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

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

I'm certain from looking around the 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
that facility for some reason be closed.

I just want to say at the outset that we don't feel that those two interests are in any way opposed. The fact of the matter is that we provide excellent staff. We provide extremely important programming and resources here through the Brainerd State Hospital. And the result of that is a mutual benefit. One is a benefit to the patients and their families, and the other is a benefit to the area and the community by way of payroll and the turnover effect.

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

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

Keeping the hospital open allows us to offer excellent programming and very needed resources.
And on the other hand, it also benefits the community.

    Thank you.

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

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

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

    Thank you very much.

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

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

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

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

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

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

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

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

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

I'd like to just say as a former employee of the Brainerd State Hospital that if there's any state employee who works at the state hospital here in the audience -- and I know there are a lot of them -- who thinks that this review is in any way an indictment of your performance as a state hospital employee, that's not the case. I think you are very well respected, not only here but throughout the country as Don alluded to. And I think this is just another step in the process
that we'd better be aware of, that there are forces including the court system that are trying to move forward very quickly with deinstitutionalization.

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

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

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

Thank you.

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MR. GRAHAM; Madam Chairman, my name is Jack Graham; I'm a lawyer. And I have been honored to serve for a period of time as a public defender in the County Court.
During that time, I defended a lot of people who were subject to petitions for commitment. And I am very happy to say that we have a very good system for assuring that people are not put into these institutions who shouldn't be and who could be gotten out if they're in there too long.

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

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

And that's why I was a little bit alarmed when I heard the lady next to you speaking in language which was heavily couched and bureaucratic terminology that seemed to indicate that deinstitutionalization is a good thing without the premise being carefully examined.

I strongly urge that this wonderful institution and the fantastic work that's being done
here continue.

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

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

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

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

And I would just like to say that we need our hospitals; we need them badly because there
are still a lot of people who, like I was four years ago, who are out on the streets, can't take care of themselves, and they need our help.

Thank you.

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

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

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

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

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

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

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

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

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

Thank you.

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MS. JOHNSON: Welcome, members of the Minnesota State Planning Agency. My name is Joanne Johnson. I am speaking as a representative of the professional registered nurses of the Brainerd State Hospital.

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

We are angered -- yes, we're angered
at the thought of closing Brainerd State Hospital. This feeling was based on the following: the services that Brainerd State Hospital provides for our clients have not been met in the community, and that's why we have the patients that we do have.

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

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

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

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

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

We're a great service center. We have a regional Department of Natural Resource, the Forestry, the fisheries, the water, environment, and wildlife.

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

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

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

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

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

"Whereas, the Brainerd State Hospital is established and well known for its program, quality service to its residents."
"Now, therefore, be it resolved that the Board of Commissioners of Crow Wing County, Minnesota, support keeping the Brainerd State Hospital open to serve the residents of this area."

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

Thank you very much.

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

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

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

We have watched the Scorpion leave. We have watched the railroad leave. And this affects us in many, many areas.
When those people go, they take their children. And when their children leave, our schools have to be shut down. When the schools are shut down, we lose our teachers, and my kids', my own kids' education lacks because of the lack of money coming into this district.

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

Thank you.

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

The Court is in total opposition to the closing down of the Brainerd State Hospital. The Brainerd State Hospital is a very useful and necessary facility in administering criminal justice.

Every once in a while, individuals who are chemically dependent come before the Court on charges that stem from various influences, such as under the -- excuse me. They stem from various offenses that
stem from alcohol- or drug-related state of minds.

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

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

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

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

Thank you very much.

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MR. KERPER: My name is Jim Kerper; I'm the president of Saint Joseph's Medical Center here in Brainerd. The purpose of my comments are to express the
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
Saint Joseph's care for not only the residents and the patients at the Brainerd State Hospital, but also the employees and their families who live in our community. The discontinuation of the Brainerd State Hospital would certainly have a major impact on Saint Joseph's.

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

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

Thank you.

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Mary Ann Hintz
COURT REPORTER
ROUTE 3 BOX 130
MINNEAPOLIS, MAINE
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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Mary Ann Hintz
COURT REPORTER
ROUTE 3, BOX 136
AITKIN, MINNESOTA 56431
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.
We take a look at the Minnesota Learning Center that is housed there dealing with some severe behavior problems, incorrigible youngsters in many cases, borderline retarded. At the present time, we have got fourteen of those youngsters coming into the school district on a daily basis to receive services in the school district to go about a normalization program before they can go back into the community.

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

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

Thank you.

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

We work with the chemically dependent folks from Beltrami County Service Center.
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
would be referred, leaving many folks without C.D. services.

Beltrami County residents have a difficult enough time participating in the necessary CD functions for each patient, such as family visits, family counseling, and discharge staffings because of the distance involved. And to have to go even further would have a negative effect on the treatment process, and the team effort between the county and the hospital.

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

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

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MS. SHIELDS: I am June Shields, and I am an R.N., and I'm speaking up tonight as the past president of the 12th District Minnesota Nurses' Association, which
covers a large area that the state hospital serves.

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

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

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

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

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

You probably wonder why I'm here,
I have a sister who is seriously affected by schizophrenia. I had two brothers that died in a mental institution. And so I have a very close concern for those people being served so beautifully by special types of people that aren't available at every corner.

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

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

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

_U.S. News and World Report_, dated September 24th, states:

"Psychiatrists meeting in the United States claim that there are one and one-half million
mentally ill people sleeping on the streets, a hazard
to themselves, a hazard to society, and a hazard" — and this is the sad part — "to the ones they love."

And strangely enough, as you pick up the Minneapolis Tribune this morning, you found out that the lady who purchased a handgun and shot her twenty-one-year-old darling son and then took her own life was a patient in and out and in and out of a mental institution. She had no other place to go.

And now she made her own war. That's a poor way to go.

I would like to say one other thing in regards to the support that has been rendered this community and the college -- the college -- the schools by the formation and development of Camp Confidence, a unique camp in the State of Minnesota serving anyone who is retarded in the entire state, but more specifically, the patients of a fourteen-county area.

A million dollars has been invested here to show our support for these less fortunate people providing a year-round -- year-round mind you camp that makes available to these people experiences which they would have never known.

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

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

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

The bell rings. Thank you.

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MS. MESHAM: My name is Lucy Mesham. As a former employee of the Brainerd State Hospital, I address
this committee to express my strong feelings concerning
the question of what to do with the present state hos-
pital.

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

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

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

Secondly, some argue that the main
reason to change the hospital organization statewide is
for financial reasons. Many here tonight will testify as
to the extreme economic hardship closing the hospital means to our area.

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

However, keeping the hospital functioning as they are now simply to avoid economic hardships is not the best reason to keep the hospital open. They must be kept open because it is the best thing to do; I believe it is. Thousands of others in this community believe it is.

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

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MR. HART: Members of the Planning Committee, my name is Giles Hart. And I'm from the Red Lake Reservation.
For the past thirteen years, we have been sending clients to the state hospital for treatment for chemical dependency. And we have seen a concerned staff, people who care about us. And that's really hard to say out there.

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

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

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

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MR. BLEVIN: Madam Chairman, residents of the Brainerd area, my name is Wally Blevin. I'm the executive vice president of the Brainerd Area Chamber of Commerce. Others have spoken very well on the care, the levels of care, the needs for preserving the institutional setting that we have in Brainerd. I'd like to return for a few minutes to some of the economic impact items.

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

"Dear Mr. Blevin:

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

"The Brainerd State Hospital has a statewide reputation as a superior care center. The people needing health care would suffer greatly if the center was closed down or services curtailed."
"Many people have moved to our lakes area to take employment at the hospital. It would place an unwarranted hardship on the hospital workers and the community if the care unit would shut down.

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

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

First, it means one million seven hundred and forty-seven thousand dollars per year more personal income.

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

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

Fourth, one more retail establishment.

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

Six, seventy-nine more school children, ninety-seven more families, and three hundred and
fifty-one more people.

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

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

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

Consider the difficulty in trying to come up with an additional seven hundred jobs. Right
now, the job market in the Brainerd area is such that well-qualified people are going at very low wages. Nor is this very much of a buyer's market. And I know that many of you in this room have experienced the same thing.

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

We are a tourism area. But how many people in this room totally make their living off tourism? I guess we see people driving into town in new cars wearing fashionable clothes and everything, enjoying themselves on their vacation in this area.

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

This community and area is one of working people. It always has been, and it always will be. Businesses in this area have relied heavily upon 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.
Camp Confidence is an extension of the services for the state hospital and Minnesota Learning Center. Camp Confidence is different than most camps as Marvin did point out just a little while ago. But also, I want to point out very much, when I came here, I started in this field in 1950 at Faribault. I came here in 1960.

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

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

I can also relate this very much is that Camp Confidence is operated as a nonprofit corporation. But the whole area of Brainerd, the community has helped to build the camp. We have for example put less than thirty thousand dollars out of our own Camp Confidence funds into the physically building of the
camp from the start.

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

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

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

God bless them all.

* * * *

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

Anyone that's had an opportunity to drive around the neighborhoods of Brainerd this last summer has probably noticed that due to a variety of conditions, Brainerd seems to have more than its share of homes on the market. In fact, we have got between
ten and twenty percent more homes for sale this year than we had at the same time last year.

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

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

* * * *

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

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

Alcoholism is a family disease. My goal as a child-protection social worker is to eventually reunite the family some day that the children
will eventually go back with their parents.

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

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

Thank you.

* * * *

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

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

* * * *

Mary Ann Hintz
COURT REPORTER
LITTLE MAC ROUTE BOX 216
MS. SILKWOOD: My name is Sharon Silkwood, and I'm a social worker from Benton County. And I serve as an advocate for my clients who have the diagnosis of mental illness and chemical dependency.

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

Thank you.

* * * *

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

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

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

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

However, not all residents of the state hospital are ready for community placement. And I question the feasibility and practicality of community placement for individuals whose severe medical and behavioral problems necessitate institutional care.

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

The Brainerd State Hospital has been and continues to be a valuable regional resource for community programs such as D.A.C's, nursing homes, group homes, and other facilities throughout North Central Minnesota.

The D.A.C. has received assistance from the state hospital in staff training, consultation, and development of programs for our clients. Cooperative efforts with the state hospital are occurring and will continue to occur, including state hospital support of a Region Five behavior and management training program.
for staff in the community facilities and also the participation of the Heartland Career Development Center in the upcoming community work programs.

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

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

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

"During the past several years, as the Region Five developmental disabilities coordinator and as an independent consultant, I have dealt with several units of the state hospital in the context of developing and strengthening M.R. and M.I, services at the community level in several counties, specifically the M.R. unit and the Minnesota Learning Center in particular were partners to the Region Five developmental disabilities program in developing..."
training programs for staff at developmental achievement centers in seven counties.

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

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

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

Thank you.

*   *   *   *

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

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

I do know for a fact that the intensity and the degree to which we do work with these people on a daily schedule could not be maintained within the community. I feel that they are receiving many, many services and that the services that we are providing and the programs that we have planned are not getting stale. They are an ongoing, changing process.

And our programs are continually getting better, more vocationally oriented, more home living, more of this type of thing continually so that it is not a stale program. It is a very ongoing, changing, very much needed program.

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

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

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

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

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

And if I can hold this up, we're talking about the paper mill, the railroad, and the state
hospital. And as you can see, in 1970, the paper mill had seven hundred and two employees. In 1984, six hundred and ninety-six. Very close; they have only dropped six people.

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

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

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

Thank you,

* * * *

MS. KOEP: I'm Mary Koep, a member of the Crow Wing County Board of Commissioners and pleased to have been a member of the original task force that planned
for this meeting tonight.

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

   It is tempting to simply join in the chorus of praise and pride for employees and administrators who have made the residents of the hospital truly part of this community and who have made that hospital home to the residents.

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

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

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

   But instead of just reiterating all of these important and compelling points, let me further
suggest that the Legislature compile an objective report analyzing the result of action that has turned out from quality and professional care into communities unprepared and unable to care for them.

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

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

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

I ask the Legislature to recognize that responsible leadership at the Brainerd State Hospital has meant that superior loving care and innovative programs
to meet the challenges of change are the rule here and not the exception.

The fulfillment of individual potential for residents has been an ongoing commitment by administration and staff. The Brainerd State Hospital is as much a part of this community as are our excellent schools, community college, medical center, and other facilities that are familiar and loved.

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

* * * *

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

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

We also have had a very good working relationship in our field experience students to go to
the state hospital and get hands-on experience in how
to deal with mentally ill and the mentally retarded.

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

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

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

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

Thirdly, I think that the institutional-
alization that is taking place may be one more step in
the process of the state relinquishing the work they
are doing with the mentally ill and the mentally retarded. Some human problems are not solved by the individual themselves, by the families, and even some are greater than an individual community can solve. This happens to be one case where the state must be involved to provide the best care.

Thank you.

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

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

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

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

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

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

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

* * * *

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

And I have just completed a program from the Four Wind Lodge over at Brainerd State.
Hospital, which is a program for chemical dependency for the Native American Indians.

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

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

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

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

Thank you much.

* * * *

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

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

(Applause)

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

So I urge you not to close this hospital.

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

Thank you.

*   *   *   *

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

(Applause)

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

There are no group homes available,
and they are not ready for that type of facility. We realize this. We are invited to attend staffings there, and we know that they have their best interests at heart.

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

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

Thank you.

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

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

It's a hard thing to see something like this do. You know, people come across and saying
that the hospital is closing when the unit is just
opening up for the Native Americans. And I feel very
fortunate that I'm one of the individuals that have gone
through this program. I'd like to see a lot of others go
through it.

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

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

That's all I have to say.

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

I have had a long-time tie with the
Brainerd State Hospital, going back many years. I have
had the opportunity to see what has been done in this
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
could be matched anywhere else in this state or in many other states. I think we can be well proud.

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

Thank you.

* * * *

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

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

I came with the idea of listening, and I was kind of moved to come up here and tell you about the letter. But it did come from Nisswa, and the gal who wrote the letter said that a very good friend of hers had been released from the Rochester State Hospital. She had been placed in the hospital after graduation from high school.

She was released and apparently not to a group home -- or maybe a group home, but then later
on her own. But she had been missing for about two years --
it probably wasn't two years -- a couple of months. But she
was in California and the Twin Cities, and she came up to
this area to visit her friend. And she was in a terrible
state, very skinny, unkempt, dirty. She had been through a lot.

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

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

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

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

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

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

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

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

And today, we are a group of people.
And we will move with you; I can assure you that.

This weekend, you can show your support at what is happening at the Brainerd State Hospital. Many people from the state legislature will be there. We would like to share with you our program and our lifestyle. And if we can feed you — and if we can't, you can bring your own kettle.

Thank you. . . .

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

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

The primary difference — we by the way serve all types of handicapped individuals, chemically dependent, mentally ill, so on, M.R. But the primary thing is, we cannot serve all types of disabilities in
the way that we have.

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

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

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

But I think that it's something that we have to strongly look at, how much work is affected for people who are severely or profoundly retarded or handicapped. That's an important issue we have to look at. And how much money does it take to get those indi-
Individuals jobs or keep on working? That's an important question we all have to look at.

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

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

Thank you.

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

And I understand that the hospital
having been built in the late fifties is a hospital. And a hospital is here to provide, you know, professional care over a broad range of activities, which I really question can often be provided in small group-home facilities.

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

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

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

I think the word here is professionalism. And I have a number of friends that work at that state hospital. And I have all sorts of guests that come into my restaurant that work at that state hospital that show professionalism in whatever they do.

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

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

I think the numbers are already out on Burlington Northern; over one thousand jobs lost in the last twenty years. Seven hundred people that lose their jobs or could possibly lose their jobs in Brainerd could in no way be placed in our community, and they would move on.
And I think all of the statistics that Mr. Blevin gave you are true. Hundreds of people would leave; hundreds of students would leave; thousands of people would leave.

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

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

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

Thank you.

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

Through all of the mail that we receive, I remember receiving a letter from a patient at the Brainerd State Hospital. It was just a letter asking how we were over here and what we were doing.

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

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

Thank you.

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

They're Paul's Shoes, Image Engineer-
ing, and Native Research Labs.

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

And I think that dwells back to something that hasn't been said much tonight, and that's the quality of the employee that is produced by the City of Brainerd, from the people that this community sent to Satan to the leaders that now surround our country in fine arts and government and the military and in business. We produce fine people here in Brainerd. And the state's getting a real bargain on the employee.

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

And I think you already have the quality, and that's documentation. I think what you should be addressing is taking care of maybe the efficiency.

And I don't see that making and doing
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.

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

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

I hear a lot of stuff here tonight, a lot of statistics and stuff, you know, which is beautiful. A lot of people are concerned about this hospital for one reason.

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

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

We can go back twenty-five, thirty years if you want to. And I was lost in the world, nowhere to go. Ten years ago, I come in contact with the Brainerd State Hospital.
A lot of my Indian people back home were working in chemical dependency, kept bringing me back and kept bringing me back. And I would come back willingly because there was something in this hospital that I didn't fight it; I would come back for it.

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

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

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MR. TANNER: I'm Hubert Leonard Tanner. I'm a forestry and travel commission. And what we call ourselves, Northern Native American Association.

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

Thank you.

* * * *
MS. McCONVILLE: I'm Mary McConville, and I'm a social worker in the developmental disabilities division of Brainerd State Hospital.

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

"By way of introduction, we are the parents of a resident of the Brainerd State Hos" — yeah, "We are the parents of a resident of the Brainerd State Hospital and are writing in support of maintaining the Brainerd facility in the institutional system of Minnesota.

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

"Our son Jeffrey is now twenty-seven years of age. He has been a resident of the Brainerd State Hospital for over nineteen years. He has a profound level of mental retardation related to cranial stenosis, profound deviation of adaptive
behavior, motor disorder of speech, and mild type of chronic quadriplegia.

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

"Thanks to surgery at the Gillette Children's Hospital where Harrington rods were implanted to correct life-threatening scoliosis.

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

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

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

"We recall when the Brainerd facility
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
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
system to meet our goals.

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

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

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

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

"Of all the facilities in Minnesota,
Brainerd seems to us to be in the best position to adapting the changing needs of institutional care which we believe is needed for the core group of retardates and not realistically be assimilated into the community at large.

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

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

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

Mary Ann Hintz
COURT REPORTER
LITTLE PINE ROUTE BOX 218
"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 all. "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.

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

And we have all heard enough to know that the employees care about their jobs. I'm also here to say I'm a past worthy president of the Eagles organization in Brainerd.

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

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

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

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

Thank you.

* * * *

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

And I can appreciate the genuine concern that I have heard here tonight regarding the impact of closing Brainerd State Hospital, with which I have had a long association.

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

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

I would only like to remind you that there are other issues that are involved in the legislatively mandated study. And I would hope that the Planning
Agency will take into account those other factors and that perhaps other kinds of town meetings will be scheduled before the Legislature convenes to address those other concerns.

Thank you.

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

During the course of my work, I have seen that the greatest need of the developmental achievement centers is traditional and professional resources to help them meet the needs of the participants.

At the current time, the only available source of perfect professionals experienced in the problems of the developmentally disabled are at the state institutions. Consequently, I can endorse and can foresee a change in the role of the state institution. I certainly can't see services for the developmentally disabled continuing in this region without the state institution.

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

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

And indirectly and directly through the state facilities and state hospitals, members of my family have been restored to the community as active citizens and able to continue to give back to their community.

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

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

Thank you.
(Whereupon, at 9:32 o'clock p.m., these proceedings were concluded)
CERTIFICATE OF REPORTER

STATE OF MINNESOTA
COUNTY OF AITKIN

I, Mary Ann Hintz, hereby certify that I am the court reporter who reported these proceedings and that the foregoing typewritten matter is a true, full, and correct transcript of my original Stenotype notes taken at said time, place, and date. Dated this 8th day of October, 1984.

Mary Ann Hintz
Court Reporter
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Aitkin, Minnesota 56431