

Chapter 17

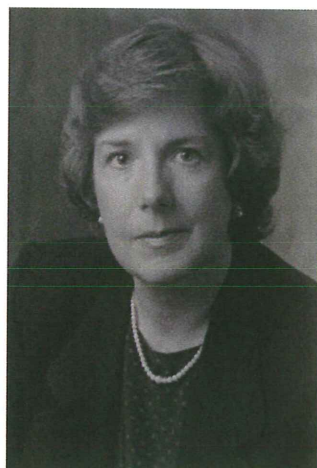
The Health of Minnesota – 1991 to 1999

Commissioner, 1991 to 1993
Marlene M. Marschall

Commissioner, 1993 to 1995
Mary Jo O'Brien

Commissioner, 1995 to 1999
Anne Barry

Commissioner, 1999 to
Jan Malcolm



In the 1950s a recommendation was made to abolish the Board of Health and have the governor, rather than the board, select the head of the agency. A prediction was made that if this change occurred it would result in frequent turnover of the agency commissioners. The prediction seems to have some merit. From its beginning in 1872 to the demise of the board in 1977, a period of 105 years, there were six secretaries/executive officers heading the agency.¹⁴⁰⁶ From 1977 to 1999, a period of 22 years, there were seven commissioners.¹⁴⁰⁷ The change has not been limited to commissioners but assistant commissioners and deputy commissioners, as well.

¹⁴⁰⁶ Dr. Charles Hewitt, Dr. Henry Bracken, Dr. Charles Smith, Dr. Albert Chesley, Dr. Robert Barr and Dr. Warren Lawson.

¹⁴⁰⁷ Dr. Warren Lawson, Dr. George Pettersen, Sister Mary Madonna Ashton, Marlene Marschall, Mary Jo O'Brien, Anne Barry and Jan Malcolm.

Since 1977, a new commissioner has taken office with each new governor. From 1991 to January 1999, however, there was only one governor but four new commissioners of Health and four acting commissioners. A department unused to such frequent change in the executive office was forced to adjust to several changes in leadership within a few years.

The change began with the unusual governor's race in 1990. The IR-endorsed candidate for governor was charged with improprieties that had allegedly taken place several years earlier. He withdrew as a candidate. One week before the election, Arne Carlson became a candidate. It was too late to have his name printed on the ballot. In order to vote for him, people had to write in his name. Arne Carlson won the election, winning over the incumbent governor.

Following the results of the election, Sister Mary Madonna Ashton, health commissioner, resigned. She left the department in January 1991, after serving eight years. Deputy Commissioner Daniel McInerney temporarily filled the position of commissioner. He left in February 1991 to begin work in the private sector but not until he had spent some time orienting the new commissioner, John McCally.

It was a time of crises worldwide, and the appointment of the new health commissioner received small notice in the Minnesota press. Amid news headlines of the conflict in the Persian Gulf area, increasing dissension in Bosnia, and unrest in South Africa, the appointment of Commissioner John McCally, on February 1, 1991, was noted several pages from the first page. Within the announcement of his appointment, Commissioner McCally stated his goals for the department: greater public access to health care without increasing the cost and greater emphasis on the prevention of health problems, particularly for children and pregnant women. He stated affordable health care could be provided for less than the \$150 million called for in recent state studies.¹⁴⁰⁸

John McCally, a Republican and longtime friend of Gov. Carlson, was a native of Michigan, had a bachelor's degree in economics, and had worked at two health maintenance organizations, Group Health Inc. and United Health Care, as a health analyst; at the San Jose Medical Clinic, the Mayo Graduate School, and the Detroit Medical Center as an administrator; and at Ernst and Whinney as a health consultant. He had also spent time as a stockbroker and as Olmsted County clerk. John McCally did not have a strong background in public health, but said his management experience was appropriate for the times. "I think there's a great deal more focus on escalating health care costs in the 90s than there is on epidemiology."¹⁴⁰⁹

Charges of cronyism were made when it was learned that Gov. Carlson had chosen John McCally, even though he wasn't one of the three candidates recommended by the selection committee for the \$67,500 post. The selection committee's top choice had been Dr. Jean Harris, president and chief executive officer of the Ramsey Foundation, and former president of Control Data.

¹⁴⁰⁸ *St. Paul Pioneer Press*, "McCally Appointed Health Commissioner," February 2, 1991, pp. 7A and 10A.

¹⁴⁰⁹ *St. Paul Pioneer Press*, "Official Allegedly Pushed Athletic Club for Free Membership," March 20, 1991, p. 6A.

John McCally was a decided contrast to Sister Mary Madonna. The St. Paul Pioneer Press pointed out some challenges and differences: "After taking the job, McCally faced other problems of both substance and style. His expensive suits and Mercedes-Benz automobile made for a striking contrast with the woman he replaced, Sister Mary Madonna Ashton, a nun."¹⁴¹⁰

Charges were made that Commissioner McCally was not well qualified for the position. Spending much of his time in St. Paul, department employees didn't get a chance to get to know him. Used to the stability of Sister Mary Madonna, the department struggled with the change.

While McCally's appointment did not make front-page news, he received front-page coverage on March 20 when the headlines read: "Official Allegedly Pushed Athletic Club to Gain Him Membership."¹⁴¹¹ According to the St. Paul Athletic Club's membership director, Peter Gavin, Mr. McCally had asked about a free membership and was told it was for elected officials only. At that point Gavin said McCally reminded him that the department inspects the club's swimming pool and food service. Gavin said, "He went on to say that we may want to reconsider who Mr. McCally is and how we treat him. After rethinking our position on this matter he would like me to give him a call."¹⁴¹² Commissioner McCally said he had asked about a membership, but he denied making any threats.¹⁴¹³ He saw the activities as part of an attack, "I keep saying, gee, somebody is out there just having a ball trying to throw things at me."¹⁴¹⁴

State Acting Human Rights Commissioner Frank Gallegos investigated the charges by the club and found them credible. John McCally submitted his resignation to Gov. Carlson on March 25 and made front-page news the next day when the headlines read: "State Health Chief Quits Under Fire."¹⁴¹⁵ McCally explained: "As you know, I've officially acknowledged that this was a mistake in judgment for which I've apologized. The subsequent political and press ramifications are very unfortunate and I now realize that they make it exceedingly difficult to do my job effectively."¹⁴¹⁶

Gov. Carlson accepted the resignation, but he said he thought McCally was driven out through gossip and innuendo. He targeted the media who, he felt, had run a vicious McCarthy-style rumor campaign forcing McCally out of office.¹⁴¹⁷

Difficult situations were occurring in other agencies, and Tim Droogsma, Carlson's press secretary, told the media he thought the DFLers were making trouble. He said

¹⁴¹⁰ *St. Paul Pioneer Press*, "State Health Chief Quits Under Fire," March 26, 1991, p. 6A.

¹⁴¹¹ *St. Paul Pioneer Press*, "Official Allegedly Pushed Club for Free Membership," March 20, 1991, pp. 1A, 6A.

¹⁴¹² *Ibid.*

¹⁴¹³ *Ibid.*

¹⁴¹⁴ *Ibid.*

¹⁴¹⁵ *St. Paul Pioneer Press*, "State Health Chief Quits Under Fire," March 26, 1991, p. 1A.

¹⁴¹⁶ *Ibid.*

¹⁴¹⁷ *St. Paul Pioneer Press*, "Carlson Rips Media for McCally Stories," March 27, 1991, pp. 1B and 7B.

that every time Gov. Carlson's administration replaced appointed officials "they go whining to the media."¹⁴¹⁸

The episode was an unfortunate one, for individuals and the organization. It pointed out the challenges of having a leader who doesn't professionally connect with the department, the power of a media campaign, and leaves unanswered the political charge by the governor's office of interference in the administration of appointments.

After John McCally's resignation, Mary Jo O'Brien, who had been appointed deputy commissioner of health in February 1991, became acting commissioner.

Commissioner Marlene Marschall

At a department staff meeting in May 1991, Acting Commissioner O'Brien told employees they would approve of the person selected as the new commissioner of health. She was right. Marlene E. Marschall was appointed commissioner on May 8, 1991. With an uncanny physical resemblance to Sister Mary Madonna, Marlene Marschall had a calming effect on the department. She made a point of making as little disruption as possible. When asked how she wanted something done, she would ask, "How was it done by the previous administration?"

Commissioner Marschall was scheduled to retire from her position as chief executive officer of St. Paul Ramsey Medical Center at the end of 1991, but Gov. Carlson persuaded her to resign from that post earlier and accept the health commissioner position.¹⁴¹⁹ When making the announcement of her appointment, Gov. Carlson said he wanted Commissioner Marschall to focus on making the department more visible and active, particularly in family planning and in health care access.

Commissioner Marschall, educated as a nurse, had worked her way up the ranks at St. Paul Ramsey Medical Center. She had earned her R.N. degree at Ancher Hospital School of Nursing, her B.S. at Vitterbo College and her M.A. at the University of Iowa.

Commissioner Marschall was, as Barbara Carlson stated on one of her radio shows during an interview, "a very nice person." She frequently wrote notes and letters of praise that employees often proudly displayed. She arrived at work early and participated in all department activities. She made a practice of walking through the halls of each and every division, often stopping to talk.

Commissioner Marschall's management team included Deputy Commissioner Mary Jo O'Brien and assistant commissioners Barbara Nerness, Andrea Walsh and Thomas Maloy. In August 1991, Commissioner Marschall announced she had appointed Christine Moore as director of public and legislative affairs and Beverly Krogseng,

¹⁴¹⁸ *St. Paul Pioneer Press*, "Carlson Aide Says Surviving DFLers are Making Trouble," March 28, 1991, pp. 1C-2C.

¹⁴¹⁹ *St. Paul Pioneer Press*, "Carlson Picks Hospital Executive to Lead State Health Department," May 9, 1991.

former manager of health services at Unisys Corp., as assistant commissioner for the Bureau of Health Protection.

Commissioner Marschall was confronted with a high-profile situation soon after accepting the position. A Minneapolis physician with AIDS had been treating patients between May 1990 and February 1991. On receiving this information, the department notified all of the doctor's patients, and they were tested for the presence of the HIV virus. While none of the 240 tests indicated the presence of the virus, questions were raised about the need to protect the public from infected health care professionals.¹⁴²⁰ The department conducted a four-month study and in October 1991 issued recommendations for reducing the risk of spreading the HIV virus through health care workers.¹⁴²¹

Commission on Reform and Efficiency in Government

Before he had officially been sworn in, Gov. Carlson expressed alarm at the state's budget situation and the need for improved efficiency. The Legislature and Gov. Carlson established the Commission on Reform and Efficiency in Government (CORE) to conduct a comprehensive effort to improve management in state agencies.¹⁴²²

The 22-member commission began work in August 1991, under the leadership of Chair Arend J. Sandbulte, President and CEO of Minnesota Power, Duluth. Initially, short-term savings within agencies were identified, and then the commission focused on long-term improvements in efficiency and effectiveness.¹⁴²³ The commission selected nine areas for closer attention. A recommendation from one area, environmental services, called for the transfer of the department's environmental health division to the Pollution Control Agency.¹⁴²⁴ A recommendation within the human services area called for the combination of the Health Department with the Department of Human Services.

The Health Department took a stand against both recommendations, pointing out that the expected efficiency of operations from combining units would be offset by the resulting separation. Commissioner Marschall further advocated keeping the environmental health division within the department to best protect the health of the population. The Pollution Control Agency protects the environment, while the Health Department protects people. Commissioner Marschall emphasized that that focus may be lost, to the detriment of people's health, if a move such as the one recommended by the commission was made. In the end, the commission had little impact on the organization of the department, except for a small number of transfers to the new Department of Children, Family and Learning.

¹⁴²⁰ *St. Paul Pioneer Press*, "Many Wonder Why AIDS Probe Took So Long," June 23, 1991.

¹⁴²¹ *St. Paul Pioneer Press*, "Health Worker-AIDS Study Spurns Mandatory Testing," October 24, 1991.

¹⁴²² Laws of Minnesota 1991, Chapter 345, Article I, Sec. 17, Subd. 9.

¹⁴²³ Minnesota Commission on Reform and Efficiency, "CORE Project Recommendations," April 1993.

¹⁴²⁴ Minnesota Commission on Reform and Efficiency, "Reforming Minnesota's Environmental Services System," March 1993.

Health Status of Minnesota

The state continued to enjoy a remarkably high level of health in the 1990s. While Minnesota had dropped to second place in 1991, in 1992 the Northwestern National Life Insurance Company again ranked Minnesota the healthiest state in the country. A 1992 report by Minnesota State Planning placed average life expectancy in the state at an all-time high: 80 years for women and 74.6 years for men.¹⁴²⁵ Commissioner Marschall enjoyed the first administration where no deaths were reported from any of the major communicable diseases that had been the leading causes of death a century earlier. Cases of measles, tuberculosis, typhoid and whooping cough were reported, but there were no deaths. No cases of diphtheria were reported, the first administration to boast such an accomplishment. The infant mortality rate continued declining, and the department set a goal to decrease infant mortality to 5.0 deaths per 1,000 live births by the Year 2000.

With an increasing focus on chronic disease prevention and health promotion, the department emphasized the need for healthy lifestyles. A \$6.4 million grant from the National Cancer Institute for anti-smoking campaigns was received in 1991.¹⁴²⁶ The department supported the "Five-A-Day for Better Health" campaign that promoted eating more fruits and vegetables.¹⁴²⁷

Despite these advances, needs continued to arise. Communities of color continued to experience a much higher infant mortality rate, and many Minnesotans were without health care access. A chemical spill near Duluth raised environmental health concerns.¹⁴²⁸ A mobile home park balked at installing storm shelters as safety rules required.¹⁴²⁹ The department warned citizens of the dangers of cantaloupe contaminated with salmonella in the summer of 1991.¹⁴³⁰ While other diseases were declining, the 1,000th case of AIDS in Minnesota was reported in October 1991. Of these, 654 had died.¹⁴³¹ Concern about costs and care of the growing number of elderly resulted in the formation of the Long-Term-Care Access Commission of which Commissioner Marschall was a member in 1993.

The area receiving the most attention during Commissioner Marschall's administration was health care reform, under the leadership of Deputy Commissioner O'Brien and Andrea Walsh, assistant commissioner of health care resources and systems. In 1992 health care reform legislation was passed. This legislation, designed to provide health

¹⁴²⁵ *St. Paul Pioneer Press*, "Minnesota Ranked Healthiest State Again, Wisconsin Tied for Third," September 17, 1992, pp. 1A and 6A.

¹⁴²⁶ *St. Paul Pioneer Press*, "Anti-Smoking Campaign to Target Minorities State Awarded Grant for New Seven-Year Programs," October 5, 1991.

¹⁴²⁷ *St. Paul Pioneer Press*, "Take Five/Minnesota Has Introduced Campaign Encouraging its Denizens to Eat Five Servings of Fruit and Vegetables Daily," July 7, 1993.

¹⁴²⁸ *St. Paul Pioneer Press*, "It's Eerie What's Going on Down There/Toxic Cloud Empties Duluth," July 1, 1992.

¹⁴²⁹ *St. Paul Pioneer Press*, "Mobile Home Park Stalls Safety Rules," May 8, 1991.

¹⁴³⁰ *St. Paul Pioneer Press*, "Holiday Picnic Food Warning Issued/Health Officials Link Outbreak of Salmonella to Tainted Cantaloupe," July 4, 1991.

¹⁴³¹ *St. Paul Pioneer Press*, "Minnesota Posts 1,000th AIDS Case," October 13, 1991.

insurance for the uninsured of Minnesota, was first named "Health Right" and renamed MinnesotaCare.

(Note: The department's role in health care access is described in Chapter 18.)

Compared to some earlier administrations, Commissioner Marschall's time at the department was relatively peaceful. Effective August 31, 1993, she resigned from her appointment, after serving 27 months. She had planned this as a temporary assignment and now wanted to retire, as she had originally planned two years earlier. On August 5, 1993, an announcement was made that the new health commissioner would be Deputy Commissioner Mary Jo O'Brien.¹⁴³²

Commissioner Mary Jo O'Brien

Mary Jo O'Brien was appointed commissioner of health in September 1993. Prior to her appointment as deputy commissioner of health in February 1991, Commissioner O'Brien was legislative relations director for the Minnesota Medical Association. From 1984 to 1988 she was director of rehabilitation and medical services/workers' compensation at the Minnesota Labor and Industry Department.¹⁴³³ She held a master's degree in rehabilitation counseling.

After joining the department in 1991, O'Brien spent the next 2½ years playing a key role in the development and implementation of health care reform initiatives in the state. Legislation passed in 1992 resulted in the creation of "MinnesotaCare," originally designed to provide health care insurance for more than 70,000 people on a sliding fee scale.

Health care reform continued as Commissioner O'Brien's main focus during her administration. She worked closely on health care reform with Elizabeth Quam, assistant commissioner of health care resources; Christine Moore Rice, assistant commissioner of health protection; and Anne Barry who joined the team as deputy commissioner in 1993. Together, with the state's health care commission, they worked on cost containment and a plan for providing insurance coverage for the estimated 400,000 Minnesotans without coverage. The MinnesotaCare program provided coverage for 90,000 people during its first two years, at a cost of \$60 million to the state. In addition, the program had directed more than 30,000 people to obtain coverage through Medicaid or other government programs.¹⁴³⁴

Policy questions emerged as to whether or not health care insurance should be required. Curt Johnson, the governor's senior advisor, questioned in 1994: "Does it mean offering coverage for all who want it or does it mean forcing everyone to have coverage?"¹⁴³⁵

¹⁴³² *St. Paul Pioneer Press*, "Carlson Picks Two to Lead Department," August 6, 1993, p. 5C.

¹⁴³³ *Ibid.*

¹⁴³⁴ *St. Paul Pioneer Press*, "Commission Moves Ahead on Health Care," October 5, 1994, pp. 1A and 6A.

¹⁴³⁵ *Ibid.*

In addition to her work on state health care legislation, Commissioner O'Brien served as a White House adviser on national health care reform. She led a National Governor's Association consultative team, emphasizing the role of states in federal health care reform. She received national attention for her work in health care reform. In 1994 City and State magazine picked Commissioner O'Brien as one of 20 people in the country who were expected to make news within the next 12 months.¹⁴³⁶

An issue from Sister Mary Madonna's administration, the high incidence of mesothelioma in men in northeastern Minnesota, resurfaced during Commissioner O'Brien's administration. For 10 years the department had been requesting funding in order to identify the source of the asbestos-related cancer, first called to the attention of the department by a physician from Virginia, Dr. Ronald Seningen. To date, no funding had been provided for further investigation. By this time, a large number of asbestos-related cancer was being seen in the men from the Iron Range. When Iron Range residents went to their legislators in 1994, the issue gained attention.

Commissioner O'Brien pressed the need for a study and requested funding for it in a letter sent to the Iron Range Resources and Rehabilitation Board (IRRRB). The IRRRB recommended spending \$50,000 for the study – the same amount spent to renovate the Judy Garland museum – but the funds weren't approved. The American Iron Ore Association sent a letter to the IRRRB indicating a study was unnecessary, as the taconite industry had conducted health studies and found no evidence of asbestos-related illness.¹⁴³⁷

Another issue that was highlighted during Commissioner O'Brien's administration was the salmonella outbreak caused by Schwann's ice cream in October of 1994. Less than four months later, in January/February 1995, a meningitis outbreak occurred in Mankato, resulting in several deaths. The department reacted rapidly, and set up an emergency makeshift immunization clinic in Mankato, preventing further fatalities.

It was a challenging period. In November 1994, after 2½ years as deputy commissioner and 1½ years as commissioner, Commissioner O'Brien resigned from her position, effective early 1995. Curt Johnson, chief of staff to Gov. Carlson, explained, "This is just normal turnover after four years of a tough job. We're very pleased with the work she's done. She's been one of the truly outstanding commissioners, a national figure for what states are doing on health care reform."¹⁴³⁸

Commissioner Anne Barry

Anne Barry, acting commissioner following Commissioner O'Brien's departure, was appointed commissioner on June 29, 1995.¹⁴³⁹ By that time, Anne Barry had 18 months' experience as deputy commissioner and four months as acting commissioner.

¹⁴³⁶ *St. Paul Pioneer Press*, "Minnesota Named as Newsmaker to Be," January 23, 1994, p. 2B.

¹⁴³⁷ *St. Paul Pioneer Press*, "Cancer Mystery Ignored," December 21, 1997, pp. 1A and 10A.

¹⁴³⁸ *St. Paul Pioneer Press*, "O'Brien Resigns From Post as State Health Commissioner," November 30, 1994, p. 5B.

¹⁴³⁹ *St. Paul Pioneer Press*, "Anne Barry Will Lead Department," June 30, 1995, p. 2B.

Commissioner Barry had a master's degree in public health administration from the University of Minnesota School of Public Health. In addition, she had a law degree from the William Mitchell College of Law. She had substantial experience in state government. She had worked at the departments of Human Services and Finance, and she drew from these experiences in building her management team.

Kirsten Libby, a Finance employee who had been an executive budget officer for the Health Department, became director of the office of budget and legislation, and later served as deputy commissioner. Kelli Johnson was appointed director of the office of policy in 1995, assistant commissioner of health protection in 1996, and later served as deputy commissioner. Barbara Colombo was appointed assistant commissioner of health systems and special populations.

Commissioner Barry's first months were filled with activity. The department was in the midst of handling a meningitis outbreak in Mankato when she assumed the position of acting commissioner. In March 1995 she supervised the department's response to a strep A outbreak in the Rochester-Wanamingo area. She also helped repair the MinnesotaCare program through legislation. Commissioner O'Brien's departure had come at a critical time for health care reform. The state was assessing MinnesotaCare to determine whether it should be expanded and how it should be financed. In July 1995 there was an outbreak of Legionnaire's disease in Mankato and Luverne.

When appointed, Commissioner Barry said her biggest hurdles would be to ensure the department maintained its standard of quality in the face of impending funding cuts. Cuts were expected in several federal programs, including Medicare, Medicaid and block grant programs.¹⁴⁴⁰

1995 --- Study by the Management Analysis Division.

1996 --- Program of Shared Leadership.

Midway through her administration, in 1997, Commissioner Barry was faced with continuing attention to a situation where public health, politics and economics collided – the increasing number of mesothelioma cases in northeastern Minnesota. The department had been advocating for funding to pinpoint the source since 1984. They could not get legislative support. The mining industry charged that the department was using scare tactics to get funds for the study. While the taconite industry reported it had found no health problems, it did not seem eager to support a study that would eliminate suspicion.¹⁴⁴²

"Here was a warning sign and nobody took action....It is a matter of regret...that nobody decided to do anything."¹⁴⁴¹

Dr. David Muir
Professor of McMartin University in Ontario, Canada
(Member of 1984 Blue Ribbon Panel looking at x-rays
from northeastern Minnesota), 1997

¹⁴⁴⁰ Ibid.

¹⁴⁴¹ St. Paul Pioneer Press, "Cancer Mystery Ignored," December 21, 1997, p. 10A.

Recent data indicated mesothelioma was affecting men in northeastern Minnesota at a rate 70 percent higher than the people in the rest of the state. While mesothelioma is a rare cancer, at least 40 cases had been reported in five northeastern Minnesota counties between 1988 and 1995.¹⁴⁴³

Dr. Alan Bender, chief of the chronic disease and environmental epidemiology section, pointed out that the cancer cases were just part of the concern: "Mesothelioma is probably the tip of the iceberg. It should raise a red flag anywhere. What makes this unique is the continuing concerns. We've got problems elsewhere, but what makes this so problematic is it continues to recur."¹⁴⁴⁴

The St. Paul and Pioneer Press made an inquiry and devoted several pages of the December 21, 1997, paper to the problem of mesothelioma in northeastern Minnesota. Family members of victims were interviewed. The probability of funding increased, and Gov. Carlson backed \$300,000 for a study.¹⁴⁴⁵

Efforts to promote healthy behaviors, begun by Dr. Arne Rosenfield, director of special services, in the early 1950s and continued by many other public health professionals at the department, were beginning to show success by the end of the century. Health promotion activities were thriving, but external forces still created many obstacles. One of the most powerful was the tobacco industry. During Commissioner Barry's administration one tobacco company, drawing from the health food industry, attempted to market a new cigarette as "pure," containing "no additives" and "100 percent natural" ingredients. Commissioner Anne Barry noted the power of marketing by the tobacco companies: "They know exactly what they're targeting – a culture that wants to know that what they eat and drink is free of carcinogens and other dangerous stuff."¹⁴⁴⁶

Tobacco Settlement

Internally, the department was becoming more physically dispersed during the 1990s. The building at 717 Delaware St., constructed 30 years earlier, had been designed with the idea it could be expanded by adding additional floors. When pursued, however, the department discovered this option wasn't possible. Due to overcrowding, divisions and sections were forced to relocate in other buildings. The first to move, in the late 1980s, had been the division of health resources. Through the 1990s, more divisions and parts of divisions relocated. By 1999, the department was operating in offices in the Metro Square Building in St. Paul, Energy Park in St. Paul, the Golden Rule Building in St. Paul and the Health Department Building in Minneapolis. The executive office moved from Minneapolis to St. Paul in 1997. The cost of the moves was high and contributed to a financial crisis for the department in 1998.

¹⁴⁴² Ibid.

¹⁴⁴³ Ibid.

¹⁴⁴⁴ Ibid.

¹⁴⁴⁵ Ibid.

¹⁴⁴⁶ *St. Paul Pioneer Press*, "Marketing 'Pure' Cigarettes Too May Face Obstacles," November 23, 1998, pp. 1A, 3A.

Commissioner Anne Barry left her position in 1999. Newly elected Gov. Jesse Ventura appointed Kelli Johnson as acting commissioner in January 1999.

Jan Malcolm – Last Commissioner of Century

Jan Malcolm was appointed commissioner of health on January 19, 1999. Prior to her appointment, Commissioner Malcolm had been vice president for public affairs at Allina Health System, and from 1990 to 1994, she served as senior vice president at Health Partners.

Commissioner Malcolm served on the board of directors of Courage Center and the United Way of Minneapolis. She had also served on the Governor's Commission on Health Plan Regulatory Reform and the Minnesota Health Care Commission. She was president of the Minnesota Council of Health Plans and had been a member of the Minnesota Partnership for Action against Tobacco. Commissioner Malcolm had a bachelor's degree in philosophy and psychology from Dartmouth College.



Commissioner Malcolm began her administration with a focus on the inequities in health status among population groups. While the overall health status measures for the state were good, she wanted to focus on those smaller populations that had below average health status. Commissioner Malcolm also supported increased investment by the state in disease and injury prevention. Health care access was another concern, and Commissioner Malcolm stated:

I think there's at least a question about whether we ought to be working on the safety net or whether we should be getting back to the conversation to how do we make sure everybody has access to coverage. One is treating the symptom and the other is really trying to get at the underlying cause of the problem. Should we be satisfied that we have a system that produces such a big need for charity care? If we're going to rely on it, let's make it solve the health care problem economically as smart – efficiently – as it can.¹⁴⁴⁷

During her first year, Commissioner Malcolm dealt with a public health issue that had been addressed by Commissioner Warren Lawson, the power line controversy. The location was different, Dakota County, but the concerns of the population were similar. Residents feared for the health problems the line would cause. Commissioner Malcolm wrote the Environmental Quality Board that she felt further study was needed before the proposed upgrading by Northern States Power was allowed.¹⁴⁴⁸

¹⁴⁴⁷ *St. Paul Pioneer Press*, "Sound Investment/New Health Commissioner Jan Malcolm Looks at how to best make our health care system – and health care dollars – work," March 21, 1999.

¹⁴⁴⁸ *St. Paul Pioneer Press*, "More Power-Line Study Urged Health Chief Supports South St. Paul Residents," September 24, 1999.

Some of the other health issues Commissioner Malcolm addressed during her first year included: health care access, health care costs, \$6.1 billion tobacco settlement, disparities in health status within the population, and data privacy. Her management team consisted of Julie Brunner, deputy commissioner; Aggie Leitheiser, assistant commissioner of health protection; Richard Wexler, assistant commissioner of access and quality improvement; and Gayle Hallin, assistant commissioner of family and community development.

At the end of 1999, the department produced its health strategic directions for 2000-2001 for the future. Summarized, these directives were:

1. Eliminate disparities in health status.
2. Improve readiness to respond to emerging health threats.
3. Reduce tobacco use and improve the health of Minnesota's youth.
4. Bring the community together on public health goals.
5. Prepare Minnesota for the next wave of health reform.¹⁴⁴⁹

One of the most significant changes for the department came in 1999 when Dr. Michael Osterholm, state epidemiologist, announced he was leaving after 24 years to pursue a career with a private consulting company he was forming. Dr. Osterholm, described as "one of Minnesota's most visible and trusted infectious disease experts,"¹⁴⁵⁰ had brought attention to a department that typically didn't pursue the spotlight. He had brought even greater attention to public health. At the end of his career with the department, Dr. Osterholm raised concerns about several areas that could negatively impact the public's health. One of these was bio-terrorism. Another was infectious disease. Still rampant in other countries, he pointed out that infectious diseases becoming resistant to antibiotics could make a comeback.¹⁴⁵¹ He commented on the future of people's health in a Star Tribune article: "We're not going to continue to see this increase in life expectancy. I think, if anything, life expectancy will level off a bit, and we'll probably see it drop."¹⁴⁵²

Public Health: 1949 to 1999

Despite all the challenges of the 50-year period, the Minnesota Department of Health made dramatic progress between 1949 and 1999. Early public health leaders, Dr. Hewitt, Dr. Bracken and Dr. Chesley, would have been proud of what the department had accomplished. Minnesota ended the century with an enviable health report. For the fourth year in a row and for the seventh time within a 10-year period, Minnesota was named the "healthiest state in the nation."¹⁴⁵³

¹⁴⁴⁹ Jan Malcolm, "Governor Sets Ambitious Goals for Improving Health," *MetroDoctors: The Journal of the Hennepin and Ramsey Medical Societies*, January/February 2000, pp. 12-13.

¹⁴⁵⁰ *St. Paul Pioneer Press*, "Osterholm's New Job Title: CEO/Epidemiologist Leaves Health Department for Private Venture," February 5, 1999.

¹⁴⁵¹ *Minneapolis Star Tribune*, "Living Longer, Living Healthier," May 16, 1999, pp. A10 & A11.

¹⁴⁵² *Ibid.*

¹⁴⁵³ *St. Paul Pioneer Press*, "Minnesota Ranks First in Health Report/Low Smoking Rate Among Key Factors," November 16, 1999.