful where the collective judgment of a number of persons is required, but they are recognized as having distinct disadvantages when heading administrative organizations. They diffuse both responsibility and authority which confuses the public and

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[1079] Jordan, pp. 96 and 97.
[1080] M.S. 144.03 was repealed in 1977.
[1081] BOH, *Minutes,* August 1, 1950, MHC, pp. 307-310.
[1082] BOH, *Minutes,* February 5, 1952, MHC, p. 58.

> employees, they provide almost unlimited opportunity for 'buck-passing,' they delay decision making, and are generally cumbersome and undesirable for getting administrative work done.[1083]

Further, the commission directly challenged the board by making a recommendation to "establish a Department of Health under a single official entitled the Commissioner of Health, who should be appointed by and removable by the Governor and whose term shall be co-terminus with that of the Governor."[1084] This would revert to a structure similar to the one in effect when Dr. Hewitt was suddenly relieved of his duties. Board members were unanimously concerned that the possible outcome would be detrimental to the health of the people of the state.

> ***". . .I think of all the boards in the State we should be most independent of politics and that if it isn't, the health of the State will suffer."[1085]***
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> **Dr. Theodore Sweetser, Member of the State Board of Health, 1952**

The commission's recommendations so concerned board members that a letter was written to Dr. Donald J. Cowling, president of Carleton College.[1086] Dr. Cowling headed a citizens committee formed to study the commission's recommendations and make a report to the governor. The committee was evaluating the 143 recommendations pertaining to the Health Department, but the board addressed only one, the one that would change the board's role. An excerpt from the letter to Dr. Donald Cowling follows:

> The general principle of increased efficiency of government with its corollaries of fixed responsibility and avoidance of duplicated efforts is of course commendable. The State Department of Health has tried to keep its progress abreast of the best efforts in its field and has welcomed suggestions for improvement. It has cooperated with other departments and has already put into effect many of the recommendations of the 'Little Hoover' Commission...
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> There is one fundamental change which is advocated by the Interim Commission which would in our opinion be most unfortunate, basically wrong, and possibly disastrous. The proposal is that the Commissioner of Health be appointed by the Governor, that his term of office coincide with that to the Governor, and that the State Board of Health be only an advisory body. Probably we would have nothing to fear from the present state administration, but in the past we have several times been fortunate in the ability of the Board of Health and the Health Department to resist political pressure from one or another Governor and his administration. This has been possible because the Health Officer is responsible only to the State Board of Health whose members are appointed by the Governor, but in a manner and over such a spread of time that no one Governor has been able to dictate its policies and actions. The importance and the nature of public health work require a continuity of program, a professional skill, and an independence from political pressures. Minnesota, in its official health activities and accomplishments has for many decades held a preeminent position. We hope that the future health and well-being of our people will not be jeopardized by adoption of the suggested change.[1087]

[1083] BOH, *Minutes,* February 5, 1952, MHC, p. 58.
[1084] Ibid.
[1085] Ibid., p. 61.
[1086] Letter from Dr. Theodore H. Sweetser to Donald J. Cowling, chairman of the Citizen's Committee for the Governor's Efficiency in Government Commission Report, December 30, 1952.
[1087] Ibid.

In addition to the letter to Dr. Donald Cowling, the board prepared and distributed a more detailed report, dated January 9, 1953, as to its opinion on the recommendation to abolish the board:

1. As to the public health, the advantages of a concentration of authority in the Chief Executive are speculative and theoretical and as a concept of public administration, it is yet untested by experience in this field. In the field of health, the concept that a concentration of responsibility and authority in a popularly elected official makes for greater economy, brings about better coordination, supervision and control of programs and provides the opportunity for insuring increased benefits and more efficient services is largely untried and presently remains in the realm of pure political theory. As a theory it is deceptive in that such centralization of control is to be placed in the hands of a chief executive who, under our scheme of things, will rarely have the essential training in the medical sciences to oversee the performance of a health job. In its kinship with preventive medicine, public health administration is an extremely technical and exacting task and the top administrator should be technically and scientifically equipped for policy formulation and execution and free to act in the public interest discharging his public health duties and responsibilities.

2. Minnesota's public health record is enviable; hence why jeopardize it by basic change in the organization of the agency. It can be said candidly and unequivocally that the State of Minnesota has been singularly favored by the high level of development of its medical institutions, by the excellent training and research achievements of its medical personnel, and the effective adaptation of existing medical facilities to the health needs of its citizens. All these advantages have combined to make Minnesota's record in advancing and preserving the public health an enviable one. Yet its accomplishments could be even greater if, services, as noted approvingly in the 'Little Hoover' Report, could be activated. The practical conclusion to be stressed in summary is that Minnesota's experience measures up so favorably as to achievements that there can be no sound or compelling reason why any basic change in the organization of the official public health agency of the State should be affected.

3. The present board form has strengthened and intensified public health pursuits in Minnesota. A long period of highly efficient service has been given by the past and present members of the State Board of Health, all of whom have been men and women distinguished in their specialized pursuits. They have adequately met their responsibilities as the Board's record of accomplishments amply demonstrates. The general criticism made by the 'Little Hoover' group that administrative boards are timid, weak and ineffective can have no application to the Board of Health, as its official proceedings will strongly reflect. They have administered firmly and wisely, but have been careful to give their Executive Officer sufficient latitude to enable him to supply essential flexibility in his execution of policies. On the other hand the Governor-Advisory Board-health commissioner combination for public health administration could well develop very readily through diffusion of views into a vacillating and ineffective team because of the inter-play of forces stemming from a mixture of too little or no technical knowledge on the part of the Governor, who rarely has public health training, a complete lack of responsibility in the board for delineating policy, and the resulting inability in the health officer to perceive a clearly sanctioned approach to a particular course of action.

4. Competent people will be unavailable, but if available for service out of a sense of duty, such members will tend to become disinterested, have less time to devote to serious thought on problems and will be more inclined to give hasty opinions where their collective thinking lacks binding force on questions of significance. The State Board of Health now relies on 10 advisory boards and committees. These function very effectively but they are ad hoc bodies, which give attention on request to questions which may arise in single areas of health activities are focused upon problems which require expert informed opinion for solution. The 'Little Hoover' Report recommends that the State Board of Health be an advisory body whose decisions on topics put before it shall have no binding effect on the health commissioner. For extensive practical

observations in the public health field it is difficult to see how such a body, which would be asked to devote valuable personal time and direct its energies to a wide range of specialized problems involved in public health planning, could be of any real aid to the commissioner or to the programs. Men and women with the highest qualifications, interested in the State's public health needs and having the broadest experience in and knowledge of technical public health administrative practices and procedures, will not be attracted to such service, will be unwilling to serve or to give generously of their time under circumstances where their collective judgment may not, and need not, be heeded at all by the commissioner. Less qualified members who might accept service on such a body to enhance their reputations and prestige would certainly be of no great assistance to a busy and harassed health commissioner.

5. Amenability to political control will deprive public health programs of proper planning, make them more costly, less productive and effective. Public health activities are costly and become productive in terms of benefits only when carried on in a consistent manner over a period of time. They must be assured for politics. This is because the undramatic nature of the work does not always win the enthusiastic response and continuous public support which other endeavors of government may enjoy. Consequently, any interference, whether it arises from ill-advised shifts in policy through political disturbances or upheavals, for the imposition of political or special-interest pressure or favoritism in any form, makes precarious the chances of reaping the greatest benefits from the investment of public funds in the programs. And where political interference stands as an ever-present threat of work interruptions will discourage even the more callused of them from attempting to carry on the many projects and research tasks which require continuity. Staff initiative will diminish, and the department my find itself failing to measure up to its responsibilities at a time like the present when the prospects for increased gains on the public health front have never been brighter and its objectives so close to realization in many areas of public concern." [1088]

Members of the board in 1953 were an experienced and distinguished group: Dr. Ruth Boynton, Dr. Frederick Behmler, Mr. Leo Thompson, Dr. Theodore Sweetser, Dr. Lester Webb, Professor Herbert Bosch, Dr. James Halvorson, Dr. Charles Netz and Mrs. Inez Madsen. The average number of years anyone had served on the board was almost seven, and three had been members for 13 years or more.

The J. L. Jacobs Company assessment and subsequent report by the governor's commission caused the board to reflect. Had it become a "rubber stamp" committee, approving, without question, the recommendations of their advisory groups and top management in the department? Was it "weak, timid and ineffective," as the Jacobs report described most administrative boards?

More sensitive to its role, the board clearly wanted to make policy decisions, to be involved. When the board was asked to approve the budget for July 1, 1952 to June 30, 1953 during the last few minutes of the May 27, 1952, meeting, board members were not ready to quickly endorse it, as had been typical in the past. When the possibility of scheduling another meeting to make decisions on the still-to-be discussed budget was raised, Mr. Jerome Brower, departmental administration director, responded: "I don't think so. I think it can be taken care of in a few minutes."[1089]

Board members spoke out:

[1088] BOH, *Minutes,* January 9, 1953, MHC, pp. 11-12.
[1089] BOH, *Minutes,* May 27, 1952, MHC, p. 158.

Boynton: "It seems to me the Board should have more than five minutes."

Sweetser: "I haven't seen it at all until now."

Netz: "It seems to me that we should give adequate time to the consideration of the budget."

Bosch: "Probably the budget is more important than most of the items that are on the agenda today."

Webb: "How much have we ever changed the budget? We have usually approved it as presented. I am not saying that that is a good practice."

Boynton: "I don't think so either. That is a responsibility of the Board as I see it."

Sweetser: "I would like to hear something about it before the meeting, except just the figures."

Bosch: "It seems to me that very obviously we can't go over the detailed figures. We don't want to. But I think that the budget is actually a policy-making document in many respects. You are dropping some position and you are adding some others. It seems to me that it behooves us as members of the Board to know what those changes are and approve or disapprove them, or at least discuss the matters. Going though the budget hurriedly the other day I saw some things in there that I think are policy making which I think this Board should discuss. It would seem to me that either we should have a separate meeting to discuss the matter, or in line with Dr. Sweetser's comments, a notation of the changes contemplated.[1090]

The board's insistence on examining the budget before approval created a problem, as the required submission to the U.S. Public Health Service was already 12 days overdue. The board did not want to submit the budget without review, but neither did it want to hurt its relations with the Public Health Service. Dr. Sweetser suggested: "Why can't he write them a letter that the grand total is about this, and not give any sub-totals at all. He could say he is very sorry that the Board is so cantankerous and that it is not his fault."[1091]

In the end, a motion was made that the budget be submitted with the understanding that revisions could be made in the future.

During the next few months, board members continued to analyze the board's role with respect to the budget but also in a broader perspective. Their thoughts were expressed in these comments, taken from the June and September board meetings:

Sweetser: "After spending I don't know how many hours in going through this thing I realized that the Board ought to spend its time in determining the general policy of whether we want to spend more money on training personnel or on public health education or in carrying out the administrative jobs of public health...epidemiology, cancer work, and all that kind of thing, and I think there are three or four of those policies we ought to determine and not spend too much time on details."[1092]

Boynton: "It is an extremely important thing for this Board, not only in our relationship as to what kind of a program we are going to have, but in our even longer range planning – before the next

[1090] BOH, *Minutes,* May 21, 1952 MHC, pp. 158-159.
[1091] Ibid., p. 162.
[1092] BOH, *Minutes,* June 3, 1952, MHC, p. 188.

> legislative session – as to what our needs are, what we may expect to ask of the legislature. I do think that as a policy board it probably is our duty and responsibility to study this on the recommendation of these people in charge and make decisions as to whether we should thin out and keep the programs we have or whether we should chop off some directly and limit our activity in that way. I don't think we should wait until we come up to the next budget meeting."[1093]

Recognizing the necessity of studying the needs of the population and the department's programs in order to make sound budget decisions, the board formed a committee to review department programs. Members appointed to this committee to study existing and future programs were Dr. Theodore Sweetser, chairman; Prof. Herbert Bosch, co-chairman; Dr. Ruth Boynton; Dr. W. W. White and Dr. Charles Netz.[1094] The committee not only studied the budget, but it met with all division directors and two of the section chiefs at least once.

The committee's end product was a list of written policies and directives. These were referred to and used in decision making for many years, not just for the budget, but for other decisions. The recommendations stressed health education, better local government services, less reliance on federal funds, a new building, improved regulatory functions, and better care for the aged. The board also emphasized a stronger role for itself with greater involvement in budget decisions and hiring decisions. It also wanted the board to have an expanded role in its public relations activities. The board wanted to ensure that it survived.

Approved by the board, the committee's recommendations were distributed throughout the public health community. Ten of the key recommendations are listed on the following pages, and all 32 are provided in the appendix.

Since release of the report by the Governor's Efficiency in Government Commission, the board seemed more willing to challenge the executive officer, his deputy, and other department employees. It also became more involved in department internal issues; it was not going to blindly approve a decision or idea. An example occurred in 1954 when Deputy Executive Officer Dr. Robert Barr proposed that a proportion of top-level personnel be removed from civil service classification:

> Boynton: "I don't see how the Board can act on anything unless we have a specific recommendation on which to act."
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> Barr: "Would you like to have something drawn up and circulated to the Board before the next meeting?"
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> Netz: "The specific positions, I think, too."
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> Boynton: "And I think the reason in back of it. I agree there are many advantages and at the same time many disadvantages, too. And I think we should be clear why we are in back of this

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[1093] BOH, *Minutes,* September 23, 1952, MHC, p. 31.
[1094] Ibid., pp. 31-31½.

RECOMMENDATIONS OF THE COMMITTEE REVIEWING HEALTH DEPARTMENT PROGRAMS 1954
(Committee Members: Dr. Sweetser, Prof. Bosch, Dr. Boynton, Dr. White, and Mr. Netz)

LOCAL HEALTH SERVICES

"First, establish a policy of local health services with the local people assuming more responsibility both in carrying out the policies and the programs and in supporting them financially. We feel that the closer you can get to the people who are directly involved, the more responsible will be the work and the more effective for the local conditions.

"Second, take steps to recruit a well-qualified person to fill the position of Chief to the Section of Local Health Administration. Dr. Barr's duties take so much of his time that we have felt that probably we will need a Chief under him for that Section, rather than for just part of the work.

"Third, establish a policy on Health Department districts to include the naming of full-time professional persons other than medical as district directors, making provision for adequate medical consultation for each of these districts. It has been found impossible to get full-time medical directors for these different district health units and in order to get continuity and effective action we may need to take some person in the district who knows the circumstances there to take over the function of the district office.

PUBLIC RELATIONS/MARKETING

"Fourth, Make further efforts to have the activities of the Health Department known to the medical profession and to the populace. It has been suggested that a page in 'Minnesota Medicine' devoted to Health Department business and activities would be desirable. There has been further discussion of other means of making the activities of the Health Department a little less cut and dried and abstract so that people could understand them better and cooperate better, not only with people in medicine but in other professional and non-professional groups.

FUNDING

"Fifth, work out a plan making it possible to utilize State funds for continuing the main programs which you have to keep up, and then use the Federal funds, which may be discontinued at any time, for the programs which are being used only temporarily.

INTERAGENCY COOPERATION

"Sixth, encourage Board members to attend meetings and hearings of the Water Pollution Control Commission and other Commissions with which the Board of Health is trying to work.

PUBLIC HEALTH NURSES

"Seventh, take steps to effect legislation to extend the present $1500 aid for public health nurses in counties so that they could have more than one public health nurse covered by that aid in counties which have more than 5,000 population.

DENTAL HEALTH

"Eighth, plan ways and means of getting State appropriations for the Sections of Dental Health and Industrial Health. The Dental Health Section is supported only by Federal money, which may be discontinued at any time, and that is one of the things that we had in mind having State funds for the activities, which you have to keep up continually.

BUILDING

"Ninth, secure State appropriations for the construction of a new State Health Department building. That State Health Department building has been under study for a long time and we don't seem to be getting very far with the accomplishment of it. The State Board of Health is working under a handicap with its headquarters separated and scattered around, and the University has set aside a location, which would be very satisfactory for a State Health Department building. Some aggressive campaign should be carried out to bring that program to completion and get the Department into satisfactory headquarters, which will allow efficient work.

PERSONNEL, RECORDS

"Tenth, encourage a study of ways to decrease the amount of clerical work in connection with the record keeping in the various sections of the Health Department. This is just under study."

State Board of Health, 1954

thing---what positions and the reasons why it would be to the advantage of the State not to have certain positions under Civil Service."

Bosch: "I fully believe there are certain positions that should be taken out, but I believe before taking official action the top level staff people should be canvassed, because I wonder whether the Board would like to sign away Civil Service rights on certain jobs if the person in that job had certain reservations. That would take certain protection away from the employee, too, as far as tenure of position is concerned. I don't think we should do that until the people affected by it would have a chance to comment on it."

Barr: "If it is for the efficiency and improvement of services of the Department, then the weight of the opinion of the individual would not be worth very much."

Bosch: "I'm not sure I agree with that. That was a part of the contractual agreement when he went in and his wishes should be given a considerable amount of consideration."[1095]

Despite board members' efforts, several years later the board was still concerned over its lack of involvement in department affairs. At the October 3, 1956, board meeting the budget for the next biennium was again presented with little time for board review:

Bosch: "Undoubtedly we are going to have to follow the procedure Mr. Brower has outlined here, but I would bring up the point that we have brought up every time when these budgets have come up and that is that eventually the Board is responsible, and if the Board is to function as it should we must have the explanations in advance. Too often we place a 'rubber stamp' on the budget without having had adequate opportunity to study it. I would hope that eventually we would get to the point where we could have the budget plus explanation far enough in advance so that we could study it." [1096]

Boynton: "We as a Board have a responsibility for the over-all budget requests--almost a 50% increase for the Department – and I think as a matter of policy we want to be sure that that is a wise thing to do at this time. I do think that when we ask for a 50% increase in funds from the State we should be very sure that we can justify the expenditure of the money and present the need for it. I am quite sure the needs are there, and probably more than that, but I don't think we

[1095] BOH, *Minutes,* June 1, 1954, MHC, pp. 123-124.
[1096] BOH, *Minutes,* October 3, 1956, MHC, p. 189.

have had quite time enough, perhaps, as a Board, to look at the over-all picture and needs of the Department."[1097]

By 1960, the board's involvement with staff relative to the budget had changed. At the board meeting on May 24, 1960, Deputy Executive Officer Henry Bauer suggested that a committee of board members work with division directors in preparing the biennial budget. Dr. Boynton, Dr. Wente and Prof. Bosch served on this special budget committee.[1098] The committee worked with the division directors through the summer and at the September 13, 1960, board meeting jointly presented the upcoming budget for approval.

Efforts to Eliminate the Board

The board's role and its value seemed settled, and then, suddenly, late in the 1963 legislative session, the board learned that Sen. Gordon Rosenmeier of Little Falls had introduced a bill that had potential for dramatically changing the department. This bill, S.F. 1711, was called "A Bill for an Act, Relating to the Organization and Administration of the State Government in Respect of the Department of Health, the State Board of Health, and the Water Pollution Control Commission; Amending Minnesota Statutes 1961, Sections 144.02, 144.03, 144.04, 115.02, and 144.38, Subdivision 2." It proposed the creation of a Department of Water Pollution Control and transferred all powers and duties of the Board of Health directly or indirectly related to water pollution to the commission. It called for a change of powers of the Board of Health related to water pollution, but what really concerned the board was the proposed change in the leadership of the department.[1099]

The bill called for a commissioner of health who would be appointed by the governor at intervals of four years. As of the first Monday in January 1964, the head of the agency was to become a political post. The deputy commissioner's position was to be filled by the present secretary and executive officer, Dr. Robert Barr. The board was to become an advisory board only. The bill included a statement that the commissioner would be subject to removal by the governor for cause after notice of charges.

Upon learning of this last-minute legislation, the board called a special meeting on Monday, April 22, 1963. Dr. Frank Krusen, board president, contacted Lt. Gov. Sandy Keith who told him William Shovell, the governor's executive assistant, felt Gov. Rolvaag was in favor of the bill. The governor, according to Mr. Shovell, wanted the department in closer liaison with the governor's office.[1100]

The board considered Sen. Rosenmeier's proposed bill, and Dr. Jackman said that if this bill became law it would be possible to have a new commissioner every time a new governor was elected. The board did not feel the qualifications given for a

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[1097] BOH, *Minutes,* October 3, 1956, MHC, p. 189.
[1098] BOH, *Minutes,* May 24, 1960, MHC, p. 141.
[1099] BOH, *Minutes,* April 22, 1963.
[1100] Ibid.

commissioner "trained and experienced in the field of public health" were acceptable. Members felt the head of the agency should be a physician specifically trained and experienced in public health. The board was also concerned with the effects such a bill, if passed into law, would have on its established relationships with other organizations, such as the Minnesota Medical Association and the Mayo Clinic. It thought these relationships would deteriorate, if the head of the agency became a political appointment. It noted that under the proposed legislation, the commissioner would be free to carry out a program against the wishes of the board.

The board had no doubt it wanted to oppose Rosenmeier's bill. The only question was the strategy to use. The board passed a resolution that it did not support the bill on the grounds that the executive officer should not be politically involved and the board should not become an advisory board. The board agreed to write a letter and distribute copies to all organizations concerned with the problem and ask for their support.[1101] The letter to Sen. Rosenmeier read:

> The Minnesota State Board of Health at a special meeting on Monday, April 22, 1963, considered the provisions of S.F. 1711.
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> It is very concerned with the problems of water pollution and especially those created by urban expansion and the two accidental oil spills into the Minnesota and Mississippi Rivers during the past winter.
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> The Board is most appreciative of the excellent work that you and your committee are doing in the legislature in the planning, drafting, and support of S.F. 243, to which the Board gives its most earnest support.
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> The Board, however, is at a loss in interpreting the intent of S.F. 1711, since it fails to find language in the proposed bill that will resolve or prevent water pollution problems related to storage and accidental spills of oils and other liquids and chemicals, etc.
>
> It appears to the Board that S.F. 1711 only provides political control of the program and activities of the State Board of Health and the Water Pollution Control Commission.
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> This, as you know, does not necessarily improve or strengthen the total health program and activities of the State Board of Health, which has been free of politics since its inception in 1872.
>
> The Board is of the opinion that the many accomplishments in preventive medicine and public health, of which it and the citizens of Minnesota are justly proud, can be in part at least attributed to continuous uninterrupted programs that are free of political pressures and, as such, have the support and cooperation of the many voluntary and professional organizations interested in health.
>
> It is also of the opinion that the political appointment of a Commissioner of Health, who is also chief executive of the Water Pollution Control Commission, will not improve its programs and activities or the execution of the authority provided in S. F. 243.
>
> Moreover, financial support for the employment of competent personnel and the purchase of supplies and adequate facilities are as much a part of the successful execution of a program as is a legislative authority.

[1101] BOH, *Minutes,* April 22, 1963, MHC, pp. 264-267.

> We solicit your support in the development of a total health and a total water pollution control program which will have the backing of the many professional and voluntary organizations, which in the final analysis have considerable influence on the course and the effectiveness of any program.
>
> The Board is in accord with the proposal for establishment of an interim commission to study health and related matters during the 1963-1965 biennium. The Board of Health will extend its complete cooperation in any study which such a commission wishes to undertake.
>
> We respectfully solicit the opportunity to discuss with you S.F. 1711 and any other problems related to the Board of Health and its department. [1102]

Rosenmeier's bill elicited strong negative reactions, as well as support. The bill didn't pass in 1963, but one year later, in September 1964, Sen. Rosenmeier challenged the board in a different manner. As chairman of the state departments subcommittee of the Senate Civil Administration Committee, he sent a letter to Board President Dr. Raymond Jackman, asking him and any other board members to appear at a sub-committee hearing on September 14, 1964. The short letter stated the committee would like to "discuss with the group the operations of the State Board of Health and the staff services being provided the Board by the Department of Health." [1103]

Dr. Jackman didn't receive the letter until only a few days before the hearing. Despite the short notice, six of the nine board members rearranged their schedules to attend the hearing. Dr. Jackman, however, wasn't expecting and wasn't prepared for the challenging questions he received. He reflected on the meeting at the next board meeting:

> I would like to say that having given this hearing considerable thought, it looked to me as if the entire purpose of this was to downgrade the image of the Board of Health. This was not stated in the letter that I received from Senator Rosenmeier requesting us to appear before the Senate Sub-Committee. The Senator for the most part refused to let me direct his questions to the staff members who would be much more knowledgeable of these different areas and details than I was. Consequently, in the press, I particularly had a very bad picture painted. But my shoulders are broad and my skin is thick, and this doesn't bother me, and I sincerely feel, as pointed out in the letters that I wrote to the senators, there are many advantages to our current system over that where the Governor of a state appoints the health administrator.[1104]

Following the hearing, Dr. Jackman wrote a letter to Sen. Rosenmeier with a five-page report containing arguments for keeping the board. He noted:

> ...where the state health officer has been appointed because of his political affiliation, it has been to the detriment of the people's health and the disorganization of the state health department. Texas is a prime example. The same thing happened in Ohio and in a recent turnover there, almost all key personnel left that state health department."[1105]

[1102] Letter from Dr. Frank H. Krusen, BOH president, to Sen. Gordon Rosenmeier, 53rd District, April 23, 1963.
[1103] Letter from Sen. Gordon Rosenmeier to Dr. Raymond Jackman, September 8, 1964.
[1104] BOH, *Minutes,* October 13, 1964, MHC, p. 540
[1105] BOH, *Minutes,* attachment: letter (10/9/64) from Dr. Raymond Jackman to Sen. Gordon Rosenmeier, October 13, 1964, MHC, pp. 529-534.

In his report to Sen. Rosenmeier, Dr. Jackman pointed out that several programs currently in the department, such as the Hill-Burton hospital construction program and studies of oral polio vaccine, would be particularly endangered by political pressure. He noted the statewide studies of oral polio vaccine would never have been done in Minnesota, if the authority for participation had been vested in a public official:

> No governor nor party would have dared take this much responsibility in view of the fact that some health authorities elsewhere had indicated there was a considerable hazard. Minnesota dared take this calculated risk because of the recommendations of an advisory committee on poliomyelitis, representing as it did the key persons in medicine and public health in Minnesota.
>
> By the same token, Minnesota, among all states, held out against the use of Salk vaccine until its use was placed under proper controls and thorough studies were developed. So great was the national pressure to use this vaccine freely prior to the development of proper controls that no elected government official could have withstood it. The soundness of the judgment made here in Minnesota was borne out when the Cutter vaccine was found to have caused cases of polio.
>
> At the national level, the Cutter episode created a national crisis that resulted in the resignation of the Secretary of Health, Education and Welfare; the complete upheaval of the National Institutes of Health; and the resignation of the Surgeon General of the United State Public Health Service. None of these people was personally to blame for the episode and all of them had been subjected to political pressures that were beyond their powers to withstand. These examples are the most critical ones, but the development of services in all the divisions with a lot of public contact could well be skewed as a result of pressures." [1106]

In his report, Dr. Jackman mentioned the existing rapport the board had with the medical profession and voluntary health agencies. He felt much of the department's success depended on these relationships, and this might be lost if new commissioners were appointed with every change in governor.

> We here in Minnesota have every reason to have faith in our governors. We do not feel that under the type of able leadership provided by our chief executives that a new governor of whatever party would necessarily appoint a new commissioner of health. However, this has occurred in a very large proportion of the states where the commissioner of health is appointed by the governor. This same thing has even happened in the State of Minnesota in many of the departments when there have been changes in the political party in power.[1107]

Dr. Jackman thought the present system with the governor appointing members of a board of health that is the policy-making body helped ensure the continuity and stability in programs, freedom from unreasonable political pressures, and the development of long-standing relationships with the medical profession and the related health professions and organizations. [1108]

Dr. Jackman's well-planned report probably didn't reach many people, but reports on the hearing did. News articles weren't very favorable for the Board of Health. The Virginia Mesabi Daily News, in an article titled "Rosenmeier Brings Out New Facts About State Health Board," suggested inappropriate activities by the board:

[1106] BOH, *Minutes,* attachment, October 13, 1964, MHC, pp. 529-534.
[1107] BOH, *Minutes,* attachment: letter (10/9/64) from Dr. Raymond Jackman to Sen. Gordon Rosenmeier, October 13, 1964, MHC, pp. 529-534.
[1108] Ibid.

> Veteran State Senator Gordon Rosenmeier of Little Falls, exponent of sound government practices where it acts, will press hard in the upcoming 1965 session for reorganization of the state board of health, which he regards as failing to perform its function as befitting an important state body. Senator Rosenmeier, heading an interim commission sub-committee studying state departments, won admission from Dr. R. J. Jackman of Rochester, a board member, that only seven meetings have been held since January, 1963, and that members often "vote" by mail on matters. Dr. Jackman also admitted that secret sessions are held by this public body and that no minutes are kept of the proceedings. Sen. Rosenmeier also brought out that much of the Board's work is left to Dr. Robert N. Barr, its secretary, who is an employee supposed to do the board's work, according to the statutes, although 'they are general'.
>
> The senator won an admission from Dr. Jackman that the board's consideration of the water pollution control law, adopted by the 1963 Legislature, had been held in secret because it 'was a rather hot issue, so we took it into executive session.'[1109]

Sen. Rosenmeier promised to continue to press for reorganization of the board, and such a bill was introduced by then Sen. Rudy Perpich in 1965. The proposed bill called for a department with a commissioner appointed by the governor. The 1965 bill didn't pass, and neither did a similar bill, S.F. 1577, introduced in 1967. [1110]

By the early 1970s, Rosenmeier was no longer a legislator, but several other factors made the change he desired more likely. It was a time of transformation and shifts in the health sector. Health care and public health were redefining themselves. Implementation of Medicare and other federal programs created challenges and changes. Within the department, significant transitions occurred. Dr. Barr died in December 1970. His successor, Dr. Warren Lawson, did not have the same relationship with the board that his predecessors had had. He didn't profess strong support for the continued existence of the board. In addition, the nursing home industry came under close scrutiny in the 1970s, and one nursing home scandal involved a member of the board.[1111] When it was discovered that the department was forewarning nursing homes of upcoming inspections, the board came under strong criticism. This gave fuel to critics of the board. A further challenge was that Rudy Perpich, one of the authors of the earlier bill to abolish the board, had been elected lieutenant governor.

The Legislature continued to discuss whether or not the board should be abolished and replaced with a commissioner appointed by the governor, as was done in other agencies. Dr. Warren Lawson was asked this question at a joint subcommittee meeting on health and welfare in 1972. He replied:

> I think that's the $64 question, and I don't know whether I, as the Secretary of the Board, really ought to comment on that. I have several basic feelings about this, and I've thought about this problem a good deal. I think the first thing the Legislature ought to look at if it's going to examine this thing is, considering the investment that the Legislature has made in the Board in terms of

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[1109] BOH, *Minutes,* attachment: *Virginia Mesabi Daily News* (9/22/64), "Rosenmeier Brings out New Facts About State Health Board", October 13, 1964, MHC, p. 539.

[1110] BOH, *Minutes,* April 11, 1967, MHC, p. 102.

[1111] 1975 grand jury investigation of the River Villa Convalescent Medicenter nursing home in Minneapolis and subsequent criminal prosecution of its owners, Bertram M. Strimling and P. George Hedlund.

funding and in the law, whether they've gotten a good product under this existing system. It seems to me that that would be the first thing one would look at in this regard. I think it is certainly true that with a Board you get a certain amount of insulation from day-to-day politics. I always wondered about that because I don't really believe that's true. I really believe that there really isn't that much politics that goes on. I think most agencies operate on the basis of logic and common sense and are really not swayed in their day-to-day decisions. So I don't really see the advantage.

> ***"The entire system of delivery of government service, at least in the health field, is becoming so complex that one hardly knows who is responsible for what."***[1113]
>
> **Dr. Warren Lawson, June 1972**

The other aspect of this problem is that public health probably will, like a number of other departments do, have to set their objectives in terms of generations and that maybe this long-term kind of continuity, if you are going to really raise the health standards of the population, requires some kind of reasonable protection from politics if politics interferes with a government agency operation, and since I've never worked for an agency that has a commissioner, I wouldn't know if that's true or not.

Also I think that we are talking nowadays more and more about more and more public involvement, and it would seem to me that a Board like this provides a lot more opportunity for people that are knowledgeable in the health care system to have an input into State health policies.

So these basically are the considerations that I think are involved. I have a basic additional belief, and that is that almost anything works if you've go the funds and the authority to do it, and almost nothing does if you don't.[1112]

LEAP Helps to Finally Abolish the Board of Health

The mechanism that effectively contributed to the abolishment of the board was Gov. Wendell Anderson's Loaned Executives Action Program (LEAP). Just as Gov. Youngdahl initiated the "Little Hoover" commission, in 1972 Gov. Anderson introduced LEAP as his plan for improving efficiency and management in state government.

Gov. Anderson appointed a 29-member management advisory committee to LEAP.[1114] Headed by Douglas Dayton, former vice president of Dayton Hudson Corporation, business executives were lent to the state for three to six months to help streamline procedures, reorganize the structure, and emphasize better management.[1115] Three loaned executives, Roger W. Berg, Harold Engelhaupt and James R. Klum were assigned to the Health Department. They were committed to serve three to six months. Their charge was to "assist the state organization to become more viable on its own."[1116]

[1112] Dr. Warren Lawson presentation at Joint Subcommittee meeting of Senate Committee on Health and Welfare, April 17, 1952, pp. 41-42.
[1113] BOH, *Minutes,* June 19, 1972, MHC, p. 7.
[1114] News release from the office of Gov. Wendell R. Anderson, May 21, 1972.
[1115] *Minneapolis Star Tribune*, "The LEAP Program So Far," October 4, 1972.
[1116] Office of the Governor, "News From Leap," June 13, 1972.

Working with the loaned executives, the department's LEAP planning committee identified several areas to review and study over the next few months. They were:

- Establish and write department statement of purpose.
- Develop proper organization of department, including the board, internal structure and regional offices. Develop proposal for organization of statewide health function including distribution of responsibility among levels of government, those health functions not currently in the Health Department and consideration of a human services function.
- Establish position of department controller.
- Redesign the process for budget responsibility and control.
- Develop department-wide system of fees and licensing.
- Establish department personnel and training functions.
- Develop model for communications in department.
- Evaluate and establish procedures for placement and utilization of department personnel, including M.D.s.
- Develop system of 1) planning and 2) evaluating department programs.
- Redesign records management and printing services.
- Redesign system of public education marketing of services and public relations.[1117]

The two projects that had the most impact in changing the department were the first two, revision of the 100-year-old department statement of purpose and the development of a new organizational structure.

The LEAP team thought the department's purpose was not clear and that there were different opinions regarding its proper role. The LEAP team "discovered that until we have some general agreement on the purpose of a State Board of Health/Department of Health, it is difficult, if not impossible, to develop opportunities for improvement in the Department which are meaningful in light of the stated purpose." [1118]

The LEAP team sent out copies of the existing mission in Minnesota Statute 144.05 to 21 "key people in the State" for review. Those selected were: Dr. Warren Lawson, Linda Sutherland, Dr. Ellen Fifer, Dennis Pederson, John Westerman, Dr. Valentine O'Malley, Mrs. Alyce Clay, Arnold Delger, Hibbert Hill, Dr. John W. Lawrow, Maurice McCollar, Dr. William Nienaber, Bertram Strimling, Frederick Heisel, Dr. Dean Fleming, Dr. Helen Knudsen, Dr. William Harrison, Dr. Henry Bauer, Dr. A. B. Rosenfield, Ernest Kramer and Margaret Tanna.[1119]

The letter requesting input was sent August 9, with a response requested by August 14.[1120] Arnold Delger's response represented those who felt the mission needed no changing:

[1117] MDH, internal report: "LEAP Task Force Project Planning Schedule," 1972.
[1118] Letter to Mr. Arthur D. Delger from Roger Berg, LEAP at State Department of Health, August 9, 1972.
[1119] Letter from Dr. Warren Lawson to 21 persons who participated in mission statement revision, October 26, 1972.
[1120] Letter from Roger Berg to Arnold D. Delger, August 9, 1972.

"Outside of the Preamble to the U.S. Constitution, where also are you likely to find a statement that has stood the test of 100 years any better than the one broad statement you ask me to 'revise' - ??"[1121]

> ***"...Its (a Health Department's) ultimate success depends on the availability of dedicated people – Board members – Executive Officers – Division Heads – Civil Service Employees, etc. In this respect we have been exceptionally fortunate in Minnesota at all levels. Lines of authority and little boxes on a chart make for ease of operation; but effort expended in development of existing staff and recruitment of new personnel will be repaid with interest for years to come."[1123]***
>
> **Arnold D. Delger, Member, Board of Health, 1972**

The second area that most affected the department's structure was the reorganization project. Dr. Warren Lawson, assisted by Robert Hiller, assumed responsibility for this area. Though the number of employees had almost doubled from 1956 to 1972, the department's structure had remained virtually unchanged. By 1972, 20 persons were reporting directly to the executive officer. The department had expanded to 50 different programs, creating challenges for coordination, cooperation and integration of activities. In addition, there were hazy lines of authority, and a large number of leaders were nearing retirement age without preparation for and development of successors. The LEAP team proposed a "major restructuring of the Health Agency, with appropriate lines and designation of accountability, authority, and responsibility."[1122]

Together, Dr. Lawson and Robert Hiller recommended reducing the seven existing divisions to three: community and health services, (two units: health services and health hazards), labs, and health facilities. They recommended establishing deputy positions for administration and departmental programs.[1124]

These recommendations were not well received by many of the people within the department. Dr. Dean Fleming, who had worked at the department since 1938, expressed his feelings in a memo to Dr. Lawson:

> My first reaction was that I never had seen or heard presented in a convincing manner any reason or evidence pointing to the need for a reorganization of the Department. Without any intent to be critical, it is my feeling that the existing organization of the Department and its relationship to the Board and to the Governor has been simple, direct, effective, and economical, provided the administration of the department conformed to the organization patter and to accepted basic principles of administration. By that I refer to the line of authority and responsibility which must be adhered to if the division directors who have responsibility, are to work effectively with the Executive in executing policies. When other persons are brought in and exercise authority but without responsibility, working administration breaks down. If the Executive wishes to have additional staff services, there would be no problem provided the line personnel are adequately informed and communications maintained.

[1121] Letter from Arnold D. Delger to Roger Berg, chairman of LEAP, August 16, 1972.
[1122] MDH, "Re-organization of the Department of Health," (LEAP project report), November 10, 1972, p. 2.
[1123] Letter from Arnold D. Delger to Roger Berg, chairman of LEAP, August 16, 1972.
[1124] Memo from Dr. Warren Lawson to Commissioner Richard Brubacher, Department of Administration, on "Re-organization of Department of Health," November 28, 1972.

> The existing organization pattern is one that has functioned successfully over the years, is similar to that of other effective health departments, and maintains the number of persons reporting directly to the next higher level at a reasonable number.[1125]

Both the mission and the organizational structure were changed, as a result of LEAP recommendations, indirectly affecting the board. The department was reorganized in 1973, although the changes were not quite as drastic as originally proposed. The organization went from seven to five, not three, divisions. Bureaus were added, creating an additional line between the head of the agency and the divisions.

The department's mission and duties of the agency head were also changed. The following includes changes made by the Legislature in 1977 and 1986:

DEPARTMENT OF HEALTH
Section: 144.05 General duties

> Subdivision 1. General duties. The state commissioner of health shall have general authority as the state's official health agency and shall be responsible for the development and maintenance of an organized system of programs and services for protecting, maintaining, and improving the health of the citizens. This authority shall include but not be limited to the following:
>
> (a) Promote personal health by conducting general health education programs and disseminating health information;
>
> (b) Coordinate and integrate local, state and federal programs and services affecting the public's health;
>
> (c) Conduct public health and general health care services by providing consultation and technical training for health professionals and paraprofessionals;
>
> (d) Continually assess and evaluate the effectiveness and efficiency of health service systems and public health programming efforts in the state; and
>
> (e) Advise the governor and legislature on matters relating to the public's health. [1126]
>
> HIST: (5339) RL s 2130; 1973 c 356 s 2; 1977 c 305 s 45; 1986 c 444;

Included in the list of recommendations made by the LEAP team in 1972 were several directly affecting the board:

- a minimum of three board members should be from outside the metropolitan area;
- the board should be expanded from nine to 11 members;
- "Enlightened consumers," as well as providers and professionals should be included on the board; and
- Board members should be compensated for meetings, in addition to expenses.[1127]

[1125] Memo from D. S. Fleming, M.D., to Warren R. Lawson, M.D., November 14, 1972.
[1126] Minnesota State Statute 144.05, 1977.

Minnesota Board of Health, 1971

Like the recommendations related to the department's mission and organizational structure, the recommendations directly affecting the board were implemented with modifications. Legislation in 1973 increased the board membership to 15. Nine board members were to be licensed health professionals and six were to be public members. For the first time, board members would receive compensation, $35.00 per meeting, plus travel expenses. Another change that came with this legislation was the title of the agency head: the executive officer and secretary was now to be called the commissioner of health.[1128]

The Board of Health Is Abolished

Unlike the boards of the 1950s and 1960s, the Board of Health in the mid-1970s was not in a strong position to respond and react to legislation that threatened its demise. In 1974, when the board increased from nine to 15 members, most board members were new to the job. Eight of the 15 board members were serving their first term. Two members had served one year, three had served two years, and the two most senior members had been on the board for three years. Compared to the average number of

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[1127] Memo from Dr. Warren Lawson to Commissioner Richard Brubacher, Department of Administration, on "Re-organization of Department of Health," November 28, 1972, p. 13.

[1128] Statement by Minnesota Department of Health presented to the Senate Committee on Governmental Operations, September 19, 1973, p. 1.

years of service board members had in earlier years, the 1974 board was inexperienced. A large portion of each meeting was spent in orientation. In addition, much of each meeting was spent reviewing certificate of need requests, and there was little time for anything else.

Persons Observing State Board of Health Meeting, 1970s

The bill to abolish the board was introduced quietly. An April 1976 news article in the Pioneer Press reported the event:

> On Monday, the Senate, Health, Welfare and Corrections Committee considered a seemingly innocuous department 'housekeeping' bill and quietly tacked on an amendment to abolish the Board and replace it with an advisory body before unanimously approving the measure.[1129]

There was no drastic protest, as board members had made in earlier years to such a challenge to the board's existence. On hearing of the proposed legislation, the 1976 Board of Health adopted a quiet resolution stating the amendments were made without previous notice, without testimony from parties involved, and represented a significant change to the health system of Minnesota.[1130] The bill, however, passed into law and the board was abolished by the 1976 Legislature.

[1129] *St. Paul Pioneer Press,* "Health Unit Hits Terminal Legislation," April 11, 1976.
[1130] Ibid.

When the board was abolished, new legislation gave the commissioner of health authority to establish a state health advisory task force.[1131] A few meetings were held, but regular meetings were not sustained.

Robert Willmarth, a board member since 1973, resigned when he learned of the plan to make the board advisory rather than administrative. He noted that the Education Board was remaining administrative and explained why: "Of course the reason they aren't is that the teachers' groups showed they have more muscle in the legislature than the groups that felt we should remain administrative."[1132]

Reflections on Board of Health vs. Commissioner

Some of the predictions made by board members in the 1950s and 1960s have come to pass. There has been a greater turnover of commissioners since the board was abolished in 1977. From 1872 to 1977, a period of 105 years, there were five heads of the department. From 1977 to the present, 22 years, there have been eight, almost twice as many in one-fourth of the time

There are differing opinions as to whether or not the department became more or less political. Many strongly believe that, as the board predicted in the 1950s, politics has taken precedence over public health. One example was the situation experienced by Dr. Bert Hirschhorn, director of the family health division, in 1998. An internist who had spent much of his career in maternal and child health, Dr. Hirschhorn joined the department in 1995. The division he headed, family health, included health promotion programs, as well as those specifically targeting maternal and child health.

In 1997, Susan Carlson, Gov. Arne Carlson's wife, began a campaign against fetal alcohol syndrome (FAS), one of the public health problems being addressed by the family health division.[1133] When the division staff objected to what they perceived as a punitive approach to FAS by Mrs. Carlson, and when they felt demoralized by what appeared to be directives coming to them from Mrs. Carlson through her staff assistant, Dr. Hirschhorn supported his staff. About the same time, Dr. Hirschhorn spoke out in another area, tobacco. At the direction of Gov. Carlson, Commissioner Anne Barry testified at the U.S. Senate Commerce Committee hearings on the tobacco bill. Dr. Hirschhorn felt the testimony given was at great variance with what both his staff and department colleagues in the Smokefree 2000 Coalition believed was in the best interests of the public's health. Professionally, he could not accept it and stated this. Despite a glowing personnel review by his supervisor, Dr. Hirschhorn was fired.[1134] Later he reflected on what happened: "I was asked to step down as division director and then fired for insubordination when I refused. I was seen as an irritant; I heard

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[1131] Minnesota State Statute 144.011, Subd. 2, 1977.

[1132] *St. Paul Pioneer Press*, "Health Officer Quits, Hits Advisory Plan," May 19, 1977, p. 40.

[1133] FAS is covered in Chapter 11.

[1134] Prior to 1977, Dr. Hirschhorn would have been responsible to the commissioner, who would have been directly responsible to the Board of Health, not the governor. Prior to 1977, the governor would not have had the power to remove a commissioner or a board member.

through the grapevine that the Governor said, 'Get rid of that doctor over there.' And so it happened."[1135]

Dr. Hirschhorn spoke to the department's division directors at an agency management team meeting, just prior to his leave-taking in 1998:

> First, though we like to think of public health as non-partisan and science-based, we know realistically that politics often intrudes, recently and painfully around tobacco and fetal alcohol syndrome. How do we then protect the integrity and morale of our professional staff when politics seem to override? We need to discuss this recurrent problem, openly and honestly.[1136]

He closed his statements and ended his time at the department with a final note:

> On a personal note, my two and a half years at the Minnesota Department of Health have been a wonderful crowning to a happy career in public health – I've been privileged to work on some of the most important public health issues of our time, with thoughtful and highly skilled colleagues (and I appreciate the courage many have showed in carrying out their mission). I have no regrets – these are the memories that will prevail, and these are the memories that count.[1137]

Other Challenges to the Department's Organization

Throughout the department's history, proposed legislation and studies commissioned by the governor have challenged not only the existence of a board but also the make-up of the organization and the manner in which it is run. As early as 1914, an efficiency and economy commission, appointed by Gov. Eberhart, made a recommendation to move the activities of the department to the Department of Public Welfare.[1138] This proposal has resurfaced several times since, as have proposals to transfer the environmental health division to another agency.

Beginning in 1972, and again in 1974, state agencies were directed to complete thorough analyses of their agencies.[1139] Like the "Little Hoover" study of 1950, the intent was a better understanding of agency activities. A thorough functional analysis of state agencies was produced.

In 1975, Gov. Anderson surprised the department when he announced his plans to establish a mega-agency. His office proposed to create a human services coordinating office that would include corrections, health, employment services, welfare and vocational rehabilitation. Dr. Lawson circulated to the staff a memo from the governor's office announcing the plans and proposed legislation. On the routing memo was written, "Wow!"[1140]

[1135] Communication with Dr. Bert Hirschhorn, October 20, 2000.
[1136] Statement by Dr. Bert Hirschhorn, 1998.
[1137] Ibid.
[1138] Philip Jordan, *The People's Health,* pp. 95 and 96.
[1139] Memo to department heads and activity managers from Gov. Wendell Anderson, May 29, 1974.
[1140] Routing memo from Dr. Lawson to staff on January 21, 1975, attached to proposed legislative bill and memo from Linda Sutherland, governor's office, to Dr. Lawson, January 21, 1975.

A 1984 study by Minnesota Planning did not support the merger of Health, Human Services, and Economic Security. The report cited the lack of support by key constituencies and the probability that existing networks and relationships would be weakened. The report did recommend improved coordination, reduced duplication in such areas as inspections, and noted there was potential for merging the environmental health division with another state agency.[1141]

Between 1949 and 1999, the three main studies that challenged the organization of all government agencies were the Governor's Efficiency in Government Commission ("Little Hoover Commission"), established in 1950; the Loaned Executive Action Program (LEAP) established in 1972; and the Commission on Reform and Efficiency in Government (CORE) formed in 1991. Other surveys and studies have made recommendations affecting the department. They include:

1955-58 – Self-Survey Task Force Report
1956 – The Legislative Research Committee Report
1959 – Self-Survey Task Force Report
1961 – Legislative Building Commission Report

While the department has never been consolidated with another agency, several units have been transferred to other agencies.

During the 50-year period from 1949 to 1999, the following movements occurred:

- In the 1950s all mental health activities were moved to the Department of Human Services (at that time called the Department of Public Welfare).
- In 1967 water pollution control activities became a separate state agency.
- In the 1970s services for children with handicaps was transferred from the Department of Public Welfare to the Health Department.
- Emergency health services were transferred to the Health Department.
- In the 1990s, the children's unit was transferred to the new Department of Children, Family and Learning

[1141] *Minneapolis Star and Tribune,* "Support Lacking for Merger of 3 State Agencies," August 1, 1984, pp. 3B & 4B.

Minnesota Board of Health Meeting – Board increased from 9 to 15 members in 1974