This was the initial letter to you. It was off the top of my head, so not polished.

Begin forwarded message:

**From:** dick.bernarddt1878@icloud.com
**Subject: Re: Rural hospital viability**
**Date:** May 19, 2026 at 2:27:55 PM CDT
**To:** Norm Hanson <norsan45@hotmail.com>
**Cc:** "health.orhpc@state.mn.us" <health.orhpc@state.mn.us>

Your recent e-mails about rural health compel me to share a personal story which began 61 years ago, almost literally today, May 19, 1965.

I was living in Elgin, in far southwest North Dakota, with my 22-year-old wife and our year-old son. Barbara had been increasingly critically ill our entire two-year marriage, kidney disease. She was often hospitalized in Bismarck (St. Alexius), and the rest of the time didn't have enough energy to care for our son, who was taken to a babysitter. I was a schoolteacher in the town.

In mid-May I dropped our son off with the babysitter but had to come home because I'd forgotten something I needed for school.

I went upstairs and found Barbara on the floor in a coma. She had been trying to call the doctor in Bismarck, Dr. Pfeifle, and he was on the line.

There was a small hospital in Elgin, and a Dr. Ciriskis, and an ambulance whose driver was the hospital administrator. But this was a crisis. I literally picked up Barbara and carried her down the steps from our apartment and got her in the car and drove her the half mile or so to the hospital. I still don't have any idea how I did this, but when in crisis you can do unbelievable things.

As soon as she was stabilized, she was driven by ambulance to Bismarck, about 70 miles away. I followed in the car. Tom was at the babysitters. The hospital administrator drove the ambulance. Later all the bills there were forgiven.

At Bismarck, the decision was made, she had to have a kidney transplant. The nearest place was Minneapolis U Hospital. We had no insurance. I was

authorized to drive her to Minneapolis. Not far along on the trip our old car broke down - a broken water pipe for the radiator. Luckily, I was near a freeway gas station, and they fixed the problem. But at Valley City, where her mother lived, we decided that driving the car was out, so Barbara, her mother and young brother took the train to Minneapolis. I drove separately down highway 10.

At Minneapolis we went to U Hospital. As I say, we had no insurance, so we had to wait until they decided they would admit her. They knew what they were getting, I'm sure.

Two months later, three major surgeries and no kidney transplant, Barbara died on July 24, 1965, three days after I'd signed a teaching contract in Anoka-Hennepin.

We had insurmountable bills in the wake of the surgery. I was about to file for bankruptcy. I never did because arrangements were made with the County in ND to cover part of the bills. We had only been in the county 7 months (likely still a non-resident), I am sure the U Hospital shaved the bill down to the absolute minimum since Barbara was there for 58 days. I lived in a room at a house near KSTP in St. Paul, no telephone.

I didn't learn that Barbara was near death until I went to visit her on July 24. The previous day she'd seemed chipper in a general sense. So, it was a shock to come up to the floor and find that she was in a coma and was not going to live.

The reason I live in the Twin Cities today is because of that emergency trip in 1965, Son Tom turned 62 in February. He has no memories of his mother.

I have no great proposals to offer - this story is about it. "Community" in the most universal; sense was what made it possible to survive, not only those two months, but the two years prior and the years subsequent.

Public service is what we needed and was what we got.

Thanks for listening. Share as you wish.

**Dick June 1**

**Thank you. I'll put the date in my calendar. Let me know the time and place.**

**I think it would be worthwhile to just share with the speakers what I had written earlier (if you need a copy let me know).**

**I described a difficult problem, which requires a definition beyond boundaries of town, region or even state.**

Not in my musing earlier were other facts that are relevant.

1) Unknown to us (as if it would make any difference) Barbara was probably stricken with the disease at a young age - some undiagnosed childhood illness perhaps. By the time we married, under the rules of the time, at age 20 she would have been uninsurable due to pre-existing conditions. The pre-existing condition was not her fault. She didn't even know she had it.

2) Her first teaching job was in North Dakota (Sarles, near Canadian border), and she'd not been teaching two months when she didn't have enough energy to teach a few lower elementary students. I had just come home from the Army and had a new teaching job maybe 100 miles away in Hallock MN. Our reunion weekend resulted in a trip to a clinic in southern Manitoba - the closest available facility - where she got the bad news of serious kidney problems. Her career ended before it started, almost literally. She came to Hallock, and was constantly sick, including more than two months hospitalization in Grand Forks ND in St. Michael's Catholic Hospital (which today is no longer a hospital). Grand Forks was 70 miles away, and I obviously couldn't stay there - I had to teach, after all. We obviously couldn't pay the bill, and I never got a bill. Ditto with the local clinic in Grand Forks. The hospital in Hallock wasn't in any position to deal with a situation like Barbara presented.

3) Then came the ill-advised move to another small town in North Dakota. When you're young, and even when not so young, you sometimes make decisions that made sense at the time but were bad decisions. At the time when I drove Barbara from Bismarck enroute to Minneapolis I had signed a teaching contract for the next year at a junior high school in Bismarck, but of course that was a non-starter since, if she had had the kidney transplant at the U, she'd have to live close by in the event of rejection of the organ.

4) to summarize, in this situation, there was involvement of two states and a province, on and on and on.

Our situation was particularly bad, but I'm sure it wouldn't take much looking to find similar cases in every rural environment everywhere. They cannot establish anything equal to what we routinely expect in the big city. On the other hand, there is no magic wand to require everybody to live in the city to qualify for things like access to health care.