STATE OF MINNESOTA
STATE PLANNING AGENCY
PUBLIC HEARING CONCERNING
STATE HOSPITALS
PUBLIC TESTIMONY ONLY

TAKEN ON
OCTOBER 3, 1984

AT MOOSE LAKE HIGH SCHOOL
IN THE CITY OP MOOSE LAKE
STATE OF MINNESOTA
COMMENCING AT APPROXIMATELY 1:00 p.m.

HEARING EXAMINER:  Miriam Karlins

ALSO PRESENT:  Colleen Wieck

Reported by:

Jodi R. Hoffarth
THE PUBLIC:  I come only because I'm first on the list. I'm Dale Wolf (ph). I'm here on behalf of the Sixth Judicial District, I want to make clear that our Chief Judge Campbell, who was here at your last meeting, wants to be here. He is in Grand Arabs for two days. He will be supplementing with some written notes.

One of the things I want our Legislatures to keep in mind and one of the things that we should all keep in mind is that we have to be aware of euphemisms here when we talk of institutions. We have that goal and a goal that you should all have because we have a bogeyman image of state institutions as that cold hearted institution with the echoing hallway where people are just pushed into the hallway and forgotten and we are here in the Courts because we get to see the frontlines. We get to deal with both the public sector and private sector for the mentally ill, mentally retarded and other handicaps.

I think that I am most impressed about our state facilities, especially the Moose Lake State Hospital, when we talk about the quality of care and talk about the consistency of the care. I know what it's like on smaller private sector providers in terms of turnover and consistency of care when we are talking about
smaller staff. I also know what the state hospitals mean today in the 1980's. We are talking about situations where we have specialized units, where we have trained professional staff, and where we have a lot of care and genuine concern.

I guess that I have to echo the other judges, and some of those will be adding their written comments on what we find particularly at Moose Lake State Hospital, administrative professional and online staffer working in whatever area with a genuine feeling of pride and certainly feeling of concern for the patients.

The true measure of government is not by the privileges it provides to the select few, but to the certain concern and the quality of care that it provides to our disabled. And I would be concerned not in the next five years and maybe not in the next ten years, but I certainly would in a long-range basis of a gradual move and shifts to shove our disabled in a lost area that are truly state government's concern in state government areas by relying totally on private providers.

I have a feeling there are good places and I know a lot of private providers. I see some of them here today, Clyde, and some of the rest of you. I'm
very impressed with their services also too, but let's not get caught up in the idea that the cure for everybody's problem lies in deinstitutionalization. Let's not get caught up in the ideas that quality care cannot be provided in state facilities because we see realities. We know there is not a bogeyman that some people talk about. We know what a caring, warm, professional place we have here and that's why we are concerned for residents and clients, our concern for our state hospitals. I thank you.

THE PUBLIC: Good afternoon everyone. I'm Florian Chemielewski (ph) and I have been representing this District in the Legislature for the past 15 years and I must admit for the past couple of weeks, as I prepared to make my two or three minute remarks, that I had a terrible feeling of frustration that I think is representative of the people that are here with us today.

The reason is simply this is that we faced the similar issue just a short time ago when the national publications were talking about the Willow River Camp as a model program for the nation. The Senate was involved in a program of dismantling that model program and what is happening now is that just a few years ago when Governor Perpich went through this
institution he said—and I was one of the people that accompanied him on the tour—he said there is Minnesota's finest institution and you can remember Moose Lake will never ever cease operation as an institution because this is the finest. But all of this is taking place. We are facing the frustration of meeting with the task force meeting and I tell you if you want to know how the community is feeling with regard to the entire effort, the entire process, because of the kind of remarks and quality of care that the people are getting is a real slap in the face not only to the people working, but the people that work and provided services to the community and people a long time and also to the patients have been regarded as receiving just excellent care in the past number of years that Moose Lake has been in operation.

So the feeling in this community is one of terrible frustration over this entire process as it is with me as being one of the Legislatures who deal with the issues at the same time while you say there is no decisions being made. I don't want to misquote the Governor by all means, but I do know the Minneapolis paper just this week did say "Fergus Falls, don't worry. This place will last forever." There is the erosion of the process that you are talking about and
he stated the statement, according to the paper, of Fergus Falls and Anoka. Although he said it six years ago, I would like to have a renewal of that commitment very quickly, otherwise that would leave us on the bottom and we were on the top.

The political reality is that although patients have increased in the hospital, the $900,000 that has been appropriated has been reduced now for improvement to the hospital and they said young disabled veterans ought to have Moose Lake and this is the logical thing. Exactly the same thing happened in Rochester just the day before the hospital was closed.

So you see what happens is not even though positive points that are emanating from the Legislature, emanating from the community, they still give assurance to the community that we are, in fact, satisfied with what's going on.

So what's happening with the legislative process I can tell you that my position is that I'm supporting continuing the operation in Brainerd. I'm supporting the continuing operation of the Fergus Falls Hospitals and all the state institutions of the State of Minnesota and the Legislatures are forming a coalition. We are not voting Brainerd versus Moose Lake, Moose Lake versus Fergus Falls. We are going in
this together to offer a system that we think is unique and very good in the nation and coining out of state hospitals and national offices we are giving what is most important care to the patients that we are servicing, serve the process of the development of Moose Lake as a team and the people working in our hospital system to have the security that they deserve, that we are doing a good job and we want this to continue in that way and that's the message that I'm going to be conveying and I know that all the Legislatures that are affected in this process are going to be together in this issue one and all. So thank you very much for this opportunity.

THE PUBLIC: I'm David Jones, Olgelvie (ph), Minnesota, The study of the eight state hospitals that the 1984 Legislature appropriated $2,250,000 for and ordered and which this town meeting is a part of should find that mental illness facilities should not be closed or reduced in size, but should be expanded or added to.

My concern is not for the hospital employees or the community where the hospital is located, but for mentally ill persons.

The process which has been going on in Minnesota for the past 20 years of closing and reducing the size
of the state hospitals has left mentally ill persons untreated. Alternatives have not existed and do not exist. It is no secret that in 25 to 50 percent of the homeless and probably 90 percent of the suicide cases are untreated mentally ill. We don't have to say chronic, that would be redundant. Mental illnesses are chronic illnesses. Kanabec County does not have halfway houses, supervised living quarters or even day treatment for the mentally ill. The alternatives to the state hospitals do not exist for the mentally ill. Why is it that we know that those with diabetes, another chronic illness, must have insulin and dialysis, so we provide it; but, we don't know that those with schizophrenia and the depressive illnesses have to have Thorazine, Lithium or anti-depressants? We turn the mentally ill loose to fend for themselves because the state hospital's patient quota is reached, not that the patient's condition is really improved or that alternative treatments exist outside the hospital.

It should be easy to be admitted to Moose Lake State Hospital. Dangerousness should not be the criteria for admittance. No two treaters will usually conclude the same way on this. The so called quote unquote revolving door should be expected. It is the
nature of the illnesses. The mental illnesses are episodum.

Moose Lake State Hospital should have the tools and the personnel for medically oriented diagnosis of the mental illnesses. The community mental health centers are generally quote unquote problems in living oriented and diagnosis is really not relevant within this orientation. The community mental health centers are not staffed to diagnose or treat the mentally ill. The state hospital closures and the shutdown of the buildings in the hospital areas have resulted in the denial of treatment to the mentally ill.

THE PUBLIC: My name a Thaileen (ph) Conaway from Cotton, Minnesota and I have a daughter in Moose Lake State Hospital and I want to give credit to the workers and the social workers for the help that she has gotten in the years that she's been here. I've got a resume of what she was like when she came and what she is like now and I have no doubt that they are working hard with her and doing all they can for her. It seems good to come up to see her and see what she is now to what she was when she come up. I don't know what to say but what Mr. Wolf said, but I just want you to know that I like the hospital. I don't want to see it close.
THE PUBLIC: I'm Ernie Stovnicer (ph) and I represent the St. Louis County Social Service Department, it's office. St. Louis County supports Moose Lake State Hospital because it is a service provider that is responsive, effective, and accessible to the needs of people of St. Louis County. The hospital is a crucial component within the St. Louis County continuum of care for the mentally ill, mentally retarded and the chemically dependent. Moose Lake State Hospital is as important to us as an acute care hospital in Duluth, a group home in Hibbing or a Rule 36 facility in Crookston.

As a professional in the care and treatment of people in need of treatment, we are aware of the importance of involving families and treatment team members and developing and carrying out a treatment plan. Moose Lake State Hospital has an excellent record for involving family and local community care giving in the treatment plan. The opportunity for family and local professionals to meet with clients and treatment at the hospital is enhanced by the proximity of the hospital to the county. It is located only 40 miles from a population center of over 100,000 people.

Patient care and community acceptance are two of
the most crucial elements of care of dependent persons. Moose Lake State Hospital has a patient care staff who is caring, skilled, and dedicated. It has a patient care staff that earned the respect of patients, families, and the social service staff in St. Louis County. Shifting resources and services from Moose Lake State Hospital St. Louis County continuum of care to another state operated facilities will result in an increased costs to the families of the people we work with. Increased distances and dollars is simply another barrier. The result: Greater cost both in time and travel. It also increases the administrative costs to St. Louis County.

In conclusion, St. Louis County supports Moose Lake State Hospital because it is a responsive, accessible, and effective component of our continuum of care. Thank you.

THE PUBLIC: Good afternoon, I'm Dan Olmquist (ph) present chairman of the Moose Lake Bargaining Association. This is the third community in Minnesota which I have served in the pastoral capacity which was located in a state hospital, but not putting the other state hospitals down, as I know they are both excellent hospitals, but I have never
felt or seen a hospital as a community resource, that is until I came to this community. Moose Lake makes itself available to the community, thus working with the local churches.

Most pastors when confronted with a situation where the individual is so severely mentally or physically handicapped that they can no longer be properly cared for in their home would recommend as one of the best opportunities for care a state hospital; but, until I came to this community, I would never have dreamed of suggesting that a person consider going into the state hospital for short-term mental health care, thus helping them through a traumatic time in their own lives.

One day after counseling with a person who had some serious mental health problems and I suggested that our local state hospital be considered as a place to seek help, the choice was made to participate in a halfway-type house program in Duluth, the program in a home-like atmosphere where treatment was given within this atmosphere. A short time later, about two months, the decision was made by this person to transfer to Moose Lake State Hospital. I then received word to come to the state hospital to visit. The person had been at the hospital two weeks when I
made the visit. Upon greeting her, I asked, "How are things going?" To which she replied, "They care for me here. At the other place I was just another client from which they can derive a fee."

The Moose Lake State Hospital is more than a community resource for its clergy. We can recommend treatment in certain situations. The Moose Lake State Hospital is a community resource where we, the clergy, and the people of our parish can vest many hours and services to special people who happen to be residents of our state hospitals.

There are presently nine area clergy associated in the Ten Step Program of the chemical dependency unit.

This giving is not only drawn as a service to the clients of the hospital, but also with us of the personal rewards of helping special people at a traumatic time in their lives. For the local churches the Moose Lake State Hospital is an invaluable community resource both in giving and receiving from. Thank you very much.

THE PUBLIC: Pastor Christensen at the Lutheran Church here in Moose Lake Minnesota. I tend to agree with my friend Pastor Dan Olmquist. I would like to speak out on behalf of Moose Lake State
Hospital, speaking not really for myself and the
parish I service, but the whole ministerium. I would
like to speak a word of appreciation and a word of
commendation to the staff and clientele of our
hospital.

For the clergy of our — the pastors and priests
and ministers, we all owe all of you a great debt of
thanks. Why is that? Because of you and because you
invite us to take part in your intervention programs
and all the step work together with the chemically
dependent, co-counseling together with the
psychologists, in-service training and community out
reach work. Because of our ministerial work together
with you, we are called forward to our critical zone,
to those beleaguered front lines where the cries of
human pain are most intense and the expression of
human feelings most honest. You keep us clergy from
hiding behind our desks, our collars and pulpits
because too often within our or parishes we become
shielded from our raw truth about those alcoholic
marriages, those violent homes, and yes, those
incestuous families. It can be an easy temptation to
become closed from real life behind a cocoon of good
manner or the pioneer spirit that we would be shocked
when we hear what you are really feeling, but you
remind us that reality is our friend. From where reality is, God is doing its healing work.

We clergy, as we walk beside the recovering alcoholic to all the harrowing ordeals of the five steps, as we stand beside the residential client fighting the demons of illness and pain we — I grow and expand along with them and you know what that means, that you benefit too. For you will have a clergy who does not shrink or cower from the line, a clergy who won't be shocked by those problems that you scarcely name out. You will have gutsy, honest, and up-front clergy. You have clergy who hand up answers to God's teachings right in the front lines where God is most feared. So again on behalf of all our clergy, I want to thank you, the staff and the clientele of our hospital, for keeping us clergy awake and alive and real and what is more, I submit that you, the citizenry of this region, owe to the Moose Lake State Hospital not merely an economic debt, but a spiritual debt as well because through our hospital, your clergy, your pastors, and priests, and ministers are being strengthened and empowered to better fulfill the ministries that you called us to perform and from that also you who gain. Thank you and God speed.

THE PUBLIC: My name is Ted Gayum (ph)
from the Lake County Social Services in Two Harbors. I'm here representing the Social Service Directors from Northern Minnesota. The fate of Moose Lake State Hospital was discussed at the regional meeting and there every director agreed that a strong statement of support for Moose Lake State Hospital needs to be made at this town meeting. Therefore, I submit on behalf of the Social Service Directors of Northern Minnesota the following statement: We strongly recommend that Moose Lake State Hospital continue its current function. It is a vital part of the service continuum and its role should not be diminished in anyway, shape, or form. As time progresses, recommendation and decisions will be made regarding this important facility. As these recommendations are made and formulated and the decisions are made, we stand ready to provide information and support which will preserve Moose Lake State Hospital as it is now. Thank you.

THE PUBLIC: Good afternoon. My name is Ray Gofstad (ph). I'm a schoolteacher. I teach mental adults at the state hospital.

Seven years ago I was fortunate enough to attend a national conference in New Orleans for the American Association for Mental Deficiency, I had a chance to learn from some of the top experts in the field of
mental retardation. These people have all the same message that if we wanted to find out what was really happening with the latest advances in the field, talk to somebody from Minnesota, talk to the recertifiers (ph), and the labs and the universities, but talk to the line staff and classrooms who work with these people everyday. It was gradifying to learn that the leaders of our profession considered us to be the leaders of our profession.

I wonder what has gone so wrong that in only seven years we have to now look to New York, Road Island and Michigan to find out how to do it right. Is it possible that we have really gotten that far off the track or have we just forgotten what we really are doing. Perhaps we just need a reminder.

We monitor and modify behavior, we monitor medication, we teach skills from academic to survival, from vocational to leasure. We feed adult people, we change their diapers, we care for their needs. We become their friends and we become their advocates. We do this in safe facilities, which in some cases are smaller than community base ICF/MR facilities. We have qualified professionals, special teachers, and behavior analyists in our education program. We have a consistent staff to carry out programs geared to
provide — to be the most appropriate and the most therapeutic for the adult mentally retarded. We function as members of a team and this team functions 24 hours a day, I call that a bargain. I know what Moose Lake has to offer, I'm concerned about the alternatives.

The opening sentence on any discussion on deinstitutionalization is usually that the purpose is to provide better services for the clients, but the next sentence is usually about how much money the state will save if it makes a county pay for those services instead. I have heard it said when asked about the cost of providing the necessary and specialized services in the communities which we are already providing at Moose Lake. Some private home operators have been assured that those services can be waived. I am not very assured by that. I have not seen plans for dealing with educational services or any other services which equal what we already have. We have all been working very hard for our clients, I do not want to see them have to take a step backwards.

THE PUBLIC: I am Bud Peterson and prior to my retiring a couple of years ago, I worked as a chemical dependency counselor for the center and the Alcohol and Drug Center in Duluth and I guess during
that nine years period I made maybe 400 trips to Moose Lake. This was one of our primary outlets that I used and it was -- I found it very practical because we weren't tied into anything.

I met a fellow last night and came through the program here three and a half years ago and you know what I mean or meant by he didn't know where he was coming from when he came here, but by patient care and about three and a half months of treatment, he has now been sober three and a half years and last night he was taking care of his ill wife instead of the way it used to be. So he has turned out to be a good citizen. It's not only important for Duluth to have this institution -- state hospital to stay open. It's important for all of northern Minnesota. They got an excellent staff here. The program is viable.

During my time in coming down here I watched changes develop. I watched the staff and management get together, institute new programs. It is excellent. And I think that it would be a great loss for an entire area if we were to lose this place. Thank you.

THE PUBLIC: Thank you. I am representative Doug Carlson from Sandstone and I think there is one thing I would like today is talk about
the Legislative intent as it deals with the study and actually what transpired during this past session dealing with the whole process of dealing with our state institution.

Basically there are two main bills that deal with the legislation and the funding for our state institutions, mainly our eight state hospitals. The first bill that I'm concerned about that was passed was House Pile 1971, which was a bill that was produced by Dick Welsh from Cambridge that did originally in its original intend to go back and say that the maybe the Legislature made a mistake when we passed the waiver of the Title 19. So that what that basically was going to do was attempt to repeal that.

The bill was introduced on March 15. Recognizing that we had a short session, we were done April 23, the bill was introduced March 15. March 27 the bill was heard in subcommittee and an amendment, a bipartisan amendment was passed to replace the repeal language of the Title 19 waiver. This was for us in the areas of present state hospitals -- rather, hospital language. On March 29, two days later, the bill was heard in the full committee. Again it was amended and made more favorable to those of us who care not only about the residents, but about our
communities, our staffs, and our employees. Finally
the bill was heard on April 2 in the full Health and
Welfare Corrections Division of Appropriation, which
is the money committee. At that time the bill was
molded in to what is called the Omnibus Supplemental
Proposed Operations Bill. That bill was passed about
three days before the end of the session or was
suppose to pass about three days before the end of the
session, but there weren't enough votes.

It takes 68 votes to pass a bill in the House
and this bill — They were scheduled to adjourn I
think on a Thursday. There was lots of other
provisions in the bill, but this study was in one of
the provision in that bill. The bill finally passed
by a vote of 69 to 58 in the House and in the Senate I
believe the vote was 36 — I believe the vote was 36
to 30. And so it takes 34 votes in the Senate.

Then what happened, we still got the other bill,
the bill that the Legislature says is important to
the eight state institutions. That is funds of all
the capital improvements, the roof repair, the
heating, the plumbing, and everything that is called
the Major Knowledge Bill. That bill was House File
2314. Let me tell you what that bill had in this trip
around. I know. I was one of the conferees that
served on that bill. Because it has long-term implications, it requires 80 percent in the House of Representatives because it's a long-term commitment. That bill ended up passing the House with over $4,337,000 in it for improvements to our state facilities. That bill passed overwhelmingly to 112 to 17 votes. Only 17 votes in the House of Representatives of 129 members apposed that bill. In the Senate the vote was even better, yet it was only 59 to 2.

Specifically, what that vote would do for Moose Lake State Hospital it put in $200,000 more than the Governor requested and it was all approved. The rider, that was also attached, did state that there were some projects that could not go forward until this study by Planning Agency had been complete.

In the case of Moose Lake there was only two projects of $72,250 that cannot be put on the line and the planning be put into place, whereas all the other project includes the installation of the new ventilation, replace plumbing, shower fixtures, replace the roof in building 54 concourse, replace steam line expansion joints, heating controls in building 35, tentative allocation for furniture and carpeting. $981,000 is not covered by the rider that
was added and this is in a letter dated September 28 from Commissioner Lenard W. Levine and I think we talked about Legislature intent.

You certainly have to give the State Planning Agency credit. The bill was passed. I want you to know it was very close to say yes, we do have folks that want us to stay, but this being a town meeting and I represent a large section of this east central Minnesota area, I would grant you there is very more we can do.

My wife is the chairman of the Pine County Developmental Achievement Center in Sandstone. I believe with a little foresight and freedom and with the State Legislature, we have a unique opportunity and communities in this case like Moose Lake that can provide excellent sharing of medical facilities, excellent school facilities, and yes, we can even further sensitize our communities and do a better job of using our facilities to provide some employment opportunity, whether they be shelter workshop, greater exposure to our communities. I think we can do a better job. I would just hope that the State Planning Agency will not take it upon themselves to presuppose that a past Legislative session gave a mandate that we should close a state institution. Thank you very
much.

THE PUBLIC: My name is Ernie Graham. I'm the Sheriff of St. Louis County from Duluth. My purpose in being here today is to put on the record the impact the closing of this hospital would have or change in its mission, on my budget and the budget of St. Louis County.

The sheriff by statute is required to transport the mentally ill between their home communities and the state hospital designated for that purpose, also between probate hearings. Currently this year we had estimate that from St. Louis County we will make 90 round trips to Moose Lake State Hospital. If the mission is changed here, if the hospital is closed, that would mean an additional 120 miles per round trip for us to Brainerd and back. And that computes to some 10,000 more miles per year or figure conservative costs of 30 cents per mile, more than $3,000 per year that was not currently budgeted.

In addition, the time involved two deputies going to Brainerd rather than Moose Lake equals a lost deputy for more than 14 weeks per year. Fourteen weeks of lost manpower just in the additional transportation to Brainerd.

One other area of expected expense would be that
currently probate hearings are held in Duluth. It's now possible for us to come to Noose Lake Hospital, take the patient or the client into the probate hearing and returning he or she here that same day. If Brainerd comes into the picture, it means we cannot make that in one day. It means that because those people cannot be placed and housed in a jail, they would have to be placed in a private hospital and bring an additional cost to the county for that night.

In recent years the smaller divisions of government, the counties, the cities, and in many cases law enforcement, have had additional expenses mandated to them by the various programs in turn mandated by the Legislature and State Government the closing of this hospital and making it necessary for us to go to Brainerd instead. This is another prime example of additional costs to the County Government because of program was mandated by the Legislatures or by State Government. We do not need those additional costs. We cannot afford them. Thank you.

THE PUBLIC: I'm Hike McKinney (ph) representing a business here and I would like to read a statement as an interested business located in Moose Lake for over 30 years. I would like to convey the impact of the state hospital on our future business
plans.

Besides the Moose Lake Little Store, we own a parcel of land along Highway 61 at the site of the present tower station. We are planning to construct a mixed-usage mini mall that was expected to generate between 15 and 25 jobs. We have obtained preliminary architectural drawings and researched some various alternative uses for that mall. We were originally planning to start construction in the spring of 1984, but because of the uncertainty regarding the presence of the state hospital, we gave priority to other projects. We are still very interested in this project, but the hospital situation makes us question the wisdom of an intensive long-term commitment in Moose Lake. In short, we have taken a step back and are hoping to get some solid commitment before we proceed with our plans. I'm sure that this hesitation is shared by other persons interested in expanding their business in Moose Lake. I think the situation has already produced a negative economic effect this area. Hopefully we can alleviate this problem and continue to thrive and grow in Moose Lake. Thank you.

THE PUBLIC: Good afternoon. I'm Gloria Haybeck. I'm a Mille Lacs commissioner. I'm also
chairman of the Mille Lacs Welfare Board. I directed
the public hearing at Cambridge, but because Mille
Lacs commissioners feel so strongly about this issue,
they directed me to come here today and also talk to
you.

Mille Lacs is in the treatment area of the Moose
Lake State Hospital. We use Moose Lake State Hospital
for the treatment of chemical dependency and mental
illness. Both voluntarily and involuntarily in any
given quarter Mille Lacs has about 15 mentally ill,
chemically dependents at the Moose Lake State
Hospital. Basically the state hospital system is a
means of giving good care for the poor and/or working
poor who cannot afford private hospitalization. Since
counties are responsible for these people, we want to
have good affordable services.

The favorable comments regarding Moose Lake
State Hospital is that they have an excellent, and I do
mean excellent, staff. We have an extremely good and
close working relationship with them. Obviously the
people of the State need state hospitals and the small
population that need them need good services within
reason.

The unfavorable part of Moose Lake State
Hospital for Mille Lacs is the distance. We are
approximately — Milaca is approximately 75 miles and it's a long way for our social workers to come and be away from their offices. The distance also prevents the families in many cases to participate in the treatment of their affected members. In this respect, Cambridge would be better suited for our needs. However, there is a need for facilities of this nature all over the state.

There is a small percentage of our population that cannot function in the everyday world. They need special care and they can get it in the state hospital system. Thank you,

THE PUBLIC: I'm Andy Lippo (ph). I'm County Commissioner for the Fifth District and I would like to talk to you. I would talk a little bit about chemical dependency. Moose Lake Hospital is one of the finest chemical dependency treatment facilities in the state. What will happen to the people who have a need for chemical dependency treatment if the hospital closes and this chemical dependency treatment is worth the dollar spent. I can only tell you a true case history and let you decide.

Four years ago I knew a man who had everything going for him, a wife, family, home, and job. He had only one real problem; he couldn't stop drinking.
He had started drinking when he was 17 years old because that was the in thing to do with his friends. He handled it okay for a number of years until he reached the point where he needed more and more alcohol just to deal with the everyday problems of life. He then progressed to the point where he knew alcohol was affecting his life and thought about quitting, but he didn't put a whole real lot of effort into it. Then came a denial of saying he was alcohol abusive.

After being hospitalized for four days for tests to determine if he had a bleeding ulcer and all the tests came back negative, his doctor asked him how much did he drink. He replied not really that much. I just stop once in awhile to have a few beers, but we did have pork chops for supper the other night and that's probably what caused me to vomit blood.

He then progressed to the blackout stage. Go on a drunk blackout and come out only finding that he was drinking in a bar 150 miles away from home, not knowing how he got there or what he had been doing the rest of that night. He come home and find his wife hysterical because she thought she was doing something to him to cause him to drink. She was just as sick as he was.
When he finally asked for help and went into treatment it opened up a whole new world for him. He found out that he wasn't weak willed or insane. He had a disease called alcoholism, 100 percent fatal if it's not properly treated.

Treatment taught him that he could live without alcohol. His first true communication with his wife came during family week when he was in treatment when he said to his wife "I tried to quit, I really did." And his wife told him "I know." When he talked to his two boys on the phone and told him that he was wasn't going insane, that he had alcoholism, his oldest boy, who was seven at the time, said to him "Daddy, is that why you yell?" Today he still has a wife and family and his home and a position of responsibility in Carlton County and he can say to you without any feeling of remorse, guilt, or shame my name my name is Andy and I'm a greatful alcoholic.

THE PUBLIC: I'm Carly Colt (ph). I represent with the Health Systems Agency at Western Lake Superior in Duluth and I also work with the Duluth Area Mental Health Advocates. I have two statements to read to you.

One is from the members of the Advocates Grievance, It was their impression that one of the
most crucial episodes in the life of an individual being treat for a mental illness is his initial release from hospitalization. The events which occur in the life of the individual at this time may largely determine whether he will live out the rest of his life as a revolving door of repeated visits or as an independent and accepted member of the larger human community. At this point in the recovery process, the individual is often in need of support systems that many communities and treatment facilities may be unable to provide. The program most exciting and development relative to support system as well as one of the most reductive in terms of costs and reductivism is the client community system. In this kind of system mental health patients live together in and support each other emotionally and psychologically, Additionally, clients who are successful in achieving are role models for the remainder of the community. A very successful program of this so recalled boarding home situation in which all the residents including the staff had experienced mental illness the employment rate of residents was near 100 percent. Why was this program so successful? Perhaps one of the most important reasons was the existence of successful client role models like
Alcoholic Anonymous people experiencing similar problems generally are a much greater influence on one another as a role model given the success of these models.

On a more general basis, why should not part of this facility of the state mental hospital such as Noose Lake be used to house such a community rather than simply closing down a facility. The cost would be minimum, the buildings are already in existence, new ones would not have to be built. Additionally, the support for personnel such as professional therapists, psychiatrists, technicians also believe a program like this would be a — that this would promote all the role model clients like themselves who have achieved success with minimal staff supervision. Hospital treatment very similar to this type of group home to be the first home after hospitalization in a continuum of care with a greater degree of independence. James L. Montegue (ph).

I also have a statement from the Health Systems Agency of Lake Superior. It's area includes Koochiching, Itasca, Lake and Cook Counties. All of these, except Aikin County, a state hospital comprises 6 of the 11 communities including mentally ill 1985 to 1989 health system plan emphasizes the need for
continuum of care on on-site services the state hospital provides at one end an independent living and competitive employment in community and support service also at the other end.

Although the designated HI beds at Moose Lake State Hospital have not been used to capacity, it is further clear that there is a need for many state hospital beds because it was clear that community resources have not been adequately developed at this point in time to compensate the closure of this state hospital. The Commissioner of Public Welfare in its address to the Legislature on Rule 36 in March, 1983 estimated that in Minnesota there are approximately 7,000 Minnesotans currently not in any residential programs whose needs are appropriate for a Rule 36 facility. If this number is proportionately distributed throughout the state, there was approximately 509 persons in northeast Minnesota who met this criterion. There is 236 beds in our area. In calculating four beds in each board and lodging facilities for mentally ill people, there are total of 199 beds available to mentally ill people in northern Minnesota.

The Health Systems Agency of Western Lake Superior strongly urge the state to maintain at least
a portion of Moose Lake State Hospital in its present form and to look for alternative uses for the remainder of the hospital campus to keep the hospital functioning. Many suggestions for alternative uses have already been made informally such as using a portion of the hospital for a VA hospital. This idea is feasible and would have our support. It would seem also that with the increasing emphasis on innovative communities MACD MIMR (ph). In the fact that the state hospital treats these individual populations under one roof anyway indicates that resources and expertise in each area and the potential to become a model treatment center this would initially cost the state for program developing, but in the long run the hospital could become a consulting and training center and provide revenue for this state.

THE PUBLIC: Good afternoon. I'm representative Paul Overun (ph) and although I don't represent personally Moose Lake, I'm representing much of Carlton County including many nearby areas. You know British Statesman Gladstone (ph) once said that the function and purpose of law was to make it easier for people to do good and harder for them to do evil. I would venture to say what we have witnessed today and previous public hearings indicates one thing and
in a very clear sense both in terms of the staff, the community, and the clientele not only Moose Lake State Hospital, but our entire state hospital system what we have here in Minnesota relative to the care for the mentally ill and care for the mentally retarded is a very goodness.

The alternative is something we don't know. There is no structure of small group homes and many states across America when they tend to go to that direction, we find decades later that there is no home for the homeless.

Hubert Humphrey said that our responsibility in government, and I would like to thank the good Judge Wolf for bringing this up at the start of this, is to those at the dawn of life are children, those who are in twilight of life are senior citizens and those who somehow never have a chance to see the bright sunlight of the middle of the day and those are the people that we are referencing here.

If there is a function in government, it's not for politicians like me to talk to you or pass laws in St. Paul. It's not for planning committees to sit and plan. It's not to change things that don't necessarily need change because change is an inevident stability, constant in our lives. If there is a
function of government, what we see here at Moose Lake, St. Paul, and seven other state hospital institutions is absolutely what government is all about.

Ronald Reagan would perhaps say it's the maximum of whatever government is about. I would tell you that it's the absolute minimum of what government is about, if we can guarantee the maintenance of the service and well designed programs the best service for mental ill. If we cannot maintain that level of service, we are missing the boat in government.

I was glad to see Mr. David Jones. Mr. Jones for a long time has been a lonely crusader in the House of our state government relative to guaranteeing rights of access to the mentally ill in our society. Mr. Jones, it is a pleasure to see you here today and he is absolutely right. There is no fewer that need to be served. There is perhaps more that need to be served. I only hope that we can maintain the level of care and compassion that we see right here in Moose Lake. Thank you.

THE PUBLIC: I'm Ralph Nelson, Superintendent of the Willow River Camp and the Department of Corrections facility located approximately ten miles south of here. Today I bring
to your attention the relationship that exists between
the Moose Lake State Hospital and the Willow River
Camp, our relationship that I feel should serve as a
model to other welfare and corrections institutions.
It is because of this relationship that I am concerned
or we are concerned about the future of Moose Lake
State Hospital.

For years Moose Lake State Hospital has provided
to the Willow River Camp laundry service. Since the
laundry closed at the Moose Lake State Hospital, the
hospital picks up our laundry, takes it to the
Cambridge facility and returns it when they transport
their laundry. We make use of the pharmacy at the
Moose Lake State Hospital to obtain the needed
prescription drugs and medical supplies in our
program. Our staff attend in-service training at the
Moose Lake State Hospital. Our maintenance staff meet
with and talk with maintenance staff at the Moose Lake
State Hospital to obtain assistance in repair projects
at the camp.

This may sound like a one way street with our
institution benefiting. However, this is not true. We
operate a vocational education program in vehicle
mechanics. Our students provide all the maintenance
for the vehicles in the Moose Lake State Hospital
fleet. We have an active AA program. Our Alcoholics Anonymous group comes to the Moose Lake State Hospital for joint evening meetings with the chemical dependency patients.

About a year ago when the Department of Corrections faced a potential overcrowding situation in our adult institutions, we were looking about for solutions. It is my understanding that the only department of human services institutions that expressed any interest in developing a joint programming for correction plan was the Moose Lake State Hospital.

The quality of this in relationship is reflected in the east -- the staff of the two institutions work together. It is as simple as a staff traveling together to meetings in St. Paul as well as the ongoing vehicle maintenance program I spoke about. It is even reflected in the fact that the Moose Lake State Hospital staff have several times put on fish fries for the students of the Willow River Camp who do the work in the vehicle maintenance program.

As you consider the state hospitals, the future of the state hospitals, keep in mind that these two institutions, the Moose Lake State Hospital and the Willow River Camp, work together in rare harmony, the
harmony not found I believe at any other point in Minnesota. This results in a savings for the taxpayer and more important, better services for Minnesota citizens.

THE PUBLIC: I'm Becky Vincent (ph). There are 37 facilities that are involved in the treatment of mentally ill adult people. Ideally I guess we would all like to believe that all mentally ill clients should be treated in the community and of course that's what our program at Eagle Lake is all about. However, in our years of experience with the mentally ill population, I have come to learn that that is not always the case. There is many, many clients in the mentally ill situation who cannot function outside of the protective environment of the hospital, which Moose Lake State Hospital very adequately provides for those people.

Facilities like ours operating under Rule 3 6 provide a supporting constructive atmosphere for people to get ready to go into less structured living situations sometimes after they leave the hospital and sometimes right from the community, if they are unable to function there. We have, however, have groups of clients that we cannot serve. Clients with these management problems need the security and the
protection of the state hospital until they can function elsewhere and are in control enough to do so. Moose Lake being the most accessible to northern Minnesota makes this hospital a very crucial part of the continuum of care for mentally ill adults in this area first as a protective environment, which I have already talked about, and second as a service to the area assisting in the continuing care of the clients who have gained ability to leave the hospital setting.

At Eagle Lake Home we developed a very good working relationship with Moose Lake State Hospital. We found them to be an open, valuable and helpful resource. We developed mutual respect for each other's roles in the care of mentally ill adults. The hospital often refers clients to us when they are ready to leave the hospital setting and provides excellent after-care services for these clients such as group medication therapy and monitoring of medications with the hospital psychiatrist. We have access to DVR services at the state hospital in Moose Lake. I guess for people trying to be trained or retrained for future employment, the hospital has offered us hope, access to their experience, and a very complex system of services to mentally ill clients. Our working relationship with Moose Lake
State Hospital has been and we hope will continue to be a very important part of our community goal, which is to provide the best and most beneficial services to the mentally ill clients of northern Minnesota. Thank you.

THE PUBLIC: I'm Bob Sampson. I work at the state hospital. I had a few things that I was going to say in favor of Moose Lake State Hospital, but I think they have all been said before me here, but I would like to elaborate on a couple of things here. One is a lot of people talked about how excellent staff is up at Moose Lake State Hospital, our caring therapy and so forth. One of reasons besides being concerned for the patient, is that we have one of the – just an excellent staff development program at Moose Lake State Hospital. There are classes in life safety all the way down to behavior management, the basis for treating people and that is on a continuing basis and I think that makes for excellent staff. I don't know if this would be the case in small group homes, I kind of doubt it and another thing that I don't know if it has been brought out in favor of state hospital, we have a pretty good record on returning patients to their homes or back into the society, general society and that's on
record. Anybody can look at that. As Miriam said
this, over the years there has been a reduction in
population of the state hospitals and there are
several, quite a few different reasons for that I
suppose, but I would think advanced psychiatric
technics and medications and so forth, but I think
that's a plus for Moose Lake State Hospital and all
the other hospitals too in the fact that they are
reducing the amount of people who have to stay in
state hospitals and I think they are -- that goes well
for their treatment programs. And with this Welsh
versus Levean (ph) decree there will be further
reductions in the state hospitals' mentally
retardation programs.

    I for one wish that we didn't have to have state
hospitals, that everybody could be home, but that's
not the case. The only thing I wanted to bring out on
that reduction of clients of state hospitals is that
it would be unthinkable for us, anyone of us or
anybody in power to dump these people on communities
that aren't ready. They don't have the resources.
They don't have the facilities like several of them
said here today, that these small community homes and
so forth are nonexistent for the most part and it
would be just inconceivable that we would do this, I
think if we are not legally committed to take care of these people. I think we are at least morally obligated, if nothing else.

As far as alternative uses, I say certainly there is alternatives to the Moose Lake State hospital because I think it's a great facility. With this reduction there is going to be empty beds statewide and there is no question about it if the population keeps going down and at Moose Lake, it's been recognized that we have one of the biggest — not biggest, but one of the best geriatric treatment program than anywhere around in this state. At least according to the way the population is going, there is going to be a lot more people in the geriatric age groups that are going to have to be going someplace whether it's a nursing home, state hospital, or what. Like this previous lady said that there are people who cannot go to these places. They have to go to state hospitals because there is no other alternative and possibly we could expand on that. I know there is a lot of need for geriatric beds for veterans and maybe the state should look at something like that.

Another area probably is expansion in CD programs. I know that was mentioned by Mr. Smith over here and insurance companies now are cutting down on
the amount of money able to pay out for chemical dependency treatment and whether they have effected a recovery for this person or not, that's beside the point. They are not paying any more henceforth. They will probably have to go to state hospitals and I don't think that we should just rely strictly on the tough laws that are coming out now for DWI's and so forth and that would just fill up our correctional institutions and maybe if we treated these people for their chemical dependency and get them back in the mainstream of society, maybe we can get these people out of the jail and reduce the costs there somewhat.

Thank you.

THE PUBLIC: I'm Larry Peterson, CPA here in Moose Lake. The objective of our presentation is to show the economic impact of the Moose Lake State Hospital payroll has on our area and economy. It compares that impact that the other state hospitals have on their economies. The impact was determined by comparing the fiscal year 1982-83 state hospital salaries and patient pay ratio to 1982 Federal Adjusted Gross Income in an area consisting of 20 townships surrounding each state hospital. 1982 figures, by the way, on Federal Adjusted Gross Income are the most recent available. Each township is 46
square miles the size, is 24 miles by 30 miles or 36 square miles surrounding each hospital.

Information was obtained from the Moose Lake Hospital regarding a number of employees of the facility that live within the area and it was determined that 509 of 527 employees did live in that area chosen. Moose Lake State Hospital fiscal year '82-'83 salaries and patient pay totaled $10,591,118. In 1982 Federal Adjusted Gross Income of persons living within the 20 surrounding townships $43,419,762. The ratio of Moose Lake State hospital salaries and patient pay to Federal Adjusted Gross Income surrounding area is 24.39 percent.

The ratios of the other state hospitals are as follows: Anoka, .56 percent; Brainerd, 8.26 percent; Cambridge, 8.01 percent; Faribault, 5.02 percent; Fergus Falls, 10.22 percent; St. Peter, 3.45 percent; and Willmar, 6.67 percent.

The impact of the Moose Lake area is then almost two and one half times that of the Fergus Falls, the area of the second most impact and more than four times the impact than that of the other seven hospitals.

I respectfully ask to include a copy of this report in your study and give a copy of it, which
incidentally only represent the initial impact on the area and does not take in consideration the domino effect of the loss of payroll dollars, tremendous losses in property values and so forth as this area is substantially dependent on a publicly supported economy. Any further indepth studies of this type will only accentuate the impact of our hospital.

School Districts will submit a letter to the report the impact of the closing Moose Lake State Hospital will have on fiscal stability and able to provide adequate education programs for all persons in Moose Lake and surrounding area.

THE PUBLIC: My name is Larry Scott (ph) and I'm here for the Carlton Chapter of the Mental Health Centers. I have a very brief statement to give you as to their position on that issue and on mental health association.

They feel that it is important that mentally ill persons have available to them in their communities a range of services. To name a few, such things as secure and acute care such as hospitals, community housing, both supervised and unsupervised training services and financial and medical supports. Moose Lake State Hospital is considered a part of this continuum of care, as are other services that are now
available in the community and also those services 
that need to be established in the community.

We hope that a survival situation would not 
develop at this time. That is that we hope that we 
would not be in a position where it’s either state 
hospitals or community treatment. Rather it is the 
position of the Mental Health Association that state 
hospitals are one of the services in a continuum care 
that are necessary to establish and maintain in our 
communities in order to provide quality services and 
more to mentally ill persons. Thank you.

THE PUBLIC: Good afternoon. I'm Ross 
Anderson. I'm speaking for the Coalition of Labor 
Workers Organizations of the hospital.

Somehow it seems very ironic when we are 
talking about the Legislations that would require 
private industry to give a two to three years notice 
to the community that they were intending to leave, 
that the state in so many words is somewhat holding 
hostage the 
eight areas that have state hospitals in them. They 
can close the state hospital at a whim. What happens 
to these facilities if they close? If the mission 
changes, what becomes of the clients, the staff, the 
communities that are served?

We, employees of the Moose Lake State Hospital
and in fact the whole state hospital system, have been criticized in the past year. Our critics claim that the only thing we were concerned about was our jobs number one, and secondly, the economic impact on the community served by the hospital. While some of this is certainly true, we are also tremendously concerned about the clients in the facilities we work in. If the mission of the Legislature changes no matter how radically or if they close completely, what will become of the clients that are now in residence?

Much is said about how appropriate community living is, how much better it is than institutional living. I'm sure you wouldn't find one employee at the hospital who would not want the clients they worked with to be served in the least restrictive, most therapeutic facility possible. However, for many of the residents now being served at the facility and all the facilities in the state, these are the least restrictive settings available.

There are no openings, no communities facilities for many of the clients we have. And in fact, there are not even facilities in some instances that can cope with the specialized needs of the population that are currently being served in the hospital within the institutional system with the a dedicated well-trained
staff who have experience in dealing with the highly specialized needs with the client currently served, persons that the state has vested large amount of time and money in developing this expertise. Would it not be a shame to have this well trained qualified staff lost in a bureaucratic shuffle and reorganization.

We will challenge the statement of smaller is better and cheaper and that the only good institution is a closed one. State institutions in Minnesota have been trend setters in the mental health field throughout the years. Many states even now do not come close to the level of care service or protection of the rights of the clients that the mental health system does in the State of Minnesota.

Many of us would like to take part and help shape the changes in the mental health system. We are trained, qualified professionals with skills and knowledge essential for moving the clients towards a least restrictive living area. Will we be given the chance or will the State forge onward closing state hospitals, displacing clients and disrupting communities to be in step with the new trend that is sweeping the country.

THE PUBLIC: I'm Charlie Vickerstroock (ph). I'm the social worker at Moose Lake State
Hospital and we had a family here that were going to
give a testimony about their retarded son at Moose
Lake State Hospital, but Mrs. Larson was not able to
speak today so she asked me to read this letter to
you.

"My husband and I are the parents of Alan, who
has been a client at this hospital for approximately
eight years. He is 32 years old and needs total care.

"During the years he has been at Moose Lake
State Hospital he has not only total care, but
excellent and caring care. Our visits for the most
part are unannounced and we have always found him
clean, comfortable and well taken care of.

"He is involved in several different training
programs. He has a foster grandmother. He has
therapy at the Developmental Achievement Center. He
also goes on outings, goes to the fair and a few weeks
ago he went on the Vista Queen on Lake Superior.

"I don't know of any other place he could get
this kind of care. We are very grateful for who has
taken care of Al. We feel more confident when Alan is
ill we will be notified immediately.

"We are only three people who need Moose Lake
State Hospital. We realize there are thousands of
others, not only the clients and their families who
are dependent on the hospital for the livelihood, but a great percentage of surrounding area needs Moose Lake State Hospital. Where would all the clients be and where are any job offers for the people who would be without work? My thoughts are this: There isn't any way we can get along without Moose Lake State Hospital." Signed by Mrs. and Mrs. Alfred Larson, 18067 McFarland road in Duluth, Minnesota.

THE PUBLIC: Good afternoon. It's good to see all of you here. My name is Steve Woosecall (ph) Mental Health Committee, Moose Lake, and Coalition of Board Members of the Mental Health Committee and the points that I would like to address today come from those two backgrounds and I won't take but a couple minutes of your time. I think as a coalition and administrator of the health facilities I would like to see our State Department of Human Services continue to promote and enhance the relationship established between our local health care providers, specifically our clinic and our hospital in Moose Lake, and continue to expand the relationship in the future.

Currently our clinic is employing five family practice physicians and the current contract give length of those figures to the Moose Lake State
Hospital. This position began in middle part of this year in July of 1984 and since that time have been able to help them out in some severe crunches they have had in lacking medical personnel in the physician area also a hospital in Moose Lake that has an extensive laboratory department and can do most any tests known to man in the laboratory.

Our state hospital has a laboratory of its own, but sends out a large portion of its tests through patients at the hospital reference laboratories in St. Cloud and Minneapolis. We have made diligent effort to approach the Association to attempt to get some of this lab work diverted over to our local hospital maintaining consistent quality and response time with the lab procedures being done and we feel we will be a competitive price.

We have been told by the administration that their hands are tied at that point because of some buying contract that the state has in place. We feel it is very inappropriate to divert dollars to Minneapolis and St. Paul when in fact that money could be left in our own community and could help a community such as Moose Lake, who are going through traumatic times of their own.

Secondly, in the area of recruiting professional
help, I would like to speak specifically in one area and that relation to the area of psychiatry. Currently we have approximately one full-time equivalent at our state hospital in this needed professional area. In January of last year we talked about the need for this personnel. The State Department had a psychiatrist speak about the need for competent psychiatric personnel and a physician to patient ratio. This is all well and good. We agree with all of their verbage in this area. I guess what we are concerned with right now is that the intent of them to go out and try to obtain and recruit these individuals have not been very sincere from our behalf when reading the medical profession feels the area of psychiatry is the one most difficult professionals to obtain in any clinic or hospital setting in our country. This is well documented by the Minnesota Medical Association and the American Medical Association. Up to this point state hospitals have not been a prime area for psychiatrists to operate and function in the professional life. During the last few months we have spoken about residency programs in Minnesota and Wisconsin and have attempted to begin a process to obtain professional help in this area.

We would at this time like to advise the State
Department to solicit the help of a recruiting firm or firms to attempt to alleviate this problem of lack of professional help in psychiatry. We feel that if a professional recruiting firm was hired at a cost we realize is substantial, but if the State Department of Human Services is saying that this is a crucial need for our system, then I think that we need more than lip service and we need the dollar spent to obtain these people for our facilities and these other facilities also.

Another point of interest for us today when we talk about our state hospital is one in the area of giving them the freedom to develop new programs for treating patients in our disability areas both mental illness, mental retardation, and geriatric program and chemical dependency. We need to create a larger personnel and other facilities in the state and at our hospital to attempt to fill the gap in the system that we currently have in Minnesota and also to increase the high quality of programs that we have.

We have very, very good programs in Minnesota, but there is always room for improvement. I think if we let our staff people and administrative people sit in their jobs and do some thinking and being creative, I think we are going to have a system in Minnesota
where we are going to have people from Road Island coining to visit us and Michigan coming to visit us because we have the best system in the country. I think we have the personnel to do that. I think we need the Department to untie their hands, so to speak, to accomplish the task.

We need to get into the free market and we look at our health care system today and we see a very rapidly changing environment. It's a very competitive environment. Many hospitals such as our own local hospital keep patients in its own area. Low occupancy rate controls the nation, increased beds being unused and this is a problem not only in the state facilities, but facilities in the private sector and public sector also, but what we need to do is let our facilities once again be creative in trying to find ways to treat people. State hospitals in general have a much lower cost than the private sector hospitals. Specifically our hospital charges persons in the mental illness program $107 a day and facilities in the Duluth area charge anywhere from $250 to $275 a day.

In looking at joint credit on commission of hospitals, statistics, and evaluations, they consider our program to be one of the highest in the state and
we consider the matter of our own clinic to have high enough quality to warrant referring our own patients to them for treatment. I think one last consideration I would like to make is the fact that I would like the State Department of Human Services, I would the Governor, the Legislature, the State Planning Department to take into consideration the fact that our community is committed to maintaining our hospital in its present form.

The acceptance of the Moose Lake State Hospital by the people in this area I feel is something that is unique to our state and maybe something that's unique to the country and this fact should not go unnoticed. I think when you look at the turnout that we have here today and the turnout that we had in the past few months at other meetings and the January town meeting throughout the fund raising events that we, have had over the past few months, I think we will see a serious interest and it does not go just because we are economically oriented, that we need the state hospital for that and that alone. We feel that the state hospital is providing a very beneficial service to the people in this state and we feel that to close this hospital or to close any other hospital would be a very unkind jesture to those people that are both
employed in the hospital, but mostly the patients and families who have people residing in them. Thank you.

THE PUBLIC: My name is Bruce and I have a question of somebody. Nobody has asked a question yet. Do we have a representative of the Department of Human Services here?

HEARING EXAMINER: Yes. There are representatives of the Department of Human Services.

THE PUBLIC: Can you have someone step to the microphone? I have a question.

HEARING EXAMINER: Will someone from the Department of Human Services step up here to answer a few questions?

THE PUBLIC: While the gentleman is coming up, I would like to say congratulations to Andy Lippo. That is an awful tough fight and if the lady doesn't know it, he's my incumbent in the election coming up.

Sir, a couple of questions. The first one, the Senator talked about the frustration in our area. I don't think he really made it deep enough. I'll give you an example. One man came to me recently and said that every morning he goes to the state hospital, wakes up with a burning stomach, is in the parking lot and stays there until he sees cars there and there is
no closed sign on the front door. One man was telling me that he worked up there all of his life and managed to have a small house and is retiring into a smaller apartment. When the hospital goes, the property values are sinking and he is worrying about that. There is a lot of fear and frustration in our community because the state hospital is this community and will be an economic and emotional disaster if we lose it.

My question to you is this: In view of the fact that we have so much anxiety and so much fear and anger, at what point can we expect your department to allay these fears and to let us know what is going to happen, because sometimes the fright and the anger and frustration is much more than what would happen. At what point could you assure us, sir, that something is go to take place and let us know what is going to happen?

MR. BACH: I'm Warren Bach (ph). I'm with the Department of Human Services, the Mental Retardation Division. In response to your question, we will not make the decision about the Moose Lake State Hospital. The Legislature will. The purpose of the State Planning Agency study selected is statewide, to make recommendations to the Legislature. That is
where the decision will be and in my judgment, where it belongs.

THE PUBLIC: Thank you. The next question is this: Have you seen the paper this morning by any chance, the Moose Lake paper? I quote the most extensive survey of mental disorders ever conducted in the United States found about 19 percent of all adults over 18 suffer from at least one psychiatric disorder. In other words, 750,000 Minnesotans suffer from at least one psychiatric disorder. The article goes onto say that 12 percent of the population has serious mental disorders. That comes out to be 43,000 people in the State of Minnesota. Our population in Minnesota at state hospitals is very, very low. How are you going to plan to service all of these people who obviously have mental problems?

MR. BACH: Well, I have not seen the article, as I indicated, and I'm not aware that we have 45,000 people right now on the waiting list for services. If that data really become available, I'm sure we will have to plan for them.

THE PUBLIC: Thank you very much.

THE PUBLIC: I've got two announcements that I would like to make. First one being that you
are all cordially invited to the fund raising activity
to be held after this meeting up until about six
o'clock at Gampers (ph) out on Highway 61. We
appreciate all of your coining today and we hope to see
you all out there.

And the second announcement would be that I
would like to formally let the public know that the
Coalition of Concerned Citizens for Moose Lake State
Hospital have hired the firm of D. Ewald and
Associates, Incorporated (ph) from Edina, Minnesota to
assist us in our efforts to fulfill our bottom line
goal of keeping Moose Lake State Hospital alive and
hospital in the future. Two of the principal partners
and one of their associates are to my left and your
right. Mr. Bill Lee, will you stand up please. To
his left is his partner Doug Ewald and in the middle
of them is Carol Borrow (ph) one of the associates in
the public relations area. Their principal area will
be to counsel us in the area of government and public
relations and will be our eye on the politicians and
the Department of Public Welfare and Department of
Planning as we go forth here in the next Legislature
sessions. Thank you.

THE PUBLIC: I'm Frank Melzac (ph) at
Mille Lacs State Hospital. Our state is faced with,
like any other states, with every increasing demands for services. Well, at the same time there is tremendous pressure to contain costs and to reduce taxes, which in effect reduces the resources we have available. When you add to this dilemma the special interest of individuals of groups, the different values and philosophies that people have and most importantly the emotions a person directly involved with people who are either physically or mentally handicapped, the whole question of problem and decisions in health care begin to be extremely difficult and none the less, changes are taking place and the decisions are going to have to be made if we are going to be able to take care of the people in our communities who need our help the most and continue to be able to provide them with the best possible care and services we can afford.

None of us here, certainly none of the people in the state offices or the Legislature, have ability to answer all the questions or will even pretend to have answers to these. There are some individuals in some groups have very strong feelings of what should be done and what is needed and they work very hard to convince our policy makers, but most appointed officials and Legislatures welcome broad-based input
so that they don't do something for one group at the expense of another or so that they don't take a direction that isn't going to work or gain the general acceptance of our public.

I'm really pleased at least in this instance we had an opportunity and the general population had an opportunity through this public forum to express their concerns and state their position and from the turnout here today, I think it's obvious that people do care and do want to be involved. I'm confident that with the information presented here and at the other town meetings, that this information will be used and will be fully considered in any decisions that will be made.

I guess I just want to thank all of you for the interest you have shown coming here today and I hope you stay involved. Thank you.

(The proceedings ended at 3:10 p.m.)
STATE OF MINNESOTA)  
COUNTY OF HENNEPIN)  

I hereby certify that the foregoing transcript consisting of 63 pages, is a true, correct, and complete transcript of my stenotype notes taken at the time and place in the above-captioned matter.

WITNESS MY HAND AND SEAL this 29TH day of October, 1984.

[Signature]
Jodi R. Hoffarth
Notary Public, Hennepin County
My Commission Expires: May 12, 1988