

Interview with Dr. Sanford Wilson
June 22, 1976
Interviewer: David Baukol

Q. This interview is taking place on June 22, 1976. The subject is going to be mostly on the development of the Minnewaska hospital changing from a hospital that was a city owned or operated hospital-or a community operated hospital changing into a district hospital and the surrounding events that led to that decision and that type of action. I'm talking with Dr. Wilson who was the chairman of the board of the people who were involved in getting it through to start with and for the community. I guess I'll ask Mr. Wilson now what his official title was and of his involvement in the proceedings so the listener can understand a little better where you're coming from.

Ok, well I'm Sanford Wilson of Starbuck and I'm the chairman of the Western Pope County District Hospital Board. To add a little to David's explanation-- our effort was changed from a corporation to a district hospital, with the building of a new facility. I guess the crux of the whole situation was building a new hospital, to replace an old facility, which was the existing Minnewaska hospital; which had been condemned, in effect. The State Board of Health had told us that if we had not been able to construct a new hospital they would have closed this one up,

Q. Ok, I guess that would be the original thought in the interview, would be what brought it up and then being the fact that the hospital would necessarily have to be closed within the next few years because they lose new certain rights. Would you like to elaborate a little bit on those kinds of things that they would do?

Yes, the reason that it would have been closed was that the structure was not 100% fire proof, David. I guess this is why it would have been locked up. The regulations of the State Board of Health regarding a publicly used facility, that would be like hospitals and retirement homes, have been updated and have become greatly more stringent in recent years.

Q. Ok, that sets the background. Why did the community, or the group, decide to go to a hospital district, you know, or who actually-not necessarily who- but what were the reasons behind going to a district rather than building it as it is now, a sort of corporation?

I guess we inquired around of other communities in this same situation, of which one comes to mind quickly is that of Princeton. Those folks had formed a district, and built a district hospital, and it worked out very well. We asked their Board of Directors chairman to come over and talk with us. He did this, and encouraged us to go for a district hospital rather than a non-profit one such as we have, or a county hospital, or any other alternative.

Q. Was that mostly for financial reasons or what type of reasons were they?

I think financially, yes, it gives you a better tax base if you have a district because that encompasses a larger area. All those voting precincts in your district will then be called upon to support the hospital financially if it becomes any kind of tax burden at all.

Q. Who was in charge of-who would you say was most responsible for getting all these transactions going and why did the people and why did the community

get interested other than that, you know, who helped them get going?

I think the hospital issue in a small community is a matter very near and dear to the hearts of the people. It is a very point that you make. To give credit where credit is due, Dr. Bucher of our local medical staff in our hospital is the one who was farsighted enough to look ahead and see the demise of the little hospital that we now have, and to try to start action for a community effort between Glenwood and ourselves to build a joint new hospital. This was done about four years ago.

Q. What kind of steps were taken then and try to elaborate a little on that?

(141--5 min.)

The first step was the starting of joint meetings between the Glenwood City Hospital Board and our Minnewaska Hospital Board. We met several times and we were all in firm agreement that the new facility was not only needed but that it was a very good idea. From there it progressed to an appointment of three people from both towns. I don't know if it is necessary to name them but these folks met several times, too, in an effort to further the idea.

Q. There, was that most of the really grass roots of where they were; how far along were they able to get in these early stages? Did they get the support of the people then about it or did they really get some real sound thinking on it or how far along did they get in that early stage?

I don't think that they had the support of the people really. This was more a meeting of the summit, you might say, at that time. They acted all the while as though it were something that was an idea that they could live with or that they would like to contribute to. But actually when it came down to the implementation of the idea, the Glenwood representatives, decided that their own hospital suited them fine and they didn't really care to join with the Western half of the county to build a new facility.

Q. I suppose it would be only fair to mention the Glenwood hospital is not under the same kind of dilemma the Starbuck hospital was as far as fire and health safety codes are concerned. Is that correct?

That is exactly right. Glenwoods hospital was in somewhat better state of repair than ours, although it is an old facility also and it needed extensive remodeling to stay within the codes. But they're certainly not within the immediate need of rebuilding as we were. They recognized this, too, and they cannot be blamed for thinking the way they thought.

Q. Um, what, I guess, I don't know if you've really examined this well, but when people were working together as far as Starbuck people and the Glenwood people, what eventually caused them to..... instead of becoming one hospital district, what caused them to go into a east and west type of situation? ---eventually.... officially it didn't get to be an east and west but it was geographically that was what it amounted to.

Yes, well I think that this would have to go back to the first certificate of need that was applied for. The split in the two halves of the county occurred when it became apparent the Glenwood had no interest in building with us, so that we then asked for permission to build a hospital of our own. Now our advisors and people who were helping us in the endeavor advised us that the thing to ask for was a thirty-five bed hospital built midway between Starbuck and Glenwood. They said we would never be allowed to build a nine-teen bed hospital on our own.

Q. So Starbuck's plan originally was to build one together for the whole county. Their idea was never to make it just their own personal hospital?

That is right. The Starbuck district of the Western Pope County District was willing and able to build a hospital for the use of everyone in the county. In other words, they would have built the 35 bed facility big enough for the whole county midway between Glenwood and Starbuck without any financial participation from the eastern half. They would have been willing to furnish it had they been allowed to do so. But the Central Minnesota Health Planning Council tendered a provisional certificate of need acceptance which stated that in order to build this 35 bed hospital midway between Starbuck and Glenwood that we would have to get together with the Glenwood group and gain 50% participation from that side of the county. This was a good sound idea, I'm sure.

(255--10 min.)

Q. When you mentioned the Central Minnesota Health Planning Commission, maybe it would be proper now to back track a little bit and say exactly why were you dealing with those people. I mean what is the governmental function they perform or what kind of job do they perform?

Yes, the statute in Minnesota calls for any hospital structure that costs more than \$50,000 to be approved by the Health Planning People of their district, so that in our area it was the Central Minnesota Health Planning people, and their executive secretary, Mr. Dave Sauer, from St. Cloud. This group of lay people of about 35 in number, who tender the decisions and this decision is then acted upon by the State Board of Health. So you have to go through at least two agencies in order to build any kind of structure which costs more than \$50,000.

Q. And the reason behind this kind of organization is it--maybe you want to give your idea.

I am sure the reason is to keep people from over-spending on hospitals, and building facilities which are more of a financial burden than tax payers can bear.

Q. It's a type of watch dog for the people.

Yes, and largely it was a statute drawn up for people in the metropolitan area, because there they build hospitals like we build hot dog stands. They are not always utilized to the fullest. The law wasn't intended for implementation out here as much as it was in the Metropolitan area, I'm sure. This was told to me by Mr. Delbert Anderson, who was in the state legislature when that law was passed.

Q. Ok, getting back to the chronological order now we were a group trying to get a hospital, and we had to go through the Central Health Planning Commission. We are working with Glenwood and they are pretty reluctant for good reasons to go along with us. Now, the commission has given you approval with a provision that you go with Glenwood. Am I correct?

Yes

Q. Now what happened after that, what kind of transaction--what led up to the next event? When you ended up splitting up the district?

When we received the provisional acceptance for our hospital with the provision that we get Glenwood to join us, we know that this was in effect a no vote for us, because we knew that the Glenwood people, having told us their feeling on the issue, would never join with us. But we were determined at that time to go ahead and try to convince them to do so to satisfy the Minnesota Health Planning Council. We met with the Glacial Lakes District Board several times and I personally met with their attorney, Mr. Obenland, for several luncheon meetings and we did our very best to get the eastern half of the county to come with us.

Q. When you mentioned the Glacial Lake--that did become the official name for the eastern part...

Yes

Q. of the county after. What ^{time} did you split as in two counties? Did that happen right now after you couldn't-- or was that earlier?

It was about two years ago which would be in 1974 and it--I guess we didn't go into the formation of the Glacial Ridge District. It wasn't until after the Western Pope County District was formed, or was started to be formed that the Glenwood people immediately began to form their own district with the idea that we would probably steal some precincts from them if they didn't.

Q. Um huh.

So they were very far behind us in the formation of their own district. As it ended up we had in the Western part sixteen precincts that was thirteen townships and three villages. Glenwood has slightly more than that. I think that they have seventeen precincts--the city of Brooten, the city of Glenwood and the city of Villard and then the rest of them being townships. So then the county was split directly in two, geographically, and the eastern half included the village of Brooten which is in Stearns County.

(364--15 min.)

Q. Ok, now when we split up, we cannot--we tried to negotiate with Glenwood and again after the provisional certificate was granted and you went back to them and said you couldn't work it out, or did you, I know you did that, what happened then?

Um, they of course rejected our certificate of need then. We asked for removal of the provision and this was denied, so I guess that's where we ended up. We went back to the drawing board and drew up a new certificate of need asking for our own nineteen bed hospital within or in close proximity to Starbuck.

Q. In other words, you had to start almost completely over?

Yes

Q. The only thing you had going for you then as far as past work was concerned was that the county or the commission knew that you tried and that, you know, that part had been worked out. Is that correct?

That's right. We had to start from scratch on our certificate of need but we had the organizational work done and we had been in contact with the Health Planning people and the State Board.

Q. Did that cause any problems with the precincts who joined the hospital district? Did they feel that they were joining it with the assumption that, you know, it would be a joint Pope County and not a split county? Was there any precincts that were reluctant to be in it? Did they try to get out? Was there any kind of conflict there or not?

I guess this is a kind of history in itself, David. At the time that most of them were asked to join they were asked to vote at one of their annual township meetings, and most of them know exactly where they stood and exactly what they wanted. Some of them, however, were midway in the county-- there was considerable strife, and some of them were split to a very close degree. I can name two of them that were. Reno township was voted to the eastern side by one vote. They subsequently asked to be removed from that hospital district by the townboard action and were not allowed to do so. So they were still in the eastern group although many of them have serious misgivings about belonging to Glacial Ridge District.

Q. Did they--were they reluctant in the fact that they would rather be a--Reno was between Alexandria and Glenwood? Were they reluctant because they wanted to be included in the Alex district or are they reluctant because they wanted to be in the West Central Pope District?

I'm sure there are a few in Reno that go to the Alexandria hospital but the big issue concerned those who wanted to come to the Starbuck District and they were defeated.

Q. So it wasn't an Alex vs. Glenwood controversy as much as a Glenwood vs. Starbuck feeling?

Right.

Q. type of geographical debate?

That's right.

Q. Ok, so now you're reorganizing and you applied for a new certificate of need now the difference no longer a thirty-five bed hospital but a fourteen.

Nineteen.

Q. Nineteen bed hospital. Why did you, well why did you go from, why did you have to change and uh, that what, is that what the people or is that what the people or is that what you as a commission wanted or would you rather had, I guess that isn't fair at this time, but no, is that the way you wanted to go or were you just sort of forced into it?

We were forced into it because the existing hospital is nineteen beds and we were reliably informed that to ask for a hospital facility bigger than what you already had was simply out of the question.

Q. Then you were granted a hospital and the location was to be near the Minnewaska Nursing Home, is that correct?

Yes

Q. Could you give me some background as that angle on the story of the hospital?

(265--20 min.)

I think so, David. The reason we asked for it to be built in proximity to the Minnewaska Lutheran Home was in order to get permission to build at all. In other words, the odds against our receiving permission to build a nineteen bed hospital eight miles away from an existing forty bed hospital were so poor that we were told that we needed some factor to influence the Health Planning people with the idea that we build a nineteen bed hospital next to the Minnewaska Lutheran Home, share their facilities for cooking and laundry and physical therapy and a couple of more things....and make a real good facility in this way. We were able to swing this idea in the end.

Q. And what problems arose when you got your certificate with this assumption in mind that you, build adjacent to the nursing home? What happened later on so that the decision to move it came about?

Well this happened not so very long ago. It was last November as a matter of fact when we were told that the soil borings had shown that the subsoil condition under the projected site was so terrible that it would require \$300,000 worth of piling and concrete and so on to keep the building from sinking out of sight. So that when that was brought to light by the construction manager we had employed, we immediately told him we could not afford a \$2,000,000 facility. He said that we would have to put it on a different place; so at that time our architect, Mr. Horthy, recommended that we go back to the Central Health Planning people again and ask for a removal of the site provision and asked to move it to a place that wouldn't take \$300,000 worth of soil work before we started the building.

Q. I think an important point here would be to emphasize that this was all after the fact kind of thing. It wasn't planned and the fact that you mentioned earlier that you would not have had a very good chance of getting a certificate of need if it hadn't been very close to the nursing home. Now you are asking that the certificate of need provision be dropped but that happened afterwards. I think that that is an important point.

That's true. It was entirely unintentional and unplanned although it may not look that way. However, the way it turned out, it was a great deal better in all respects. I think the obvious advantages of building near the Minnewaska Lutheran Home were offset greatly by the \$300,000 additional that it would have cost to build this building. There are many disadvantages to having built down there as well.

Q. What are some of those other than the soil condition?

The very smallness of the site, David. In order to get enough room we had to buy a quarter of a lot from Cement Products and we had to vacate two blocks of streets. We bought a house and three lots on the northeast part of the block and we were still very, very cramped for space and for parking areas. The beauty of the building would have been rather

lost between the Cement Products lot on one side and the VFW club on one side and a couple of commercial establishments which would have hemmed it in greatly and restricted the parking. You might understand what kind of parking facilities you'd need for a building which was near a post office and a 75 bed nursing home and a 20 bed hospital and a clinic not far away.

Q. So you almost had to clear out another lot somewhere or found parking somehow?

Right

Q. And that would have really pratty congested it, wouldn't it?

Indeed it would.

Q. So now where is the location of the hospital?

Several sites were explored, and the one with the greatest beauty and the best basic soil condition was found west of the athletic fields. This would be north-west of the school building, up on the hill overlooking what Starbuck affectionately calls the Big Slough. This is a wildlife swamp that is a beautiful green all summer and a nice brown all winter, and is really pleasing to look upon. It's a quiet plot in a residential area, far enough from the school not to be offended by noises from school children or sports events. It is a beautiful spot and offers lots of room. The hospital district was able to buy five acres there from the school district, which was certainly ample for all buildings and parking.

(569--25 min.)

Q. Now you have your beauty and you have your easy parking. When you look back at it now you were very involved and probably didn't have too good an idea what you were getting into personally. Do you have any insights as - would you do it again or was it more work and do you think there is something wrong with the system, where the rural, should there be something changed for rural vs. metropolitan? You probably have been thinking about this a lot on your own as far as the way that you had to go about getting this hospital in a very depth--very intricate....

I'm sure we all were rather overwhelmed by the bureauceacy of the whole thing and the futility of trying to spend your own money on a building which you badly need and is badly overdue. And then having to fight people who are on boards which don't understand the problem and who live 100 miles away and don't really care if they understand the problem...Then to take their decision up to the State Board of Health and find that they are even more reluctant to help you so there is too much bureaucracy in the whole process, we think.

Q. I guess there is a basic question....um, rural America, you know, has had to battle to the fact that we want our health facilities and we, when the community is prosperous enough to pay for it and something wrong with them not being able to do that. That is my opinion.

Yes, I'm sure that there must be some need for restraint on people rising to emotionalism and over-building hospitals, buy there needn't be this involved chain of events to get where you're going.

Q. Do you have any final closing comments that I have not touched on that you'd like to mention for posterity...to listen to when we look back in the 70's, the mid 70's when they're looking at what the people were thinking? Do you have any insight as to heop the listener?

Well it's been a very interesting involvement and we've enjoyed it a lot. I think the greatest reward in the whole thing has been the single-mindedness of purpose of the whole effort. There was almost no negativism on our side of the county, and the people have been so very helpful and willing to give of their time and dollars. It's been very rewarding, I think, and I would't have missed it for the world.

Well thank you very much.

(629--30 min.)