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TOWN MEETING
ST. PETER STATE HOSPITAL REGION
SEPTEMBER 17, 1984 7:00 P.M.

"CITIZENS RESPOND"
AUDIENCE PARTICIPATION

1 MR. KENDALL: Madam Chairman, my name is John Kendall,
2 I'm the President of the Gustavus Adolphus College located in St.
3 Peter, and I would like to address the relationship historically and
4 at the present time between our college and the St. Peter State
5 Hospital.

6 My own association with the Hospital goes back to 1950; I'm a
7 psychologist by training and I have served many years as a consultant
8 at the Hospital and on three occasions as the Chief Psychologist at
9 the Hospital. I think it's important to look at the context in which
10 an institution finds itself, and we think that this Hospital has been
11 as asset to our program at Gustavus and we hope there has been a
12 reciprocal relationship. We started an intern program at the
13 Hospital in 1963, and since that time something over 150 students
14 from our college have trained at the Hospital in one field or
15 another. I think it should be kept in mind that the St. Peter State
16 Hospital is perhaps the only institution of its sort in Minnesota
17 that has a four-year college in the same community and a State
18 University within ten miles.

19 I will close with a quick reference to our football team which
20 may not seem relevant but I think it is. I was talking to one of our
21 football players today -- we play football at Gustavus --
22 complimented him on the fine game, he's a defensive lineman, and he
23 said thank you, but remember who I'm playing with. And he said I'm
24 playing with two very fine
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1 | defensive linemen. I think it's important as we look at the
2 | contribution of an institution to look at the wider context and
3 | with whom they are playing. We think it's important at Gustavus
4 | to continue a long and fruitful relationship with this Hospital-
5 | We hope we can continue to make an important contribution there as
6 | well.

7 | And in that connection then, I speak for Gustavus Adolphus
8 | College and for its trustees and some primary people who are part of
9 | our staff saying that we wish the Hospital well and a strong and
10 | vigorous program in the future. Thank you.

11 | MR. VODKA: Madam Chairperson, I'm John Vodka
12 | and the Director of the Mankato Vocational Technical Institute, and I
13 | think following up on the things that the St. Peter Regional
14 | Treatment Center has done for education I think I can second what was
15 | said for Gustavus; it certainly does for our Technical Institute,
16 | also. I think the comments made by Representative Quist and also
17 | staff people and the planning that is going on, I would hope that in
18 | that planning some of the things that are said tonight reflect on not
19 | only is this an outstanding institution helping people, but it's an
20 | outstanding institution for training. And that's really the point I
21 | would like to speak to and I will give you this in writing, also.

22 | But our Human Services Technician Program at the Mankato
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1 Technical Institute relies heavily on clinical facilities or
2 internship at this Hospital. The technical competence of the staff
3 and the operations of this institution is an outstanding place for us
4 to do training. I guess selfishly I should say also its an
5 outstanding place to place our students, and I think that probably
6 doesn't have to be said. It is a perfect impact, of course, on the
7 economic condition of our state here in the Mankato area.

8 So on behalf of the Mankato Vo Tech Institute I would like to
9 encourage the planning that's going on and the understanding that it
10 is a terrific institution and does provide that institute for
11 training. Thank you.

12 MR. LASPINE: Good evening, ladies and gentlemen, my name
13 is Doug Laspine and I'm the Mayor of the City of St. Peter. I would
14 like to take this opportunity to thank the people who are responsible
15 for this hearing this evening which affords the people in St. Peter
16 and Nicollet County area an opportunity to be heard regarding the
17 importance of a regional treatment center in this area. I intend to
18 only take a few minutes of your time but what I have to say is of
19 utmost importance to St. Peter and all the residents of Southwestern
20 Minnesota.

21 The regional treatment center in St. Peter has been here longer
22 than most of us in this room can remember. This facility is one of
23 the symbols of our community, provides
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1 facility have a right to a home, vocational training, and medical care
2 just as much as you and I. The loss of any or all of this treatment
3 facility could be devastating if not to St. Peter but to all the
4 people in this great state who care about those who are less fortunate.
5 I ask that those who are contemplating the elimination of these health
6 care facilities in St. Peter or other communities consider their
7 alternatives very carefully just as if they were their friends,
8 neighbors, and constituents. I thank you for this opportunity.

9 MR. LARSON: I'm Nathan Larson with the Nicollet County
10 Social Service Department. I would like to read a position statement
11 on behalf of Nicollet County Board of Commissioners and the Agency and
12 then present that statement to you for your record.

13 In order for the State Government and its local agencies to
14 adequately and fully meet the needs of the developing, disabled
15 individuals, a full continuum of services and facilities are needed.
16 It is necessary to have well-rounded group homes, develop foster homes,
17 day achievement centers, shelter workshops, rehabilitation centers,
18 semi-independent living services, respite care programs, in-home
19 services, supervised living arrangements, special education programs,
20 nursing homes, and facilities such as are presently located and
21 operating at the St. Peter Regional Treatment Center

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1 hundreds of jobs for residents of St. Peter and Nicollet County area;
2 but just as important, it also serves as a home for many men, women,
3 and children who are less fortunate than we are. We have welcomed this
4 facility in our community when no one else would have it. We have
5 provided dedicated and trained personnel to staff the facility. St.
6 Peter has been the brunt of tasteless jokes for many years because the
7 facility is in our community. Those of us who call St. Peter our home
8 are proud of this institution and what it has done to help all who are
9 handicapped or mentally ill. This facility is not just important to
10 us, it's critical to economic vitality of our City and those who reside
11 in the area.

12 I think I can safely speak for the City Council and for the
13 people who elected me to office. The people in St. Peter are
14 vehemently opposed to any effort to eliminate the facilities of the St,
15 Peter Regional Treatment Center. This facility is important to us as
16 the Mayo Clinic is to Rochester or the State Capitol is to St. Paul.
17 The State Legislature and Federal Congress are passing laws protecting
18 the rights of minorities, women, and the handicapped faster than local
19 government can implement them. Even though we have limited financial
20 resources to put these mandates into effect, we will find a way to do
21 it because it's the only right that all people be given an opportunity
22 in this country.

23 The people who reside in the St. Peter Regional Treatment
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1 Campus.

2 The Nicollet County Board of Commissioners and the Nicollet
3 County Association Services have found that the Regional Treatment
4 Center located in St. Peter has and continues to provide excellent
5 and comprehensive support and services to the propounding disabled
6 individuals residing at these facilities. We have found the staff
7 at this Treatment Center to be well-trained, competent, dedicated
8 people with the individuals' needs their primary concern. The
9 Center has excellent facilities that provide a variety of services
10 that meet residents needs. It is also that this Treatment Center
11 has a long history of community support and acceptance.

12 Both the Board of Commissioners and the Association Service
13 Agencies recognize and endorse the philosophy of having the least
14 restrictive setting for the developmentally disabled. We also feel
15 that the facilities at the St. Peter Regional Treatment Center are
16 the least restrictive for certain developmentally disabled
17 individuals, and we do not believe that relocating these
18 individuals will enhance their quality of life.

19 Therefore, the County Board and the Social Agencies support
20 and urge the operation and utilization of the facilities and
21 programs for the developmentally disabled at the St. Peter Regional
22 Treatment Center. Thank you for listening.

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1 MR. FASCHABER: I'm Jack Faschaber from Le
2 Center. I moved from Northern Minnesota in 1937 and I had a brother
3 who was retired and it was my brother could no longer take care of
4 him so we all split it up and he was supported care for 35 years.
5 I'm not talking from a business standpoint, I'm talking front a humane
6 standpoint, and I never had one complaint while he was here in St.
7 Peter. And I doubt that some of the rest did quite well
8 financially, and Dr. Shepherd here will attest that Rudy Boschwitz
9 and I were two largest supporters on the Hospital for years. And I
10 have a rest home in Le Center which I go to them every week and I
11 had my mother-in-law in there for three weeks and she couldn't stand
12 it because - we fixed up the basement and brought her home to die,
13 and her mind was perfect. When she was put in this rest home
14 somewhere people should be in St. Peter because they know how to
15 handle them. And to me the rest homes are no more than a glorified
16 insane asylum. I go there and I see people there that don't even
17 know me that were old neighbors of mine, their minds was slipping.
18 They should be in here because you put a person in a rest home with
19 a good mind and with all the other people in there and they get the
20 same way, and it's a sin.

21 And when Rochester was closed, my brother was taken to die
22 because he had a heart attack. I had talked to Dr. Grey who was a
23 friend of mine and he was from Rochester. And
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1 he said it was terribly sinful for them to close that Hospital,
2 and I certainly hope that that never happens to this one. Thank
3 you.

4 MR. LUNDBERG: My name is Ken Lundberg and I'm
5 representing the St. Peter area Chamber of Commerce Ambassadors and
6 the St. Peter area Chamber of Commerce. We have a position
7 statement which was handed out; I think everybody here has a copy
8 and you as well. I will read that so it's on the record.

9 The St. Peter Regional Treatment Center, the State Hospital,
10 was the first institution established in the State of Minnesota for
11 the care and the treatment of the mentally ill.

12 The citizens of the St. Peter area have had a vested
13 interest in the St. Peter Institution since 1865 when the
14 citizens raised \$7,000 to purchase the 110-acre Dorrington Farm,
15 now the main campus of the Institution.

16 The St. Peter Regional Treatment Center, with 782 employees,
17 receives a payroll of \$20,000,000 yearly. This multiplied by
18 seven, which is the national estimate of dollar: turned over to the
19 community, amounts to \$140,000,000 impact to the area.

20 With the prediction of the loss of 13,000 farms in Minnesota
21 in the next two years by the Commissioner of Agriculture, Jim
22 Nichols, and the loss of 100 jobs by a local
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1 construction firm just recently, any loss at the State Hospital would
2 have a devastating effect on the economy right here in our community.

3 Also, the St. Peter State Hospital provides a valuable resource
4 to the 19-county area which it serves, which would not be provided
5 otherwise;; such as psychiatric evaluation and treatment, specialized
6 mental retardation programs, forensic psychiatric evaluation and
7 treatment (Minnesota Security Hospital), and also chemically
8 dependency services.

9 Now, some of the facts and the concerns that we have as
10 Chamber members are as follows: The St. Peter Hospital employees
11 and staff are highly skilled professionals with many from third
12 generation families.

13 Gustavus Adolphus College and Mankato State University
14 students lend their time and talent to residents at the State
15 Hospital.

16 Mankato Area Vocational Technical Institute uses the
17 Hospital for "on the job" training for technicians planning to
18 work in nursing homes or hospitals.

19 Seventy five homes would be put on the market by the
20 closing of the State Hospital Treatment Center. It is estimated
21 that the 1,952 homes in St. Peter would devalue by 20 percent.

22 Schools, churches, local hospital and care centers would suffer
23 by the closing.
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1 \$100,000 would be lost to the merchants of St. Peter on goods
2 purchased through the Hospital Bank and private patient purchases.

3 Seventeen percent of all wages of the St. Peter area are paid
4 at the State Hospital.

5 So these are some of the facts and the concerns we as
6 Chamber members have if the Center would be closing in St.
7 Peter. Thank you.

8 MR. MARTINS: My name is Ken Martins, I'm a licensed
9 psychologist with the State of Minnesota. I work at the Hospital
10 and I also have a private practice in the area. I would like to
11 also reflect that almost 100 percent of the income that the patients
12 bring out here goes into the community, too. I see Dominoes and
13 Kentucky Fried Chicken and those out there all the time. As a
14 professional, though, I think my main concern is for the patients
15 who are suffering from lack of treatment out in the community. We
16 see many of them go out and they give it a good shot and they can't
17 make it. I think the average length of stay is less than 60 days
18 where -- (inaudible).

19 As I viewed our Hospital Museum out here, we go back over 100
20 years. I noticed a picture of all the administrators -- there are
21 probably 150 of them -- I noticed a small cameo of Dorthea Dix. If
22 you remember her, she was one of the leaders in the psychiatric
23 hospital reform probably around
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1 100 years ago. I think we would be setting her back another 100
2 years if we were to close St. Peter Hospital. There are a lot of
3 people who come to the Hospital who can't make it out in the
4 community, and in my private work I often refer people to hospital
5 settings other than where the ones that I work.

6 I had one other primary concern of the chemically dependent,
7 though, they are often forced literally into an impatient CD
8 treatment center before the Department of Public Safety will
9 reinstate their driving privileges. And I'm as much against drunk
10 driving as anyone else, but I think it's real important that if we
11 close down the Institution - we have a family program which I am a
12 part of and people from Rochester and the Southern part of the
13 State, the families have to make a supreme effort to get there for
14 the family part of the treatment that they deserve. And in working
15 with the chemically dependent, I know the family members and family
16 treatment is the vital part if not the most vital part to recovery,

17 I don't know what the State intends to do if they close St.
18 Peter. The people from the Southern part of the State are going to
19 have to travel who knows how far. It sounds like the State -- the
20 right hand may not know what the left hand is doing in that respect.
21 I guess that's all.

22 MS. BROWN: Janet Brown, President of Local 614
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1 on the Hospital campus. For those of you who may not be real
2 familiar with the services that we do provide on campus, I would
3 like to speak to that.

4 St. Peter Regional Treatment Center provides a meriad of
5 services that are provided by skilled, trained, and experienced
6 staff. Minnesota Valley Association Adaptation Center serves the
7 mentally retarded and developmentally disabled. It provides a
8 developmental continuum of training which ranges from basic self-
9 help skills to work skills that's allowing the residents the
10 opportunity to his or her own life, a process that includes
11 normalization and a consistent meaningful rhythm of life.

12 (Inaudible) works towards the public awareness, understanding
13 and acceptance of the handicapped individual. Behavior
14 modification programs are used with the reward system being based
15 on the functioning level of the resident. The structured program
16 objectives include daily living activities, vocational and social
17 skills, and developmental skills such as math, reading and writing.
18 Residents attend 508, DAC, or sheltered workshops.

19 St, Peter Hospital has five treatment areas: The Chemical
20 Dependency Unit, chance Hall, Community North and South, and Hexton
21 Extended Care Unit. Johnson Hall or the Chemical Dependency Unit
22 has a capacity of 58 and always has a waiting list. The 30 to 35
23 day program provides an

1 individual with knowledge and behavioral alternatives related to
2 chemical abuse. Chance Hall is a locked area; the service goal is
3 towards greater economy in self-sufficient capabilities. Behavioral
4 modification techniques, positive care culture and guided interaction
5 are some of the things that are used.

6 Community North and South treatment goal is to prepare people
7 for reentry into the larger community and to function responsibly at
8 their optimum level. Psychotherapy, social and recreational
9 activities and social skills are some of the things that are used.

10 Hexton Care Unit serves the elderly mentally ill and low functioning
11 handicapped individual. The program is designed to foster those
12 skills which will allow each resident to maintain as much independence
13 as possible and the enhance individual self-respect and self-image.

14 Minnesota Security Hospital efforts are directed for the
15 treatment and rehabilitation of the client with the atmosphere of
16 acceptance and hope while providing a secure setting. All programs
17 have the philosophy that each resident is a unique person who has
18 dignity and worth, a capacity for self-determination and a potential
19 for growth and change.

20 I would like to close with a quote from Jerry Worth, Past
21 International President of AFSCME. "Personal dignity is an innate
22 human need; an individual's primary defense against the haunting
23 fear of worthlessness." Thank you.

24 MS. BENSON: My name is Sue Benson, and I'm a
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1 registered nurse and a very proud member of the professional staff
2 at the St. Peter State Hospital. The nursing profession I believe
3 needs to be an advocate for all patients and the families of
4 patients at St. Peter Hospital. I agree with Ken in that if we are
5 looking at alternative services for many of these people, we may be
6 taking a jump back. We, in the State of Minnesota, pride ourself on
7 our mentally ill and mentally retarded programming, and by providing
8 alternate services or trying to provide alternate services out in
9 the community, these kinds of services I'm afraid will be lost. We
10 are very proud of what we do at St. Peter and I feel that the
11 patients and the families would really really -- they would lose if
12 St. Peter closed. Thank you.

13 MR. PETERSON: I'm Les Peterson, life-long
14 resident of Nicollet County, have been involved in industry or
15 business in this community for about 35 years, I am a past
16 President of the Chamber of Commerce, the St. Peter Lyons Club, the
17 Shorum Country Club, First Lutheran Church and maybe more. And I
18 guess I don't have too many answers but I have some questions.

19 I don't think I would need to add to what it would do to this
20 community, except I have a couple of questions. One, how about our
21 electrical, water, and sewer which is provided by the City if you
22 cut out 20 percent of the usage"? Will the rest of us have to pay
23 more because we have too large an
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1 operation?

2 And the next thing is the possibility of replacing these jobs
3 is almost nill when you lose a hospital. I don't think the Federal
4 Government wants another prison, however if he wants an industry,
5 usually you can attract another business. It may take time to get
6 them but you can usually attract another interest.

7 The other interest I have is I happen to be the father of a
8 daughter who is retarded and has been in the State Hospital in
9 Faribault County for over 30 years. I have seen where we have come
10 from and where we are now, and I don't see how you can improve on
11 what you are doing now by going to group homes. Where are the group
12 homes going to come from? Are you going to build them because you
13 can't take an existing house and make it into a group home. And I
14 think that you have now worked down to where the population is of
15 the severe retarded and that you need the hospitals to take care of
16 them. Thank you.

17 MS. HANO: I'm Virginia Hano from Mankato, Minnesota.
18 I have an 11 year old son. Boys that are 11 usually are into sports,
19 break dancing, three wheelers. My 11 year old son is a prisoner in
20 a twisted, spastic body and totally dependent on other people for
21 his existence. It's very time consuming taking care of my son; he
22 takes hours to feed. I have to wait for him to open his clenched
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1 tight mouth to get the food into his mouth and many times have to
2 wait for him to open that mouth again to get the spoon back out
3 because of the severe bite reflex. Many hours are spent diapering
4 him, checking his body for pressure sores, putting together and
5 taking apart seven straps to get him in and out of a wheel chair.
6 He has hand braces and foot braces, medications, etc., etc., etc.

7 Seven years ago I discovered respite care at Bartlet Hall at
8 St. Peter State Hospital, and I have used that on a regular basis
9 and I honestly feel that this has prolonged any placement into an
10 institution for my son. It has allowed me a refreshment, it has
11 allowed me to give attention to my three other children and to be a
12 wife to my husband during the weekend my son is at the St. Peter
13 State Hospital. And all the years that I have had my son in my
14 home, never once has anybody in my community darkened my doorstep
15 offering any type of organized respite care other than the St. Peter
16 State Hospital. There is a lot of talk about Title 19 offering
17 respite care, but I have yet to see anybody in my community
18 recruiting people to offer that respite care.

19 I think before any major changes are made with State
20 Hospitals, there has to be concrete visible answers waiting on
21 the sidelines. Most of all for the community, for the people who
22 work at the State Hospital, but most importantly for the
23 handicapped who cannot speak for themselves. Thank
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1 you.

2 MR. LOCKS: My name is Sam Locks and I'm from Madelia,
3 Minnesota; I'm an outsider but I'm the president of MDSAC Volunteer
4 Council here. I have a son who lives up here in St. Peter; he is
5 retarded, he is severely retarded. I think he is doing fine here.
6 I don't think we can give him that kind of service in a group home.
7 We have a group home in our town of Madelia. I think it serves the
8 people that are there fine; some of them can do that. He is one who
9 has to be fenced in a community. We have kept him at home as long
10 as we could when he was young; I don't want to see him in another
11 community setting like that because of the children that pick on him
12 and run after him and other things like that.

13 And I just believe that we need institutions for people like
14 that to just find themselves in a community where they can compete
15 with each other and not compete with the outside world which we
16 would have to do in a group home. Also, I don't think -- maybe our
17 legislators are aware of what volunteers are doing at the State
18 Hospital; they have done several things up there. On October 14 we
19 are planning an open house; we have invited several legislators to
20 be present at this to see what we are doing and what we are
21 providing for the people that exist there. And I hope they will
22 come and I hope they will take a second look at these group homes f
23 or everybody. Thank you.

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1 MR. PETERSON: My name is Glen Peterson and I am an
2 employee of the State Hospital. And as you said in leading off the
3 program that the institutionalization is a nation-wide movement. In
4 response to that, I have an article that was published in the
5 Minneapolis Star & Tribune just last Thursday. It summarizes a 313
6 page task report by the American Psychiatry Association, and the
7 headline reads: "Psychiatry Association says society has turned its
8 back on the mentally ill."

9 I will read just a few paragraphs from it. "The Association
10 released a report sharply criticizing the way in which states have
11 carried out a policy of moving the mentally ill from institutions to
12 the streets without sufficient help. It is estimated that there are
13 now between 250,000 and three million homeless people in the United
14 States. Of that number, 25 to 50 percent suffer from schizophrenia,
15 manic depressive, psychosis, or other chronic debilitating mental
16 illnesses. We are experiencing a phenomenon, one of precedented
17 magnitude and complexity, and hardly a section of the country, urban
18 or rural, has escaped this phenomenon, the presence of ragged, ill
19 clothed, sometimes hallucinating human beings wandering our city
20 streets and huddled over hallways or sleeping in vents."

21 I think we all know that Minnesota has led the nation in
22 providing through its developed social programs care for
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1 its most needy citizens, the poor of mind, poor of spirit, the poor
2 of body. And I would just urge the planning agency and the State
3 Legislation to please be very very careful to automatically assume
4 that a change means better.

5 MS. SHEEAN- My name is Dorothy Sheean, and
6 I'm Director of Volunteer Services at the St. Peter Regional
7 Treatment Center. And you have heard about the wonderful treatment
8 we provide and it must be good because the communities that we
9 serve have responded to our needs for volunteers. They have given
10 in the past year over 9,000 hours. They have done everything from
11 being a friend, being a tour guide, entertaining every month,
12 operating a clothing store, many many other things. And in goods
13 and services and money they have contributed over two hundred
14 thousand in past years. I would say the community does like us.

15 MR. WELLNER: My name is Virgil Wellner; I have been
16 a Brown County Commissioner for 12 years. As a Chairman of the
17 Welfare Board, as the Chairman of the Sioux Trail Mental Health
18 Board, my wife and I have a daughter, she is 33 years old, she has
19 been a resident of Bartlet Hall for about 18 years. So I have been
20 down to St. Peter a lot of times in my life; we live in
21 Springfield, Minnesota.

22 I would say that when you have got the care that we have got
23 over there now -- it's practically perfect right now -- how could
24 you ever get any better.

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2 And as far as closing up the State Hospital, the Legislature -- I
3 don't know if it's the Legislature or Sikorski -- I have heard quite a
4 bit about a fellow named Sikorski-They put him in Congress now: he is
5 on one of the best paying committees they tell me there is up there.
6 But anyway, he has done a lot of damage, the Legislature has done a lot
7 of damage. They do a lot of mandating to us. Ninety percent of my
8 problems since I have been a County Commissioner are mandated by the
9 Legislature. I will cut that back to 85. But I think that this
10 nonsense has gone far enough. I think now is the time for everyone in
11 this room from now until Christmas to call your Senator or
12 Representative and tell him how you feel and stop this closing up these
13 State Hospitals.

14 MS. GROUP: I'm Anita Group, President of the
15 St. Peter area Chamber of Commerce. I also serve on the City
16 Council, I also own a business downtown and apartments, and I'm on
17 the Advisory Board of the Mankato Vo Tech School and have been on
18 the Council at the Trinity Lutheran Church. I would not be giving
19 up my time if I did not feel St. Peter was worth it.

20 I like this community and I feel that the St. Peter
21 Hospital is important to this community, and a loss at this time
22 would be a very great impact. As Ken has said in his report that
23 we have felt the loss of 100 jobs with an
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1 industrial business moving out of the park and we know on Main Street
2 what happens when this occurs. And we cannot afford to have anymore
3 empty buildings downtown. And I feel with the turnout tonight that
4 everybody in this town is saying that this is important to us and we do
5 not need anymore impact in losing it. Thank you.

6 FATHER JERNICK: Madam Chairperson, my name is Father Dan
7 Jernick and I'm Chaplain at St. Peter Regional Treatment Center along
8 with Chaplain Gordon Long. And I would like to talk about the trauma of
9 closure.

10 In April of 1981 I was an employee of Rochester State Hospital as
11 Chaplain. The announcement came through public need. The
12 administration was surprised along with the employees and our only
13 resource at that time as to what was happening was purely the news
14 media. The reactions among us as employees was one of denial. We said
15 that can't happen to us. And when the closure decision was final, what
16 came up among most of us was anger. Anger at the Legislature, anger at
17 the Governor, anger at that time was called the Department of Public
18 Welfare saying they should have prepared us, they should have told us.
19 Because only a few years Hastings Hospital closed previously. Why
20 didn't they tell us? And the anger was taken home and it affected the
21 spouse and the children. I know because I visited those homes.

22 The anger also led to heavy drinking and heavy usage and
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1 and abusage amongst our employees. Getting ourselves together was
2 very difficult. We had to establish some sort of communication
3 between the employees and the administration. And I became one of
4 two coordinators for employee assistance at the time of closure at
5 the Rochester State Hospital. It was difficult because there was a
6 lack of trust, extreme mistrust of administration and everybody, and
7 it was a difficult thing to deal with. Much of my responsibility
8 turned toward individual counseling.

9 I remember the struggles with 23 families and I must say this
10 closure of Rochester and as fast as it took and the letters we
11 actually wrote solicited letters that they took up, so there was
12 hundreds and hundreds of letters written, very few replies.

13 One employee died, Fred Jepson. He was a recreational
14 therapist and I believe that closure contributed to his heart
15 difficulty. And his wife and three children under five experienced
16 extreme and enormous grief. Three divorces took place that I know
17 of and was dealing with. And getting a job outside the hospital
18 system was difficult. Many felt along with their anger which was
19 still very very active that they should get all that's coming to
20 them. And when they weren't accepted like at Rochester Methodist
21 Hospital or St. Marys Hospital, rejection set in; this could not
22 happen to me.

23 Well, what was happening to the patients who were the
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1 most important residents -- and I will call them patients --was
2 indeed traumatic. It's the purpose for which I took on this job as
3 a Chaplain and I work for them. They are the most important.

4 It was difficult for us to do consultations at that time
5 because we as employees were experiencing the trauma ourselves. And
6 at first the closure date was set for late fall. Then it was
7 extended to spring of the following year which was May 1st, and this
8 transfer -- I mean this extension was so important because many
9 people thought among the staff and employees that if we closed in
10 late fall we would be herding people like cattle out of that
11 hospital. And a longer period of time is needed to adjust among
12 mentally ill, especially chronics.

13 Now, I go to Rochester and I see them walking the streets in
14 the City of Rochester, they have become street people. And the
15 difficult thing is that these people who could call Rochester State
16 Hospital and come in to get help no longer have a place to call. So
17 they wait until their illness was very deep-seated, really bad, and
18 three of the Rochester State Hospital patients after the closure
19 committed suicide while on the streets.

20 There are many ways of being able to communicate and to
21 understand persons who are mentally disabled and who are chemically
22 dependent. I like the approach, I love the
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1 approach, of the State Hospital system especially St. Peter Regional
2 Treatment Center where there are multi disciplines, altogether on
3 campus and you can view things from different perspectives and you
A can do it together as a team. I like that approach.

5 And with the closure of St. Peter Regional Treatment Center,
6 all I can say is this: As you heard tonight from others, many many
7 peoples or persons lives are at stake. People with feelings, people
8 with all the feelings that you and I have. Both the constructive
9 and destructive as are related to some of you, but most of all not
10 only employees but also patients. And I think they are hurt the
11 most. Because behind the features of someone who is developmentally
12 disabled or mentally ill or chemically dependent, behind their
13 behavior, behind their moods and their reactions there is a genuine
14 human person. And if I can say anything from a man of the cloth,
15 that God does not make junk. Thank you.

16 MR. LONG: My name is Bob Long; I'm currently a
17 Consultant, Clinical School Psychologist for the inner district
18 cooperative of St. Peter, a position which I have held for the
19 last 14 years. In 1964 I left the State Hospital with which I
20 had been associated for 22 years, 17 years as Chief Psychologist
21 at the State Hospital and for seven of those years also as a
22 Chief Psychologist at the Minnesota Security Hospital. And I
23 have been in private
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1 practice in Mankato for the last 25 years and in the general
2 practice of neurology, psychiatry, and clinical psychology.

3 I am greatly concerned about the talk of wanting to cut down
4 the State Hospital or to find ways to place the patients at other
5 hospitals. It is my strong feeling that we should be finding ways
6 to get patients back into hospitals. There are so many patients in
7 the community that are misfits; they do not integrate into the
8 community and it is inhumane to keep them in the community at this
9 time.

10 Just last Saturday as I was leaving Mankato, I saw a lady, a
11 young lady, a talented musician, very dishuttled, rubbishing through
12 the garbage can. And she should be in the State Hospital, she has
13 been in but she does not qualify for staying in the State Hospital
14 and so she is out again.

15 There is the problem of families that want to get care for
16 their loved ones and they cannot get them into the Hospital under
17 the present law. This is an inhumane kind of thing. They are not
18 integrated - they are neither in the community but isolated from the
19 community. The major part of their illness is their very major
20 defect in social skills. They cannot socialize, and this is the
21 illness. This is a major part of the illness and we have not
22 addressed that and have not found a solution to that at this time.
23 And so it's wrong to start thinking or continue to think of dis-
24 charging patients from the Hospitals; we should be looking
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1 toward getting them back in the hospitals.

2 A gentleman mentioned Dorthea Dix. She actually visited this
3 community 110 years ago to view the then building State Hospital
4 Tiertbride structure. And Tiertbride was one who said that you
5 cannot take a step backwards in doing away with hospitals, it would
6 be a step backward in the care of the mentally ill. And the
7 evidence for that, he says you have got to look back in history and
8 see what happens without a State Hospital for the mentally ill. So
9 it is a wrong in St. Peter, it's wrong throughout Minnesota to
10 continue this trend toward discharging patients that cannot cope in
11 the community because it poses for their loved ones, it poses
12 problems for those who are mainly concerned about them, and it poses
13 problems for the community,

14 MR. DEVINE: My name is Loren Devine and I work at the
15 State Hospital, and I am also a Rochester State employee. At
16 Rochester we thought we had the only hospital within the Welfare
17 Department. This Hospital was also staffed by some of the best
18 doctors in the world, from the Mayo Clinic and yet it didn't make
19 any difference.

20 The other thing we had there is that we had several
21 accreditations, also. As a matter of fact, the day that we received
22 the word that we were being closed, we were given a two-year
23 accreditation for hospitals only. So don't believe it can't happen,
24 it can. But the thing that upset many, many

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1 of us employees from Rochester was the fact that there was not one,
2 not one, person from the Legislature that came down to even look at
3 the place or even talk to us, and I think that was just terrible on
4 the part of the Legislature.

5 As a Supervisor there, I think that the idea of watching my
6 employees go through the trauma of waiting for that last day that
7 they are told that they are done, it was incredible the amount of
8 tension and all of the other things these people went through
9 waiting for that last day. I had seen very outstanding employees
10 become so tight that their work quality-just went down the tube. And
11 if this happens here, believe me, ladies and gentlemen, you are in
12 for a very rough time. It's the families of the employees that are
13 going to suffer just as much as the people who you take care of.
14 Thank you.

15 MR. WOODS: My name is Greg Woods, and I am
16 the past President of the St. Peter Chamber of Commerce, the
17 Development Corporation, and I'm presently a Hearing Officer for
18 the Minnesota Department of Public Welfare.

19 In 1973 the Legislature was looking at closing another hospital
20 within the system and that was the Minnesota Security Hospital. I
21 was kind of a new kid in town and I ended up being tabbed to head a
22 Legislative Committee in which we looked at that and pulled together
23 community resources in an effort to inform the Legislature exactly
24 what we felt the facts were. We pulled together a collection of
25 people

1 within the community that was very surprising. The law enforcement
2 people, the people within the community simply gathered around and
3 we went to the Legislature and informed them. If the Legislature
4 thinks that you are going to see another Rochester community divided
5 over a State Hospital, you are wrong. St. Peter will not be
6 divided. They stood 100 percent behind the Minnesota Security
7 Hospital Facility in 1973 and I think that's the reason it is out
8 there now. You will not see a community divided; you will see a com-
9 munity that is behind the Hospital and thinks that they provide
10 quality services to the people that are here.

11 And so in terms of the testimonial, if the Legislature would
12 like to go back and see why history repeats itself, you might
13 look at the Legislature Committee hearings we attended in 1973
14 and the work that we did in 1973, and you might also look at the
15 impact study that was done by Region Nine at that time because
16 the impact, I'm sure, would be very similar in 1984. Thank you.

17 MS. LUCKY: I'm Jean Lucky, a Social Worker here at
18 the Minnesota Valley Social Adaptation Center. I have been on the
19 campus for 23 years; I'm a native of California. And I have heard
20 reported oh, we have just got to do this. Forty eight states have
21 done this before us and it's just worked out so beautifully.

22 Well, I get back to California every two or three years
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1 or so, and I have visited some of the State Institutions on my visits
2 there. A while back after California did this --I won't say what I
3 feel like saying -- but putting the people in the community, they now
4 have more State Institutions than they ever had, larger State
5 institutions than they ever had. There are still some in the community
6 who are able to cope in the community and able to get along- But one
7 of the last vi sits oh, this has been several years ago -- I shouldn't
8 say one of the last visits - to California I visited a huge State
9 Institution, I don't remember, it's something like 12 or 14 stories
10 high in the main building which is just huge and then cottages all
11 around that. This had never existed prior to putting people out into
12 the community. It was where we used to go and pick strawberries. And
13 they have found that this doesn't work. It works for some people but
14 not for all people, and they have a much larger State Institution
15 program than they ever had before. And this is something that should
16 be considered.

17 MS. ALLCAMP: My name is GiGi Allcamp and I'm the
18 President of the Volunteer Council for St. Peter State and Community
19 Hospital, and I have been a volunteer for 17 years. I, too, am really
20 concerned about the residents, and I don't know how we can put a price
21 tag on a person, you just can't do that. But I would like you to look
22 at a few other things that go on at that Hospital that concerns the
23 community.

1 And one is the Trading Post, of course, and volunteer -
2 (inaudible) - has just gotten a grand van (ph) that will serve St.
3 Peter State Hospital and the Security Hospital, community education,
4 the Pastoral Association, so it's a combined effort within the whole
5 community.

6 We also have work study affiliates from St. Peter High
7 Vocational, Mankato University, Gustavus Fairbault Nursing School,
8 and I'm sure many more. They deal with senior citizen lunches, meals
9 on wheels, there are classes offered to volunteers and also civil
10 defense and a disaster area. Food commodities are stored at the State
11 Hospital, tours are given to high school and elementary students to
12 prepare them to deal with some of these problems. Residents help
13 with the July Fourth celebration downtown, they have a Green Acres
14 Craft Shop, security has a Garden Shop- These are things that all
15 the community takes part in. Workshops and speakers that are open to
16 the area, community volunteers, senior employment, SEDA, Hopkins
17 Center Delinquent Youth, Johnson Hall Chemical Dependency Unit,
18 School District 508 people, the Highway patrol has an office out
19 there now and I don't know how many others. And I think those are
20 all things that are also important.

21 And then I have one more question, and this is kind of on my
22 own - I don't have facts and figures - but I would suggest that
23 you watch the population of group homes in the
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1 area. Because I would be willing to bet that right now there are
2 more than 174 residents in some of those group homes in Minneapolis.
3 Thank you.

4 MR. SWEDBERG: My name is Gary Swedberg, I have been
5 a St. Peter community member for many years and I'm a St. Peter
6 merchant now. I don't pretend to be an eloquent speaker and neither
7 do I pretend to be able to absorb all the comments that the people
8 have been putting forth tonight. But I will say this: If the
9 Minnesota Planning Agency looks at the turnout that showed up
10 tonight and they consider that not all these people are State
11 Hospital employees but all these people are State Hospital people,
12 they should do away with that. Thank you.

13 MS. CHRISTIANSON: My name is Marcy Christianson, I'm
14 a brand new resident of St. Peter, I just moved here from Illinois
15 two years ago.

16 Up until a month ago I was a Resident Program Supervisor in a
17 community based facility in Moline, Illinois. My employer was the
18 Association for Retarded Citizens. I do have nothing but good
19 things to say about our program; however, there were some drawbacks
20 when you get to the most severe and most profound residents.

21 Just before I left, one of our major institutions was closed
22 down by our Governor. Our facility was recipient of these residents
23 that were placed in our community. As a
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1 Program Supervisor, it was my responsibility to come up with some
2 kind of a rehabilitation plan. It just didn't work in a lot of the
3 cases. We weren't structurally or financially set up to handle the
4 most disruptive behavior problems, the people that demanded much
5 more nursing care than your community based facilities can provide.
6 So when you address the issue of the least restrictive setting, in a
7 lot of cases the Institution is the least restrictive setting.

8 Thank you.

9 MS. ERICKSON: My name is Marcy Erickson, I work at
10 St. Peter State Hospital and I'm on the statewide PRID Committee.
11 PRID means protect residents of institutions from
12 deinstitutionalization.

13 We formed this committee back when they closed Rochester, saw
14 how suddenly they closed and what happened, and we didn't like the
15 way it was done. And this is why the committee was formed. And
16 they say we won't have a closing within two years - there is no
17 planned closing within two years. We are not concerned about the
18 closing only, but it's not planned - that's exactly what happened
19 the last time, it wasn't planned.

20 And the Union has put the pressure on for this planning
21 committee is why it's going on now to see what happens. Mr. Quist
22 talks about our Hospital being one that couldn't be attacked, but I
23 think Mr. Levine over there told us how it really doesn't matter
24 sometimes when they decide.

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1 So I think we should let all our Legislators know how we feel
2 and tell them we expect them to work for us. And not only to work
3 for us but see that it's done, that the State Hospital does maintain
4 Minnesota here. Because I'm sure we are not the only one that feels
5 we are the best.

6 MR. SWORTWOOD: My name is Les Swortwood,
7 Superintendent of Schools in St. Peter. We recognize the fact that
8 the central question relates closely to the quality of service for
9 residents. And it's been important to me that I have been able to
10 attend a State level meeting of the Planning Agency to listen to
11 this discussion and proposal earlier this year. And that's enabled
12 me to be better prepared perhaps to look at the options that
13 confront the District from no change at all to a closure. And as I
14 discussed this with the State Demographer's Office and try to plan
15 for our District, we recognize that it could extend to the School
16 District from secondary impact something in the neighborhood of no
17 change in staffing to 10 to 14 positions.

18 More importantly perhaps is the fact that we know in St. Peter
19 that over a period of many years there has developed a relationship
20 between the School District and the Regional Treatment Center
21 employees. We exchange different aspects of our programs, we work
22 closely with each other. Over many years we have refined this
23 process so that I find many incidents in our regular program where
24 young people attending
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1 our schools have learned from their parents and their involvement in
2 the Regional Center program that there is some real meaning to
3 caring for people. They have developed it in their lives as they
4 have seen it function in the lives of their parents who are
5 employees at the Regional Center.

6 I think this becomes very important to us, too, because if
7 there is an important expectation of society today for young people,
8 it's to develop that quality of caring for others, and we have a
9 natural setting for that that we have learned to appreciate. 1
10 don't hesitate for a moment that other communities, other school
11 districts, might be able to adopt this standard of behavior and
12 experience the quality that we have. But it would only result in an
13 investment of many years because it doesn't happen suddenly. And I
14 know that over a period of 20 years it has been developed in this
15 School District for these young people through their parents and
16 through our association with the Hospital.

17 I think it's imperative that that point is examined carefully where
18 we find something really working to enable young people to grow up
19 with deep thought of caring for others and to reserve that quality
20 that is experienced in this community and in this area now. Thank
21 you very much. MS. BITELMAN: I'm Pam Bitelman, I'm a Social Worker,
22 I'm employed by the Security Hospital, I'm also a member of the
23 Minnesota Association of Professional Employees.

1 Before I make my remarks I would like to thank the community members
2 for being here and supporting the work for which we are all so
3 proud. I'm very touched and I'm sure all my fellow employees are as
4 well.

5 I need to preface my remarks by responding to Father Dan who
6 said "God doesn't make junk." I happen to believe that that applies
7 to State employees as well as the residents who we care for.

8 MAPP does not wish to dispute or argue about the concept of
9 community based care; we are here to say don't confuse the buildings
10 and the structure that was given us to work in or the employees and
11 the skill and the care that are found within those walls.

12 I had the privilege as a member of MAPP to join the Commission
13 as a representative of the Commission on two trips this year, one to
14 Rhode Island in which the Governor made a commitment that State
15 employees would be utilized in the care of the mentally retarded. I
16 saw State employees working happily in group settings where four to
17 six residents lived, worked together with their staff. I learned
18 through asking the Administrator of that program that the turn over
19 of State employees in the settings is somewhere around five percent;
20 they anticipate for it to drop this year between one to two percent
21 this year. Although later this year I went on a trip to Michigan
22 which is held up as a model for community
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1 based care and was told that the turnover in direct care staff in
2 the settings is up to and over 50 percent a year.

3 I think that as a Social Worker for almost 20 years, I think we
4 are all trained to believe that we should live and love and that our
5 concern for consistency and livelihood and pride in our profession as
6 human services providers and often mixed with self-concern and
7 interpreted to mean that we certainly don't stress in the care that
8 we provide. I think MAPP's position would be that those two concerns
9 are not opposed and probably belong in similar - oh, I have lost my
10 voice, haven't I - to care about one's profession and one's
11 stability in that profession allows us to bring continuity of care
12 and concern over the long run for the people that we work for and
13 love. Thank you.

14 MS. KRONE: Pam, I'm going to play it safe and read
15 mine.

16 I'm Faye Krone, and I have been an employee of the State for
17 over 20 years, a member of Local 614, and the International Vice-
18 President of AFSCME, and I would like to speak on AFSCME's position.

19 In the 1960s, State Government began to jump on the band wagon
20 of the institutionalization. The thought was that mentally
21 handicapped individuals would achieve more of their human potential
22 in home-like settings in their own communities rather than in public
23 facilities. Because of the passage of

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1 | the Community Mental Health and Retardation Act of 1963 and then
2 | the Medicaid and Medicare Programs of 1965 that excluded the State
3 | Hospital patients, it was to the State's advantage to dump as many
4 | patients as possible. Many were discharged to nursing homes and
5 | those who had no money value were left to roam the streets.

6 | Because the trend was met by unplanned, non-responsive
7 | services because most of the communities lacked appropriate
8 | facilities, the results were tragic; hence, AFSCME's position
9 | against the institutionalization. Had it become apparent in
10 | Minnesota that AFSCME couldn't turn around the trend to the
11 | institutionalization, even though we cited stories and statistics
12 | until we were blue in the face, the members with the Pride
13 | Committee taking the lead lobbied our Legislature and said, in
14 | effect, if we must be institutionalized then let's be
15 | institutionalized with heart both for the residents and the
16 | employees, and let us not forget the economic impact on the
17 | community where the hospitals are located. Let's work together to
18 | assure the residents the same quality of care by staff who are
19 | experienced and with no increase of the cost of that care. By
20 | working together, let's not have another Rochester, Minnesota,
21 | let's not have our mentally handicapped wandering the streets, and
22 | let's avoid the rip off vendor who can see only the dollar. We
23 | are here tonight; it's a beginning.

1 MR. BALMGARTER: My name is Paul Balmgarter, and I'm
2 relaying a message which was received by telephone from a patient.
3 He says, I support the institutionalization if it's properly done
4 but. I'm not pleased with some of the things that are done at the
5 Hospital. From a displeased patient, Roger Spreve.

6 MR. RENICKE: Earl Renicke, member of the State Senate
7 from District 35, formerly representing this area in the Minnesota
8 Senate. I have been in the Senate for quite a number of years
9 serving on the Senate Finance Committee, the sub committee of Health
10 and Human Services. And as a Legislator here this evening, I
11 suppose you are waiting for our comments.

12 For those of you from the State Planning Agency and those of
13 you from the Department of Welfare that are in attendance, take
14 heart what you are hearing tonight. This is the best explanation by
15 the public that I have ever heard of the concerns and putting forth
16 what exactly is happening. Certainly we can't say anything against
17 in some cases of taking people out and putting them in different
18 settings. What's happened over the years has been progress but there
19 is one key thing that has been said this evening and said earlier by
20 one of the speakers where we may reach a point of taking people out
21 of the Institution where we should say no, no more. I think we are
22 reaching that point now in this case
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1 and I think that's very significant.

2 Another point that's coming across to me as a State Legislator,
3 a member of the community just like you are by serving in the
4 Legislature that Legislators are being blamed themselves as
5 individuals here for everything that has happened that's been
6 contrary. Secondly, if we don't make something happen to benefit our
7 area or the area surrounding us, we are blamed for that. Remember, in
8 the Senate it takes 34 votes as a majority, and if you don't have the
9 34 votes, you lose. So I hope you take heart as members of the public
10 not to criticize everything the individual Legislators do or do not
11 do. We are only human and we are doing our part on your behalf.

12 Now, Mr. Wellner, I took a lot of abuse from Senator Sikorski
13 myself; I served under him. I know exactly what it has been like. I
14 attended many meetings in nursing homes for he was concerned about the
15 nursing home resident. But when it came to the Rochester State
16 Hospital, well, that happened in a hurry. And right, there was no --
17 no Legislators, no one came down there, the Committee didn't come down
18 there. Senator Sikorski knew better than to come down to Rochester.
19 And politically, it's unfortunate that a man like that gets into
20 Congress, and that's a political statement you can take as such. But
21 after having served on his sub committee for a number of years, there
22 is certain limitations you can take.

1 So my input this evening is to indicate that we are supportive
2 as Representative Quist started out by giving you a wide account of
3 what's happening. And I think most Legislators support that feeling
4 that we have reduced the numbers and we better be very careful. But
5 we do have a Court case in front of us; we are facing that as
6 Legislators, too, and it's difficult to fight the Courts, also. So
7 we do have problems as we go on. Thank you, and I enjoyed being
8 here.

9 MR. PEOPLE: My name is Mark People; I'm a State
10 Legislator from the Mankato area and I was asked by a number of my
11 constituents that do work at the State Hospital to attend. Of course
12 I had told them that I had planned to come because I did get notice
13 of this meeting. I'm not going to elaborate much; I believe what the
14 people have said earlier is very important and of value and I hope
15 that the Welfare Department and the Planning Agency take to heart
16 like it's been said. I think that we have suffered enough as far as
17 the closing of the Rochester State Hospital where I used to live, and
18 I was like Senator Renicke in the State Legislature at the time. And
19 you know, all your local Governments have open meeting laws they have
20 to comply with, but the one body that does not have to comply to open
21 meeting laws is the Legislature. We pass laws but often times we
22 don't have to follow them ourselves, and the closing of the Rochester
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1 State Hospital is one unfortunate incident and one unfortunate
2 thing that happened that was due to conference committees that
3 were closed to the public and to other Legislators that were not
4 even on that Committee. In the House we had the choice of voting
5 yes or no not even to amend when it got to us as far as the vote.
6 Now, I don't know if you call that representation; I guess I call
7 it a sad day in the State of Minnesota when that Hospital was
8 closed. And I have only to say that I hope with meetings like
9 tonight that that will never happen again. Thank you.

10 MR. FREDERICKSON: My name is Dennis
11 Frederickson, a State Senator from District 23 and St. Peter is a
12 major part of District 23 which is one of the reasons I'm here
13 tonight. I have also attended a similar meeting at Willmar which,
14 I believe, was Friday. And it's good to see the community and the
15 people from around the area, the towns really from outside the St.
16 Peter community represented here tonight and speak about closing a
17 State Hospital and how we don't want to see it closed and the
18 quality of care that is provided here. There are many, many good
19 things that are said here tonight. I would like to respond to
20 most of them; however, I'm going to pick just one because it comes
21 from a gentleman from the end of the Senate District that I live
22 on, Commissioner Virgil Wellner from Brown County. I don't know
23 if Virgil is here yet or not -

1 very upset about the Rochester closing, and financially it's not
2 money out of a parent's pocket because of the distance to drive to
3 see our ill people, but it's our Police Department has suffered, our
4 County Social Workers have suffered.

5 My son is mentally ill, chronically mentally ill. In high school
6 he was quarterback of the football team, he was in the class play, he
7 was on the basketball team and the track team and sang in the chorus,
8 and he's a graduate of the University of Minnesota and a talented
9 photographer and then he became ill. And since that he has seen one
10 hospitalization after another all over the Southern part of Minnesota
11 and in Minneapolis and the State Hospital at Rochester. And I must say
12 this time in February we went through the very traumatic and painful
13 process of having to commit him to St. Peter Hospital, and I thought he
14 got some wonderful help here. He is now out in a half-way house --
15 whether it will work, we don't know. But I think it's a terrible thing
16 to go along with the mainstream, and I have a Wall Street Journal
17 article here so we know this is coming from the top. And I would like
18 to see Minnesota be smart. I know we have got intelligent
19 people here who can come up with innovative programs and there are
20 advocates in growing numbers that we who have lived with the problem
21 know what it is.

22 I would like to invite any Legislator who would like to close any
23 of these hospitals to spend a month with a chronically
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1 ill person who has just been committed to a mental hospital. If they
2 want to get two or three hours of sleep a night in all of that time,
3 if they want to try to get their person to take their medication, if
4 they want to try to keep them from running away and all the other
5 things that go along with having a mentally retarded person in your
6 home, I invite them to try it and I don't think they would have any
7 question about keeping the hospitals open.

8 MR. QUIST: Since before I gave only introductory
9 comments of a factual nature, I did not give my own personal
10 position. I would like to take about one minute to give a personal
11 note to this discussion.

12 I became convinced that the institutionalization has proceeded
13 too far. A year ago last winter when I toured the Food Shelf and
14 the Shelters up in the Twin City area because in my tour especially
15 of the Shelters and the Food Shelves it was very evident to me that
16 some of the people who were there were individuals that should have
17 been receiving treatment in an institution like our St. Peter State
18 Hospital. That's when I became convinced that the
19 institutionalization in our State had gone too far.

20 From my two years in the Legislature which took place long
21 after the closing of the Rochester State Hospital, by the way, but
22 from my two years in the Legislature it's evident to me that the
23 general feeling of the Legislators is
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1 that the institutionalization has gone too far.

2 AUDIENCE: Why did you vote for the Waivered
3 Program then?

4 MR. QUIST: And the Legislators feel that we need the
5 State Hospital system to remain strong as well as some options in
6 the community centers. And so I'm committed to doing everything I
7 can to keep the St. Peter State Hospital and all of our other State
8 Hospitals strong, viable, productive institutions.

9 MR. HERNEY: My name is Mike Herney, I'm the Economic
10 Development Director for the City of St. Peter. I would like to
11 just address some of the economic roles that the St. Peter Regional
12 Treatment Center has on the St. Peter community and address the
13 impact with the closure of the Minnesota Valley Social Adaptation
14 Center has on the community itself.

15 The St. Peter Regional Treatment Center is the single largest
16 employer in St. Peter. It employs 782 people of the total 4,052
17 employees in St. Peter. When you compute that percentage, that's 19
18 percent of the total employment in St. Peter comes from the St.
19 Peter Regional Treatment Center. That's comparable to the entire
20 manufacturing sector in the State of Minnesota and the impact that
21 industry has on the State of Minnesota, the St. Peter Regional
22 Treatment Center has on St. Peter.

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1 Of those 782 jobs -- I have done some multiplying studies myself,
2 and I hope the State Planning Committee takes this information and can
3 use it - 438 jobs are basic jobs. That means that basic jobs creates
4 the foundation for our local economy. Other jobs are built on these
5 basic jobs, they are considered exporting jobs. If we lose 207 basic
6 jobs, it will crumble our foundation. And I have done the multiplying
7 studies and I have computed that 207 jobs lost in our basic sector can
8 create 988 jobs lost in the entire St. Peter economy and the trade
9 area. And as far as total population, our total population will drop
10 to about 6,000 over time. So I just hope to pass this information on
11 to the State Planning Committee to see if they can use it. Thank you.

12 AUDIENCE: One of the things that I would like
13 to point out that just came to mind, and that is the cooperation we
14 have had between the State Hospital residents and the employers
15 downtown. We welcome them with open arms. And not only do we do
16 that, but we also go out with the services - or the residents that
17 cannot go downtown, the employers go out there to render their
18 services. So I feel that we have welcomed this and it would be a real
19 loss.

20 MS. BITELMAN: I was real nervous when I got up
21 here before and I forgot half of what I wanted to say. And I'm
22 still real nervous, too.

1 The Minnesota Nurses Association has been trying to draft our
2 counter proposals to the State Waivered Services Plan. In the State
3 Waivered Services Plan there is about three sentences that address the
4 nursing care and the medical health of all patients currently in the
5 State Hospital and what kind of licensing thing would need to be
6 followed in small group homes and community facilities and nursing
7 homes.

8 I work in the geriatric unit at the State Hospital. We have
9 lots and lots of elderly people who have been very very productive
10 members of our society and because of varying illnesses are unable to
11 be maintained in the community. They come to our unit because we
12 don't have to tie them down to chairs, we don't have to medicate them
13 so they are no longer able to talk, we can allow them to walk around.
14 To me this is the least restrictive alternative for these members of
15 society that have built the society that we have right now. And to say
16 okay, now it's time to close these hospitals, now it's time to put
17 these people back in the community, back into the nursing homes that
18 can't handle these people, they can't handle them. They are in our
19 place right now because they can't be handled in the community.

20 Elderly people to me are very very special. I worked in a
21 nursing home before and we had to tie people down because they would
22 wander away outside and they would get lost in the cold. At Hexton
23 Extended Care Unit we don't have to do that.

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1 We have a locked door, we have trained personnel to deal with the
2 mental illness of these people. And we love them very dearly and we
3 are very frightened for them and their families if they have to be
4 let out of the Hospital and put into nursing homes that do not have
5 staff that are trained.

6 I have a posting from Waseca County Developmental Center for
7 some jobs for people, and our professionals and staff at the
8 Hospital are paid for their services and for their knowledge. These
9 postings, the amount of money paid to the professionals in the
10 community, my salary would be cut down to one third. I can't afford
11 to live on that, I cannot afford to go to work in the community, in
12 the County. The County doesn't have the money to pay me, it doesn't
13 have the money to pay the professional staff that needs to take care
14 of our people, of the elderly people, of the young people that are
15 coming up that need good professional services, to help them get
16 back to their feet. There are people that do not function in the
17 community. We have tried them and they come and go, they go in and
18 out of the Hospital.

19 I just want everybody to know that the Minnesota Nurses
20 Association, our first and foremost priority is the care and
21 treatment of all of the people in the State of Minnesota. Thank you.

22 MR. LOCKS: Again, on the 14th of October for this
23 open house, we have invited the Legislators, we have
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1 invited the news media from Minneapolis and Mankato and
2 around; we hope they are all coming. But if they come and
3 the Legislators come, if we don't have you people behind us,
4 it isn't going to mean much. So we hope you will all show up
5 on that date so we can show them what we are doing and what
6 we are trying to come across with.

7 MR. LOWE: I'm Ed Lowe, I work out at the State
8 Hospital. Sitting back and listening to everybody, I think they see
9 a double side of the equation here. The care for the retarded or
10 the handicapped operations out there and the welfare of the staff
11 that are doing the job out there, and I think it's a disservice to
12 place. And I personally think that if St. Peter is worried, Moose
13 Lake must be crapping; that's the only industry up there. But
14 nonetheless, I think if we get the planners in the State to think of
15 a model that works within the system, you still need a financial net
16 in the Welfare System. I don't care what stage you go to, they
17 covered that in California when they did away with the institutions
18 and created these slums and subsequently started back up again. But
19 nonetheless, we have got a run away welfare system, too, in the
20 Medicaid area and whatnot, and so you have to contain costs. And I
21 think the State Hospital in St. Peter being a good one and
22 fortunately being located in a good place in the State can be as
23 competitive as any private vendor out there. And we can compete
24 just as well as
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1 the Remmings or the Woodvales or the centers or all the other
2 facilities in the area. That's about it.

3 DR. SHEPHERD: Dr. Charles Shepherd, former Medical
4 Director of Minnesota Security Hospital. I was reminded of the
5 recitation being given by the 1973 hearing. That was a dilly. We
6 had lots of people at that hearing. And I want to say that I learned
7 at that time and have learned since about the tremendous support that
8 the people of St. Peter give to this Hospital. And at this time I
9 want to thank you very much for the support you gave Minnesota
10 Security Hospital in 1973. It's long overdue, I realize that; but
11 nonetheless, I felt this was the last public forum I might get a
12 chance to thank you for what you did at that time.

13 You have seen since then a result of the support that you gave
14 us. We have got a brand new institution which I think is a honey,
15 and I think it's unsurpassed anywhere in the country and I think
16 that's directly due to the support that you gave us which allows us
17 to stay here and carry on with the work that we were trying to do
18 and come up with what we have got now.

19 I also think I should say something about the -- what I have
20 seen in the community has far as the care of these mentally ill,
21 particularly. They do not get the care in the community that they
22 are going to get in the Hospital if they need hospital care. I have
23 seen a lot of them roaming
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1 around like lost souls. In Minneapolis and other cities I have seen
2 them roaming as derelicts finally to be picked to be either put in
3 jail where they don't belong or back in the State Hospital where I
4 think they never should have left in the first place.

5 But in any event, I think this business of placing them in the
6 community has been and can be carried much too far, and I hope to see
7 it held within reasonable limits. Thank you very much.

8 MR. JOHNSON: I'm Clark Johnson from Mankato, and I
9 would just like to quickly build upon what the Doctor said. And that
10 obviously there is a lot of support for the Hospital in St. Peter but
11 I see a lot of people from Mankato and throughout the Minnesota River
12 Valley. And I think it says that this is a regional hospital and it
13 does indeed have regional support and we are with you.

14 AUDIENCE: I would like to ask what's going to happen
15 to the money that the State gets from Rochester State Hospital?
16 Should that not be used in this field?

17 MS. CHAIRMAN: Is there anybody here who can answer
18 that question; I certainly am not qualified to,

19 I had been told that that money goes back into the General
20 Fund.

21 AUDIENCE: One of the gentlemen said that they were
22 under a lot of pressure in the Court case. I have had
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1 parents who are satisfied with care in the State Hospitals and they
2 do not want their youngsters or their relatives removed from the
3 State Hospital. They ask me, what can we do? They won't pay any
4 attention to us. We have written them letters; they don't pay any
5 attention to us. Should not this concern from the parents be just as
6 much pressure on the Legislature as the Court?

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