

## **A Patient Story: Why Hennepin Healthcare Matters**

My name is Mark Lynn. I am a clinical child psychologist in Minneapolis and have worked in healthcare for more than a decade. I am also someone whose life was saved at Hennepin Healthcare.

Several years ago, I developed a rapidly progressing infection involving epiglottitis and a retropharyngeal abscess - a condition that can quickly become fatal when not recognized early. Before coming to Hennepin, I sought care at another major health system in the Twin Cities three separate times. Each time, I was told my symptoms were likely anxiety or a routine illness. At one point, when I described the severity of my symptoms - including difficulty swallowing and choking on my own saliva - I was openly dismissed by attending physicians and used as an example of a “psychosomaticizing patient” in front of medical trainees. I requested additional imaging because I felt something was seriously wrong, but those concerns were not taken seriously.

Over the next several days, my condition continued to deteriorate.

By the time I decided to come to Hennepin Healthcare, I was extremely ill. I remember arriving primarily because I thought their urgent care might at least give me IV fluids. Instead, something remarkable happened: I was believed.

From the moment I arrived, the team at Hennepin listened to my symptoms and immediately recognized the seriousness of what I was describing. They acted quickly. I was taken to the emergency department’s stabilization area and ultimately intubated. I later learned that my airway was closing and the emergency physician let my family know I'd have died within two hours, without their intervention.

The teams in the ED stabilization room, the Medical ICU, and the ENT service worked together to treat the infection and stabilize my airway. I spent days in the ICU and additional time recovering on the hospital floor. During that time, my family experienced something I will never forget: calm, competence, and deep respect from every person who cared for me.

When patients arrive in the hospital critically ill, families are often terrified. My family certainly was. Yet again and again, the staff at Hennepin showed patience, humanity, and reassurance. One nurse held my hand while preparing me for intubation and calmly told me everything would be okay. That simple moment of compassion mattered more than I can put into words.

After I was extubated and recovering in the ICU, I began to see something else that struck me deeply: the way this hospital treats every patient.

One night, I woke to the sounds of a medical emergency elsewhere on the unit. When the patient died, the staff quietly gathered to honor that person’s life and ensure they were treated with dignity even in death. It was clear to me that this respect was not reserved for certain patients or circumstances - it was the culture of the place.

This experience changed me.

I am someone who understands healthcare systems. I have a doctoral degree and I have worked in healthcare for years. I know how to communicate with clinicians and advocate for myself in medical settings. And yet, even with those advantages, my illness was initially dismissed elsewhere.

What saved my life was not just clinical expertise - it was a culture of listening to and believing patients.

At Hennepin, the care I received reflected something deeper: a commitment to dignity and patient-centered care for every person who walks through the door. I saw it in how staff treated me. I saw it in how they treated the patient in the next room. And I saw it in how they supported my family during the most frightening days of our lives.

That level of care is not accidental. It is the result of a safety-net institution built around the principle that every patient matters.

When I was discharged from the hospital, I remember feeling a profound sense of regret that I had left Hennepin Healthcare years earlier for another organization. I eventually returned professionally, in large part because of what I experienced as a patient.

Today I serve at Hennepin Healthcare as part of our psychology leadership, and I see every day how deeply the staff here care about the people they serve. The patients who come through these doors are incredibly diverse. Many face complex medical, social, and financial challenges. Yet the same dignity and respect that saved my life is extended to each of them.

Hospitals like Hennepin Healthcare are essential to the health of our communities. They care for everyone - regardless of insurance status, background, or ability to pay. They train the next generation of healthcare professionals. And they deliver life-saving care every day.

I am alive today because Hennepin Healthcare exists.

As you consider decisions about the future of our healthcare system, I hope you will remember that behind every line item in a budget is a human story like mine - a life that depended on the presence of a strong, well-supported safety-net hospital.

For me and my family, that hospital was Hennepin Healthcare.

*Submitted by: Mark Lynn, PhD, LP, ABPP  
Board Certified, Clinical Child/Adolescent Psychology  
Psychology Manager, Child and Adolescent Psychiatry*

*March 17, 2026*



**A message from Callie Eide, Eden Prairie resident and a grateful patient in the Hennepin Healthcare Transplant program:**

Callie has had careers in law, politics, radio, spiritual philosophy, and glassblowing and has been involved with Natural Health Care for 40 years. She acted as an advocate and lobbyist for chiropractic, natural health, personal injury, and worker's compensation for several decades. Callie and Dave were married for 17 years, and they each had a kidney that once belonged to Callie.

**Let's explain.**

Callie had a friend and colleague named Dave for many years. He was even her Naturopathic practitioner. Callie was a medical liaison for a law firm and went to Dave for opinions and advice. As life happens, over the years they lost touch for a while. Catching up over brunch one day in 2009, Dave told Callie that he was in renal failure and was on dialysis. Not skipping a beat, Callie offered him the waiting kidney.

Going through the testing process at HCMC it was determined they were an outstanding match. They began dating during this time, ultimately had the successful transplant (with absolutely no side effects for Callie except for a little tiredness), got married in a ceremony celebrating how they "shared more than their hearts" and honeymooned in the Bahamas.

Callie has also been a strong advocate for HCMC since her law office practice represented a severely head-injured young girl in the 1980s. Her mother held various positions at The General in the 1960s and 70s. She is an especially great advocate for the Hennepin Healthcare Transplant Program, where the living donor transplant occurred. "The thing that sets the transplant program here apart is the communication of the team and the longevity of their transplant expertise," said Callie.

During COVID, many people, particularly immunocompromised (your immune system's defenses are low which affects its ability to fight off infections and diseases) people couldn't get answers from doctors all over the nation. Callie and Dave heard many frustrated stories from clients. She adds, "Hennepin was right there – always responsive, caring for patients whether it was managing medications or answering tough questions. Nationally hospitals and clinics were tested, and Hennepin got an A."

***70% of patients that are part of the Transplant Program for long-term care, are from outside Hennepin County.***



March 17, 2026

Dear Members of the House Tax Committee,

The **Association of Minnesota Counties**, an organization representing all Minnesota's 87 counties, **writes to express appreciation for your attention to recent news regarding the fiscal challenges facing Hennepin Healthcare System and its flagship hospital Hennepin County Medical Center (HCMC).**

The AMC Board of Directors, composed of over 30 elected leaders from across the state, met earlier this month to hear a presentation on the current state of the hospital, its financial predicaments, and the potential impact from the hospital closures. During that meeting, AMC Board members expressed concern regarding the potential closure of HCMC and the far-reaching consequences such an outcome would have for communities throughout our state.

While located in Minneapolis, HCMC serves a much broader mission than that of a single county hospital. As Minnesota's busiest Level I trauma center and a critical safety-net provider, the hospital serves patients from across the state and regularly receives complex transfers from smaller and rural hospitals that do not have the capacity or resources to manage high-acuity cases.

AMC supports Hennepin County's proposal to repurpose the Target Field sales tax to raise the revenue necessary to keep HCMC open and operating. As this committee is well aware, counties have limited means to raise revenues and property taxes alone cannot absorb the impact of a cascading series of fiscal challenges.

For counties statewide, the potential loss of this institution raises several concerns.

- **First, the implications for patient care across Minnesota would be immediate and severe.**  
Hospitals throughout the state rely on HCMC to accept critically ill and injured patients requiring specialized trauma services. Rural and regional hospitals frequently transfer complex patients to HCMC when care exceeds local capacity. The loss of this facility would place extraordinary pressure on emergency departments and trauma systems statewide, creating delays in care and increasing strain on already stretched health systems.
- **Second, the closure would disrupt Minnesota's physician training pipeline.**  
As a major teaching hospital affiliated with the University of Minnesota, HCMC plays a central role in training physicians, nurses, and other healthcare professionals. The hospital supports numerous residency and fellowship programs across specialties and is a critical training ground for future medical professionals who ultimately practice in communities across Minnesota and beyond. The loss of this training environment would have long-term consequences for our state's healthcare workforce.
- **Third, the ripple effects would reach every regional healthcare system.**  
Minnesota's hospitals function as an interconnected network of care. When safety-net hospitals like HCMC are destabilized, the burden of uncompensated care, trauma care, and high-acuity patients shifts throughout the system. Regional hospitals and local governments would inevitably absorb new pressures—from increased emergency department volume to higher uncompensated care costs—creating financial and operational strain across the healthcare system.

We recognize the complexity of the financial challenges facing the Hennepin Healthcare System and the difficult decisions confronting policymakers. However, the potential loss of this institution is a statewide healthcare access issue, a workforce development issue, and would upend the statewide healthcare ecosystem.

AMC appreciates the opportunity to share our conversations and perspectives with committee members and the seriousness the Legislature is taking this issue--and the broader issue of hospital sustainability--this session.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Hilgart", with a long horizontal flourish extending to the right.

Matt Hilgart, Director of Government Relations  
*Association of Minnesota Counties*



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### **Executive Offices**

720 Washington Ave SE Suite 200  
Minneapolis, MN 55414

March 17, 2026

Representative Greg Davids  
Co-Chair, Taxes Committee  
658 Cedar St.  
Centennial Office Building, 2<sup>nd</sup> Floor  
St. Paul, MN 55155

Representative Aisha Gomez  
Co-Chair, Taxes Committee  
658 Cedar St.  
Centennial Office Building, 5<sup>th</sup> Floor  
St. Paul, MN 55155

Dear Representative David, Representative Gomez and Members of the Committee,

I write on behalf of University of Minnesota Physicians (UMP), the clinical practice for the University of Minnesota Medical School, in support of legislative action to stabilize finances and operations at Hennepin Healthcare, including Hennepin County Medical Center (HCMC). I am also an ICU doctor and surgeon who has worked with and seen the important impacts of the physicians and teams who care for patients at HCMC.

Hennepin Healthcare faces a financial crisis that threatens its public service to Minnesotans. As a surgeon and University of Minnesota Medical School professor, I see a painful reality for our state, its patients and our collective ability to train the next generation of Minnesota's doctors without legislative intervention that recognizes Hennepin Healthcare's irreplaceable role in Minnesota's healthcare.

As the practice for the University of Minnesota Medical School faculty, UMP faculty physicians not only care for patients with Hennepin Healthcare, but they also teach and train the next generation of Minnesota's doctors alongside others at HCMC. Hennepin Healthcare's mission is to ensure access to outstanding care for everyone, improve health and wellness, and to teach and conduct research. UMP and our faculty doctors recognize Hennepin Healthcare's critical responsibility to care for all patients who walk through its doors.

Every health system in Minnesota has a unique role in meeting our state's needs. Rural hospitals and clinics are the first source of care for patients outside of metro areas. By design, they must refer patients to higher levels of care located in the population centers, where each hospital also has a market-driven

niche of services. Some hospitals focus on heart care, others organ transplant, and equally important are those that specialize in the highest levels of trauma care. Hennepin Healthcare does it all – exceptionally well – across 500 beds at HCMC, and they do it for a majority of rural communities across Minnesota. They are also only one of three hospitals in the metro area that provide the highest level of adult trauma care and one of only two that provide the highest level of pediatric trauma care. They do it for patients regardless of where they come from and when they are most in need: following car accidents, severe burns and gun violence.

Without Hennepin Healthcare, there would be a void in Minnesota’s ability to care for these patients. Yes, neighboring hospitals could adapt, but it would take time with critical institutional knowledge lost. I often say that our hospital at the University of Minnesota is a 1,200 bed hospital with only 900 beds. Simply put: While possible, it would be extremely difficult for Minnesota to sustain the loss of 500 beds that are just as in need as other beds in hospitals across the Twin Cities.

As a major clinical training site – both in partnership with the University of Minnesota Medical School and as its own hospital system – Hennepin Healthcare also supports medical education for nearly one third of our state’s future doctors. It is home to 22 medical residency and fellowship programs, which include Minnesota’s largest residency training programs in Emergency Medicine and Family Medicine. These two programs alone are essential for the health of Minnesotans, from primary to secondary to tertiary care. If Hennepin Healthcare faces closure, and these programs with it, Minnesota would lose more than 20 new, talented emergency medicine and family medicine doctors it would otherwise graduate every single year. These are often the first doctors patients would see whenever they need care, and there are already too few of them to go around.

This reduction would be in addition to the 20 internal medicine physicians, 12 general surgeons and eight psychiatrists that Hennepin Healthcare trains and graduates for out state each year. Without these new doctors to replace the one in every five Minnesota doctors who plan to retire or leave practice in the next five years, our state’s patients will face even greater barriers to accessing the care they need. Training the next generation of doctors is one of Hennepin Healthcare’s most essential contributions to Minnesota – and it is imperative that it continue with legislative support.

I respectfully ask you and the Committee to support sustainable funding mechanisms to stabilize Hennepin Healthcare’s service to Minnesota, including the repurposing of the ballpark sales tax. It is essential to for both the near- and long-term future of Minnesota’s care for our neighbors.

Yours,

A handwritten signature in black ink, appearing to read 'Greg Beilman', with a long horizontal flourish extending to the right.

Greg Beilman, MD  
CEO, University of Minnesota Physicians Professor of  
Surgery, University of Minnesota 720 Washington Ave  
SE  
Suite 200  
Minneapolis, MN, 55414