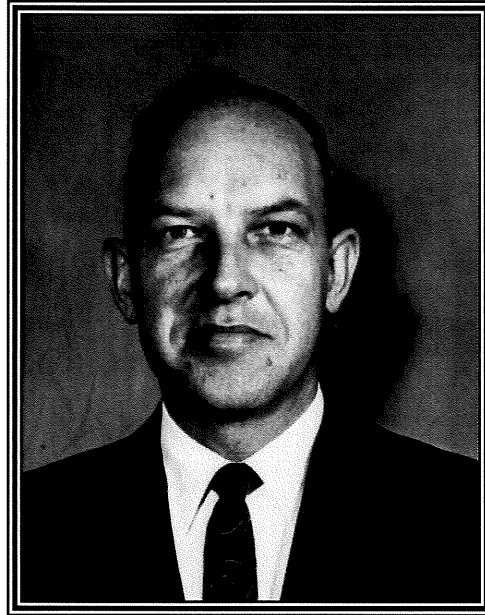


Chapter 9

The Health of Minnesota – 1970 to 1978



"The First Administrator": Dr. Warren Lawson
Secretary and Executive Officer of the Board of Health, 1970-1973
Commissioner, 1973-1978

"In summary then, the principal basic faults in the structure in state government in health matters are, in my view:

- 1) the lack of any clear state policy on health matters or for the organization of health services;**
- 2) lack of recognition that the only possibility of containing the spiraling costs of medical care and the consequences of illness and disease is prevention;**
- 3) the phenomenon of fragmentation which is disastrous to the maintenance and development of effective health programs and health services;**
- 4) a too narrow political view of the appropriate role and function of the state health agency especially at this critical time when traditional existing systems of health care and medical care delivery are undergoing rapid change;**
- 5) the almost total absence of competence and commitment and involvement of the state's subdivisions in health services and health programs."⁷⁸⁸**

Dr. Warren Lawson, Secretary and Executive Officer, April 17, 1972

⁷⁸⁸ Dr. Warren Lawson's statement at the Joint Subcommittee Meeting Senate Committee On Health and Welfare, April 17, 1972, p. 31.

The country was in a state of turbulence in the late 1960s and into the 1970s. Similarly, the tenure of Dr. Warren Lawson was fraught with political challenges: the fluoridation of municipal drinking water in Brainerd, the Reserve Mining lawsuit regarding the disposal of taconite wastes into Lake Superior, the Health Department's association to a nursing home scandal. Through involvement with these and other issues, Dr. Lawson's years were dynamic and difficult. Opponents publicly challenged his ability to handle his position. The news media questioned the appropriateness of his relationship with a nursing home administrator who was also a Board of Health member, his decision on the risk of asbestos in Lake Superior, and other actions. Once he received an unsigned written threat. This he forwarded to the Bureau of Criminal Apprehension.

Compared to earlier decades, the late 1960s and 1970s was a period of considerable change for the department. At the end of Lawson's tenure the department was a decidedly different agency than the one that existed at the beginning. Changes Dr. Lawson initiated and championed, as well as those over which he had little control, resulted in a new era for public health in Minnesota. Public health was taking on a different light, and a new generation of public health professionals was taking over.

The 1970s: A Time of Many Changes for the Health Department

The new and modern building at 717 Delaware Street S.E., constructed in 1969, was a big change for the Health

" . . .government has become much more complicated and sophisticated over the years and all indications are that this trend will continue. This means that agencies must develop more management and administrative skills in support of the technical operations and responsibilities. Concepts such as management by objectives, program planning and budgeting systems, goals setting, etc. are reflections of this fact."

" . . .the whole health field and the health services arrangements are undergoing rapid change and it is quite evident that the official health agencies must be prepared to assume new responsibilities and new roles as the political decisions which have yet to be made are incorporated into law. Highly-organized management skills are essential so that the State official agency is prepared to respond flexibly and effectively to the new demands that will be placed on it."

" . . .the Department must begin to intensively assert its role of leadership in coordinating and integrating the public health services effort which has increasingly in recent years become seriously fragmented at every level of government. Where fragmentation may be the present-day fact of life, and may have many roots and causes, it is nonetheless inefficient, wasteful, and has had and is having serious consequences throughout the public health and health care services systems. If the process of fragmentation and the consequences of it are to be counteracted, strong leadership must be exerted at the State level and by the Department of health, and the focus of this leadership must be identified directly with the Executive Office."⁷⁸⁹

Dr. Warren Lawson
1972

⁷⁸⁹ MDH, "Staffing Plan for Executive Office" (internal memo), February 24, 1972.

Department. No longer housed in a building owned by the University, the department now had an autonomy that wasn't present when based on the University of Minnesota campus. The department was less likely to be confused as being part of the University. Another change brought about by the new building was the opportunity for a unified department. Prior to 1969, metropolitan department employees had been working in several locations in St. Paul and Minneapolis. Now all employees were in one location. For those in charge, it made possible greater control of the divisions' activities. The new building also created opportunities for growth, as the department now had the space to add new programs. It was possible to pursue additional funding opportunities.

The composition of the Board of Health, the nine-member governing entity of the department, was in transition during this period. Members were not serving for 10, or 20 or more years, as had been the case a few decades earlier. There was steady turnover. In 1972, less than two years after his death, none of the members who had served with Dr. Robert Barr as secretary and executive officer were still on the board. This meant all of them had less than two years' experience as board members. To further alter its makeup, 1973 legislation expanded the board to 15 members. Addressing a nationwide trend of community involvement, the new legislation mandated that six of the 15 board members be consumers. The new people came from different backgrounds, and some weren't very familiar with the traditional operations of the department. The inexperienced board depended more on guidance from the agency head, unlike the situation years earlier when the board was well seasoned.

A 1973 legislative change affected Dr. Lawson's title and carried with it symbolic significance. As the head of the agency, Dr. Lawson was no longer executive officer and secretary, the title that had been used since the agency was formed in 1872. Dr. Lawson was now commissioner of health.

During the 1970s, a large number of long-standing department employees retired. This departing generation took with them years of valuable experience, including a military perspective from their experiences in World War II, and public health training from an earlier time when infectious diseases were still predominant. Combined, the service years of three division directors, Dr. Bauer, Dr. Knudsen and Dr. Fleming, totaled more than 100 years. Each had headed one of the department's divisions for a period ranging from 14 to 27 years.

Beginning in 1972, and continuing for the next five years, a pillar of public health in Minnesota retired each year. Under state law, Dr. A. B. Rosenfield, director of special services, was forced to retire in 1972.⁷⁹⁰ Dr. William Harrison, director of local health administration, retired from his position in 1973 after 17 years with the department.⁷⁹¹ Dr. Helen Knudsen, director of health facilities, retired in 1974, after 30 years. Dr. Dean Fleming, director of personal services (disease prevention and control) and a department employee since 1938, retired in 1975. Dr. Henry Bauer, director of medical laboratories, ended his 38-year career with the department in 1976.

⁷⁹⁰ Memo from John McKasy, administrative assistant, to Dr. Warren Lawson, October 31, 1972.

⁷⁹¹ Memo from Dr. William Harrison to Dr. Warren Lawson, June 21, 1973.

Many of the division directors' assistants and section leaders were also retiring. Elmer Slagle, assistant director of the hospital services division, retired in 1970 after 40 years of service. A few of the other long-term employees who left during this period were:

- Mabel Denny retired from the venereal disease section in November 1973 after 31 years of service.
- Emerson W. Storey, statistician, retired from the department in 1973, after 31 years of service.
- Nora Hoffman, clerk stenographer at the northeastern district office, retired in 1975 after 45 years of service to the department.
- Melvin Fossan, bacteriologist in the medical laboratory division, retired in 1975 after more than 35 years of service.
- Jim Bigham, accounting officer intermediate, celebrated 35 years with the department in 1976.
- Bernice Hendrickson, offset press operator, retired December 1976 after 38 years with the department.
- Marjorie Airgood, senior clerk typist, retired from the Mankato district office after nearly 40 years of service on March 1, 1977.
- Harold Anderson, district representative in Mankato, retired on March 29, 1977, after 28 years of service with the state.

Bertril Estlund, chief of the accounts and finance section since 1953 and a department employee for 37 years, submitted a letter of resignation in 1973:

I have been feeling for sometime that this is a long enough time to serve behind a desk – and a pencil. I would now like to spend a few years, the early and most important ones of our retirement, out of doors – gardening, traveling, shop work, and of course a lot of fishing.⁷⁹²

The department was an aged organization in transition. After several decades with little change in division leadership, there were now openings and opportunities within medical laboratories, health facilities, disease prevention and control, local health administration, and special services.

Along with leadership, the department operational environment was also in transition. An important change was the relationship between the University of Minnesota School of Public Health and the department. A unique connection was lost when Dr. Barr, a close friend of Dr. Gaylord Anderson, director of the School of Public Health, died in 1970. Others from the University of Minnesota School of Public Health who had worked closely with the department for several decades, including Dr. Cecil Watson and Dr. Harold Diehl, were leaving the University. Long-time personal contacts were disappearing. Dr. Lawson made attempts to retain the connection with the School of Public Health, but he was a focused person who concentrated his energies on accomplishing goals in his priority areas. The demands of the position and public

⁷⁹² Memo from Bertril J. Estlund to Dr. Warren Lawson, June 19, 1973.

health challenges left little time for building relationships with others. The contacts with the University's School of Public Health became more of a formality.

The relationship between the Minnesota Public Health Association (MPHA) and the department temporarily weakened as well. MPHA was the child of the department, formed in 1907. For many years Dr. Dean Fleming, director of disease prevention and control/personal services, ensured the organization ran smoothly. The board supported MPHA and subsidized meetings. In these early years MPHA was a professional association where public health professionals could come together. The organization filled a special need for many local health units who didn't have public health centers. Policies and activities of MPHA seconded those of the Board of Health.

In the 1960s and early 1970s, Dr. Ellen Fifer and John Diley, both very active in MPHA, were working on the comprehensive state health plan at Minnesota State Planning. For a time Minnesota State Planning became the focal point for MPHA activities. When the state community health services plan was implemented in the mid-1970s, a slate of candidates that strongly represented the Health Department was presented to MPHA. These candidates won, and MPHA was again associated more closely with the department.

Changes Driven by Legislation

Arising out of President Johnson's efforts to build a "Great Society," the department was affected by a number of federal laws passed during the 1960s and 1970s. These included Medicare/Medicaid, Title XIX for Early Screening, OSHA, and Maternal and Child Health. The department was the designated administrator for several of these social programs, considerably expanding activities, while increasing the department's role as a regulatory body. The department began certification of health facilities for Medicare. Additional regulatory responsibilities were added as a result of environmental protection laws. Some of the federal programs were very large, resulting in noticeable expansion of the department. One of these was the new Supplemental Food Program for Women,

Minnesota Public Health Assoc.

Presidents, 1949 to 1999

1949 – Frederick Behmler, M.D.
1950 – Viktor Wilson, M.D.
1951 – Irene Donovan
1952 – Allan Stone
1953 – Allan Stone
1954 – S. A. Whitman, M.D.
1955 – Myhren Peterson
1956 – Clare Gates, Ph.D.
1957 – Clare Gates, Ph.D.
1958 – Robert Ragsdale
1959 – A. B. Rosenfeld, M.D.
1960 – Robert Anderson, V.M.
1961 – Henry Bauer, Ph.D.
1962 – Karl Lundberg, M.D.
1963 – Vivian Harriman, PHN
1964 – Robert Hohman
1965 – Earl Rubie
1966 – William Jordan, D.D.S.
1967 – Ruth Stief
1968 – Robert Schwanke
1969 – Charles Schneider
1970 – C. A. Smith, M.D.
1971 – Arvid Houghlum, M.D.
1972 – Thomas Weber
1973 – Ellen Fifer, M.D.
1974 – Paul Schuster
1975 – Kenneth Taylor
1976 – Harold Leppink, M.D.
1977 – Donna Anderson
1978 – Ellen Aldon, M.D.
1979 – Margaret Sandberg
1980 – John Cushing, Jr.
1981 – Frances Decker
1982 – K. C. Spensley
1983 – Esther Tatley
1984 – Esther Tatley
1985 – Deborah Plumb
1986 – Ed Ehlinger, M.D.
1987 – Terry Hill
1988 – Gayle Hallin
1989 – Malcolm Mitchell
1990 – Charles Oberg
1991 – Stan Shanedling
1992 – Mary Sheehan
1993 – Ellen Benavides
1994 – Deborah Hendricks
1995 – Paul Terry
1996 – John Oswald
1997 – Larry Sundberg
1998 – Mary Sheehan
1999 – Marshall Shragg
President Elect – Tricia Todd

Infant and Children (WIC). Authorized by Public Law 92-433, and administered by the USDA's food and nutrition services, cash grants were provided to health departments to make supplemental food available for pregnant and lactating women, infants and children up to four years old.⁷⁹³

Changes in federal legislation altered the course of the department's efforts in promoting expansion of health facilities in the state. For nearly 30 years the department had been supporting the growth of health facilities, particularly those in rural areas, through federal funding from the Hill-Burton Act. Funding through Hill-Burton ended in

"As you know, the goals and objectives of our society are in constant flux. Therefore, if agencies of government are to function with relevance and effectiveness, they must be able to translate social objectives into public policies."⁷⁹⁴

Dr. Valentine O'Malley
Vice President, State Board of Health
January 1973

1974. By this time, many hospital patients were using Medicare to pay their bills. In order to participate in Title XVIII (Medicare), hospitals had to comply with standards set by the federal government. The cost to make the changes could be prohibitive. The 13-bed Community Memorial Hospital in Clarkfield was one that experienced such difficulties. It did not pass the 1967 edition of the Life Safety Code of

the National Fire Protection Agency, as required by the federal government for participation in Medicare. The costs to comply were high, and the community pleaded their case to Sen. John Milton in 1974:

Dear Senator Milton:

This letter is being written for the purpose of asking you for your help to keep our hospital open. Medicare restrictions are becoming so rigid, it is making it very difficult for small hospitals to survive. We feel we have an adequate hospital for our community. We have doctors that compare with city doctors, also a very efficient nursing staff. And we think it is important to have a hospital close at hand for emergencies such as heart cases and accident victims. Please help us keep our hospital open.⁷⁹⁵

An additional contention of health facilities was compliance with the Certificate of Need Act, passed by the Minnesota Legislature in 1971.⁷⁹⁶ It required any health facility planning new construction that would increase the number of beds or substantially change service provided to undergo a review process, if the costs exceeded \$50,000. A public hearing on the planned expansion was first held in the community, organized by the appropriate area-wide comprehensive health planning agency. The area planning agency made a recommendation on the proposed construction and submitted it to the Board of Health. The board made the final decision on whether or not the facility could move forward with the construction. Review, discussion and decision-making on these

⁷⁹³ U. S. Department of Agriculture, "Pilot Special Supplemental Food Program Starts for Women, Infants, and Children" (news release), USDA 2086-73, July 23, 1973, pp.1-2.

⁷⁹⁴ Opening remarks by BOH Vice President Valentine O'Malley to Senate Finance Committee, January 31, 1973.

⁷⁹⁵ Letter from Mrs. Oscar Barkeim, Clarkfield, to Sen. John Milton, St. Paul, April 8, 1974.

⁷⁹⁶ The state certificate of need legislation was slightly different from the federal version, which was part of P.L. 92-603, passed in 1973. The federal law did not have power to prevent construction, it applied to some facilities not included in the state legislation, and it was administered by State Planning, creating a duplication of efforts.

certificates of need were complicated and time-consuming and took up a large portion of the board's meetings. During the first three years, from 1971 to 1974, the board reviewed only 74 applications, of which 67 certificates were approved.⁷⁹⁷

Passage of earlier federal legislation, the Civil Rights Act of 1964, made the department look more closely at possible discriminatory activities and its hiring practices. The department placed special emphasis on the recruitment of Native Americans, as indicated in this letter from Dr. Lawson on the affirmative action plan:

We would certainly favor employment of native Americans in chemical and alcohol dependency programs, where they impact directly on native Americans—as well as in general program development and administration.

The Department has been actively involved with several Native American health manpower development programs, including the Native Americans in Medicine program at the University of Minnesota, Duluth and the Health Care Administration Program of the School of Public Health, Minneapolis. Further, Mrs. Roberta Williamson, a Native American, was recently appointed to the Board of Health to represent the viewpoint of the native American community.

Technical assistance and consultation continues to be provided by the Department to many Native American groups such as Indian Affairs Commission, Indian Health Board, tribal councils, etc.

Your continued interest in the Department is appreciated, and be assured that we are actively seeking qualified members of minority groups at all levels of staffing.⁷⁹⁸

Dr. Lawson: Style and Background

The department was in a new place, new people were replacing experienced employees, and the new agency head, Dr. Warren Lawson, was different than Dr. Barr, Dr. Chesley and earlier executive officers. Dr. Lawson became acting executive officer in 1970 when Dr. Barr died. He was named executive officer in 1971 and became, as one of his assistants later reflected, "the first administrative type."⁷⁹⁹ He didn't travel to the field as frequently as Dr. Barr or Dr. Chesley had done. He attended events in the district offices if asked, but he didn't make a habit of visiting the rural areas of Minnesota. Dr. Lawson's relationship with department staff was different as well. He didn't label employees as "my gang," the way Dr. Chesley had, or as "my family," the way Dr. Barr had. Yet, he was friendly and walked around the department building and knew employees by sight. He spent a lot of time focused on management and administrative issues from his new second floor office.

Dr. Lawson had a bachelor's degree in chemical engineering and first worked for the department in 1941 as an environmental health sanitarian and assistant public health engineer in environmental sanitation. During the next 15 years he continued to work at the department, while earning a master's of public health in 1945 and a medical doctor

⁷⁹⁷ MDH, *Services to Minnesotans: Biennial Report to the Legislature*, January 1975, p. 8.

⁷⁹⁸ Letter from Dr. Warren Lawson, commissioner of health, to Sen. John Milton, St. Paul, May 21, 1974.

⁷⁹⁹ Interview with MDH employee, February 1999.

degree in 1956, both from the University of Minnesota. From 1956 to 1966, Dr. Lawson was director of the state employees health service and director of the occupational health and radiation control program. In 1966 he was appointed deputy health officer, under Dr. Barr.

Dr. Lawson was serious, pragmatic, quantitative and goal-oriented. Overall, he didn't have the close working relationship with the board as Dr. Barr had had. This was partially due to the more frequent changeover of board members. There wasn't as much time to develop connections.

Dr. Lawson's did know what he wanted and went after it. Indicative of his orderly approach and engineering background, the department's first policy and procedure manual was issued under Dr. Lawson's administration. Produced in 1975, the manual addressed personnel issues, finance and accounting, administrative services, and general issues. Among these, the manual designated areas in the building where smoking was allowed. Personnel were not to make coffee if the cafeteria was open and it could be purchased there. Solicitation of funds for recognizing department employees was to be limited to the division in which the employee worked. Division directors were responsible for making sure their areas were decorated in good taste, and posters, pictures and other materials did not detract from the office décor.⁸⁰⁰

Under Dr. Lawson's administration, the department underwent a functional analysis, set up a system for planning and evaluation, added a controller for financing, established a systematic budget process, restructured organizational relationships within the central and district offices, created a new organizational chart, redesigned records management and printing services. Dr. Lawson's organizational skills were needed, as the department was undergoing a time of significant growth. The number of department employees increased by almost 55 percent during Dr. Lawson's eight-year administration.

To help maintain communication within this growing department, an internal employee newsletter was instituted in April 1973. *What In Health's New?* was published every other week and kept employees informed of administrative and program actions, as well as providing a forum for employee comments and questions and information sharing. The first editor of *What In Health's New?* was Mary Ann Doty of personnel. Russell Havir and Nancy Nachtsheim succeeded her. Newsletters published during this period are dominated by articles on affirmative action, announcements of training opportunities, and a log of new employees. Periodically, all-department social activities, such as ski parties, picnics, talent shows and evening entertainment events are announced. Names figuring predominantly in organizing these events were Jim Wigginton, Diane Johnson and Kent Peterson.

⁸⁰⁰ MDH, department policy and procedure manual, July 1975.

Dr. Lawson's Goals

Dr. Lawson set three main goals for himself as executive director. He wanted to defragment the system and consolidate health activities in the department. He wanted to improve local health services and make it possible for local units of government to take care of their own needs. And, third, he wanted to give more attention to chronic disease.

In his efforts to defragment the health system, Dr. Lawson felt that the agency responsible for the health of the population should rightly control more of the health dollar and more of the health functions of state government. Only about 15 percent of the state's budget for health activities went to the department. Dr. Lawson took on battles with Human Services and the Pollution Control Agency to try to gain control of activities.

Dr. Lawson wasn't very successful in his attempts to transfer programs from other agencies to the department. The only program that was transferred and remained permanently was the crippled children's services program, placed in the department in November 1973.⁸⁰¹

Health professional licensing boards were transferred to the department, beginning with the nursing board in August 1974.⁸⁰² While several boards did relocate to the department, it was a temporary move for all. In 1972, prior to the transfer in, Dr. Lawson was asked by the Legislature how satisfied he was with the department's relationship with health licensing. He replied:

I can say this. We currently have no direct relationship with any of the health professional licensing boards. We do have a regulatory agency in a variety of other fields and frequently have need to communicate with them about specific matters. We believe that as the state moves to developing a much more coordinated health information system that involves medical manpower of all kinds and varieties, and as we start identifying new kinds of professions and developing systems for certifying or licensing or whatever happens, that there is going to have to be a lot more central state involvement in these issues. One of the difficulties we have is trying to get the licensing boards to work together with us so that we can develop a good system in the state of collecting useful information about the professions and their distribution and qualifications, because we think this is needed in making many decisions that we are required to make. I think there would be some advantage for some closer tie-in between the state health agency and the health profession licensing group. I also suspect, as everyone else has indicated here, that there would be economies in this kind of legislation.⁸⁰³

Dr. Lawson continued trying to defragment, coordinate and integrate state health-related programs. Inter-agency contract arrangements were made with other state agencies to ensure the department conducted the health components. These included a contract with the Department of Public Welfare regarding the early and periodic screening programs for children, a contract with the Department of Labor and Industry

⁸⁰¹ MDH, "Services to Minnesotans, Biennial Report to the Legislature," January 1975, p. 7.

⁸⁰² Ibid.

⁸⁰³ Joint Subcommittee Meeting, Senate Committee on Health and Welfare, April 17, 1972, pp. 37-38.

regarding the occupational health and safety program, and an agreement with the Department of Agriculture regarding food inspections.⁸⁰⁴

One of the challenges Dr. Lawson dealt with was the federal government's designation of some health-related activities to agencies other than the Health Department. The 1972 amendments to the federal Social Security Act, for example, designated state planning agencies as the sole agencies for carrying out the administration and health planning functions.⁸⁰⁵ Dr. Lawson did not approve of this decision and wrote to the governor's office:

In Minnesota and in the remaining states where the (a) agency is located elsewhere, however, the changing position of the Federal government will increasingly result in confusion and conflict since two separate agencies will be involved in 'regulating' in some areas. It is perhaps desirable therefore to raise with you at this time the larger consideration of the transfer of the (a) agency to the State Board of Health. . . .⁸⁰⁶

Not all new federal health-related programs were assigned to the department, but a significant number were. The department's total budget increased almost eightfold during Dr. Lawson's administration. Total annual department expenditures in 1970 were \$4,876,825 compared to \$41,192,282 in 1979.⁸⁰⁷

Dr. Lawson's second goal was to improve local health services. Since its beginnings in 1872, the department had been trying to develop a more effective system for providing public health services to all communities in the state. Impediments were the lack of resources and resistance by local units to consolidate. Dr. Lawson's top priority for the 1975 legislative session was expansion of efforts to assist local communities to improve their capacity for delivering local health services, and he designed the Community Health Services Act for this purpose.⁸⁰⁸ Through its passage he was able to obtain the resources needed for local communities. Rep. Martin Sabo, then Speaker of the House, strongly supported a community health services system in combination with social services, but Dr. Lawson fought for a separate program.

In addition to defragmentation and an improved local health system, Dr. Lawson's third priority was reduction of chronic disease, focusing on wellness and health promotion. His lead person in this area was Dr. A. B. Rosenfield. Described as "20 or 30 years ahead of his time," Dr. Rosenfield was progressive and believed in the "Teddy Roosevelt can-do" style of government. Together, Dr. Lawson and Dr. Rosenfield advocated for expansion of public health activities in the areas of alcoholism, mental illness, cancer, nutrition, tobacco control, and other chronic diseases and conditions related to lifestyles. As deaths from and cases of communicable diseases had dropped dramatically, they recognized more attention needed to be given to chronic disease. Though health promotion and attention to lifestyle factors had been advocated before, Dr. Lawson attacked them with new vigor.

⁸⁰⁴ MDH, "Services to Minnesotans, Biennial Report to the Legislature," January 1975, p. 7.

⁸⁰⁵ P.L. 92-603 Title 42.

⁸⁰⁶ Memo from Dr. Warren Lawson to Mr. Thomas A. Kelm, governor's executive secretary, January 31, 1974.

⁸⁰⁷ MDH (finance and administrative services division), "Expenditure Comparison for the Period 1954-1999."

⁸⁰⁸ Memo from Dr. Lawson to executive office, division directors and district representatives, November 12, 1974.

Lawson's Support Team

The retirement of many long-time employees created openings. Lawson was always alert for new talent to bring into the department. He was looking for a new generation of dynamic public health professionals.

Dr. Lawson liked capable chameleons, people who could adapt to the various circumstances and get the job done. He was innovative and surrounded himself with creative individuals. His focus on health promotion gained much success because of the leadership of Dr. Rosenfield. His focus on local health services moved forward through the skills of Robert Hiller, Ph.D., who took a strong leadership role. Dr. Hiller had a background in biometry, and had been chief of the vital statistics section since 1962. Dr. Lawson recognized Dr. Hiller's abilities in planning and management and gave him "make-it-happen" assignments. One of the first of these was establishing the community health service system. Effective February 1, 1974, Dr. Hiller became assistant commissioner for development, responsible for establishing and implementing goals and objectives, analysis, evaluation, and priority setting.⁸⁰⁹ At the same time, Ernest Kramer became director of the community services and development division, and Fred Goff became assistant to the director.⁸¹⁰

Margaret Sandberg joined the department as a health planner in June 1972. Previously she was a comprehensive health planner with the Metropolitan Health Board of the Metropolitan Council.⁸¹¹ Michael Moen began his career at the department in 1974 as Dr. Lawson's administrative assistant. Two others who began work in the executive office in 1974 were Wayne Arrowood, planner, and Paul Gunderson, analyst. In 1976, Pauline Bouchard began work in the executive office as a law clerk.

Another addition to Dr. Lawson's team was Ellen Fifer, M.D., who joined the department in 1973 as assistant commissioner for programs. Dr. Fifer had been the director of the comprehensive health planning program at the State Planning Agency from 1967 to 1973. A native of New York, she worked as a staff physician at the University of Minnesota and was health officer in the cities of St. Louis Park, Richfield and Bloomington.⁸¹²

⁸⁰⁹ MDH, *What in Health's New?*, Vol. 2, No. 3, February 1, 1974, p. 1.

⁸¹⁰ Ibid.

⁸¹¹ MDH, *What in Health's New?*, Vol. 2, No. 4, February 15, 1974, p. 1.

⁸¹² MDH, *What in Health's New?*, Vol. 2, No. 2, January 18, 1974, pp. 1-2.

Dr. Lawson coveted talent, and it is charged that he even stole from within his own agency. While Dr. Helen Knudsen, director of health facilities, was on vacation, he transferred David Giese from her division to the executive office.

It was during this period that Michael Osterholm, Ph.D., joined the department. When he first came in 1975 he was a graduate student intern, working for the personal health services division. Dr. Osterholm has been described as "fortunate" for the department. Articulate, enthusiastic, and compelling, Dr. Osterholm used disease outbreaks to capture the interest of the people and spread the public health message.

"I see the Department undergoing rather massive change which is hard on everyone, the changers and the changees! These changes come in response to changes in our society: Health services are a right not a privilege. Demands are placed on the Department from the Governor's Office, the Department of Administration, Legislature, Federal Government and from the consumer public. We have added new programs in response to legislation. For example: the H.M.O. Unit, Health Manpower Program, Technical Consultation and Training Section of the Division of Health Facilities; and have added staff to strengthen others: Emergency Medical Services, Family Planning and Community Services Development. I think that change will continue to be with us but hopefully the rate of change will not be quite so overwhelming."⁸¹³

Dr. Ellen Fifer
Assistant Commissioner for Programs, 1973

Internal Management

The great decentralization of department employees prior to construction of the new building in 1969 had resulted in a loose coalition of division directors who Dr. Lawson felt operated somewhat independently. Though division programs were operating successfully, Dr. Hiller and Dr. Lawson felt there was a need for greater sharing of information, with divisions working more closely together to produce interrelated goals and objectives linked to the agency's mission and vision. Dr. Lawson saw the current separateness of divisions as destructive for the agency. It was not a true agency, but a coalition of divisions.

Determined to get the power centralized in the executive office, Dr. Lawson took a new approach to bring the divisions together in closer synergy. When state government announced the Loaned Executive Action Program (LEAP) in 1972, Dr. Lawson actively sought a LEAP team for the department. The department was the smallest agency to have a team. While LEAP's recommendations were ones Lawson wanted, they were viewed as LEAP initiatives, not Lawson initiatives.

In 1973, through LEAP, the department was reorganized for the first time since 1957. The number of divisions was reduced from six to five. The disease prevention and control division was renamed personal health services and enlarged to become a super-division which included maternal and child health, dental health, poison control,

⁸¹³ MDH, *What in Health's New?*, Vol. 2, No. 2, January 18, 1974, pp. 1-2.

nutrition, adult health and mental health, in addition to the existing sections of disease prevention and control, and acute and chronic disease.

"Changes in the public health and in the existing medical care delivery system are occurring and will continue. It might well be, however, that the really basic change that must occur is to reorganize our efforts more positively toward promotion of wellness and health instead of concentrating all of our efforts on illness and disease, and this is the real challenge of the years to come so that we may be the healthiest, as well as the wealthiest nation on earth."⁸¹⁴

Dr. Warren Lawson, 1972

In 1973, Dr. Lawson instituted assistant executive officer positions, the precursors of bureaus and assistant commissioners. Reporting directly to the commissioner, each assistant executive officer had responsibility for two or more divisions.

Further organizational changes were made in 1976. Assistant executive officers became assistant commissioners, and the number was expanded to three. They covered one of three areas: programs,

administration or community development. Along with other organizational changes at this time, a new division, health manpower, was added. This division had oversight of health providers and services and indicated the regulatory expansion that was under way.

One of Dr. Lawson's former assistants views the department as evolving to a united, powerful agency in the 1970s. The department was together in one building, working towards a shared mission. This lasted for more than a decade.

Health Care vs. Medical Care

Amid all the other changes that were occurring during the 1970s, there was a nationwide transition that made the distinction between public health and medical care more difficult. Often the word "health" was used instead of "medical" when referring to direct patient care. The new name of the University of Minnesota Medical School was the Health Science Center. The new usage sometimes confused persons who thought it represented public health. The use of the term "health maintenance organization" added to the confusion. Dr. Lawson felt the health maintenance organization title incorrectly implied preventative, when the preventive services at health maintenance organizations tended to be limited to periodical physical examinations and immunizations at this time.⁸¹⁵

One of the recommendations from the LEAP team was to restate the purpose and duties of the Department of Health. The department's 100-year-old statement of powers and duties, as given in Minnesota State Statutes 144.05 through 144.12, was written to "protect and preserve" the health of the people of Minnesota. A mission

⁸¹⁴ Dr. Warren Lawson's statement at the Joint Subcommittee meeting, Senate Committee on Health and Welfare, April 17, 1972, p. 34.

⁸¹⁵ Ibid.

statement and new duties, as adopted by the Legislature in 1973, aimed at protecting, maintaining and improving the health of the citizens. For some, the inclusion of the word "improving" implied treatment in the medical sense of the word and was viewed as part of the nationwide trend making the difference between health and medical more obscure.

"I sometimes wonder what happened to the term medical care. It has almost fallen into total disuse and in its place we now have the term health care – thus, we talk about health insurance and the health delivery system, etc. Now, the facts are that health insurance is not health insurance at all, it is sickness insurance, and what most persons think of as the health delivery system is not a health delivery system, but it is almost totally concerned again with sickness and disease."⁸¹⁶

Dr. Warren Lawson, Commissioner of Health,
January 1975

Politics vs. Science

A 30-year department employee described the organization as leading with its head, not its heart. Historically, the department has waited to base decisions on facts, on scientific evidence. First and foremost in the minds of the "old school" of public health greats was the quantifiable effect any activity would have on the health of the population and its scientific rationale. Dr. Barr, for example, was very hesitant to deliver a message to the public in 1961 that might be

interpreted as "smoking causes lung cancer."⁸¹⁷ He didn't want to have that message go out, unless it was clearly supported by fact. The department did not see itself as a political agency.

Dr. Lawson continued with this concrete decision-making approach. Decisions were to be based on facts, not political whims or expediency. This approach could be unpopular with legislators who needed to try to satisfy their constituents. There was an increase in activism and radicalism during this period, and citizens were becoming more and more vocal. This could sometimes make it difficult for the department to implement activities. One area where this was best exemplified was the resistance from the City of Brainerd to the department's efforts to fluoridate the municipal drinking water. While most communities readily accepted this addition, which brought with it the prospect of ending tooth decay, a few communities staunchly refused. The most resistant was Brainerd.

One letter which exemplifies the feeling of the times:

What was the purpose of the Vietnam conflict, Korea, or any other war the United States has been involved in during its 200-year history? I was under the impression it was to protect our rights and freedoms. Forced fluoridation may not offend you, but it certainly does me, as it does many other veterans. Being a Vietnam veteran and father of a 3-month-old son, I feel that whether he gets fluoridated water should be my decision and not that of the State Legislature or the State Health Department.

⁸¹⁶ Presentation by Commissioner Warren Lawson to the House Health and Welfare Committee, Minnesota Legislature, January 21, 1975, p. 1.

⁸¹⁷ BOH, *Minutes*, May 23, 1961, MHS, p. 215.

Although my home town of Brainerd has voted fluoridation down three times by an overwhelming majority, we are still being forced into a seemingly endless struggle to keep fluoride out of our pure well water. This is most certainly an infringement on our constitutional rights. If I want my son to have fluoride, I will get a prescription from the doctor, and then I will know he gets the proper dosage and not amounts as variable as his daily intake of water.

Mass medication is most un-American. We in Brainerd are trying to do something about decisions of this kind to the people. We are asking legislators to vote for House File 1055 and Senate File 1750, which would give the people of each municipality local option in the matter of water fluoridation. We lose more and more of our freedoms every day. Let's not lose the right to decide what medication we will take or give to our children.⁸¹⁸

Citizens of Brainerd were strongly opposed to fluoridation. So much so that Dr. Lawson received a threat, indicating harm if he did not stop advocating fluoridation. The department took the unusual step of filing a lawsuit to try to implement fluoridation. Fluoridation of Brainerd's drinking water did not occur until 1983 and did not happen without scars that continue to this day.

(Note: The department's role in fluoridation is described in greater detail in Chapter 11.)

The Reserve Mining Case

An excellent example of the department's focus on scientific rationale as the basis for decision-making was the case with the Reserve Mining Company and asbestos in the drinking water of Duluth.

Malignant mesothelioma, a rare cancer that attacks the lining of the lung or stomach and for which there was no cure, had shown to be associated with asbestos exposure.⁸¹⁹ When it became known that the Reserve Mining Company had been discharging their asbestos-laden wastes into Lake Superior and contaminating the drinking water of Duluth, a lawsuit was filed against the company.

The Pollution Control Agency took a strong position against Reserve Mining and sought to have the discharge into the lake stopped. The department felt otherwise. It took the position that, with the limited information available, the asbestos fibers in the drinking water from tailings did not seem to constitute a major threat to the population. The department felt throwing the company's 3,000 employees out of work would create undue mental and health stress and cause a worse effect than that caused by the asbestos. The risk from the tailings was figured at one death per 100,000 persons, compared to a homicide rate in Duluth of three deaths per 100,000 persons.

The department made its first official statement on its position at a Pollution Control Agency board meeting on July 9, 1973. Citing analyses to-date on the water in the

⁸¹⁸ *Minneapolis Tribune*, "Freedom From Fluoridation," (letter to editor by Bruce L. Kraemer, board member, Minnesotans Opposed to Forced Fluoridation, Brainerd, December 27, 1973.

⁸¹⁹ Letter from Harry Von Huben, water supply branch, to Henry Longest, water division director, both from the U.S. Environmental Protection Agency, September 12, 1975.

Lake Superior area, the department reported: "We cannot say that there is no risk, but the information that we have suggests that any risk that is present is very small."⁸²⁰

Information received and reviewed during the next year reinforced that decision. Death rates for both lung and gastrointestinal cancer in the state for the years 1955 to 1971 showed no significant difference in the Duluth area.⁸²¹

Based on information available, the department reached the following official conclusions regarding the danger of asbestos in the drinking water of Duluth and surrounding areas:

- The situation in the Duluth area is comparable to other places in North America, and present information suggests the risk is small.
- Any risk present is low.
- The economic impact created by loss of employment could have real health consequences.
- The incremental risk from fiber exposure does not constitute an emergency.⁸²²

The department's position did not indicate the sense of danger and risk, as did the reports from the Minnesota Pollution Control Agency, the courts and the federal Environmental Protection Agency. While Judge Miles Lord described the discharge of taconite into Lake Superior as a "very substantial public health menace," Dr. Lawson wasn't so certain. He said "...little scientific data are available on the matter, and that realistically it may be years before definitive information is forthcoming."⁸²³ The Environmental Protection Agency felt there were health risks and prohibited North Central Airlines from using water from Duluth's water supply, as the agency could not certify it for interstate use due to the presence of amphibole asbestos fibers.⁸²⁴

Duluth Mayor Ben Boo regarded reports by the Pollution Control Agency and the Environmental Protection Agency on the health risk as extravagant. In 1974 he was quoted as saying that he tried to counterbalance these fear-generating messages in the media. He said the statements he used to reduce concern came from the Department of Health at his request.⁸²⁵ This raised questions about the department's involvement in the issue.

⁸²⁰ MDH, "Status Report on Lake Superior Asbestos Water Problem," (memo), July 11, 1973.

⁸²¹ Letter to Cecil Newman, editor of the *Minneapolis Spokesman*, from Dr. Warren Lawson, August 3, 1973.

⁸²² Memo from Dr. Warren Lawson to Gov. Wendell Anderson, "Documentation of the Minnesota Department of Health Position in Relation to the Water Supply Problems of the Western Lake Superior Area, April 5, 1974.

⁸²³ *Minneapolis Tribune*, "Duluth Health Threat Said Not Downplayed," April 26, 1974.

⁸²⁴ Letter to Duluth mayor Ben Boo from Francis Mayo, regional administrator, U.S. Environmental Protection Agency, April 23, 1974.

⁸²⁵ *Minneapolis Tribune*, "Ben Boo 'Managed' News on Fiber Threat," March 23, 1974.

Dr. Lawson immediately sent letters to the newspapers clarifying that the department had not inappropriately provided information to Mayor Ben Boo; but the department's reputation was under fire. One letter writer expressed his feelings:

How can we trust an institution—which many look upon to protect the public health—that has become politicized? What other policies or statements from this agency are based upon protecting powerful economic organizations or as a result of 'requests and prodding' from other political officials or groups?

So that we can again have faith in the credibility of the Minnesota Health Department, Gov. Wendell Anderson – if he is at all concerned about honesty and integrity in government agencies – should immediately seek to remove from office all the agency officials who took part in this action.⁸²⁶

That spring, when the department reported that fish from Lake Superior were safe to eat "in-so-far as the possible presence of asbestos-like fibers is concerned," the analysis did not go without question.⁸²⁷ A newspaper article reported that the conclusion was reached based on the analysis of one fish. It ended with:

Evidently, we can conclude that there is at least one trout in Lake Superior that is safe to eat unless there were asbestos fibers present that were not detected by the testing equipment. And if there were fibers present it may or may not be dangerous to humans depending upon whether or not future scientists ever determine how much asbestos fiber in fish is bad for us."⁸²⁸

The department's position brought both it and the governor's office under attack. In a May 7, 1974 Minneapolis Tribune editorial, the former deputy director of the Pollution Control Agency lambasted the governor, the department and Dr. Lawson:

Once again, in the April 26 Tribune, we have the governor making excuses for the Minnesota Health Department. If the Department did not 'downplay' the asbestos risk, what was it doing? Why did Dr. Warren Lawson write to the Red Wing paper pooh-poohing asbestos as only a relative risk like many others we must learn to live with.

During my tenure in the Minnesota Pollution Control Agency, the Health Department never lost an opportunity to thump for a retrograde health policy. It was over the Health Department's objections that we established telemetric monitoring of Monticello and that the low-level radiation study was commenced, and the Department had done nothing on the health aspects of Reserve's tailings in all the years of the controversy. When finally asked by the court about asbestos, the Department appeared to downplay the threat as much as it could.

There is a continual chorus in this country about risk-benefit. If we just take another risk, add another pollutant, then the benefits will be worth it. Dixy Lee Ray of the Atomic Energy Commission is the principal practitioner on the federal level, and in Minnesota it is Dr. Lawson. This view happens also to suit large corporations that are happy with a "survival of the fittest" philosophy as long as they are found among the fit. And so we have the Anderson administration continuing the support the Health Department. This is the most comfortable and apparently least risky position, and it is not about to leave it, as I learned during the MPCA years. At the crack of doom an Anderson spokesman will be saying the evidence lacks foundation.

⁸²⁶ *Minneapolis Tribune*, "Boo's New Management," letter to the editor from Don Ternes, Duluth, April 7, 1974.

⁸²⁷ *Minneapolis Tribune*, "It Makes You Wonder," April 29, 1974.

⁸²⁸ *Ibid.*

We are now living in a world which demands prevention, not cures, and demands it for survival. But it is natural for bureaucracies to preside rather than prevent, or at most advocate cures after the fact. To do otherwise would remove the need for their existence. Such a luxury, and its encouragement or tolerance by spineless politicians, is wrecking this country, a Watergate by default. All the Health Department alarms and breast-beating over jack-o-lanterns and pinworms does not excuse it from the duty of preventing large-scale disasters instead of appearing at the autopsy with apologies or denials.⁸²⁹

An article in the *Minneapolis Spokesman* pointed out the Health Department's isolated role:

The irony in the confrontation between the steel industry and the spokesman for society lay in the fact that the industry's one protagonist in this confrontation was the Minnesota State Health Department, which argued among other preposterous things that employment on the iron range was more important to the health of the region than the water pollution the Reserve operation was producing. Almost everybody else is holding otherwise, though Judge Lord did express grave concern about the 6,000-odd jobs that will be affected by the shutdown.⁸³⁰

Questions were being raised as to whether or not the department had the best interests of the citizens of Minnesota in mind. A May 9, 1974 WCCO-TV editorial was broadcast on "The Scene Tonight." The editorial read:

Considering the performance of its officials in the Reserve Mining Company pollution case we're left wondering whether the Minnesota Health Department's purpose is to protect the public's health or the state's industries.

Shortly after a federal warning that asbestos fibers from Reserve's discharge into Lake Superior might cause cancer among the Duluth residents who drink the lake water, a spokesman for the Health Department said the risk is very small, admitting that it isn't clear what the effects of the material in the water may be.

And later, State Health Commissioner Dr. Warren Lawson wrote a public letter conceding that there were only 'rough, first-order estimates' of the risk to go on, yet he said they are 'well within the risks to which the population is normally faced...' such as heart attack, car wrecks, and suicide. And he said the asbestos risk must be weighed against the effects of illness and disease too. He concluded that emergency action did not seem warranted. Which seems to say that if an industry is important enough it should be allowed to take some liberties with the public's health and the public shouldn't worry.

One might understand the line of reasoning from a Chamber of Commerce, but not from a State Health Official.

After looking into the matter, the Governor's office has now decided the Health Department did not deliberately downplay the warnings. That seems very charitable, and we're not convinced.

We suggest that State Health Officials use our tax money looking for present and future health perils and combating them....and that they stop muffling danger warnings before they know how great the danger may be.⁸³¹

⁸²⁹ *Minneapolis Tribune*, editorial by Charles Carson, former deputy director of the Minnesota Pollution Control Agency, May 7, 1974.

⁸³⁰ *Minneapolis Spokesman*, "The Iron Industry and the Judge," April 22, 1974.

⁸³¹ Letter from Ron Handberg, WCCO-TV news and public affairs director, to Dr. Warren Lawson, May 13, 1974.

The Reserve Mining case received national attention. Science magazine pointed out the question with which the department was struggling: "How clear must the scientific evidence be for a court to find that pollutants from an industrial plant represent a threat to public health?"⁸³² The Pollution Control Agency, the governor and public support seemed to feel the risk caused by taconite tailings was sufficient to stop the activity.

On March 15, 1975, the situation received even more attention when CBS-TV correspondent Dan Rather released a report on a case of mesothelioma in Duluth, suggesting it may have been caused by asbestos from mining wastes in the drinking water.⁸³³

The Reserve Mining situation case placed the department in a position at odds with other state agencies. In July 1975, James Coleman, former assistant director of the department's environmental health division, resigned from his position to enter consulting work and spoke to the media about his experience with the Reserve Mining case. He said he had been told by Byron Starns, chief deputy attorney general, not to publicize differences since the Pollution Control Agency and the Health Department were part of the same agency.⁸³⁴

Following a publicized nine-month trial, presided over by Federal District Court Judge Miles Lord, the taconite plant was shut down as it was deemed an imminent health threat. Three days later, following the orders of the U.S. Circuit Court of Appeals in St. Louis, it was reopened. While the department did not support the risk assessment of other agencies, it did take an active role in supporting the City of Duluth in obtaining a water filtration plant that could deal with the contaminated water. The Laws of Minnesota 1975, Chapter 437, Subd., provided for state assistance to build water treatment facilities. A total of \$123,297.59 (less flagpole and plant sign) was provided in a grant to Duluth in 1976.⁸³⁵ That same year Commissioner Lawson received an invitation from the Mayor of Duluth, Robert Beaudin, to attend the dedication of the city's water filtration plant. It read: "We are aware of your contribution to making this important facility possible for the benefit of our citizens, and will be very pleased to have you observe it become a reality."⁸³⁶

The dumping of taconite wastes by Reserve Mining into Lake Superior stopped permanently in 1980, but the issue of asbestos-induced mesothelioma on the Iron Range was far from over. It would resurface with several future Health Department administrations.

⁸³² Luther J. Carter, "Pollution and Public Health: Taconite Case Poses Major Test," *Science*, October 4, 1974, pp. 31-34.

⁸³³ Memo from Dr. Warren Lawson to Gov. Wendell Anderson, January 13, 1976.

⁸³⁴ *Minneapolis Star Tribune*, "Reserve Case Dispute Aired," July 11, 1975, p. 51.

⁸³⁵ Letter to Mayor Robert Beaudin from Dr. Warren Lawson, October 26, 1976.

⁸³⁶ Letter to Dr. Warren Lawson from Mayor Robert Beaudin, November 5, 1976.

Power Line Controversy

Another high-profile issue that began during Dr. Lawson's administration was the power line controversy. Minnesota had the distinction of having the second and third high-voltage, direct-current transmission power lines in the country. The first was in Oregon and California between the Bonneville Dam and Los Angeles. The first power line in Minnesota ran from North Dakota to Duluth. The second, scheduled to run into the metro area from North Dakota, was met with much resistance. As the protestors were most concerned about the potential ill health effects, the Department of Health was involved in this political issue.

The Cooperative Power Association (CPA) and United Power Association (UPA) began discussion of this project in 1972. In 1976, the Environmental Quality Board, which approved environmental impact statements, issued a construction permit for the power line. Plans proceeded relatively smoothly until June 10, 1976, when the project confronted protestors on the field of the Virgil Fuchs farm. The center of the protest continued in Polk and Stearns counties, prompting Gov. Perpich to tour the area in January 1977.⁸³⁷ Legislative hearings on power line issues took up much of the 1977 legislative session.

In 1977, the department produced a report, primarily a literature study, stating there were essentially no ill health effects from the power line.⁸³⁸ Vandalism and obstruction continued at the construction sites. The protestors toppled 15 towers. The protestors formed the General Assembly to Stop the Powerline (GASP).⁸³⁹

When the power line was ready for testing in October 1978, the department looked at the potential hazards, conducted data collection where possible and reviewed what few studies on direct current power lines had been done. The department looked at the potential ill effects from ozone, air ions, and the shock hazard condition, with no definitive conclusions. The issue was one that Dr. Lawson eventually passed on to his successor, Dr. Pettersen.

Nursing Home Scandal

While engrossed in LEAP organizational changes, trying to convince Brainerd to comply with legislation which mandated fluoridation of their drinking water, trying to implement community health services and while trying to deal with power lines, asbestos in Lake Superior and numerous other issues, Dr. Lawson was confronted with his role in the River Villa Nursing Home scandal.

The River Villa Nursing Home was the largest privately owned nursing home in Minnesota. One of the owners, Bertram Strimling, had been appointed to the Board of

⁸³⁷ MDH, "Brief Chronology of CU-TR-1."

⁸³⁸ *St. Paul Pioneer Press*, "Power Line Data Inconclusive," November 9, 1977, p. 13.

⁸³⁹ MDH, presentation to Minnesota Academy of Medicine on "Powerline Ionization Hazards," December 1, 1981.

Health in 1971. As a member of the board, Mr. Strimling was one of the people who selected the executive officer and secretary, then Dr. Lawson.

As the regulator of nursing homes, the department conducted inspections and determined whether a facility met the requirements to receive Medicare payments. Questions arose about conflicts of interest, particularly when a letter was discovered in which Mr. Strimling had written to Dr. Lawson, "Anything you can do for me to speed the approvals needed will be greatly appreciated."⁸⁴⁰

A 1975 grand jury investigation of the nursing home's affairs uncovered conflicts of interest and political influence peddling on the part of several public officials; inadequate regulation by the Health and Welfare departments, informal kickbacks and other charges which led to the criminal prosecution and conviction of Mr. Strimling and his partner, George Hedlund. Prior to this, on April 4, 1974, Bert Strimling had resigned from the Board of Health.

Bertram Strimling and Dr. Lawson spoke at a legislative hearing on the subject on February 18, 1975. Dr. Lawson denied giving favored treatment to Mr. Strimling.⁸⁴¹ He said that it is almost impossible to avoid dual interests on the board.

Two months after the 1975 legislative hearing, additional information made the situation for the department worse. Anthony Kist, chief of health facilities standards and compliance, was transferred to another division when it was learned that he had borrowed \$13,000 from the Washington Development Company, the eventual owners of River Villa. Mr. Kist had borrowed the money in 1968 when he was a nursing home inspector.⁸⁴²

The media raised concerns about alleged conflicts of interest, political influence, favored treatment and hidden profits between the department and Mr. Strimling, especially after two department employees spoke out. In February 1975, James Miles, the department's chief of inspections, resigned to accept another position. He reported that Dr. Lawson orally requested notices of when nursing home inspections would occur.⁸⁴³ Two months later, Ellis Olson, another department employee who was in charge of nursing home licensure and certification, told the news media that, "Dr. Lawson has told us that any help that facility needs and wants, I want you to make sure that they get it in terms of meeting standards."⁸⁴⁴

On July 1, 1975, shortly before two legislative commissions began an investigation into the department's effectiveness in nursing home regulation, Dr. Lawson sent a directive to department employees not to talk with legislators unless it was cleared with the commissioner or one of his assistants. State Sen. John Milton, DFL-White Bear Lake, said the order was "frightening" and said "It's like the bloody Pentagon Papers."⁸⁴⁵ Dr.

⁸⁴⁰ *Minneapolis Tribune*, "Nursing Homes – The Regulated May Also Regulate," February 4, 1975, p. 1.

⁸⁴¹ *Minneapolis Tribune*, "Health Commissioner Denies Favors," February 19, 1975.

⁸⁴² *Minneapolis Tribune*, "State Health Aide Shifted Because of River Villa Link," April 29, 1975.

⁸⁴³ *Minneapolis Tribune*, "Nursing Homes – The Regulated May Also Regulate," February 4, 1975, p. 1.

⁸⁴⁴ *Minneapolis Tribune*, "River Villa Nursing Homes Series/Owner used Health Board Seat," February 4, 1975, p. 6A.

⁸⁴⁵ *St. Paul Pioneer Press Dispatch*, "Gag Order Seen in State Probe," July 31, 1976, p. 12.

Lawson explained that the purpose of the memo was to prevent everyone in the department from communicating with everyone else while he was responsible for the department. To some, like Sen. Milton, however, it raised questions as to what the department might be trying to hide.

In June 1975, Bert Strimling denied receiving kickbacks from his position as a member of the board. However, Robert Wernick, owner of the Pink Supply Company, told the court he had, at Mr. Strimling's suggestion, paid him \$1,500 a month for information on state approval of nursing home proposals. As a member of the Board of Health, Mr. Strimling knew when certificates of need were issued to nursing homes to expand or build. Mr. Wernick consented to the arrangement in 1974 but stopped paying, as business did not come in. As a result of Robert Wernick's testimony, Mr. Strimling was put on trial in 1976 for perjury in Hennepin District Court.⁸⁴⁶

Under Media Attack

Perhaps more than ever before in the last 30 years, the department was under attack during Dr. Lawson's administration. State Sen. Winston Borden of Brainerd was most concerned about Dr. Lawson's insistence to fluoridate the drinking water of Brainerd, but in a letter to the Crow Wing County Review he referred to several other issues:

The priorities of Commissioner Lawson are wrong and his employment contract with the State Board of Health should be terminated at the next meeting of the State Board of Health.

Let me cite three examples. Nursing home scandals have been the subject of recent court actions in rural areas as well as in the metropolitan area. The scandals could have been prevented by proper nursing home regulations by the Department of Health. Instead, the scandals have included evidence of improper activities of health department personnel.

The legislature has found it necessary to undertake a complex investigation of the nursing home industry. We have found that the sorry conditions that exist in some private nursing homes also exist in some state facilities. The Commissioner of Health should have led the fight for better nursing home regulations in Minnesota. Instead he has been silent.

In addition we have had serious problems with venereal disease in Minnesota. In the last ten years the number of cases of venereal disease have increased by more than 500 percent. That's why the legislature in 1974 directed the Department of Health to adopt a vigorous program for the detection and treatment of venereal disease. In the last six months I have seen no real evidence that the Commissioner has attempted to move the bureaucracy to implement the program.

When I say the Commissioner of Health has a wrong sense of priorities, I must refer to what he has done as well as to what he has not done. The Commissioner has spent a substantial amount of time and money to force the citizens of Brainerd to fluoridate their water supply pursuant to a 1967 law. For five years the Commissioner has tried to force fluoride down the throats of the citizens of Brainerd. The Commissioner has refused to consider any alternative to the fluoridation law such as a dental care program recommended by the Brainerd City Council. The Commissioner has not conducted studies to indicate the value as compared to the harm created by the state law. His high-handed bureaucratic attitude on this issue should not be tolerated. It

⁸⁴⁶ *St. Paul Pioneer Press*, "Strimling Got Money for Health Board Ties - Wernick," January 29, 1976, p. 13.

has resulted in the spending of vast sums of taxpayers' dollars to force them to do something that they do not need or want.

The Board of Health should expect the Commissioner to set priorities for the Department. Let me respectfully suggest that the people of this state consider it far more important to have proper nursing home regulations and a good venereal disease treatment program than they do to have forced fluoridation.

The people are justifiably upset with the conduct of Commissioner Lawson and I urge that he not be reappointed. If he is reappointed, let me further suggest that pursuant to Chapter 310 of the 1975 Session Laws that the Senate will not confirm his reappointment," Borden concluded.⁸⁴⁷

Amid all the media and public turmoil, Dr. Lawson had a personal loss. His wife, Eleanor C. Lawson, who had served as the department's librarian for many years, died of cancer on November 5, 1974.

Community Health Services

Perhaps Dr. Lawson's single greatest achievement during his tenure was implementation of the Community Health Services Act. The foundation for this system was well laid and, unlike earlier attempts to improve the local health system in the 1940s and 1950s, the CHS system is strongly in place and working well more than 20 years later.

(Note: Implementation of the Community Health Services Act is described in greater detail in Chapter 10.)

Disease Prevention and Health Promotion

While health promotion did not capture the news media's attention in the same way as did fluoridation in Brainerd or the risk of asbestos, progress was being made within this third priority area of Dr. Lawson's. The emphasis of the administration was placed on health behavior modification, or restructuring one's life to increase the habits that lead to better health. One of the reasons given for emphasizing healthy lifestyles was the skyrocketing cost of health care costs. Given the rapid rate of increase, a growing segment of society was unable to afford proper care and treatment.⁸⁴⁸

One of the efforts to better educate the public was a telephone health-line set up by the department's health education unit. Pre-recorded messages were changed every two weeks. The public was encouraged to phone in for this information on understanding and protecting their health.⁸⁴⁹

⁸⁴⁷ *Crow Wing County Review*, "Borden Attacks Health Board," Vol. 75, No. 44, February 26, 1976, p. 1.

⁸⁴⁸ *Capitol Reporter*, "Health Commissioner Hopes to Inject Good Health in Lifestyles," January 17, 1978, pp. 3-4.

⁸⁴⁹ MDH, *What in Health's New?*, Vol. 2, No. 6, June 7, 1974, p. 2.

In 1975, the department instituted smoking policies, in order to comply with the Clean Indoor Air Act. If an employee had a private office, he or she could determine whether or not the office was to be smoke-free. A semi-private office was designated as a smoking area only if all employees occupying the office agreed. Division directors were responsible for designating their bay areas. They were required to ensure some areas were smoke-free. Conference rooms were to be smoke-free for public meetings. Internal meetings were smoke-free or not, at the discretion at the person in charge. Washrooms on the second and fourth floors permitted smoking. All others were smoke-free. Employees were free to smoke in the locker rooms, a designated area of the cafeteria, and the lounge off the boardroom.⁸⁵⁰

In 1977 Dr. Lawson demonstrated his personal commitment to support no-smoking initiatives, by joining with other public figures in signing a pledge not to smoke. The newspaper article describing this event was titled "State Bigwigs (Puff, Wheeze) Sign Pledges." Along with Minneapolis Mayor Al Hofstede, State American Cancer Society President John Brown, and Miss North Star 1977, Stephanie Harstad, Dr. Lawson signed a pledge

"People do not change their behavior patterns alone, and just providing information is not nearly enough. (What will have to be done is to) . . . create an environment which is conducive to improved health behavior."⁸⁵¹

Dr. Warren Lawson, 1978

not to smoke on January 19, 1977, D-Day. At this time he announced that on D-Day the department would begin holding smoking cessation clinics for employees.⁸⁵²

In 1978, health promotion activities within the department intensified. It continued offering smoking cessation clinics. The department placed special attention on education, particularly for those who might be receptive. A bill that would support more health promotion activities was proposed during the 1978 legislative session.⁸⁵³

While there were many health challenges, as well as political problems, in Minnesota during Dr. Lawson's administration, the health status of the population was excellent. Minnesota had the distinction of being in second place, just behind Hawaii, as the state with the longest life expectancy.⁸⁵⁴ Based on data from numerous sources, gathered for the Minnesota Medical Association's health care cost commission in 1979, the following statement was made:

⁸⁵⁰ MDH, *What in Health's New?*, Vol. 3, No. 18, August 29, 1975, p. 1.

⁸⁵¹ *Capitol Reporter*, "Health Commissioner Hopes to Inject Good Health in Lifestyles," January 17, 1978, p. 3.

⁸⁵² *St. Paul Pioneer Press*, "State Bigwigs (Puff, Wheeze) Sign Pledges," January 10, 1978, p. 15.

⁸⁵³ *Capitol Reporter*, "Health Commissioner Hopes to Inject Good Health in Lifestyles," January 17, 1978, p. 4.

⁸⁵⁴ *St. Paul Pioneer Press*, "Quality of Health in Minnesota," January 24, 1979, p. 11.

"In general, it may be concluded that Minnesotans enjoy an almost unparalleled state of health in the United States."⁸⁵⁵

Tor Dahl, 1979

Significant Change: Board of Health

Perhaps the most significant change during Dr. Lawson's tenure was the demise of the Board of Health in 1977. The board historically served as a shield for political issues. Without the board, the department was forced to deal with these issues more directly.

(Note: The demise of the Board of Health is described in Chapter 12.)

While Dr. Lawson had been involved in political issues and was very willing to develop his skills in this area, he recognized he did not have this expertise and learned to depend on those who did. Department staff were somewhat naive in the area of politics to which they were now directly exposed, and it took awhile to gain this skill. In the meantime, some burns occurred. There were few attempts to gain the support of other organizations and build coalitions, as had been done in the past. Some organizations seemed less politically adept than the department at this time. As a former department employee reported, "At least we gave the same answer to the same question each time."

The board's demise was a factor in ending Dr. Lawson's career with the department. Up until 1977, the board selected the commissioner. Through the new legislation, he was selected by the governor and could be fired at will by the governor. In the fall of 1977, Gov. Perpich needed to make a decision as to whether or not he should reappoint Dr. Lawson for another year or whether he should select one of the five other candidates recommended by his screening committee. A large constituency, with a considerable number of votes, wanted to see Dr. Lawson removed. Gov. Perpich was a candidate for re-election in 1978, and he needed those votes.

"Seniors Want Health Commissioner Ousted"

Senior citizens were growing in numbers and becoming more organized. In October 1977, 1,000 delegates of the Metropolitan Senior Federation held its sixth annual convention in Minneapolis. Delegates passed 15 resolutions, one of which was to call for the appointment of a new health commissioner.⁸⁵⁶ They were dissatisfied with Dr. Lawson and his failure to implement nursing home reform measures, specifically for his failure to activate an advisory council that had been mandated by the Legislature in 1976. Dr. Lawson's lack of commitment was indicated, they felt, in that only two

⁸⁵⁵ St. Paul Pioneer Press, "Quality of Health in Minnesota," January 24, 1979, p. 11.

⁸⁵⁶ St. Paul Pioneer Press, "Seniors Want Health Commissioner Ousted," October 26, 1977, p. 17.

meetings of the advisory council had been held in 1½ years, and those were both orientation meetings. The seniors also charged that Dr. Lawson was not receptive to consumers and was not accessible to the public.



State Board of Health Meeting, 1971

Several people applied to the governor's appointment commission for the health commissioner position. By July 1977, applications had been received from Dr. Ellen Fifer, assistant commissioner for programs at the department; Sen. John Milton, DFL-White Bear Lake; Joan Campbell, Fifth District DFL chairperson and nurse; Larry Fredrickson, state senate lawyer; Robert Randle, director of state medical assistance payments; and Dr. Eunice Davis, child development director at St. Paul Ramsey Hospital.⁸⁵⁷

After screening potential candidates, the commission submitted six nominations to Gov. Perpich in October 1977. Of those who had applied, only the application of Dr. Eunice Davis was included. The other five nominations for commissioner were: Dr. Robert ten Bensel, professor and director of maternal and child health at the University of Minnesota; Allen Koplin, associate director of the Illinois Health Department; Theodore Marmor, who was with the Center for Health Administration at the University of Chicago; LuVerne Pearman, director of the Ebenezer Center for Aging; and Dr. Lawson.⁸⁵⁸

Gov. Perpich's brother, Sen. George Perpich, urged the governor to appoint Dr. Lawson for another year. Robert Goff, head of the governor's waste and management task force, also supported Dr. Lawson's appointment. Mr. Goff felt administration was Dr.

⁸⁵⁷ *St. Paul Pioneer Press*, "Six Challenge Minnesota Health Commissioner's Job," July 6, 1977, p. 41.

⁸⁵⁸ *St. Paul Pioneer Press*, "Panel Nominates Six for Health Department Commissioner," October 6, 1977, p. 27.

Lawson's strong point, and he was most impressed with the excellent fiscal controls and administrative procedures put in place by Dr. Lawson.⁸⁵⁹

Gov. Perpich narrowed his choice to either LuVerne Pearman or Dr. Lawson, but by November 1 he had not made up his mind. He was leaning towards Dr. Lawson, but he wanted one issue resolved. Legislation had established an office of health facility complaints in 1976. This office was set up to handle complaints on the care given in nursing homes. Ernest Kramer was named the first head of the office in 1976 but later was fired. Gov. Perpich wanted to know why. Dr. Lawson explained that he felt Mr. Kramer was slow in setting up the office. The department was 80 to 100 reports behind in the handling of nursing home complaints, one of the concerns expressed by seniors. Dr. Lawson named Jean Donaldson to head the office, with the hope that the department would be caught up within a month, by January 1, 1978.⁸⁶⁰

Gov. Perpich decided to appoint Dr. Lawson for one more year to the \$41,000-a-year post. The senior federation did not support his decision, but Gov. Perpich made the appointment with the promise that senior citizen leaders would be invited to assess Dr. Lawson's performance in six months.⁸⁶¹

When the 140,000-member Minnesota Senior Federation met in Duluth in November 1978, they once again called for Dr. Lawson's removal. Dr. James McGinnis, federation president, said, "He's a man that's got to be removed and that's it. He's got to go now...His is a policy of minimal acceptance, and I don't think that's good enough."⁸⁶² In particular, delegates at the conference cited Dr. Lawson's handling of a controversy involving Med-A-Van versus Gold Cross Ambulance and his response to complaints on the conditions at the Park Point Manor Nursing Home.⁸⁶³

When Dr. Lawson told delegates that he found conditions at the Park Point Manor Nursing Home improved and said he thought the patients liked it there, he received boos from the audience. The conference vote to ask for his firing was unanimous.⁸⁶⁴

Gov. Perpich responded to the federation that Dr. Lawson's performance would be routinely evaluated, as would all state commissioners, after the following week's election. He also agreed to appoint a three-member committee, chaired by State Sen. Sam Solon of Duluth, to monitor conditions at the Park Point Manor Nursing Home.⁸⁶⁵ Less than a week later, however, the election results were in and Gov. Perpich had not been re-elected.

According to Joseph Kiener, president of the Senior Coalition of Northeastern Minnesota, Gov.-elect Albert Quie had made a commitment to remove Dr. Lawson as

⁸⁵⁹ *St. Paul Pioneer Press*, "Perpich Thinks of Keeping Lawson Health Commissioner," November 1, 1977, p. 21.

⁸⁶⁰ *St. Paul Pioneer Press*, "Perpich Will Appoint Lawson Health Chief," December 6, 1977, p. 1.

⁸⁶¹ *Ibid.*

⁸⁶² *St. Paul Pioneer Press*, "Seniors Demand Lawson's Ouster," November 2, 1978, p. 29.

⁸⁶³ *Duluth News Tribune*, "Lawson Will Retire," November 25, 1978, p. 2A.

⁸⁶⁴ *Duluth News Tribune*, "Lawson Post Part of Evaluation," November 4, 1978, p. 2A.

⁸⁶⁵ *Ibid.*

health commissioner.⁸⁶⁶ In any event, the representative of the seniors publicly stated he did not expect Dr. Lawson to be reappointed, as he felt Gov. Perpich had recognized the problem with the incumbent.⁸⁶⁷ On November 25, 58-year-old Dr. Lawson notified Gov.-elect Albert Quie that he did not want to be reappointed as commissioner.⁸⁶⁸

Dr. Lawson completed his term on December 31, 1978, and in January 1979 Dr. George Pettersen, the new health commissioner, offered Dr. Lawson a civil service position as director of the personal health services division.⁸⁶⁹ This division covered programs in maternal and child health, crippled children's services and chronic and communicable disease. Dr. Lawson retired at the end of 1979, after working 38 years for the department. He died of a heart attack in September 1988, at age 68.

Dr. Lawson has been described as one of the last department heads who was a true public health professional, both technically and administratively. Subsequent commissioners did not arrive with as strong backgrounds in these areas, but depended more on others. Dr. Lawson is different from all subsequent commissioners who, unlike Dr. Lawson, have come from outside the department. Becoming a department employee in his early 20s, Dr. Lawson is the last commissioner who made the department his lifelong career.

The Minnesota Public Health Association created the Warren L. Lawson Memorial Award in 1992. This award is given to recognize Dr. Lawson's creative leadership, energetic and thoughtful pursuit of public health goals, his interest in developing public health leadership capability and capacity, and his dedication to public health in Minnesota.⁸⁷⁰

⁸⁶⁶ *Duluth News Tribune*, "Lawson Will Retire," November 25, 1978, p. 2A.

⁸⁶⁷ *Ibid.*

⁸⁶⁸ *St. Paul Pioneer Press*, "Lawson Will Retire Next Year," November 25, 1978, p. 3.

⁸⁶⁹ *Minneapolis Tribune*, "Lawson Given Key Job in New Health Administration," January 7, 1979, p. 4B.

⁸⁷⁰ Minnesota Public Health Association, brochure on Warren R. Lawson Memorial Award, Lawson Reflective Leadership Project, August 1993.