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MINNESOTA STATE PLANNING
AGENCY
TOWN MEETING
BRAINERD STATE HOSPITAL
REGION

Brainerd High School
Brainerd, Minnesota 56401

September 24, 1984

Miriam Karlins Town Meeting
Coordinator

Colleen Wieck Project
Director

1
2 (Whereupon, at 7:10
3 o'clock p.m., the
4 following proceedings
5 were had)

6
7 (Introductory state-
8 ments not recorded)

9
10 MR. FITZPATRICK: My name is Tom Fitzpatrick.
11 I'm a past president of the Brainerd Area Chamber of
12 Commerce.

13
14 In -- I'd like to put something in
15 the record for your transcript. I think that your record
16 should reflect the fact that we have a large -- in fact,
17 a huge -- crowd here tonight in spite of the fact one,
18 that the weather is pretty lousy outside and second, and
19 probably at least as significant for all the gentlemen in
20 the crowd we have, we're playing opposite Monday Night
21 Football. We have the Raiders and the Chargers on, and
22 Howard Cosell isn't going to be on TV.

23
24 I'm certain from looking around the
25 audience, those people who are here, and the nature of
the topics of concern that are going to be presented,
that you would be hearing about two aspects tonight: one
is the quality of care that's being offered at the
facility at the Brainerd State Hospital, and secondly,
about the economic impact that would occur area wide
should

1 that facility for some reason be closed.

2 I just want to say at the outset that
3 we don't feel that those two interests are in any way
4 opposed. The fact of the matter is that we provide
5 excellent staff. We provide extremely important program-
6 ming and resources here through the Brainerd State Hospi-
7 tal. And the result of that is a mutual benefit. One is
8 a benefit to the patients and their families, and the
9 other is a benefit to the area and the community by way
10 of payroll and the turnover effect.

11 So we make no apology for the fact
12 that there probably will be some people here tonight to
13 tell you that if you were to close the Brainerd State
14 Hospital, it would not only be bad for the patients and
15 their families and friends, but it would also be abso-
16 lutely devastating on the area economically.

17 We want you to keep that in mind
18 because just because somebody may stand up and talk to
19 you about the economic consequences of a closure, that's
20 not to say that we have closed our hearts or closed our
21 minds to the people who are at the facility. It just so
22 happens that this is one of those cases where the two go
23 hand in hand.

24 Keeping the hospital open allows us
25 to offer excellent programming and very needed resources.

1 And on the other hand, it also benefits the community.

2 Thank you.

3 * * * *

4
5 MS. MICHAELIS: As president of the Brainerd
6 City Council, we certainly, as every other city is that's
7 concerned with the state hospital, are concerned with the
8 economic impact.

9
10 I have to agree with the statements
11 that Steve Wenzel and Don Samuelson put forth. One thing
12 I would like to mention that hasn't been mentioned yet is
13 that the Brainerd State Hospital is the newest state
14 hospital in the State of Minnesota. That means it's more
15 modern and more up to date than any of the other ones.
16 It's big.

17 And then we have these unique programs
18 that are already in operation here, in addition to the
19 care that we're giving to the -- to the residents of the
20 state hospital.

21 Thank you very much.

22 * * * *

1 MS. NEWESS : My name is Beverly Newess. We're
2 from Morrison County, the county that's south of Crow
3 Wing. We have a population of twenty-nine thousand.

4 Our family has run a home for the
5 mentally and physically handicapped for ten years, 1974
6 to 1984. People live in our home twenty-four hours a
7 day, three hundred and sixty-five days a year.

8 Until our community can handle the
9 mentally ill, I would ask that you do not close the state
10 hospitals. We definitely do need them.

11 We receive ten dollars a day from
12 Morrison County Social Services for our twenty-four hours
13 a day care. This includes three meals a day for these
14 mentally ill persons.

15 Our County Social Services Department
16 is proud of its record of how few people it has sent
17 to state hospitals in recent years. If people would
18 know the truth, they would not be very proud of where
19 these people are or where they're sent to.

20 The truth of the matter is, Morrison
21 County has very few accommodations for mentally ill.
22 We need Brainerd State Hospital.

23 And I will send in written testimony
24 on my ten years of taking care of these people.

25 Thank you.

* * * *

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2 REPRESENTATIVE THIEDE: I'm Representative Paul
3 Thiede, and I'd just like to comment, in addition to
4 Steve and Don and the other member of the Legislature
5 that serves Senate District 13, and I'd like to say that
6 this is a bipartisan effort to -- to really work on this
7 project. And I, too, am pleased about the amount of
8 turnout.

9 Don had a list, and I think he stuck
10 it in his pocket and forgot to read it off. There are
11 about eight other legislators who have indicated support
12 as well and would like to have been here. Murray Zafke
13 is at a meeting about eighty miles away, but he did send
14 his wife. And I know there are several others around the
15 area who are equally supportive.

16 I'd like to just say as a former
17 employee of the Brainerd State Hospital that if there's
18 any state employee who works at the state hospital here
19 in the audience -- and I know there are a lot of them --
20 who thinks that this review is in any way an indictment
21 of your performance as a state hospital employee, that's
22 not the case. I think you are very well respected, not
23 only here but throughout the country as Don alluded to.
24 And I think this is just another step in the process
25

1 that we'd better be aware of, that there are forces includ-
2 ing the court system that are trying to move forward very
3 quickly with deinstitutionalization.

4 And if you have an opinion in that
5 matter, this is the place to express it. And I'm glad
6 we're having these, and I hope many of you do.

7 I think the care of our residents at
8 these institutions is very good, and we need to make that
9 point. We need to be careful as we move forward that we
10 don't let the pendulum swing the wrong way too far too
11 fast, close our institutions, only to find out in a
12 couple of years that we need to reopen them in order to
13 give them the quality of care that we have.

14 I thank you. And I did want to make
15 that point, that this is very much a bipartisan effort,
16 and there are a lot of people -- not just the ones here
17 -- who are supporting this effort.

18 Thank you.

19 * * * *
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21
22 MR. GRAHAM; Madam Chairman, my name is Jack
23 Graham; I'm a lawyer. And I have been honored to serve
24 for a period of time as a public defender in the County
25 Court.

1 During that time, I defended a lot of
2 people who were subject to petitions for commitment. And
3 I am very happy to say that we have a very good system
4 for assuring that people are not put into these institu-
5 tions who shouldn't be and who could be gotten out if
6 they're in there too long.

7 I just want to give as my own personal
8 testimonial, one who has defended many, many people in a
9 position of going in and coming out, that what I guess
10 it's one of the most edifying experiences I have ever seen.

11 I have seen people troubled with deep
12 schizophrenia and very, very serious bipolar disorders.
13 And I have watched them time after time after time come
14 out in less than a year as lucid as you or I. And that
15 -- there is no way -- I am confident there is no possible
16 way that these people can be helped in a noninstitutional
17 setting.

18 And that's why I was a little bit
19 alarmed when I heard the lady next to you speaking in
20 language which was heavily couched and bureaucratic termi-
21 nology that seemed to indicate that deinstitutionalization
22 is a good thing without the premise being carefully ex-
23 amined.

24 I strongly urge that this wonderful
25 institution and the fantastic work that's being done

1 here continue.

2 * * * *

3
4 MS. LUCAS: Ladies and Gentlemen, my name is
5 Jane Lucas, and I'm one of those people we are here talking
6 about.

7 I spent two years in the state hos-
8 pital. And I can tell you honestly my viewpoint, that
9 when I went through the strike of 1981, I was terrified.
10 I was afraid that my treatment would end. I was afraid I
11 would be out on the street, and I couldn't take care of
12 myself. It was terrifying.

13 It's -- it's like being put through a
14 major catastrophe: losing your home, your moralization,
15 everything. It's scary.

16 When I heard that there might be a
17 possibility of Brainerd Hospital closing, I was truly
18 alarmed because I don't know if you have ever talked to a
19 retarded person or a handicapped person and asked them
20 what they felt about losing this only security, this only
21 hold, this only grasp of life they have got. It's
22 terrifying, truly.

23 And I would just like to say that we
24 need our hospitals; we need them badly because there
25

1 are still a lot of people who, like I was four years ago,
2 who are out on the streets, can't take care of them-
3 selves, and they need our help.

4 Thank you.

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6
7 VOICE: The following is a joint statement by
8 the administrators of Woodland Acres Health Care and
9 Retirement Center, Brainerd Good Samaritan Center, and
10 Bethany Good Samaritan Center in connection with the
11 possible closing of state hospitals in Minnesota; namely,
12 Brainerd State Hospital:

13 "As administrators of the three long-
14 term care facilities in the Brainerd area, we want
15 to go on record stating that if Brainerd State Hos-
16 pital is closed, area nursing homes should not -- I
17 repeat should not be looked at as possible placement
18 for these residents.

19 "The reason for this is that we are
20 already at capacity in the skilled and I.C.F. levels
21 of the three nursing homes. We are not adequately
22 staffed to meet the special needs of the state hos-
23 pital residents. We do not have the expertise
24 needed to provide for the majority of the residents
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of the state hospital.

"We look to the state hospital at the present time for help for many of our residents that we now have in the long-term care facilities.

"Inadequate reimbursement prevents us from accepting heavier-care, state hospital residents. We are not now licensed or staffed nor could we be with the present reimbursement status in the State of Minnesota to care for more than four mentally retarded or mentally ill persons at any one time per facility.

"We believe that the closing of the Brainerd State Hospital would be a step backward in the health care for the State of Minnesota and the Brainerd area."

We submit this from Mike Hinson who is the Brainerd Good Samaritan Center administrator; Gary Helmstad, Woodland Acres Health Care and Retirement Center; and myself, Dale Backhaus, administrator at Bethany Good Samaritan Center.

Thank you.

* * * *

1 MS. DUNLAP: My name is Sara Dunlap, and I'm
2 the director of Volunteer Services at Saint Joseph's
3 Medical Center, I'm also a member of the Crow Wing County
4 Volunteer Coordinators Committee, which comprises about
5 fifteen volunteer coordinators of different agencies
6 here in Crow Wing County.

7 I would like to speak to a different
8 aspect concerning the Brainerd State Hospital, and that
9 is the subject of volunteers. The Volunteer Services
10 Department at Saint -- at Brainerd State Hospital has
11 contributed almost a quarter of a million dollars each
12 year to it, to the hospital.

13 This is in three types of things.
14 This is in volunteers' time figured in wages and then
15 also in-kind services, such as when someone gives tickets
16 to the circus, things like that, for the residents to
17 attend, and also comprises when goods are given over,
18 like boxes of Crayons and magazine subscriptions. So
19 all of those things comprise the Volunteer Services Depart-
20 ment's contribution.

21 An important aspect to me is the
22 fact that Crow Wing County is comprised of a lot of re-
23 tired people. There are many retired people here. And
24 volunteering is an opportunity that many people, once
25 they retire, they're really looking forward to getting

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involved in. There's a feeling of satisfaction; there's a feeling of contributing to your community.

And I think the Brainerd State Hospital has many volunteers and - that contribute to this, and they look forward to this. It gives them satisfaction, and I hope it stays open so that not just - many of our volunteers that volunteer at Saint Joseph's also volunteer at the state hospital. And so they tell me personally how much they enjoy it.

Our foster grandmothers have had residents out there, and they have said how much they mean to them; they're just like their own kids. And if they get transferred or if they pass away, they mourn for those kids just like they do a member of their family. So it's very meaningful to them.

And I urge you to keep the Brainerd State Hospital open.

Thank you very much.

* * * *

SHERIFF WARNBERG; I'm Chuck Warnberg, Crow Wing County Sheriff. And I have been involved in the sheriff's office ever since the state hospital was built.

And I'll say that we have had very

1 few problems with the state hospital, and mainly because
2 of the personnel that work there and the staffing of the
3 hospital.

4 But mainly I'd like to say that of
5 all the sheriffs that I have talked to, that the state
6 hospital provides services for, which is Wadena, Cass,
7 Hubbard, Aitkin, Morrison, Beltrami, Clearwater, Lake of
8 the Woods, Benton, Todd, and Stearns - and I have talked
9 to the people that have used the state hospital that are
10 more than satisfied with it. They think it's one of the
11 best in the state. And they would hate to see it changed.

12 Thank you.

13 * * * *
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15
16 MS. JOHNSON: Welcome, members of the Minnesota
17 State Planning Agency. My name is Joanne Johnson. I am
18 speaking as a representative of the professional regis-
19 tered nurses of the Brainerd State Hospital.

20 We are a local organization represented
21 by the Minnesota Nurses Association. We recognize our
22 clientele as special people with special needs. We are
23 active participants in delivering those services that are
24 necessary to provide, promote, and maintain health.

25 We are angered -- yes, we're angered

1 at the thought of closing Brainerd State Hospital. This
2 feeling was based on the following: the services that
3 Brainerd State Hospital provides for our clients have
4 not been met in the community, and that's why we have
5 the patients that we do have.

6 Each individual, regardless of his
7 or her disability, has a right to quality health care.
8 The registered nurses at Brainerd State Hospital provide
9 this skilled service twenty-four hours a day, three hun-
10 dred and sixty-five days of the year.

11 And we possess two hundred and sixty
12 cumulative years of nursing experience, a hundred and
13 sixty years with the retarded, addressing these special
14 needs in a holistic manner for each client served by
15 this facility.

16 Our high quality of nursing is the
17 direct result of clinical experience in the field of
18 mental retardation. As evidence of competent, quality
19 care by our profession and in other professions, numerous
20 clients have been returned to their communities. We
21 promote and provide ongoing education to all persons
22 involved in the welfare of these specially vulnerable
23 people.

24 Where do you go when you want quality
25 services? To the people with the expertise, and that

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we have. Yes, as nurses, we care.

(Applause)

And I'll repeat; as nurses, we care.

And at this time, we do not envision acceptable alternatives to this quality of care.

Would our clients be forced to accept a substandard quality and system of health care? If you close the Brainerd State Hospital, who will accept the responsibility for denying the quality of services that we provide to the vulnerable populace of our communities?

* * * *

MR. THIESSE: I am Herb Thiesse, Crow Wing County Commissioner.

I would just like to state that I think this hospital has compatibility within our community. If you take a look around, Brainerd does serve as the county seat, great education system, Vo-Tech Community College, Kitchigami Library, which they're building a new library now. Saint Joe Hospital provides a real excellent health care. Many clinics, many medical clinics, a development achievement center. And this all fits within the Brainerd State Hospital.

1 And I guess at this point, we also
2 have State Highway Department that was about to be moved
3 out of here. And I think that's compatible with our
4 area.

5 We're a great service center. We
6 have a regional Department of Natural Resource, the Fores-
7 try, the fisheries, the water, environment, and wildlife.

8 And I guess I serve on the Northern
9 Pines Mental Health Board so I am sensitive to this type
10 of quality care that Brainerd State Hospital is providing.

11 And to follow up on this, I'll just
12 read you a resolution that came from the county board:

13 "Whereas, the State of Minnesota,
14 has established a legislative committee to review
15 the program offered at the Brainerd State Hospital;
16 and

17 "Whereas, the committee is to make
18 recommendations as to the future of the facility;
19 and

20 "Whereas, the Brainerd State Hospital
21 is vital to our area. We are providing employment
22 and mental-health services; and

23 "Whereas, the Brainerd State Hospital
24 is established and well known for its program, quality
25 service to its residents.

1 "Now, therefore, be it resolved that
2 the Board of Commissioners of Crow Wing County,
3 Minnesota, support keeping the Brainerd State Hospital
4 open to serve the residents of this area."

5 Signed by Leo J. Kostek, Chairman; Conrad J.
6 Bye, County Auditor.

7 Thank you very much.

8 * * * *

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10
11 VOICE: What a politicians' paradise; huh?
12 If it wasn't for the seriousness of the topic that we're
13 discussing tonight.

14 Over the last few years, I have worked
15 hard in the area of economic development. There's many
16 of us that have. And when we see one of the biggest
17 employers of this county, the possibility of losing it,
18 it scares the heck out of us.

19 We don't have the unique ability
20 of a Rochester where a Mayo Clinic sits that can absorb
21 those people. And we don't have like Faribault with
22 Hastings and those areas. We're not that fortunate.

23 We have watched the Scorpion leave.
24 We have watched the railroad leave. And this affects
25 us in many, many areas.

1 When those people go, they take their
2 children. And when their children leave, our schools
3 have to be shut down. When the schools are shut down,
4 we lose our teachers, and my kids', my own kids' education
5 lacks because of the lack of money coming into this dis-
6 trict .

7 So I would just hope that you would
8 take all these different facets into consideration when
9 you're talking about closing a big employer like that
10 state hospital.

11 Thank you.

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15 MR. LAUER: My name is Wayne Lauer, appearing
16 on behalf of the Honorable Clinton W. Wyant, District
17 Judge for Crow Wing and Aitkin Counties.

18 The Court is in total opposition
19 to the closing down of the Brainerd State Hospital.
20 The Brainerd State Hospital is a very useful and neces-
21 sary facility in administrating criminal justice.

22 Every once in a while, individuals
23 who are chemically dependent come before the Court on
24 charges that stem from various influences, such as under
25 the -- excuse me. They stem from various offenses that

1 stem from alcohol- or drug-related state of minds.

2 On the average, three hundred and
3 seventy individuals from the receiving area seek treatment
4 annually as part of their sentence. Fifty of these come
5 from the District Court in Crow Wing County.

6 I know that you have a balancing
7 test. You balance the cost of operating the system on
8 one hand versus the benefits that are obtained on the
9 other. And it's hard to put a dollar figure on deaths
10 as well as physical injuries that would occur and that
11 probably will not occur if someone is successfully treated
12 in the Brainerd State Hospital.

13 I think it would be a real shame
14 to close down such a useful and necessary facility as
15 the Brainerd State Hospital.

16 I have a letter signed by Judge Wyant
17 in total opposition to the closing down. And I submit
18 it to you for your consideration.

19 Thank you very much.

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23 MR. KERPER: My name is Jim Kerper; I'm the
24 president of Saint Joseph's Medical Center here in Brai-
25 nerd. The purpose of my comments are to express the

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support of Saint Joseph's Medical Center for the continued operation of the Brainerd State Hospital.

In the past ten years, Saint Joseph's has undertaken the development of a number of medical specialties. Saint Joseph's now serves as a rural regional referral center for this part of the state.

Brainerd State Hospital provides a wide range of services to both the mentally ill and mentally retarded. The state hospital also serves a large geographical area.

Together, these institutions provide a comprehensive range of services to treat both the mentally and acutely ill. In addition to the scope of services that the Brainerd State Hospital provides, it also provides access to services by the people in Central Minnesota.

Certainly, the goal of various planning agencies, both at the State of Minnesota level and at the Federal Government level is to provide and improve access to health services. Certainly, the discontinuation of the operation of the Brainerd State Hospital would affect that access.

Saint Joseph's Medical Center also enjoys a mutually beneficial relationship with the Brainerd State Hospital. The physicians and the staff of

1 Saint Joseph's care for not only the residents and the
2 patients at the Brainerd State Hospital, but also the
3 employees and their families who live in our community.
4 The discontinuation of the Brainerd State Hospital would
5 certainly have a major impact on Saint Joseph's.

6 It may be speculated that with the
7 closure of the Brainerd State Hospital, that the employees
8 there could be absorbed in the health services in the
9 Brainerd area. As many of you know, acute-care hospitals
10 in this country are undergoing massive and radical change.
11 And it's becoming increasingly clear that fewer, not
12 more, employees will be needed in acute-care hospitals.
13 Therefore, it's unlikely that the employees of the Brainerd
14 State Hospital who might be laid off due to a
15 closure would be absorbed in the foreseeable future in
16 the health services in this community.

17 In summary, we at Saint Joseph's believe
18 that the continued operation of the Brainerd State
19 Hospital is important, as together with Saint Joseph's
20 Medical Center, a wide range of health services are
21 provided to the people of this area of the state and that
22 access to those services can be better assured.

23 Thank you.

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JUDGE RYAN: Madam Chairman, I am Judge Robert Ryan, Crow Wing County. I am one of the two judges who has the responsibility of committing the patients to the Brainerd State Hospital.

Judge Kautz and I spend an average of two days a week on commitments at the hospital. I know of no judge personally who, in his private life, supports the current Commitment Act or the rules that go with it. This Act criminalizes our mentally ill and our chemically dependent people. It subjects them to a trial such as a criminal goes through.

Weekly, we see patients coming back who have been turned loose, only to not make it on the outside. Our hospital should be increased in its services to provide a halfway-house training on the facility where these patients can be taught how to cook, how to order food, how to do their laundry, how to mix with each other, the responsibility of coming in and going out, and take their medication before they are turned out on the street to become tramps and derelicts.

Thank you.

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MR. GROSS: I am Bob Gross, superintendent of the schools here in the Brainerd School District. And I think it's fair to say that you coming out here has caused a certain amount of anxiety in our community, but I think it's a healthy anxiety because what it has done has caused us to reflect on what the state hospital means to our community.

And I view it just from the level of the perspective of a school system. And basically, what I know has happened here is that the level of consciousness regarding the plight of the handicapped has been raised. But this community has gone one step further and has transformed that into action.

When you take a look at the handicapped programs that we have established in the school system for the trainable mentally handicapped, the educable mentally handicapped, the behavior disorders, the visually impaired, the hearing impaired. And we can go on.

And some of the cooperative programs that are taking place. As an example, the P.A.C.E. program that exists at the state hospital where the school district is responsible for the education of those youngsters that reside within that institution. And the cooperation that is received from that staff has resulted in a level of sophistication out there, and I think that's remarkable.

1 We take a look at the Minnesota Learn-
2 ing Center that is housed there dealing with some severe
3 behavior problems, incorrigible youngsters in many cases,
4 borderline retarded. At the present time, we have got
5 fourteen of those youngsters coming into the school dis-
6 trict on a daily basis to receive services in the school
7 district to go about a normalization program before they
8 can go back into the community.

9 I think that that type of cooperation
10 again needs to be noted because there isn't any way that
11 should the Brainerd State Hospital close that we can
12 serve youngsters like that.

13 But when we work cooperatively, we
14 can deliver a quality program. And I hope that that
15 is not overlooked as you people prepare your report for
16 the Legislature.

17 Thank you.

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19 * * * *

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21 MS. ROSS: My name is Pat Ross; I'm a social
22 worker at Bemidji, Minnesota, and I speak for myself
23 and Dick Hatfield.

24 We work with the chemically dependent
25 folks from Beltrami County Service Center.

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In 1983, Beltrami County had a hundred and twenty-six admissions to the chemical-dependency unit at Brainerd State Hospital. Of these hundred and twenty-six , a hundred and three were Native Americans, mostly from the Red Lake and Leech Lake Reservations.

So far in 1984, our county has had a hundred and three admissions to the C.D. unit, of which seventy-three have been Indian people.

It is two hundred and five miles round trip from Bemidji to Brainerd State Hospital. It is almost a three-hundred-mile round trip to Fergus Falls and about a three-hundred-mile round trip to Moose Lake, which are the other state hospitals nearest our county.

Because Bemidji lies in the southern part of the county, other Beltrami County residents outside of Bemidji proper have an even greater distance to travel to reach a state hospital.

For example, for someone from Red Lake, a trip to Brainerd would be about a two-hundred-and-seventy-mile round trip. Going to Fergus Falls would be about three hundred and seventy miles, and Moose Lake about three hundred and seventy miles.

These distances would mean more money and staff time spent on C.D. patients. And I think it would necessarily follow that only the most severe cases

1 | would be referred, leaving many folks without C.D. ser-
2 | vices.

3 | Beltrami County residents have a dif-
4 | ficult enough time participating in the necessary CD.
5 | functions for each patient, such as family visits, family
6 | counseling, and discharge staffings because of the dis-
7 | tance involved. And to have to go even further would
8 | have a negative effect on the treatment process, and the
9 | team effort between the county and the hospital.

10 | I feel Brainerd State Hospital has an
11 | excellent chemical-dependency program with a variety of
12 | treatment options, including primary, Native American, or
13 | extended care. And the administration here has made a
14 | real effort to serve the needs of the counties the
15 | hospital serves.

16 | It is imperative to our county that
17 | Brainerd State Hospital be kept intact. We cannot afford
18 | the time, money, or loss of programs that would result
19 | should this facility be closed.

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22 |
23 | MS. SHIELDS: I am June Shields, and I am an
24 | R.N., and I'm speaking up tonight as the past president
25 | of the 12th District Minnesota Nurses' Association, which

1 covers a large area that the state hospital serves.

2 And our main concern is that the
3 continuity of health continues. And it's going to be
4 hard. And she listed the distance that has to be traveled
5 when these patients are released out into the communities.

6 If a private home takes in three
7 or less patients, they do not have to be licensed is
8 my understanding. And they are not open for inspection.
9 And if a private person is not trained properly to under-
10 stand the uniqueness of these individuals, there is room
11 for abuse, and this is one of our concerns.

12 The state would like to shift the
13 responsibility of the care of the disabled to the com-
14 munity. It is a good concept, but I am concerned that
15 the focus on health care will be lost. There will be
16 no systematic way to address the health-care needs of
17 these very vulnerable people.

18 Our public health nurses are not
19 accustomed to working with such large numbers of M.R.,
20 M.I., and CD. that you are talking about releasing to
21 the community. A system will have to be developed to
22 utilize the nurses that are currently working in the
23 state hospital so that they can go out in the community
24 and assist the public health nurses in the increased
25 demand that you are asking to be put on them.

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I know that the impact of closing our state hospitals would be devastating, if not catastrophic to our community. But tonight my concern is the assurance that the care that these people receive in the institution will be the same if you release them out into the community, keeping in mind that those that are already relocated into the community and are doing well in those group homes where those cream of the crop, the ones that could really learn how to function on their own.

And as you continue to release patients from the state hospital, you are going to get the more handicapped and the less trainable. And consequently, your cost is going to increase because their care is going to be more.

In closing, there's one thing I'd like to state, and that is that the quality of care decreases with the distance needed to travel.

Thank you.

* * * *

MR. CAMPBELL: I am Marvin Campbell, recently retired from the banking business after forty-three years.

You probably wonder why I'm here,

1 I have a sister who is seriously affected by schizophrenia.
2 I had two brothers that died in a mental institution.
3 And so I have a very close concern for those people being
4 served so beautifully by special types of people that
5 aren't available at every corner.

6 I encourage my children, several
7 of twelve, to attend workshops at the hospital here to
8 ascertain if they felt they were qualified to take care
9 of these people. And they came back with stories that
10 curled your spine, recognizing that the dedicated people
11 that work and serve these special people that need special
12 attention cannot and will not and will never be replaced.

13 So as a consequence, I feel very
14 strongly that we work with what we have. We don't need
15 to deinstitutionalize. But maybe we should work with
16 what we have in the institutions we have, in extending
17 these programs, as Judge Ryan has so sharply stated.

18 When they are discharged, especially
19 the schizophrenic and these types of patients are dis-
20 charged from any mental institutions, they're thrown
21 out into the world. So what do you have?

22 U.S. News and World Report, dated
23 September 24th, states:

24 "Psychiatrists meeting in the United
25 States claim that there are one and one-half million

1 system. Leave it alone. Improve it; improve it. We
2 improve every year. We sit back and we pound our chest
3 because we think we're not good enough. Just imagine
4 the progress that we have made in the -- in the areas
5 of mental retardation. But we've just begun to fight.

6 The opportunities for improvement
7 are vast. And as you see, these people out here today,
8 they too are concerned, more so possibly than they ever
9 have been in their lives because they see something pos-
10 sibly escaping them.

11 And I pray with all my heart -- and
12 I hope that you feel the same -- that not only will we
13 preserve what we have but extend it to include the care
14 for after discharge, to extend it to be more specific
15 in our care of individuals with their individual problems.
16 Each one of these people, even though we may classify
17 them as mentally ill, have personalities all their own.
18 They have problems all their own. Each one of them needs
19 special treatment.

20 The bell rings. Thank you.

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22 * * * *

23
24 MS. MESHAM: My name is Lucy Mesham. As a
25 former employee of the Brainerd State Hospital, I address

1 | this committee to express my strong feelings concerning
2 | the question of what to do with the present state hos-
3 | pital .

4 | Some say the present hospital is ar-
5 | chaic, that the residents would be much better off in
6 | group homes. However, the employees at the Brainerd
7 | State Hospital, if they heard that statement and I being
8 | -- and my being there, I have felt that a statement like
9 | that would be very offensive.

10 | It implies that the hospital is less
11 | than a home for the profoundly retarded and that the
12 | institution is not capable of individual concern. Not
13 | true. The employees of the state hospital come to love
14 | and care for the residents with as much warmth and
15 | genuine sincerity as could be administered at any group
16 | home.

17 | Up running residents who have spent
18 | their entire life at the Brainerd State Hospital could
19 | actually be very cruel. They have found security in
20 | their surroundings. Spend any extended length of time at
21 | the hospital to verify this. It is home for the residents
22 | because it is where they feel loved.

23 | Secondly, some argue that the main
24 | reason to change the hospital organization statewide is
25 | for financial reasons. Many here tonight will testify as

1 to the extreme economic hardship closing the hospital
2 means to our area.

3 One conservative estimate suggests
4 that if the Brainerd State Hospital is closed and only
5 one-third of the people leave this area, it would mean an
6 economic loss of over six hundred thousand dollars to the
7 Brainerd School District alone. One cannot even begin to
8 estimate the impact on the rest of our economy.

9 However, keeping the hospital function-
10 ing as they are now simply to avoid economic hardships is
11 not the best reason to keep the hospital open. They must
12 be kept open because it is the best thing to do; I
13 believe it is. Thousands of others in this community
14 believe it is.

15 And I believe that at the end of your
16 hearings, you as a committee will also see the best
17 reason for leaving the hospital open is because it is the
18 best thing to do for the residents and for the entire
19 community. It makes the most sense.

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21 * * * *

22
23 MR. HART: Members of the Planning Committee,
24 ray name is Giles Hart. And I'm from the Red Lake Reser-
25 vation.

1 For the past thirteen years, we have
2 been sending clients to the state hospital for treatment
3 for chemical dependency. And we have seen a concerned
4 staff, people who care about us. And that's really hard
5 to say out there.

6 I couldn't - we didn't have time.
7 We heard about this meeting and the possibility of closing
8 down the state hospital, and we became very concerned.
9 We packed up, and we brought maybe fifteen, twenty people
10 from our area. And also, there are people here from the
11 Leech Lake Reservation.

12 We are concerned of the impact of
13 what it would have on our people. Over the years, I
14 can't even estimate how many people that we have sent
15 through the treatment center, the C.D. unit. Since 1955,
16 when it became legal for the American Indian to drink
17 alcohol, it has done one hell of -- made one hell of a
18 mess out of our lives.

19 But we see Brainerd. And now with
20 the new addition with the Native American program in
21 there, a light. We can see an opening whereas that we
22 could help our people. You know, it's good to see so
23 many people here tonight showing their concern about the
24 state hospital. And we also from the northern part of
25 the state are concerned that Brainerd State Hospital

1 continues.

2 Thank you.

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6 MR. BLEVIN: Madam Chairman, residents of the
7 Brainerd area, my name is Wally Blevin. I'm the executive
8 vice president of the Brainerd Area Chamber of Commerce.

9 Others have spoken very well on the
10 care, the levels of care, the needs for preserving the
11 institutional setting that we have in Brainerd. I'd
12 like to return for a few minutes to some of the economic
13 impact items.

14 But first of all, I'd like to read
15 a letter from the mayor of the City of Baxter which I
16 received the other day:

17 "Dear Mr. Blevin:

18 "For two years, I was employee of
19 the Brainerd State Hospital and school. I know
20 firsthand the dedication of the workers to their
21 assigned duties.

22 "The Brainerd State Hospital has
23 a statewide reputation as a superior care center.
24 The people needing health care would suffer greatly
25 if the center was closed down or services curtailed.

1 "Many people have moved to our lakes
2 area to take employment at the hospital. It would
3 place an unwarranted hardship on the hospital workers
4 and the community if the care unit would shut down.

5 "Sincerely, Jon L. Main, Mayor, City
6 of Baxter."

7 I'd like to review just for a couple
8 of minutes fairly blunt economic facts as to the impact
9 of the closing of quite frankly any state hospital.
10 There are statistics that are bandied about all the time
11 from the United States Chamber of Commerce about the
12 impact of one hundred new jobs on a community. And I'd
13 just like to go through them.

14 First, it means one million seven hun-
15 dred and forty-seven thousand dollars per year more per-
16 sonal income.

17 Secondly, nine hundred and twenty-four
18 thousand dollars more in bank deposits.

19 Third, nine hundred and forty-one
20 thousand dollars more retail sales per year.

21 Fourth, one more retail establishment.

22 Five, sixty-eight more employed in
23 non-manufacturing jobs.

24 Six, seventy-nine more school chil-
25 dren, ninety-seven more families, and three hundred and

1 fifty-one more people.

2 Now let's reverse that, take away
3 seven hundred jobs. What have you got? Twenty-four
4 million four hundred and five thousand dollars less per-
5 sonal income per year; twelve million nine hundred and
6 thirty-five thousand less in bank deposits per year;
7 thirteen million one hundred and eighty thousand less
8 retail sales per year; seven fewer retail businesses;
9 four hundred and seventy-six fewer people employed in
10 non-manufacturing jobs; five hundred fifty-three fewer
11 school children; six hundred seventy-nine fewer families;
12 last but not least, two thousand four hundred sixty-four
13 fewer people.

14 What it boils down to -- I'm a new
15 resident to the Brainerd area; I've been here three months.
16 When I first came here, I saw an area that really looks
17 robust, really looks healthy. And I think after I've
18 been here a couple months, I can see, as can the rest
19 of you, that that's really not a true picture.

20 We're hurting for jobs right now
21 in the Brainerd area. We have got people who are looking
22 hard for jobs. We have got people who are putting in
23 a very strong effort to create jobs in our area.

24 Consider the difficulty in trying
25 to come up with an additional seven hundred jobs. Right

1 now, the job market in the Brainerd area is such that
2 well-qualified people are going at very low wages. Nor
3 is this very much of a buyer's market. And I know that
4 many of you in this room have experienced the same thing.

5 So what happens is that we're out
6 trying to achieve new jobs and create jobs because of
7 such factors as the railroad center leaving the community,
8 as job space declining and wage space declining. And
9 we have to look at some things that will increase our
10 year-round economy.

11 We are a tourism area. But how many
12 people in this room totally make their living off tourism?
13 I guess we see people driving into town in new cars wear-
14 ing fashionable clothes and everything, enjoying them-
15 selves on their vacation in this area.

16 And the tendency is to consider our
17 area to be as affluent as we think the tourists that
18 we see are. And I think as anyone in this room is aware
19 that it's just neither true for those who own and operate
20 tourism-related businesses nor for the people from all
21 over our area who work very hard for their living.

22 This community and area is one of
23 working people. It always has been, and it always will
24 be. Businesses in this area have relied heavily upon
25 those year-round workers who provide the foundation of

our economy and our value system.

The workers of the Brainerd State Hospital are counted as crucial participants in our year-round labor force. We have a large volume of people coming here in the summertime. But the other nine months out of the year, the nine months out of the year when persons from the State Planning Agency won't be here, we can see that we don't have enough jobs. We have got more people than we do employment.

And I think as Bob Gross indicated earlier, that creates an anxiety around here, too.

Others will speak to this issue as well. But this is one of the very crucial portions of our year-round economy in the Brainerd lakes area. And it is something that for that reason alone we must retain.

Thank you.

* * * *

MR. ENDRIES: Yes, my name is Dick Endries; I'm the founder of Camp Confidence. And I have been in the state hospital system for thirty-four years so, Mrs. Karlins, you and I go back a long way I 'm sure. I won't say how long.

1 Camp Confidence is an extension of
2 the services for the state hospital and Minnesota Learning
3 Center. Camp Confidence is different than most camps as
4 Marvin did point out just a little while ago. But also,
5 I want to point out very much, when I came here, I
6 started in this field in 1950 at Faribault. I came here
7 in 1960.

8 The hospital had only been in existence
9 for about a year and a half. And the citizens of
10 Brainerd welcomed the state hospital with open arras;
11 believe me. And true, it was brand new you might say at
12 that time, and so it wasn't going to keep going this way.
13 Believe me, it has not lessened one bit; it has improved.

14 All the people from Brainerd, it shows
15 right here now, that they have made the employees -- they
16 have given the employees of the Brainerd State Hospital a
17 great amount of respect and I'm sure admiration and a
18 great deal of empathy for the residents at the state
19 hospital.

20 I can also relate this very much is
21 that Camp Confidence is operated as a nonprofit corpo-
22 ration. But the whole area of Brainerd, the community
23 has helped to build the camp. We have for example put
24 less than thirty thousand dollars out of our own Camp
25 Confidence funds into the physically building of the

1 camp from the start.

2 In 1978, six years ago, it was apprais-
3 ed at over six hundred and fifty thousand from the help
4 what the Brainerd area has done. So they have given
5 us a tremendous amount of support.

6 The heart of Camp Confidence is the
7 program; we have proven that, locally, statewide, and
8 nationally. We have received a great deal of national
9 recognition for what we were able to do with community
10 support and help, and Brainerd has done that.

11 The heart of the state hospital are
12 the employees of the state hospital and all of the people
13 in the community who support it very much.

14 God bless them all.

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17
18 MR. JOHNSON: I'm Jim Johnson. This year,
19 I'm serving as president of the Brainerd Area Board of
20 Realtors.

21 Anyone that's had an opportunity
22 to drive around the neighborhoods of Brainerd this last
23 summer has probably noticed that due to a variety of
24 conditions, Brainerd seems to have more than its share
25 of homes on the market. In fact, we have got between

1 ten and twenty percent more homes for sale this year
2 than we had at the same time last year.

3 I don't think we need to tell anyone
4 what the impact would be if suddenly a hundred or two
5 hundred or three hundred more homes were placed on the
6 market in Brainerd. That would roughly double or a little
7 more than double the number of the homes that are on
8 the market now.

9 I think we need to realize that the
10 Brainerd State Hospital is a facility that the homeowners
11 of Brainerd cannot afford to lose.

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15 MS. KIRSCHNER: Ladies and Gentlemen, my name
16 is Sandy Kirschner. I'm a social worker at Leech Lake
17 Family Services in Cass Lake.

18 I work with child abuse and child
19 neglect for -- as a child-protection worker. Over half
20 of my caseload consists of child abuse and neglect.
21 Roughly seventy to eighty percent of my caseload the
22 parents are chemically dependent or alcoholic.

23 Alcoholism is a family disease.
24 My goal as a child-protection social worker is to even-
25 tually reunite the family some day that the children

1 will eventually go back with their parents.

2 I would like to speak on behalf of
3 my people, those children, and the preservation of the
4 chemical-dependency unit, specifically, culturally based
5 American Indian program here at Brainerd State Hospital.
6 I recently found out that chemical-dependency treatment
7 center has just opened up recently. And I found out
8 that seventy percent success rate as far as the patients
9 completing the program as opposed to thirty-three percent
10 completion rate while it was with the other program,
11 chemical-dependency program.

12 My people have suffered from alcoholism.
13 They will continue to suffer if this program is shut
14 down. I would desperately urge you to not close it.

15
16 Thank you.

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19
20 MR. RATHKE: Thank you very much.
21 My name is Stephen Rathke; I'm the county attorney here
22 in Brainerd.

23 And I would like to, in addition
24 to all the important things that are being said here
25 tonight, to emphasize the importance of our state hospital

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to those who are involved in the criminal justice system. We use the Brainerd State Hospital in a number of areas. A substantial number of people who get involved in the criminal justice system by being on the wrong side of the law are chemically dependent or have mental disorders or both.

And the hospital serves us by providing evaluation for those problems and treatment services. Without the hospital, a large area of this state would be further removed from these types of vital services, and there would be the accompanying cost in terms of transportation and so forth.

But perhaps even more tragic, there's going to be a whole lot of people out there that need services, that get involved in trouble and need services that simply wouldn't get them because there wouldn't be a state hospital close by.

And so I urge you to keep this vital service available for those of us who live in North Central Minnesota.

Thank you.

* * * *

1 MS. SILKWOOD: My name is Sharon Silkwood,
2 and I'm a social worker from Benton County. And I serve
3 as an advocate for my clients who have the diagnosis
4 of mental illness and chemical dependency.

5 I not only recommend but I encourage
6 that Brainerd State Hospital remain open. And I also
7 want to commend the excellence that my clients receive
8 and the kind of care that they receive from the staff
9 at the Brainerd State Hospital, and I know that they
10 will continue to receive.

11 Thank you.

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14
15 MS. SWENSON: I'm Diane Swenson, the director
16 of the Paul Bunyan Developmental Achievement Center in
17 Brainerd,

18 The D.A.C. currently serves forty-five
19 developmentally disabled adults who live in the community
20 in Crow Wing and lower Cass County.

21 During my fourteen years with the
22 D.A.C, I have developed a deep respect for the services
23 and programs offered by the Brainerd State Hospital.
24 I believe that the staff are genuinely concerned about
25 the welfare and continued growth and development of their

1 residents.

2 The staff have been extremely helpful
3 during the transition of residents from the state hospital
4 to the community and have been available for consultation
5 and help with the individuals who have moved into the
6 community setting, offering suggestions and assistance to
7 facilitate their success.

8 However, not all residents of the
9 state hospital are ready for community placement. And I
10 question the feasibility and practicality of community
11 placement for individuals whose severe medical and behav-
12 ioral problems necessitate institutional care.

13 The needs of the individual should
14 determine the placement and the program.

15 The Brainerd State Hospital has been
16 and continues to be a valuable regional resource for
17 community programs such as D.A.C.'s, nursing homes, group
18 homes, and other facilities throughout North Central Min-
19 nesota.

20 The D.A.C. has received assistance
21 from the state hospital in staff training, consultation,
22 and development of programs for our clients. Cooperative
23 efforts with the state hospital are occurring and will
24 continue to occur, including state hospital support of a
25 Region Five behavior and management training program

1 for staff in the community facilities and also the par-
2 ticipation of the Heartland Career Development Center
3 in the upcoming community work programs.

4 I have talked to other D.A.C. directors
5 from throughout North Central Minnesota, and they expressed
6 the same concern.

7 In conclusion, I would like to read
8 a letter from Ed Ranson, currently the director of the
9 Hubbard County D.A.C. and the former D.D. coordinator
10 for Region Five:

11 "Regretfully, I will not be able
12 to attend the town meeting at which the future of
13 the state hospital will be discussed. Although
14 I feel that institutions must change with the times,
15 it is my hope that closing will not be the option
16 chosen for Brainerd State Hospital.

17 "During the past several years, as
18 the Region Five developmental disabilities coordinator
19 and as an independent consultant, I have dealt with
20 several units of the state hospital in the context
21 of developing and strengthening M.R. and M.I, ser-
22 vices at the community level in several counties,
23 specifically the M.R. unit and the Minnesota Learning
24 Center in particular were partners to the Region
25 Five developmental disabilities program in developing

1 training programs for staff at developmental achieve-
2 ment centers in seven counties.

3 "More recently, the M.I, unit provided
4 valuable assistance and support for a grant proposal
5 which resulted in a McKnight grant to Northern Pines
6 Mental Health Center to develop a community-support
7 program for the chronically mentally ill in Wadena
8 County, of which I am a resident.

9 "Both of these examples represent
10 efforts on behalf of the hospital to maintain clients
11 in community programs, and they also represent the
12 type of technical assistance which is available from
13 no other regional resource.

14 "It is my opinion that closing the
15 state hospital would be a severe loss to the M.R.
16 and M.I, service providers in surrounding counties.
17 At the same time, it is my hope that the state
18 hospital will expand its community outreach and train-
19 ing services so that these become a regular part of
20 the state hospital mission."

21 Thank you.

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23 * * * *

1 MS. O'CONNELL: My name is Charolette O'Connell,
2 and I would like to represent the state teachers that
3 work with patients in chemically dependent, mentally ill,
4 and mentally retarded.

5 Our day is very busy working with
6 these three disciplines in providing daily living skills,
7 daily needs, things -- we are doing things with these
8 people that a lot of people take for granted that are
9 just in a home-living atmosphere, this type of thing.
10 And we work very, very hard, and we are very concerned
11 about their welfare.

12 I do know for a fact that the intensity
13 and the degree to which we do work with these people on a
14 daily schedule could not be maintained within the com-
15 munity. I feel that they are receiving many, many ser-
16 vices and that the services that we are providing and the
17 programs that we have planned are not getting stale.
18 They are an ongoing, changing process.

19 And our programs are continually get-
20 ting better, more vocationally oriented, more home living,
21 more of this type of thing continually so that it is not
22 a stale program. It is a very ongoing, changing, very
23 much needed program.

24
25 * * * *

1 MR. VAN ESSEN: Thank you. Are you there?
2 Okay. My name is Bill Van Essen. And I was sitting
3 in a hard chair for two hours, and my foot went to sleep
4 so excuse while I get the circulation going again.

5 I want to congratulate the state
6 in the years past, back in the 1950's, early fifties,
7 when the wise Governor C. Elmer Anderson and our legis-
8 lators at the time, Charlie Hallstead and Gordie Rosenmeier,
9 saw fit to place a state hospital in Brainerd.

10 I know they got a real bargain with
11 the land out here. They got - they bought a hundred
12 and sixty acres on East Oak Street, which was owned by
13 Walter Wheeland. It was appraised at fifty thousand
14 dollars. He sold it to the state for twelve thousand
15 dollars.

16 I talked to Jimmie Wheeland, his
17 son, today. And Jimmie said well, his dad did that to
18 get a thirty-eight-thousand-dollar tax write-off. Be
19 that as it may, that's what we got the land for anyway.

20 And not too many have touched on
21 the economic loss that we will have. And I have charted
22 here the three major employers in the Brainerd area,
23 comparing 1970, the year 1970, to the present year.

24 And if I can hold this up, we're
25 talking about the paper mill, the railroad, and the state

1 hospital. And as you can see, in 1970, the paper mill
2 had seven hundred and two employees. In 1984, six hundred
3 and ninety-six. Very close; they have only dropped six
4 people.

5 The railroad, the years before 1970,
6 they were up to twelve hundred. But in 1970, that's
7 six hundred and forty employees, And this year, two
8 hundred and ten. And that's going downhill.

9 The third major employer, back in
10 1970 had eight hundred and twelve people. And you total
11 - I have got a question mark there if it's closed, and
12 they got nobody except maybe a few caretakers.

13 But if you add those figures up,
14 from 1970 to 1984, you will see that we're losing twelve
15 hundred people in our three major employers. Now right
16 now, the Crow Wing County unemployment figure is 8.4
17 percent. And if that is projected, we will have 12.1
18 percent unemployed in Crow Wing County.

19 Thank you,

20 * * * *

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22
23 MS. KOEP: I'm Mary Koep, a member of the Crow
24 Wing County Board of Commissioners and pleased to have
25 been a member of the original task force that planned

1 for this meeting tonight.

2 It would be easy to reiterate all the
3 excellent qualities of care, both physical and emotional,
4 that we have seen demonstrated over the years by those
5 who administer and work at the Brainerd State Hospital.

6 It is tempting to simply join in the
7 chorus of praise and pride for employees and adminis-
8 trators who have made the residents of the hospital truly
9 part of this community and who have made that hospital
10 home to the residents.

11 For home is where the heart is. And
12 never doubt that for most of the residents, their hearts
13 are here. For here they have been loved and tenderly
14 cared for.

15 Foster grandparents take residents for
16 walks and visits and treats. Senior companions provide
17 extra help and companionship. Volunteers assist with
18 parties and special occasions. And always, there are the
19 familiar, secure rooms to come back to, peers to be with,
20 and friendly caring people who give hugs and encouragement
21 and professional care.

22 This is Brainerd State Hospital, a
23 hospital in name but a home in character.

24 But instead of just reiterating all
25 of these important and compelling points, let me further

1 suggest that the Legislature compile an objective report
2 analyzing the result of action that has turned out from
3 quality and professional care into communities unprepared
4 and unable to care for them.

5 What trauma and travail have some of
6 these innocent persons been subjected to? How many are
7 better off today, and how is better off determined? How
8 many have been sacrificed to achieve someone's unproven
9 notion of better off? What measure is used to determine
10 that Jane or John is happier or better adjusted in a
11 group home of twelve residents than she or he was with
12 earlier friends and quality care in that hospital?

13 Indeed, I join my voice in sincerity
14 with those who want a life that is as fulfilling and
15 satisfying as possible for our handicapped brothers and
16 sisters.

17 But I ask, too, that these innocent,
18 vulnerable people not be exploited to achieve someone
19 else's ambitions, that they not be used for guinea pig
20 experimentation without regard for their ultimate well-
21 being, and that we remember that they are valuable and
22 infinitely worthwhile people, no matter what their abil-
23 ities may be.

24 I ask the Legislature to recognize
25 that responsible leadership at the Brainerd State Hospital
has meant that superior loving care and innovative programs

1 to meet the challenges of change are the rule here and
2 not the exception.

3 The fulfillment of individual potential
4 for residents has been an ongoing commitment by administra-
5 tion and staff. The Brainerd State Hospital is as much
6 a part of this community as are our excellent schools,
7 community college, medical center, and other facilities
8 that are familiar and loved.

9 The retention of the Brainerd State
10 Hospital with its skilled staff, programs, and services
11 will protect the state's investment in and reaffirm its
12 dedication to human services that put people first.

13 * * * *

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15
16 MR. DORSCHNER: I'm Vern Dorschner, an instructor
17 at Brainerd Community College.

18 I actually have a couple of things
19 that I would like to share with the committee. First
20 of all, the college has a very good working relationship
21 with Brainerd State Hospital. We have had a number of
22 the employees take classes at our college as well as
23 their own children.

24 We also have had a very good working
25 relationship in our field experience students to go to

1 the state hospital and get hands-on experience in how
2 to deal with mentally ill and the mentally retarded.

3 Another thing that I think probably
4 is as important as the first two is that we have been
5 able to utilize the Brainerd State Hospital staff in
6 teaching of our courses on campus. We would very much
7 lose some very fine things that we now have if the state
8 hospital should close.

9 On another issue that's related to
10 the state hospital and away from the college, I think
11 it's important to understand that taking people from
12 the institutionalized setting, also the fragment dilute
13 the professional help that is necessary to meet these
14 people's needs.

15 It might sound grand to move them
16 into homes, into group homes. But you cannot convince
17 me nor most people in the room who work with these people
18 that you will have a professional staff who can be avail-
19 able, who can monitor, diagnose, assess, and establish
20 programs that can be as effective as in an institution.

21 I don't think that a house-looking
22 building will create better care.

23 Thirdly, I think that the institution-
24 alization that is taking place may be one more step in
25 the process of the state relinquishing the work they

1 are doing with the mentally ill and the mentally retarded.
 2 Some human problems are not solved by the individual
 3 themselves, by the families, and even some are greater
 4 than an individual community can solve. This happens
 5 to be one case where the state must be involved to provide
 6 the best care.

7 Thank you.

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 9 * * * *

10
 11 FATHER CHASEBERGER: I'm Steve Chaseberger,
 12 priest at Saint Paul's Episcopal Church in Brainerd.

13 We speak of holistic health, spiritual
 14 as well as physical and emotional. And I would say that
 15 the Brainerd State Hospital has two chaplains and many,
 16 many other ministers among their staffs who coordinate
 17 with the pastors of Brainerd and with our congregation
 18 - congregations.

19 And I find many of our own people
 20 working at the state hospital who form a relationship
 21 with their patients and residents there. And they come
 22 to church; they meet others. I think it's a help to
 23 bring them in contact with members of the community,
 24 as also from our congregation, we supply many who have
 2E3 volunteered and give of their time and talent and be

1 | it just simply a neighbor to those at the state hospital.

2 | I also can speak of a very good friend
3 | of mine who was extremely creative in the health-care
4 | field. And he formed a group home and was very, very
5 | good at it.

6 | He also was worn down. He was worn
7 | down by licensing. He was worn down by trying to train
8 | staff, his staff turnover. He was worn down by neighbors
9 | who complained about his patients. He was worn down
10 | about all kinds of things.

11 | And he died just last year, a broken
12 | man trying to be creative in a group-home concept. I
13 | think he was doing an excellent job, but he didn't have
14 | the support. And you need the support of an institution
15 | at times. You need it for education, for your own emotion-
16 | al health.

17 | Those who continue to give and give
18 | also need time to be given to.

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22 | MR. BAKER: My name is Jim Baker; I'm from the
23 | Leech Lake Reservation.

24 | And I have just completed a program
25 | from the Four Wind Lodge over at Brainerd State

1 Hospital, which is a program for chemical dependency
2 for the Native American Indians.

3 I know that I would not be here tonight
4 if it wasn't for that program over there. I would be
5 drunk on the street somewhere or possibly dead.

6 And this community is surrounded
7 by reservations: Mille Lacs south of here, Leech Lake
8 just north, Red Lake, and White Earth. Our people need
9 this program.

10 When a counselor over there, my coun-
11 selor, told me she had talked to many of our children.
12 And a lot of them say, "When I go to sleep at night,
13 I cry in my pillow when my mom and dad drink."

14 This is a light at the end of that
15 tunnel that we need. We don't want the state hospital
16 to close. We need it.

17 Thank you much.

18 * * * *

19
20
21 MR. NORTH: My name is Mickey North. I'm a
22 C.D. counselor at Brainerd State Hospital with a Native
23 American unit.

24 And I hear talk about closing the
25 state hospital when I could use a whole building over

1 | there.

2 | (Applause)

3 | Right now, we only got one wing.
4 | But I'd like to see an adolescent unit and a possible
5 | extended-care program there.

6 | So I urge you not to close this hos-
7 | pital.

8 | Saturday, the 29th, we are dedicating
9 | our unit, the Four Winds Lodge. And I welcome the people
10 | to come over there to share with us.

11 | Thank you.

12 | * * * *

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14 |
15 | MS. RANDALL: I'm Pat Randall. I wear two
16 | hats here tonight, both as a parent of three retarded
17 | daughters -- two of them at the state hospital - and
18 | then as a night tech. in Building 21 in the state hospital.

19 | (Applause)

20 | We came from Cook County, and which
21 | there's no kinds of facilities there. So we came to
22 | Brainerd with our three children. And we got jobs there,
23 | too. I would hate to see the hospital be closed because
24 | I don't know of another facility for my children.

25 | There are no group homes available,

1 and they are not ready for that type of facility. We
2 realize this. We are invited to attend staffings there,
3 and we know that they have their best interests at heart.

4 And I see ads in the employment columns
5 about once a month requiring more staffing at the group
6 homes downtown, and I fret about this because of the
7 turnover. Just because I have a letter here from the
8 state hospital trying to kind of stress the turnover.

9 We do have -- Rita is at home now,
10 and she is in a P.A.C.E. program so that we do use many
11 of the services here in Brainerd. And where would we go
12 if it isn't here?

13 Thank you.

14 * * * *

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16
17 MR, TANNER: My name is Leonard Tanner, and
18 I'm a patient at Brainerd State Hospital, Native American
19 unit.

20 While I came into the program pretty
21 close -- a little over a month ago, the program had just
22 started. And I guess the last three or four days I have
23 heard that the state hospital is going to close.

24 It's a hard thing to see something
25 like this do. You know, people come across and saying

1 that the hospital is closing when the unit is just
2 opening up for the Native Americans. And I feel very
3 fortunate that I'm one of the individuals that have gone
4 through this program. I'd like to see a lot of others go
5 through it.

6 The Native American program has taught
7 me a lot about myself as to who I am as an individual.
8 And I guess I'd like to see a lot of other individuals
9 such as I of the chemical-dependency problem go through
10 with it.

11 If the state hospital is closing I
12 cannot see my people, my brothers and sisters going
13 through it and living through hell as they stumble down
14 the streets in a stupor manner.

15 That's all I have to say.

16 * * * *

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18
19 MR. SMIZE: I'm Fred Smize, a retired Episcopal
20 clergyman living on the north end of Crow Wing County. I
21 retired as a minister on the Leech Lake Indian Reserva-
22 tion Center in Cass Lake.

23 I have had a long-time tie with the
24 Brainerd State Hospital, going back many years. I have
25 had the opportunity to see what has been done in this

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hospital with Native American people. More and more is being done. And it would be a terrible shame for this hospital to be closed.

You have heard others talk about the distance that would be required of people to come here to visit their relatives and their friends if this institution were closed.

I have had an excellent entree into this hospital starting with Harold Gillespie and working right on down through the staff. They have made it possible for clergy like myself to visit with persons resident here.

This has not always been true in every institution with which I have had a contact. It is true here; it has been, and it is. And it would just be a terrible loss to the folks on the Leech Lake Reservation, the Red Lake Reservation, the east end of the White Earth Reservation, the Mille Lacs group to have this institution moved out of the nearness to them.

It would be -- you have heard others say this, but I'm just saying it from a non-Indian speaking for someone who has spent thirty-nine years of his ministry working on Indian reservations.

You have heard the fantastic figure of seventy percent success rate. I don't think that

1 could be matched anywhere else in this state or in many
2 other states. I think we can be well proud.

3 And if the closing of this hospital
4 would mean the closing of that opportunity for the Native
5 Americans' health, that we are in terrible, terrible
6 shape.

7 Thank you.

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9 * * * *

10
11 MR. PRYOR: My name is Jim Pryor, and I'm general
12 manager of one of the area radio stations.

13 And in response to an editorial that
14 we have been running the last few days to urge you folks
15 to come out tonight, I received a letter. And in that
16 letter -- I'll try and describe it as best I can.

17 I came with the idea of listening,
18 and I was kind of moved to come up here and tell you
19 about the letter. But it did come from Nisswa, and the
20 gal who wrote the letter said that a very good friend
21 of hers had been released from the Rochester State Hos-
22 pital . She had been placed in the hospital after gradua-
23 tion from high school.

24 She was released and apparently not
25 to a group home -- or maybe a group home, but then later

1
2 on her own. But she had been missing for about two years --
3 it probably wasn't two years -- a couple of months. But she
4 was in California and the Twin Cities, and she came up to
5 this area to visit her friend. And she was in a terrible
6 state, very skinny, unkempt, dirty. She had been through a lot.

7 And I think that just goes to say that
8 we do need to have people taken care of.

9 One other thing I think that we should
10 think about and I'd like to have the Planning Agency think
11 about this is that when we do something that's silly at the
12 radio station or when we do something that's great and we hear
13 about it from one or two people, there's something that we have
14 to consider, that for everyone that says something, there's
15 another ten out there that believe the same thing.

16 I know that there were a lot of people
17 tonight that cannot show up. They would like to be here, but
18 they could not be here. And I think that you should consider
19 the hundreds and thousands of people that would be here if they
20 could tonight.

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1 VOICE: I guess I'm not a public speaker or
2 anything. And I do get kind of shaky at times in front
3 of a large group of people.

4 But I was sitting here thinking about
5 history, our history here as a people, not only as Native
6 Americans but as Norwegian, Swedes, Irishmen, whatever.
7 We have the same situation as a group of people did a
8 while back in history when they were legally removed
9 from their homeland, and they were trekked across the
10 country, which included starvation and death and disease
11 and stress.

12 It was called a trail of tears.
13 When we talk about this many people being involved in
14 the loss of their homes and their jobs, to me, it is
15 a trail of tears.

16 But being an American -- I guess
17 that's what they call me today -- is that I am an American;
18 I must live like one. And I must pay my taxes.

19 Fourteen years ago, we marched on
20 the capital here when Governor Anderson was our governor,
21 when we virtually asked him for a million dollars for
22 a Native American treatment center. It was the first
23 time the Native American was heard in this state. We
24 moved as a group of people.

25 And today, we are a group of people.

1 And we will move with you; I can assure you that.

2 This weekend, you can show your support
3 at what is happening at the Brainerd State Hospital.
4 Many people from the state legislature will be there.
5 We would like to share with you our program and our life-
6 style. And if we can feed you -- and if we can't, you
7 can bring your own kettle.

8 Thank you.. . . .

9
10 MR. HAGLAND: Good evening. I'm Kurt Hagland,
11 and I'm the executive director of a program called S.C.S.,
12 Incorporated, or Sheltered Employment Services in Brainerd.
13 We're a nonprofit corporation that's sixty-six percent
14 funded by the state legislature.

15 We have a board of directors, eleven
16 people from the Brainerd area, for basically our legal
17 entity. We served a hundred and fifteen individuals
18 in our fiscal year, and we have a budget of about two
19 hundred and fifty thousand dollars.

20 The primary difference -- we by the
21 way serve all types of handicapped individuals, chemically
22 dependent, mentally ill, so on, M.R. But the primary
23 thing is, we cannot serve all types of disabilities in
24
25

1 the way that we have.

2 A number of speakers this evening have
3 talked about the fact that the community-based services
4 are not utopia; we are not utopia. We are serving right
5 now the people who are or need job - our job-writing
6 material or who need jobs in the very near future but
7 cannot get it or receive it by themselves.

8 We cannot serve, and we have tried it
9 in the past -- we cannot serve all the people that state
10 hospital has gone through so I think the important thing
11 is that community-based service is not the Utopia that
12 people are looking at for all individuals.

13 Secondly, is that I'm very concerned
14 about the role of looking at that, especially from develop-
15 mental disabilities of the State Planning Agency, looking
16 at work as being the most therapeutic or the best element
17 down the line. We're all trying - in jobs, we're all
18 trying to get the maximum amount of vacation time. And
19 here we're trying to take our clients and put them into
20 the most amount of work time. I think it's rather ironic.

21 But I think that it's something that
22 we have to strongly look at, how much work is affected
23 for people who are severely or profoundly retarded or
24 handicapped. That's an important issue we have to look
25 at. And how much money does it take to get those indi-

1 | viduals jobs or keep on working? That's an important
2 | question we all have to look at.

3 | And that's important when we look at
4 | not only do we want to keep the state hospital open –
5 | and I believe yes, as a service provider, we cannot do
6 | without it in the Brainerd area. At the same time, we
7 | have to look at the idea of what Ms. Wieck was talking
8 | about earlier in defining or redefining the status quo of
9 | that hospital.

10 | They've got excellent programs; they
11 | need to expand upon them. But I personally do not feel
12 | that work is for every last individual on this earth.
13 | There's a lot more things to that than just employment.

14 | Thank you.

15 | * * * *
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18 | MR. ANDERSON: My name is Scott Anderson, and I
19 | own and operate a small business here in Brainerd. And I
20 | came to town eight years ago, probably over my entire
21 | life not really having had too many opportunities to be
22 | with mentally retarded people or with mentally ill people
23 | or even mildly retarded who are educable and can be
24 | helped.

25 | And I understand that the hospital

1 having been built in the late fifties is a hospital. And
2 a hospital is here to provide, you know, professional
3 care over a broad range of activities, which I really
4 question can often be provided in small group-home facil-
5 ities .

6 I was touched soon after I opened my
7 business eight years ago, a restaurant in this town, when
8 several station wagons pulled up from the Brainerd State
9 Hospital, and out popped patients of all ages, who obvi-
10 ously were enjoying their opportunity to get out of the
11 facility for a few hours, and under very, very good
12 supervision, came into the restaurant. And I was really -
13 ~ I didn't know how to handle it at first.

14 But I just went with the professionals
15 there and the ones that were handling the patients. They
16 sat down, and they had a lovely meal. And for a few
17 hours, they had an opportunity to get out. And believe
18 me, they are getting out and having that opportunity be-
19 cause over the last eight years, we have served hundreds
20 of patients from the state hospital.

21 And I question really if that same
22 type of care professionally could be provided to patients
23 perhaps where there can only be certainly two, three,
24 four of them in a group home, able to be able to get the
25 same outside experience that they would get coming into a

1 restaurant such as mine.

2 I think the word here is professional-
3 ism. And I have a number of friends that work at that
4 state hospital. And I have all sorts of guests that come
5 into my restaurant that work at that state hospital that
6 show professionalism in whatever they do.

7 I don't care if they're entry-level
8 laundry personnel at the hospital or they're the head of
9 psychiatry at the hospital; they all show a tremendous
10 amount of professionalism, which again I question can
11 often be provided immediately or even over a longer
12 period of time in smaller settings.

13 Economically, I understand what hap-
14 pens in communities such as the size of Brainerd when
15 even a few people are laid out of work. I have watched
16 this community over the last eight years suffer either
17 through a recession or perhaps through the loss of jobs
18 created when a large employer reduces a staff, like at
19 Burlington Northern.

20 I think the numbers are already out
21 on Burlington Northern; over one thousand jobs lost in
22 the last twenty years. Seven hundred people that lose
23 their jobs or could possibly lose their jobs in Brainerd
24 could in no way be placed in our community, and they
25 would move on.

1 And I think all of the statistics
2 that Mr. Blevin gave you are true. Hundreds of people
3 would leave; hundreds of students would leave; thousands
4 of people would leave.

5 The professionalism that we see out
6 at the state hospital is real. The people that I have
7 been associated with and know at the state hospital have
8 gained experience and are improving obviously every single
9 year.

10 In the twenty-five years that that
11 hospital has been in existence out there, I'm sure that
12 the level of care and the understanding of the patients
13 that they're taking care of is better than - better
14 now than when it started. I'm sure it's going to continue
15 to increase.

16 Being in business, I'm always alarmed
17 at things that would affect ray business. But I'm most
18 concerned with people, those that might be enjoying that
19 opportunity to come back into my restaurant or be part
20 of our Brainerd community. And I want to make sure that
21 that continues and that the state hospital stays in exis-
22 tence .

23 Thank you.

24 * * * *

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1 MS. PLESKIS: My name is Kim Pleskis, and I'm
2 an employee of one of the area radio stations here in
3 Brainerd.

4 Through all of the mail that we re-
5 ceive, I remember receiving a letter from a patient at
6 the Brainerd State Hospital. It was just a letter asking
7 how we were over here and what we were doing.

8 I took the time to write this gentleman
9 back. And we have written back and forth. Through our
10 correspondence, I have found that Sean has been helped
11 greatly by the Brainerd State Hospital and is continuing
12 to be improved. That's where he finds his security,
13 his friends, and his family.

14 I would just like to say for them
15 on the inside, for us on the outside, please keep the
16 Brainerd State Hospital open.

17 Thank you.

18 * * * *

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21 MR. CIBUZAR: I'm Al Cibuzar; I represent three
22 firms here tonight and some of the comments and the
23 thoughts of the employees and the people that work at
24 those three firms.

25 They're Paul's Shoes, Image Engineer-

1 ing, and Native Research Labs.

2 The first thought is from Paul's
3 Shoes. And we have serviced a number of patients from
4 the state hospital over the years. What we find comment
5 about tonight is what Scott Anderson talked about earlier
6 is the professionalism of the staff and the people that
7 bring patients in.

8 And I think that dwells back to some-
9 thing that hasn't been said much tonight, and that's
10 the quality of the employee that is produced by the City
11 of Brainerd, from the people that this community sent
12 to Satan to the leaders that now surround our country
13 in fine arts and government and the military and in busi-
14 ness. We produce fine people here in Brainerd. And
15 the state's getting a real bargain on the employee.

16 The other comment is from the two
17 high-tech firms I represent, which is Native Research
18 Labs and Image Engineering. And I think it appears that
19 through your actions, you are trying to in effect increase
20 the quality of patient care through your actions.

21 And I think you already have the
22 quality, and that's documentation. I think what you
23 should be addressing is taking care of maybe the effi-
24 ciency.

25 And I don't see that making and doing

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the acts that you are proposing will increase the efficiency but degrade the quality. I think we have to maintain the quality and increase the efficiency by addressing fewer high-tech items such as artificial intelligence and different methods of analysis and that type of thing rather than decreasing the quality which you currently have.

Thank you.

* * * *

MS. CARTLIFF: I'm Nancy Cartliff; I'm an eight-year employee at the Brainerd State Hospital. And I am a product of quality training, training I received at B.S.H.

And you, my employer, the State of Minnesota, has an investment in me and many others like me. And I can't understand why an employer would want to do away with such an investment.

And I urge you to utilize this valuable resource and keep the high quality of Minnesota - of services that Minnesota is so well known for.

* * * *

1 MR. WHITE: I'm Mr. White; I'm an outreach
2 counselor for Leech Lake Reservation. I have been for
3 the last eight years.

4 I come in here tonight, and I drove
5 eighty miles, left my family at home to come down because
6 I wanted to support the hospital in any way I knew how.

7 I hear a lot of stuff here tonight, a
8 lot of statistics and stuff, you know, which is beauti-
9 ful. A lot of people are concerned about this hospital
10 for one reason.

11 That I know our northern community up
12 there has a strong need for it. And what I mean by that
13 is, I make a lot of referrals down here. And sometimes I
14 have as high as three or four or five of them waiting in
15 line to get into our C.D. unit. There is a need for it.

16 So when I was standing back in the
17 room, I was wondering and looking around and saying,
18 "What do I have to offer this committee?" I hear a lot
19 of truth in your stuff and statistics. Well, the only
20 thing I can offer this committee is myself.

21 We can go back twenty-five, thirty
22 years if you want to. And I was lost in the world,
23 nowhere to go. Ten years ago, I come in contact with the
24 Brainerd State Hospital.
25

1 A lot of my Indian people back home
2 were working in chemical dependency, kept bringing me
3 back and kept bringing me back. And I would come back
4 willingly because there was something in this hospital
5 that I didn't fight it; I would come back for it.

6 And now today, I know what it is:
7 it's the love that the people have here that are working
8 here that make this hospital possible. Without Brainerd
9 State Hospital chemical-dependency unit, I would have
10 no family to go home to tonight. I would still be lost.

11 And with that, that's all I have
12 to offer the committee.

13
14 * * * *

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16 MR. TANNER: I'm Hubert Leonard Tanner. I 'm
17 a forestry and travel commission. And what we call our-
18 selves , Northern Native American Association.

19 I would like to see this Brainerd
20 State Hospital stay open. We need it around this area.
21 We need it, too, and you people need it so let's keep
22 it open.

23 Thank you.

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25 * * * *

1 MS. McCONVILLE: I'm Mary McConville, and I'm
2 a social worker in the developmental disabilities divi-
3 sion of Brainerd State Hospital.

4 I'd like to read to you a letter
5 that we received today from a gentleman who lives in
6 Silver Springs, Maryland, but was a long-time resident
7 of Minnesota, And he has a twenty-five-year-old son
8 who is a resident in the building in which I work.

9 "By way of introduction, we are the
10 parents of a resident of the Brainerd State Hos"
11 - yeah, "We are the parents of a resident of the
12 Brainerd State Hospital and are writing in support
13 of maintaining the Brainerd facility in the insti-
14 tutional system of Minnesota.

15 "We are grateful for this opportunity
16 to present our views. And you are to be commended
17 for your efforts to hear all points of view before
18 making what we believe to be a momentous decision
19 that could affect the quality of care for a group
20 of often defenseless citizens for many years to
21 come.

22 "Our son Jeffrey is now twenty-seven
23 years of age. He has been a resident of the Brainerd
24 State Hospital for over nineteen years. He has
25 a profound level of mental retardation related to
cranial stenosis, profound deviation of adaptive

1 behavior, motor disorder of speech, and mild type of
2 chronic quadriplegia.

3 "He also has cardiac problems and re-
4 current urinary tract infections. Jeff's social
5 maturity and intelligence tests score him below the
6 two-year-old level with an I.Q. below ten. He cannot
7 walk and only sits in his wheelchair.

8 "Thanks to surgery at the Gillette
9 Children's Hospital where Harrington rods were im-
10 planted to correct life-threatening scoliosis.

11 "We consider the care and encouragement
12 Jeff has received at Brainerd to be of the highest
13 order. We further believe that he needs to remain
14 in this setting. If Jeff's case was unique or one
15 of a kind, we could understand why we should be
16 forced to make other arrangements for his care.

17 "But a visit to the buildings at the
18 Brainerd State Hospital reveals that Jeff is not
19 unique, that there are countless others like him or
20 who face more threatening futures than Jeff.

21 "Let us assure you that we are indeed
22 familiar with the Brainerd facility since we visit
23 it regularly and have taken Jeffrey out on vacation
24 with us every year since he has been there.

25 "We recall when the Brainerd facility

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was dedicated and hailed as a modern caring concept in the care of the retarded. It has met man challenges through the years and remains an important part of our network of caring.

"We remember that one of the expectations for Brainerd was that it would provide a less restrictive environment for its residents. It occur to us that the phrase less restrictive is now being used by some in an effort to close facilities such as Brainerd.

"Let us hasten to say that we understand the support efforts being made all over the nation to provide less-restrictive settings for the residents of state hospitals. The wave of change sweeping the country reflects a genuine concern for the individual rights of the retarded, and it is to be commended.

"But reality dictates that we no allow the pendulum to swing so far that our effort result in an intractable bad tooth that hurts rather than helps those least able to care for themselves the severely retarded.

"We are well aware of efforts to place residents in group homes of eight or less. We have investigated this possibility for Jeff with the

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result that no group home has been found that would or could meet his needs.

"We sincerely believe that it would be a mistake to force Jeff and others like him into an environment that would provide increased restrictions of activity rather than provide a less-restrictive setting.

"We must remember that Jeff's group is not who the media portrays in present films. Those we read and hear about are those can be assimilated into the community with the best chance of becoming productive citizens. We understand this since we employ many of them in this federal department .

"However, we are receiving an increasing number of reports that indicate that all is not well for all who have been placed in group homes. It gives us pause to consider carefully the success or failure of certain groups before we let facilities such as Brainerd fall by the wayside.

"Idealistically, the group-home concept seems like the way to go, and for many it is. Realistically, however, we are learning that it isn't for everyone and that our long-range plans must include preservation of the best of the present

1 system to meet our goals.

2 "It is our belief that a core group
3 of residents now experience as much greater freedom
4 at the Brainerd facility than they would in a group-
5 home setting.

6 "Statistics show that staffing alone
7 gives the edge to a setting such as Brainerd for
8 medical supervision, physical and occupational therapy,
9 and educational programs can be maintained.

10 "Staff turnover and lack of access
11 to proper medical and educational facilities in group-
12 home settings do not provide an advantage for the
13 severely retarded. These are the residents who,
14 within a group home, could not go into the community
15 at will and could not even find mobility within the
16 physical structure.

17 "Brainerd, with its sprawling campus
18 and many buildings, provides an atmosphere that cannot
19 be matched elsewhere. Patients here can, as in Jeff's
20 case, wheel themselves down wide corridors in their
21 buildings. And the ambulatory residents can enjoy
22 the freedom to roam the campus itself without the
23 life- and health-threatening atmosphere of the city
24 or town.

25 "Of all the facilities in Minnesota,

1 Brainerd seems to us to be in the best position
2 to adapting the changing needs of institutional
3 care which we believe is needed for the core group
4 of retardates and not realistically be assimilated
5 into the community at large.

6 "To lose this facility now before
7 the results are in on our noble experiments would
8 be tragic.

9 "While we are not in a position to
10 comment on the need for this facility to the economy
11 of the area in which it's located, we can personally
12 attest to the dedication and superiority of the
13 staff and the high level of care, custodial, educa-
14 tional , and health that has been afforded our son
15 for almost twenty years.

16 "We urge you to not cast this expertise
17 aside but instead make a commitment to retain the
18 Brainerd State Hospital as an integral part of the
19 overall effort in Minnesota to best serve the needs
20 of the severely retarded, a group that, for obvious
21 reasons, does not have spokespersons from within
22 their group to speak for them, but instead, rely
23 upon all of us to provide love, care, and understand-
24 ing, all of which we believe can best be provided
25 in Brainerd.

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"James W. Buchan."

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MR. LARSON: I'm Brent Larson, director of
Pharmaceutical Services at Brainerd State Hospital.

I'm one of the employees that feels
proud to work out there. It gives me a tingle inside
myself every time I walk in the front door. I want you
all to know, it's probably - I don't know. You can
feel proud when you found out that it was the American
the first one to fly across the ocean solo in a plane.
Maybe you felt proud when it was American was the first
one to walk on the moon.

But when I walk in the door of Brainerd
State Hospital, I realize that I am blessed. None other
than Pope Paul, John Paul the Second, has got a plaque
up there on the wall. "Brainerd State Hospital employees,
residents, the staff." We have been blessed. And I
think it's important for all of you to know that.

And I feel that when I walk in the
door. Stop by and see the plaque, nice picture, really
nice.

Thank you.

* * * *

1 MR. BORDERS: Hi. I'm Brad Borders, and I'm
2 an eight-year employee of the Brainerd State Hospital.

3 And we have all heard enough to know
4 that the employees care about their jobs. I'm also here
5 to say I'm a past worthy president of the Eagles organiza-
6 tion in Brainerd.

7 The Eagles club has donated over
8 the years several thousands of dollars to Camp Confidence
9 and also the Brainerd State Hospital. And I want you
10 to know that it's not only your tax dollars but organiza-
11 tions such as ours that are supporting this community
12 facility.

13 I get a little nervous when I talk
14 in front of people so --

15 Also, in conclusion, I would like
16 to tell a sad story about a resident in the community-
17 based facility. This person -- I will not give his name
18 -- I met and have become a liking to. And he is harmless
19 and as many residents are.

20 But kids in the neighborhood where
21 he lives have teased him and harassed him because he
22 cannot talk, and he does not understand. So not only
23 do the community have to be protected from the -- from
24 some of the behavioral problems that people have, but
25 also, the residents have to be protected from some of

1 the community.

2 Thank you.

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6 MR. MICHAELSON: Good evening. I'm Jim Michael-
7 son. Unlike most of you, I am a director of a group home
8 in the community. I also live on the Iron Range.

9 And I can appreciate the genuine con-
10 cern that I have heard here tonight regarding the impact
11 of closing Brainerd State Hospital, with which I have had
12 a long association.

13 And I am going to commend you. It
14 must have been several thousand for making us all present
15 and known tonight.

16 I am not going to speak to the issue
17 of closing Brainerd State Hospital. There are others I
18 think who will make that decision. I would just like to
19 remind Miriam and Colleen and others who are responsible
20 for the study that you have indeed received some very
21 valuable, I think, feedback tonight and will do so at the
22 other town meetings.

23 I would only like to remind you that
24 there are other issues that are involved in the legisla-
25 tively mandated study. And I would hope that the Planning

1 Agency will take into account those other factors and
2 that perhaps other kinds of town meetings will be sche-
3 duled before the Legislature convenes to address those
4 other concerns.

5 Thank you.

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9 MR. STEELE: My name is David Steele. And for
10 the past year, I have been a consultant to Morrison,
11 Todd, Wadena, Cass, Crow Wing, Beltrami, and Hubbard
12 developmental achievement centers through the Region Five
13 Regional Developmental Commission.

14 During the course of my work, I have
15 seen that the greatest need of the developmental achieve-
16 ment centers is traditional and professional resources to
17 help them meet the needs of the participants.

18 At the current time, the only available
19 source of perfect professionals experienced in the problems
20 of the developmentally disabled are at the state institu-
21 tions. Consequently, I can endorse and can foresee a
22 change in the role of the state institution. I certainly
23 can't see services for the developmentally disabled con-
24 tinuing in this region without the state institution.

25 Thank you.

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3 MS. BLOCKER: My name is Judy Blocker, and
4 I'm one of the most recent employees out at the state
5 hospital. I work as a chemical-dependency counselor
6 in Building 1, the C.D. unit there.

7 And I, too, wear two hats tonight.
8 Chemical dependency, as you heard earlier tonight, is
9 a family illness. And my family was very much affected
10 by chemical dependency.

11 And indirectly and directly through
12 the state facilities and state hospitals, members of
13 ray family have been restored to the community as active
14 citizens and able to continue to give back to their com-
15 munity.

16 I have children who have completed
17 high school after having gone through C.D. treatment
18 who are taking college courses, who are taking training
19 for E.E.D. technicians, who are no longer on social ser-
20 vices, no longer need the services provided by social
21 services. And that's really powerful. That says a lot.

22 People are recovering and giving
23 back to their communities. Please keep the state hospital
24 open. We need them.

25 Thank you.

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(Whereupon, at 9:32
o'clock p.m., these
proceedings were
concluded)

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