

Chapter 13

The Health of Minnesota – 1979 to 1991



Commissioner, 1979 to 1983
George Pettersen, M.D.



Commissioner, 1983 to 1991
Sister Mary Madonna Ashton

Dr. George Pettersen of Rochester had a unique 55th birthday. On that day, January 1, 1979, he accepted, with honor, Gov.-elect Albert Quie's invitation to become the commissioner of health, the seventh person to head the agency. Acceptance meant giving up his position as director of Olmsted County's health department, and it also meant a drop in salary. Instead of the \$47,000 he received at the county, he would receive an annual salary of \$41,000 at the state. He noted that he hoped he could persuade legislators to raise it to where it should be to be competitive, \$55,000 or \$60,000.¹¹⁴²

Dr. Pettersen had been county health department director since July 1974. A native of St. Paul, he attended the University of Minnesota Medical School and worked as a general practitioner in Mabel from 1952 to 1956. After a surgical residency in St. Paul, Dr. Pettersen returned to general practice in Aitkin in 1957. From 1971 to 1972 he worked for Project Hope in Jamaica and Brazil. After receiving a master's of public

¹¹⁴² *Rochester Post-Bulletin*, "Dr. Pettersen 'Honored' by State Position," January 1, 1979, p. 21.

health degree from the University of California in 1974, he returned to Minnesota and accepted the position in Olmsted County.¹¹⁴³

When Dr. Pettersen learned in December 1978 that he and another physician were finalists for the health commissioner position, he stated his thoughts on public health: "Public health offers a different feel for medicine

"I have no pat solutions to all problems, because some don't have solutions and we just have to live with them..."¹¹⁴⁴

Dr. George Pettersen, Commissioner of Health, 1979

because it involves providing services for people who don't have or can't afford it."¹¹⁴⁵ He added that he would like to change the negative image public health had within the medical profession.

Gov.-elect Quie selected Dr. Pettersen for health commissioner for several reasons: he had county public health experience; he had been working near the greatest medical facility in the world, Mayo Clinic; peers held Dr. Pettersen in high regard and groups that were previously critical of the former state health administration supported him. The relationship of some groups with the previous health administration had been referred to as somewhat "stormy," and Dr. Pettersen showed promise of quelling the controversy.¹¹⁴⁶

His appointment especially pleased local health agencies, as Dr. Pettersen was a strong supporter of the 1976 Community Health Services Act. He emphasized local control for public health versus directives from the state. He felt community public health in Rochester was good and hoped to be able to support the development of similar systems in other parts of Minnesota.¹¹⁴⁷

Local health agencies were so pleased when Dr. Pettersen was named commissioner, that they gave him a framed photo of a paddleboat, which hung on his wall during his administration. To people in out-state Minnesota, he was one of their own.

The Transition

Unlike his predecessors, Dr. Pettersen had not previously worked within the Department of Health. Being new to the department, he did not have the advantage of a close understanding of the organization's operations and its staff. Initially, Dr. Pettersen was also somewhat limited in what he could do. The biennial budget for 1979-1981 had already been determined and approved by his predecessor, Dr. Lawson. In addition, five-year goals and two-year goals for the department had been established.

¹¹⁴³ Ibid.

¹¹⁴⁴ *Rochester Post-Bulletin*, "Pettersen Retaining Dr. Lawson in State Health Department," January 6, 1979, p. 8.

¹¹⁴⁵ *Rochester Post-Bulletin*, "Pettersen 'Honored' By Health Department Bid," December 20, 1978, p. 34.

¹¹⁴⁶ *Rochester Post-Bulletin*, "Pettersen Retaining Dr. Lawson in State Health Department," January 6, 1979, p. 1.

¹¹⁴⁷ *Rochester Post-Bulletin*, "Pettersen 'Honored' by State Position," January 1, 1979, p. 21.

Minnesota Department of Health Goals for the 1980s

- 1. To promote personal responsibility for a state of well-being by motivating behavioral changes that reduce the risk of disease or injury.**
- 2. To support and assist local government in developing effective, high-quality community health services in all 87 counties by providing state level leadership in support of local efforts to encourage individual, family and community responsibility for health promotion and the prevention of disease, disability and premature death.**
- 3. To evaluate the potential and actual toxicity of substances and harmful effects of radiation sources; to minimize exposures in the home, work place and community environments.**
- 4. All children and young adults should have the information and encouragement necessary for long term health through development of positive health attitudes and behavior that will maintain health and reduce risks.**
- 5. To facilitate further development of opportunities for the handicapped, ill and disabled to achieve their optimum level of wellness and individual/family independence in their own home and community environment through the expansion of locally and administered home care and community services.**
- 6. To develop and maintain an organized and coordinated system of quality assurance which is effective in protecting the health and safety of the public and which appropriately recognizes the economic, social and political considerations associated with regulation.**
- 7. To improve decision making and health related planning and research at all levels of government and in the private sector by collecting, analyzing, and distributing clear and up-to-date information on deaths (mortality), illness and injury (morbidity), medical costs, personal risk factor prevalence and health care resources by state and local jurisdiction on a regular basis.¹¹⁴⁸**

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his first year, Dr. Petterson began changing the structure and management of the department. Organizationally, he elevated community services from a bureau to division status. He divided the programs bureau in two: health services (disease prevention and control, medical laboratories, environmental health, and community services) and health resources (health systems and health manpower). During his

¹¹⁴⁸ MDH, "Goals for the 80s," August 1980, pp. 1-16.

entire tenure, however, he never filled the position of assistant commissioner in the new bureau of health services.

The management team who supported Dr. Pettersen in the executive office during much of his administration included Duane Johnson, James Brunsgaard, Thomas Maloy, and Wayne Carlson. Duane Johnson had been assistant commissioner of administration for the last five years of Dr. Lawson's tenure, and he was appointed Dr. Pettersen's deputy commissioner. He remained in that position throughout Dr. Pettersen's administration.

In 1980 Thomas Maloy filled the assistant commissioner of administration position vacated by Duane Johnson. He kept the position until 1982 when he temporarily left the department to become acting director of budget, planning and control at the Department of Finance. Thomas Maloy started state service in 1968, working for the Pollution Control Agency. He transferred to the Health Department in 1970 and was promoted to accounting director in 1973.¹¹⁴⁹

In October 1979, Dr. Pettersen appointed James Brunsgaard, former office manager for a Rochester insurance firm, to fill the newly created position of assistant commissioner for health resources, the bureau primarily concerned with the regulation of facilities and providers.¹¹⁵⁰ Mr. Brunsgaard left the department in 1981.

Wayne Carlson served as Dr. Pettersen's assistant. He accepted this post in 1979 and held it throughout the administration.

Many long-term employees had reached retirement during Dr. Lawson's administration, but a few from this "old guard" were still working. One was Dr. C. Barton Nelson, assistant division director of disease prevention and control. He retired in 1982 after many years with the department.

Attention to Seniors

Gov. Quie supported "open government," with agencies accessible to the citizens of the state. One of the reasons he selected Dr. Pettersen as health commissioner was that Dr. Pettersen was viewed by an aide as "an easily approachable and readily accessible person."¹¹⁵¹ It was particularly important that relationships improved with groups representing the senior population. They had repeatedly charged that the previous health administration had been inaccessible and indifferent to the needs of others.

¹¹⁴⁹ MDH, *What in Health's New?* Vol. 5, No. 7, April 8, 1977, p. 2.

¹¹⁵⁰ *Minneapolis Tribune*, "James Brunsgaard Appointed Asst Comm for Health Resources," October 20, 1979, p. 8A.

¹¹⁵¹ *Rochester Post-Bulletin*, "Pettersen Retaining Dr. Lawson in State Health Department," January 6, 1979, p. 1.

Therefore, one of Dr. Pettersen's first goals was establishing a good relationship with seniors. During the first few months of his administration, he met twice with representatives of the Minnesota Senior Federation and the Senior Citizens Coalition. Among other topics, they discussed nursing home inspections, legislation and health maintenance organizations. The seniors reported that Dr. Pettersen was receptive to their needs.¹¹⁵³

"We (the Department) and the seniors may not always agree on our positions, but it is our concern that we maintain an ongoing liaison where we can keep abreast of the situation and render assistance to the seniors when it is needed and not wait until a major problem mushrooms."¹¹⁵²

Wayne Carlson, Assistant to Commissioner, 1979

The one point of contention they had with Dr. Pettersen was retaining Dr. Lawson, who was appointed as the personal health services division director. Bruno Aijala, vice president of the Minnesota Senior Federation, commented on Lawson's new assignment, "I didn't expect it. I thought we were through with Lawson. I do hope Lawson has changed and Petterson carries a whip over him."¹¹⁵⁴

Dr. Pettersen had an open door policy, and he sought input from citizens. At the beginning of his administration he emphasized that he "wants to be available to any people who have health problems of a nature that we can help solve."¹¹⁵⁵ Dr. Pettersen regularly attended the state community health advisory committee meetings. In 1981 he invited public involvement by sponsoring a legislative forum, providing an opportunity to discuss public health issues and proposed legislation. The department had held similar forums in the late 1960s and early 1970s.

Power Line Controversy

Dr. Pettersen inherited a number of challenges that the previous health administration had been addressing. One of these was the power line controversy that had emerged in 1972. Dr. Pettersen was the second commissioner and Gov. Quie was the third governor to deal with the power line issue.

Soon after Gov. Quie was elected, opponents of the high-voltage power line running from North Dakota to Delano, Minnesota, sent a Mailgram to Gov. Quie requesting assistance. Gov. Quie was responsive and told them, "I want to work with these people regarding health issues raised in the Mailgram."¹¹⁵⁶ While Gov. Quie didn't give support for the science court requested in the Mailgram, he agreed to talk with the protestors.¹¹⁵⁷

¹¹⁵² *Duluth Herald*, "Coalition Optimistic Over New Health Head," March 14, 1979, p.1B.

¹¹⁵³ *Ibid.*

¹¹⁵⁴ *Rochester Post-Bulletin*, "Elderly Group Unhappy At Dr. Lawson's Retention," January 8, 1979, p. 3.

¹¹⁵⁵ *Rochester Post-Bulletin*, "Pettersen Retaining Dr. Lawson in State Health Department," January 6, 1979, p. 1.

¹¹⁵⁶ *Rochester Post-Bulletin*, "Quie to Probe Power Line Health Factor," January 8, 1979, p. 8.

¹¹⁵⁷ *Rochester Post-Bulletin*, "Too Late to Convene 'Science Count' On Power Line Health Issue: Quie," January 11, 1979, p. 14.

By the summer of 1979 the department had begun electrical environment monitoring of the situation, and in the fall of 1979 Commissioner Pettersen visited a power line in the Lowry area to speak with residents. Responding to his questions, people described unbearable headaches, dermatitis, nausea, inflamed throats, difficulty in breathing, nosebleeds and blurred vision. One woman said that if she walked under a fluorescent light in her basement after spending time under the power line, the light would often glow.¹¹⁵⁸

In January 1980 Dr. Pettersen held a meeting with about 20 of the power line opponents, who were members of the General Assembly to Stop the Power Line (GASP). The meeting became heated at times. GASP wanted the Cooperative Power Association of Edina and the United Power Association of Elk River to prove there were no health hazards. If they couldn't, they wanted the line shut down. Dr. Pettersen said he didn't have authority to shut down the line, and one representative fired back, "You can order us to stop using some pesticides."¹¹⁵⁹ Protestors said they were tired of studies. One representative said, "We have had studies and studies and studies, but now the line is there and we're human guinea pigs."¹¹⁶⁰

The following week, protestors approached Dr. Pettersen about an earlier idea, a citizen's jury. They wanted a group of 25 Minnesota voters, selected at random, to review the literature on the power line, listen to testimony and determine if it was safe. Dr. Pettersen agreed to discuss the idea with the governor's office, the Minnesota Pollution Control Agency, the Environmental Quality Board, and the Minnesota Planning Agency.¹¹⁶¹

The protestors worried about possible health effects and wondered why they should be at risk for something that benefits others in the state.¹¹⁶² The power line issue emphasized some of the challenges of the new areas of public health. With no definitive scientific data and conclusions, it was difficult for the department to make a statement one way or another. Public opinion and emotionally laden approaches could be very effective in the decision-making process. The department's view of this situation was captured in a 1981 report:

In the past scientists, industry and government have been the decision-makers but with the onset of the protest movement all three have had their reputations tarnished. Maybe it has something to do with the fact that we have now largely conquered the problems of infectious diseases. Or maybe it has something to do with the fact that people have more money and more spare time. Or maybe it is because our values have changed and the human organism cannot adjust to the rapid changes that are occurring in our society thereby desiring a return to a more simple life. At times the courts have been asked to make decisions regarding scientific opinion and by and large fail to emulate Solomon and his wisdom.

On the other hand, legislatures have attempted to deal with these issues and more often than not those deliberative bodies do not provide the best forum for objective scientific discussion.

¹¹⁵⁸ Transcription of visit by Dr. Pettersen to Lowry, Minnesota, November 16, 1979.

¹¹⁵⁹ *St. Paul Pioneer Press*, "Probe is Possible on Line Complaints," January 5, 1980, p. 3.

¹¹⁶⁰ *Ibid.*

¹¹⁶¹ *St. Paul Pioneer Press*, "Power Line Foes Seek 'Jury' to Determine Health Hazard," January 15, 1980, p. 22.

¹¹⁶² MDH, presentation to Minnesota Academy of Medicine on "Powerline Ionization Hazards," December 1, 1981.

Scientists themselves are sometimes prone to minimize risks in order not to sensitize a public's emotional response. We all feel frustration in dealing with the protestors because there does not seem to be any process at the present time for resolving these differences. In our open society, it is difficult for government to impose its will through force. Public opinion is the thing that carries the day. The public's support of the President in the air controllers strike which made the President's action justifiable. People are somewhat noncommittal to the large wage increase demands that public school teachers are making and Don Hill, the MEA President, is losing credibility.

These things are important as we consider the protestors and by the use of scientific information and list the aid of public opinion to reach resolution for these types of disputes. What we are trying to do is define the nature of the risk of the power line. It amounts to describing the electrical environment under the line and then relating that environment to the people who live nearby. If any of the forces of electricity or the air ions that are produced can bring about ill effects, what is the nature of these ill effects, how far do they extend from the line, how many people are affected, does it affect the economy such as influences on farm animals or crops.

These types of questions are raised by protestors because their land and their work are precious to them. They want everyone to understand what risks are involved in order to bring the electricity into Minnesota through the DC line. The people want to be part of the decision-making process in that they want to understand what the risks are and then determine themselves whether or not they wish to take those risks.¹¹⁶³

The department's power line environmental monitoring studies were conducted at the Dickinson converter station in Wright County in 1981. This was a period of economic recession and government cutbacks. An epidemiological study on the effects of the CPA/UPA high voltage DC power line was limited due to lack of funds.

Nursing Home – Bethel Care Center

Though relationships with the senior population were improving, Dr. Pettersen, like Dr. Lawson, had to spend a considerable amount of his time embroiled in nursing home controversies. The Bethel Care Center case received the most attention during his administration. Allegations of improper care, disappearance of prescription medications, prescriptions being filled for a deceased patient and other charges were reported, and the case received considerable media attention.

The owner of Bethel Care Center, Harold Mordh, had connections with political figures. When his case was tried in Ramsey County, St. Paul Mayor Laurence Cohen sent a letter of support to Ramsey District Court Judge Joseph Summers who was to give sentencing.¹¹⁶⁴ After making a plea bargain, Mr. Mordh, pled guilty to and was sentenced to six months in the county workhouse for the less serious charges of: 1) possession of a sawed-off shotgun; 2) possession of a controlled substance; 3) diversion of corporate funds; and 4) the filing of false income tax returns. The department was assumed responsible for determining whether or not the more serious

¹¹⁶³ MDH, Presentation to Minnesota Academy of Medicine on "Powerline Ionization Hazards," December 1, 1981, pp. 11-12.

¹¹⁶⁴ *St. Paul Pioneer Press*, "Mordh a Case of Fact Versus Image," January 14, 1981, pp. 1 and 4.

charges were substantiated and whether Mr. Mordh's license could be revoked, placing a heavy responsibility on the department.¹¹⁶⁵

New Health Problems

While Dr. Pettersen had to address long-standing public health issues such as power lines, fluoridation in Brainerd and nursing homes, several new and especially challenging problems emerged or were identified during his tenure. Four diseases, all new and unknown, received substantial attention.

- **Reye's Syndrome (1979)**

A viral disease that affected children resulted in the deaths of an 11-year-old boy and a 10-year-old boy in Minnesota in February 1979. Termed Reye's syndrome, a swelling on the brain developed, following a flu-like illness or chickenpox.¹¹⁶⁶

- **Toxic Shock Syndrome (1980)**

A flu-like illness, affecting women, sometimes resulting in death, emerged in the 1970s. The link between tampon use and toxic shock syndrome was established in the spring of 1980.¹¹⁶⁷ By that time, Michael Osterholm, then chief of acute disease epidemiology, had begun directing a three-state study of toxic shock syndrome, and it was followed by a second study beginning July 1981.¹¹⁶⁸ At least 10 Minnesota women had died of toxic shock syndrome by 1981.¹¹⁶⁹

- **Lyme Disease**

Although cases of Lyme disease probably occurred in Minnesota several years earlier, it wasn't until the early 1980s that it became widely known. Carried by the deer or bear tick, Lyme disease tended to affect people who hiked in woodland areas. There were 27-29 cases of Lyme disease in Minnesota in 1981.¹¹⁷⁰

- **AIDS (1981)**

AIDS was first identified in the United States in 1981. Minnesota's first case was identified in 1982 and the state's first AIDS death was confirmed the same year.

Identification of Needs

More than midway through his administration, Dr. Pettersen wrote and sent a series of letters addressed to "People Concerned with Public Health in Minnesota." In his first letter, dated March 11, 1982, he announced a three-phase process for biennial planning and budget setting. First, key public health problems would be identified. Second,

¹¹⁶⁵ Ibid.

¹¹⁶⁶ *St. Paul Pioneer Press*, "2 Children Die of Rare Disease," February 15, 1979, p. 9.

¹¹⁶⁷ *St. Paul Pioneer Press*, "Absorbency Linked to TSS," January 14, 1981, pp. 1 and 6.

¹¹⁶⁸ *St. Paul Pioneer Press*, "2nd 3-State Study to Survey Toxic Shock," June 15, 1981, pp. 21-22.

¹¹⁶⁹ *St. Paul Pioneer Press*, "Absorbency Linked to TSS," January 14, 1981, pp. 1 and 6.

¹¹⁷⁰ *St. Paul Pioneer Press*, "Tick-Borne Disease Reported in State," July 6, 1983, p. 6C.

solutions to these problems would be identified. And finally, goal setting and budget development for the department would be set.¹¹⁷¹

To identify the major public health needs, Dr. Pettersen appointed a blue ribbon work group. Members were Professor Richard Bond, Grand Marais; Tor Dahl, Ph.D., St. Paul; Richard Frey, M.D., Minnesota Coalition on Health Care Costs; Leonard Kurland, M.D., Mayo Clinic; Leonard Schuman, M.D., University of Minnesota, epidemiology division; Robert ten Bensel, M.D., University of Minnesota School of Public Health; Andrew Dean, M.D., disease prevention and control division director; Roger DeRoos, Ph.D., environmental health division director; Paul Gunderson, Ph.D., director of Minnesota Center for Health Statistics; and Jerry Nida, M.D., community services division director. This group identified the following areas as ones where the health of Minnesotans could be improved substantially:¹¹⁷²

1. **Cigarette Smoking.** Data indicated 30 percent of Minnesotans still smoked, resulting in a huge impact on death, disability and medical costs. In the first month of Dr. Pettersen's administration, U.S. Surgeon General Julius Richmond strengthened earlier reports on the dangers of smoking by releasing a large document that provided overwhelming evidence linking mortality and morbidity to smoking.¹¹⁷³
2. **Alcohol and Drug Misuse.** Data indicated alcohol was a factor in more than 10 percent of all deaths in Minnesota. Of particular concern was the increased use among young people.
3. **Injuries.** In 1980, accidents, poisonings and violence accounted for 44 percent of deaths before age 65 in Minnesota.
4. **Nutrition.** While earlier attention to nutrition had focused on under-nutrition and deficiency disease, the focus of the 1980s was the promotion of healthy eating styles that decreased one's risk for heart disease.
5. **Environment.** Of particular concern, was the contamination of municipal well water by potentially dangerous organic compounds.
6. **Stress.** It was believed that stress was a significant health problem for many Minnesotans.
7. **Activity Level.** It was believed many Minnesotans got too little exercise.

¹¹⁷¹ Letter from Commissioner George Pettersen to People Concerned with Public Health in Minnesota, March 11, 1982.

¹¹⁷² MDH, "Major Health Problems in Minnesota – 1982," May 11, 1982.

¹¹⁷³ *Rochester Post-Bulletin*, "Government Study: Smoking More Dangerous Than Supposed," January 11, 1979, pp. 1 and 13.

8. **Hypertension.** Data indicated four-fifths of Minnesotans with hypertension know of their condition but only about half are properly controlled.

9. **Maintenance of Existing Gains.** In order not to lose ground with gains made through traditional public health programs such as immunization and sanitation, continuing attention must be given these areas.

As part of the second phase of the planning process, Commissioner Petterson scheduled meetings in Thief River Falls, Fergus Falls, Duluth, St. Cloud, Mankato, Marshall, Rochester and Minneapolis to gather advice on addressing the identified public health priorities.¹¹⁷⁵ Community meetings were held in July 1982.

Some of the input received from outside the department addressed the make-up of this blue ribbon work group itself – there were no female members. Dr. Petterson acknowledged this as an error and responded that he would do better in the future.

In October 1982, "Healthy People – The Minnesota Experience" was produced. One month later, the DFL gubernatorial candidate was elected. Dr. Petterson had been appointed by a governor belonging to the IR party. Dr. Petterson and the Department of Natural Resources commissioner were the only two agency heads who indicated they were interested in retaining their positions.¹¹⁷⁶ Within a

Assumptions for the 1980s

1. A greater percentage of the total population will be in the older age groups.
2. Changes in lifestyle and family living will be influenced by energy availability.
3. Continuing cooperation will exist between public and private institutions.
4. Health and medical care costs will continue to rise, prompting changes in financing and delivery of services.
5. As sickness care costs increase, there should be increasing emphasis on preventive services.
6. Health attitudes will increasingly be developed at an early age through good health education programs within the community.
7. Toxic or hazardous materials as well as sources of harmful radiation in the home, workplace or outdoor environment will be identified and dealt with in an objective manner.
8. The family will retain basic responsibility for the health and wealth of its members, but family services will be redirected to encourage independence.
9. Local public health programs will be provided by Community Health Services agencies with continuing state subsidies.
10. There will continue to be a need for certain ongoing public health programs such as infectious disease control.
11. Contamination of the ground water by wastes of all kinds will pose increasing problems and require greater efforts to contain them.¹¹⁷⁴

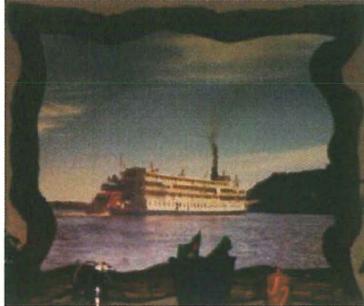
¹¹⁷⁴ MDH, "Goals for the 80's," pp. 1-16.

¹¹⁷⁵ Letter from Commissioner Petterson to People Concerned with Public Health in Minnesota, July 6, 1972.

¹¹⁷⁶ *St. Paul Pioneer Press*, "Keefe, Tschida Earn Spots on Perpich Team," November 9, 1982, p. 1C.

month after the election, however, Gov.-elect Rudy Perpich had selected a new health commissioner.

When Dr. Pettersen left the department in 1983, he left behind the framed picture of a paddleboat he had received when he became commissioner. The picture first rotated from the executive office supply room to someone's office until it became a department tradition. In 1992 the picture became a traveling department award, with attached rules for its care. It has been transferred throughout the department, and recipients have included Diane Jordan, Mary Rippke, Elisabeth Emerson, Steve Schletty, Rebecca Tholen, Ron Olson, Norman Hanson, Arnie Rosenthal, Carol Schreiber and Sally Sabathier.



“First Woman, First Non-M.D., First Nun”

Soon after the 1982 election, Gov. Perpich began interviewing candidates for top agency posts. He interviewed Sister Mary Madonna Ashton, former head of St. Mary's Hospital in Minneapolis, for the position of health commissioner, even though he knew hiring her would cause some political controversy. Running late, he came to the meeting missing a necktie. Holding out two virtually identical ties to Sister Mary Madonna, he asked her to select one. She quickly did. Unbeknownst to her, she had passed Gov. Perpich's test. He found out she could make decisions quickly.¹¹⁷⁷

A Controversial Appointment

On December 9, 1982, front-page news announced that Gov. Perpich had selected Sister Mary Madonna Ashton as the person to fill the \$47,000-a-year health commissioner post.¹¹⁷⁸ Sister Mary Madonna broke new ground in that she was the first woman, the first non-medical doctor and the first Catholic nun to serve as head of this 110-year-old agency. Sister Mary Madonna was immediately one of the most controversial of Perpich's appointments. Pro-life organizations had campaigned to have Gov. Perpich select candidates who supported their position, and concern was expressed that the appointment of Sister Mary Madonna represented the takeover of a special interest group. Gov. Perpich, however, said the efforts of the anti-abortion groups were not a factor in his decision.¹¹⁷⁹ Sister Mary Madonna was admittedly pro-life, but she wasn't a participant in any pro-life movements.

A member of the order of the Sisters of St. Joseph, Sister Mary Madonna had bachelor's degrees in sociology and psychology and master's degrees in social work and hospital administration. She worked from 1949 to 1956 as medical social services

¹¹⁷⁷ *The Catholic Bulletin*, "No Ordinary Work for This Extraordinary Sister," Vol. 5, No. 22, June 8, 2000, p. 17.

¹¹⁷⁸ *St. Paul Pioneer Press*, "Nun to Fill Perpich's Health Post," December 9, 1982, p. A1.

¹¹⁷⁹ *St. Paul Pioneer Press*, "Health Commissioner Breaking New Ground," February 6, 1983, p. A1.

director at St. Joseph's Hospital, and was an administrative resident at the University of Minnesota Hospitals from 1956 until she joined St. Mary's in 1958. St. Mary's was one of the largest hospitals in Minnesota, and Sister Mary Madonna became chief executive officer in 1962.

When she accepted the health commissioner position, Sister Mary Madonna was 59 years old and had more than 30 years of experience in managing large health facilities. She was well qualified to make a complex organization like the Health Department run smoothly, and she did. She expected and received high caliber performance by employees. Her desk and files were, like her organization, kept in good order.

Sister Mary Madonna saw her job as coordinating activities between and among the departmental divisions for the benefit of all Minnesotans.¹¹⁸¹ She wanted to focus on programs for high-risk mothers and on child nutrition. She also wanted to promote statewide public health education in such areas as drug abuse, smoking, and chemical dependency. She hoped the public would become more involved in their overall health concerns and take personal responsibility for staying physically fit and healthy.¹¹⁸²

On the appointment of Sister Mary Madonna Ashton as Commissioner of Health:

"I can say without any fear of contradiction that she is a woman who was never known to compromise on the highest ideals of the health care profession. We have in our new Commissioner of Health an administrator who is known nationally and ranks among her peers as outstanding for her service and dedication. I am convinced that the quotation – 'Sometimes the best man for a job is...a woman' – is true."¹¹⁸⁰

Sr. M. Sarah Voss, O. S. B., Letter to the Editor, 1982

As commissioner of health, Sister Mary Madonna would administer family planning grants. Questions arose as to whether or not her vows to the church would conflict with her oath to the state. She quelled them with assurances that she would uphold the state's laws and the policies of the Perpich administration. Sister Mary Madonna said she had no problems with the concept of family planning. Still, a number of persons questioned her allegiance. Marianne Christianson, from the Minnesota chapter of the National Organization of Women, said, "Sister Ashton is under the authority of the pope. If the laws of the State and the nation conflict with the laws of the church, which will she uphold?"¹¹⁸³ In addition to concerns by the National Organization of Women, opposition to the appointment also came from the Minnesota Abortion Rights Council, the Minnesota Women's Political Caucus and the DFL Feminist Caucus.¹¹⁸⁴

At her confirmation hearings on April 21, 1983, Sister Mary Madonna assured the senators that she would support Health Department spending for birth control. Much of

¹¹⁸⁰ St. Paul Pioneer Press, "Good Appointment," letter to editor by Sr. M. Sarah Voss, December 17, 1982, p. 12A.

¹¹⁸¹ St. Paul Pioneer Press, "Health Commissioner Breaking New Ground," February 6, 1983, p. A1.

¹¹⁸² Ibid.

¹¹⁸³ St. Paul Pioneer Press, "Ashton Gains Approval as Health Chief," April 22, 1983, p. 1B.

¹¹⁸⁴ St. Paul Pioneer Press, "Controversy Over Nun in State Office Fades," June 22, 1983, p. 8G.

the 2-½ hour hearing was devoted to a discussion of potential conflicts of interest between church and state. In her support, Archbishop John Roach of St. Paul sent a letter to the state Senate endorsing her appointment. There was only one dissenting vote at the hearing. This was from Sen. Donald Moe, DFL-St. Paul, who voted to oppose the "oppressive influence" of an anti-abortion group in the Legislature.¹¹⁸⁵

On May 10, 1983, the Minnesota Senate voted to confirm Sister Mary Madonna as commissioner of Health by a vote of 62 to 5. The dissenting votes came from Linda Berglin, DFL-Minneapolis; Donald Moe, DFL-St. Paul; Allan Spear, DFL-Minneapolis; Tom Nelson, DFL-Austin; and Mel Frederick, I-R Owatonna.¹¹⁸⁶ [Note: Four years later, Sr. Mary Madonna's appointment at a second confirmation hearing was approved unanimously.]

Sister Mary Madonna's appointment attracted additional news coverage because of its similarity to a case in Michigan. Sister Agnes Mansour was appointed head of Michigan's welfare agency, but a representative of Pope John Paul II told her that she would be dismissed from her order unless she took a public stand against her agency's payment of abortion funding for Medicaid patients.¹¹⁸⁷ Unlike Sister Mary Madonna, Sister Mansour was head of the state agency that handled Medicaid. In Minnesota, Medicaid was handled by Human Services, not Health. The day after Sister Mary Madonna received her Senate confirmation in Minnesota, Sister Mansour resigned from her religious order so that she could remain head of the welfare agency in Michigan.

Within six months after her appointment, the controversy over Sister Mary Madonna had faded. People who earlier had questions about her support of family planning were satisfied there was not going to be a conflict. Jeri Rasmussen of Planned Parenthood was one who had been concerned at first. Planned Parenthood received about \$30,000 annually from the Health Department. Ms. Rasmussen reported Sister Mary Madonna had been very cooperative with her group: "She's made friendly overtures that she didn't have to make. One has to take those gestures at face value."¹¹⁸⁸

Sister Mary Madonna's Management Team

Three weeks after her appointment was announced, Sister Mary Madonna began naming her management team. Dr. Valentine O'Malley, appointed as deputy commissioner, was her first addition. Dr. O'Malley was well liked, diplomatic and understood the state's political environment. Committed to public health in Minnesota, for seven years he had volunteered his services as a member of the Board of Health. He served as vice president in 1971 and 1972 and was board president in 1977. Dr. O'Malley was 63 years old when he was appointed deputy commissioner. He had had

¹¹⁸⁵ *St. Paul Pioneer Press*, "Ashton Gains Approval as Health Chief," April 22, 1983, p. 1B.

¹¹⁸⁶ *St. Paul Pioneer Press*, "Sister Ashton OK'd," May 11, 1983, p. 7C.

¹¹⁸⁷ *St. Paul Pioneer Press*, "Mansour Resigns From Order," May 12, 1983, p. 1.

¹¹⁸⁸ *St. Paul Pioneer Press*, "Controversy Over Nun in State Office Fades," June 22, 1983, p. 8G.

a private internal medicine practice in the Twin Cities since 1955. From 1967 to 1969 he had been chief of staff at St. Joseph's Hospital.¹¹⁸⁹

Daniel McInerney, a bright lawyer with a public health background, was named assistant commissioner of health delivery systems in 1984. He had worked at the department since the early 1970s and understood the agency. During the school year he taught public health law at the University of Minnesota School of Public Health. In 1986, Sister Mary Madonna appointed Daniel McInerney as deputy commissioner.

Other assistant commissioners named were Nancy Feldman, health delivery systems from 1986 to 1991; Michael Finn, health promotion and protection from 1986 to 1991; and Thomas Maloy, administration. Thomas Maloy, a long-time veteran of Minnesota state government, had worked as assistant commissioner for Dr. Pettersen and was appointed by Sister Mary Madonna in 1983. Mark Skubic was named legislative liaison in December 1983, and he remained with the department until 1989 when Estell Brouwer was named to this position.

With the exception of Dr. O'Malley and Michael Finn, all of Sister Mary Madonna's appointments came from within the department or from within state government. She relied on and used her assistants for information. Her deputy and three assistant commissioners had strong influencing roles in the decisions of the department.

Sister Mary Madonna named several new division directors during her administration. In 1984 Michael Moen became head of the newly named disease prevention and health promotion division, succeeding Dr. Andrew Dean, who accepted a position with the Centers for Disease Control. When health promotion became a separate division in 1987, Richard Welch was named head. Dr. Carolyn McKay, a pediatrician, became maternal and child health director in 1986. Kathleen Burek, who had begun working in health systems in 1985, was named the director of the new health systems development division in 1987. Also in 1987 Michael Tripple was named acting division director of health facilities; later, Linda Sutherland succeeded him.

Sister Mary Madonna was new to the department, and appropriately sought out and depended on employees for information. While she demanded a well-run organization, she encouraged employees to take the lead in their areas. Perhaps nowhere was it more apparent than with Dr. Michael Osterholm, who was named state epidemiologist in 1984. As state epidemiologist, Dr. Osterholm communicated and coordinated with the national Centers for Disease Control to address disease outbreaks in Minnesota. One of his strongest points was his ability to interest and motivate the general population. He attracted attention to public health and to the Minnesota Department of Health. He was soon quoted in the news more frequently than the commissioner.

The department decreased in size in the early 1980s, but it began increasing again during Sister Mary Madonna's administration. In 1983, when Sister Mary Madonna became commissioner, there were 550 full-time employees, more than twice as many

¹¹⁸⁹ *St. Paul Pioneer Press*, "St. Paul Physician Gets State Health Post," December 31, 1982, p. 7C.

as there were in 1955. By the time she left her position, the number of employees had increased to more than 800, a 50 percent increase. Sister Mary Madonna's salary increased, as well. By 1984 it was \$57, 475.¹¹⁹⁰ Effective January 1, 1989, it had risen to \$65,903, comparative to \$88,540 in 1999 dollars.¹¹⁹¹

Employees were kept informed of department policies, employee events, and other activities through the newsletter "In Common." Buddy Ferguson and Mari Mitchell wrote and edited the four-page publication every four weeks.

Mosquito Militia

During her first year in office, Sister Mary Madonna was responsible for the single largest preventive mosquito spraying effort in the country to date. It started when laboratory tests confirmed the presence of the western equine encephalitis virus in a horse in Clay County. State health officials were concerned, as there was a bumper crop of *Culex tarsalis* mosquitoes in the state. These mosquitoes transmit western equine encephalitis, also called "sleeping sickness."¹¹⁹²

While no cases had been confirmed in humans, there were 30 suspected cases in humans and five suspected cases in horses. The department decided it had to act quickly to prevent an outbreak of this mosquito-borne encephalitis. Under the leadership of Michael Osterholm, then chief of acute disease epidemiology, plans were made to begin spraying 18 small towns in western Minnesota counties on August 23, 1983. The effort would involve seven airplanes and seven semi-trailers full of Malathion. The cost, estimated at \$750,000 to \$800,000 a week, would come from a \$3 million state contingency fund.¹¹⁹³

Spraying began in 12 communities, but then the department was forced to ground its fleet, now totaling 13 planes. Otter Tail County Judge Harlan Nelson issued a temporary restraining order at noon on August 24, at the request of the Minnesota Honey Producers Association and two beekeepers who were concerned about the effect of the spray on bees. Minnesota was a large honey-producing state, and Otter Tail County produced one-fourth of the state's honey. Michael Osterholm suggested covering the hives, and the beekeepers suggested spraying from sunset to sunrise.¹¹⁹⁵

"By doing the spraying program as we are now doing it we hope to completely avoid human case problems."

Michael Osterholm, Chief of Acute Disease Epidemiology, 1983¹¹⁹⁴

¹¹⁹⁰ *St. Paul Pioneer Press*, "43 State Officials Get Heft Salary Increases," July 18, 1984, pp. 1C and 2C.

¹¹⁹¹ *St. Paul Pioneer Press*, "State Agency Heads Given 5% Pay Boosts," December 21, 1988, p. 3C.

¹¹⁹² *St. Paul Pioneer Press*, "Aerial Mosquito Spraying to Begin," August 23, 1983, pp. 1A and 4A.

¹¹⁹³ *Ibid.*

¹¹⁹⁴ *Ibid.*

¹¹⁹⁵ *St. Paul Pioneer Press*, "Encephalitis Spray Halted in Legal Snag," August 25, 1983, pp. 1A and 4A.

At 11:30 p.m. on August 24, Supreme Court Chief Justice Douglas Amdahl convened a three-judge panel to consider Otter Tail's restraining order. Spraying resumed, with restrictions placed on any spraying between the hours of 10 a.m. and 5 p.m.¹¹⁹⁶

Spraying resumed but not without problems. There were delays due to high winds, and then, on August 26, a hose broke on one of the airplanes from Environmental Aviation Service Inc., spilling 400 gallons of Malathion near the Willmar airport. Another 50 gallons leaked out, damaging cars below, while the plane flew to the airport. In addition, one of the planes flew during the restricted time period. The Health Department ordered them to stop flying.¹¹⁹⁷

Complaints began arising from environmentalists, who were concerned about the risks from the spray. Janet Keyes, a spokesperson for Citizens for a Better Environment, charged that the department misled the public about the risks. She felt more research was needed on the effects of Malathion on children before such spraying was undertaken.¹¹⁹⁸

A second spraying was begun on August 29, and a western encephalitis expert from the Centers for Disease Control came to Minnesota.¹¹⁹⁹ No cases of encephalitis in humans had been confirmed, but there were 22 suspected cases and four probable cases. The number of counties to be sprayed was increased to 40. This included 286 towns and included nearly half the population of the state.¹²⁰⁰

What resulted was the biggest spraying effort ever of the chemical Malathion in the country. Forty counties in western Minnesota were included. The total cost for the spraying was \$1.7 million dollars.¹²⁰¹

After it was all over, the department was left with a lawsuit and 100 damage claims. By February 6, 1984, the state had paid out \$58,987 in damages. Environmental Aviation Service Inc. filed a \$691,000 lawsuit alleging that the state owed them that much for breach of contract. The state filed a counter suit of \$50,000 for the loss of Malathion and clean-up costs.¹²⁰²

Some questions were raised about whether or not the spraying was safe and if it had been an appropriate use of funds. The news media reported that few people were non-supportive of the effort.¹²⁰³ There were no confirmed cases of human encephalitis in the state. State Epidemiologist Michael Osterholm said that under the same circumstances he would support doing it over again.¹²⁰⁴

¹¹⁹⁶ Ibid.

¹¹⁹⁷ *St. Paul Pioneer Press*, "400 Gallons of Malathion Spilled on Ground," August 26, 1983, pp. 1D and 2D.

¹¹⁹⁸ Ibid.

¹¹⁹⁹ *St. Paul Pioneer Press*, "Mosquito Offensive Goes Into 2nd Phase," August 30, 1983, p. 4A.

¹²⁰⁰ *St. Paul Pioneer Press*, "6 More Counties to Get Encephalitis Spray," August 31, 1983, p. 1C.

¹²⁰¹ *St. Paul Pioneer Press*, "Mosquito Militia's Success Measured," February 6, 1984, pp. 1B and 2B.

¹²⁰² Ibid.

¹²⁰³ *St. Paul Pioneer Press*, "Few People Bugged by Spray Campaign," September 7, 1983, p. 1C.

¹²⁰⁴ *St. Paul Pioneer Press*, "Mosquito Militia's Success Measured," February 6, 1984, pp. 1B and 2B.

Though the beekeepers lost many bees, the department received support for their efforts from the Minnesota Honey Producers. Dwight Hull, association president, said "I would have to say the spraying was necessary because there was potential for health problems there."¹²⁰⁵ The Centers for Disease Control sent a memo: "The program for containment of the western equine encephalitis threat in Minnesota was excellent...At the point when the risk of encephalitis occurrence in humans was considered to be significant...the spray program was implemented with minimal delay."¹²⁰⁶

Changing Focus of Public Health

The most critical health problems of the 1980s were heart disease, cancer, smoking and traumatic injuries, the new term for accidents, as these injuries were believed to be predictable and preventable. For several decades chronic disease had been causing more deaths and illness than acute diseases. In trying to reduce mortality and morbidity, human behavior began to take on an importance as great as or more than disease organisms, and health promotion became the recognized intervention.

Sister Mary Madonna cemented this movement in Minnesota, emphasizing the roles of lifestyle behaviors, social problems and environmental factors in reduced mortality and morbidity. She addressed four areas in particular: cigarette smoking, poverty and malnutrition; care of the elderly and indoor air quality.¹²⁰⁷

A department study in the spring of 1984 cited the high economic costs due to tobacco use. The health care costs, attributable to smoking, were estimated at \$405 million a year in Minnesota.¹²⁰⁸ According to the author of the study, James Schultz, each pack of cigarettes sold resulted in \$0.89 worth of health care costs for the following conditions:

- \$0.12 – cancer treatment
- \$0.23 – heart attack and circulatory problems
- \$0.30 – emphysema and respiratory problems
- \$0.23 – other illnesses, such as ulcers
- \$0.01 – injuries resulting from fires caused by smoking¹²⁰⁹

¹²⁰⁵ Ibid.

¹²⁰⁶ Ibid.

¹²⁰⁷ *St. Paul Pioneer Press*, "We are our WORST Enemy in Health Matters," March 13, 1984, p. 1C.

¹²⁰⁸ *St. Paul Pioneer Press*, "Smoking Illnesses Costing 89 Cents a Cigarette Pack," May 14, 1984, p. 7A.

¹²⁰⁹ Ibid.

The department's first priority became helping people quit smoking or preventing them from starting to smoke. To do this Sister Mary Madonna established an advisory panel to come up with a statewide strategy to reduce tobacco use. The panel was comprised of 20 leaders in the community, representing business, labor, school administrators, medicine, and health promotion. With this committee, as with similar ones, Sister Mary Madonna demonstrated one of her strongest assets: a recognition that the right people have to be involved early on in order for successful implementation later.

***"In this new age, tuberculosis is replaced by tobacco smoke. The microbe that once killed thousands through our drinking water has been replaced by noxious vapors passing out of factories. 'Typhoid Mary' has been replaced by a drunk driver...In this new age, we face ourselves – our own decisions, our actions, our inaction – as the chief causes of death and disability."*¹²¹⁰**

Sister Mary Madonna Ashton, Quoted in St. Paul Pioneer Press, March 1984

"Whether you smoke or not, we all pay for this one way or another."

Andrew Dean, M.D., Director, Disease Prevention and Control, 1984

The advisory panel made a number of recommendations in 1984.¹²¹¹ Its key recommendation was to triple the cigarette excise tax, which was currently \$0.18 per pack and hadn't been changed in six years. Other recommendations by this panel included a marketing campaign for a non-smoking lifestyle, education on tobacco use in junior high schools, encouraging sponsors of public events to not accept sponsorship by tobacco companies and improving compliance with the Minnesota Clean Indoor Air Act. Rather than take a strong regulatory approach that mandated change, the panel urged the department to try to promote change through a friendly, consultative manner.

Explaining the advisory panel's focus on prevention, Kathleen Harty, staff to the panel, noted that a recent study indicated 5 percent of smokers first begin as adults. In addition to more education for students, the panel recommended increased efforts to reduce smoking among students and teachers in schools.¹²¹²

Sister Mary Madonna's was the first administration to begin working with private industry in trying to protect the public from the health effects of tobacco. In 1985 she wrote the president of Republic Airlines, asking that he designate certain flights as smoke free. She received a reply from A. B. Magary, senior vice president of marketing at Republic Airlines:

...While I am personally sympathetic to your request, I must regretfully refuse it on economic grounds.

¹²¹⁰ St. Paul Pioneer Press, "We are our WORST Enemy in Health Matters," March 13, 1984, p. 1C.

¹²¹¹ St. Paul Pioneer Press, "Tripling Cigarette Taxes Proposed," September 17, 1984, pp.1A and 4A.

¹²¹² Ibid.

As you know, a low fare carrier in the southwest, Muse Air, recently very nearly went bankrupt by adopting a smoke-free policy. The facts of life are that a substantial number of our passengers continue to smoke, and many nonsmokers are accompanying them in their travels. When we consider a smoke-free environment, we must take into account not only driving away smokers but those who travel with them.

The only viable solution to this problem, in my opinion, is an industry-wide ban on smoking enforced at the Federal level. I am sorry I am not able to be as positive on this issue as I have been on others we have shared; but hopefully, more favorable circumstances will arise in the future.¹²¹³

Northwest Airlines, however, did inaugurate a no-smoking policy on flights over two hours in length. A news conference was held to publicize this breakthrough.

The department changed its organizational structure in response to Sister Mary Madonna's focus on health promotion. In 1987 the areas of nutrition, injury prevention, and smoking prevention, currently part of the disease prevention and health promotion division, were placed in the new health promotion division.¹²¹⁴

The department building became smoke-free during Sister Mary Madonna's administration, and she supported other health promotion initiatives. In 1988, along with seven persons from other organizations, Sister Mary Madonna was appointed by Gov. Perpich to serve on the newly created Minnesota Institute for Addiction to Stress Research.¹²¹⁵ In 1990, the department emphasized the dangers of alcohol use by developing legislation aimed at increasing awareness of fetal alcohol syndrome and other dangers to the fetus. As a result of this legislation, 4,300 bars, liquor stores and restaurants were sent posters to display. The poster was designed to be understood by persons who could not read English.¹²¹⁶

AIDS

By June 1983, five cases of acquired immune deficiency syndrome (AIDS) had been confirmed in Minnesota. Two of the five cases had died. In addition to these, at least 50 people had been reported as having the symptoms of AIDS.

Like polio in the early 1950s, there were unanswered questions about the potential methods of transmission of AIDS. As with other devastating diseases, where little is known, the public expressed fear. Worried about how they might contract AIDS, people looked at different causes, such as the mosquito. Similar to polio 30 years earlier, the department did not have clear scientific information with which to advise the public.

¹²¹³ Letter from A.B. Magary, Republic Airlines senior vice president of marketing, to Sister Mary Madonna Ashton, December 2, 1985.

¹²¹⁴ *St. Paul Pioneer Press*, "Moen Heads New Health Program," November 24, 1984, p. 10C.

¹²¹⁵ *St. Paul Pioneer Press*, "Perpich Announces Appointments," August 10, 1988, p. 6D.

¹²¹⁶ *St. Paul Pioneer Press*, "Minnesota Poster Warns of Alcohol Danger to Unborn," September 28, 1990, pp. 1B and 3B.

By January 1984, the Centers for Disease Control had documented a link between blood transfusions and AIDS.¹²¹⁷ As the majority of those affected with AIDS at this time were gay or drug users, concerns were raised as to how this announcement would be interpreted.

“Our concern with this is the same as it has been all along. It has to do with how easy it is for the public to start thinking gay blood is bad blood. That’s kind of legitimatising some real nasty behavior towards gays.”¹

Morris Floyd, 1984

(Note: For more coverage of AIDS, please see Chapter 14.)

Measles

In 1957 there were 8,087 cases and 14 deaths attributed to measles. In 1961 there were 729 cases and four deaths; in 1962 there were 1,675 cases and 11 deaths.¹²¹⁸ The same year measles vaccine was licensed, 1963, there were 3,368 cases with eight deaths. Then the number of cases began changing. Except for outbreaks in 1976 (2,650 cases), 1979 (1,219 cases) and 1980 (1,104 cases) the number of reported cases was small.

On November 10, 1982, an article in the St. Paul Pioneer Press read “Measles Believed Eradicated.”¹²¹⁹ There had been no new measles cases for 13 months, and there had been only two cases in 1982. The 1979 Legislature had passed a law, effective 1980, that required all elementary and high school students to receive measles immunization prior to entrance. The law did not, however, cover college students, and this age group was therefore considered the most vulnerable.¹²²⁰ Other vulnerable groups included the Amish and Hmong populations who were not adequately immunized against this contagious disease.

It appeared as though Sister Mary Madonna’s administration would be the first in which there was not one reported death in Minnesota from measles, typhoid, tuberculosis, polio, whooping cough or diphtheria. The disease which had been most difficult to control was measles, but it now seemed as that, too, was under control.

Then, in 1990, a major measles outbreak occurred. Seventeen Amish children in Fillmore County were affected in January.¹²²¹ By the middle of February, seven children had been hospitalized, most of them from St. Paul.¹²²² Responding to the unseasonable outbreak, the department urged the population to check their immunization records and receive the necessary protection. The outbreak continued.

¹²¹⁷ St. Paul Pioneer Press, “Experts Accept Link, Seek to Calm Fears,” January 12, 1984, p. 8A.

¹²¹⁸ MDH, *Minnesota’s Health*, Vol. 17, No. 5, May 1963, p. 2.

¹²¹⁹ St. Paul Pioneer Press, “Measles Believed Eradicated,” November 10, 1982, p. 2D.

¹²²⁰ St. Paul Pioneer Press, “Indiana Measles Outbreak Watched,” March 9, 1983, p. 10A.

¹²²¹ St. Paul Pioneer Press, “Measles Hits Amish Community,” January 14, 1990.

¹²²² St. Paul Pioneer Press, “Measles Outbreak Reported in St. Paul,” February 16, 1990.

In May 1990 a 14-month-old Hmong boy in St. Paul died from complications of measles, marking the first such death in the state in 10 years.¹²²³ Three days later, a second death occurred. This time it was a 10-month-old child.¹²²⁴ A third child died from complications of measles within the next week.¹²²⁵ Three Minnesota children, none of them immunized, had died from a preventable disease.

Department efforts to reach all population groups were intensified. On May 10 the department issued an advisory targeting St. Paul residents and the Hmong population throughout the state. The advisory called for immunization of all children six months old and above. The normal recommended age was 15 months and above. By July the outbreak was winding down, and the advisory was lifted.¹²²⁶ By the end of the outbreak, more than 450 people in the state had contracted measles.

Similar to a 1988 legislative response to an outbreak of 700 cases of mumps in 1987, stricter immunization laws were enacted.¹²²⁷ Students entering Minnesota colleges in the fall of 1990 now had to show proof of immunization to gain entrance.¹²²⁸

Salmonella: Cheese, Tomatoes

There were a number of food-related disease outbreaks during Sister Mary Madonna's administration, and the department responded quickly and strongly to all of them. At times this approach was not popular with Minnesota industry. One case was that of suspected salmonella poisoning caused by cheese during the spring of 1989. More than 100 cases of salmonella poisoning were reported, and the department suspected uncooked mozzarella and processed cheese as the source. A five-week warning on cheese was issued through July 6.¹²²⁹

Minnesota and Wisconsin provided half the nation's cheese supply, and the department's warning resulted in high costs – an estimated \$20 to \$30 million in losses to the industry. Gov. Perpich told the press he was dissatisfied with the way the department had handled the case, as he felt there was no adequate evidence that the cheese caused the illnesses. While he was unhappy with the department's actions, he emphasized he was not going to interfere and would support the department's decisions: "They make the decisions, otherwise we'd have chaos in the whole operation. I never get involved in that; I really stay away from that, all right?"¹²³⁰

¹²²³ *St. Paul Pioneer Press*, "St. Paul Toddler Dies From Measles Infection," May 3, 1990.

¹²²⁴ *St. Paul Pioneer Press*, "Measles Outbreak Claims 2nd Victim," May 5, 1990.

¹²²⁵ *St. Paul Pioneer Press*, "Child Dies of Measles in Minneapolis/ 3rd Death Comes as 25 More Cases are Reported in Area," May 8, 1990.

¹²²⁶ *St. Paul Pioneer Press*, "Measles Advisory for St. Paul, Hmong Throughout Minnesota Lifted," July 13, 1990.

¹²²⁷ *St. Paul Pioneer Press*, "Tougher Immunization Law Due January 1," December 8, 1988.

¹²²⁸ *St. Paul Pioneer Press*, "Minnesota College Students Reminded of New Immunization Requirements," May 16, 1990.

¹²²⁹ *St. Paul Pioneer Press*, "Perpich Unhappy with Handling of Salmonella Scare," July 13, 1989, pp. 1A and 6A.

¹²³⁰ *Ibid.*

Ultimately, the source of the outbreak was traced. The mozzarella cheese was shredded at four Wisconsin processing plants and was responsible for the multi-state outbreak.¹²³¹

Environmental Concerns

In 1985 news reporters called attention to the "fishiness" of reports issued by Minnesota and Wisconsin: it appeared fish caught on one side of the Mississippi were safe to eat, while fish caught on the other side were not.

The confusion resulted from the state fish advisories that were published by both states. The Minnesota Health Department issued warnings against eating certain kinds of fish from several areas. Restricted areas included the Mississippi River south of Sauk Rapids and lower St. Croix. In the "Summary of Wisconsin Fishing Regulations for 1985," there was no health warning for fish from the Mississippi River below Lake Pepin or the St. Croix.¹²³²

Though the activism of the 1960s and 1970s had tempered, the population was still concerned about environmental issues. Members of Greenpeace once held a "toxic fish fry" in Chambers Grove Park in Duluth to publicize their concerns. They felt the Health Department should place a warning sign at this location.¹²³³

Another environmental issue which began during this administration and would resurface several years later was related to the potential damage to lungs caused by asbestos in northern Minnesota. On the review of routine x-rays taken in his office, Dr. Ronald Seningen of Virginia noted abnormalities on about 30 percent of them. He contacted the Health Department, and outside experts were brought in. It appeared as if there was asbestos-related lung damage, and the news media wondered if this was caused by the taconite industry.¹²³⁴ Gov. Perpich appointed a panel of international experts to look more closely at this potential problem. After reviewing the x-rays, they were most concerned about those of about 50 men and felt a thorough investigation was needed. They urged the state to try to pinpoint the source.¹²³⁵

The department unsuccessfully tried to get funds for such a study. One agency which refused to provide funds was the Iron Range Resources and Rehabilitation Board, which received much of its funding from the taxes of mining companies.¹²³⁶

In a memo to Gov. Perpich, Sister Mary Madonna pleaded for funds for this study. She wrote that she was "convinced this issue will come up again in the future and, without

¹²³¹ *St. Paul Pioneer Press*, "Salmonella Source was Cheese Plant," January 23, 1990.

¹²³² *St. Paul Pioneer Press*, "Two Diverse Reports Seem Rather Fishy," May 20, 1985, p. 1C.

¹²³³ *St. Paul Pioneer Press*, "Toxic Fish Fry to Publicize Polluted River," p. 5B.

¹²³⁴ *St. Paul Pioneer Press*, "Shaken by Asbestos Reports, Range Waits for Facts," March 4, 1985, p. 7A.

¹²³⁵ *St. Paul Pioneer Press*, "Cancer Mystery Ignored," December 21, 1997, pp. 1A and 10A.

¹²³⁶ *Ibid.*

additional funding, we will not have resolved this matter.”¹²³⁷ When the problem escalated and received media attention about 10 years later, Sister Mary Madonna commented, “It’s tragic and we predicted it.”¹²³⁸

Nursing Homes

Like commissioners before her, Sister Mary Madonna had to deal with problems in nursing homes. The quality of nursing homes had been improving steadily, and with Sister Mary Madonna’s leadership, the department took a strong position against poor care in nursing homes. In 1988, the department revoked the license of Beverly Homes. Gov. Perpich supported the department’s actions but many others didn’t. When criticized, Sister Mary Madonna responded with a letter to the editor in the Pioneer Press. She emphasized that Minnesota did not tolerate inadequate care and invited people to submit recommendations for alternative solutions to the department. She emphasized that the bottom line was that the elderly in Minnesota nursing homes were not going to suffer from poor care.¹²³⁹

In 1989 a nursing home abuse task force was established. It reported that the cases of fatal neglect in Minnesota nursing homes increased from 11 in 1987 to 35 in 1989. The number of suspected cases increased from 15 to 81. The number of complaints of deadly falls went from two to 21, and complaints of failure to provide prompt medical attention went from six to 24. The task force reported that mistakes had been responsible for the deaths of at least 63 elderly people in Minnesota nursing homes during the last three years. The task force identified a need for training and better supervision of staff working in homes.¹²⁴⁰ As a result of these recommendations, increased training standards were placed on nursing home personnel.

Minnesota – A Great State of Health

A 1987 radio ad for hospitals in Florida stated, “You don’t need to go to Minnesota to find the best health care.”¹²⁴¹

Gov. Perpich, always trying to develop the Minnesota economy, saw the potential for converting the state’s international recognition for health care into a business. He formed the Governor’s Commission on Promoting Minnesota Health Care Resources. With \$7,000 in state funds and \$306,000 in private funds, the commission’s first project was a 16-page advertising supplement in the May 4, 1987, *Time* magazine. The

¹²³⁷ Ibid.

¹²³⁸ Ibid.

¹²³⁹ *St. Paul Pioneer Press*, “Nursing Home Regulation,” letter to editor, September 9, 1988, p. 14A.

¹²⁴⁰ *St. Paul Pioneer Press*, “Nursing Home Abuse Task Force Targets Better Staffing Supervision,” September 28, 1990, p. 4B.

¹²⁴¹ *St. Paul Pioneer Press*, “Governor’s Commission on Promoting Minnesota Health Care Resources,” April 29, 1987, p. 2B.

magazine was sent to 600,000 national corporate executives and 89,000 Minnesota subscribers.¹²⁴²

In the *Time* magazine advertisement, Minnesota was described as a place "where people live longer and better."¹²⁴³ Sister Mary Madonna said that state health officials envisioned the promotion of health care and tourism, combining vacations with outpatient activities relating to wellness.¹²⁴⁴ The effort was reminiscent of the marketing of Minnesota to immigrants in the 1850s when they were urged to come to Minnesota because of the state's healthy climate.¹²⁴⁵

While Minnesota received international recognition for its health services, some members of the population did not have access to those services. Increasing attention was placed on obtaining health care access for all Minnesotans. The state had already developed the Children's Health Plan. For \$25.00 a year, children without health coverage were eligible for preventive care. In 1990 Daniel McInerney served on the State Health Care Access Commission. The department played an active role in developing a plan to ensure all Minnesotans had health care. However, this plan never reached the implementation stage.

When Gov. Perpich lost the November election, Sister Mary Madonna left her position as health commissioner and became chief executive officer of Carondelet Life Care Ministries. She continued to promote programs ensuring health care access for the population. In 1998, when asked who newly elected Gov. Ventura should invite to the governor's mansion to get needed advice for the next four years, Karen Gervais, director of the Minnesota Center for Health Care Ethics, suggested Sister Mary Madonna Ashton. Ms. Gervais explained: "She's now the leader of a model project for extending health care coverage to those who are uninsured and uncovered."¹²⁴⁶

When Sister Mary Madonna left the department, a good-bye party was held in the Chesley Room. The lines of employees wishing to say good-bye extended far into the hall. It was clear she had gained the respect of employees. She had proved the Health Department could be successfully led by a nun, by a non-physician and by a woman.

¹²⁴² Ibid.

¹²⁴³ Special Advertising Supplement, *Time*, May 4, 1987.

¹²⁴⁴ *St. Paul Pioneer Press*, "Governor's Commission on Promoting Minnesota Health Care Resources," April 29, 1987, p. 2B.

¹²⁴⁵ Philip Jordan, *The People's Health*, p. 1.

¹²⁴⁶ *St. Paul Pioneer Press*, "Whom Should Ventura Invite to Dinner at the Governor's Mansion for a Long Talk?," November 16, 1998, p. 3A.