



Minnesota
STATE PLANNING AGENCY

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

TOWN MEETING

ST. PETER STATE HOSPITAL REGION

September 17, 1984

PROGRAM

INTRODUCTORY REMARKS

Miriam Karlins
Town Meeting Coordinator

"FOR YOUR INFORMATION": A
REVIEW OF CURRENT STUDIES

Colleen Wieck, Ph.D.
Project Director

CITIZENS RESPOND

Audience Participation

Resource persons are available in the audience to answer questions and supply additional information.

In order to allow time for maximum audience participation, please limit your comments to three minutes.

Persons wishing to write or phone their suggestions, concerns, or questions may do so by writing to Colleen Wieck, Ph.D., Project Director, State Planning Agency, 201 Capitol Square Building, 550 Cedar Street, St. Paul, Minnesota 55101, or phone (612) 296-4018.

A one-day, toll free call-in will be held statewide on Tuesday, October 16, 1984, from 7:30 a.m. to 5:00 p.m. The procedure will be for the caller to dial 1 (800) 652-9747 and ask to be connected to the "State Hospital Study." The state operator will then connect the caller to our phone.

St. Peter HERALD

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Possible closure to be discussed

Town meeting set on MVSAC

The possible closure or reduction in size of the Minnesota Valley Social Adaptation Center (MVSAC) will be discussed from 7-9:30 p.m. Monday, Sept. 17 in a town meeting at the St. Peter High School Little Theater.

The meeting is one in a series being conducted by the State Planning Agency to determine where and how the deinstitutionalization of mentally retarded patients throughout state facilities will take place.

Such action has been mandated by

the Minnesota Supreme Court which in 1980 called for the population of mentally retarded patients in state facilities to be 1,850 by July 1, 1987. The population at July 1, 1984 was 2,225. MVSAC, one of eight such facilities in the state, houses 170 patients.

The process has been further encouraged by the federal government which has promised waivers on Title 19 Medicaid requirements if the state closes 535 mentally retarded beds over the next three years as a cost-

containment measure.

At the town meeting, officials plan to gather testimony on the possible impact such a reduction would have at the local level. According to the St. Peter Area Chamber of Commerce, closing MVSAC would mean the loss of about 200 jobs in the St. Peter area.

MVSAC has a staff of 207 and a \$5 million payroll, according to its director, Bill Hendrickson.

The State Planning Agency is currently exploring alternative forms of

housing mentally retarded individuals, such as group homes operated the county, state or jointly.

The agency is also studying client and staff needs and other uses of state hospital buildings.

The agency is expected to make its recommendations to the legislature by Jan. 31, 1985. The study was initiated to stabilize the deinstitutionalization process and prevent rapid closures of state facilities such as the Rochester State Hospital.

Opinions

Support MVSAC on Monday

It's a funny thing about legislative decisions. They tend to move like water or electricity, ending up where there is the least resistance.

The legislature has mandated the State Planning Agency to conduct a study of how and where to deinstitutionalize mentally retarded patients of state facilities. There are eight such facilities in the state; the Minnesota Valley Social Adaptation Center (MVSAC) in St. Peter is one of them.

The state is under court order to eliminate 375 mentally retarded beds over the next three years. The federal government is promising an easing of Medicaid restrictions if the state eliminates 535 beds. MVSAC houses 170 mentally retarded individuals and employs 207 staff members.

It is conceivable the MVSAC facility could be closed to meet the court order and the federal government's offer.

State officials have been conducting hearings in each of the eight host communities to find out what kind of economic impact such a move would

have. It's not hard to guess what the loss of 207 jobs and a \$5 million payroll would have on St. Peter.

Hearings in other communities have drawn large audiences who in no uncertain terms have described the potential effects the facilities' closures would have on their towns. In Moose Lake, a town of 1,400, a reported 1,200 people showed up to voice their feelings. In Faribault, 750 showed up.

The state is investigating the possibility of putting the deinstitutionalized mentally retarded in group homes. This type of care may have its advantages, but on the local economic level alone, it is no replacement for MVSAC.

If this situation concerns you, you should show up at the St. Peter meeting. A poor attendance may be taken as a sign that St. Peter approves of closing MVSAC.

The St. Peter hearing will be held from 7-9:30 p.m. Monday, Sept. 17 at the St. Peter High School Little Theater. For the sake of our community, please show up and speak your mind.

Around St. Peter

by Harry Evanoff, publisher



Our community is hearing a lot of figures concerning the possible loss of the Minnesota Valley Social Adaptation Center. Many of them are meaningless at first glance.

For example, what does a \$5 million loss in payroll mean to the "average family of four" in St. Peter?

What about some future date? What could the loss of the entire hospital mean? It's difficult, if not impossible, for families not immediately involved with employment at the hospital to determine the changes in their lives.

One way would be to compare the devastating changes in Le Sueur in recent years, in the aftermath of industrial desertion by large businesses there. Homeowners, for example,

should expect a drastic drop in property values. In Le Sueur homes are 25 percent to 40 percent cheaper than in St. Peter. Take a good look at real estate ads in next week's Valley Shopper for an example.

We could expect changes in city services. The State Hospital is the largest water and electric power customer in St. Peter.

Businesses as large as our banks or as small in scope as the neighborhood newspaper carrier will feel an impact. Smaller is not better. It means virtually everything in our everyday life will become more expensive.

State Hospital meeting in St. Peter

ST. PETER — The future of St. Peter State Hospital will be discussed at a town meeting at 7 tonight at the St. Peter High School auditorium.

The meeting, scheduled to run until 9:30, is one of nine scheduled by the Minnesota State Planning Agency (SPA) throughout the state. The goal is to collect public testimony on the future of the state hospital system for the 1985 legislative session.

The bulk of the program will be devoted to audience participation.

State officials hope the town meetings will generate specific suggestions for the Legislature. The major concern, according to the SPA, is how to provide cost-effective, quality services while recognizing economic constraints.

Anyone unable to attend the town meeting is urged to send suggestions to Colleen Wieck, Developmental Disabilities Program, State Planning Agency, 201 Capitol Square Building, 550 Cedar Street, St. Paul, MN 55101.

St. Peter Herald
Sept. 13, '84

In other action, the council:

—Discussed the upcoming town meeting sponsored by the State Planning Agency to receive community input on the possibility of reducing or closing the Minnesota Valley Social Adaptation Center, the unit of the State Hospital housing mentally retarded residents. Walcott said if people didn't show up for the meeting, it would be

taken as a sign of apathy. Council Member Jerry Pfeifer said completely closing the unit "would be astronomical" in its effect. Economic Development Director Mike Kearney said 1,200 people attended a similar meeting in Moose Lake, a town of about 1,400 people.

The St. Peter meeting is set for 7 p.m. Sept. 17 at the St. Peter High School.

St. Peter rallies support for keeping state hospital

By SHERRY CRAWFORD
Free Press Staff Writer

ST. PETER — Closing St. Peter State Hospital would harm both its patients and employees, as well as the local economy, and that's not acceptable, a crowd of nearly 500 told state officials Monday night.

The two-hour meeting brought public comment from hospital workers, psychologists, community leaders and parents of the mentally- and physically handicapped, all of whom said state hospitals are needed for care that community-based facilities can't handle.

The town meeting was one of nine state meetings on the future of state hospitals, the last of which is set for Oct. 9. The Legislature this year directed the State Planning Agency (SPA) to gather public input, a decision that came after the state Department of Human Services (DHS) announced last December it planned to reorganize the hospital system.

That plan was dropped because of strong opposition, but many critics were also concerned over the department's plans for "waivered services" for the retarded, which would focus on community-based care rather than hospitalization. DHS applied for and was granted a federal waiver to allow use of Medicaid for a variety of community services and facilities. It was that controversy that led legislators to direct the SPA to study the need for hospitals.

CONCERN OVER a national trend calling for de-institutionalization, and the 1982 closing of Rochester State Hospital and Hastings State Hospital in 1977 were evident Monday night in several people's

comments.

The Rev. Dan Dernek, chaplain at the state hospital, said he was at Rochester State Hospital when it was closed, a decision that shocked patients.

"I remember the struggles of 23 families" because of that closing, Dernek said. One employee died of heart problems, Dernek said he thought stemmed from the closing. Three employees went through divorces, and three patients committed suicide after they were released.

Dernek said he has seen former patients in the streets of Rochester when he visits, and, "They have become street people."

Those who once could turn to the Rochester facility for help before their illness reached a severe, critical point now have nowhere to turn for help. Dernek stressed the need to help the handicapped and remember that "behind their illnesses, their moods, they are human beings."

Another former Rochester State Hospital employee told the audience, "If it happens here, ladies and gentlemen, you are in for a very rough time."

A variety of community leaders — including Gustavus Adolphus College President John Kendall, St. Peter Mayor Doug Ryan, St. Peter Supt. Les Swartwood, Nicollet County Welfare Director Dayton Martinson and Mankato Vocational-Technical Institute Director John Votca — voiced continued support for the state hospital program.

Votca and Kendall cited the learning and training opportunities for students at their institutions made possible because of the hospital's cooperation in internships and study programs.

Martinson said the variety of services at the

hospital covers a wide spectrum of handicaps. He said his department and the Nicollet County Welfare Board feel the hospital provides the least-restrictive setting for many developmentally disordered individuals, people who could not function in a community-based operation.

Gregg Woods, a St. Peter attorney, recalled hearings in 1973 for the proposed closing of St. Peter Security Hospital. That drew the community together, Woods said, and that same backing exists for the state hospital.

Dr. Charles Sheppard, former medical director at St. Peter Security Hospital, thanked the crowd for local support for the security hospital in 1973 and said the idea of de-institutionalization "has been and can be carried too far."

Sheppard said the kinds of patients at the regional treatment center "do not get the care in the community the can get in the hospital, if they need hospital care."

He said he has seen many handicapped in the Twin Cities "wandering the streets like lost souls," becoming derelicts and being taken to jails, "where they don't belong."

Several psychologists working at the hospital said they fear that many of their patients, if forced into community-based facilities, would not make it and said many others would also suffer because of the loss of family support programs.

A social worker at the hospital, formerly a California resident, said that that state tried closing its hospitals and found itself returning to the state institution system after a few years because "it [de-institutionalization] works for some people, but not for all."

A woman who recently moved from Illinois said she worked in a community-based home for the mentally retarded and found that when that state closed state institutions and relocated those patients to community-based facilities, they could not handle the more severe cases.

One woman described herself as the mother of a severely physically handicapped boy now cared for in the state hospital's programs. That, she said, has made life bearable and livable for herself and her family, and she found no support or assistance from the community before turning to the state hospital.

Ken Lundberg of the St. Peter Chamber of Commerce, reading from a position statement, noted that the regional treatment center has 782 employees, with a \$20 million annual payroll that has a \$140 million impact on the area.

"Any less at the state hospital would have a devastating effect on the economy of the community," as well as a loss of services not found elsewhere in the region. Closure would force the sale of 75 homes in St. Peter, he said, 17 percent of the St. Peter area's wages, and \$100,000 lost to local merchants.

Mike Kearney, economic development specialist for St. Peter, estimated that the closing of the Minnesota Valley Social Adaptation Center at the hospital by itself would cost the community 207 jobs. Those jobs would affect the loss of 888 other jobs in a ripple effect, Kearney said.

Legislators present voiced support for the hospital. They included Rep. Mark Piepho, Sen. Dennis Frederickson, Rep. Allen Quist and Sen. Earl Hagneke.

Opinions

Are you listening, legislators?

St. Peterites spoke eloquently and powerfully Monday about an issue that concerns us all: the future of the St. Peter State Hospital.

As evidenced in the town meeting at St. Peter High School, there is a concern here for more than the jobs that would be affected by such a closure. There is a concern that the basic philosophy behind deinstitutionalizing mental patients may be flawed.

The state, the courts and many progressive leaders in social services and psychology have called for the placement of patients in the "least restrictive environment."

While the reasoning behind this is sound, that mentally ill and mentally retarded people need room to grow and develop, there rises the question as to what constitutes the least restrictive environment.

Patients' parents, psychologists and medical staff alike testified Monday that some patients are better off in the State Hospital than they would be in group

homes. Some require the intensive care that only the hospital can provide.

Our society is traumatized by the images we have of Bedlam, the Hospital of St. Mary of Bethlehem, a notorious London insane asylum. And certainly, the history of institutionalizing the mentally ill in our own country leaves much to be desired. But this image does not fit what is happening at St. Peter State Hospital. From the heartfelt testimony of Monday's meeting, it is evident the staff is comprised of highly-trained professionals who are loving and caring people.

It is time for the legislature to reconsider the philosophy that went into the mandate of deinstitutionalization. As can be seen by the large number of incapacitated people wandering, the downtown streets of large urban areas, removing them from a confined, but safe, environment has simply not worked.

The question the legislature must ask itself before it closes another state hospital is, "Who is really being served by such a move?"

500 attend town meeting

Residents decry hospital closure

By Ron Gertsen

Area residents gathered in force Monday to tell representatives of the State Planning Agency one thing: don't close St. Peter State Hospital.

Allotted no more than three minutes each, about 40 civic leaders, State Hospital employees, legislators, hospital residents' parents, business people and other citizens spent two hours detailing their reasons for wanting the three-unit hospital left as is.

A crowd of about 500 in St. Peter High School's Little Theatre applauded each of the speakers while agency representatives taped their remarks for a report to be submitted to the legislature.

After introductory remarks by two State Planning Agency representatives, Rep. Allen Quist opened the session by saying the scope of the hospital's functions made it unlikely that it would be closed.

Quist said he found it "totally inconceivable" that the Security Hospital would be closed because it is the only such institution in the state.

The Regional Treatment Center's 174 mentally-ill beds would have to stay open because the facility is the only state mental-unit south of the Twin Cities and serves a region of 800,000 people, Quist said.

Quist also said the quality of the hospital's programs and its accreditation made it an valuable resource for the state.

But Quist's remarks did not appear to ease apprehensions, especially among former employees of the Rochester State Hospital, which the legislature closed in April 1981 after limited debate and even less public input.

Gustavus Adolphus College President John Kendall said the school depended on the hospital for its intern program, which since 1963 has graduated 150 students. Kendall said St. Peter is the only community in Minnesota with a four-year college and a State Hospital within 10 miles of each other.

John Vosca, director of Mankato Area Vocational Technical Institute, agreed with Kendall, saying his school also depended on the hospital for its

Petersen's remarks. President of the Regional Treatment Center's Volunteer Council, Hawkes invited legislators to attend the hospital's open house on Oct. 14.

Dorothy Shewhan, director of the hospital's volunteer services, said the community has shown its support for the facility by donating 8,000 hours in the past year, as well as \$200,000 in money, goods and services.

Brown County Commissioner Virgil Wellner, father of a mentally-retarded resident, said the hospital's "care is practically perfect. How could it get any better?"

Wellner said 90 percent of his county's problems were mandated by the legislature, a figure he later reduced to 85 percent.

"This nonsense has gone far enough," he said. "Stop closing the state hospitals."

Antin Gray, a city council member and Chamber of Commerce president, said any reduction would affect the local economy. Citing the recent layoff of about 100 employees by Komatz Construction Co., Gray said, "The businesses on Main Street know what happens," when a business is shut down.

Regional Treatment Center Chaplain Don Durnek recalled the trying times when he administered his services to employees of the Rochester State Hospital facing the loss of their jobs.

Durnek said the unexpected closure left many employees angry which they took out on their families and by turning to chemical abuse. He said he believed a death, by heart attack, of one employee was directly related to the hospital's closure.

He said the patients would lose the most in the long run. "God does not make junk," he said.

Bob Long, the Interdistrict Cooperative Center's psychologist, and a former psychologist at the State Hospital, said many patients cannot adapt to life outside the institution. "It's wrong to continue to discharge them," he said. "We should be thinking about getting more of them back in."

Social Adaptation Center social worker, described the failure of deinstitutionalization in her native state, California. That state, she said, was forced to reinstitutionalize to a greater extent because so many people needed help.

St. Peter School Superintendent Les Swannwood said the school had an integral relationship with the hospital that it had developed over 20 years. "It's important to have something working that's having young people grow up caring for others," he said.

Faye Krohn, a state hospital pharmacist and international vice president of AUSA MP, the hospital's employees' union, said the union was opposed to deinstitutionalization because it has been implemented without planning. "But if we must deinstitutionalize, then let's do it with dignity," she said. "Let's not have another Rochester, let's avoid another ripoff."

Praising the attendees, she warned the state representatives, "We're here tonight; it's a beginning." Towards the end of the meeting, a

Hospital cont. on page 7

Hospital continued from front page

number of legislators and candidates spoke up, all opposed to closing the hospital.

State Sen. Earl Renneke called the meeting "the best explanation by the public I've ever heard" about the problems of deinstitutionalization. "We've reached a point of taking people out of state hospitals where we should say, 'no,'" he said.

Noting the courts have ordered a reduction in mentally-retarded beds, Renneke said the legislature was under pressure to proceed with deinstitutionalization.

State Rep. Mark Pieple of Mankato said the legislature violated the spirit of the open meeting law by closing its committee meetings when the Rochester closure was discussed. The House, he said, could only vote for or against, and not amend, a complicated bill in which the Rochester closure was included.

State Sen. Dennis Frederickson said bluntly, "I do not favor closing any part of the St. Peter State Hospital," and urged residents to write their legislators.

Returning to the microphone, Quist said his earlier comments represented the views of the legislature. He said he was personally opposed to deinstitutionalization, a view he adopted last

winter after visiting several Twin Cities food shelves.

Quist started to say deinstitutionalization had gone too far when he was interrupted by a woman who yelled, "Then why did you vote for the waiver program?" (The question referred to a state agreement to eliminate 535 mentally-retarded beds in exchange for less Medicaid funding restrictions.)

Quist ignored the remark and said he was "committed to keeping the state hospitals as strong, viable institutions."

City Economic Development Director Mike Kearney said the Regional Treatment Center's 782 jobs represented 19 percent of the city's employment, comparable to manufacturing and the state's employment.

Of those jobs, 438 were irreplaceable, he said. "If we lost 207 jobs (at MVSAC alone)," he said, "it would crumble the foundations of the local economy. It would create a loss of 988 jobs in the area."

One woman, referring to Renneke, said, "There's a lot of pressure on the legislature because of the court cases, but a lot of parents do not want their children removed . . . Shouldn't this concern put as much pressure on the

legislators as the courts?"

The State Planning Agency is expected to make its recommendations to the legislature by Jan. 31, 1985.

ing.

St. Peter Mayor Doug Pyan said the hospital was "critical to the economy and vitality of the city." He said St. Peter opened its arms to the hospital "when no one else would have it," and had been repaid by being the "brunt of endless tasteless jokes."

He said the city was proud of the institution and that city officials "vehemently opposed" the elimination of the facility. He compared the hospital's significance to St. Peter with the Mayo Clinic's to Rochester and the Capitol's to St. Paul.

Dayton Martinson, a Nicollet County social worker, said the county believes "the Regional Treatment Center provides excellent support services for county facilities."

He said the county "recognizes and endorses the concept of providing the least restrictive environment," the philosophy behind deinstitutionalization, but the county "does not believe relocating patients will enhance their quality of life."

Reading a prepared statement, Ken Lundberg, St. Peter Chamber Ambassadors president, said the hospital, with 782 employees, receives an annual payroll of \$20 million. The hospital's total economic impact, he said, reaches \$140 million a year.

Lundberg noted the hospital accounts for 17 percent of the city's wages and that \$100,000 a year would be lost to city merchants if the hospital closed.

Property values, he said, could be expected to drop by 20 percent.

Former Chamber of Commerce President Les Peterson, whose mentally-retarded daughter has lived at Faribault State Hospital for 30 years, said he saw no improvement in group homes.

Sam Hawkes, also a father of a mentally-retarded resident, agreed with

legislature's 1973 attempt to close the Security Hospital, which he said failed when the people of St. Peter organized to fight the move. "If you think this community is going to be divided like Rochester, you're wrong," he said. "The community stood 100 percent behind the Security Hospital in 1973 . . . and we'll stand behind the State Hospital."

Jean Luckey, a Minnesota Valley

TOWN MEETING:

HANDED OUT AT
ROTARY! Sept. 10, '84



Mom & Dad say we will have to move
if St. Peter Regional Treatment Center
Closes.

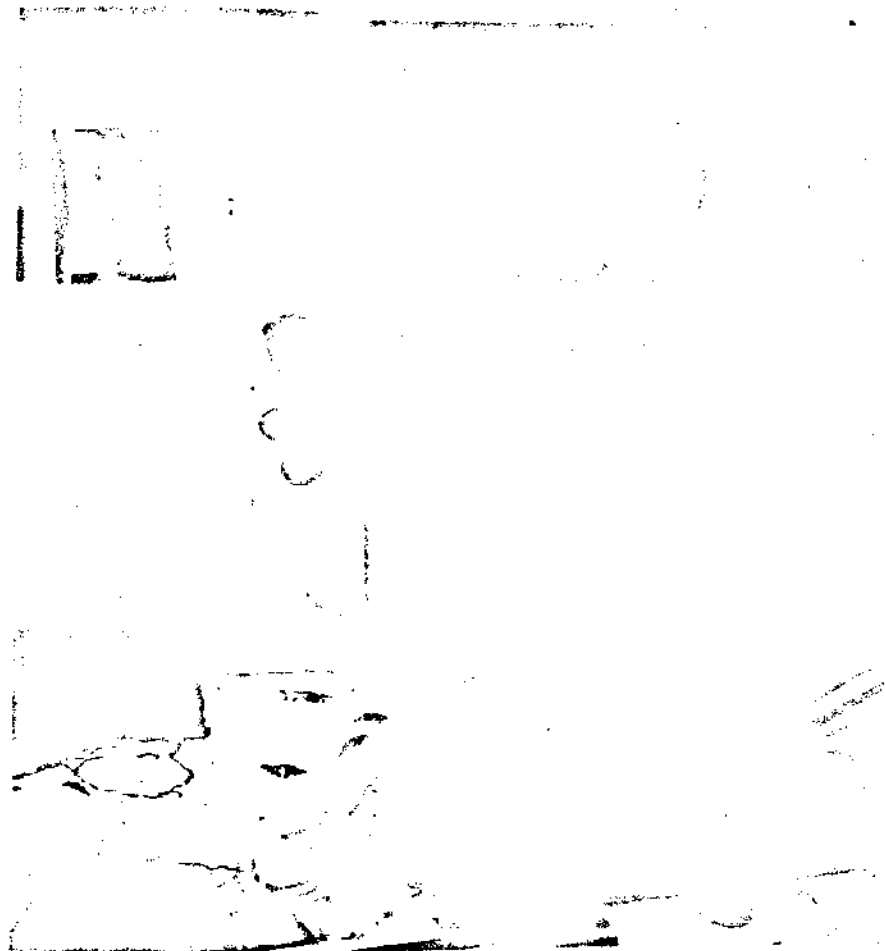
Only meeting in this area
7:00 - 9:30 P.M.

Monday Sept. 17, 1984
St. Peter High School Mini-Theater
Held by State Planning Agency

IF THE
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I am a resident of one of
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able to live alone, or re-
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others who share my disability.
Here the hospital staff is trained
me to meet my needs, and
paring me for the day when
live in the community.

I'm learning to be self-sufficient
... but until that day comes
glad I can call this place my home.

COME TO THE

TOWN
MEETING

AT

ST. PETER
HIGH SCHOOL

"LITTLE THEATRE"

AND FIND OUT

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SEPT. 17, 1908

7:30 P.M.

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Letters

St. Peter Herald 9-27-84

Quist pans deinstitutionalization

The Editor:

would like to thank the citizens of St. Peter area for the informative testimony given at the town meeting regarding the St. Peter Regional Treatment Center. That town meeting was a long way toward keeping our institution strong.

Nationwide, the population of state hospitals has fallen from 550,000 in 1955 to 130,000 today. Here at St. Peter, when I was doing volunteer work at the hospital in the early 1960s, we had a population of some 600. Today our residents number

I have become convinced that this process of "deinstitutionalization" has gone too far. When I visited the food shelves and overnight shelters in St. Paul this past winter, for example, it was obvious that many of these "street people" were individuals who were mentally ill and who should have been in mental hospitals instead of on the streets. A task force of the American Psychiatric Association reports that we now have 1.5 million individuals who are mentally ill living on the streets.

The last issue of U.S. News and World Report quotes this task force

as follows: "Hardly a section of the country . . . has escaped the ubiquitous presence of ragged, ill and hallucinating human beings, wandering through our city streets, huddled in alleyways or sleeping over vents."

I believe that it is time for the legislature, the courts, the counties and the federal government to construct a better plan for properly caring for these people. I agree that these needy individuals have a right to the "least restrictive environment" that can give them the proper assistance. But for a good many of these people, the least restrictive environment will be the St. Peter Regional Treatment Center, and others very much like it.

Allen Quist
State Representative
District 23B

Hospital chief says thanks

To the Editor:

The staff and patients-residents of the St. Peter Regional Treatment Center wish to express their appreciation to all those individuals who spoke in support of the hospital at the town meeting on Monday, Sept. 17, and to the approximately 500 persons who exhibited their concern by attending the meeting.

Joseph W. Sollen
Chief Executive Officer
St. Peter Regional Treatment
Center

Hayer says he was listening, learning at hospital meeting

The Editor:

Your editorial last week on the town meeting about the Minnesota City Social Adaptation Center closed with your hope that legislators were listening.

Whether they were or not, at least one legislative candidate was listening very carefully, even though I did not speak at the meeting.

Everything I would have said if I had spoken was very eloquently expressed by Mayor Pyan, Ken Lundberg, John Kendall and many hospital staff members and parents of hospital patients.

My purpose in attending the meeting was not to jump on the bandwagon for the sake of political expediency, or use it as a forum for

political rhetoric. I came there to listen to those professionally and personally associated with MVSAC as they presented their case and make their recommendations.

It is clear that this district needs a legislator who will consistently and unconditionally support the needs of the State Hospital and all its current programs. As your legislator, I will never vote for any bill that undercuts MVSAC's programs, and I will work to provide adequate funding for the needs of this institution on which so many of our people depend in so many ways.

Gary Hayer
Candidate for District 23B
State Legislator

Lobbyist says Quist turned his back on hospital bill

To the Editor:

Listening to Rep. Quist at the town meeting on hospital closings reminded me of last spring at the legislature.

I was working for AFSCME on a bill that would address concerns of employees and communities affected by hospital closure. Rep. Bob Anderson (I-R, Fergus Falls) and I both expected Allen to vote for the hospital bill in subcommittee. Instead, he voted for a bill backed by group home organizations.

The next day, when I asked Allen why he did not vote for our bill and pointed out Rep. Rodosovich's strong

arguments on the economic impact on a community, Allen replied, "Steve, you must remember, Peter is not objective because he has a state hospital in his district."

Now that it is election time, Rep. Quist remembers he has a state hospital in the district.

It is my view that Rep. Quist does one thing in St. Paul and says another in St. Peter.

I believe Gary Hayer as representative will protect and promote the interests of St. Peter.

Steve Johnson
St. Peter

Services provided at St. Peter Regional Treatment Center

Medical/Clinical - Medical Doctors and Psychologists

Dental

Laboratory

Pharmacy

X-Ray

Nurses 24 hours a day

Occupational Therapy

Recreational Therapy - library, gym, pool, tennis courts, softball diamonds,
movies, etc.

Physical Therapy

Speech Therapy

Corrective Therapy

Chaplains - two full-time

Volunteer Services

Patient/Resident Advocate

Outside consulting services as necessary - orthopedics, ophthalmology, psychiatry,
and neurology. MVSAC uses the services of Gillette Childrens Hospital when
the resident is under 21 years of age.

Behavior Analysts

Day Activity Center

District 508 School Program

Sheltered Workshops

Prepared by Local 614, St. Peter Regional Treatment Center

Economic Facts

Fifty percent of the Center employees are over 35 years of age with families who need their income.

Seventy-three percent of the employees are the primary breadwinner for their families.

Almost forty percent of the employees have worked for the State for over ten years.

Seventy-four percent of these people own their own homes and pay local property tax.

Approximately sixty percent of these people hold over \$3,000 per month in St. Peter banks, allowing businesses and individuals to borrow money.

Eighty-one percent have both spouses working for the State.

About thirty percent of those surveyed would move from St. Peter if the Center closed.

The above facts are a result of a survey done on campus about three years ago and about 300 employees responded to the survey.

Prepared by Local 614, St. Peter Regional Treatment Center

ST. PETER AREA CHAMBER OF COMMERCE
and CHAMBER OF COMMERCE AMBASSADORS

P O S I T I O N S T A T E M E N T

The St. Peter Regional Treatment Center (State Hospital) was the first institution established in the State of Minnesota for the care and treatment of the mentally ill.

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

The St. Peter Regional Treatment Center, with 782 employees, receives a payroll of \$20 million dollars yearly. This multiplied by 7 (the national estimate of dollars turned over to the community) amounts to \$140 million dollar impact to the area.

With the prediction of the loss of 13,000 farms in Minnesota in the next two years by the Commission of Agriculture Jim Nichols, and the loss of 100 jobs by a local construction firm, any loss at the State Hospital would have a devastating effect on the economy of the community.

The St. Peter State Hospital provides a valuable resource to the 19 county area which it serves, which would not be provided otherwise; such as psychiatric evaluation and treatment, specialized mental retardation programs, forensic psychiatric evaluation and treatment (Minnesota Security Hospital), chemical dependency services.

continued

Facts and Concerns are:

The St. Peter Hospital employees and staff are highly skilled professionals with many from third generation families.

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

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

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

Schools, churches, local hospital and care centers would suffer by the closing.

\$100,000 would be lost to the merchants of St. Peter on goods purchased through the hospital bank and private patient purchases.

17% of all wages of the St. Peter area are paid at the State Hospital.