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Dean F. Thomas
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Testimony
of
DEAN F. THOMAS
before the
SUBCOMMITTEE ON HEALTH
of the
UNITED STATES SENATE
COMMITTEE ON FINANCE
on
Community and Family Living Amendment of 1983
S.2053

August 13, 1984

Minneapolis, Minnesota

The Qualifications of Dean F. Thomas:

A dedicated parent of a severely retarded person -
age 38.

An active participant in the care and welfare of the
retarded in both the state of Texas and the state
of Minnesota.

An active participant in the management philosophy of
the Brown School, Austin, Texas. Perhaps one of the
most successful private facilities in the United States.
Personal reference, Dr. Charles Cleland, Brown School
and State of Texas Welfare.

A former member of the State of Minnesota's advisory
board of public welfare.

Present member of Faribault State Hospital Advisory
Board.

Retired executive The Pillsbury Company, Vice President.

President, Dean F. Thomas, Inc.

My basis of contest are as follows:

In opposition to S.2053

- I. The basic assumption put forth in the proposed S.2053 of shifting Medicaid funds for the mentally handicapped from institutions to smaller (15 population) community based settings is fundamentally wrong.

Its recommendation fails totally to recognize the severity of the retarded long term care issue in terms of:

The multitude of problems and opportunities associated with adequate care for the vast range of human deficiencies present in the retarded and handicapped population.

- I.1 As with all human beings, there is no "oneness" to the retarded population, but a complicated array of malfunction within an already complicated structure of human existence with which S.2053 cannot cope.
- I.2 The demanding expertise and physical plant required for adequate care and safety of the severely retarded.
- I.3 The vital role that already exists in the state of Minnesota, and other states, of the larger community facilities and the state institution.
- I.4 The chaotic confusion that would result within the neighborhood communities should S.2053 become law, forcing the closing of today's only adequate care for the severely retarded.
- I.5 The tremendous opportunity now in place to restructure the regulations that limit the larger facilities and the state institution to be cost effective.
- I.6 The human suffering of the severely retarded and their relatives, as the forced impact of S.2053 transfer of the severely retarded to the inadequate community "small" unit.
- I.7 The cost to the taxpayer for a mass market change to S.2053 that is clearly inadequate to serve the complicated problems of long term care for the severely retarded. No risk of this magnitude should even be considered without a fully structured marketing plan in which all the variables have been carefully examined. This has not been done in the case of S.2053.

I appreciate very much, Senator Durenberger and sub-committee members, for the opportunity to testify. The very fact this hearing exists, is extremely gratifying, as it deals with a subject which, as little as ten years ago, was not eligible for public debate with understanding.

My prejudice for being here is in opposition to S.2053, which in my estimation is a suggested bill which attempts to capitalize on the tremendous cost of Medicaid at the expense of the retarded community's inability to speak for themselves. Whether this is a purposeful intent, or a gross error in judgment, is not my concern. What is my concern, is the fact that S.2053 is a dangerous innovation that at best would benefit only a few of the high functioning retarded population, at a dangerous risk to the severely retarded, the large exceptional care facility, the state institution and the public.

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Recommendations

The documentation of S.2053 to deal with each of these seven issues does not exist, and particularly with the state of Minnesota. Its "Iron Pants" conclusions are empty predictions that attempt to say cheaper costs, which means nothing, if true. What does mean something is quality of care at cost effective expense. The state of Minnesota has, in place, a system of retarded care that ranks with the best. Certainly it can improve and must, but to destroy what exists without a state effort to build on what it has would be a violation to the taxpayers of Minnesota and to all those who pay taxes throughout the United States.

My plea is to provide legislation that allows both the private and public system of Minnesota to remain. Improve from this base with Medicaid that rewards this efficiency. Certainly with guidelines, but not "Iron Pants" so typical of Federal legislation. Leave the incentive with the people of Minnesota who understand its ability and success to date. The fabric is here and functioning.

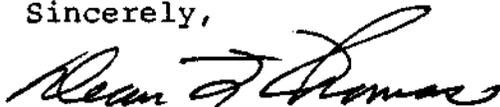
I am an Advisory Board member at Faribault State Hospital and I can prove my statements of exceptional care with opportunities to become outstanding in the areas of:

1. Exceptional care
2. Cost efficient
3. Severely retarded expertise
4. Expanded services which are synergistic to the community needs

Again, I appreciate submitting my testimony. I can only add that I am an involved parent. Certainly bias to my son, but you cannot be an involved parent without understanding the tremendous difficulty the retarded population has in telling their story of need and want.

"As each star in the heavens differ in brightness,
so do the children of God."

Sincerely,

A handwritten signature in cursive script, appearing to read "Dean F. Thomas".

Dean F. Thomas