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PUBLIC HEARING

before

SENATE INSTITUTIONS, HEALTH AND WELFARE COMMITTEE

To examine conditions and patient care
in State psychiatric hospitals

April 9, 1987
Room 403
State House Annex
Trenton, New Jersey

MEMBERS OF COMMITTEE PRESENT:

Senator Richard J. Codey, Chairman
Senator John H. Dorsey

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ALSO PRESENT:

Senator S. Thomas Gagliano
District 12

Eleanor H. Seel
Office of Legislative Services
Aide, Senate Institutions, Health
and Welfare Committee

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Trenton, New Jersey 08625

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New Jersey State Legislature
SENATE INSTITUTIONS, HEALTH
AND WELFARE COMMITTEE
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March 26, 1987

NOTICE OF A PUBLIC HEARING

THE SENATE INSTITUTIONS, HEALTH AND WELFARE COMMITTEE ANNOUNCES A PUBLIC HEARING ON CONDITIONS AND PATIENT CARE IN THE STATE PSYCHIATRIC HOSPITALS

Thursday, April 9, 1987
Beginning at 10:30 A.M.
Room 403
State House Annex
Trenton, New Jersey

The Senate Institutions, Health and Welfare Committee will hold a public hearing on Thursday, April 9, 1987 beginning at 10:30 A.M. in Room 403 of the State House Annex, Trenton, New Jersey for the purpose of examining the quality of patient care at the State psychiatric hospitals. The committee is interested in examining this issue from the viewpoint of former State psychiatric patients, their family members, patient advocates and employees of the State psychiatric hospitals.

Address any questions or requests to testify to Eleanor Seel, Committee Aide (609) 292-1646, State House Annex, Trenton, New Jersey 08625. Persons wishing to testify are asked to submit nine copies of their testimony on the day of the hearing. The chairman may find it necessary to limit the number of witnesses or the time available to each witness.

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SENATOR RICHARD J. CODEY (Chairman): Good morning. I would like to start today's hearing. I want to apologize for starting late. One of the reasons was, there was a major accident on the Turnpike, which kept some of us from being here on time. Joining us today will be Senator Gagliano, who represents Monmouth County.

I would like to make a brief statement before we hear from our witnesses. I would like to read a short passage from a speech that was once given to the New Jersey State Legislature, and I quote: "I come to ask justice of the Legislature of New Jersey for those who, in the providence of God, are incapable of pleading their own cause, and of claiming redress for their own grievances. Be patient with me. It is for your own citizens that I plead. It is for the helpless, friendless men and women in our very midst I ask succor, into whose broken minds hope and consolation find no entrance. The foul air of those dreary cells still oppresses my breath; the clanging of whose heavy chains still sounds upon my ear. Have pity upon them. Have pity upon them." These words were part of an address given to the New Jersey State Legislature by a noted reformer named Dorothea Dix on the subject of care for the mentally ill. This speech was delivered 140 years ago today.

It would be foolish to say that we have not progressed in caring for the mentally ill in the past 140 years. We no longer have shackles or chains or any of the other outward signs we normally associate with inhuman treatment. Today, however, we have something much more sinister which pervades the institutions -- sometimes a lack of compassion, and a lack of caring. As hard as it is to believe, we still have evidence of some primitive treatment of the mentally ill similar to that described by Dorothea Dix in the year 1845; for example: Patients sleeping during the day in a small, bare room devoid of any furnishings except for a primitive bed; ill-fitting,

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mismatched clothing thrown carelessly at a group of patients herded into the common areas; workers sometimes sleeping on the job, while a patient urinates in his bed throughout the night; a worker carelessly handing a cigarette butt to a patient, who hungrily eats it.

Were these merely isolated incidents that I happened to observe during my time at Marlboro? I had hoped they were isolated incidents but, unfortunately, they may not be. Since that time, I have spoken to scores of people -- ex-patients, their families, and employees as well. It appears from many of these conversations, and from letters I have received, that these incidents are indicative of some conditions that still pervade all of our State mental hospitals.

We are convened today to hear from some of those people who have had firsthand experiences at our State institutions. There were many who wanted to speak, but will be unable to do so because of time restraints. To those people I offer my apologies. To those who will come forward, I thank you for your willingness to talk about a subject that is not easily discussed in public.

We are not here to blame anyone, not the Department of Human Services, nor the hospital employees. As I have stated many times, there are many dedicated employees who do a fine, an excellent job under trying circumstances. Our purpose today is twofold: First, we are trying to raise the collective consciousness of the public. The mentally ill are people we don't talk about; people we try not to think about. They don't vote in large numbers; they are not a powerful constituency. Perhaps today throughout the testimony which will follow, we can convince people that the inhumane treatment of the mentally ill is a tragic problem that needs our immediate attention.

Second, and most importantly, I hope these hearings will be the start of immediate action to improve conditions at our hospitals. The time for study commissions and reports is

over. Dorothea Dix addressed the Legislature over 140 years ago and called for improved conditions. Today we are still pleading for the same reforms, that the mentally ill, who through no fault of their own must live in an institution, can do so with some measure of dignity and self-respect.

Our first witness today will be Mr. William Butler. Mr. Butler, thank you for coming here today.

W I L L I A M J. B U T L E R: As a matter of public record, I would like my testimony today to be dedicated to my mother and father who, through 25 hospitalizations, in six different institutions, in three separate states, have loved me and nurtured me and been with me, even to this day. I thank God that in his divine providence he has watched over them as I have suffered and struggled.

I must say, Senator, that I am a bit intimidated speaking to a convicted felon -- and a dead one at that. (laughter)

SENATOR GAGLIANO: I hope you are not referring to me.

MR. BUTLER: Yet, I represent the many thousands of patients, both living and dead, in our State hospital system. I will address this part of our healing process in an original poem, or concept, using the phrase "what if?" and incorporating the types of abuses we have survived.

It is April, 1979. Having just attempted suicide, I am transferred to the Intensive Treatment Unit of Marlboro Psychiatric Hospital. An injectable medication of Sodium Amytal is prescribed. The shot, though intramuscular, is especially painful that night. Two Human Services technicians take my clothing. The door is locked as they go out. The light is left on, for some strange reason, and for some reason the air conditioner is on, and is to remain so all night long. There is a very thin mattress, and profanities are inscribed on the wall. In the profound reality, I wished that the suicide attempt had been successful.

Locked within an already locked environment, I start to witness patients who come by the window to offer some support, and who get yelled at by attendants to get away. Fortunately, I have not met with the same violated existence as some other patients have. I was able to shower and use the rest room facilities outside of that locked door. Ever since that day, I have asked myself the following questions, with the words, "What if?"

What if I should survive this holocaust? What difference will it make?

What if I was strapped to a bed for days and died?

What if there was no level system at the hospital, but accessibility for patients to enjoy the grounds and have a swimming pool, and have other necessities of human life?

What if the housekeeper would just get out of the way, just until I had enough time to get in and out of the bathroom, and call me Bill, instead of that horrible compound word beginning with the term "mother"?

What if those younger attendants see my hidden wisdom, inspire my potential, and not need so much control and authority to assert their own self worth?

What if all of the attendants could be like the majority of attendants, who took us on trips, fishing, and to Asbury Park to watch the fireworks go up, and all they did for any kind of gratitude was say, "Don't mention it; it was my pleasure"?

What if I could talk to the people who have died in State institutions? Would I still have the time to love them once again? Could they help me to guide my path even now?

What if I could help to provide change, and not merely the need? Would you still give a damn about me?

What if 45% of the hospital admissions did not wind up at Marlboro Psychiatric Hospital, and what if 88 of the 100 admissions that come back in that percentage did not have to

come back? Where would they go now that cities such as Long Branch and Asbury Park are in redevelopment?

What if it wasn't the known felons who abuse, but those who have no criminal record? Are we still safe?

What if New Jersey was fifth in mental health funding for community projects, and not thirty-eighth? Would we see marked improvement?

I speak with the realization that we look for innovative ways and means, guided by love, the antithesis of abuse and neglect. Compare and contrast the what if statements to the ultimate bottom line -- only if. Only if we pull the entire resource of testimony in this room today can change be effected, and we will then proceed only as far as the most resistant person allows us to proceed. Let no one in this room be that most resistant person when life itself hangs in the balance. Let our motivation inspire this healing process on behalf of my beloved friends.

Sincerely, William J. Butler, Training Assistant, Staff Development, Marlboro Psychiatric Hospital.

SENATOR CODEY: What about the clothing given to patients at Marlboro -- the clothing that I saw and that you see?

MR. BUTLER: Senator Codey, there were times when I was in certain units as a patient in the hospital where I had to wear shirts that were torn off between the elbow and the wrist, not because the staff was vindictive, by the way, but because that was the only thing we had. We rummaged through everything. I testified at Marlboro Psychiatric Hospital, sir, a few days ago, in front of the Commissioner of Human Services. I spoke with the Mayor of the township, Mayor Saul Hornik. He wanted me to get together with him, to call him -- to take the initiative to call him on Monday, to get some clothing in a clothing drive from Marlboro Township for the patients at the hospital. However, when I visited on behalf of

the Coalition of State Consumer Organizations-- I found out when I went to the Child Treatment and Diagnostic Center in Brisbane -- the Arthur Brisbane Child Treatment Center in Allaire -- that the children there were issued clothing from Sears and J. C. Penney's. I would like it if the 800 people who I speak for today at that hospital could be afforded that same opportunity, and if moneys could be appropriated to that end.

SENATOR CODEY: Senator Gagliano?

SENATOR GAGLIANO: Mr. Butler, I appreciate your being here. I also want to extend my thanks to Senator Codey, who is the Chairman of this Committee. I am a representative of the people of the Twelfth District. Marlboro Psychiatric Hospital is a part of that district. Of course, it serves several counties, and thousands and thousands of people who are outside of my district, but over the years we have received complaints in various forms and in varying amounts about the operation of the hospital.

For the most part, the concerns we had were for those patients who were able to walk off and be out in the community, and who would find out they didn't know who they were. They would be hitchhiking on country roads. There was a great deal of concern about them and their safety, and also about the safety of the residents in the Marlboro area. However, I must say that Senator Codey, through what he did, I think, performed a public service, because we are now, for the first time since I have been in the Legislature -- almost 10 years -- really looking into the operation inside the walls.

I sat through quite a bit of the hearing the other day in Marlboro, and I was very impressed with the testimony and with the sincerity of all of the people in their concern for the patients. I asked Senator Codey if I could be here today, because I would like to hear some more. I am sure he will give us the leadership necessary, so that whatever legislation must come out of this will be moved along.

I am happy that you came here. I think that for all of the people -- as Senator Codey has said -- for all of the people who are patients, or friends of patients, or relatives of patients who testify here today-- We know it takes a lot of guts, and we appreciate it. Thank you.

SENATOR CODEY: Thank you very much, Mr. Butler. Our next witness will be Witness A. Thank you for coming.

W I T N E S S A (Husband): Senator Codey, distinguished members of this Committee: My wife and I came here today to support your findings and to exemplify some of the horrendous things that have happened to our daughter while staying at Marlboro State Hospital for the last three years. I am going to make my comments brief, because my wife has written quite a few things which perhaps you would like to hear.

My daughter -- I believe she is 32 now -- will be a resident at Marlboro State Hospital for three years come June of '87. In the course of this time, my daughter has become pregnant on two different occasions. I can assure you that as a result I sought the advice of an attorney. The attorney said that this was statutory rape. Statutory rape, I believe, means that the person is in no mental condition to give consent to a sexual activity. I don't know whether that is a fair appraisal, but that is my own.

On the first occasion, it was quite shocking, to say the least. My bride teaches school, and I believe I have an outstanding status in the community. One does not like to have these things brought out in public. So, we have always been very confidential in matters of this nature, and careful about whom we discussed them with.

We were fortunate, on the first occasion -- whether you in the audience believe it or not-- Abortion is right, at the right time. We did have the abortion. The expense of this abortion was not brought onto the State. It was brought onto us. We arranged transportation to a local hospital, and paid

the burden. But the burden was a little one for the cost. It eliminated a big problem. We do not need to propagate mentally impaired people having children in a hospital where such courses of action should never take place.

On the second occasion -- another shocking event; so shocking it almost devastated me -- my wife and I made every possible attempt to get our daughter to consent to another abortion. She was drugged to the point where one couldn't talk to her rationally. This is a very intelligent girl. I said to her, the last time I spoke to her, "Kath, I'll take you out of that hospital--" (witness starting to cry)

SENATOR CODEY: Take your time, sir.

WITNESS A (Husband) It hurts.

SENATOR CODEY: I understand.

WITNESS A (Husband): I said, "I'll take you out of that hospital, bring you home, and care for you myself." I couldn't do this without an awful lot of dedicated time, but my daughter couldn't appreciate the fact that I was willing to do it. She said, "No, I am going to have this baby." She was talking irrationally, because the most important thing to anyone in a mental institution is to want to come home. That is a prevalent thought.

That baby was born. I informed one of the Judge Advocates of the situation in the State. I spoke to an attorney, who represented her in the normal course of events in a trial hearing. I said to the lawyer, "Please inform the judge that my daughter is in the early stage of pregnancy, and I want the pregnancy terminated." This lawyer did not mention it to the judge. It was not even mentioned. It is as if you sweep this kind of stuff under the rug. I am sure your findings compare somewhat with what I am trying to explicitly state here today.

That child was born allegedly healthy. I don't know what the ramifications will be of the medication my daughter

took through these years, but the child has been adopted. I hope it never happens again.

Thank you for the courtesy of hearing me.

W I T N E S S A (Wife): I may reiterate a little bit. We didn't coincide our things, so if you hear it again, please bear with me.

I want it on record that my daughter, Katherine, while a patient at Marlboro State Hospital, has been misdiagnosed, mistreated, given wrong medication and, not only given wrong medication, but medicine which is contraindicated, which was listed in the PDR in 1982 and before. She has been impregnated twice while a patient there, has been presented a Marlboro bill and, as a final injustice, has had a lien put against her.

In November, 1981, Kathy saw Dr. Peter S. Mueller of Princeton, New Jersey, and subsequently was diagnosed by him as having an organic illness -- psychomotor epilepsy. She responded immediately under his care, and in April, 1982, was hired as a computer programmer, doing an excellent job until she went off her medication, and was hospitalized in Marlboro, October 24, 1982 until December 15, 1982. Based on my new diagnosis for Kathy and the very favorable results with Dr. Mueller, I contacted Dr. Hayes regarding Kathy. On Wednesday, November 3, 1982, I had a personal appointment with Dr. Hayes in ITU. I took much literature to Dr. Hayes pertinent to Kathy and her proper treatment.

Dr. Hayes commented that, yes, she had read stuff like this before. I asked her if she would review it. She said that if she found time, she would look it over. She told me Kathy would be seen by Dr. Hoheb of Marlboro Hospital for evaluation. She said that Dr. Hoheb knew Dr. Mueller from Rutgers. I immediately said, "Please show Dr. Hoheb the literature I brought, and ask him if he would call Dr. Mueller and confer with him."

I told her that I had given Kathy's diagnosis and Dr. Mueller's name and telephone number upon admittance to the hospital, and had asked that he be contacted. Dr. Hayes said that she would show Dr. Hoheb the literature, but that he was very busy, and probably would not have time to read it. She told me that Dr. Hoheb might not agree with Dr. Mueller. She told me next that she thought Kathy was doing very well on the Prolixin Cogentin also being given, and how did I find her? I told her I was interested in getting the treatment that was in Kathy's best interest, and that it had previously been proved in Kathy's treatment that she did much better when she was not on anti-psychotic drugs. In fact, they were harmful to her.

I told her that I had so informed Dr. Linn on admission. I then asked if she was still on Tegretol, and she said yes. I advised her that I had brought Kathy's own Tegretol, as some lots of Tegretol were causing problems; however, I was advised that it was not hospital practice to use the patient's own medication. They -- Dr. Linn and the admission lady -- did, however, note the lot number on the bottle, and put down on Kathy's record that she should receive this lot number.

She then told me that Kathy had had a blood test for Tegretol level, and I asked what it was. She said it was sent over to the lab and did not come back. I then asked what level she was looking for, and she said that she would have to check the chart to see about that. She asked me what level I thought it should be, and I told her between eight and ten micrograms per mil. I then asked her if I might take Kathy to consult with Dr. Davies at Fair Oaks Hospital in Summit. I said that my husband and I would take her there and return her. She -- Dr. Hayes -- said, "No problem. I'll just write a pass for her and you can come and pick her up." Then I left.

November 3, 1982, Wednesday evening: Based on Dr. Hayes' approval of a consultation with Dr. Davies, I made an

appointment for Monday, November 8, at one o'clock. November 5, 1982: I called Dr. Hayes to inform her that the consultation had been set up for Monday, and would she please take care of the pass for me so that I would have no difficulty when I arrived. Dr. Hayes said that she would call back; she wanted to consult with her staff. She said that Dr. Hoheb had seen Kathy, and that he was in agreement with her on the treatment. I asked if Dr. Hoheb had contacted Dr. Mueller, and she said that Dr. Mueller was way out, and that not too many doctors did things like Dr. Mueller. I told her I would only be at home for another hour, and could she please call me before then. She said she would. The hour came and went, but no call.

At 3:10, I called back. Dr. Hayes then said that she would not give me the pass. I told her that based on her permission, I had made an appointment. She said that the staff at Marlboro was satisfied with Kathy's progress, and did not want another opinion. I said that since the hospital and Dr. Mueller had different methods of treatment, it would seem logical that a third party be contacted. She again repeated that the staff was satisfied with Kathy's progress, and would not allow this consultation. I asked her who the staff were, and she said Dr. Hayes, Dr. Linn, and the nurses on the floor, at which point I terminated the conversation.

November 8, 1982: Kathy signed papers addressed to the Director of the hospital and Dr. Hayes requesting a consultation with Dr. Davies. Dr. Hayes had told Kathy that she could not go to see Dr. Davies; that he would have to come to her. Dr. Hayes was out for two days, and Kathy was moved to a cottage. On November 10, 1982, I called Dr. Wang at the cottage and requested his permission to take Kathy to see Dr. Davies on November 11. He said it would be all right.

On November 11, Kathy saw Dr. Davies. Dr. Wang was sent a report from Dr. Davies. I also took Dr. Wang a letter

dated 12/7/82 from Dr. Mueller. On December 15, 1982, Kathy was discharged. On January 10, 1983, Kathy was readmitted to Marlboro, to remain there until May 23, 1983, when she was released, after an abortion, on an extended home visitation, awaiting acceptance at NIMH.

On January 12, 1983, Kathy was treated in ITU for a cyst on her thigh. She told me she was treated by a Dr. Qugens. Kathy told me that she told the doctor, when told that she would need an antibiotic, that she must not have Erythromycin because she was taking Tegretol. You must never take Erythromycin with Tegretol. Nevertheless, she was given this medicine. It is listed in the doctors' reference book, available to all, that Erythromycin is never to be given with Tegretol. As a result, her blood test showed low levels, with a fear of bone marrow depression. Tegretol was discontinued. Kathy spent the next four months without Tegretol. In her words, quote: "After the discontinuance of Tegretol, I began to have short blackout type spells, wherein remembrance of my activities escaped me. I was not in my right mind at this time."

In this time, and under these conditions, she became pregnant. Kathy was again admitted to ITU on 3/27, agitated and excitable. She had put her hand through a window. She requested stitches; however, the request was denied. On 4/26, Kathy's hematology was normal, and Tegretol was resumed. Kathy's observations during this hospital stay were as follows: Attacked by other patients on seven occasions; she was thrown on pavement and kicked; thrown on floor; knocked from chair; knocked on the pavement and head slammed against walk; was hit in the jaw with fist. She was sprayed down with fire extinguisher liquid. She was given medicine that was not prescribed, became quite ill, and recognized the reaction to be that of an anti-psychotic drug. She suffered from athlete's foot. Loud noises and the turning on of lights at night disturbed her rest.

Prior to 4/24/83, she had lost three toenails, and another toenail and thumbnail were black and blue and starting to come off. Also, another cyst on opposite thigh developed. When walking around she felt off balance, as though falling to one side. In May she wrote, "I require release, as Cottage 12 is a place noted for brutality among patients, as well as a constant source of noise and confusion. Threats occur almost daily, and obsenity is the only language some patients seem to know in conversation. Marlboro is an abuse to a reasonably sound mind. I plead for release."

She was released to have an abortion on May 19. Regarding the pregnancy, when Kathy became concerned that she might be pregnant, she asked for a test on several occasions, but it was never performed. Consequently, a letter was sent to Dr. Wang requesting a test immediately. When the results were positive and it was ascertained that she was nearing the end of three months, Dr. Wang informed me that the hospital would not take care of this matter. It would have to be taken care of by the family. He said he had made arrangements for her at Red Bank Surgi Center.

I took my daughter there and paid the $200 fee. Kathy was to return to Cottage 12 after her abortion. I said to Dr. Wang, "If she needs an antibiotic, you have it on record, do you not, that she is not to receive Erythromycin? He said to me, "Why, is she allergic to it? We know she is allergic to Penicillin." I said, "It is never to be given with Tegretol. That was underlined in the paper I gave you previously. Please have it put down immediately so that it is a recorded fact."

After all this literature, the doctor still did not know that Kathy could not take Erythromycin because of its toxic effect when combined with Tegretol. Perhaps he never realized that Kathy's previous problem was caused by this combination.

June 7, 1984 -- excuse me a minute. (witness pauses, then continues) Soon after Kathy was admitted to Marlboro, a

bill dated June 25, 1984, addressed to her, was sent to my home, in the amount of $908.14. It was for her last admission; $12,693.62 was paid through Kathy's insurance policy to Marlboro. The amount billed Kathy was for the remainder of the total bill of $13,601.76. A while later, Kathy said that she had received a bill from Marlboro at the hospital where she was a patient. She was most distressed by it, and worried about how she would pay it since she was without money, and ill.

Following this -- dated October 17, 1984 -- came an institutional lien for Katherine, with Marlboro Psychiatric Hospital as the institution making claim. It stated: "Notice is hereby given that the amount of delinquent maintenance under this lien is $17,246.44, as of October 17, 1984, and will accumulate thereafter at the rate of maintenance in said institution as fixed by a court." The management of the institution or the State has permission from time to time, as provided by law, until the patient leaves the institution-- What a blow to give someone down and out. It would appear that the State of New Jersey has lost its heart.

July 19, 1984: Visited Kathy at Cottage 11. Nurse was telling her that the doctor would have to prescribe something for sore feet. Her back heel was rubbed sore. She was wearing shoes much too small. No one seemed to care when I told the nurse and orderly. Kathy went in to see the doctor and then came back to me. Dr. Kim was filling in for the regular doctor. He said he was prescribing an antibiotic. I said, "I certainly hope that her allergy to both Penicillin and Erythromycin were noted."

WITNESS A (Husband): Terminate that. I think we got enough detail.

WITNESS A (Wife): Both Penicillin and Erythromycin were on her record. He didn't comment on that, but said that what he was prescribing had neither. I spoke again later with the nurse, Mrs. LaPorte, and said that an allergy sticker

should be put on the front of Kathy's record. She said that she would take care of it right away. She said her own son was allergic to Penicillin.

Christmas, 1984: I took Kathy new clothes. She had them for a short time, and then they were all gone, never to be seen again. So it was with her own clothes that she felt comfortable with and had wanted to wear -- all of them gone. It was impossible to have any personal belongings at Marlboro. The clothes given by Marlboro oftentimes were ill-fitting and not appropriate.

Late 1984: We began meeting with Sylvia McGriff, a psychologist for Cottage 13. Papers were given on 11/20/84 to Sylvia McGriff, who passed them on to Dr. Hayes. In December, Miss McGriff was trying to implement a treatment plan for Kathy's seasonal energy syndrome. Dr. Mueller provided the information for a possible treatment plan for seasonal energy syndrome. On 1/16/85, I gave Sylvia McGriff information on Tegretol lot numbers that were now causing trouble. On 5/4/85, Dr. Mueller outlined further information to her in a letter. Blue/green Polaroid glasses were needed by Kathy, which I provided, but they, too, were soon gone.

I wish to commend Miss McGriff for her willingness to communicate and seek outside help, something I had been requesting the doctors to do for many years, but without success.

On 12/21/85, I received a telephone call from Dr. Hayes, notifying me that Kathy was pregnant and was taken off medication. Christmas, 1985: Once again, all presents of clothing taken to Kathy, and a new pair of long-distance glasses so she would be able to see, were soon never to be seen again.

On 12/27/85, I was notified by Dr. Fernandez that Kathy had had a seizure, and was being sent to Monmouth Medical Center in Long Branch. Dr. Kihana, in ITU, witnessed the

seizure. I was told that she was in seclusion when it happened. It was a grand mal seizure, and at Monmouth Medical Center Kathy was not seen by a neurologist; no EEG was given; and she was returned to Women's 2 at Marlboro. Tegretol was resumed.

I was totally disheartened by the fact that no EEG had been given her at Monmouth Medical Center. The best time to confirm a neurological illness is while off all medication and right after the seizure happens.

I spoke to Robin Kosten of the Public Advocate's office regarding the fact that no EEG was given to Kathy. I sent Mr. R. Friedermann -- Public Advocate's office -- 12 articles pertinent to Kathy. On 1/2/86, Robin Kosten reported to me that Kathy was taken to Dr. Rhee and Dr. Gilson, neurologists, and given an EEG, but she was then six days back on Tegretol, and the EEG was normal.

Next I was asked by Mr. Reece, a social worker at Women's 2, to come to a meeting regarding an abortion, which Kathy had agreed to. They had a paper to sign, and wanted the signature of next of kin. Mr. Friedermann advised me to write a disclaimer on the paper, stating awareness of abortion, but "do not have power to authorize." No one had asked us to sign the last time. Dr. Wang had made the arrangements at Red Bank Surgi Center.

I met on January 9, 1986 with Mr. Reece, Dr. Kanthan, a psychologist, and Kathy. Kathy was lectured to regarding the abortion-- Oh, excuse me. May I start that again?

I met on January 9, 1986 with Mr. Reece, Dr. Kanthan, a psychologist, and Kathy regarding the abortion. Kathy was lectured to, that with her seizure and having been on medication, the baby might not be all right. Kathy was angry, and did not agree to an abortion. We went on with the meeting without Kathy. Mr. Reece had said that the abortion clinic would not accept Kathy's signature. I told him this was not

required at the Red Bank Surgi Center, and that he could call there.

If you will excuse my notes, that is not quite correct either. Mr. Reece had said that the abortion clinic would not accept Kathy without a signature. I told him this was not required at the Red Bank Surgi Center. Kathy's signature was all that was needed.

No abortion was performed, however, and Kathy went on to deliver a normal baby boy on July 13, 1986, despite having lost weight, being anemic, and seeing a gynecologist rarely. By then I had begun trying to get Kathy placed in another hospital, but ran into troubles with her diagnosis and insurance coverage. I tried McLean Hospital, Hampton Hospital -- both psychiatric hospitals -- and I am now trying a general hospital -- the University of Maryland. I had asked Dr. Wang for a neurological diagnosis and details of her seizure. Kathy had given me a consent for this. I never received it. I am now communicating with Dr. Wilson to see what can be done to get Kathy to a hospital which can address her problems with expertise.

Which now brings me to some questions: What are the rights of a patient who is committed to a State hospital who is impregnated while a patient in this condition? Is this statutory rape? Who is responsible? It is, by definition, rape if she is not competent and cannot give consent. This is particularly flagrant, since she was impregnated twice in the same hospital.

In terms of other matters, there are some major questions which must be answered, and problems which require correction. Why are there no alternatives to State psychiatric hospital commitment for patients with neurological disturbances with secondary behavioral problems? It is quite clear from my personal experience, that the staff and facilities are absolutely unprepared to deal with such medical neurological

problems. Moreover, almost always these patients are mistreated, by the administration to them of harmful psychiatric medicine. These medicines not only make the neurological condition worse, but are also fraught with multiple serious, and even permanent, side effects. It is also clear that even when proper medication is given for the neurological problems, the unbelievable ignorance of the staff leads to even further complications. This was quite clear with the administration of Tegretol to my daughter. My daughter suffered severe complications when the Erythromycin was given concomitant with Tegretol, despite the warnings from the PDR and outside doctor, and literature and personal reminders from me. Not only that, but after this disaster occurred in '83, it has been repetitively not documented in the chart. Only by Dr. Mueller's and my reminders was Kathy kept off Erythromycin.

Why does the hospital refuse, or at least resist, documenting neurological disease? In my case, this is particularly distressing because my daughter has private medical insurance which would cover private hospitalization for neurological illness, but no private hospitalization for psychiatric illness. Even when Kathy had a clear-cut physical seizure with her epilepsy and was finally sent to a private hospital: a) She was not seen for over four hours; b) it was under the direction of the State hospital, and she was returned within approximately eight hours; c) she was never examined by a neurologist; d) she never received a diagnostic work-up, particularly the critical EEG, which would have had its best chance of being positive during this period of having the seizure.

Finally, what is the proper way for the family to intervene in such situations? We want to be constructive, but we also want to have something done as soon as possible. No one seems to care within the hospital system what the hospital must suffer in having to take care of its difficult patients.

Thank you.

SENATOR CODEY: Senator Dorsey?

SENATOR DORSEY: No, thank you.

SENATOR CODEY: Thank you both very much. I appreciate your courage in coming forward today. Thanks again.

WITNESS A (Husband): Thank you, Senator.

SENATOR CODEY: Is Witness C here? (affirmative response) Go right ahead.

W I T N E S S C: Senator Codey, Senator Gagliano, and the other members of the Committee: I speak to you today as a former patient of Marlboro Psychiatric Hospital. Being in Marlboro as a patient was the most painful and frightening experience in my life. Between 1975 and 1985, I was in Marlboro on four separate occasions. My average stay there was one month. The last time I was there -- in '85 -- I was there between two and three months.

My most painful memories of Marlboro center around my experience of being put into seclusion. I remember the very first time. I had been drugged and was unconscious when I was brought to Marlboro. I woke up, and I was freezing cold. I was wearing a short cotton dress that was unfamiliar to me. I was in a small room that had a window with bars on it. There was a huge metal door that was locked, with a small window which also had bars on it. I thought I was in jail. I didn't know where I was, or why I was there.

I could see outside the window, and it was snowing. But, for some reason, there was an air conditioner on which was blowing cold air. I was freezing; I kept crying out for a blanket, but there was no one to answer my cries.

The walls were concrete and the floor was concrete, and it was very damp. There was an unpleasant odor. There was a small, thin, plastic mattress on the floor. There was no place to go to the bathroom. If you had to urinate or defecate, you did so on the floor, and then a little later, when they threw your food in to you, you ate on that same floor.

Once in a while I would see a face at the window, but when I would try to talk to that person, he or she would just walk away. The length of time I was in seclusion, at any given time, ranged from maybe 24 to 72 hours, but I really had no concept of time. It was just an endless nightmare.

I felt powerless and helpless. All the times I was in Marlboro, I lived with the constant fear of being put back into seclusion, because it was not a method used as a therapeutic treatment; it was used more as a punishment, and it could happen at the whim of an attendant who got angry with you.

I felt as if I was a caged animal. My feelings ranged from desperation to feeling overwhelmingly frightened to anger. I had never felt so totally abandoned and isolated in my life. I don't believe that being in seclusion ever helped my condition; it only worsened it. All I could do was cry and pray.

There was one incident at Marlboro when a patient had sexually molested me, and I was trying to defend myself. An attendant saw me pushing this male away from me, and immediately called for the guards to come. They literally dragged me across the floor and threw me into seclusion. They would not listen to my cries of innocence, or to what had happened. The nightmare of fear and aloneness began again.

Another time I remember being removed from seclusion. I was put into a shower. How I welcomed the water, its vitalizing refreshment. It felt so good to me after standing or sitting on the floor or on the mattress. I was so grateful that they had taken me out of seclusion. But, after the shower, I was brought right back, and was put in the same cell they had taken me from. I felt betrayed. They had given me a taste of what life was, and then taken it from me again. I was angry and full of despair, as I was forced back into my prison of isolation.

On another occasion when I was in seclusion, I remember having the cell door open, and four huge male guards jumping on me, struggling with me, forcing me to the ground, twisting my arms and legs, and holding me down. They then forced me to be injected with a needle. They left me physically hurt and crying. I suffered more than once as a victim of drug overdose at Marlboro, the kind of overdose that causes you to act like a mindless zombie. I still remember walking into a brick wall three times and hitting my head and falling down. I had no power to control my actions or to stop myself from doing this. I vowed that if I ever got out of Marlboro, I would never again let anyone give me Thorazine.

There was a time when I had a verbal encounter with a male guard. He weighed about 250, 275 pounds. He grabbed me and threw me across the room. The next day, when I started to get dressed, I noticed that I had black and blue marks on my entire upper arm. I felt that since I had physical proof of what had happened to me, I could do something about it. So, I said I wanted to file a complaint. They called two men, who came. They were dressed like security officers. I think they were Marlboro Police. They took me into another room with a nurse, or an attendant, who was supposed to be a witness. They asked me about my complaint. I had several complaints, including the one about my being sexually molested.

They wrote everything down; they took very careful notes, and they questioned me. Then they left and, of course, nothing happened. When I got out of Marlboro, I decided to follow-up on my complaints. So I contacted the Public Advocate's office, and an advocate went there and investigated. They had no record of any complaint by me, ever.

One of the most painful problems is, the abuse does not end when you leave Marlboro. It continues in the flashbacks you have of the hell you cannot forget. It continues when your brother stops talking to you. The abuse

continues when you are fired from your job as social worker with New Jersey Medicaid because they learned that you had been in Marlboro. It continues when friends who do not understand walk away and leave you alone, stigmatized forever as a mental patient. Then you have to deal with the abuse from society, all because you have been there, in that hell you could not imagine God would ever conceive, called Marlboro.

Thank you for allowing me to say this.

SENATOR CODEY: Thank you very much. Our next witness will be Catherine Becallo, Director of Project Transition, Monmouth County Board of Social Services.

C A T H E R I N E B E C A L L O: Good morning. I have to ask that you bear with me just a little bit. I have a cold, and--

SENATOR CODEY: That's all right. Go right ahead.

MS. BECALLO: --I am a little on the nasal side. My name is Catherine Becallo, and I am presently the Director of Project Transition. Project Transition is the umbrella name for a series of mental health programs sponsored by the Monmouth County Board of Social Services for the past 10 years at Marlboro Psychiatric Hospital. In the future, I will refer to it as MPH. Collectively, these programs offer a system of services, including residential care for young adults, pre-discharge treatment for those nearing discharge, and follow-up care in the community for those who have problems with substance abuse or addiction in addition to psychiatric impairments. Because this Project is based on the grounds of MPH, the program staff are in the unique position to observe the situation at MPH on a daily basis. This history of operating within a host setting has, for the most part, been a positive one. MPH has worked cooperatively with Project Transition and, in fact, provides Transition with two facilities on the grounds and maintains these buildings, in addition to other support services.

The Transition programs work closely with treatment teams on seven different cottages, and our staff have seen the dedicated efforts of many hospital staff who are attempting to provide quality care. We have, however, also seen these efforts hindered and sabotaged by a system that is, at best, chaotic and impersonal. It is because of this dichotomy that I am testifying today with much difficulty.

The personal care of patients is a major concern, especially to the Gateway House staff who work with clients housed in the cottages. Gateway House is our pre-discharge day treatment program; it is based on the grounds. Program members constantly report to Transition staff the shortage of soap, toothpaste, shampoo, and other necessary personal care supplies. As a result, the Transition programs have had to maintain a stock of these items to distribute to our clients. Clients are arriving at Gateway House on a regular basis in ill-fitting, wrinkled, torn clothing -- often inappropriate for the season. As this program is attempting to assist individuals in preparing for their return to the community, we have often had to send clients back to the cottage when their odor and personal appearance was too offensive to take them into the community. This has happened so frequently that one could conclude the cottage staff are not monitoring patient hygiene on a daily basis. There does not appear to be enough coats, gloves, shoes, and underwear in supply. Recently, a female patient missed two days of program because her coat had been stolen and another was not available. It is our experience that clients have great difficulty maintaining personal belongings due to the high incidence of theft of personal items, and a lack of lockers with locks. On numerous occasions, a number of female patients have arrived at the program wearing housedresses or skirts with no underwear. Two other clients arrived at Gateway House in the same clothes every day for a full month. Gateway House staff spent numerous hours attempting to have this situation rectified.

The present system at MPH causes patients to be transferred several times during the course of their hospitalization, sometimes four or five times within a period of several months. Each time a patient is moved, he must adjust to a new environment, a new psychiatrist, a new psychologist, a new social worker, new nurses, and on and on. Treatment plans are often redone by the new cottage, thereby interrupting the continuity of care in the hospital. In addition to the phenomena of "starting over" each time they are transferred, the clients often lose their level of privileges while waiting to be evaluated by the new team. This loss often translates to a person who had the privilege of walking on grounds without escort being put back to a level that requires he be in a locked area, simply because he was transferred.

I would like to give you a case example at this point: Between March, 1986 and September, 1986, a first-time MPH patient was transferred four times. She began on Admissions and was transferred to Cottage 9, then Cottage 10, and finally to Cottage 0 West. The client had achieved the highest level of privileges on Cottage 9, but was transferred on Friday afternoon to Cottage 10, and these levels were reduced. This meant that her privilege to go off grounds with her family was also canceled, and she remained restricted to the cottage all weekend. Due to the unavailability of a doctor, the client was not reviewed by the team until the end of the following week. The client was soon transferred to the Transitional Section, where the same process occurred. One can easily see how difficult it is for any individual to stabilize and return to the community against such odds.

Ridge Lane is the residential program component of Project Transition. As this program operates 24 hours a day, and because all members of this program are still MPH inpatients, MPH is contracted to provide emergency crisis backup services. Two major issues need to be addressed

regarding emergency response at MPH. On June 17, 1986 at 3:45 p.m., one client at Ridge Lane assaulted another. The assaulted client was thrown to the floor and continuously kicked. He managed to get up and run out of the house; however, on his way out a fire extinguisher was thrown on his back. The on-grounds police came immediately, and called for the grounds ambulance to come and get the client, who was then taken to the on-grounds clinic. There he was seen very briefly by the physician at 4:30 p.m., and sent back to the facility with only orders for Tylenol and a urine sample to be taken in the morning -- approximately 16 hours later. He arrived back at Ridge Lane at 4:45 p.m. Assessing this as inadequate due to the possibility of internal injuries, the nurse at Ridge Lane then began to call the clinic requesting that the client be checked more thoroughly. This procedure only consists of the physician writing an order to take the client to a medical facility off-grounds for x-rays. Another call was made at 5:15 p.m. At this time, the Administrative Nursing Assistant informed the Ridge Lane nurse that the doctor now on duty did not feel it was necessary to have another doctor examine the patient. The Ridge Lane nurse then had the switchboard call the original doctor at home. She informed him she was documenting in the chart his decision not to request further tests for internal injuries. The doctor then wrote the order.

A second incident occurred at Ridge Lane on August 17, 1986, when a program member reported to staff at 2:10 a.m. that she had taken approximately 20 Thorazine tablets. The Administrative Nursing Assistant was called at 2:10 a.m. She was called on the crisis line -- done by dialing 66 -- which automatically means that it is a crisis. She did not return the call until 2:40 a.m. The physician on duty and the Administrative Nursing Assistant arrived at 2:50 a.m. at the facility. Both decided to call for an ambulance so she could be given appropriate emergency care at a hospital. It took one

and one-half hours for the ambulance to arrive at 4:30 a.m., almost three hours from the time the incident was called in to the emergency crisis line.

The client was then transported to Freehold Area Hospital, and her stomach was pumped. When I investigated this incident, I questioned a MPH administrator regarding why her stomach could not be pumped at MPH. I was told that MPH did not have the medical facilities to pump a person's stomach. This administrator also told me to, "Join the club," when I questioned the delay in the ambulance response. The administrator then informed me that a private ambulance company was contracted to serve MPH, and that if they are told it is an emergency, they will respond sooner. Upon checking with my staff, I found that the ambulance company was informed by the ANA of the acute nature of this emergency.

There are many other incidents that I could relate to all here; however, time does not permit me to do so. These examples will hopefully give you some indication of the conditions at the hospital, and the nature of care that inpatients at Marlboro Psychiatric Hospital are receiving.

Thank you.

SENATOR CODEY: Thank you very much. Our next witness will be Donna Palumbo, Supervisor of Handicapped Services, Monmouth County Board of Social Services.

D O N N A L. P A L U M B O: Good morning.

SENATOR CODEY: Good morning.

MS. PALUMBO: Currently, as you stated, I am the Supervisor of Handicapped Services for the Board of Social Services in Monmouth County.

My client was a 50-year-old woman with cerebral palsy, who resided in her own apartment. She was ambulatory and independent in all activities of daily living, only needing attendant care for housekeeping services. Although she did have a speech impediment due to her cerebral palsy, she was

intelligible. This woman was a college graduate and world traveled. Her major problem was periodic depression, at times resulting in suicidal ideation and attempts, primarily through taking an overdose of her medication.

As I was a social worker and not a supervisor at the time, my role was to provide case management to physically handicapped and developmentally disabled clients in the community. That is a service designed to provide clients with a central point of information, referral, advocacy, planning, and service coordination. Once a client is admitted to any facility, the facility's social worker assumes that role of case manager. My social services to this client were initiated in September, 1983. She also received counseling services as an outpatient at a community mental health center.

Due to an overdose of medication -- a suicidal attempt -- on 1/4/85, client was admitted to the psychiatric wing of a community hospital. On 1/15/85, as client was not emotionally prepared to return to independent living, she was transferred to Marlboro Psychiatric Hospital. On 2/7/85, a reevaluation determined client's commitment to Marlboro for another three months.

I maintained periodic telephone contact with the social worker assigned to the client while she was a patient at Marlboro. When the facility social worker stated in a telephone conversation that the client had regressed, was withdrawn, and would not feed herself, I arranged to visit that client on 2/22/85.

This client, while in a medical cottage, was sitting in a chair; tied in, I was told, so that she would not fall. Within a few feet of her, directly in her view, was a screaming naked woman who was also tied to her chair. The client was extremely thin, tired, and weak. Due to her weakness, as well as severe contractures, she was no longer able to ambulate, she experienced difficulty sitting up straight, and she could

barely lift her arms or open her hands. Her tongue was swollen, interfering with her ability to speak. Client could only state she was thirsty, hungry, and wanted to return to her apartment.

I was most upset and concerned at these findings, and asked to speak with this client's medical physician. This was arranged, and the doctor explained that the client had been treated for pneumonia, but as of 2/18/85 -- a few days before my visit -- she had no fever, she was removed from all antibiotics, and she was cleared medically. When asked for my client's prognosis, this doctor was pessimistic and stated, "Cerebral palsy is a progressive disease, and she'll probably continue to deteriorate." I was appalled, as I felt a physician should know that cerebral palsy is not a disease, but a disability; that it is non-progressive, not progressive; and that it certainly is no cause for deterioration.

SENATOR GAGLIANO: What was the name of that physician?

MS. PALUMBO: Dr. Chu.

SENATOR GAGLIANO: Dr. Chu?

MS. PALUMBO: Yes.

SENATOR GAGLIANO: Is he still at Marlboro?

MS. PALUMBO: I believe so; yes, sir. I also-- Are there any other questions?

SENATOR GAGLIANO: That's all. I want that as part of the record. Thank you.

MS. PALUMBO: Okay, fine. I also asked to meet with the physical therapist and the dietician, due to the concerns about the client's contractures and apparent weight loss, and the client's expressed hunger and thirst. The physical therapist explained he felt client was too weak to participate in P.T. sessions, but agreed to work with her once she developed some strength. The dietician stated that a major issue was the client not eating. She explained that the floor nurses felt the client was capable of feeding herself, but that

she was lazy, manipulative, and wanted to be taken care of and, as a result, they did not want to feed her. I confirmed these statements with the floor nurse. According to the Marlboro social worker and dietician, the client's psychiatrist was in disagreement with the nurses, attributing all the client's problems to her depression. I then recommended that the psychiatrist write an order to the nursing staff that client be fed each meal. In addition, I suggested that an occupational therapist evaluate, and provide adaptive equipment which might improve her ability to self-feed.

I then, through reviewing the client's chart, became aware that the client had not been receiving any psychotherapy, so my final recommendation that day was that in-depth counseling services be initiated immediately to address the depression for which the client was originally admitted.

Before leaving Marlboro that day, I fed the client her luncheon meal. In observing the client in an attempt to feed herself, it was clearly evident she was physically unable to do so.

On 3/6/85, I was informed that this client had expired. I contacted the parents and strongly recommended they request an autopsy. They agreed, an autopsy was performed on the grounds of Marlboro Psychiatric Hospital, and the primary cause of death was determined to be bronchopneumonia.

Thank you.

SENATOR CODEY: Ms. Palumbo, as we all know, psychiatry, of course, is the art of communication. Have you noticed that there is an obvious problem of communication between psychiatrists and clients with regard to a language difficulty with some of the psychiatrists who have trouble communicating?

MS. PALUMBO: The client did have a speech impediment but, as I stated, she was intelligible, and if someone were to talk with her, she was clearly able to communicate.

SENATOR CODEY: No, I mean is there a problem with psychiatrists being unable to speak the language so that the clients can understand?

MS. PALUMBO: Do you mean with someone with a speech impediment, or somebody-- Just in general?

SENATOR CODEY: No, psychiatrists with foreign backgrounds.

MS. PALUMBO: I am most familiar with the physically disabled, and because of the level of intelligence of my particular client, I would say there should have been no problem with a psychiatrist being able to communicate with the client.

SENATOR CODEY: One of the complaints I have heard all along is that the patients are unable to understand the psychiatrists, so there is a language barrier as well.

Senator Dorsey?

SENATOR DORSEY: I don't think you are really answering Senator Codey's question. The question is, are the psychiatrists capable of understanding the patients?

MS. PALUMBO: Based on my experience, which has been limited because I work specifically with physically disabled clients who enter mental health facilities, I would not want to give an answer because I haven't had that much experience with the psychiatrists at Marlboro. This was my observation with one particular client who was representative of physically disabled patients at Marlboro.

SENATOR CODEY: Okay.

SENATOR DORSEY: Do we have a copy of your statement?

MS. PALUMBO: Yes.

SENATOR GAGLIANO: Ms. Palumbo?

MS. PALUMBO: Yes?

SENATOR GAGLIANO: With respect to your client, you said that an autopsy was performed and the diagnosis for death was some form of pneumonia. Was there anything else in that

diagnosis, or that report, that would indicate the presence of drugs, or anything else? Oftentimes, people die from pneumonia, but the pneumonia comes about as a result of something else that happened. The body stopped functioning, the person got pneumonia, and died. Nothing further?

MS. PALUMBO: It was all related to respiratory and pneumonia-oriented things, but the doctor had said -- as of 2/18/85 -- that he had cleared her medically of pneumonia.

SENATOR GAGLIANO: How long was that prior--

MS. PALUMBO: She died on 3/6/85.

SENATOR GAGLIANO: So, that was about two or three weeks after she was cleared of pneumonia-type problems.

MS. PALUMBO: His statement that she was cleared.

SENATOR GAGLIANO: His statement to her?

MS. PALUMBO: His statement to me the day I visited when I asked her prognosis, was that she had no fever, he had removed her from all antibiotics, and he had cleared her medically.

SENATOR GAGLIANO: From the pneumonia-type problems?

MS. PALUMBO: Yes.

SENATOR GAGLIANO: And you say the autopsy was performed on the grounds?

MS. PALUMBO: Yes.

SENATOR GAGLIANO: Is that usual, or do you know?

MS. PALUMBO: I didn't believe it to be usual. I believed they were performed in Freehold, but on that particular client, it was performed at Marlboro.

SENATOR GAGLIANO: Do you know whether or not it was performed by -- I think it was Dr. Becker who was in charge of that sort of thing? I can't remember who is in charge now. The County Medical Examiner-- Was it done by his office?

MS. PALUMBO: I am not certain.

SENATOR GAGLIANO: Would you be able to find out?

MS. PALUMBO: Yes, I would.

SENATOR GAGLIANO: Would you try to find out and let us know--

MS. PALUMBO: Yes.

SENATOR GAGLIANO: --if the County Medical Examiner did the autopsy, or if it was done by an in-house physician on the grounds, employed by Marlboro Psychiatric Hospital?

MS. PALUMBO: Okay.

SENATOR GAGLIANO: Will you try to find that out?

MS. PALUMBO: Yes.

SENATOR GAGLIANO: Thank you.

SENATOR DORSEY: One question.

SENATOR CODEY: Go ahead, Senator Dorsey.

SENATOR DORSEY: Ms. Palumbo, the circumstance which you cite-- Is it your feeling that that was a unique circumstance, or a typical commonplace circumstance at the institution?

MS. PALUMBO: Again, my experience with Marlboro Psychiatric Hospital has been limited, because I worked with a population that had been living independently -- more recently they had been living independently -- and have had more emotional problems. So, the last year or two has been when I had my first dealings with them, having to enter a psychiatric facility. I am anticipating that more and more people will be entering. My concern is the fact that this was my first example, and I was rather appalled at the quality of care.

SENATOR DORSEY: Then you don't categorize this circumstance as either unique or commonplace?

MS. PALUMBO: Based on my experience, I would say that I strongly advised my staff, as a result of this incident, to advocate for alternative facilities for clients who need inpatient psychiatric care.

SENATOR GAGLIANO: You don't recommend Marlboro?

MS. PALUMBO: I advised them to--

SENATOR DORSEY: I think she answered that very--

MS. PALUMBO: I advised them to--

SENATOR GAGLIANO: Avoid it?

MS. PALUMBO: Avoid it.

SENATOR GAGLIANO: Thank you.

MS. PALUMBO: Thank you.

SENATOR CODEY: Thank you again, Ms. Palumbo. Our next witness will be Edith Bang.

Mr. Taylor, I ask that any member of the press take any questions outside of the room. Go right ahead, Ms. Bang.

E D I T H B A N G: Good morning. My brother has been a patient in Marlboro State Hospital for the past three or four years. He has psychomotor seizures, which last--

SENATOR CODEY: Try to speak up, if you can, Ms. Bang.

MS. BANG: Before entering Marlboro, he hadn't had a seizure for one year due to the new medication. He had gotten epilepsy after returning from World War II. He had an injury to his head.

He was able to walk and to feed himself when he entered there. At the present time, he is bedridden, or tied to a chair, and has been for all of these years. I asked them to get him into a nursing home.

SENATOR CODEY: For 24 hours he is tied down?

MS. BANG: Well, either in a bed or in a chair, but now he has been in the bed. I tried to get him out of there and get him into a nursing home. They claimed -- for about seven months -- that they couldn't get a Medicaid card for him. I got Mr. Otlowski, and he got it within 48 or 72 hours for me. I made the application to Perth Amboy Nursing Home on my own, and he was admitted. He was transferred from Marlboro to there.

He wasn't there too long. When he comes out of a seizure, sometimes he swings. He is confused. They said someone had tried to force medicine into his mouth, which he knew didn't go with his other four medications. He pushed

the nurse, or he swung his hand, which he doesn't remember. So, whether he was in an epileptic seizure or not, we don't know. But, the nurse got a broken nose. Immediately, the doctors took him to Perth Amboy Hospital and had him signed back into Marlboro.

He wasn't there but a few days when my sisters and I went to see him. He had a broken hip. He had suffered so long, and complained, that by the time he got to Monmouth Memorial Hospital, the doctor said he had developed a stress ulcer from the pain and was bleeding internally. He also had pneumonia.

SENATOR CODEY: How did he break his hip?

MS. BANG: He slipped and fell, because when he came from the nursing home-- In the nursing home, they had given him a walker, and he was able to walk with that. But, down there he had nothing. I guess they put him in line for lunch or something, and he slipped. It took a while to get him there. He had the stress ulcer, was bleeding inside, had pneumonia, and a broken hip.

SENATOR CODEY: How long was it from the time he broke his hip until such time as he was given medical treatment?

MS. BANG: Maybe two or three days. They did surgery on the hip, and he developed a clot in his leg. When he went back to Marlboro, he wasn't there too long when he refused to eat. We didn't know whether it was depression or the type of food. But, they tried to force tubes into him, and that caused him to bleed internally again. He was returned to Monmouth Memorial.

In July, he was sent to the Freehold Area Hospital with a heart attack. Since then, when he returned to Marlboro, they said he needed bed rest, and he has been in bed ever since. On March 6, he entered the Freehold Area Hospital again, with gangrene of the left foot. Since then, he has had five toes removed. Six days after the operation, he was being

returned to Marlboro. I said to the doctor, "How can you return him there when you know what neglect has done? They are not going to care for the foot. Are you waiting for a leg to be removed?" My brother has been deteriorating constantly since he got there. He went in a healthy, walking, talking man who could feed himself.

They have him in bed. They have taken his private dignity away. They don't even take him out of bed and put him on a commode. They have a diaper on him. He says the diaper cuts his stomach and his back. This is how they bring him in a chair to us when we visit. I have been in that visiting room, and I have watched them. They let the patients from cottages in there to visit male patients. I have seen so much spit and slobbers on the bench of two patients -- male and female. When she was ready to leave, she pulled her dress up and parted her legs, and had him bend down and look up. This is going on in front of visitors and other patients.

I have witnessed-- There is a machine where they have soda and cigarettes, and a lot of patients go there to get them. One patient was outside -- a female patient. A man came out. He wasn't a patient, because he had brown pants on, and a belt around his waist with tools. So, he must have been an employee. She asked him for a cigarette; he gave her that. She asked for a light; he gave her that. Then she asked for some of his soda, so he gave her that. Then he said, "There is something I would like to have for myself," and he told her. Hand in hand they went off. So, I have seen many things down there.

My brother used to be put in a chair with a leather or plastic seat, with no underwear on. There used to be a sheet. When the sheet fell off, I said to the attendant, "Can't you put that sheet back under him?" The attendant said, "What do you think, that we are going to hurt our backs all day long to keep putting a sheet under him when it slides off?" So, he

sits on that leather. This time when he went to the Freehold Area Hospital, he had two big holes at the end of his spine -- bed sores.

SENATOR CODEY: Bed sores?

MS. BANG: Bed sores.

SENATOR CODEY: What about the clothing they gave your brother?

MS. BANG: The clothing? Well, he had no underwear. Now they are putting diapers on him. But when he did have clothing, it wasn't the kind he was used to wearing. That I don't blame on the attendants, because there is just no supply of clothing.

SENATOR CODEY: Did you ever bring--

MS. BANG: You see some men with a 28-inch waist wearing a size 48 pants, trying to walk around and hold them up; no socks on their feet. I have witnessed them urinating in the hall. A mop is brought, and the urine is just mopped up. There is no fresh water. I have witnessed patients sleeping in the corner of the ward -- sleeping on the floor. I have witnessed them tying men in chairs because they were annoying them, or opening a door and just pushing them in there. They were real old men.

SENATOR CODEY: Do you ever bring any personal effects to your brother?

MS. BANG: No, I know better. I worked in Marlboro, 49 years ago next month.

SENATOR CODEY: When you say, "I know better," what do you mean by that?

MS. BANG: Well, I know how people steal things. Lots of times, the help stole things. I worked in the cottages, and things were locked in the linen room. I knew a girl who was arrested for stealing even a fur coat belonging to a patient. There was a lot of that going on. That was 49 years ago. I'm giving my age away, but--

SENATOR CODEY: Senator Dorsey?

SENATOR DORSEY: Did you say you worked there for 49 years?

MS. BANG: No, 49 years ago. I think the hospital was two or three years old.

SENATOR CODEY: Forty-nine years ago, not for 49 years.

SENATOR DORSEY: Oh, I see.

MS. BANG: I remember when Senator Codey talked about 140 years ago. I just go back 49 years.

SENATOR DORSEY: How long did you work there?

MS. BANG: Two years -- '36, '37, and '38.

SENATOR DORSEY: That was before Codey was born.

MS. BANG: I left, and a year later I got married.

SENATOR CODEY: Let me ask you this: From 49 years ago, has there been much of a change there, in terms of the way they treat people?

MS. BANG: Yes, you said it. The hospital deteriorated -- the grounds, the help, and the patients. I mean, when I worked there, we had books of rules. They were enforced. We had a superintendent of nurses who was very strict. We had supervisors who made the rounds often, and they were strict. We had uniforms. We gave respect, and we got respect. When you walked on the grounds, you saw the blue and white, and even the caps on the female help. You saw white suits, white shirts, and black ties on the male help. That was a nice thing to see.

You didn't dare pick up your keys to go on the ward you were assigned to, unless you were in full uniform, including cap. I worked there when they opened Senile 1, 2, and 3, with Greystone buses and Trenton buses. I worked on D-3. The laws were so enforced-- When I worked on D-3, we had a dining room. I had clinched a cigarette. It was out, but it was laying on the table, where the supervisor found it. I had to go on the carpet to the superintendent of nurses. She gave

me an extra three months of night duty, and that included New Year's Eve. That is how strict they were. That is how the patients were cared for then.

SENATOR CODEY: Thank you very much. We appreciate it.

SENATOR GAGLIANO: Thank you.

SENATOR CODEY: Our next witness will be Mr. Robert Collins. Mr. Collins? (affirmative response) Go right ahead, sir.

R O B E R T C O L L I N S: I am a former patient of Marlboro.

SENATOR CODEY: Any conversation, please take it outside. (addressed to people conversing in the audience) Go right ahead, sir.

MR. COLLINS: I voluntarily had myself admitted there approximately February, 1984. I was having problems physically. I went to doctors, and they told me there was no organic reason for them. They told me to seek psychiatric help, which I did.

I was admitted on approximately February 12, 1984. I observed some things there that I don't think are right.

SENATOR CODEY: What did you observe?

MR. COLLINS: I observed one patient, in particular, being physically beaten by--

SENATOR CODEY: By whom?

MR. COLLINS: Well, I don't know exactly what they were called then; I guess a member of the staff.

SENATOR DORSEY: Could we just back up for a minute, if you don't mind my asking?

SENATOR CODEY: Go ahead, Senator.

SENATOR DORSEY: You said you admitted yourself on February 12, 1984.

MR. COLLINS: That is correct.

SENATOR DORSEY: How long were you there?

MR. COLLINS: Approximately five days.

SENATOR DORSEY: Only five days?

MR. COLLINS: Yes, sir.

SENATOR DORSEY: Then, did you ask to be released yourself?

MR. COLLINS: Yes, I did.

SENATOR DORSEY: In addition to this, you want to describe to us the circumstances under which you saw or observed the patient being beaten?

MR. COLLINS: He was coming out of the shower. I know he had been placed in solitary earlier in the day. They gave him an opportunity to take a shower. When he came out, he made a wrong turn. Instead of turning to the right, which they had told him to do, he turned to the left. When he did that, a staff member became angry and physically beat him.

SENATOR DORSEY: Did he beat him with a belt?

MR. COLLINS: No, with his hands.

SENATOR DORSEY: Was there anything else you observed while you were there?

MR. COLLINS: I observed one staff member carrying a firearm. He was working at night.

SENATOR CODEY: Where did he carry the gun?

MR. COLLINS: On his person.

SENATOR CODEY: Was it underneath his belt?

MR. COLLINS: Underneath his shirt. It was in a holster. I believe it was a 38.

SENATOR CODEY: Was it easily observable?

MR. COLLINS: I could observe it; I don't know about the other patients.

SENATOR CODEY: Did you--

MR. COLLINS: If I may, I saw a psychiatrist in consultation when I first got there for approximately 15 minutes. He stated I was homicidal and suicidal. Let me just say this: If I were suicidal, I certainly wouldn't be here testifying today. I would be dead. If I were homicidal, I would be in jail.

SENATOR DORSEY: Since you were released in February, 1984, have you had psychiatric treatment?

MR. COLLINS: No, sir, I have not.

SENATOR DORSEY: Have you been employed?

MR. COLLINS: Yes, I have. In fact, I went to the doctor, and he found out that I was suffering from cardiac erythremia.

SENATOR CODEY: And you have been employed ever since?

MR. COLLINS: Yes, sir.

SENATOR DORSEY: In what capacity?

MR. COLLINS: As a carpenter. Now I work for a police department.

SENATOR DORSEY: As a policeman?

MR. COLLINS: No, sir; I am a civilian employee.

SENATOR CODEY: The five days you spent there-- Was there much communication between yourself and the psychiatrist?

MR. COLLINS: No, sir. I saw the attending psychiatrist for approximately five minutes.

SENATOR CODEY: And that was it?

MR. COLLINS: That is correct.

SENATOR CODEY: Was that normal for most patients, that they had little or no contact with psychiatrists?

MR. COLLINS: As far as I know, it was. I requested to see her on a few more occasions, but I was denied.

SENATOR CODEY: You were denied the opportunity to see a psychiatrist?

MR. COLLINS: Yes, I was.

SENATOR CODEY: What was the reason given to you for the denial?

MR. COLLINS: No reason. I was placed in the Intensive Treatment Unit upon arrival. (inaudible remark from audience)

SENATOR CODEY: Excuse me. If there are any comments to be made, just take them outside. There is no reason to disrupt the hearing. Okay?

SENATOR DORSEY: May I?

SENATOR CODEY: Go ahead, Senator.

SENATOR DORSEY: How long were you in the so-called Intensive Treatment Unit?

MR. COLLINS: I arrived on a Friday morning; I was released on a Tuesday.

SENATOR DORSEY: In other words, you spent the five days in intensive care?

MR. COLLINS: That is correct.

SENATOR DORSEY: And the only consultation you had was for 15 minutes?

MR. COLLINS: Approximately 15 minutes for the admitting psychiatrist, and approximately five minutes for the attending psychiatrist -- five to ten.

SENATOR DORSEY: Was that all on the first day?

MR. COLLINS: I saw the admitting psychiatrist at approximately-- This was early in the morning, at approximately two o'clock -- three o'clock. I don't remember the exact time. The attending I saw on Friday -- the same day. In fact, I went there with cardiac medication, and that was taken away from me. I was not allowed to take it. It had been prescribed by a doctor.

The whole point I am trying to make is, I went to the doctor complaining of cardiac problems. I guess I was misdiagnosed.

SENATOR DORSEY: Do you mean while you were in Marlboro?

MR. COLLINS: I complained of cardiac problems there, too.

SENATOR DORSEY: At Marlboro, and they still didn't give your medicine back to you?

MR. COLLINS: No, sir.

SENATOR DORSEY: The medicine which had been prescribed by your private physician?

MR. COLLINS: That is correct. It was Lopressor, a bata block.

SENATOR CODEY: Mr. Collins, what about the attendants? Did you observe any drinking on the job, or anything?

MR. COLLINS: I observed no drinking; however, it is my opinion that there were staff members under the influence.

SENATOR CODEY: You felt they were intoxicated while working?

MR. COLLINS: Sometimes I could smell -- on one particular staff member -- a strong odor of what I thought -- of what in my opinion was an alcoholic beverage.

SENATOR CODEY: Was this at night, or during the day?

MR. COLLINS: This was mostly at night.

SENATOR CODEY: During the night shift?

MR. COLLINS: That is correct.

SENATOR CODEY: You were more likely to see it on the night shift, as opposed to the day shift?

MR. COLLINS: That is correct.

SENATOR CODEY: During the five days you were there?

MR. COLLINS: That is correct.

SENATOR CODEY: Senator Dorsey?

SENATOR DORSEY: Just one other question. When you determined on Tuesday, which would have been February 17, 1984, that you were going to have yourself released--

MR. COLLINS: Yes, sir, I--

SENATOR DORSEY: I want you to tell me what the process was. I am interested in: Who did you notify that you wished to be released? What was then done?

MR. COLLINS: Well, I guess the managers of the case -- now, I don't know exactly what you call them; I guess they were staff employees who were responsible for taking care of you while you were there-- I guess they made the recommendation that I wasn't a threat to myself or to anyone

else. I saw a registered nurse on Tuesday, who said that she was going to place me in a cottage program. I just told her I didn't really want to be there. I wasn't getting any help. The extent of my treatment was walking in between three rooms smoking cigarettes all day.

SENATOR DORSEY: In other words, when you gave notice that you wanted to be released, to your knowledge there was at least some review of your condition, at least to the effect that you weren't a threat to yourself or to anyone else?

MR. COLLINS: Well, I did, in fact, talk to the attending psychiatrist again briefly, for approximately two minutes.

SENATOR DORSEY: On Tuesday?

MR. COLLINS: Yeah. I told her if she didn't release me, I was going to try to get a writ of habeas corpus and challenge the legality of my admission.

SENATOR CODEY: Thank you very much. I appreciate it. Our next witness will be Witness B. Is that person here? (no response) Is Linda Kehoe here? (affirmative response) Come right ahead.

L I N D A K E H O E: I would first like to say that I am really glad that you did what you did. Your experience is not unusual, and I don't think the experiences you are hearing about are unusual for Marlboro.

I heard about a forum at Marlboro the other night, and I went there to tell them just some thoughts about my experiences there, and the fact that I felt they had the right to hear my point of view, since I was coming here and I had spoken to you.

I have made some notes that I would like to refer to just to get a few points--

SENATOR DORSEY: May I just ask a couple of pieces of background information?

SENATOR CODEY: Sure.

SENATOR DORSEY: How long were you a patient?

MS. KEHOE: Well, I just want to--

SENATOR DORSEY: Okay, I'm sorry.

MS. KEHOE: I would first like to say that I am a professional, with over 15 years of successful experience in education and human services -- more years than that, since I have worked since I was 17. I have counseled and taught handicapped, gifted and talented, emotionally disturbed, and normal children and adults in public, private, community, and institutional settings, as well as taught college courses for in-service and pre-service training in education and psychology. I have worked as a therapist, evaluator, psychologist, supervisor, coordinator, and researcher. I hold New Jersey certifications in teaching and supervision; an Illinois certification as a psychologist. I have a bachelor's degree and a master's degree from Kean College. I am ABD from Rutgers University in a doctoral program. I am a creative artist; I write; I am a poet; I am a character dancer; and I draw.

I grew up in Red Bank, Monmouth County. I have lived in Monmouth County, Middlesex County, and Essex County. I have worked for the State of New Jersey in State programs, in public education, and in volunteer programs since I was a child. I took ballet lessons with Helen Slavinsky (phonetic spelling) in Red Bank. I went to her when I was having problems, and she said, "You come to ballet school. That is what you need," and that was what I needed.

In 1981, I became ill -- physically ill. I was hospitalized, evaluated, and diagnosed as having multiple sclerosis. In 1983, due to extreme stress related to working on my dissertation, concerns related to obtaining paid employment, finances, supporting and caring for my teen-age daughters, as well as my health-- These all appear to have contributed to what was the first of a series of short-term -- up to two-week -- episodes commonly referred to, in layperson's

terms, as a nervous breakdown. I experienced psychotic splits, yet retained the reality orientation. These are not out-of-body experiences. These kinds of things are not unusual for dancers or artists.

At no point -- and I stress this because this is of major importance to me -- at no point was I ever suicidal, violent, or a danger to myself or others. I am a passivist, and I have hope. I am not suicidal; I have never been suicidal. I have been mostly out of work, homeless at times, and extremely distraught and preoccupied with my circumstances and need of care. I mentioned that I went to ballet, but I still couldn't find a job.

In 1984, I had the first of eight psychiatric hospitalizations, four of which where I had admitted myself and sought help; four where I was committed, without any say, to the improper and inappropriate proceedings. Only one of the eight times did I receive proper care and attention. That time I had admitted myself -- and it was my second time -- to Rutgers Mental Health Clinic in Piscataway. I will discuss that further.

Over the years, from 1983 to 1986, I did seek help from community services, and private ones as well, without positive results. Ballet was the best thing I experienced, and she didn't charge me. I went four times a week. She put me back in toe shoes.

I can say with my experience as a professional, and as a consumer, that the staff -- psychiatrists, medical doctors, nurses, and other professionals -- are, for the most part, inhumane and incompetent. They do not listen, nor do they care to provide the best of what is available to the people they serve. The nonprofessionals -- attendants and the like -- vary from being very concerned, helpful, and caring, to violent and abusive. The programs, services, and facilities are, for the most part, archaic, inadequate, and dysfunctional.

The Rutgers Mental Health Clinic of Piscataway has faults, but the professional and nonprofessional staffs will, and do, listen, and will incorporate what they learn from the consumer in that treatment plan. They try, when confronted with a problem, for the most part, to do their best and provide the best care and services. They are unusual. They are flexible in their programing and thinking, and do provide individual treatment plans that are viable.

Marlboro, on the one hand -- or the other hand, I would say here -- is irrational in its providing of care and services. On one occasion -- I was employed at the time; my employment included 24-hour residential work with creative youth on a college campus -- I had some experiences, and I ended up at Marlboro. Instead of dealing with the problem-- I was there, and assessed, and given psychotropics, and then they said, "Okay, you are ready to reenter--" This was after about five days, eight days. Instead of dealing with the problem of my reentry to that environment, they met -- this team -- with my supervisor from where I worked, my daughter, another co-worker, and myself, and said that I could return to work, but not live on the campus.

When I expressed that I needed a place to live, that my car was in the shop, and how could I return to work in Piscataway, when I was at Marlboro, they said I could live on a cottage and seek an apartment. I said, "How could I do that without transportation?" They couldn't answer me. Right at that meeting I got on the telephone and I called my mother, who lived in Highland Park. She said I could stay there. They then told me I could only return to work if I agreed to take psychotropics and see a psychiatrist.

My employment -- this was with the State -- was a condition to this agreement. There were no records of this meeting, yet my employment was based on it and my release was based on it. Subsequently, I found out that it was totally

unlawful, and the State was aghast that conditions like that were made.

The meeting was held at Marlboro, and was my discharge plan. It is not noted in my records. My supervisor at the job apparently did not expect, or want me to return to work. She made it unbearable, and I eventually left.

Rutgers, on the other hand -- this was a year later -- encouraged me. First, let me say that I was taken from my home by the police, based on someone's report that I was trying to jump out of a window, which was not true. I was just in my apartment. I was, you know, somewhat bizarre, but I had already gone to Fair Oaks, I was in therapy, and I was being evaluated at the time, when I was accosted in my own home. I ended up in Essex County -- the Overlook, I guess it is called. I am not sure.

SENATOR CODEY: Overbrook.

MS. KEHOE: I can't speak for the facility; I can only speak for the admissions section that I was on. I was treated with the utmost care. Of all the people there, the professionals, the attendants, and the patients were absolutely wonderful to me. I went there having experienced these places. I am not very pleasant. I am not nasty; I am just adamant about the fact that I don't appreciate their interfering in my life.

When I awoke on the one section, the attending woman was sitting right by my bed. She said, "Don't worry," and they treated me with care. When I told them I was concerned about psychotropics because of the multiple sclerosis, they paid attention to me. I said, "I'm afraid. I already have nerve damage." They asked me to take testing -- psychological testing. I said, like, you know, "Why are you doing this to me? I'm just, you know-- I'm out of work. I have an apartment, but, you know--" I agreed. I went through the testing.

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They had an art program. A woman came around, and she was a marvelous artist. She gave me things to do, and she talked to me. So, I drew pictures, and I talked to all of the people there, when I felt like talking -- or I didn't talk. It was not a nice facility. I am not saying it was a nice facility; I'm saying that the people were kind. They told me when they were releasing me, "You're absolutely right. There is a chemical imbalance, and you must, you know, consider taking psychotropics. We are putting you on this one. You were right about the Mellaril. It lowers your blood pressure, so you can't take that. Haldol is absolutely terrible." So, they gave me a different one. I said, "All right, I will take that."

Then they came back to me, and said, "We are releasing you tomorrow." I said, "Well, thank you." I was living in Montclair. I was happy. I had lost my job because of having, you know, the bizarre circumstance, but they were still friends of mine. I was looking for employment. I had job interviews. I was going to unemployment, and I was proceeding with the evaluations. I had started therapy, so they knew I was connected at the time.

Then they came back to me, and said, "We have a directive. You have not been a resident of Essex County long enough, and we must transfer you to Marlboro." I said, "Please don't do that to me." They said, "It's a directive. We have no choice." They knew what it was going to-- I said, "Look, they'll never let me out of there." They said, "We have no choice." It was a painful thing for the psychiatrist to tell me that, because she was a kind woman.

They transferred me. I don't think that was a good idea. I arrived at Marlboro, and I was as coherent there as I am now. So, you know, every day I take my chances, depending on who I interact with. The psychiatrist said to me, "Who held you back from the window?" I said, "Nobody held me back from

the window, because I wasn't trying to jump out of the window." I said, "They just tested me at Essex. They were releasing me, except that they got this directive. I don't belong here. I am rational; I am coherent. I have money; I have an apartment." He admitted me. They put me on the admissions. Okay. I discussed with Marlboro some of that experience there the other night, so I am not going to go into that. I am just saying, I was perfectly capable-- I had just been evaluated.

So, now, I spent 17 days there. They put me on a cottage. I want to get back to what I have here (referring to notes). I ended up at Rutgers after two weeks at Marlboro, four weeks at Essex.

SENATOR CODEY: Ms. Kehoe, if you could just relate your experience at Marlboro for us -- what you saw there, the treatment -- very briefly, if you could.

MS. KEHOE: Well, I was there four times for up to two-week periods. I can tell you that the practices, based on the law that Tom Liguori sent me from the Public Advocate's office-- They violate the law on all points. The only one I can't speak to is where someone is incompetent -- that aspect of the law -- because I have never been deemed incompetent.

They drug you up. They refuse to listen to you. Now, here I have legitimate concerns, because of the multiple sclerosis, in addition to my having to entirely-- I had to do a back flip to even accept the fact that psychotropics might be a valuable thing, because I had always felt that therapy could have alleviated a lot of these problems -- psycho and analytic therapy, which I still wonder about.

You know, they diagnose you based on whatever they feel like, and they medicate you. Then, you say something to them about the medication, and they say you are uncooperative. At that time -- that was my third time at Marlboro, I believe -- they told me I had no insight. I said, "What do you mean I

have no insight?" "You have no insight. This is good for you." They were releasing me, but my family, not having seen me for a year, and finding out that I was in Marlboro, didn't want me to come-- They didn't offer me a place, because they didn't know what to expect. Instead of saying to my family, "Look, this woman is all right." You know, all I needed was a place to stay for a couple of weeks, because I had a job.

They said, "We are going to treat her; we are going to take care of her; we are going to help her." So my mother said to me, "Linda, they will help you here." I said, "Ma, don't believe these people. They're crazy." I said, "Please, I'll just stay--" She said, "No, no, they are going to help you." I said, "Ma, you know what is going to happen to me here? I can't stay here."

So, anyway, they told me I had no insight. They had already released me. Now, I don't know what the records show. They had already released me, and they rescinded that release, because they would not allow me to go to my apartment, and I had money. They said my landlord was irate. I said, "Who the heck cares about my landlord?" I had called the Public Advocate prior to getting there -- to Marlboro. I requested they contact Tom Liguori for me; they did not in the 14 days I was there. They could have said, "We'll get the Advocate to go down there and tell your landlord where it's at, and then you can stay here a couple more days and then go home," but, no, they said, "We are putting you on a cottage, and we are going to help you."

So, that is what they did. They committed me, and they put me on a cottage. They made me sign a treatment plan that said I had no insight. The treatment plan said they would keep me on the cottage approximately six months, and then send me to a sheltered care home. So, I got on the telephone, and I called up everybody I knew. If you call up somebody and you say you are in Marlboro, but you're not crazy, they don't

believe you, you know, so it was hard to get a friend to say, "All right, you can come and stay with me." My friend came and got me out of there. He was aghast after five minutes on the cottage. But, while there, at that time, I observed many--

Well, the cottages are terribly abusive. They are totally violent. There is constant physical and verbal violence that goes on by patients and attending staff, as well. You never see a professional, except for the ones who have their office on the cottage. I mean, I was in that one for three days, and I was in another one for 10 days. The first time they admitted me into ITU -- or whatever it is -- people were smoking marijuana in the middle of the night when I arrived there -- two or three o'clock in the morning.

SENATOR CODEY: Patients?

MS. KEHOE: Well, I don't know. I know there were patients, but there might have been staff members, too, because they were openly smoking in the corridors. You know, I was wondering myself whether this was really happening. But, the marijuana smells and things like that, you know, made me realize that it was happening. So, each night, for a couple of nights, when that transpired, I just didn't pay any attention to it.

Other people have said things, and talked about things today. These are all true -- these abuses. The medication is inappropriate; the treatment is inappropriate. You never get any psychotherapeutic or social service help in any way that is viable.

SENATOR CODEY: How often did you see a psychiatrist?

MS. KEHOE: Me, now?

SENATOR CODEY: No, when you were there.

MS. KEHOE: Then? I saw the fellow who admitted me, and I sat in on a medication meeting that he and a nursing professional had. I saw a different psychiatrist about a week later, when they committed me. I had seen this other gentleman

in the hall, and he said, "What are you still doing here?" I said, "Why am I here in the first place, you crazy man?"

SENATOR CODEY: While you were a resident on the cottage, how often did the doctors see you?

MS. KEHOE: They didn't.

SENATOR CODEY: Never?

MS. KEHOE: No. They don't go there.

SENATOR CODEY: You never saw a psychiatrist while you were a resident on the cottage?

MS. KEHOE: No, not the first time I was there, and not the second time I was there. You never saw a psychiatrist unless you tormented the nursing staff that you wanted to see one. They didn't come to see you; you had to torment them. Since I am verbal-- I am not violent or anything like that, but I'll just, you know, say, "I want to see him," until finally they tell him I want to see him.

So, just to show this example of myself at this time, I ended up at my friend Steven's, and I was in a total state. He went away for the weekend. When he came back, I hadn't been sleeping. I couldn't get the thoughts of being in the cottage out of my mind. So he said, "You've got to go somewhere, Linda, because you can't get a job in the shape you're in." I admitted myself to Rutgers Mental Health. There they found me to be extremely bright, cooperative, and to have a very good prognosis due to my abilities and positive attitude. This was three days after Marlboro said I had no insight and needed to be in sheltered care treatment.

SENATOR GAGLIANO: What cottage were you in, Linda -- the last time you were there?

MS. KEHOE: The last time it was Cottage 14. It was terribly abusive.

SENATOR GAGLIANO: Was it clean?

MS. KEHOE: No. It was filthy. They waxed the floors. That was the incident I spoke about.

SENATOR GAGLIANO: What about the patients? Were they kept clean?

MS. KEHOE: No, they were not. I was refused a blanket -- it was February -- and I was refused clothing when I arrived there.

SENATOR GAGLIANO: Refused clothing? What did you wear, a uniform type thing?

MS. KEHOE: No. I had the clothing I had on, but it was dirty -- my own clothing.

SENATOR GAGLIANO: Oh, you had luggage with you, I presume?

MS. KEHOE: No, I had no luggage. The police just came and took me from my home, you know.

SENATOR GAGLIANO: And they didn't make any provision for extra clothing for you, or send for your clothing from your home?

MS. KEHOE: No, they did not.

SENATOR GAGLIANO: There was no provision for that?

MS. KEHOE: No.

SENATOR GAGLIANO: And you were there how long, at that point, 17 days?

MS. KEHOE: Well, four days at Essex, and then, you know-- It was between 17 and 21 days. I don't have the record.

SENATOR GAGLIANO: But, anyhow, you were there for over two weeks?

MS. KEHOE: Well, when I was on admissions--

SENATOR GAGLIANO: Yeah?

MS. KEHOE: --there were changes of clothes available. Since I had my own clothes, which I had on when I arrived, when they were dirty I would take them off and put on the clothes they gave me. Then, when my clothes were clean, I would put them back on.

SENATOR GAGLIANO: But, you had no other change of clothing?

MS. KEHOE: No, I had not.

SENATOR GAGLIANO: Did you ask for anything? In other words--

MS. KEHOE: Well, on the admissions -- that section -- I asked, and they did give me things. But, you know, like, the women--

SENATOR GAGLIANO: Once you arrived in the cottage--

MS. KEHOE: When they transferred me, I had the clothes I had on. I had nothing to wear for the evening, you know, to go to bed. The bed did not have a blanket. I said to the attending staff person, "I need a blanket," and she said, "There aren't any. You are just going to have to do with what you've got."

SENATOR GAGLIANO: There were no blankets? That is what you were told?

MS. KEHOE: That is what this woman told me. I slept through the night without a blanket -- in the cold. The next day -- that night-- I wore my dirty clothes the next day, because I was afraid they would be stolen if I took them off, and I had nothing else to put on anyway. The next night, two of the attendants from admissions were transferred to that cottage for the evening for some reason or another -- these two women. I said to them, "I have no blanket. They don't have any blankets." They said, "What do you mean they don't have any blankets. Of course they have blankets." She opened a closet, and there was a closet full of blankets, and she gave me a blanket. I said, "Do you think you could wash my clothes?" I said, "Would you make sure that I get them back?" The woman said-- Really, there are some people who are truly kind. They were very kind. The woman washed them. That is part of their job, but this was an unusual thing, because it was after laundry time. She took my blouse and my skirt and washed them. I was in bed already. She came in and she woke me up, and said, "Here are your clothes," because she knew I

really wanted to know. Then I just put them under my pillow, so when I got up the next day I would have them to put on.

Then, I just kept calling people until I got someone to take me out. But, I mean, this is the same-- You know, I arrived there, and I was deemed capable to return to the community, but because of some ridiculous thing about county of origin-- And then when I got to-- I said, "Well, if you want to talk about county of origin, it isn't Middlesex. You know, I am from Monmouth County. I am from Red Bank, so, you know, put me in Monmouth County. Don't put me in Middlesex County."

Anyway, to show the extreme, at Rutgers, within a week, I had a job. They released me so that I could go on interviews, and I had a job. They kept me there until-- I lost my apartment because of this experience, so they kept me there longer since I had nowhere to go, so I could get a pay check and find a place to live. They released me to go to work every day, and gave me a box lunch. I mean, they were terribly good to me, and they listened to me. They changed my medication a couple of times to get it to the point where it was appropriate. They tested me. I went through the entire psychological testing. And, I have been working since then.

SENATOR GAGLIANO: Good. I just have one more question: With the exception of the kindness shown to you by the staff members who helped you with your laundry, and that sort of thing, can you relate any positive experience that you had at Marlboro Psychiatric Hospital during the various times you were admitted? Any other positive parts of that process?

MS. KEHOE: Yeah. I can say that the admissions people -- since I had been there before -- already knew me. I don't know if they are psychiatric nurses, or attendants, but those people on those units -- just like the gentleman, Mark, who spoke the other night said -- are kind and caring people -- very kind and caring. They even try to argue with the social workers to see the people, in as politically an appropriate way

they can. The one woman -- her name is Cathy; I don't know what her last name is -- brings in games for the people, because there is nothing there. She brings in Trivial Pursuit. I wouldn't put my energy into a game that is trivial, so I wouldn't play Trivial Pursuit. Because she was such a kind individual and caring, she actually got me to play a game of Trivial Pursuit, which was totally unusual. I even told her, "I think it is absurd to spend your energy on something like this." She would do things like that.

There is another woman -- Mary, with long blond hair -- who is just a beautiful, beautiful kind young woman. The men are kind. Then, some of them are indifferent, and that is the worst that you can experience on that admissions unit -- someone being indifferent. Like I was prescribed Cogentin. Well, Cogentin is to handle side effects. It is an alternative. You don't have to have Cogentin. So, I said, "Look, I don't want Cogentin," because it bothers the eyes. I have problems with the nervous system with my eyes. The same Filipino woman said to me, "Linda, you have to take it; it's prescribed." But the psychiatrist had said, you know, "You don't have to take it if you don't want to." But, because she has the prescription written down, I had to take it.

SENATOR GAGLIANO: Linda, thank you very much. We have many more witnesses. We really appreciate your coming here today. We know what you have gone through to testify, and we appreciate it.

SENATOR CODEY: Thank you very much. Our next witness will be Witness E. Go right ahead, sir.

W I T N E S S E: Good morning. I have traveled from the State of Florida to be here today. Actually, I was not asked to prepare anything, so if there is anything you would care to ask me, I would really appreciate it. I did take notes when I got here.

SENATOR CODEY: Sir, you are a former patient?

WITNESS E: Yes, I am a former patient.

SENATOR CODEY: A former patient of where?

WITNESS E: Trenton State Hospital and Carrier Clinic Hospital.

SENATOR CODEY: Do you want to relate your experiences at Trenton State Hospital to us?

WITNESS E: Well, first of all I would like to say that at Carrier Clinic I was given -- while under commitment -- shock treatments, 36 of them during three different stays there. This has impaired by short-term memory, to the extent that it has interfered with job performance a great deal. The process was sheer torture -- going through that. I will get back to my stay at Carrier in more positive terms a little later.

SENATOR CODEY: Carrier is not -- as you know -- a State facility -- State run -- as opposed to Trenton.

WITNESS E: Oh, I see.

SENATOR CODEY: So, we are interested in the Trenton experience.

WITNESS E: After my year's stay at Trenton State Hospital, I was readmitted to Carrier and was released after two months. I just wanted to equate that.

In late 1977, I was admitted to Trenton State Hospital, after my insurance ran out at Carrier Foundation. I was placed in one building -- which name I do not know -- where for about three weeks I was beaten by a patient. I was also administered drugs, but was not told what they were. I later found out that they were high doses of Valium, which is never used for people who have my condition, which is schizophrenia.

When I stayed there, there were about eight to ten employees from the Trenton State facility who severely beat me. I was beaten between 30 and 40 times.

SENATOR CODEY: By attendants at Trenton State?

WITNESS E: By attendants at Trenton State Hospital, yes. Several times I was flipped from my bed, while sleeping or during my meditation. I do a meditation which is maybe the only thing that got me through the whole situation.

I remember the names of a few of the attendants. My memory, due to shock treatments, escapes me in terms of all of the participants in this.

SENATOR CODEY: What was the reason they beat you?

WITNESS E: There was no reason whatsoever on my part.

SENATOR CODEY: You felt you never did anything to provoke them?

WITNESS E: I never did anything to provoke these things. One time -- about a month after I was admitted -- I did push an attendant because, being in my state, I had figured that was the way things were done, in order to get your point across. At that time, I was transferred to a building-- People were there for petty crimes. The attendants carried guns. The first week I was there -- and several other times -- everybody was locked in their cells, and there was gunfire for hours -- just hours of gunfire. No one ever came to my cell or anything; I just had a fear that someone was going to come to my cell and shoot me. I have shell shock to this day because of these incidents.

On one other occasion, I was lying in bed, while in the same building, and an attendant came in and took me by the hair -- pulled me out of bed by the hair -- and dragged me down the hall. I was the last room in the hallway. They pulled me the length of the hall, which was about, say, 150 feet, by my hair, and flung me into a cell nearby by my hair. They let me stay there for, I believe, five or six hours, not knowing why these things were being done to me.

On another occasion, I was in the same building, and after having talked to an attendant for about 15 minutes -- having a very nice conversation with him -- the next day he

threw me to the ground and kicked me in the stomach 20 to 30 times, as hard as I could ever imagine. This experience-- I literally had the will knocked out of me, and am just at this late date assuming my motivation to get a hold of my life.

SENATOR CODEY: Sir, did you ever complain to anyone?

WITNESS E: I never did for fear of retaliation. At one point, when I was transferred out of that building--

SENATOR GAGLIANO: Excuse me. What did you understand to be the reason for the attendant kicking you? What was your understanding? I mean, you said you had a conversation with this person the day before--

WITNESS E: Yeah.

SENATOR GAGLIANO: --and having that conversation, you could understand what he was saying, and I presume he understood what you were saying. Then, you're saying that 24 hours later, he kicked the hell out of you. I would like to know what you thought prompted that.

WITNESS E: All I know is, these employees were very sadistic. That was all I could figure out.

SENATOR GAGLIANO: Sadistic?

WITNESS E: Yes, sadistic. They took enjoyment in seeing suffering and in inflicting pain.

SENATOR GAGLIANO: You were never able to report that person because you were in fear? Is that it?

WITNESS E: Yes.

SENATOR GAGLIANO: If you did, you felt you would be retaliated against -- that there would be retribution?

WITNESS E: Yes.

SENATOR GAGLIANO: Wasn't it true, though, that this was not all the employees?

WITNESS E: Yes, that is true. Not all of the employees did this to me. But, there were about eight to ten employees who participated in this. Plus, this happened to a number of other patients, and I witnessed that, also.

At one time, in that same building where I was pulled by my hair, I was walking down the hallway. I was wearing a pair of pants and a shirt that were too big for me. My pants kept falling down. I had no underwear on, and one attendant grabbed me, pulled my pants off, and kicked me severely.

At one point, in another building, I told a secretary that I was being beaten. She told me to hit back at whoever was beating me.

I had a cousin who was in Auschwitz concentration camp, and I am appalled at the similarities between what she experienced and what I experienced in Trenton State Hospital. There are a number of instances which I can cite about other people. One woman was tied to a bed in the middle of the room, naked from the waist down, screaming profanities all night.

If you are at all interested in any of the names of the people who beat me, I would be happy to tell you who they might have been.

SENATOR CODEY: We would be interested. Senator?

SENATOR GAGLIANO: Yes?

SENATOR CODEY: Any questions?

WITNESS E: I only remember two of the names. One of the names might have been a name that I made up, but one person who--

SENATOR GAGLIANO: On the chance that you made them up, would you give them to the staff? If you absolutely know the name, that is one thing, but if you make it up and someone is going to be accused of something they didn't do, I would rather not have that--

WITNESS E: Okay.

SENATOR CODEY: Yes, to say something publicly would be--

SENATOR GAGLIANO: (continuing) --on television. It wouldn't be appropriate.

SENATOR CODEY: It would be an injustice to them.

SENATOR GAGLIANO: If you could tell staff, we could then--

WITNESS E: The one name I do know is--

SENATOR CODEY: I don't want to say any names, because I think that is inappropriate and unfair. I wouldn't want to--

WITNESS E: The one person whose name I do know beat me about 10 to 15 times. He would stare into my eyes for 10 seconds. He would count to 10 to himself, with his fist raised to my face, and on the count of 10 -- I just assumed this after having had him do it several times -- he would plow into my face with his fist as hard as he could. I realized I could stop him from doing this, because at one time, I laid down on the ground and yelled for about 10 minutes from sheer frustration of my situation. He left me alone from then on. He never came near me.

SENATOR CODEY: How long were you there again?

WITNESS E: I was there for approximately a year.

SENATOR CODEY: Approximately a year?

WITNESS E: Yeah.

SENATOR CODEY: How were you able to be released?

WITNESS E: My parents kept trying to talk me into going to Carrier Clinic. Finally, on promises that I would have no shock treatments there, I was released and was admitted there.

SENATOR CODEY: At any time, did you inform your parents as to what was going on at Trenton State?

WITNESS E: Again, I would say that I was very scared of retaliation, no matter who I talked to. I figured if I told them, they would probably tell somebody else, and that would be it.

SENATOR CODEY: Senator Gagliano?

SENATOR GAGLIANO: No questions. Thank you very much.

SENATOR CODEY: Thank you very much for taking the time to come such a long distance to testify.

WITNESS E: You're welcome.

SENATOR CODEY: We will now take a half hour break for lunch. We will resume in a half an hour, at exactly 1:30.

(RECESS)

AFTER RECESS:

SENATOR CODEY: If I may, I would like to start our hearing once again. Our first witness this afternoon will be Witness B. Is that witness here? (affirmative response) Please come forward.

W I T N E S S B (Mother): The reason I am here today is to see if I can somehow help my daughter and whoever else is out there, because I feel she is not getting any care. She has no doctor. I spoke to her doctor last week -- she is in Marlboro State Hospital -- and he told me she was bad mouthing him; she was abusive; and she was a lot of things. He said, "She is mentally ill." I said, "Well, if that is the case, she is where she is supposed to be, isn't she? Suppose we didn't want to help her? Maybe you would rather we would be out there, so that you could talk to me." He suggested I go to the library and look up schizophrenia. It is not curable. I said, "But, it is treatable, isn't it?" He said, "It is not curable," and that was the conversation with him.

I spoke to another woman out there who is her caseworker -- Mrs. Reeves. She told me she is no longer going to the MAC Program. I was under the impression she was not going to the MAC Program because she hurt her knee. Besides that, she had been very promiscuous. I said to her, "Don't you think she should see a doctor? Maybe a doctor could find out why she is acting that way. She's mentally sick, I know," I

said, "but we don't think she is promiscuous. This is a symptom of her illness."

Mrs. Reeves said, "Are you saying we are not doing anything for her?" I said, "Yes, that is what I am saying." She said, "Well, that's laying it on the line. I suggest you take that to the higher-ups."

When I go out there to see my daughter -- at all different times -- I always see the same setting. I never see anyone doing anything. I just see them pacing around; just lying down here and there and everywhere. I see the aides in chairs. They do less than nothing out there, or no one is telling them what to do. I don't know. I think they should try to keep people busy there. I have been out there every day in the week; for years I have been going out there.

My daughter was also in an accident there in 1984.

SENATOR GAGLIANO: Excuse me.

SENATOR CODEY: Go ahead, Senator.

SENATOR GAGLIANO: You said, "for years." How many years?

WITNESS B (Mother): She has been there since 1979.

SENATOR GAGLIANO: Thank you.

WITNESS B (Mother): Before that, she was in Trenton. I got her out of Trenton, because in Trenton she became pregnant. That was another situation.

SENATOR CODEY: She became pregnant. Did you ever find out by whom?

WITNESS B (Mother): No. I could not find out that information from my daughter or from the people out there.

SENATOR CODEY: They didn't do an investigation?

WITNESS B (Mother): No, no. As a matter of fact, I went to the doctor to see if they had taken a pregnancy test, because my daughter told me she was pregnant, and she wanted me to get her an abortion. She told me in definite terms not to neglect that. She wanted that done. So, I went to the doctor,

and the doctor said she had given her tests to see if she was pregnant, and she was not. However, I believed my daughter, and I went downstairs to the social worker. The social worker had the test taken, and she was pregnant. Then they told me that I would have to take her somewhere to have an abortion. They didn't want any part of that.

At that particular time, my daughter was working for the media, and she called them up and told them that they better do something about this, or she would connect with the media. They arranged a place for her to have an abortion.

After that, she was locked up in a back ward. I couldn't even find her when I got there. I got her out of there, and I took her to Rutgers. Rutgers said that theirs was not a long-term facility. She was there four months, when she should have been there three. They said she was improving but, as I said, they said their facility was not a long-term facility, so they couldn't keep her there. I said I didn't want to send her back to Trenton since I lived in Hudson County. I started to cry, and they said, "You really love her, don't you?" I said, "Well--"

Anyway, they suggested Marlboro, because then they could go see her every day at Marlboro, and work with her, which was fine with me. That is how she wound up at Marlboro. But, she didn't cooperate with them there, because she wasn't able to cooperate with them. I felt that she needed some time and some care. Even when she was in Rutgers, I saw her progress to a point where she was making a dress with a woman. The dress wasn't finished, and she got shipped out of there.

Then, in 1984, she got involved in a van accident with a group that they take out for ice cream in the evenings, and for a ride. They left her on the highway. These people came upon what they thought was a white piece of paper on the ground--

W I T N E S S B (Sister): She fell out of the van.

WITNESS B (Mother): Well, they said they struggled-- I tried to get a police report. They would give me no information as to where the accident took place, who was there, or where I could get a copy of the police report. So, I called all of the police stations in the area and got the police report.

The police report said that they struggled with her and tried to throw her in the van by the hair of her head, but she fell out of the van. They said that was what happened. However, the van was nowhere in sight when these people came down the road and said they thought she was a white piece of paper. They called the police, and then, after a while, the man came back. So, my impression was that the van was not attended. There was nobody watching the people in the van. Meanwhile, she wound up at Monmouth Hospital, with a broken arm. She had to have an operation on her eye. She is physically scarred.

I asked them what they would do about plastic surgery. They told me that that would be expensive. They would see to it, but that it would be expensive. Okay? I really feared retaliation in the place. I think they all work like a little clubhouse over there. I think if I said anything, they would take it out on my daughter.

SENATOR CODEY: You mean who, the employees?

WITNESS B (Mother): Yes.

WITNESS B (Sister): One of the reasons my mother doesn't want to have the cameras on her is because she is afraid that if they see her on television speaking, they will harm her; they will physically abuse her. Every time she comes home -- mother takes her home for weekends -- she looks like she hasn't had a bath in God knows how long. Her hair is filthy dirty. She has no shoes. She has thick calluses, with cracks in her heels. I mean, she was physically beautiful.

The heart is always beautiful, of course, but she looks like a different person -- a monster. I mean, it's horrible. They just stuff her with drugs. She doesn't have any therapist. She is in a locked ward. She hurt one of the attendants. Of course, to hurt any human being is a terrible thing, but then they wouldn't let her go out of the locked ward for as long as it took for the aide to heal.

WITNESS B (Mother): Not only that, but they-- This is only hearsay; I can't really say this is a fact. I did speak to one of the patients there who seems to be quite lucid. I said, "What is going on here, Billy, when I am not here? What is happening with my daughter? Why does she always seem to get into fights? What's happening?" He said, "Well, they promised her a cigarette if she would wash the table off, and then when she got finished washing the table off, they wouldn't give her a cigarette." I said--

SENATOR CODEY: So, you noticed that sometimes the patients are manipulated, based on the threat of withdrawal of a cigarette, or the promise of a cigarette?

WITNESS B (Mother): Yes, yes.

SENATOR CODEY: Which is an incident that I saw myself as an employee there.

WITNESS B (Sister): She is in Cottage 16. I don't know what cottage you were in.

SENATOR CODEY: Cottage 16.

WITNESS B (Mother): Then you must know her.

WITNESS B (Sister): This is what she looked like before she got sick. (witness walks toward Committee table to show picture)

SENATOR CODEY: I recognize her.

WITNESS B (Mother): All I can say is, I really don't know what to do, or where to take her. I even tried to get her into Johns Hopkins. It seems that they would accept her at Johns Hopkins, but the states do not hold hands as far as

Medicaid is concerned, and I certainly don't have the funds for this kind of a hospital.

SENATOR CODEY: What about the clothing?

WITNESS B (Mother): Pardon me?

SENATOR CODEY: The clothing.

WITNESS B (Mother): Oh, clothing. I used to take clothing there all the time. I stopped bringing it, because it was never there when I turned around. They have about 12 women there, but still they didn't seem to be able to keep track of 12 people. People should have their own shoes and their own clothing to wear. Everything was always taken.

WITNESS B (Sister): Didn't one of the aides have one of Dana's things on once -- a coat or something?

WITNESS B (Mother): No. One of the patients took a coat home to give it to her mother. I got the coat back that time. I didn't bring the coat back. I just try to take out what is not too expensive. A coat I can replace. Shoes I give up on; I don't know what to do about shoes, because every time I turn around she has shoes on that are either too big or too small, or they are broken.

SENATOR CODEY: Did you complain?

WITNESS B (Mother): Oh, yes, I told them about it. They said, "That is the way she is."

SENATOR CODEY: That's the way she is?

WITNESS B (Mother): "That's the way she is." That is what they say to me: "That's the way she is." I heard her scream, "You scarred my face," and they said, "See, that's the way she is."

WITNESS B (Sister): And her teeth-- Her teeth are rotting away. There is no dental care. They are not treated like human beings.

WITNESS B (Mother): No, she is treated like a non-person; just exactly like a non-person, like you would treat a dog.

WITNESS B (Sister): What can we do about this?

SENATOR CODEY: That is why we are here today. That is why I did what I did.

WITNESS B (Sister): Yeah.

SENATOR CODEY: To raise our consciousness about--

WITNESS B (Sister): Hopefully, God is working through you.

SENATOR CODEY: Some people accuse the devil of working through me.

WITNESS B (Mother): Well, then, there should be a few more around.

WITNESS B (Sister): God is a lot more powerful than the devil.

WITNESS B (Mother): I just hope they change things, and can get some kind of order over there. Oh, incidentally, I knew another doctor there -- Dr. Glass. Dr. Glass was there a few years back, and he told me that they falsified the records there. They say they treat patients, but they don't. He said he had to get out of there, because he was just a high-class office boy. That is exactly what he said to me.

SENATOR CODEY: That they falsified records?

WITNESS B (Mother): Yes.

SENATOR CODEY: That they indicated treatment was given, when, in fact, it was not.

WITNESS B (Mother): That's right.

SENATOR CODEY: How long ago was that?

WITNESS B (Mother): I guess about five years ago.

SENATOR CODEY: About five years ago. Let me ask you this: Did you notice any discernible difference on that particular cottage after my disclosures?

WITNESS B (Mother): Well, yes, I did. I thought they had replaced some people -- a couple of people there -- but they were very guarded. I called them up after I read your article in the paper, and asked them what was going on. They

said, "How dare you call us up and ask us that, when everybody else is writing letters for us?" I said, "I didn't say I was accusing any particular person of doing anything wrong. I would just like to know what is going on." They got highly insulted.

SENATOR CODEY: Who was that, the staff on Cottage 16?

WITNESS B (Mother): Yeah, yeah. They thought I was really an ingrate of some kind, that I would question them. The last time I was there, it seemed that it was a little more peaceful than it had been. It's funny: The night before I read your article in the paper, I had spoken to someone. My daughter has a habit of calling me up, maybe many times a day, and I sometimes don't accept the calls. I limit them because it is expensive. I live in Union City, and she lives in Marlboro, at the moment. This time I accepted the call. The attendant didn't know it was me, or that someone was on the line. The way he spoke to her was like-- You don't treat your worst enemy that way. I spoke to him, and I said--

SENATOR CODEY: Him, meaning--

WITNESS B (Mother): I think his name-- I am not sure what his name is.

SENATOR CODEY: No, I don't want his name.

WITNESS B (Sister): On the other side of the phone, the aide or someone.

WITNESS B (Mother): An aide was on the other side of the phone, and he said, "Get out of here," and "Get away from here." I said to my daughter, "Put him on the phone." I said to him, "Who do you think you're talking to? You're talking to a person. You are not talking to an animal. Even an animal you don't talk to that way." So, he said, "I'm sorry," and that was the end of that.

SENATOR GAGLIANO: Madam, on the chance that there could be any retaliation that you would be concerned about, I live nearby. I represent the area. My telephone numbers are

in the book -- in the Monmouth County telephone book. So, if there is anything-- If you feel there is any retribution whatsoever, you pick up the phone and call me, any time. It is my understanding that Commissioner Altman indicated the same thing; that he has given his phone numbers. I think, you know, if that makes you feel any better, because you did mention retaliation, or someone did.

WITNESS B (Mother): I think that is possible.

SENATOR GAGLIANO: If there is any possibility of it, you call me, and I'll have the prosecutor there in about 20 minutes.

WITNESS B (Mother): Thank you very, very much. I appreciate that. Can you see his name? (referring to nameplate in front of Senator Gagliano)

WITNESS B (Sister): I'll get his number.

WITNESS B (Mother): All right, thank you very much.

SENATOR CODEY: Thank you both very much.

WITNESS B (Sister): Thank you so much. Thank you for all of the people. Thank you.

SENATOR CODEY: Ms. Sara O'Donnell? Good afternoon, Ms. O'Donnell.

S A R A O ' D O N N E L L: My name is Sara O'Donnell. I just arrived at two o'clock this morning from Oregon. I am operating on jet lag, and I'm tired.

SENATOR CODEY: You flew here from Oregon?

MS. O'DONNELL: Right. I am the mother of David Gibson. David has had a history of schizophrenia since early 1978. He has been in and out of a lot of private hospitals, as well as Trenton, Bellevue, and Marlboro. He would, at periodic times, be doing pretty well, and would get out -- be a street person -- but then would get back in.

David was transferred to Marlboro in June, 1985, when Trenton was closing down, or phasing out, or whatever the words are. I had two telegrams on two different occasions from Dr.

Sorensen's office, one saying that my son was-- Well, actually the first one was a call from Dr. Ranomeron (phonetic spelling), telling me that my son was in Freehold Area Hospital, with a fractured jaw. I asked how this happened, and they said he fell out of bed.

He was worked on by a dental surgeon, and a plate was put in. He got back to the hospital, and he was very ill. He had a very high fever, and they took him back and took the plate out because there was infection. Then they put him in Asbury -- no --

SENATOR GAGLIANO: Jersey Shore?

MS. O'DONNELL: Jersey Shore, right. They put him in Jersey Shore Hospital, and sent him back. At this point, he was put on intravenous feeding in Mens 2. I guess I am avoiding saying the main reason I am here. On February 6, David died at Marlboro. I am still waiting for a coroner's report. I have a preliminary report; the toxology report is not in yet.

The preliminary report actually, I guess, might be the most-- I got a phone call at 7:20 in Oregon. We are three hours behind you. At 7:20, I answered the phone, and I'm quoting: "Mrs. Gibson -- I mean Mrs. O'Donnell -- this is Dr. Ranomeron. Your son David has expired." I fell apart. My husband took the phone, and asked what happened. The doctor said, "Cardiac arrest," which I guess is pretty logical. I think that is how most of us ultimately go -- our hearts stop.

So, I immediately called the coroner's office and said I wanted an autopsy. I wanted it investigated. I talked to a very nice lady there, who recommended the funeral home. They were wonderful. I flew in from the West right away. On February 6, this is Dr. Ranomeron's final entry: "On February 6, 1987, the patient was improved. He was described as fully ambulatory. He ate all of his breakfast, and was alert, requesting a cigarette at about 8:30 a.m." This is typed. On

the ninth, after the fact, I also have the handwritten -- the day. They are not the same. "No promontory signs were noted by staff at any time while patient was in the day room. The patient was seen by the nurse in charge and the attending physician on routine rounds at nine a.m. The patient was in bed exhibiting rocking motions, which were usual for him.

"On subsequent rounds, the patient was discovered by staff lying on his abdomen, head turned toward the left, not breathing. No vital signs could be obtained; no heart beat; no respiration. He was pronounced dead at 9:45." That was February 6. On Monday of that week, I got a telegram from Marlboro, telling me that in keeping with their new policy, I was being advised that David had two stiches over his eye. I called the hospital. I found out it was not on Mens 2, but instead in ITU. I asked why he was in there. "I don't know why." "Would you please see if you can find out for me?" One person who I had a very good rapport with -- who I cannot say enough for -- is Dr. -- I believe it is Riezner (phonetic spelling), the dentist. Because of this jaw situation, David did receive some pretty unusual assistance along this whole jaw situation.

My daughter is engaged to a doctor in Florida. He sent for the medical records. Eight and a half pounds of them came. I just picked them up on my way to the airport, and read them on the way in on the plane. So, I have not had a chance to really go through them. They feel that the toxic levels were just enormously high. I read you Dr. Ranomeron's last thing. These are the notes the staff write. "Client in bed in two point restraints; quiet. Client taken out of restraints for dinner. Toileted, placed back in two point restraints until nine p.m. Out of restraint" -- scratched out, error. "He is sleeping. He has been quiet all evening. No problems.

"February 6, 1987, 5:45 a.m.: No problem. Slept well. Out of bed once to the bathroom. Returned quietly to bed."

SENATOR CODEY: Do you have any idea when those entries were made?

MS. O'DONNELL: Because there were entries made after David was pronounced dead, obviously somebody went back to fill in at some point. There are enormous inconsistencies in the records. I visited David last June. He was in Mens 2 -- not last June, last August -- July. I went up. I was sitting on the bed with him, talking to him, and I said, "David, why did you pull your teeth out?" That is when he told me, "Mom, if you push against a tooth when it is aching, it doesn't hurt any more." He said, "I did that." He said, "They think I am pulling them out, but I was just pushing against them." He said, "If I were pulling them, I would have pulled the top ones, too." I said, "David, did you fall out of bed?" David was in a room by himself at that time. I said, "David, did you fall out of bed?" He went-- (witness shrugged her shoulders) I said, "Come on," and I looked around. I said, "Did you fall out of bed," and he went-- (witness shrugs again) I said, "You aren't going to say anything about what happened, are you?" He shook his head no. On Stanley Becker's death certificate--

SENATOR CODEY: Meaning the Medical Examiner for Monmouth County?

MS. O'DONNELL: Yes, the Chief Medical Examiner for Monmouth County. On his death certificate: "Specimens are sent for toxicological examination." We don't have those, as I said. "Diagnosis: Cerebral edema; pulmonary congestion and edema. Paranoid schizophrenia clinical. Status post" -- these are the drugs -- "Galantin, Thorazine, and Haladof therapy" (drugs spelled phonetically). There was also a lot of Valium -- an enormous amount. "Laceration of right eyebrow; closed with black silk sutures. Hematoma of the right upper and lower eyelids. A dentureless lower gum, except for one left third molar. Osteomyelitis of the mandible with pathological fracture."

SENATOR GAGLIANO: May I ask a question on that?

MS. O'DONNELL: Yes.

SENATOR GAGLIANO: The stiches over the eye were at the time of his death. Is that true?

MS. O'DONNELL: It happened twice.

SENATOR GAGLIANO: Oh.

MS. O'DONNELL: He fell. Well, they said he walked into--

SENATOR GAGLIANO: The time that he broke his jaw was how long ago?

MS. O'DONNELL: That was somewhere after June 25.

SENATOR GAGLIANO: But, that was last year, or so?

MS. O'DONNELL: Oh, yes.

SENATOR GAGLIANO: Okay.

MS. O'DONNELL: Right.

SENATOR GAGLIANO: But, coincidentally with what Dr. Becker found during the autopsy were the stiches over the eye.

MS. O'DONNELL: The stiches--

SENATOR GAGLIANO: And the hematoma on the face.

MS. O'DONNELL: And the hematoma on the face, and lacerations--

SENATOR GAGLIANO: Was there any explanation for that in the records?

MS. O'DONNELL: None.

SENATOR GAGLIANO: None?

MS. O'DONNELL: Nothing, and I have all of the medical records.

SENATOR GAGLIANO: So, at the time of his death, these were on his features. I mean, he had stiches and he had hematoma.

MS. O'DONNELL: Right.

SENATOR GAGLIANO: Did he have any other bruises?

MS. O'DONNELL: Yeah. This is all pretty medical, but-- "There is a recent laceration over the right eye

involving the lateral portion of the right eyebrow, measuring 1-1/2 inches in length." That is the one where he supposedly walked into a wall, and then supposedly walked into a wall and opened it up a second time.

SENATOR GAGLIANO: And he died in that condition?

MS. O'DONNELL: Right. This is the coroner's report.

SENATOR GAGLIANO: What is the date of the coroner's report? I would assume it is the seventh or eighth.

MS. O'DONNELL: The seventh.

SENATOR GAGLIANO: The seventh. He died on the sixth, according to what you said before.

MS. O'DONNELL: Yes, died 2/6/87, pronounced dead by Dr. Ranomeron, postmortem 2/7/87, Freehold Area Hospital, by Dr. Becker, at 10:30 a.m.

SENATOR GAGLIANO: You came right out from Oregon at the time?

MS. O'DONNELL: Right.

SENATOR GAGLIANO: Did you have a chance to view him? Was there a viewing, or anything like that?

MS. O'DONNELL: I had him cremated.

SENATOR GAGLIANO: So, the only thing still outstanding from Dr. Becker is the toxicological report. Has there been any reference of his report yet to any law enforcement authorities, to your knowledge?

MS. O'DONNELL: No, not to my knowledge.

SENATOR CODEY: I have had conversations with--

SENATOR GAGLIANO: You have?

SENATOR CODEY: --the Medical Examiner's office, awaiting those toxicological reports.

MS. O'DONNELL: The toxicological report could, at this point, have gone to my daughter's fiance in Florida, or it could have come to me in Oregon. But, as of yesterday morning, when I got the mail before I left to come here, I had not received it, and that's two months and two days.

SENATOR GAGLIANO: Well, Mr. Chairman, I would just suggest that-- I presume Dr. Becker will send you the report. It just seems to me--

MS. O'DONNELL: I sent you a report.

SENATOR CODEY: Yes, I have it.

SENATOR GAGLIANO: No, the latest--

SENATOR CODEY: The Senator is referring to the toxicological report.

SENATOR GAGLIANO: The toxicological report, so that when the Coroner or the Medical Examiner's report is complete-- I would suppose, Mr. Chairman -- and I would certainly think that it ought to be appropriate -- that maybe the matter ought to be referred to either the county prosecutor or to the Attorney General, whichever would be appropriate.

I am not trying to jump to conclusions here, but I don't understand how that could happen from a person walking into a wall. I have walked into glass doors, and I haven't had that kind of thing.

MS. O'DONNELL: Neither do we understand.

SENATOR GAGLIANO: So, I think that maybe it would be appropriate if this were referred for investigation.

MS. O'DONNELL: Could I just-- (witness crying) My daughter is in Florida, and I am in Oregon. It was your story, Senator Codey-- It was in the Palm Beach paper, and that morning my daughter called me. We stopped for the mail and we got the Coroner's report. In our Oregonian-- Your article was in that. I thought, "I'll bury David, and I'll say good-bye," but something was saying, "No, you won't, lady."

This is from my daughter. "Dear Mr. Codey: This morning I picked up my paper and read of your undercover work at Marlboro Psychiatric Hospital. I applaud you for your courage to enter what must have been a very frightening place to go. I can only imagine what it must be like for the patients, most of them with no family, and no one to raise a

big stink when a jaw is broken or stiches required. And, what of the families who, after years of private hospitals and clinics, are forced to resort to the State psychiatric system? What about those families who are deluded into thinking that their loved ones are at least safe?

"I am a member of one of those families. I am one who thought that my brother was safe. On February 6, 1987, my brother, David Gibson, was found dead in Marlboro Psychiatric Hospital. The autopsy report is pending, so his death remains a question mark, not only his death, but the last year of his life, which shows up many, many unanswered questions. Last year we were notified that David fell out of bed and broke his jaw. This fall was severe enough to require surgery, and a long stay on the medical floor. The week before he died, we were notified that he had received stitches in his head because he walked into a wall. We also received a call from David that they were trying to get him. Unfortunately, we had heard him cry wolf before, and his fears were dismissed by us. How I regret that dismissal.

"I realize that it is sometimes necessary to restrain the mentally ill, but is there not some way to guarantee the safety of an individual? If it is true that there can be no mental health without the satisfaction of the basic needs of food, clothing, shelter, and safety, then can a patient in a State psychiatric system ever hope to get well?

"Please, Mr. Codey, continue your courageous attempt to tame a raging and corrupt system. Help us to find out what killed my brother. I am enclosing the name and address of my mother, sir, Mrs. O'Donnell. During David's stay at Marlboro, she is the one the hospital contacted. She is also the last member of my family to see David alive. I know that nothing can be done to restore my dead brother's life, Mr. Codey, but if something can be done to help another family, then I will feel that my brother's death has not been in vain. To see

someone you love deteriorate into the hell of mental illness is devastating; to watch the family's resources dwindle along with hope for recovery as time goes by and the disease progresses; to watch a handsome, healthy, young man's eyes go blank under the influence of anti-psycotic drugs, given in doses not so much for therapeutic reasons, as for sedation. These are the things a family must watch. Even though David is dead, an obscure article from Trenton, New Jersey makes its way to The Palm Beach Post, and now I believe that something can be done.

"Thank you for your efforts."

SENATOR CODEY: Thank you very much, and thank you ever so much for taking the time to travel so far in what is obviously a very painful experience.

MS. O'DONNELL: I thank all of you very much.

SENATOR CODEY: Our next witness will be Gail Linzer. Is Gail here? (affirmative response)

G A I L L I N Z E R: I am here because for 20 years I have been crying out for help, and I never heard of anyone who could help. I need to know that someone is listening. I also live for my sister's pain in life not to be in vain. I hope to contribute to my sister, and help other children.

It has been difficult trying to find the right direction to help her, when there is frustration in trying to protect her in a medical environment that was supposed to be protective. A terrible loss is suffered when all hope for a normal life is lost. The family is simply instructed to detach and accept. The family inadvertently suffers from guilt and loss of sleep.

My sister is a child who is also a very beautiful child. She is now very obese, and is also missing teeth. I don't know if the medication affects them, or what.

SENATOR CODEY: She is a patient where?

MS. LINZER: Pardon?

SENATOR CODEY: Where is she a patient?

MS. LINZER: She is at home again.

SENATOR CODEY: Oh, she's home now. Where had she been a patient?

MS. LINZER: Marlboro. My sister, as a child, had coordination problems and learning disabilities. She was laughed at by her peers. Teachers had no understanding of the problem, and little compassion. All she wanted was to be accepted and have friends, but she was ignored and humiliated. To compound the problem, my father was very ill at a young age, and very short-tempered. Susan was young and unable to understand his illness, and out of sheer anger she may have wished him dead.

When he died, she was 16, and never acknowledged his death. My mother was in mourning. Susan became moody and depressed. She was sent to a doctor who medicated her, and the next thing we knew she had a catatonic fit, and was very scared. We were advised to admit her to Carrier Clinic, where she was given electric shock treatments. She was not very cooperative there, and was put into a cell alone. In our ignorance, we, the family, tried to reason with her not to be difficult.

After her release from Carrier, she was unable to live in her home environment, and was brought to various private psychiatrists. She was next put into Fair Oaks, and was given insulin shock. She put a lot of weight on from the treatment, never lost it, and each year it got worse. Her anxiety when she came home was impossible. She couldn't sleep; she was very, very itchy, and this time she was admitted to Elizabeth General Hospital. They told us about Marlboro.

This is a very expensive disease, with very little insurance coverage. We didn't have any more choices. At Marlboro, Susan cried and said, "They are mean." She had to strip herself of all of her pride just to do what they said, or she would get punished. She was forced into hot and cold

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showers, and is now afraid of the water. At times, she was physically abused. I am sure many other things happened, but I didn't go into everything.

In the institution, there is no learning of the skills you need to survive. No longer are you a thinking person who can make decisions. You are a thing, doped up to shut up, and most patients do look like zombies. Susan used to be scared that my mother or I would say the wrong thing and she would suffer. She had foreign doctors I couldn't even understand. These patients--

SENATOR CODEY: When you say doctors, were some of them psychiatrists?

MS. LINZER: Yes. Now, I am not saying all of them; I just said there were some. There were also some who spoke to us who were very nice and who made very nice promises. These patients live in conditions prisoners in jail would not tolerate. They are filthy; they are smoky; they are cold, depressing, dark, and colorless. Patients beg for money or cigarettes, and they were always dressed in dirty rags. We used to bring clothes to my sister all the time, and shoes, and they were always stolen.

SENATOR CODEY: Immediately almost.

MS. LINZER: Pardon?

SENATOR CODEY: They didn't last long.

MS. LINZER: No. My mother just kept bringing clothes down. That was my mother's whole life, buying clothes for Susan and bringing them down to Marlboro. Once I went to see her and she was wearing holey sneakers, and there was snow outside. She didn't go to eat, because it was just too cold for her to walk.

It is difficult to put day-to-day pain in a 10-minute capsule, but I would like a few minutes to talk about the goals our society -- our State of New Jersey -- should consider, ways of preventing our less fortunate from such horrendous

suffering. The physical pain or dying is terrible, and the emotional pain of no hope is devastating and has caused premature death. The emotional pain of no hope and no death must be pure hell. Are we trying to make people well, or are we just storing them?

We have been dealing with set standards and insufficient staffing. We need money; we need more research; we need a competent staff; we need more political and corporate support; we need improved clinic management; we need more residential programs, where people can safely walk or get transportation. We need support for the client and the family, and we need vocational rehabilitation. Patients are stripped of survival skills and are unprepared for the real world. Occupational therapy, dance therapy, and art therapy are needed; spot checks by supervisors, proper diagnosis of patient, and the proper grouping of problems. There should be a closer watch on medications, understanding the side effects and what signals to look for.

We need follow-up and treatment from inpatient counseling to outpatient counseling, drug and alcohol screening of staff. I think these people deserve some comfort and some privacy. They should get rid of the wards -- they are absolutely disgusting -- and introduce some self dignity. Doctors must earn the trust of their patients. A safe place to walk, to think, and to rest is needed. We need education for our educators who teach our very young children. Do only the fit deserve to survive -- the child who is aggressive, a leader, tough, and high achieving? Do only they deserve a happy childhood? Do the shy, timid, learning disabled deserve a childhood of nothing but pain?

Today there is understanding of the gifted, and there is understanding of the handicapped, but what about the children in the middle, the children without the feeling of accomplishment? Just look at the adolescent suicide rate, the

juvenile problems in alcohol abuse. Maybe we have more control over these problems than we want to accept.

My sister deserves a safe place to live for the rest of her life; a doctor who cares, and counselors who can show her a quality life. Our family has tried. We have paid dearly, and have given many years searching for answers. I now have a mother in her mid-'70s. She has just gone through a triple by-pass, and she is back in the hospital again. I, myself, have three children and a husband; my brother has three children and a wife. That is enough to feed and to raise.

We are still in the same position. We still don't know what to do with Susan. I had her in a boarding home, but the boarding homes are despicable. They are not for people who cannot be responsible for themselves. They also-- My sister can't find any of her clothes. She got into everybody else's clothes. The underwear is filthy. It is a pathetic situation. It is very unfair. I don't know what else to do with her. I don't know where to put her, but my mother can't take care of her any more. So, I am still looking.

SENATOR CODEY: And, obviously, you don't want to go back to a State institution?

MS. LINZER: No. My brother, who I think is a little unaware and generally doubting my sister, wanted to put her back in Marlboro. I fought it tooth and nail. I wouldn't let her go back there. When my mother was put in the hospital, I found a boarding home that would accept her. They accepted her, but it is not for her. There is no help there. She isn't well-coordinated. She has trouble walking up and down stairs. She is just living a life of pure hell. I don't know how she lives every day; I really don't. I haven't heard one testimony that sounded exaggerated to me. I see all of these cases. I see all of the suffering, and it is very real.

SENATOR CODEY: At any time, did you feel that any of the staff there was helpful, or trying to--

MS. LINZER: I couldn't see past my sister. There were some people who were kind. I don't know what they may have done. It is also a very difficult position to be in -- to help these people. It is a 24-hour-a-day job. You should not have too many, because your nerves get shot. I have taken care of my sister. I love her, but there have been times when I hated her. It is a very, very difficult thing to take care of. There has to be a lot of staff. The hours have to be short, and there has to be some compassion. Maybe the staff ends up detaching after a while, because they feel as though they are going crazy.

There is absolutely no diagnosis. It is easy to say that someone is schizophrenic. I find that most people are schizophrenics. Well, if I had a life, as a child, like my sister had, I think I may have chosen to just detach from this life, too, and go to my own make-believe world. It is not a very nice place out there when you are always being hurt and rejected. I believe there has to be more education for teachers, also. I think a lot of teachers also hurt your children.

SENATOR GAGLIANO: Gail, I heard your testimony the other day in Marlboro. I didn't get a chance to ask you about your comment with respect to the wards. You said the wards should be closed. Is this a situation, you mean, where there is like a day room, with everybody in the same place?

MS. LINZER: The wards are where they sleep. I don't know how many people are in one room. The rooms are very dismal. They look filthy.

SENATOR GAGLIANO: And, they are open, with no walls between them?

MS. LINZER: There is absolutely no privacy.

SENATOR GAGLIANO: All the women in one, and the men in another? Is that the way they do it?

MS. LINZER: I never saw the men, but the women are just all thrown together. My sister, when she went--

SENATOR GAGLIANO: So, there is no possibility for taking care of personal belongings, even if they wanted to, because they are fair game for anybody in the room?

MS. LINZER: Anybody can go in the place. I was always told it was my sister's fault. "That is the way your sister is. You have to accept her for what she is." My sister used to tell me things, and I have never found her telling me anything that was not true.

SENATOR GAGLIANO: Was it a cottage that she was in?

MS. LINZER: Yeah, she was in a few cottages. I don't know which ones.

SENATOR GAGLIANO: Different cottages. But, basically, the setup is the same; there is a dormitory approach to it, and each person has a bunk?

MS. LINZER: Every cottage I was in was set up the same. There was a large area where people slept; there was a large area where they sat all day. Most of the people were smokers. People used to come up to me; they just wanted to talk. They needed someone to talk to. They would say, "Now they are doping me up. I am really not this crazy." They kept telling me I'm this and I'm that. And the worse thing is, I had to promise them I wouldn't say anything, because they didn't want to get hurt.

SENATOR CODEY: When you went to visit your sister, was there a private area where you could--

MS. LINZER: There was a little porch toward the outside.

SENATOR CODEY: There was no place indoors where--

MS. LINZER: Where no one could hear you?

SENATOR CODEY: Yeah, where you could have just a private visit with your sister, without everyone walking by -- patients, employees?

SENATOR GAGLIANO: No walls, not even a partial wall between bunks? Was there a partial wall between the bunks--

MS. LINZER: I do not remember.

SENATOR GAGLIANO: --or was it just open?

MS. LINZER: You know, I get scared every time I go in there.

SENATOR GAGLIANO: I know they have various accommodations, but--

SENATOR CODEY: There are two settings. There is an open dormitory, like, and then there are what I would call cells, which are barren of anything, other than-- I wouldn't even call them cots -- somewhere to lay down with a sheet on you. Some of the rooms are called isolation rooms, or quiet rooms.

MS. LINZER: Yes, she has been in those quiet rooms.

SENATOR CODEY: Many people sleep in those rooms; either that or the dormitory setting.

MS. LINZER: She was scared of those rooms -- the isolation rooms.

SENATOR CODEY: I can understand why.

MS. LINZER: Petrified.

SENATOR CODEY: Was she ever placed there?

MS. LINZER: Pardon?

SENATOR CODEY: Was she ever placed in those rooms?

MS. LINZER: Yes, I think so.

SENATOR CODEY: Do you know why?

MS. LINZER: No. Usually because she didn't want to take a shower maybe. She was very dirty, but she would shake when you mentioned water. She was petrified of it. They used to wash her hair, and she said, "They told me my eyes wouldn't burn when soap got in them." And she said, "Gail, don't your eyes burn when soap gets in them?" I said, "Of course they burn." She said, "They told me I was wrong." It is a very sorry state, but I do feel for the staff. I am not going to

sit here-- I am angry at them, but it isn't really their fault. There has to be better staffing. We need more money. It is an incompetent staff, and they don't know what in the world to do. It is a very confusing disease. There is no direction with this disease. There are no answers. You can go to a private psychiatrist for $80, $90, $150 an hour, and all they do is give you medication and dope you up. They don't even know what they are doing. And you -- the parent, or the family -- are constantly in a state of being overwhelmed. But there are no answers. We are still in the Dark Ages.

Thank you very much for doing what you. I certainly hope it is continued.

SENATOR CODEY: Thank you very much, Ms. Linzer.

SENATOR GAGLIANO: Thank you.

SENATOR CODEY: Our next witness will be Gerry Maywalt, Director, Transitional Services, Monmouth Medical Center.

G E R R Y M A Y W A L T: I am a registered nurse, having specialized in psychiatric nursing for the last 25 years. At present, I am Director of Transitional Services with the Outpatient Department at Monmouth Medical Center in Long Branch. It has been the responsibility of my staff and I, for the last six years, to provide community liaison services to Marlboro Psychiatric Hospital. That includes going to visit patients who come in from our area, being involved in their treatment at the hospital, and then being involved, also, in their after care follow-up services.

Recently, I have had increasing concern regarding the level of care at Marlboro Psychiatric Hospital. Specifically, our concerns center around the following areas: Reports by discharged patients of drug trafficking on the grounds. I have been told by patients that it is easier to get illicit drugs at Marlboro than it is in Long Branch on the streets. Patients being moved from one cottage to another without adequate

transmission of information, thus a lack of continuity of care. In addition, the criteria for moving the patients from one cottage to another is unclear. Our liaisons spend a good deal of their time trying to find patients and find charts. This issue becomes particularly important at the time when the team on the cottage is planning discharge. We have had-- At least two cases are quite outstanding to me, where at the time of discharge, when the plans were being made, the staff on the cottage admitted to me that they had not read the commitment papers, they had not read the psychological testing reports, and they were not aware of what the community assessment forms or the information coming from the community was.

What happens -- if I may describe this a little bit -- is, the chart starts out, perhaps, on the admissions unit. The social worker takes a history -- a psychosocial history. They do psychological testing. They get together a bank of information from the community, which is admirable, but as that chart moves from cottage to cottage and gets thicker and thicker, the people who become involved at the other cottages are not aware of all of that information and, in some cases, it can present a very dangerous situation.

SENATOR GAGLIANO: What are the basic reasons -- if there are basic reasons at all -- for this movement from cottage to cottage? Is that a part of the treatment process? Do they think the patient can go -- like, graduate along, A to B to C to D? Is that what it is?

MS. MAYWALT: Yes. Originally, when they had the reorganization -- I think about two or three years ago -- that was the idea; to take the patients from a level -- from a geographical cottage to a level of functioning. So, the cottage moves are supposedly designed to place a patient in an environment where the other people there are functioning at approximately the same level. However, it is my opinion, and the opinion of my staff, that that is not working. What they

are doing is moving patients where there is an availability of a bed, and not because of their level of functioning.

SENATOR GAGLIANO: From a strictly social standpoint, doesn't that disrupt whatever friends they may have made, or acquaintances, or whatever -- familiarity, where they get used to it, and then someone says, "Well, we are now going to move you from A to B, and then from B to C"? Then, they don't know those people, and they have to start over.

MS. MAYWALT: I do cover that a little bit further on. Another concern of ours is that there seem to be a number of court order discharges occurring with patients who our liaison feels are not ready for community living. In our opinion, it appears that frequently the Marlboro psychiatrists do not advocate continuing the patient's hospitalization. In one case, a patient was discharged from the Intensive Treatment Unit, and was not stabilized on his medication. He presented himself at our clinic the following day with severe side effects from his medication, and he was admitted to our hospital for both medical treatment and psychiatric treatment.

Our primary concern is directed at the current system's approach to care at the hospital. It has been our observation that since the reorganization to level of functioning, the liaisons are almost becoming increasingly more difficult. Patient care has suffered. Due to the frequent movement of patients and the increased number of cottages that need to be visited, there is less quality time to spend with the patients.

We also see -- and this may get back to what you were asking -- that there is a loss of a sense of community, as well as a lack of cohesive team approach. Each time a patient is transferred, it means a new start for the patient, a new start for the team, and a new start for the liaison. Our recommendations on the community assessment, such as history and community treatment, are lost in the process. When you are

talking about fragile psychiatric patients who are trying to adjust to being in a place like Marlboro, to add the extra burden of having them adjust to three and four and five, and sometimes 15, different staffs during their stay, is a bit much, I think.

SENATOR GAGLIANO: Historically, was that an acceptable form of psychiatric treatment? Where did that come from?

MS. MAYWALT: I believe that was the way the State hospital system in New Jersey was run a number of years ago. Then they went to geographical locations, where, say, Monmouth County would have their two cottages. During the reorganization it was felt that they would return to this level of functioning approach. Philosophically, it sounds like a good idea, but it is not working, whether it is because of the shortage of staff, or the shortage of beds, or whatever. But it seems that the chaos has just increased tremendously since that point.

It is my feeling that medication evaluations by physicians are not done on a regular and timely basis. We had one woman who was in her early '60s, who was placed on a cottage that was primarily young female patients who were extremely disturbed. On our visit, we found the woman to be strapped in a chair. She was suffering from serious side effects from her medication -- what we would call extra-paramedal side effects. She was drooling; there was stiffness in her mouth; she had difficulty swallowing. She had deteriorated significantly physically. Looking at the chart-- I think when I testified Tuesday, I said six months. I have to retract that. She was on the cottage for four months on the same medication as when she was admitted to the hospital, obviously not having any change to alleviate the problem. That day we asked that she be moved to a medical unit, and she was.

We are unable to have psychological or neurological exams done within an appropriate length of time. What happens also is, because of some things that have happened in the community with patients who were discharged without psychological reports, some programs in Monmouth County are refusing to accept discharged patients into their after-care programs, unless they have psychological reports on their charts. So, what happens is, the patient is kept at the hospital for an additional time, when it is not necessary, to the point that sometimes they decompensate again because of the lengthy stay just waiting for the psychological reports. That has been a real problem for us.

Marlboro Psychiatric Hospital's professional staff appear to spend the majority of their time processing mandated paperwork, while the patients are maintained in what I would consider a custodial atmosphere. The vast majority of direct interaction is with untrained, unskilled staff. A picture of most cottages I have been in would be one of walking in, unlocking the door, having a cluster of patients surrounding you, asking and begging, "Are you my social worker? Are you my social worker?" -- a real needy sense. The rest of the patients are sleeping in chairs, and generally there are some sleeping on the floor. That would be between the hours of 10 o'clock in the morning until three in the afternoon. Often I pose the question, "Why are there so many patients on the cottage? Aren't there programs going on?" The programs end at 3:30. Our liaisons visit the cottages way before 3:30, and there are many patients there.

I have some recommendations, and then I would like to address some of the questions that have come up during the testimony this morning, that I may be able to be helpful with. Our recommendations are: We feel that both patients and staff would benefit from a return to geographical designation. The exception would be the maintenance of the admissions unit and

cottages for the severely chronically ill. In-services should be held to educate teams on long-term cottages regarding community resources. Though discharges from these areas are infrequent, they seem to generate confusion regarding after-care plans.

Our third recommendation, of course, would certainly be to look at the salary lines for the people giving direct care; also, the thorough screening and training of all staff, but especially those who are going to be involved in giving patient care under what I see, many times, as unsupervised situations -- unsupervised by professionals.

There were a couple of things that came up during the course of the day that I want to address. Someone mentioned dress codes, or referred to them. There have been times when I walked down the cottages when the male attendants have been dressed in camouflage tops and camouflage pants, with combat boots and headbands on. They looked rather like Rambo. That was allowed.

Physicians do not have the ability to understand what patients are telling them, nor do the patients very often have the ability to understand what the doctor is saying because of language barriers. I found that to be quite frequent.

I also found, on occasion, that if patients are appropriately assertive in trying to have their needs met, that they are labeled as hostile, agitated, aggressive, and that kind of thing, when actually their behavior would probably be much the same as how any of us would react, given the same situation.

As far as the reports of patients being in seclusion and being agitated, I knew Jim very well. I worked with him a good long time. He was put in the Intensive Treatment Unit a number of times. On one occasion, he was put there and I was told that I could not visit him on a liaison visit because he was too agitated. I said, "Well, I want to see him anyway.

Have two of your staff come with me, but I want to see him, and see how agitated he is." They opened the door to Jim's seclusion room, and I went in and sat down on the mattress with him. He was crying. He was far from agitated. He was depressed, and all he was asking for was to be let out.

I have also, on occasion, witnessed fights on the women's cottages, where staff, it seemed to me, let the fight escalate to the point of hair pulling and slapping before there was any intervention. It almost seemed that there had to be some physical stuff going on before the staff would intervene.

As far as the medical units are concerned, with the exception of the initial corridor that you walk down, if you take a good look at the back rooms on the medical units, I would say that they are a warehouse for human beings.

That is all I have.

SENATOR CODEY: Thank you very much.

SENATOR GAGLIANO: Thank you.

SENATOR CODEY: Is Witness F here? (affirmative response)

T H E R E S A A. M c H U G H: I have a mentally ill daughter, a mentally ill sister-in-law, and two mentally ill nieces. Because of the stigma of mental illness, I request that my name be eliminated by the newspapers or any other media, though I don't mind you using my name in any of your records.

My name is Theresa A. McHugh. I am a lifetime resident of Monmouth County. I represent Family and Friends for Mental Health, a supportive group of 200 families whose relatives have mental illness. At any given time, we have 10 to 50 relatives in Marlboro Hospital. My daughter has been in all three of our local community hospitals, Bellevue, and St. Vincent's, where she is in a partial care program at this time.

Thus, several members of Family and Friends have asked me to represent them, as they hesitate to come forth because of

possible retaliation on their present hospitalized members at Marlboro. So, I hope it is safe for me to report some case instances.

SENATOR GAGLIANO: Ms. McHugh, I live in Monmouth County, too.

MS. McHUGH: I know.

SENATOR GAGLIANO: So, you may call me any time you have a problem, or if any of the people you know have problems, and I will get someone over there right away.

MS. McHUGH: All right. I am knowledgeable about conditions at the hospital, having worked as a volunteer, and having helped to put together the Family Education Workshop with the Social Service Department, where I met many caring and dedicated staff. We have found the social workers at Marlboro most helpful, and some of the psychologists have been of assistance. The sincere employees are working with a disturbed clientele, under a weak administration, and their morale is very low.

The psychiatrists are remote in an ivory tower. With some foreign doctors, there is a definite language barrier. Their accents make it difficult to understand any information that is given. This is particularly distressing when much of the treatment depends on verbal communication. Members have reported that their relatives see a psychiatrist for about 10 minutes once a month. Psychiatrists have 20 patients under their care, and there is a big need for more competent psychiatrists.

There is a lack of continuity of care with treatment and records. When a patient is transferred to a new location, treatment changes, medication changes. The previous files do not follow the patient from cottage to cottage or to follow-up programs. There is a lack of coordination between the hospital, cottages, and programs, both in the hospital and off the grounds. This concern has been expressed by both families

and professional staff. Many patients are unable to attend on-grounds programs because of lack of staff. Buildings are grossly overcrowded; built to house 35 patients, yet often up to 65 people are milling around in the locked facilities. No programs are available, except TV or sleeping. This is not a therapeutic setting.

When a family visits a son, daughter, mother, father, sister, brother, and so on at the hospital, empty beer cans and whiskey bottles have been observed on the grounds. One of our members who has done volunteer work had a patient point out a staff member who was, "A good guy, who can get us anything we want." Another patient was so intoxicated he could barely stand. A family member's son was caught smoking marijuana in the rest room, and thus lowered the level as a disciplinary measure. How did he get it? He won't tell. The patients are not crazy all the time.

Substance abuse negates any treatment the patient is getting. It is a waste of time and money to treat a person who is under the influence of these harmful substances. Some way must be found to control, if not eliminate, this problem.

We have asked for an underground investigation by the county prosecutor and the Department of Human Services, and they claim they are working on it. However, we have not seen too many results.

A young woman was put in seclusion for--

SENATOR GAGLIANO: Do you mean undercover?

MS. McHUGH: Yeah.

SENATOR GAGLIANO: Yes, undercover, not underground. Well, I guess--

MS. McHUGH: I meant undercover -- I'm sorry. I am a little worked up.

SENATOR GAGLIANO: They probably went underground, too. They went underground, yeah, that was the problem.

MS. McHUGH: I have undercover written here. Okay. They claim they are working on it, but we haven't seen any appreciable results yet.

A young woman in seclusion wanted a cigarette. The attendant said he would give her a cigarette in exchange for sex.

More training for attendants and aides is badly needed. A family member was so badly beaten by a staff member that he was taken to Freehold Area Hospital for skull x-rays. He also had a broken nose and multiple bruises. The family was told that the patient had provoked the situation. Senator Codey's recent report cast doubts in the minds of these parents. Even if the altercation was provoked, it seems that the staff should be trained to deal with a violent situation, so that physical abuse is unnecessary. When this family asked the patient advocate to intervene, they did not receive a report for nearly three weeks.

Another man was beaten, leaving red finger marks on his neck and bruises on his body, when he did not turn off his radio.

Patients having a weekend pass have been given the wrong medication or not complete medication. Either the Cogentin was not given, or other medication was not given.

There are people awaiting discharge pending placement. These people are well enough for independent living, yet are kept in locked cottages. The medical health of the disturbed person is a big worry to the family. Medical history information is not always assessed by the appropriate people. Health changes are not monitored. Extreme weight loss has been observed in several patients, and it was not corrected until the family brought it to the attention of the staff. Various mineral and endocrine levels should be monitored, along with neurological testing.

Patients' belongings disappear even when they are put in the cottage safe. Families have observed patients who are neglected, dirty, and dressed in ill-fitting clothes. During a recent hospital evaluation for accreditation -- this was at Marlboro -- every patient was shaped up with decent clothing. They were clean; they were shaven. There were curtains at the windows, potted plants, and waxed floors. Do we need an evaluation to change the situation? And then it was only changed for about a week.

We need more small transitional cottages, on the order of Gateway and Ridge Lane. These are programs that are under the jurisdiction of the Board of Social Services of Monmouth County. More community programs and more housing are needed.

A person who has been a patient in a State mental hospital is saddled with a lifetime lien, which prevents them from being self-sustaining or a homeowner. We don't know what can be done about this, but something should be done.

I have probably repeated many concerns reported by other laypeople and professionals, but this only reenforces what has been going on in this place, where people are supposed to be helped to become useful members of society.

Senator Codey, your experience at Marlboro Psychiatric Hospital has given credibility to the concerns we have been expressing to the Human Services Department of New Jersey for the past five years. We commend the Senator on his forthright and courageous effort by going undercover at the hospital. What he saw was only the tip of the iceberg. We are grateful for your efforts. We ask that these disturbed people be treated with basic human dignity. Let's go back to the golden rule, and do unto others as you would have them do unto you.

Thank you very much.

SENATOR CODEY: Thank you very much.

SENATOR GAGLIANO: Thank you.

SENATOR CODEY: Our next witness will be Patricia Sattilaro.

P A T R I C I A A. S A T T I L A R O: My name is Patricia Sattilaro. I am the parent of Laurie, who is sitting here. I request that Laurie's name and my name not be used for anything -- although it can be used, because Laurie was discharged against medical advice yesterday from Trenton Psychiatric.

I am representing a group called Parents Helping Parents, which is a support group for parents of children and adolescents with emotional problems, under the auspices of the Mental Health Association.

Our family's nightmare with the mental health system in the State of New Jersey began long before my daughter's first commitment to Brisbane on September 21, 1984. For years before that, we had taken her and had gone as a family to therapy, but it was not enough. There were just no services or alternatives available for Laurie or our family and, since we had no private insurance to pay for a private psychiatric hospital, and since I could not get any help from DYFS for her, she was committed to Brisbane.

I had the naive idea that my daughter would go to Brisbane for a time, get intensive treatment and therapy, be put on some kind of a medication regimen, and come home within a reasonable period of time. I was wrong on all counts. My daughter's treatment at Brisbane was, in fact, no treatment at all. She was considered lucky to be able to see her therapist -- a social worker, not a psychiatrist or a psychologist -- once a week, if lucky.

Due to overcrowding at all of the units at Brisbane, children are not receiving any therapeutic treatment. Psychiatrists at these institutions are only there to go to the court hearings, go to the team meetings, and to dispense medication. They do not see or treat the children. The answer to Laurie's attention deficit disorder -- or so-called hyperactivity -- was to give her increasing doses of Mellaril, until she was up to 400 mg. of Mellaril a day. During her

first year at Brisbane, she gained almost 60 pounds. When I questioned this, and the large amount of medication she was taking, and the fact that even for home visits she constantly looked stoned, I was told that her weight gain was from the medication and the diet at Brisbane.

Brisbane is not only overcrowded, but it is not clean, direct staff workers are not trained, and the supervision is poor. My daughter had an incident in the shower, when she was supposed to be watched, of another girl coming in and biting her on her right breast.

The diet at Brisbane contains too much starch, too many fried foods, and the children are constantly being given sugar snacks, like large cookies. For a child like my daughter who is hyperactive, this is poison. When my daughter asked for a piece of fruit, she was told there was none and, if there was some, it was not edible, either too ripe or too hard, and not fit to eat.

The treatment plan for all of the children is the same, which is the Behavior Modification Program. Behavior mod has been tried on my daughter for years, and it has not worked. When I relayed this to the staff at Brisbane, she was still put on the same treatment plan as every other child at Brisbane. She could not make her card each day so she was doomed to fail, as no individual treatment plan was formulated for her. When I started to write letters and speak to the staff about my daughter's treatment -- or lack of it -- at Brisbane, I was branded a troublemaker, and was told that my advocating was hurting my daughter's chances for a residential placement. This was also told to me by DYFS.

I took Laurie home because of my disgust with Brisbane for a four-and-a-half-month period, from the end of April, 1985 to August 13, 1985. We needed some respite care for her, as she is a full-time job in herself. When I called DYFS for same, their answer was to put her back in Brisbane, without my

consent. When I still complained, a residential placement was found for her -- after seven so-called rejections of her by other residential placements -- at Devereux in Chester, New Jersey. Even though Devereux was told all about Laurie and her special problems, they accepted her, and then kicked her out in less than four weeks, deeming her inappropriate for their program.

During Laurie's stay there, and after coming home, she was interviewed because of allegations of sexual abuse at Devereux at the time she was there. The facility was closed for a time, and staffing changed because of this. Laurie was taken from Devereux -- by DYFS again -- and placed in Brisbane without my approval. Because of my complaints against a youth worker who was using karate holds and doing other things to children on the unit, including my daughter, my daughter was sent to Trenton Psychiatric on December 16, 1986, after Brisbane had promised at a team meeting on her, which was attended by the DYFS worker and Dr. Jeff Dickert of the Children's Psychiatric Center, to keep Laurie until a suitable placement could be found.

Within two weeks of that meeting, I was advised that she was going to Trenton, that I had no say in the matter. Laurie's first few days at Trenton were spent in the welcome spot. She has many problems in adjusting to changes in her life, and this was no different. She was placed in the Lazarus cottage and given a blue card to follow. Again, they gave her a Behavior Modification Program to follow, and again, when this was brought to their attention, I was told that that was the way it was at Trenton. Again, every child has the same treatment plan, and again Laurie was doomed to failure. A child must make seven straight days of good behavior to get out on a home visit, and Laurie couldn't even get one together. My husband and I appeared at Laurie's court hearing on March 4, 1987, and won a court order allowing Laurie weekend visits with

her family. We spoke out against the system at Trenton, and for two weeks when I went to pick Laurie up, I had problems because the psychiatrist in charge of her case was angry at us for having gone against him in court, and he would not sign the order for her to be let out on the weekends. It was only after I went over his head that I could pick her up on the weekends without a hassle.

I also showed up at her treatment team meeting last month, and was shocked at the unrealistic goals they had set for Laurie. She can never hope to achieve even half of them. While she is 14 years old chronologically, she has the mind of a seven-year-old and is multiply handicapped. She has to stay in a large day room with the other girls, and when one girl is set off, in order to keep peace within the whole group, they are all given medication to calm them down. The youth workers advise the nursing staff, and this is their procedure. Children who run are put in restraints, which means they are tied hands and feet to a bed for whatever period of time a youth worker or nurse decides necessary for the child to become stable.

Again, untrained staff are making major decisions. The adolescent unit is a locked unit. You have to go through two locked doors to get in there. I have never seen the back areas or the bedrooms, as no one is allowed back there.

Laurie is the type of child who gets set off if everyone around her is getting set off. When she is home, we try to remove her from a stressful situation and let her be by herself. At Trenton, the rooms are locked during the day, so if a child needs quiet time to herself, she is not allowed this. My daughter has been assaulted by other children at Trenton on several occasions. I have reported these, but do not know the outcome. This past week, she had her arm twisted behind her back by a staff worker, and DYFS was called in. She was also hurt when she was running outside, and in order to

subdue her, two male staff through her into a car door. She bruised her ribs and her whole side, and was in pain all weekend. She still is. It was decided that this inhumane and rough treatment of her was all right, as they had to contain her.

My daughter has committed no crimes, is not sexually active, took no drugs; her only crime is to be very emotionally distrubed. Had she committed a crime and been sent to prison, she would receive more humane treatment and more decent food, and probably much more therapy than she received at both Brisbane and Trenton.

I say here in my written statement that I want to bring my daughter home. We went to court yesterday in Trenton, and we have brought her home, because the treatment in New Jersey -- there is none. We have gone through two and a half years of this, and we are fed up.

I can do no worse than Brisbane and Trenton have done, and I can probably get her more treatment. But, again, there are no community alternatives available. Since Laurie will be 15 years old this year, she will not benefit from any programs that will probably take a couple of years or more to start. I called a program that was in the paper the week before about a respite program for parents of children who are juvenile delinquents. The name of the program is Operation Open House. When I called to see if my daughter would qualify for the program, I was told that while they took in criminal offenders, drug addicts, and the like, "they did not want any psychos in the program." That is a quote. Does my daughter have to commit a crime to get the services she desperately needs in New Jersey? Our family has been through hell these past several years trying to find nonexistent services in New Jersey. What Brisbane and Trenton are doing right now is grooming the next generation to be at Marlboro and the other adult facilities. If something is not done to get better therapeutic programs and

services, better staff, and more treatment for our children, they are only going to go from the children's institutions to the adults' institutions.

New Jersey needs residential placement. New Jersey needs community services to service the needs of its mentally ill population so they do not wander the streets of Asbury Park, where I work. I do not want this future for my daughter. She deserves a better life than the one that is being offered to her. Because of my advocacy, I have been told that I have hurt my daughter's chances for going to a residential placement, and because I have made enemies at Trenton, it is not even safe for her to be there. This is why we took her out.

I want to bring my daughter home, and I hope and pray that someone will come up with some workable community alternatives. Parents and families of the mentally ill need respite programs to give them a break, just like the families of other handicapped do. If my daughter were crippled, blind, deaf, or mentally retarded, she would be entitled to many services, but because she is emotionally disturbed, no one wants to offer any services. We are a normal, low-income family, and because we have no means to pay for a private psychiatric placement for our daughter, she ended up in a State institution. Because of this, she has been witness to other children's suicide attempts and has been assaulted. She needs our help, and New Jersey must help this population immediately. They can no longer wait, and neither can their families. We have waited long enough for services that our children and loved ones need and deserve.

I realize that your hearings have been mostly about the adult facilities in Marlboro, but some of our people decided-- We also went Tuesday night to Marlboro. This is the proof sitting here. I now have Laurie home. I have to bring her to work with me. I have a 24-hour-a-day job. Who is going

to help me? I can't get her into any programs. Schools do not want to take her. She is sitting here right now. She is not on medication, by the way. I argued with them so much. She is only on something at night to help her to sleep. She is learning disabled; she is multiply handicapped. Yet, I can't get her any services in the State of New Jersey. She falls under the auspices of "no programs." Because she has been at Brisbane and Trenton, she has been labeled. The only residential program in the State of New Jersey is Devereux up in Chester, and that is a disgrace. They are constantly being investigated for all kinds of abuse.

SENATOR CODEY: Is that a private facility?

MS. SATTILARO: Yes. Mrs. DeBois, who is here with me, and another mother who was here who had to leave-- Their children have been placed from Brisbane and Trenton to out-of-state placements. I have been told that in order to get a proper diagnosis for Laurie -- and the Public Advocate's office brought in a psychiatrist -- that I will have to take her out-of-state to the University of Pennsylvania. I can't even get a diagnosis. I have a list of diagnoses from every different institution and doctor she has been to. I still don't know what is wrong with my daughter. Now I have to get the funds to go to a private facility to try to get her the help she needs. Is New Jersey going to do something about this? Are you going to give us some funds? Are you going to give me some respite care? She couldn't stay there. She still has the marks from the assaults on her. We are in desperate, desperate need of some services -- community alternatives. There are none.

SENATOR CODEY: Please leave your phone number. I'm not sure if we have it; maybe we do.

MS. SEEL (Committee Aide): We have it.

SENATOR CODEY: We do, okay. We will be in touch.

MS. SATTILARO: Thank you very much. I applaud you very much for going in. Please don't forget the children's institutions, because what you have now is a new population that is only going to take the place of the people who are at Marlboro now. If we don't get somebody in there to clean that up, there is going to be no hope for these kids.

Thank you.

SENATOR CODEY: Thank you very much. Our next witness will be Ms. Arlene Gettis. Is Arlene here? (no response) Is Carolyn Brewer here? (affirmative response)

C A R O L Y N B R E W E R: I am here today because I have a family member who is a former Marlboro resident, and because I remain a concerned friend of the people still at Marlboro.

My sister was a patient at Marlboro for 17 years -- from 1969 to 1986. It was a devastating experience for my sister and for my family, but for a long time we felt we had no alternative due to the severely limited options for an emotionally disturbed person in our society.

Since February 6, 1986, my sister has been living in a wonderful home in Pennsylvania, and is blossoming in a loving and supportive environment. It is significant that after more than a year of evaluation, Mary's new house parents feel they have learned to deal effectively with her mental illness, but that it will take years of caring therapy to overcome the damaging effects of institutionalization and her mistreatment and personal devaluation at Marlboro.

I worked at several mental hospitals myself, including a state hospital in Massachusetts, and I have never run into a situation where the staff cared so little, and where the quality of life was so disregarded as at Marlboro.

SENATOR CODEY: How long ago was your sister there?

MS. BREWER: She was there '69 to '86. She left--

SENATOR CODEY: Recently?

MS. BREWER: Yeah, she left a year and two months ago. For our immensely ill loved ones who are vulnerable, fearful, mistrusting, and sensitive, Marlboro offers the opposite of what they need. While they need calm, warmth, nurturing, and acceptance, a typical day room at Marlboro offers chaos, noise, screaming, hostility, sometimes physical violence and abusive language, and always overcrowding. Instead of a peaceful atmosphere for a troubled mind, everything in the environment is threatening and stimulates fear. In this deadening, depressing, and dehumanizing room, people sit and slowly die, emotionally and mentally. In my 17 years and many hours spent on the grounds and in cottages at Marlboro, I found only a few staff members who were truly concerned and involved with the patients.

For this, I do not blame the individuals involved, but rather the fact that there has been so little priority placed on adequate training and support for those working at what is admittedly a difficult and stressful job. As a result, a sense of futility, doom, and lethargy prevails. Typically, a staff of four or five sat in the office talking or eating or writing notes, unaware of what was going on in the day room, and uninvolved until there was a crisis. The understaffing at Marlboro is an acknowledged problem but, worse than that, is the lack of caring.

Apathy was the prevalent mood, with an inordinate response time to everything involving patients or families. In ringing the doorbell to be let into the cottage, a five- to ten-minute wait was the norm. When asking for cigarettes, medical attention, any legitimate requests, Mary and others would have to repeat their requests many times, and sometimes they would still be ignored. The message which this daily and repeated rejecting experience gives is one of unimportance and powerlessness.

As my awareness of the debilitating effect of Marlboro became more acute, I decided to actively pursue other living situations for Mary. This effort required an accurate history of Mary's previous treatment and her medical history. My request for the hospital records took months, even though Mary had signed a release. After much stalling, many excuses, and staff telling me I had no legal access to the records, it took the threat of a lawsuit and pressure from the patient advocate to get the cooperation I urgently needed and the records to which Mary was legally entitled to at any time.

One of the many frustrations in my 17 years of experience with Marlboro was the fact that family involvement was not encouraged in any way. In fact, it was discouraged, and apparently was seen as a threat for fear that the true conditions would become known if outsiders became involved. In trying to deal with an ongoing treatment program, a ploddingly slow GED referral, several physically abusive situations, getting glasses for Mary, obtaining the hospital records, and many other interactions, I was met with great resistance, endless delays, and hostility.

Mary would talk about being hit in the head and other physical attacks, both by patients and staff. Violence seems to be an accepted part of life and was not to be challenged. In one abusive incident, a staff member hit Mary's arm and knocked her coffee to the ground. We filed a complaint regarding the uncalled-for incident and, after pursuing the issue for months, the staff finally admitted that the incident had happened, but that it was an accident. It was certainly no accident, but no one ever felt the need for an apology, or for any disciplinary action, since no one really considered that normal, human courtesies applied to these people.

Another heartbreaking incident occurred following Christmas of 1985, when Mary was just back from Christmas vacation and sitting in the day room eating a piece of

Christmas cake. An attendant announced showers. Mary stated that she had just taken a bath at home. The attendant insisted that she take a shower. Mary explained again. The attendant grabbed her and dragged her by the hair, and the cake fell to the floor. Mary screamed and resisted and ended up in seclusion. Inflexible rules and authority had won out.

With treatment like this, is it then surprising that a patient with an emotional problem continues to regress, rather than to make progress, as one might expect in a hospital setting?

With the overcrowded conditions at Marlboro comes a lack of privacy in every aspect of a patient's life. A patient must share a bedroom with many, many others, dress with no privacy, sit with 60 others in a day room, eat meals with hundreds of others. When you think of the tranquillity of curling up with a good book in a quiet room, or of the many similar quiet moments you and I enjoy alone, and you know how important and restorative that is to us for our mental health, then think of not being able to have those moments for 17 years -- for much longer in some cases.

In spite of patient lockers, it was impossible to keep personal possessions at Marlboro. Sometimes the locks were broken, nonexistent and, if existent and functional, sometimes it would take hours before anyone would consent to opening the locker. If you felt like keeping a personal possession out to see it or enjoy it, often it would be stolen. It was impossible for Mary to keep glasses for very long because they would be stolen, with no protection against this by the staff. It is impossible to feel good about yourself if you are stripped of all dignity and possessions, and as one of Marlboro's social workers admitted to me -- and also tells her patients -- "If you can survive here, you can survive anywhere." She also admitted that no one could possibly become well and healthy in such an environment.

SENATOR CODEY: Who said that?

MS. BREWER: I'm sorry?

SENATOR CODEY: Who said that?

MS. BREWER: A social worker.

SENATOR CODEY: At the hospital?

MS. BREWER: Yes.

SENATOR CODEY: She said this to you?

MS. BREWER: Yes. Showers at Marlboro were concentration camp style, with groups of people lined up and sent naked to the showers, and afterwards dressing from a pile of State clothing. This, and many other practices, led to unsanitary conditions dangerous to the health of the patients. Several times during the 17-year period, Mary's long blond hair was chopped off due to a cottage infestation of head lice.

The problem of an uneventful and unproductive day is a common one at Marlboro. Mary was constantly being punished by being restricted to the ward, for weeks, and sometimes months at a time. This was usually in response to her wandering off from the group to buy a pack of cigarettes. She was never in any way an escape risk, or in any way dangerous. She was just one of the many who sat for hours in locked cottages because of security being such a priority. It would have been easy to plan walks and games and outdoor exercise and picnics to meet some basic needs, but it was easier still to keep people locked up in the day room.

My experience at Marlboro confirms what is contained in the report submitted by the Mental Health Association of Monmouth County. I can disagree with none of their findings and, in fact, affirm them. The finding that no one knows the patient I have found to be true, not just in the past three years, but going back 17 years. The records I received were pretty dismal and meaningless as far as plans, staff involvement, and insight. The combination of understaffing, lack of training, staff apathy, psychiatrists who speak neither

fluent English nor fluent psychiatry and who meet with patients 10 minutes a month if you are lucky, results in very little understanding of the patient.

I have had many experiences with staff members who didn't understand the meaning of words such as psychotic or hallucination, much less have the understanding and training to be able to deal with a psychotic episode with any kind of insight or compassion.

If Mary stopped attending her GED Program or other programs, there was no attempt to talk things out to figure out what wasn't working, just more punishment and restriction to the ward. On the more basic level of knowing a patient or caring about a patient, Mary could be away for a 10-day visit in Vermont, and upon her return have no welcome, no hello, no questions about her time away which would indicate even minimal interest or involvement with her.

Again, concerning the lack of concept of service to the family, or of working together for the patient's good, I would be kept waiting on the phone for nurses, doctors, social workers, referred from one person to the next, often ending up with little or no information. The money spent on phone calls from Vermont was phenomenal. I finally resorted to calling only person-to-person, but that, too, is expensive, and I was still kept waiting and given the run-around.

There was also a problem with the patients' phone -- a single phone for 60 to 70 people. We never think of how it might be for us to have to share our home phone with 70 people. A lot of distancing goes on that way, and in so many instances we should stop and think what we demand for ourselves, and what we settle for, for our mentally ill members.

Think of the phone, think of your privacy, think of your showers, think if someone struck at you, or shoved you around. Back to the phone-- If I did get through, someone could answer and then hang up, or grab the phone from Mary and

hang it up. A call to the nurses' station to ask for their help with monitoring the situation would bring, "Sorry, it is the patients' phone. There is nothing we can do." It was impossible to speak to my sister on the nurses' phone. When I did manage to get through on the patients' phone, and no one hung up on us, the conversation was often obstructed due to yelling in the background. At a time when keeping in touch with the family and receiving their love and support and encouragement is so important, communication should be facilitated, but instead barriers were erected.

Another area where family members are cut off is from access to the bedrooms. I managed to get back there often, but it was against the rules. I had to either sneak back or convince a nurse to break the rule. The reason given for the rule was that someone might get hurt, but I had no fear of getting hurt. I feel the real reason was not wanting families to see the crowded and stark conditions. Family members should be able to go back to the bedrooms, to know where their relative sleeps, to help them to make a few personal touches, to know where they wake up in the morning. It is an important part of the picture.

As I mentioned, in all of my experience with Marlboro, I met a few dedicated and caring people, but they were really the exception. I am glad to see that the issues of better employment practices, screening, training, and competitive salaries are being addressed, as there is really a great need.

I am currently in touch with a patient at Marlboro who has told me of several recent incidents involving the sale of liquor and drugs by staff to patients; the borrowing of money by staff from this particular patient, with the staff member then leaving and never repaying the patient; and also of staff cashing checks for patients and taking a large percentage of the money as a service charge, in one instance charging $80 for cashing a check for $440. This particular patient is very

coherent and functions at a high level, but has been waiting for housing for two and a half years. In his own words, "If I get upset about it, they will just make me stay longer."

So, you have a situation where needs are not met, people are ignored, frustrations build, and either people learn to suppress everything and become totally depressed and incapacitated, or they express their frustrations and are punished, restricted, secluded, and the cycle continues. It is important to note that what has existed at Marlboro for a long time is a conspiracy of silence. There is a lot of pressure not to deal with these issues, not to confront. There is a fear of doing so, because no matter how right you know you are, you also know it is your family member who will be left totally vulnerable to deal with the consequences. I know people within the hospital right now who will not talk. They have a lot to say that needs to be said, but they fear reprisals. I know there are many family members who want to talk, but who don't feel that they can. I personally would not be able to testify if my sister were still at Marlboro. Until she was out, I was very much controlled as to what I could do and say, even when I knew her rights were being violated, by a fear for her safety, and a fear of repercussions, which would be felt only by Mary.

So, it is important to remember that today there are a lot of people we will not be hearing from. Since so many do not feel free to tell their stories, I would suggest intensive, ongoing monitoring of the situation, as well as continuing undercover monitoring. Our family members deserve the same dignity, respect, and care which we expect in this life, and we must continue to work for that.

I would like to congratulate the Mental Health Association of Monmouth County for their fine report, and express my heartfelt appreciation to Senator Codey and John McCann for their concern and good work. I feel special praise is in order for Senator Codey for having the courage to do what

he did, and for taking the time to do what he did by going undercover at Marlboro.

SENATOR CODEY: Thank you. You came here today from Vermont. Is that correct?

MS. BREWER: Yes.

SENATOR CODEY: Well, I think that speaks for itself. Thank you ever so much.

Is Edna here? (affirmative response) (witness walks up to Senator Codey to show him pictures)

E D N A (surname withheld by request): This was my son when he went into Ancora the last time. This is him at Christmas. He went in in March after that same Christmas.

SENATOR CODEY: Okay.

EDNA: Do you think I should name the hospital outright?

SENATOR CODEY: Sure.

EDNA: You're up north, and I'm down there, and he might have to go back.

SENATOR CODEY: Well, whatever you desire.

EDNA: You know where it is.

SENATOR CODEY: Right.

EDNA: I'll just say "facility."

SENATOR CODEY: Okay.

EDNA (witness walks back to witness table): Senator Codey, for four years, I have been on the back of human society. Other Senators-- I have had promises from all of them. They were going to do right by my son; take care of him. I have stacks of letters; you would love to see them. All of them end up-- I call them the "Dear John" letters -- they did all they could. If giving papers, telephone calls-- If this is taking care of our sick, I don't know what this country is coming to.

I was about to give up, when I got a letter from the lady who is supposed to be taking care of my son, but she isn't

because it isn't the proper place for him, but where he was put by the hospital. She told me she thought she would never meet anyone who cared any more, for me not to dare give up. She said, "Someone someplace is going to hear you."

Senator Codey, I got five calls about you before it was even in our paper. The bells all started ringing, so I guess you are an answer to a prayer.

What I had planned to say here-- A lot of it has been said, so I will eliminate a lot of it. When my son was 12 years old, he was hit by a car. He has brain damage. The screaming cells are damaged. The hospital was going to send him to Trenton. I brought him home, screaming 24 hours a day. With prayers and help from friends, we got Billy to quit screaming. I won't go into all of the medical things here, but we got him to quit screaming. We got him out on the porch. The other younsters came to play with him. All the youngsters I had mothered for years in my neighborhood repaid me a thousand times over. They taught him to throw a ball, to talk, to read.

So, he is doing good now. He is getting tutored; the school sent a tutor to him. When he was, I'd say, around his younger brother, David, he got very upset. We took him back to my hometown. I thought that would be good for him. We didn't really know what was going on, but he couldn't stop talking. He just talked, talked -- nice -- and kidded and joked and laughed, as the doctor said, "A jolly fellow," but he couldn't stop. Well, we were going to carry on and come back, but we thought, no, maybe the atmosphere will -- he would calm down.

So, when we got back home, he seemed pretty good for the first three days; back to being Bill again. Then we went down to my aunt's, who is bedridden. Her television wouldn't work. Nobody would come in to fix it, so he went and got a spoon and was going to get in back of it. Little Judy came running up, "Oh, Aunt Edna, Billy's gone crazy or something.

He's swearing." I said, "Bill swearing?" Well, boy, that's all we had to hear, and my husband and I were down there after him.

We took him to the doctor's and the doctor told us to head home, we would have to get medicine for him. The only thing that I ever got out of any doctor when he was in the State hospital was that the brain-- They don't understand him. He shouldn't have functioned any further when he came out of it, except as a two-year old. But, all his memory came back. It still does, each time. He has learned. He is just so different that they don't know how to handle the situation.

When he took sick, I went to Dr. Hale. They wanted to put him up in Trenton, and I was told what Trenton was like. Now, this was 20-some years ago. I heard Ancora was wonderful because they had a Dr. Braunt (phonetic spelling) there. So, Dr. Hale went to school with Dr. Braunt. He tried to get him to see him, but he couldn't because he was under the State. But, if I brought him there, it would be different. To get him in this hospital-- Trenton didn't want Burlington; Ancora didn't want Burlington. We were like an in-between person, right? So, by luck, I went to a politician I knew very well. I told him the story, and he said, "Oh, our Bill can't be that way." I said, "Yes, he is. He can't stop." I told him what I wanted to do. He said, "My mother is a personal friend of Dr. Braunt." Well, with prayers and all, his mother got a hold of Dr. Braunt, and my son was taken to Ancora.

Ancora was a wonderful hospital at that time. It wasn't the best in the State; it was the best in the country -- one of the best in the country. I have things home that were made at Ancora that you couldn't buy. I did volunteer work over there. Oh, they had their ups and downs, but today-- I thought they were big then, but today they are nothing.

Bill was there for three months. He got better; he came home. Then he got bad again, and he went back. But

during the time he was there, I was a year and a half trying to get him into a trade school. We had nothing in New Jersey. Through a cousin who worked with handicapped in Johnstown, Pennsylvania, I got an address, I think it was in Virginia. I had to go to Trenton. For six months, I was going to Trenton and to Philadelphia. If my husband had known the neighborhoods I was going into, he never would have allowed me to go. So, my son and I always-- We just didn't mention it. We couldn't fib to him, but we just didn't mention where we had to go. I said, "Why such hard places?" and he said, "This is the only place we can afford."

Bill was all ready to go when he snapped, so back to Ancora he went. Now, he knows that he can't work in a gas station with his cousin, because my husband had to own a gas station. He couldn't get work. Now he goes back to Ancora. They got him back on his feet, and they sent him out to work every morning. With the first paycheck he got, he bought me a coffee pot. You don't dare touch that; it's on my buffet.

He was there for six years. Then they came out with this new program where they put you out. He didn't want to leave because he had a job. He couldn't get that job if he left there. But, they put him out anyhow. The first place didn't turn out too good, so I moved him. I got him in a nice place. I thought everything was going real good. Well, he broke down again, so he was taken back to Ancora. Well, that time it was seven years. If I hadn't been a volunteer worker at Ancora, and knew enough people, God knows what would have happened to my son then, because he was tied to a bed -- no mattress -- on his stomach. A patient emptied a pipe in the middle of his back and blistered it.

I went and got a doctor I knew. I told him, "Go back and get the old records." He went and got the old records, and they proceeded then to follow what was done for Bill before. So, he got better. He was only there a short time. While he

was there, I found a place for him to go that had Scouts, church, and they could grow a garden and sell the food. There were activities. They went out on trips. So, he went to the L&S Boarding Home. He loved it. He was there for three years, and his father died. I was so blessed that he was there then, because I wasn't getting around too good from an accident I was in.

Then, we had five deaths in two years -- his father, uncle, aunt-- I don't know how many. This put his brain into motion again. Judy called me and told me, so we took him back to Ancora. He was in Ancora a short time-- No, we brought him home. Judy called me, and I said, "We'll bring him home. I'll see a doctor and see if he will change his medicine." He does not want to go back to Ancora. So, we brought him home. We worked with him for three months. He kept saying, "Mommy, I don't want to talk, but I can't help it. I can't help it; I can't help it." It got to the point where my new daughter-in-law said, "We've got to find something else for him." I talked to the doctor, and he said, "I cannot increase his medicine any more. He will have to be hospitalized for it."

We took him over to Mount Holly Hospital, trying to get him into Burlington County. While we were there, the lady from upstairs came down. She said she wouldn't take him up there because he wouldn't be quiet. They asked me if they could take Bill back and do a blood test to see if they could give him medicine so he could go to sleep that night, so he could be placed in this other hospital. Well, they told us to go out and get something to eat. I said, "If you have any trouble, call me. It doesn't matter how sick he is -- even the hospitals don't know the reason for this -- but he will listen to me."

We went to get something to eat. We came back and we heard Bill screaming and cursing. I headed right for him. A man said, "You can't go back there." I said, "That is my son

back there, don't tell me I can't." Here they had shackled him. That pushed him off the deep end.

SENATOR CODEY: How long ago was this?

EDNA: This was four years ago; in March it will be five. They pushed him off the deep end. He came back to me. I said, "Unshackle him," but they wouldn't do it. They even had the shackles locked. They wouldn't do it. He hadn't had anything to eat, so they came in with some food. I kept patting him. See, his leg was starting to get raw. I said, "If you don't unshackle him now, you are going to have to shackle me in about two minutes." So they came in and they unlocked it and loosened his leg. Billy thanked me. We fed him; we talked to him. While this was going on, no one said to me, "We have already sent over to the courts. We are going to have a judge put your son in Ancora." I didn't know this. I didn't know this until they were ready to put him in the ambulance and take him away.

I said, "Well, I am riding with him." The private ambulance said, "You can't." I said, "Then we will get the ambulance from Burlington." They said, "You can't. The court order says he is to be put in Ancora tonight." So, we followed the ambulance down to Ancora. The next day I was going up in the elevator while Jane was parking the car, and one of the attendants who had had Bill many a time looked at me and said, "I thought you were dead." I said, "Why would you think I was dead?" He said, "Because of the way they brought Bill in last night. He was shackled and everything. The reports are all wrong. None of the reports are right. You are going to have to straighten this out. So, we thought you were dead. I unshackled him, and in about five minutes I had him going around all night helping me with the patients." He said, "Now, I don't know what you are going to find when you get up there, Edna, but I have something to tell you. You are not going to find the hospital that you found 20 years ago. You are not

even going to find the one you saw nine years ago." He said, "This isn't a hospital any more. In plain English, this is a torture chamber."

SENATOR CODEY: Who said that to you?

EDNA: The attendant.

SENATOR CODEY: So, you think Ancora was better 20 years ago than it is today?

EDNA: Oh my heavens, Ancora was something to be proud of 20 years ago. You can't compare it with the way it is today. Today there is no Ancora there. Senator Codey, there is no Ancora there at all now. But, years ago, it was run by medical doctors mostly. You could understand-- They had time to sit for hours. They even told me if I took him home when he got better, not to have him operated on because there wasn't enough experience; to wait until-- They would let me know when there was enough experience with that kind of an operation -- brain operation.

So, anyway, he was there eight days. We sat in there, and I was waiting for them to bring Bill down to me. Right? They had him almost a zombie. So, I was waiting for them to bring him down, and Jane was parking the car again. There were two fellows sitting there -- in their 20s, I would say they were -- and one said, "Tonight is my turn. Tonight, you cause a fight down on your end of the ward, while I go get" -- well, I'll say sex. "I got it all picked out." He said, "Because I did it for you the other night." The other fellow said, "Okay."

Well, all I could think of was, my son-- He could tell me, but they don't know that, right? So I went and hunted the doctor up. I didn't tell him what happened, but I said, "Look, Doctor, I have something to tell you. When I come in here every day, we are going to examine my son's rectum, and it better be the way it was when he was brought in here." He said, "Oh." That is all he said; he said no more. By that time Bill was coming down hollering "Mommy."

The next day when we got there, they called me into the office. They said, "Come into the office, we have something to tell you." I said, "Yes?" They said, "We are going to move Billy this evening." I said, "Don't put him in with anybody who crawls. My husband is dead now, but the last time he was here they had put him in with people who crawled, and he wouldn't get off the floor because he would get knocked down again." I said, "We had to come over here and walk him every day. I can't do it; I don't have the health." They said, "Well, we are going to put him where he will be taken care of properly."

By this time, Billy was saying, "Mommy, my hiney hurts," so I turned around and there was my son standing with his pants around his legs. Two men grabbed him, and as they turned him around I left a yell out of me. That much of his behind had no skin. (demonstrates size) In eight days. I said, "What is going on here?" They said, "That is why we are moving him. We don't have enough help here to take care of our patients." I said, "Well, the 30 days isn't up." They said, "We know, but we are still going to break the law and move him. He will get proper care over there."

They called me at 10 o'clock, and told me he would be in Birch (phonetic spelling) -- to go to Birch, on account of my walking problem. So, we went over to Birch. We went -- my new daughter-in-law, God bless her -- every day for three months to get his behind cleared up. Then we cut it down to, like, three days a week. In the meantime, we made friends with people over there, and I kept saying, "Will one of you who work here break down and report what is going on?" The answer was, "We will lose our jobs." I said, "Well, Bill shouldn't be here. These people are making him nervous." She said, "Don't move him, because if you do he is going to be used. That is why he is over here."

Bill started coming out of it. Then, all of a sudden, he started going backwards -- really backwards. He went down to 145 pounds, and I said to Dr. Tan (phonetic spelling), "Dr. Tan, he is too thin." She said, "Oh, I think it's great." So, I went over and talked to a nurse who I could confide in. She told me who to call. So, I called Mr. Henderson, and he came right over. He said, "It is too late to call a meeting tonight. We will call a meeting tomorrow. Can you make it tomorrow?" I said, "Oh, yes, we can make it tomorrow."

We had 14 people at this meeting. At the time, Mrs. Lopez was head of the hospital. Would you believe it, Senator Codey? The patients can't understand them talking, because they can't understand each other. There was not one person who sat in there who had the same idea about how to take care of Bill -- not one. Now, Dr. Tan turns to me then, and she says, "Do you want to take him home?" I said, "For a visit? Yes." She said, "No, I mean for good." I said, "Well, he can't come home for good, he isn't well yet." She said, "Well, do you want to take him home for a couple of days?" I said, "Yeah, I'll take him home for a week." So, she gave me the papers and we took him home.

Well, he did pretty good, and then we took him back. He ate good for us. Now, within a short length of time-- The picture I showed you was taken at Christmas time. Well, just before that, I said, "Look, he is losing weight left and right. He is down to 109 pounds. Something is wrong." Oh, when we took him home that first time, after she said, "Take him home," -- I almost forgot-- I took him home and I was helping him into his pajamas. He was black and blue from here, clear down to here (demonstrates) not in the middle of his back, or not in the middle of his belly. If Jane took a hold of him, he would get, you know, he would stiffen right up, though he wouldn't with me. Jane went to do something for him one day, and he grabbed her hair and wouldn't let go of it.

Jane said, "I don't know what is going on." She said, "Do you think because I married his brother--" I said, "No." We couldn't figure it, but he kept saying, "Oh, my back hurts. My back hurts."

So, I went up to the doctor. He said they had had x-rays done, and they couldn't find anything wrong with his back. They even did it two months after that. So, one day I brought him home. I didn't say anything to them, I just brought him home. I called Dr. Reagan (phonetic spelling). I said, "Dr. Reagan, would you look at Bill?" He said, "Sure." When I took him in there, Dr. Reagan couldn't believe it was him. He examined him, went all over him, and he said, "Edna, I am a surgeon. Let Dr. Laukalmine (phonetic spelling) go over him." I said, "I would love to, but he is not taking new patients." He said, "He'll take him for me." So, we took him to Dr. Laukalmine, who also went over him. The first thing he said was, "What happened to his behind?" So, Jane filled him in. He said, "Well, you two did a good job getting him cleaned up even this soon." He said, "I can't find a thing wrong with Bill. They're not feeding him." I said, "Well, when we are down there, he eats two platters. He does this and that." He said, "Well, I don't care. They are not feeding him when you are not there, because there is no reason for this weight loss. He doesn't have cancer or anything else." That's what we thought it was. He looked worse than his father did when he died of cancer.

We took him back, and they said they would notify the hospital. Okay. They notified the hospital. I called the Human (sic) Society. Well, from the x-rays and CAT scans and all, we found out he had eight cracked ribs. The last x-rays that were taken, they said, "Still healing - 6, 9, 10. Question mark on 5; 8, 10, question mark on 9 and question mark on 11." That was on 10/4/84. I do have the date on that, because it is on a paper at home -- a paper from the hospital.

I called the Human Society again, which I had been in contact with. Now I am down to William Pemborough (phonetic spelling). I told him, and he said he would look into it. Well, I didn't hear from him, so I called him again. I have records of these phone calls. I save my bills. He said--

SENATOR CODEY: Edna, let me -- if you don't mind -- get to some other witnesses, and then get back to you later. I want to get as many witnesses in this afternoon as I can. Okay?

EDNA: Okay.

SENATOR CODEY: Then I will get back to you. Is Gary Brady here? (no response) Mary Anne Rice?

UNIDENTIFIED SPEAKER FROM AUDIENCE: She is outside.

SENATOR CODEY: She's outside. I'll just wait.

M A R Y A N N R I C E: Please excuse me; I just went out for some air.

SENATOR CODEY: That's quite all right.

MS. RICE: I'm Maryann Rice. I am a member of the Family and Friends of Monmouth County. I would like to particularly thank you, Senator Codey, because about a year ago I had given up on the whole thing. My children were home safe. They had gotten through the program fairly unscathed. I had had a heart attack and, you know, just prepared to put my things in order. I talked to my children, and decided that I would just pull out, because I felt it was quite hopeless.

Then, when I read your story in the paper, I was so outraged at what you had discovered, that I thought of all the things my doctors had told me to do -- enjoy yourself, pursue your art interests, do this, or do that. You really changed my life. All the things that I was supposed to do, I lost interest in. I thought, "What an empty life, really, trying to stay alive for no reason." So, I became very, very angry. I got back in touch with my family and friends, who really never lost touch with me.

Now, I will tell you about my children. My first boy was very bright. He was a 3.5 student. He was in his last year of college, and he came home and said he would like to take a semester off. He was a very docile boy, introspective. I said he could. His behavior became peculiar. I had no dope trouble, or alcohol, or cigarettes. Nobody did any of those things. They were all athletically inclined.

Well, anyway, he became very peculiar. We took him to Riverview Hospital, where he walked out three times in one day. He was transferred, by ambulance, to Marlboro, where we said he would be perfectly fine. He went into ITU, still protesting vehemently. They gave him a slug of medicine. I guess it was Thorazine. He was then sent to Cottage G. I have no complaints about Cottage G. Being a doctor's daughter from Essex County, I thought, "Well, things are going to be all right. This is a State institution. They know what they are doing. They really do know what they are doing." I had complete faith in the system.

I assumed that all of the aides were psychiatric aides. I assumed there were nurses on the premises. Before my eyes, he began to lose weight, and within two weeks' time he was so emaciated that I knew he was going to die, and my husband did, too. So, we went to the library and we read everything we possibly could on drugs. We wrote to the Princeton Brain Bio Center, where we had originally taken him for an analysis. We became really quite good on our knowledge of drugs. We never saw a doctor. We never talked to a doctor during his time at Marlboro. But, the aides there were kind. He was vomiting every day, and had diarrhea every day. They couldn't have been nicer to us. We tread very softly on eggs, as all other parents who have children in Marlboro do. We didn't want to ruffle the waters. We just wanted to get our son out of there alive and well. That was all we wanted. We didn't want anything more.

So, we suggested to the aides -- I think four times -- that they might suggest to the doctor -- because I never saw a doctor, or heard from one -- that Prolixin might work in the case of our son. He was now down to 130 pounds. He is six feet tall, and he had a waist of 29 inches when he went in. His pants were over his hips. This was the state of emaciation he had reached. The message, through the aides at the cottage, did get through. They gave him Prolixin, and he changed overnight. He became a new person. From there, he went through the program at Gateway, into Ridge Lane, out into the community, and he is doing fine now. We are very thankful for that.

But, in the middle of all of this -- or toward the end of all of this -- my daughter, who is an honors graduate from journalism school, and who had a good job in New York City, came home in a fit of depression. We sent her to Riverview Hospital to have her observed. She stayed there for two weeks, and we assumed she was better, or they would not have released her. On the way out, she decided to give her father a scare. She opened the door of the car, pretending to jump out, which she didn't. She returned her to the hospital, whereupon the hospital said, "We'll send her out to Marlboro. That will shape her up. It will give her a little scare." And, that is what they did. They sent her out to Marlboro. She was out there a week.

During that week's time while she was there at Marlboro, she was put in ITU. She had never experienced anything like this in her life. I mean, she was a well-educated girl, and well-traveled, but she was a gentle child. While she was in ITU, the things she saw so frightened her completely -- like her roommate cut her whole head open during the night and had 48 stiches -- that she ceased to urinate, whereupon an aide -- not a nurse -- came in and roughly catheterized her, to the point where she was then

removed to a hospital with a terrible infection, bleeding, I guess, from the urethra.

While she was in this room, with women, most of whom were 85 or 90, all in a dying condition -- she was the only young woman there -- her roommate in the bed next to her died. I was with her all the time I could be -- every afternoon, every night. I kept assuring her she would be there one week, and one week only; that this was a put-up job. She made me promise over and over and over again that she would be out in one week.

There was a nurse -- I'll never forget her. This nurse was a real nurse. She was in the hospital, and she kept saying to my daughter, "You'll never get out of here in a week. I promise you that. You will be here three to six months." I can still see that nurse. I'm so sorry I did not get her name. There are a lot of sadistic nurses around, believe me. It is not the aides. I blame all of what is wrong at Marlboro on the administration -- all of it. You cannot blame aides when the administration is in charge. It is an overloaded administration. The aides work hard; I have no complaints about the aides in Cottage G. My daughter went into Cottage I, where all I smelled was the smell of feces, because several patients there were so seriously ill that they combed their hair with their feces. All the sinks were filled with feces. My daughter is very clean -- so is my son. I said, "Just one day more."

So, I waited for that day, and I said, "If I do not hear from your doctor on Saturday, I will call the Governor on Sunday. I give you my word of honor you will be out of here on Sunday." I heard from the doctor on Saturday night, and my child was out.

Neither one of my children will ever go back to Marlboro, under any circumstances at all. I have guaranteed that. I said, "This is where--" I mean, they were fortunate

-- extremely fortunate -- that they survived the situation. Now, a lot of these people have children who have had longer illnesses, and they can't speak up. I know a lot of her group can't speak up, because--

SENATOR CODEY: How long ago was that experience?

MS. RICE: In '84 and '85.

SENATOR CODEY: That was Cottage I you said?

MS. RICE: Cottage I should be burned to the ground. Cottage G was fine. I have no complaints about the aides. They were compassionate, understanding, but I went in with the false idea that everybody was a professional there. You know, coming from a medical family, I thought, "Gee, everyone is a professional here. Isn't this great. They will all get well." My children were not seriously ill. This came about suddenly, and passed, you know, in their 20s. My daughter was 29; my son was 23. They are doing well now.

It's unfortunate. I beat the system. It's a terrible thing to say, but I am very indebted to you. Now I am back and I am interested again. I am no longer toddling off to museums and doing things for myself. I am following my doctor's orders. I got rid of my angina ever since I saw what you did. I thought, "If he--

SENATOR CODEY: I don't have healing powers, believe me.

MS. RICE: Really, no, I'll tell you. I am not exaggerating. I got so mad when I saw what you found, that I suddenly began to realize that I didn't have any more angina. My blood pressure went down, my cholesterol went down, and just so I could get in shape for today, I went out and played 18 holes of golf yesterday. So, you see, I am getting better, because you went out on limb for all of us. We have been knocking our heads against the wall for many years. Monmouth County is a good county. Their county programs are excellent, but Marlboro-- Don't ask me what I would do about Marlboro. I

think the problem with Marlboro -- the biggest problem with Marlboro -- and I have heard many horror stories, is with the administration. Unless you have a good administration, you know, what do you have? You have nothing. They have a top-heavy administration, who are not looking into the hiring practices or what kind of aides they get. I think anyone who has a prison record has a right to a decent job, but not working with the mentally ill. I think there should be restrictions. That is the real point -- there should be restrictions. Don't you agree?

SENATOR CODEY: Yes, I saw it myself.

MS. RICE: Well, I just wanted to thank you, and tell you that you saved my life.

SENATOR CODEY: Did I lower your golf score at all?

MS. RICE: Pardon? Yeah, I had a birdie and about five pars yesterday. I did real well.

SENATOR CODEY: Thank you. Witness D, please?

W I T N E S S D: Senator Codey, I would like to thank you for bringing attention to this problem, and thank you also for the opportunity to speak.

My son isn't very verbal, and he doesn't relate his experiences much. I shuttered at all of the personal testimonies I heard here from former patients, and wonder what he has experienced that I don't even know about.

My remarks are going to speak to personal experiences that I have been involved in. My son has been mentally ill for 11 years. He is 29 now. He was in and out of private hospitals and private care, until my insurance coverage was exhausted. He was last hospitalized five years ago, and he has been in Marlboro all this time.

I have four major concerns: Psychiatric care, physical care, quality of life, and communications with the staff. As to psychiatric care, at one time, in a different cottage from his present residence, my son went through a

period of extreme agitation. At the time, he said he was physically overpowered and restrained by three or four attendants, more than once. He was given enough Thorazine to reduce him to a zombie-like state. I really don't know if the dose was medically warranted, or was used to make him more tractable. He does not do well on Thorazine.

At some point about three years ago, while on Prolixin, my son improved to the point of being engaged in a day activity program in Red Bank, and Gateway, a transitional program to prepare him to live outside the hospital. He came home regularly each weekend for a day. He was fairly calm and free of delusions, and acted appropriately. I believe the threat of leaving the protected environment caused him stress, which resulted in a setback almost two years ago. At this point I think the system failed him.

He posed no trouble, so his care was, if not ignored, certainly not vigorously pursued. He was one of those who fell through the cracks. He decided he did not want to take his Prolixin, so they switched him to Thorazine, even though he had previously not done well on that medication. Apparently, they did not review his records. He continued to deteriorate, and I asked the psychiatrist to reevaluate his medication.

Even though I persistently pursued this, it was a good six months before he was switched back to Prolixin. By this time he was totally delusional, and he has never regained his previous level of functioning. In fact, he is currently in the Back to Basics Program which, as I understand it, is a program designed to reintroduce patients to basic socialization, and stresses such functions as keeping self and clothes clean. I cannot say that my son's condition would not have deteriorated anyway, but it is my opinion that not enough staff intervention was available to help to maintain a higher level of functioning. I think the understaffing and the overcrowding are particularly responsible for this kind of neglect.

As to physical care, as a youth my son was treated for allergies which manifested themselves in eczema, especially on his feet. While in Marlboro, he had a recurrence of this. He was given medication, but the condition continued to worsen. He had bleeding and pussy open sores that got infected when he walked barefoot on the dirty cottage floors. It required repeated requests by me before he was finally put in the infirmary, where his condition was properly treated and cured. My son had excellent teeth. He entered his 20s with one filling in his mouth. Although he repeatedly assured me that his teeth were being cared for, about two years ago he complained of pain and I took him to our family dentist, only to discover that he needed two extractions and about 15 fillings. He recently had two more extractions, one at the hospital and one privately. He needs two more. He has refused to go to the hospital dentist, and his behavior has been so unpredictable at home -- when on home visits -- that I have not been able to schedule a private visit. I have been told that it is his responsibility to ask for a dental appointment. I maintain that if he were that responsible, he wouldn't need to be hospitalized.

Another problem with the physical care was the yearly physical. Last year I asked them if they had yearly physicals, and they assured me that they did. I was particularly interested in x-rays -- chest x-rays -- because he smokes heavily. I found that that wasn't done, so I made arrangements to have it done. As far as I know, to this day, it still hasn't been done. I will get to more on that later.

With reference to communication with the staff, a year ago I was made aware that I could attend the periodic treatment plan meeting at which my son's case was reviewed. I expressed an interest in attending, and asked to be called. I had repeatedly expressed that interest. To date -- one year later -- I still have not been informed of, nor attended the treatment plan for my son.

In the past, my son was moved to ITU twice, then to other cottages. I was never informed. He had to call me to tell me where to come to see him. Once I even went to a cottage and was told that he was not there any more. Then it took a while to find someone in the cottage who could tell me where he had gone, and I was informed that he was in ITU. That was the first time he went to ITU, and I didn't even know where to go to find it. I had to go running around the campus to find the right building to go to.

There has been an effort by some cottages to improve communications through monthly family member meetings. I have been told that some have been very successful. My own experience has been that some doors have been opened to me by receptive staff members. In general, however, our concerns have been listened to, but have not resulted in concrete action or improvements. I get the sense that there is a "don't tread on me" attitude. Some would help, but are limited in their ability to be responsive if it means crossing lines of responsibility.

That comes to the x-ray business. The psychologist my son has now has been very helpful, and has tried to help us along. He arranged for my son to have this x-ray. My son said he would go if I went with him. So, the doctor called me and told me when he had made the appointment for, and I got off from work and drove out to the hospital. I got to the cottage, and my son wasn't anywhere around. I waited for a whole hour, until I knew they were no longer scheduling x-rays, that the time had passed for that kind of treatment. Then I left.

I got no help at all. The attendants there were very reluctant to even make a call to find out where he was. He had left the cottage. Apparently there was a notice posted someplace about who was supposed to be where. They said, "Well, he should have known that he was supposed to stay in the cottage until you got here to go for this appointment." Now, I

maintain that the staff -- somebody in the cottage -- should have looked at this notice and realized that he shouldn't have been allowed out of the cottage to go to wherever he went, because he was supposed to go for this medical appointment. Anyway, that is the kind of thing I mean, where one tries to help, and it just doesn't work.

I'm sure you've heard many times about the problem with the language barrier. The staff includes foreign psychiatrists whose credentials might be the greatest, but with whom I -- and apparently many others -- cannot communicate. If we can't communicate with them, then how in heaven's name can sick people with confused minds understand them? And, if the sick patients can't understand the psychiatrists, then how much help can the psychiatrists be giving the patients?

I would like to close with a plea to consider the quality of life and the lack of human dignity which these patients must endure. These people are locked up in smoke-filled day rooms. They have no privacy, no opportunity to get away from the noise and the hubbub for a little peace and quiet. Some of the cottages have inadequate visiting facilities for private visits with families. Some of the cottages are dirty. The patients lose their possessions, even their clothes, and are reduced to wearing ill-fitting clothes picked out of the hospital laundry. There is very little here to build self-esteem, which is the very cornerstone of well-being.

My son's soul cries out for normality, which he is aware enough to know is out of his reach. Must the remainder of his years be spent as a warehoused nonentity? He did not ask for the sick brain that fate dealt him. Does that mean that he is less of a person? Doesn't he, and all of the other unfortunates who are mentally ill, warrant the same rights to human dignity and quality of life that our society demands for its so-called normal citizens? Can't we, as a society, make

their lives a little more comfortable, a little cleaner, a little more peaceful, a little more caring, a little more meaningful, a little more fulfilled?

Thank you.

SENATOR CODEY: Thank you very much. Our next witness will be Ms. Ceil Raven.

C E I L R A V E N: Senator Codey and other Senators on the Committee: As the Chairperson of an organization known as Concerned Families of Greystone, I am very happy to testify here today.

I would like to mention a few incidents which are personal, because I have a daughter in Greystone, who has been there for six years. I will mention only two incidents, which are recent, because I have documented them for the purpose of trying to do something about it.

On March 25, my daughter called me and said that she had been given an injection and was having side effects, and the staff not only paid no attention to her, and were not giving her any help, but they said, "The way you behaved, you deserve it. You don't deserve any help." I called the supervisor, who went in immediately, and an order was placed for Cogentin, which is given for side effects.

Subsequently, I wrote a letter, in which I gave the date and the time, and pointed to this as neglect. I asked the administration to respond. I have not yet heard anything with regard to this.

Now, I also have documentation here which indicates that my daughter's teeth were examined in the fall of '85, at which time she was told she had several cavities. But, no return appointment was given to do anything about it. After repeated requests, I finally decided to document. So, I wrote to Greystone in March of '86. The letters continued for a whole year. What happened was, she would receive an appointment after I wrote to her, and then there would be no

follow-up. There would be nothing again for several months, and then I would write again. In several instances, I was told that my daughter had been given appointments, but didn't keep them. When I questioned her about it, she said she was never told. So, one hand didn't know what the other hand was doing. Finally, the work was completed this March. It took a year and a half. I think it is very important to document.

Three years ago, I was very distressed about conditions at Greystone. I was very disheartened about my daughter's complaints of abuse. I was disheartened about the lack of programs. Simple things, like fresh air -- being allowed to go out for fresh air and exercise -- the stealing of clothing, and all the things that were mentioned at Marlboro, have existed at Greystone, but perhaps they are not as widespread as at Marlboro.

So, it was suggested that I request an appointment with the Chief Executive Officer at that time, Dr. -- well, and presently -- Dr. Michael Ross. A meeting was organized, and we had about 16 family members come. At our first meeting, our request was that a letter be sent to all of the families of patients at Greystone, to inform them that there would be regular meetings, and inviting them to participate. I would like to report to you, Senator Codey, that that letter is going out now, three years later. We have been meeting for three years, and some things have been accomplished. After two years, we finally succeeded in getting badges on all the staff, showing their names and their positions, and a position number.

There has been some improvement in the laundry situation and the lock space. There has been some improvement in the number of staff. There has been improvement in programing. However, problems still exist. We need to really find ways of getting at them. Recently, one family member was assigned to participate as a member of the Doe vs. Klein Committee, which is an oversight Committee at the hospital. We

also have now three members of the Human Rights Committee. That Committee is now developing procedures for unannounced visits to the wards. They will also be developing-- They will be making contact with patients by studying the minutes of their community meetings.

Last summer, we had a training program. A new program was started for developing a volunteer program of family members, in which family members would be clinical volunteers, would actually volunteer as colleagues of the staff, and would be given keys. This is what we have wanted -- access to open up Greystone. At Christmastime, we went to all of the wards of the hospital and introduced ourselves, to let everybody know there is an organization known as Concerned Families of Greystone. We want to teach family members how to document; how to make their complaints known. The administration is expressing a willingness to deal with problems.

Now here we have some bottlenecks, which I will explain to you. A year ago, we asked that a survey be made of the dental health of all the patients at Greystone. This request was not granted; instead, an item was included in the institution's goals, stating that family members would be consulted when patients were resisting dental treatment. We consulted for our health. We are being told now, by the Quality Assurance Department, that there has been some increase in staffing as far as dental care is concerned, but we really do not know whether the patients' dental health is being adequately met. We do know that there are many patients at Greystone who have been there for years who have no teeth. A family member complained that an extraction was done without the family's being notified. Perhaps that tooth could have been saved by restorative work. This is one area where we would like your intervention -- your help.

With regard to the new administrative order that background checks are to be done on all staff -- that is,

criminal background checks -- we were advised at the recent meeting in March that the hospital will begin to do checks now on all staff hired within the last year. How long would it take to do the entire staff of Greystone? We were told it would take six to seven months, and we feel that this is unacceptable -- unacceptable.

SENATOR CODEY: Weren't you told a long time ago that they were doing background checks, though?

MS. RAVEN: That's right.

SENATOR CODEY: So, they lied to you?

MS. RAVEN: Nothing was done.

SENATOR CODEY: Correct.

MS. RAVEN: Nothing was done. Fingerprints were taken, but there were no background checks. We were told that they had been done. We learned only later, inadvertently, that nothing had been done.

SENATOR CODEY: Didn't you find out that even though the prints were being taken, they were never being checked? Is that correct?

MS. RAVEN: That is correct. We learned that in September.

SENATOR CODEY: Right.

MS. RAVEN: When you attended our meeting.

SENATOR CODEY: Right. You, of course, are the reason -- the source -- of my action, because had you not told me of that--

MS. RAVEN: That's right.

SENATOR CODEY: --I never would have been able to do what I did.

MS. RAVEN: Yes.

SENATOR CODEY: It was because of you coming to me and telling me that even as a result of my investigation, which was in September, 1985-- They were taking the prints, but they weren't checking anything, and the same old hiring practices

were going on September, 1986, as existed pre-September of '85, when we made our disclosures. So, I am certainly very appreciative of you coming forward and saying something to me, and so are a lot of other people. So, I thank you very much.

MS. RAVEN: We need to work closely together.

SENATOR CODEY: Well, it looks as if we have done pretty well together.

MS. RAVEN: We have, but there are some other areas. We were also informed at the last meeting that police dogs had been brought to the hospital and were taken to a residents' area, and one person was arrested for drugs. We were told that about 10 people have been -- for some time -- under suspicion of dealing in drugs at Greystone, and it is their intention to get these people. Well, naturally, as family members, we want a little faster action. We feel this is a deplorable situation.

Another area in which we need your help-- This is a bigger thing than we, as family members at Greystone, can deal with. We were told that there is full staffing at Greystone only three days a week -- Wednesday, Thursday, and Friday. The reason for this is that there is a historical contract with the union, saying that half of the staff has to be off on weekends, every other weekend. So, these are the only days when there is full staffing. We are complaining about short staffing which is really of a serious nature -- very serious.

Now, as to the matter of quality of staff, the administration admits that there are people on the staff -- you know, aides -- who don't even have a high school education. They feel that this is not important. They feel that, after all, if they had graduated from a job in the kitchen to a job on the wards that, after all, they have been there and they know the patients. Well, we don't feel that this is how you learn to work with psychiatric patients. There needs to be more understanding. This is the reason why-- This is one of the reasons why I had to call the supervisor. My daughter has

called me, not just for herself, but she has called me for another patient, and has said, "Mom, this girl is having serious problems with side effects. She can hardly swallow, and they are not paying any attention to her." Then I have to call the superivsor to get in there and do something about it. We must have people who are trained. We must have salaries in order to select at Greystone the kind of people we want to work with the patients. That is very basic. The salary level is terribly important.

Then, with regard to the whole problem, when abuse does occur, we need to have a means of dealing with it. We need to have a report back. We make a complaint, and then months pass when we hear nothing. Well, I happened to have learned from a member of the Incident Review Committee, that one of the reasons we don't hear anything is that they are so far behind. They are only now beginning to review cases -- incidents -- that occurred in January. Incidents must be reviewed immediately; no more than a week must pass. One of the reasons is, some staff members write so poorly. We note that some of them can hardly talk. I don't mean to be offensive about the staff, but this is a fact. So, we really need people who are capable of communicating.

I would like to personally -- I have not brought this up at a meeting -- say that a family member of a patient who has been abused, or of a patient who has been involved in an incident, should participate in that incident review, and should hear what is being said. They should have a part in it. I think we must include families everywhere. Certainly, the family of the patient should participate in reviewing the problem and in helping to solve the problem.

About a year and a half ago, a Deputy Public Advocate by the name of Patrick Reilly came to our meeting, and informed us that he was trying to develop some legislation that would deal with the problem of abuse. After a year's work, it fell

apart. Nothing came of it, because they were attempting to have legislation that would be used throughout Human Services; that is, in all divisions, in all areas, not just in mental health. I personally believe this is a mistake. So, nothing has been done. There are serious problems of testimony, for example. We have the difficulty that the testimony of another patient is not taken seriously in the court, for example. This needs to be corrected. We have a situation where if another staff person observes an abuse, that staff member is liable -- could be sued for slander by the abuser. So, legislation is needed to protect that staff person, not only protect him, but make it-- He must be required by law -- as a responsibility -- to report an abuse, in the same way that child abuse is reported. We would like you to investigate this, Senator Codey, with a kind of, you know, creative work that will really get to the heart of patient abuse.

Now, I would like to introduce another family member, Lillian Robinson, who would like to tell you of a specific incident of abuse to her son.

L I L L I A N R O B I N S O N: Thank you. My son is 31 years old. He has been at Greystone for approximately four years. He has been diagnosed as being a paranoid schizophrenic. He is delusional in a certain area. Aside from that area, you wouldn't know that he had a problem. He is usually well-liked by the staff, and by most people he has anything to do with. However, he has a great deal of personal dignity, and he resents very much being spoken to in a manner undeserved, or perhaps deserved, but not in the fashion that is presented, and he will balk and fight back verbally.

The specific incident-- Oh, I must say, he is immaculate. He does his own laundry. He keeps himself very, very clean. He also was raised on a work ethnic, and has held jobs from time to time at the hospital for as much as six hours a day, and he has gotten along very well with the people he has

worked with. However, he has resisted the medication on occasion, and reverted to the point where he couldn't work, and where he would cause some sort of a problem, and go back almost to the beginning and start all over again. This is where, I am sorry to say, this behavior modification business comes into effect, and he has been punished to the point where he didn't get privileges, is put back into locked wards, etc., whereas he usually responds to kind treatment.

The specific incident that Ceil was referring to happened at a time when he was resisting medication. He was doing some writing -- writing a letter. He writes to everyone, and complains to everyone. The attendant, who was not ordinarily on his floor, was doing double duty because he was needed, and he wanted to give him his medication. My son kept stalling him. The attendant wanted to get it over with. A little bit of verbal abuse, you know, "Get your butt on the bed," and things of that kind, and my son resisted. I am sure he was a big pain in the neck. The attendant finally began to pull him by the shirt. My son told him to stop pulling him by the shirt, but the attendant continued pulling him by the shirt. My son said, "If you don't stop, I am going to hit you."

Now, my son is not tall in stature. He is not a fighter, but he did finally slap the attendant, who knocked him down, punched him in the nose, and called the police on the grounds and had him put into the ITU Unit. He took with him his little Watchman, which was fairly new; he took his little Walkman; he took his gold-plated cigarette lighter, which he had purchased himself out of his money. It had nothing to do with his being entitled to that luxury, but he did have it.

They told him he could only have one item, and that they would put the other items away for safekeeping, which they did. The person who was on duty wrapped the other two items very well and put them in a drawer at the nurses' station. The next day, the wrapping was open, and the items were gone.

The attendant filed charges against him, which were later dropped. I am a member of the Concerned Family group. I attend most meetings. I have raised this issue time and again. I was told before everyone present that they are not supposed to press if someone does not want to take the medication. This is a problem between the doctor and the patient, not the attendant. If they continue to resist, they are not supposed to attempt to force it upon them in any fashion. I was told that before the company assembled, but nothing was done about his incarceration in ITU. He was there for six months without privileges, and I have to say unjustifiably. This sets him back each time something like this happens. Many times there were incidents where he was put in a very low monitored unit, and then some verbal business between him and an attendant would occur, and back he would go, and it would start all over again. I think it has hindered his progress tremendously. I am not saying he is losing his delusions. He retains them; at all times he retains them. He wants to sue the hospital. He feels we are not helping him.

If he wanted to sue because of this treatment, perhaps I would go along with him, although, you know, we are pressured terribly by our children. We hear it so many times with so many small incidents, and so many large incidents. When you get to the point where you can't cope with it yourself, you tend to ignore many of these things, or to disregard them. However, he wants to sue to get out of the hospital, and that is really not possible.

About the middle of December, he was watching TV. He was sitting near a female attendant and some other patients. Evidently he used some abusive -- not abusive language, just foul language. The attendant scolded him for using that language, and he said, "Oh, it's okay when you do it." She pounced on him, knocked him on the floor, and bit him in the head, right near his eye. They had to tear them apart, and

they walked him around. They called the police, who made an incident report of it. But, that woman, who had previously taken tests for a promotion, received her promotion, and was transferred to a cottage. This festers within him. It just bothers him terribly that these people are not taken to task at all over these incidents.

The doctor was called, incidentally, and he said, "Oh, it's just a scratch." He was never given a tetanus shot. Of course, there were many minor incidents, which are not all that minor, such as his complaining that he gets his medication in liquid form, as against tablet form. It is assimilated more rapidly, he feels, and it gives him a headache. The doctor said, "That's nonsense." But, he is the one who has the headache. You know, sometimes they have to be credited for knowing how they feel and how they react to certain medications.

Aside from that, I have to say he feels that the hospital tries very hard to hire nice, kind people. He said he feels that most of them are very, very nice. After they are there for a while, however, you can see the change. Something happens to them after they are there for a while.

That's it. What I am trying to convey to you is, he tries very hard to be fair. He has always found an excuse for the person who has hurt him -- double duty, a woman who lost her husband -- and things of that kind. Nevertheless, he has suffered for it, and he resents it. And, it is unwarranted. That is all I have to say.

SENATOR CODEY: Thank you both very much. Judith Rose, Monmouth County Mental Health Association?

J U D I T H R O S E: Thank you, Senator Codey. Before I make my remarks, I would like to say that until today I thought I knew everything about Marlboro, and I guess I didn't. I have to say that I was extremely moved by the parents and former patients who came forward today to tell their stories. It took a great deal of courage. It was an inspiration for me, and I am sure for my colleagues, and I truly salute your courage.

As Senator Codey said, my name is Judy Rose. I am the President of the Mental Health Association of Monmouth County. I believe I am the last speaker, and I think probably God saved me for the cleanup hitter. I think I am supposed to touch on the points that haven't been touched on, and I will be as brief as possible.

The Mental Health Association is a private, nonprofit, voluntary organization, whose goals are education and advocacy. The concerns of the Mental Health Association have been extensively documented in a 40-page report dated October 19, 1986, which was submitted to both Commissioner Altman and Governor Kean shortly after its preparation, and I believe it has been submitted into evidence for this hearing.

The report summarizes conditions at Marlboro Psychiatric Hospital following our three-and-one-half-year investigation on the quality of patient care. We have met with Commissioner Altman on two occasions since the publication of this document. During both of those meetings he did not refute the contents of the report, but, to his credit, he proposed immediate remedial measures addressing all seven problem areas which were identified.

Subsequently, on April 1, 1987, we met with Dr. Michael Ross, who is the Acting CEO at Marlboro, who further confirmed that our report accurately depicted the conditions at the hospital as he found them on his arrival. He described an institution in chaos, with a pervasive lack of accountability for safeguarding the lives and the well-being of the patients. Dr. Ross concurred with the Mental Health Association that while there are many dedicated employees on the staff at Marlboro, lack of competent leadership has interfered with the staff's ability to provide quality care.

The purpose then of my presentation today may be to discuss the shortcomings of this institution, but I would like to draw attention to the fact that Marlboro is only a small

portion of a much larger dilemma. To be realistic and practical, we cannot assume that any remedial measures initiated at Marlboro, or anywhere else, will be successful, unless they are coupled with an expanded system of community-based care.

I would like to highlight some of the problems identified in our 40-page report:

During 1983, the Mental Health Association became alarmed after receiving numerous reports from families of patients at Marlboro of dangerous and inhumane conditions, suspicious deaths, patient abuse, and generally substandard care, and the overall fatalistic and apathetic attitudes of the staff. Community mental health agencies involved with Marlboro echoed our same alarming concerns.

In October, 1983, we initiated the arduous three-year process described in our report by first conducting meetings with the Marlboro administration. Issues brought to their attention at this time were handled on a case-by-case basis from a defensive standpoint, despite indications of a general malignancy in Marlboro's overall functioning and management. In total, since October, 1983, the Mental Health Association has met approximately 40 times with the Division of Mental Health and Hospitals and top administrators at Marlboro.

Some of the things that we identified which alarmed and concerned us included: The quality of the psychiatrists and the psychiatric care. For instance, when we began our report, there was a mentally impaired, substance-abusing psychiatrist giving direct patient care. It was common knowledge that she defecated at staff meetings, and that she was in charge of a ward of 70 patients. Subsequently, after she was sent away for rehab twice, and following Civil Service procedures, she was dismissed. There are no safeguards to prevent this kind of thing from happening again.

Treatment practice at Marlboro does not effect current trends. We consulted many psychiatrists in the community, and they concurred with our opinion. Salaries are not competitive with open market. They are approximately $40,000 below, and there are always vacancies in the psychiatric positions at Marlboro. Often, physicians who treat the client, who are not psychiatrists, cannot testify in court, and the psychiatrist who does testify in court doesn't know, and hasn't treated the patient.

A further concern has been the identification and treatment of patients with substance abuse problems. Up to 60% of the admissions at Marlboro are substance abusers, while only 11% are in substance abuse programs. Enough said! Substance abuse programing is inadequate for the patient population.

A lot has been said today about the availability of illicit drugs at Marlboro, and I have to second that concern. We have also heard that it is easier to buy drugs inside than it is outside. To our knowledge, after having brought this appalling concern to three Commissioners in succession, there has been no significant change in the drug situation at Marlboro, and the matter has been referred by us by the U.S. Department of Justice.

We are alarmed at the standards of patient care. Minimum standards set by regulatory agencies are considered to be the optimum standards used for patient care. Prescribed standards focus on documentation in a patient's record, exclusive of the quality of life. Inhumane conditions are overlooked, such as patients walking in snow to dinner with no shoes, no coats, and patients dressing -- as you heard today repeatedly -- from a common pile of disgustingly filthy clothing.

There remains an ineffective method in place to safeguard the care given the patients, and our opinion has been corroborated by Commissioner Altman. All of these situations

are exacerbated by the fact that the hospital is desperately overcrowded. There are 70 or more patients housed in buildings for which the optimum capacity is 30, with a maximum capacity of 50.

The hospital administration and the Board of Directors have looked proudly at the fact that they received their JCAH accreditation in April, two years ago. We would like to tell you that at that time we were aware of the fact that the hospital census was drastically over the acceptable level, and they probably would not have achieved their accreditation had JCAH known this. Their solution to this problem was to load the patients -- the day JCAH was to arrive -- on buses; to bus them almost to Atlantic City -- not allowing them to leave the bus to go to the bathroom or to eat -- and, while they were gone, they broke down the beds, hid them in the basement, and reassembled the beds and brought back the patients when the accreditation team was gone.

We threatened, at that time, to go to the press, and we were told-- We called the Department of Human Services, and we were told by a Deputy Commissioner, "Go ahead. Go to the press. They will lose their accreditation, and your patients will be out in the street." What is the option? It's a rock and a hard place.

The week before the JCAH team came, one of our committee members went out to Marlboro and was shown a closet chucked full of Christmas gifts -- personal gifts, socks, combs, radios, plants, that kind of thing -- by a staff member. She said, "What are these things doing in a locked closet?" The employee said, "We took them away from the patients after Christmas. We will let them have them just before JCAH gets here." That is how you achieve paper compliance with JCAH standards.

I would like to praise staff, however. It has been said today that there is a lot of dedicated staff. I would

like to qualify that. Most of it is middle management and line staff. Administration is ludicrous. Marlboro has traditionally had the lowest, or the next to lowest, staffing for patient ratio, despite documentation of the greatest need of all of the State hospitals. It has the highest percentage of acutely ill patients -- approximately 37% -- which requires a higher ratio of patient to staff. If staffing and treatment were adequate, the population at Marlboro would have the best prognosis for recovery. Marlboro has more admissions than all other hospitals, including twice the admissions, and 260 more patients, than Ancora. Despite this, Marlboro had -- at the time of our report -- 143 less direct care staff than Ancora. Fifty percent of the patients are between the ages of 18 and 35, and are acutely ill. Many of this age group have criminal and substance abuse histories, and require specialized treatments and programs which they are not getting.

We would like to say that we were gratified by the release of the recent K. C. Wilson Consultant Report, commissioned by the Department of Human Services. It says, in fact, that Marlboro does not have adequate direct patient staffing.

You can make patient ratio statistics look good on paper, which is what happened over a five-year period. The Division of Mental Health and Hospitals submitted statistics to us that indicated they had 24 psychiatrists on the staff. They had 24 budgeted positions for psychiatrists and 24 psychiatrists on the staff. When we went to the hospital to match the faces with the paychecks, we found that one was deceased, two were assigned to other hospitals, and one was reassigned elsewhere, and nobody knew why. We still, to this day, do not know what happened to the paychecks which were being kicked out by the computer in Trenton.

All of the staffing statistics that were submitted to us by the Division of Mental Health and Hospitals for the

Fiscal Year 1985 conflicted with the actual people on staff and the statistics on record at Marlboro.

This investigation has consumed a great deal of time and resources on the part of the Mental Health Association, Marlboro Psychiatric Hospital, and the Division of Mental Health and Hospitals, and the Department of Human Services. We recognize there are some extenuating circumstances, factors outside of Marlboro's control, which infringe upon its ability to provide humane care. In taking note of these factors, however, we are not condoning them as excuses, but are simply acknowledging their existence. Without adequate, involuntary beds in the community, admissions cannot be diverted from institutions. In the case of Monmouth County alone, there is an involuntary unit proposed by the Freehold Area Hospital which will yield an approximate 25% diversion of admissions at Marlboro. This kind of effort should be replicated in all four of the other counties that send patients to Marlboro. It is a simple matter of statistics. Without a continuum of residential alternatives and adequate partial care facilities, patients cannot be discharged from institutions into the appropriate less-restrictive setting.

At present, the majority of patients discharged from Marlboro return to families, who are ill-equipped to handle the overwhelming responsibility, without community support services. The system, then, in its current form, often forces patients to remain inappropriately institutionalized, or to live in a community without the aid of adequate programs and facilities. This causes a logjam in our institutions, perpetuating a situation which is totally contrary to the so-called enlightened theory of deinstitutionalization.

We must devise a plan for housing, so that these people are not dumped in the streets without support systems. With the redevelopment of the Asbury Park Boardwalk, it is estimated that 546 boarding home beds will be lost, causing a

critical shortage. A significant number of beds will also be lost with the redevelopment of the Long Branch beach front. Do we want these displaced persons sleeping on park benches? In the alternative, can we afford or allow them to be recommitted to an already overburdened institution, at a cost of $120 per patient, per day? We have a responsibility to explore the creative programing and innovative funding mechanisms that have been developed in other states. We do, however, take note of the fact that Commissioner Altman has demonstrated a commitment to pursuing this.

Sadly, it is estimated that one of every five adults in this country is undergoing treatment for some form of mental illness. It is further estimated that this insidious illness burdens -- both financially and emotionally -- one of every three families. While the mentally ill do not vote, their families and their advocates do. It is these people to whom we direct our plea: Make mental health a priority with Governor Kean. Write, call, visit, demonstrate and, most importantly, vote against those who are not committed to the plight of the mentally ill, and for those who recognize the mentally ill as a sizable population deserving of humane care and treatment, whether it be in an institution or in a community setting.

In providing mental health care to our citizens, the State of New Jersey has arrived at a crossroads and needs direction. Reverse is not one of the alternatives. Thank you.

SENATOR CODEY: Thank you very much. I also want to thank your group ever so much for the cooperation you have given us.

Our last witness will be Mr. Maloney.

G E R A R D M A L O N E Y: Senator Codey, and members of the staff before me: I appreciate being here today. Unfortunately, I did not know of the hearing, until I read about it in the paper yesterday. I travel extensively. I called your office, and you agreed to put me on the list.

The speaker before me spoke in the tone that she was the last on the list, and I did take cognizance of what she had to say. But I have been 22 years waiting for this opportunity to come before a legislative body and plead the cause of all of the hundreds of people who I have been associated with in the last 22 years.

My background: I am a resident of Essex County. I have six children. One of my boys, at Seton Hall Prep, when he was 13 years of age, came down with a mental illness. He has been hospitalized all these years -- 22 years. We have seen him in private hospitals, with private doctors. He has been in the Essex County hospital at Overbrook. He has been in and out of Marlboro four times within the last 12 years -- four times in and out of that hospital. He is now doing so well. He is out and under the care of the Day Activity Center people in Freehold, New Jersey, which is a subsidiary of the Monmouth County Mental Health Group, to which my wife and I are so indebted. They have been so great in what they have done, with a limited amount of staff -- a limited amount of personnel, money, etc.

Now, my point in coming here today was to tell you this, and to tell you that our observation -- and I want to share this with you, as I have shared this with so many other people-- We have welcomed the parents of the sick to join us. This is a two-way street. You have to have parent participation. No one knows the patient better than the parents. So, when parents put their children into State hospitals, or private hospitals, the parents must stay along with this, and watch and observe what treatment their children are getting. If they are not watched, there is going to be a problem.

Lorraine and I -- my dear wife -- have done all of this. We have traveled to every meeting in this State for 22 years. We were involved in the organization of the

Schizophrenia Foundation back in 1962, when we had meetings on Sunday afternoons where hundreds of people would come and plead, like you heard here today. What I have heard today-- I have heard this same story out of the mouths of a thousand people. We have invited people to come to the Concerned Parents Group in East Orange, where my wife and I are members. We have gone to Middlesex County. We go down to Marlboro. I have been there -- in Marlboro -- watching to make sure that my son was properly cared for, because we saw the dilemma of others.

We have stayed with this. We have met the doctors at Marlboro. I can attest to the fact that the doctors there, whose hearts may be in the right place, can't speak English. They don't belong there. They should be qualified before they are accepted, because if I don't understand them, I'm sure my boy would not know what to do.

I have certain recommendations to make along those lines. I won't take the time to do it right now; today has been long. But, I have other recommendations to make. I have visited other states to see what they are doing for the mentally ill. I went to the State of Minnesota. I have a copy of their "Demand for Action," on behalf of their sick people. I have a copy of their commissioner's report on what their problems are, and they parallel New Jersey right to the letter. I have a copy of the statute that has just been introduced in the Minnesota Legislature, which will allow our own people here -- if they are so inclined -- to take a look at this. They are talking about outpatient treatment care -- care out of the hospital -- deinstitutionalizing people, what to do when they are outside, how to fund this, and the obligations of the counties. They have placed the counties under a mandate of the state. The state will tell the counties what to do. They say they will give the counties the money, if the counties will do what they are supposed to do.

These are broad applications of remedy. I am here today to offer some remedy. I can go ahead and tell you of the abuse my son has been subjected to right in Marlboro. My wife and I visited him weekly, and we would bring him a carton of cigarettes, because he couldn't get cigarettes on the grounds. We had limited his cigarettes. We were there one afternoon -- a Sunday afternoon -- and when we were there on that Tuesday night, we witnessed my son asking for one of his cigarettes. The attendant wouldn't give him one, although the attendant had one in her mouth, and she was blowing smoke right in his face. He got so upset, that the attendant went after him, grabbed one of the other attendants, grabbed him by the throat, held him down, and he suffocated until he almost passed out. He was unconscious. We saw this. That is one example.

Number two, my son's need for dental care. You have heard expressed here today the need for dental care. My son asked for some dental work, but it wasn't given to him. We went to the doctors. We asked staff people; we pleaded for dental care. We couldn't get it. I asked for permission-- I have a letter right before me in my files to the doctor asking for permission to take him off the campus, so to speak, to take him to a private doctor up in East Orange. We paid for that work. I had to borrow $1300 from my insurance policy to pay for that, and I just made the last payment last week, thank God.

I am divulging private information, but we went broke years ago paying for the care of our son. I have heard the same story from the mouths of thousands of other people. The State has to take care of the, you know-- I might also tell you, that I have been the recipient of three subpoenas from a Monmouth County Adjuster, requesting that we pay for the care of our son while he was in Marlboro, and also when he was out of Marlboro in several boarding houses and in the facilities which the transition group in Monmouth County was kind enough to arrange. I have before me right now -- and I can show it to

you-- They sent me a bill for $118,000 -- the Monmouth County Adjuster -- after my receiving three subpoenas. I pleaded with him that I didn't have any money, never had any money, and needed this to take care of the rest of my family -- to raise my family.

But, we believe in helping others, and maybe I can pay back the State of New Jersey by contributing to whatever remedy is forthcoming in the future. Not only that, I received a bill last week for $26,000 from Monmouth County, which is taking care of my son under their jurisdiction in the Day Activity Center. You know, if I had the money, you can be sure you are looking at a guy who would pay it.

I have limited my comments on physical abuse, but now I am talking about administrative abuse -- the bucks, the dollars, that the taxpayers have paid, and the disbursement of those funds into the State hospitals, the county hospitals, under the administration of the Department of Human Services. That money has to be properly applied, properly used, and it must be fairly distributed. It must be paid to the workers, the people who have joined the staffs, who have started an association with the young people, including my own son. I have seen it happen. My son was interned in the admissions cottage, was taken out of there in a period of time, and went from one cottage to another. During that movement from Cottage A to Z, so to speak -- and you heard it before -- the records do not follow. My own son -- and I can tell you when it happened, the dates, and who was responsible -- was restrained from leaving that second cottage because his records didn't follow. The records didn't follow, so he was not allowed out. What happened when he couldn't get out of the cottage to go where he would be able to enjoy himself, and get some of the things he needed-- When he was told he couldn't go, he got so excited he went to the phone and called the Marlboro Fire Department -- as humorous as it may appear -- and the fire department came to that cottage, wondering where the fire was.

My son was then restricted for what he had done. We were told this. I went to the authorities there, and they confirmed that this did happen. I asked my son why he did that. He did it, he said, "To get their attention." And, he got their attention, and he got my attention.

One further thing, and I am not going to go on any longer. I would like to tell you something about that record. I have right here-- I told you my son went into Marlboro in 1972 for the first time, after being in Essex County and other private hospitals. I have a letter from Marlboro -- I have it in my hand -- dated June 4, 1982 -- 10 years later. "This is a request for information about Rod's prior hospitalization at Marlboro. We would like to get Rod's records for his hospitalization at Carrier Clinic and the Essex County hospital. The records we would like to have may be informative. Because of this, we would ask you to sign a release." We have signed releases. Do you know how many times I gave this to the people at Marlboro in the preceding 10 years? Literally dozens of times, from one cottage to another. The people who were then associated with the care of my son didn't have the records or, if they did have them, no one could find them.

We said to ourselves, "Now, here we go again." I recently read in the local press that in Bergen County there is a computer at a hospital. That computer identifies the record of a particular patient who has been there, who has been there, moved out, moved back in again, and moved on. There has to be computerization, or a better system today, to provide for the records of our children in this hospital -- Marlboro -- so that when they go out into the community -- like in Monmouth County, which is taking care of my son -- we don't have to tell Monmouth County the same story we have told over the last 22 years. This has to be corrected.

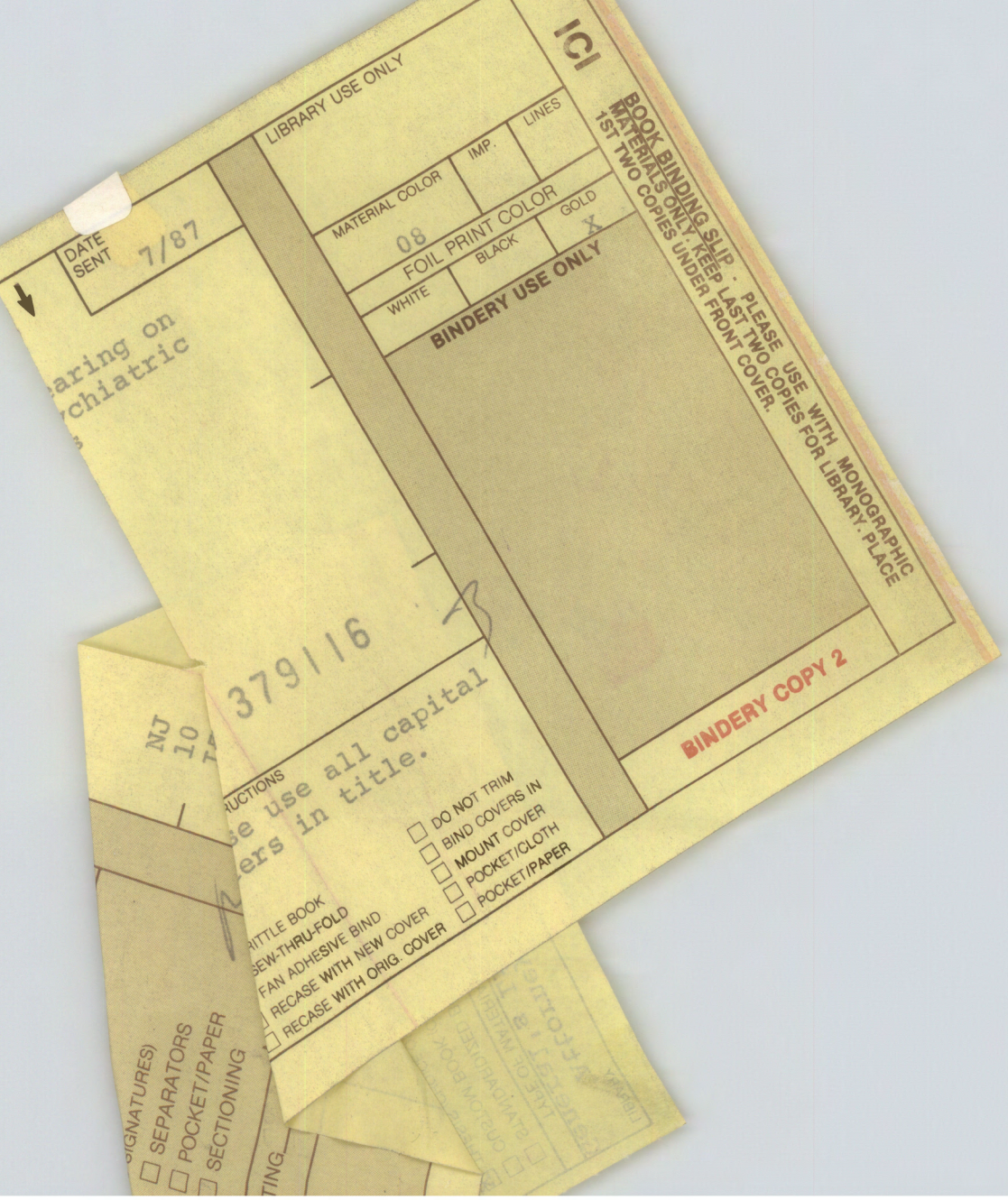
You are looking at a concerned parent, who is not just here today to hear himself speak. I have stood on my feet, time and time again, before parents' organizations -- Sundays, Monday and Tuesday nights, Wednesday and Thursday nights. I travel extensively, trying to make a living. I am now 70 years of age. I have done my best for 22 years to help others. Now I am asking you, Senator Codey-- I want to congratulate you for what you did, because I have before me a featured story in The Minnesota Star Tribune, when you made that appearance. What you did there-- Friends of mine in Minnesota have said, "Thank God, because we have the same problem in our state."

I told Commissioner Altman the other day-- I went to his hearing, and I said, "We are behind you." And, Senator Codey, we, the parents, are behind you 100% all the way. I can give you 1000 signatures tomorrow; I know I can. I want you to know that we are grateful for what you did. You went undercover. For 22 years now, we have been talking and talking and talking, and not getting anywhere. We plead the cause of our children, and the children of those who follow us. I am not going to live forever, and I wonder what is going to happen to my child. Who is going to take care of him after my wife and I have gone? We will do our best to share our experience with the Legislature, and our associates who are behind us -- who are yet to come in the future.

We have committed ourselves to continue our efforts and, therefore, I thank you. I called your office yesterday. I didn't know about the hearing. You allowed me to go onto the list to plead our case. Thank you very much, sir.

SENATOR CODEY: Thank you, sir. We stand adjourned.

(HEARING CONCLUDED)


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APPENDIX

PARENTS HELPING PARENTS

a support group for parents
of children and adolescents
with emotional problems

first Wednesday of each month
beginning May 6, 1987
7:30 P.M.

at

THE MENTAL HEALTH ASSOCIATION OF MONMOUTH COUNTY
90 Monmouth Street
Red Bank, New Jersey

Sponsored by
The Mental Health Association of Monmouth County

Julie Saxe, facilitator

842-7077

PARENTS GROUP AGENDA

(Meeting with Public Advocate)

A. CONDITIONS IN PSYCHIATRIC HOSPITALS

1) Direct care workers are untrained/supervision is poor. (Need for training, better supervision and certification.)

2) Diet is poor - children's individual dietary needs and problems are not given proper attention. (example: excess starch and sugar in diet).

3) Treatment Plans developed by the treatment team are often not being followed through by direct care workers.

4) Poor communication between therapeutic staff and direct care workers (example: medication changes are not explained or communicated to direct care workers).

5) Children are not seen by therapists often enough (they are seen once a week at most).

6) Psychiatrists are dispensing medication without seeing children and without parental consent or consultation. Parents are not alerted to side affects of medication.

7) Why are direct care workers given so much power? Why are their jobs protected?

8) Why are there male staff working on the girls unit?

B. RESIDENTIAL PLACEMENTS

1) What are the Plans for residential programs in N.J.?

2) Many existing programs are not able to maintain children with more severe emotional problems (behavior problems). Programs are very selective about children they accept.

C. RESPITE PROGRAMS

1) Respite not available for families with children who have emotional problems.

D. INSTITUTIONAL ABUSE

1) How to follow-up on charges or complaints?

2) Parents are often excluded from investigative process.

NEW JERSEY CONSUMER ADVISORY COMMITTEE FOR MENTAL HEALTH
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Milton Bernstein, Treasurer

This testimony represents the combined feelings of people who have experienced both the quality treatment afforded by the Ancora State Psychiatric Hospital as well as that which is in need of some improvement. It is to this latter area of experience that the remainder of this letter addresses.

It has been experienced by some of the people who have expressed their feelings here that the following has happened.

1. cloth restraints were used instead of more comfortable ones, and that at times these restraints were tightened, not because of their ability to restrain, but because of things that were being said by the patient.

2. individuals were not taken to the bathroom while in restraints even though they asked to be; and this occurred while they were no longer a threat to staff or themselves.

3. at times the above patients were told to go to the bathroom in their pants.

4. the violent ward was used for punishment even though those who were sent there were not exhibiting violent behavior, but milder forms of unsocial behavior.

5. a patient was yelled and cursed at while being awakened in the morning.

6. in general members of the staff would talk in an aggressive manner to patients to get them to do things, instead of trying to understand that pateints were already frightened. The staff didnot differentiate between frightened patients and other patients when demanding proper behavior.

7. when a patient had a bad reaction to medication, the medication was not changed quickly, but often the patient would have to wait for a doctor to be "available". This would often take from 24 to 72 hours, if the doctor was told at all without repeated

pleadings to have the medications changed.

I want to thank you for your kind attention to this testimony.

Sincerely,

Samuel Laskin

Samuel Laskin
529-C Sutton Towers
Collingswood, New Jersey
08107

m.h.a. **mental health association of monmouth county**

90 monmouth street • red bank, n. j. 07701 • (201) 842-7077

April 1, 1987

Ms. Eleanore Seel, Staff Liaison
Senate Commitee on Institutions,
Health and Welfare
State House Annex
Trenton, N.J. 08625

Dear Ms. Seel:

Enclosed is the Mental Health Association's Report on Investigation of Quality of Patient Care at Marlboro Psychiatric Hospital that Senator Codey's Aide asked us to send to you.

Sincerely,

Ginger Mulligan

Ginger Mulligan
Executive Director

GM/vs
Enc.

5X

~~CONFIDENTIAL~~

REPORT ON

INVESTIGATION OF QUALITY OF PATIENT CARE

AT MARLBORO PSYCHIATRIC HOSPITAL

by the

MENTAL HEALTH ASSOCIATION OF MONMOUTH COUNTY

Mental Health Association of
Monmouth County
90 Monmouth Street
Red Bank, New Jersey 07701

October 29, 1986

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PRINCIPAL INDIVIDUALS INVOLVED IN MENTAL HEALTH ASSOCIATION INVESTIGATION OF THE QUALITY OF PATIENT CARE AT MARLBORO PSYCHIATRIC HOSPITAL 1983 to DATE

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Family and Friends, self-help group

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Michail Rotov, M.D., Psychiatrist
John Liccardo, M.D., Psychiatric Consultant
Raymond Brennan, Chief of Human Services Police

DIVISION OF MENTAL HEALTH AND HOSPITALS

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Jonas Waizer, Ph.D., Acting Deputy Director
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Dennis Bock, Employee Relations Specialist

MARLBORO PSYCHIATRIC HOSPITAL

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David Sorensen, Ph.D., Chief Executive Officer
Victor Fongemie, Ph.D., Clinical Director
Norman Bienkowski, M.D., Former Medical Director

C O N F I D E N T I A L

INTRODUCTION

The Mental Health Association of Monmouth County (hereinafter "MHA") is a private, non-profit, voluntary organization whose primary goals are education and advocacy. It is in its capacity as an advocate for improved treatment of the mentally ill and as a sponsor of the self-help support group, Family and Friends for Mental Health (hereinafter "Family and Friends"), that the investigation reflected in this Report was undertaken.

Marlboro Psychiatric Hospital (hereinafter "Marlboro") is a 55 year old facility which provides inpatient services to adults, 18 years and older, from Ocean, Monmouth, Middlesex, Union, Somerset and Essex Counties. Patients who are determined to be dangerous to themselves or others are admitted involuntarily after having been screened by a community hospital. Marlboro admits and discharges an average of 150 to 165 persons per month. Its daily average resident population ranges from 800 to 850, depending upon the time of year.

REASONS FOR INVESTIGATION/FIRST STAGE

During 1983, MHA became alarmed after receiving numerous reports from families of patients at Marlboro of

dangerous and inhumane conditions, suspicious deaths, patient abuse, generally substandard care and of the overall fatalistic and apathetic attitudes of staff. Community mental health agencies involved with Marlboro echoed the same alarming concerns. In October, 1983, MHA initiated the arduous three year process described in this Report by first conducting meetings with the Marlboro administration. Issues brought to Marlboro's attention during these initial meetings were handled on a case by case basis, despite indications of a general malignancy in Marlboro's overall functioning and management.

INVOLVEMENT OF THE DEPARTMENT OF HUMAN SERVICES

Thereafter, due to the seriousness and immediacy of MHA's concerns and the apparent lack of understanding and remediation of them on the part of Marlboro, MHA was constrained to request a meeting with the Commissioner of the Department of Human Services (hereinafter "DHS") in March, 1984. Subsequently, all negotiations with respect to Marlboro have been at the level of the Division of Mental Health and Hospitals (hereinafter "DMHH"). In total, since October, 1983, MHA has met 32 times with DMHH and Marlboro top administrators, repeatedly addressing the same system-wide issues detailed later in this report.

After almost two years and 21 meetings held by the MHA Institutions Committee with the appropriate administrators

and officials, MHA's expressed concerns had produced no tangible changes. As a result, Family and Friends decided to hold a "Candlelight Vigil" on the grounds of Marlboro, specifically to protest the increased incidence of illicit drug trafficking which threatened the safety and welfare of family members. In an effort to avoid negative publicity, DHS finally proposed the first attempt to remedy the problems. In November, 1985, DHS conducted a survey of Marlboro patients to evaluate the validity of MHA concerns. Even though the study was based on a small sample, DHS acknowledged that most of the conditions MHA had identified did, in fact, exist. In December, 1985, DHS developed a plan for "Corrective Action on Clinical Issues". The following report reflects MHA's efforts to monitor and evaluate the impact of the corrective action plan on the quality of patient care.

CASE DOCUMENTATION AND ORGANIZATION

The information in this document is organized according to categories which identify (a) the MHA's areas of concern, (b) actions taken by Marlboro, (c) results of actions and (d) MHA's comments. It should be noted that, although MHA identified the major problem areas, Marlboro and DHS selected the methods for remediation. Examples given to illustrate areas of concern reflect actual documented cases. Although MHA has documented support of many examples for each problem, those

cited are advanced as being most illustrative of each concern. MHA made certain that all problem areas and case examples are documented and verified by more than two sources, including: families of patients, discharged patients, community mental health agencies, Marlboro administrative and direct care staff, DHS staff, DMHH staff, and Marlboro and DMHH reports. The MHA Institutions Committee has prepared this detailed analysis; in the course of the investigation, Committee members themselves have made frequent visits to Marlboro to verify all data presented here.

Each of the categories summarized in this Report is integrally related to the other categories, although each has been separated for clarity. The following, then, is intended to be a summary, by no means an exhaustive summary, of what has been disclosed during the investigation. The concerns addressed are further referenced and commented upon in the various exhibits annexed hereto.

I. QUALITY OF PSYCHIATRIC SERVICES (Exhibit A)

MHA received reports of a severely impaired psychiatrist at Marlboro who, at the same time, was providing direct care to patients and having administrative responsibility of an entire unit. MHA viewed this as posing a life-threatening situation. The staff at Marlboro, community agencies and family members all substantiated the bizarre behavior of this

physician. The matter became such a serious concern, both from a standard of care and as a potential liability issue, that MHA demanded an investigation by the DMHH. After DMHH confirmed the impairment, the physician was sent away for rehabilitation for a brief period of time and then returned to a direct care position. The Marlboro staff continued to report incidents of the physician's impaired judgment. MHA is alarmed, as this case vividly illustrates deviant medical practice and an inability on the part of Marlboro to identify less obvious incidents of alleged malpractice. MHA remains outraged that there are not adequate safeguards to assess acceptable standards of practice.

In the course of discussion with families, community agencies and Marlboro staff, it soon became apparent that there were other very serious reasons for concern. When patients were admitted "in crisis" to Marlboro, family members or community agency liaisons provided to the Marlboro staff patient history, including listings of medications and specific treatments which had been used successfully. Marlboro frequently disregarded this informed advice. The psychiatric staff apparently had their own individual treatment protocol, including medications they felt comfortable in prescribing, even though their practices often did not reflect current trends in psychiatric treatment. For instance, lithium, the recommended drug of choice for bi-polar disorders, commonly

called manic-depression, was not used proportionately to the number of patients with this disorder, even if the patient had been maintained on this drug effectively while in the community. Apparently, many Marlboro psychiatrists did and do not feel comfortable with the use of lithium as this particular drug requires certain medical expertise and ongoing care to monitor its potentially toxic effect.

II. QUALITY OF MEDICAL SERVICES (Exhibit B)

MHA again received reports from the Marlboro staff and community professionals with respect to inappropriate medical care. Case in point:

> A 50 year old woman with cerebral palsy was admitted to Marlboro for depression and attempted suicide. She had been living independently, able to walk and feed herself. While at Marlboro, she was restrained all day in a chair in view of a naked, screaming patient. Her physical condition deteriorated because of her need for physical therapy, which was ordered but never given. Although unable to feed herself, the staff refused to feed her, attributing the request to be fed as manipulative behavior. She rapidly deteriorated after losing considerable weight and died of pneumonia two months after her admission.

MHA has requested that this case be investigated by the Office of the Public Advocate. It is apparent there is a lack of education of the professional staff in the appropriate medical care of physically handicapped patients, exacerbated by a negative attitude on the part of the staff toward such special patients.

Under the recently implemented Level of Functioning organization of the hospital, the patients at Marlboro are no longer placed in treatment units according to county. Rather, they are assigned to various treatment units according to their ability to function. In theory, as they progress or regress, they are transferred. This is a valid philosophy. However, in an overcrowded facility such as Marlboro, rather than being transferred for appropriate treatment reasons, patients are simply transferred to units having a vacant bed. This has resulted in a serious concern by families, staff and agencies about the fragmentation of care. Multiple transfers, loss of patient information, no patient-staff familiarization and ineffective treatment seem to have become the norm. The Marlboro staff reported that a "bargaining" attitude exists regarding transfer of patients between units, and negative information is withheld about unwanted patients. <u>This results in a situation where no one at Marlboro knows the patient</u>!

III. AVAILABLITY OF ILLICIT DRUGS AT MARLBORO (Exhibit C)

According to reports from many of the psychiatric clients in the community, Marlboro was known to be one of the best sources for obtaining illicit drugs in Monmouth County. During the MHA investigation, drug trafficking on the grounds of the hospital surfaced as a major problem, involving both patient population and individual staff members on all levels. This resulted in frequently reported incidents of physical and sexual abuse on both a patient-to-patient and staff-to-patient basis. Family members stated their relatives feared reprisals from staff and fellow patients if they became known as the source of information about drug sales. This is a serious issue which compromises patient safety and civil rights. It promotes potentially dangerous drug interactions and negates effective therapy. These concerns motivated the Family and Friends support group to plan a candlelight vigil on Marlboro's grounds to bring this problem to the attention of the authorities, the general public and the press. Family and Friends temporarily agreed to cancel the vigil when the DMHH initiated substantive efforts to identify and discipline those buying and selling drugs. All actions taken by DMHH to date have failed. There has been no significant change in the Marlboro drug situation.

IV. QUALITY ASSURANCE (Exhibit D)

"Quality Assurance" sets standards of excellence for patient care, establishes methods of problem identification and evaluates corrective measures. Throughout MHA's interactions with Marlboro, MHA has asked that verifiable safeguards be established to ensure correction on a system-wide rather than individual case basis. In the course of the last three years, Marlboro led MHA on a "paper chase", instead of remediating the identified problems. No safeguards emerged in any area of question. MHA consistently found a lack of measurable data, indicating a serious lack of expertise in the quality assurance. Significantly, the Joint Commission on Accreditation for Hospitals (hereinafter "JCAH") in its Report of April, 1985, has cited this as an area of deficiency. MHA's contact with the hospital has been limited to their reactive, defensive stance to our objections in this area. MHA has not seen any proactive changes initiated by the Marlboro administration. MHA has only recently been advised that the DMHH has requested a consultant from the Joint Commission be assigned to Marlboro to remedy its quality assurance deficiencies.

V. OVERCROWDING (Exhibit E)

Marlboro was built in an era when custodial asylum was the mission of the hospital. Since the 1950s, psychotropic

medication effectively allows the vast majority of the mentally ill to live and be treated in the community. Today's therapies are more effective when patients are housed in smaller, more normalized units, rather than in large units as exist at Marlboro. It is not uncommon at Marlboro to have 40 patients confined throughout the day in one room, a room that in the hours after dinner contains 60 to 80 patients in contrast to what should be a cottage designed to house 30-50 patients. Furniture in most cases can accommodate only half those locked in the room; thus, many of the patients sit on the floor or mill around the perimeter of the room. Overcrowding grossly increases assaults and the victimization of weaker patients.

VI. STAFFING (Exhibit F)

Staff-to-patient ratio has a direct impact on the quality of care and effectiveness of treatment that can be offered. The mental condition of most of the patients at Marlboro can be improved with quality treatment. Without adequate high caliber care, repeated hospitalization occurs and patients become "institutionalized", with a decline in their prognosis for recovery. This is both ineffective and costly as the average rate for maintaining a patient at Marlboro is $122.00 per day.

Marlboro's patient profile, disturbingly, is that of a young 18 to 35 year old multi-problemed individual requiring

more time, attention and expertise than the older, chronic, passive mental patient of 10 years ago. Marlboro has twice the number of admissions and the highest number of acutely ill patients of any of the four state hospitals, but traditionally has had the lowest or next to lowest staffing level.

VII. EFFECTS OF LOCKED UNITS (Exhibit G)

Patients are admitted involuntarily to Marlboro only after having been evaluated in community hospitals as being dangerous to themselves or others. Individuals found innocent of crimes by reason of insanity (KROL) and others on a criminal detainer basis are integrated with the general population without a case by case assessment of the danger they pose to other patients.

In April of 1983, steps were taken to improve security at Marlboro following the community outcry that any patient could walk away from the facility and appear in their neighborhood. All units were ordered locked, with all patients being granted grounds privileges only after they were viewed as not being a risk to the community or presenting a risk of running away. This approach conveys the image that all mentally ill are potentially dangerous, regardless of their lack of criminal background. In December, 1983, a court order was issued, restraining the state from placing KROL, detainer and dangerous persons at Marlboro.

Maintaining a locked facility placed a tremendous burden on staff, forcing them to emphasize security and thereby de-emphasize treatment. Patients who had no criminal history were not being allowed outside their units because members of the staff were severely disciplined if any patients walked off hospital grounds. Since treatment programs are conducted in centralized areas, patients, therefore, have to be escorted to and from programs by cottage staff. Most cottages are staffed by only 4-6 attendants for 70 patients, thereby creating a staffing crisis when patients are escorted. In sum, treatment needs being viewed as secondary to security needs result in a custodial mentality that violates patients' rights.

* * *

CONCLUSION

This investigation has consumed a great deal of time and resources on the part of MHA, Marlboro Psychiatric Hospital, Division of Mental Health and Hospitals and the Department of Human Services during three years. MHA recognizes that there are some extenuating circumstances, factors outside Marlboro's control which infringe upon its ability to provide humane care. In taking note of these factors below, however, MHA is not condoning these as "excuses", but simply acknowledging their existence:

(a) N.J. Department of Civil Service - This Department sets uncompetitively low salaries, frequently resulting in the attraction of less qualified professionals and fostering the continued employment of incompetent staff;

(b) N.J. Office of Management & Budget (hereinafter "OMB") - In controlling the funding for the institution, OMB does not allow Marlboro the latitude to fill 100% of its budgeted positions even though it is desperately understaffed; in addition, OMB is continuing to delay the flow of funds appropriated though a 1980 bond issue for the development of 10 transitional cottages which, when completed, would provide some relief to overcrowding and a more therapeutic environment;

(c) The Courts - The Courts have issued a mandate for the locking of cottages, thereby creating an anti-therapeutic, prison-like environment for patients and staff. Mandating staff to be responsible for maintaining security exacerbates problems with insufficient direct care staffing;

(d) DHS Human Service Police Department - This Department has not been given the latitude to

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conduct an effective investigation into the availability of illicit drugs on the grounds because of the fear of political reprisals.

Despite the foregoing administrative barriers, MHA simply cannot condone the hospital's slow pace in finding solutions. The focus of MHA has always been quality of patient care. MHA remains gravely concerned about the life threatening and inhumane conditions at Marlboro. MHA is not deluded into thinking that public hospitalization will ever be equal to private facilities, but it does believe that merely achieving minimum standards is not acceptable. Since these minimum standards are generally filtered through a bureaucratic paper process, Marlboro is found to meet these standards and appears on that basis to be functioning well. Nothing could be further from the truth. In actuality, this investigation has concluded that the institution is grossly ineffective as a treatment center.

It would appear that accomplishments have been made during and as a result of this investigative process; some would even say such accomplishments are notable. The development of a moderate security unit, the education and training on substance abuse, the close monitoring of lithium use, changes on the Admissions and Intensive Treatment Units and the programming for families are all improvements to which

one might point as deserving recognition. However, MHA is compelled to analyze all actions and accomplishments in terms of their impact on patient care in the identified major areas of concern. For example, although the substance abuse education has been a positive endeavor, it has not affected illicit drug use on the grounds, nor has it aided in the identification and treatment of substance abusers. MHA has concluded that there has not been significant improvement in any of the areas of concern as a result of any corrective action employed by Marlboro. Specifically, MHA concludes that:

- The quality of psychiatric and medical care still seriously jeopardizes the health of all patients.

- The availability of illicit drugs is still as widespread as originally reported and continues to endanger the lives and safety of all patients.

- The new Quality Assurance program, while still in developmental stages, exhibits a continued reluctance to interpret data, to identify problems and to suggest corrections.

- Overcrowding is more serious now than when this investigation began because of the high census

and the loss of beds caused by the installation of air conditioning.

- Staffing problems have been only minimally corrected, with extreme inequities still existing between Marlboro and Ancora Psychiatric Hospitals.

- Locked units continue to create a prisonlike environment for patients, staff and community.

These conclusions have not been reached in a vacuum. The community mental health agencies in Monmouth County and many of Marlboro's own staff report that the problem areas remain unchanged and further report an accentuated deterioration in care over the last three years. One of the most significant concerns expressed is the lack of continuity of care since the hospital changed its organizational structure three years ago. The mental health community perceives Marlboro as being in a state of chaos. Yet, despite this feedback from the mental health agencies and the hospital's own staff, Marlboro has not yet even evaluated the effectiveness of its reorganization and the impact on patient care.

The staff of Marlboro has been demoralized in the last few years as a result of ineffective administrative leadership in responding to major problems, compounded by the

change in their role from treatment personnel to security guards. The resulting negative, apathetic attitudes of staff are further influenced by the philosophy of the state and hospital administration which advocates "continuing the system as it exists".

It is not the intention of this report to place blame on direct line staff, but rather to state that ineffective management, which has rationalized and failed to respond to major system-wide deficiencies, is responsible for the continuation of the problems cited in this investigation. MHA is appalled by the lack of administrative expertise and knowledge in identifying systems problems, arriving at corrective action plans and evaluating actions for progress. From experience with the Marlboro administration, MHA concludes that the hospital's focus has been on justifying the hospital's present state, rather than pursuing assessment and change. Such actions as not holding staff accountable for providing state of the art treatment and not enforcing policies to report incidents of substance abuse on the grounds give strong messages to the staff and the community of apathy, lack of leadership and incompetence.

But the responsibility for the problems of this institution goes beyond the Marlboro administration. While the trend in the past 30 years has been toward deinstitutionaliza-

tion, the State cannot ignore the role of the public institution as a necessary service. Considering the young age and acuity of the population that Marlboro presently serves, the continued neglect of this institution and lack of leadership and progressive treatment methods can and will result in the development of a chronically ill population with long term hospitalization needs. The State must reassess the performance of this hospital now and fulfill its obligation to the public by providing a safe and therapeutic environment, dedicated to high standards of care.

It is unfortunate that the State of New Jersey and the Department of Human Services have chosen to be followers of antiquity, rather than progressive innovative leaders in caring for our vulnerable mentally ill.

Area of Concern

Quality of Psychiatric Services

A. Problem - Quality of Psychiatrists:

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	A mentally impaired, substance abusing pyschiatrist giving direct patient care	Following Civil Service procedures, DMHH ordered the physician to attend a rehabilitation program	After brief period of treatment, physician returned to a direct care position
(2)	Some foreign psychiatrists are not able to speak English well enough to be understood by patients, families and staff	Credential Review	Psychiatric staff meets standards of Marlboro Psychiatric Hospital
(3)	Two-thirds of staff psychiatrists are not Board Certified		

Comments on Problem Area by MHA:

(a) Impaired psychiatrist remains on staff.

(b) Psychiatrists' case overloads result in average patient visits totaling only twenty (20) minutes per month per patient.

(c) Salaries are not competitive with open market ($40,000 below); almost always vacancies in position.

(d) Treatment practice does not reflect current trends.

(e) Uncertified psychiatrists cannot testify in court; therefore, the psychiatrist who testifies frequently does not even know the patient as he has not treated the patient.

Area of Concern

Quality of Psychiatric Services (Cont.)

B. Problem - Continuity of Care:

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	Patient transferred 15 times within one year from unit to unit at Marlboro	None, despite acknowledgment by Marlboro that existing system is ineffective due to overcrowding	
(2)	Because staff had not adequately reviewed the case records of a patient convicted of rape, the patient was allowed home on visit, at which time he raped his daughter		

Comments on Problem Area by MHA:

(a) Lack of continuity of care and medication prohibit recovery.

(b) Valuable patient information is lost in transfers.

(c) Causes a loss of sense of community and rapport between patient and treatment.

(d) A lack of coordinated team approach and follow-up care present a potentially dangerous situation for the patient and the community.

(e) In theory the organization of the hospital by patients' degree of illness and ability to function is valid; however, it is ineffective.

(f) NO ONE GETS TO KNOW THE PATIENT

Area of Concern

Quality of Psychiatric Services (Cont.)

C. Problem - **Identification and Treatment of Patients with Substance Abuse Problems**

Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
Up to 60% of admissions at Marlboro are substance abusers, while only 11% are in substance abuse treatment programs.	Substance abuse screening (laboratory testing)	Screening admittedly limited and inaccurate Not representative of the number of patients with a substance abuse problem
	Staff education	Staff training implemented and ongoing
	Chief Executive Officer issued policy requiring reporting incidents of patient substance abuse	Policy not being followed by staff
	Expansion in substance abuse programming	5 new Substance Abuse Counselors will be hired

Comments on Problem Area by MHA:

(a) Methods for obtaining laboratory samples not reliable.

(b) Physicians resistant to ordering testing when requested by Marlboro treatment staff, community agencies or family.

(c) Verified abuse is not incorporated in treatment plans or in identifying use of illicit drugs at Marlboro.

(d) Staff attitudes admittedly resistant to change, even after education.

(e) Administration not effective in enforcing policy of reporting incidents of substance abuse.

(f) While Commissioner of DHS promised 12 additional counselors, only 5 will be hired as mentioned under Results.

(g) Substance abuse programming is insufficient to meet the client needs.

Area of Concern

Quality of Psychiatric Services (Cont.)

D. Problem - Use of Medication:

Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1) Only 1/3 of patients diagnosed bi-polar disorder (manic-depression) are treated with lithium, the accepted medication of choice in current psychiatric practice, according to private psychiatrists	Physicians employed by DHS were consulted	No action was taken because Marlboro administration believes that each staff physician has full flexibility in choosing treatment Consultants corroborated the current practice at Marlboro as appropriate
(2) Patient administered double dose of medication before being sent home on visit with potential overdose effect	Staff responsible for infraction was identified and disciplined Marlboro Chief of Psychiatry claimed to have conducted a hospital-wide review of medication dispensing	Identical problem recurred with same patient the following week

		and stated problem was corrected	
(3)	Patient became dehydrated and suffered severe weight loss due to toxic and side effects of medication not being adequately monitored	A review of weighing practices was conducted Marlboro identified life threatening problems specific to lithium use	Marlboro administration found no problem All patients receiving lithium are reviewed for appropriateness of prescription and medical monitoring An educational program is planned

Comments on Problem Area by MHA:

(a) Based on input from Board-Certified private psychiatrists, the use of lithium at Marlboro as a treatment for bi-polar disorder is substantially underutilized.

(b) Issue exemplified Marlboro administration's inability to identify and correct systems problems.

(c) MHA remains alarmed that a system-wide problem regarding prescribing, dispensing and monitoring medications still exists.

Area of Concern

Quality of Psychiatric Services (Cont.)

E. Problem - Use of Seclusion and Restraint:

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	Patient tied to pole for convenience of staff	Policy on use of seclusion and restraint	Marlboro developed a monitoring system and conducted staff education

(2)	During an unannounced visit, Deputy Commissioner of Human Services found patient restrained without authorization	Staff member was disciplined	Marlboro acknowledged inadequate documentation of reasons for using seclusion and restraint All reported incidents of seclusion and restraint are monitored

Comments on Problem Area by MHA:

(a) MHA acknowledges improvement in this area; however, mental health professionals report continuing problems.

Area of Concern

Quality of Psychiatric Services (Cont.)

F. Problem - Interaction with Patient Families:

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	Failure to notify family of patient's admission	Marlboro notifies all families that can be located of their relative's admission	Families are more informed and involved with their relative's treatment
(2)	Psychiatrist ridiculed family and blamed them for patient's illness	Marlboro developed regularly scheduled educational and therapeutic programming for patient families on some units	Staff attitudes toward families have improved

Comments on Problem Area by MHA:

(a) While educational and therapeutic programming for families of patients is commendable, MHA would like family education expanded to all units on a regular basis.

Area of Concern

Quality of Medical Services

A. Problem - **Availability of Emergency Equipment and Services**:

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	Marlboro physician examined seriously injured patient and ordered diagnostic tests for possible internal injuries on the following day (16 hours after the incident). Permission to take patient immediately to community hospital emergency room was granted 2 hours later, only after nurse told doctor he would be held accountable	None	Marlboro sees its current practice as adequate
(2)	First Aid response time for patient overdose was approximately 1.5 hours	None	Marlboro maintains a contract with a private ambulance service which averages a one hour response time

Comments on Problem Area by MHA:

(a) MHA is gravely concerned with the deficiencies in emergency services that pose a life threatening situation for patients.

(b) Chief of Surgery, who treated patient in emergency room of community hospital, criticized the delay in treatment and referral.

Area of Concern

Quality of Medical Services (Cont.)

B. Problem - Medical Services for the Handicapped:

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	50 year old physically handicapped patient admitted to Marlboro able to walk and feed herself. Less than 2 months later she died of pneumonia after dramatic deterioration attributable to inadequate medical care	Autopsy requested by family was performed by Marlboro staff physician	No irregularities identified
	(a) Staff refused to feed patient despite inability to feed herself and visible weight loss and dehydration	DHS conducted peer review at MHA request	DHS Medical Consultants found no irregularities
	(b) Fever not monitored		
	(c) No respiratory therapy given despite diagnosis of pneumonia and emphysema		
	(d) Medication ordered despite documented allergies		
	(e) Medication doses were not administered		

Comments on Problem Area by MHA:

(a) Monmouth County providers of services for the physically handicapped refuse to refer their clients for admission to Marlboro.

(b) MHA is alarmed at the lack of professional knowledge specific to handicapped individuals and the complications resulting from their disability.

(c) This area has broader implications for all physically ill patients.

(d) MHA has referred this case to the Office of the Public Advocate.

Area of Concern

Availability of Illicit Drugs at Marlboro

A. Problem - **Patients Cannot Recover from Their Mental Illness if They Use Illegal Drugs and/or Alcohol**

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	Young adult substance abusing patients (65% of Marlboro's admissions) report easier access to drugs at Marlboro than in community	Marlboro acknowledged problem and indicated a multi-faceted plan, including undercover investigation, staff education and a tracking system for drug related incidents	Alleged undercover investigation was ineffective and discontinued. No results reported All mechanisms enacted for tracking and monitoring have admittedly not been effective All sources, including Marlboro and community mental health staff, families and patients, report extent of drug problem unchanged
(2)	Four patients, when found to be using illicit drugs, identified staff members as their supplier	When Human Services Police were notified, they said they could not pursue an arrest because patients' testimonies would not be admissible in court. They insisted they would have to observe the sale, but setting this up would be entrapment	Staff remained in position with no disciplinary action

Comments on Problem Area by MHA:

(a) MHA asserts that the DMHH has a responsibility to provide a safe, therapeutic environment for treatment. Ineffective intervention by Marlboro and Human Services Police has resulted in continued drug transactions and use on grounds.

(b) Local police detectives disagree with investigative strategies of Human Services Police which place the burden of proof on families and patients.

Area of Concern

Quality Assurance

A. Problem - Standards of Patient Care:

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	Minimum standards set by regulatory agencies are considered to be optimum standards used for patient care	Marlboro revised Quality Assurance program and is utilizing JCAH consultants to effect further revisions	In April, 1986, 8 out of 10 departments were found to be less than 50% compliant with standards
(2)	Prescribed standards focus on documentation in patient's record exclusive of quality of life		
(3)	Inhumane conditions are overlooked, such as patients walking in snow without shoes or coats, patients dressing from a common pile of clothing		

Comments on Problem Area by MHA:

(a) An apathetic attitude persists among Marlboro administration which is conveyed to staff, creating a climate of indifference where sub-standard care is viewed as normal.

(b) Minimum standards as goals are not acceptable to the community and promote a "custodial" environment rather than a therapeutic environment focused on patient recovery. This is both ineffective and costly.

(c) Marlboro should establish optimum patient care standards which ensure a high quality of treatment. Focus of administration appears to be on achieving "paper" compliance to minimal standards rather than actual improvement of direct patient care.

Area of Concern

Quality Assurance (Cont.)

B. Problem - Problem Identification and Effective Remediation:

Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1) Marlboro cited by monitoring agency for an inadequate Quality Assurance system	(See Action for Problem A)	Undetermined at this point. Revised program has been implemented for only a few months
(2) Marlboro unable to produce measurable data to document and analyze problems and trends and ultimately develop corrective measures; no follow-up of corrective measures to assess impact on patient care		

Comments on Problem Area by MHA:

(a) Problem identification by Marlboro has been a reaction to overt incidents on a case by case basis and has only been addressed through the efforts of the MHA bringing it to their attention. There remains an ineffective method in place to safeguard the care given the patients.

Area of Concern

Overcrowding

A. Problem - 70 Patients Are Housed in Buildings for which Optimum Capacity is 30, Maximum Capacity is 50

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
1a.	Patients are relocated daily in order to balance capacity in relation to life and safety standards	Establishment of moderate security unit to house patients with high risk behavior	Will expand total hospital capacity by 30 beds. This will not compensate for loss of bed space (10 per unit) because of installation of air conditioning equipment (total bed loss space of 60-100)
1b.	It is not uncommon to have 40-50 patients confined all day within 1 room. Overcrowded conditions exacerbate deterioration of patients' mental health and escalate assaultive behavior	Marlboro has proposed development of 10 transitional cottages housing 8-10 patients each	Funding has been allocated through a bond issue; however, Marlboro expects this will not be accomplished for a number of years
1c.	In periods of high census beds are set up in day rooms and offices		
(2)	Hospital is structured to progress patients according to their readiness for discharge. This is prevented by overcrowding	None	

Comments on Problem Area by MHA:

(a) Accreditation agency has certified lack of privacy as a major problem that must be corrected in order to continue funding.

(b) Overcrowding is now worse than 3 years ago and no solutions have been found.

(c) Inflationary factors have not been included in funding allocations and will be inadequate at time of implementation. This is not a realistic solution to overcrowding.

(d) Overcrowded conditions are counter-productive to the recovery of patients. Acting-out behavior has a contagious effect on the behavior of other patients and, therefore, creates a dangerous environment. A victimization of fragile personalities is common.

(e) MHA expects that inappropriate discharges contribute to the high repeat admissions and increase the risk to the community and the patient.

Area of Concern

Staffing

A. Problem - <u>Marlboro Has Traditionally Had the Lowest or Next to Lowest Staffing to Patient Ratio Despite Documentation of the Greatest Need of All 4 State Hospitals</u>

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	Marlboro has the highest % of acutely ill patients (37%), which requires a higher ratio of staff. If staffing and treatment are adequate, this population has the best prognosis for recovery	Phasedown of Trenton Psychiatric Hospital and transfer of their patients to Marlboro have resulted in transfer of 223 staff positions	New positions from Trenton Psychiatric Hospital have not offset the extreme disadvantage.
(2)	Marlboro has more admissions than all the other hospitals, including twice the admissions and 260 more patients than Ancora Hospital. Despite this, Marlboro has 143 less direct care staff than Ancora		
(3)	57% of the patients are between the ages of 18-35. Many of this age group have criminal and substance abuse histories, requiring specialized treatment and programs	DHS promised 12 <u>additional</u> substance abuse counselors	Only 5 hired (See Exhibit A, Problem C)

Comments on Problem Area by MHA:

(a) Class action suit against Ancora Hospital (Rennie II) has resulted in significant increases in direct care staffing at that hospital.

(b) Despite their agreement that Marlboro has a greater need for staff, DHS has chosen not to generalize the mandates from this court order to Marlboro.

(c) The MHA believes that DHS has a responsibility to provide comparable staffing in all its adult psychiatric institutions.

(d) Any additional staff provided to one institution because of court or monitoring agency mandates should be uniformly provided to all hospitals. The realization that residence in Southern New Jersey earns better public mental health instititional care than residence in Central New Jersey is quite unsettling.

(e) 48 positions included in statistics are filled by Rahway Prison inmates; inmates are not used at any other institution.

(f) DHS did not fulfill their commitment.

Area of Concern

Staffing

B. Problem - Accuracy of Staffing Statistics:

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	DMHH statistics indicated 5 more psychiatrists on Marlboro payroll than were actually working at the hospital; one was	DMHH audited staff account and ultimately needed outside audit completed in order to reconcile difference	Audit resulted in defining number of filled and budgeted positions for DMHH and Marlboro

	deceased, two were assigned to other hospitals, one resigned and one reason unknown		
(2)	All staffing statistics submitted by DMHH for FY '85 conflicted with statistics offered by Marlboro		

Comments on Problem Area by MHA:

(a) Staffing of psychiatrists was 7 below standard of 24; staffing of psychiatrists still remains under standard, resulting in one unit not being covered by a full time psychiatrist.

(b) While the legitimacy of the number of psychiatrists was the only staff position investigated by the MHA, this in no way indicates a lack of staffing problems in other positions.

Area of Concern

Effects of Locked Units

A. Problem - Maintaining Locked Cottages Had a Direct Effect on the Patients' Ability to Participate in Treatment Programs

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	Staff was needed to escort patients. When staffing did not permit this, patients could not participate in program	3 units have been unlocked; no plans have been made to unlock the remaining units. A van has been utilized for transporting patients on grounds, reducing the number of personnel needed for escorting	More patients are able to participate in programs
(2)	Patients transferred to a different unit were assigned lowest level of privilege for security reasons and as such could not continue to attend treatment programs	Administrative policy was issued stating no change in privileges was necessary when a patient was transferred to another unit	Administrative policy is not enforced

Comments on Problem Area by MHA:

(a) Although maintaining locked cottages is necessary to retain a balance between patient and community needs, it creates an anti-therapeutic environment which is exacerbated by the overcrowded conditions.

(b) Administration is not effective in enforcing policy.

Area of Concern

Effects of Locked Units (Cont.)

B. Problem - Staff Interaction with Patient Focuses on Containment Rather than Treatment:

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	DHS ordered all units locked in reaction to community alarm about patients walking away from the hospital and held staff accountable for walkaways	Establishment of moderate security unit to house up to 30 patients with criminal history and/or high risk behavior	Not yet open

Comments on Problem Area by MHA:

(a) This solution was offered by MHA in response to Marlboro Township community's request for a prison-like environment. Our suggestion was made in an attempt to balance the community's right to safety with the patient's right to a therapeutic environment.

(b) Staff has voiced resentment at being cast in the role of guarding patients instead of participating in their therapy.

Area of Concern

Effects of Locked Units (Cont.)

C. Problem - **Patient Rights Are Violated:**

	Examples	Action Taken by Marlboro	Results, if any, of Corrective Action or Status
(1)	Provisions are not made for outdoor exercise, patient privacy and fresh air mandated by law	None	N/A

Comments on Problem Area by MHA:

(a) While we are fully aware of the complexities and sensitivities of this issue, provisions must be made to insure these inherent patient rights.

Mercer Alliance for the Mentally Ill

609-882-8787

306 Alexander Street, Princeton, NJ 08540

April 16, 198

Dear Senator Codey and Members of the
Senate Committe on Institutions, Health and Welfare,

On behalf of the Mercer AMI, a group of families and friends of seriously mentally ill individuals, we present the following statement. We were unable to testify at the April 9 Public Hearing, and appreciate this opportunity to have our views considered. We are concerned with the Division of Mental Health's Levels of Supervision System regulation, and the lack of staffing at Trenton Psychiatric Hospital (TPH).

In a statement at the April 15, 1987 "Forum", held by the Department of Human Services at TPH, Clara Allen, former Director of the State Division on Women, and an assistant to the district vice-president of CWA, spoke of her niece. Her statement, reported in the Star-Ledger, was about her niece who "did not get outside for 37 days once simply because there were not enough staffers to escort the patients on walks. As long as we have to treat the mentally ill as if they were prisoners, there is something wrong with this society".

We agree with Clara Allen. There is something wrong. We believe that patients are being deprived of their rights because of the change in Division policy on granting Grounds Passes. Before 1983, Grounds Passes permitted patients to use the hospital grounds for two purposes; (1) to go outdoors, at their discretion, during their leisure time when nothing was happening in the wards(many weekday hours and all weekend), and (2) to walk to off-ward activities and programs.

The Division's Policy and Procedure , implemented late in 1983 as Privilege Levels System for Grounds Passes, and the State Psychiatric Hospitals Levels of Supervision System regulation, adopted as N.J.A.C. 10:36-1.1 on July 14, 1986 considered only the second, patient movements to and from programming and related patient services. (See Purpose - in N.J.A.C. 10:36-1.1(d)). How and whether patients would get outdoors in their leisure time was simply not addressed. Actually, the regulation ignored the fact that patients have many hours and days when they do have leisure time. By not addressing it, by omission, Clara Allen's niece, and many other "civil" patients remain confined for long periods at a time.

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In response to the proposed rule, published in the NJR of Nov. 4, 1985, comments were received from the Public Advocate, Mercer County Mental Health Board, N.J. AMI, Mercer AMI, the American Civil Liberties Union, and an attorney from the DYFS. All requested the rule be revised, else it would abrogate patients' rights. After a January 27, 1986 Public Hearing, the rule was adopted on July 14, 1986 with several changes. However, the changes did not answer the main concerns. Some of these concerns were well expressed in the Summary of Comments of the Department of the Public Advocate to the Proposed Rule N.J.A.C. 10:36-1. We quote from that Summary:

6. The proposed regulations do not adequately address the provision for staff escorts since lack of same, a chronic problem at the institutions, makes the system oppressive and too restrictive of liberty.

7. The proposed regulation fails to distinguish between discretionary programming and patient rights made applicable through N.J.S.A. 30:4-24.2(e). When such rights as the right to privacy and dignity, to regular physical exercise several times a week, to be outdoors at regular and frequent intervals, and to be provided with opportunities for worship are abridged merely by virtue of placement on Level I and Level II, the Levels of Supervision System (LOSS) should specify in detail how these protected rights will be made available.

Also: Movement through the Levels System is specifically conditioned upon attendance and cooperation with "recommended programs". Where a patient chooses not to participate, the regulations as proposed would prevent upward movement through the Levels, regardless of the individual's clinical condition or of the well established right to refuse treatment. Such a coercive approach to the provision of treatment is not permissible. Restrictions of basic civil rights and those rights guaranteed in the Patients' Bill of Rights may not be abridged merely for purposes of compelling participation in programs deemed desirable by the ward staff.

At TPH, one problem may be that Krol patients and other patients under court order for criminal acts are housed in the same Drake complex wards with "civil" patients, patients suffering from a mental illness who have no charges against them. The LOSS may help staff provide the necessary, continual kind of supervision required to insure the Krol patients, and other "detainer" patients, do not escape or "elope". If that is the case, perhaps these patients could be housed in separate units, and the LOSS applied only to them.

We hope the above information will be useful to the Committee, and the Committee will consider doing what it can to remedy the overly-restrictive LOSS regulation.

Concerning staffing, our discussion centers on the four Units in the Drake Complex which house Mercer County residents & the Intensive Treatment Unit considered part of the Drake Complex, even though it is located on the third floor of the Mecray Building. Mercer AMI members are not familiar with the Adolescent Unit or the Unit for the Elderly, for those Units serve patients on a statewide basis. Since we will later discuss the need for an intensive treatment unit, we explain here that the ITU in the Mecray building serves mainly Krol patients who have moved to a less restrictive environment from the Forensic Psychiatric Hospital. It too serves patients on a statewide basis. With rooms that resemble cells, with all meals eaten on the ward, this unit offers little except intensive surveillance.

At the three Drake Units (the Admissions Unit keeps people usually about two weeks - lack of staff to take people outdoors from that unit is not as important as in the other three units, where patients spend months and years) TPH appears to be operating with a "skeleton staff". Psychiatrists, social workers and rehabilitation services staff work generally from Monday to Friday. When one takes vacation, or is out sick, an already overburdened professional must take on a double case load. On weekends, there are many part-time direct care staff. Many appear to be untrained, indifferent to the patients, and uninformed. Programs and activities have to be cancelled; too few activity therapists.

This "short staffing" delays patients' entry into programs, delays commitment hearings, delays discharge planning and discharges. When a psychiatrist from another unit suddenly has a case load of 70 patients instead of 35, for two weeks, we wonder how he can correctly change medication for patients who are only names on a chart. And when a very agitated patient who is housed in one of the extended care units (for TPH has no intensive treatment unit) requires attention from several direct care staff, there is no one to deal with the rest of the patients.

It is so important to get as many people out of the two extended care units as often as possible because there's such an inappropriate group of patients housed in each unit. There are the long term chronic patients, the Krol patients, the "recovering" patients from admissions, some dually diagnosed developmentally disabled (retarded)/mentally ill patients, and patients "on precaution" because they may be a danger to themselves or others.

We wonder why are these units so short of staff? Is the DMHH failing to consider that staff must go on vacation, or will be sick? Or that recreation and activity staff must provide services on the

wards as well as at various activity sites, and in the ITU in the Mecray building? Perhaps the staff/patient ratios aren't taking into account the need for extra staff to be "escorts" - or the inappropriate mix of patients in the three Drake units? Or are conditions so unbearable in the wards with such a mixture of patients that staff doesn't want to work there?

We have learned that in New York State there is an independent Commission which has responsibility for Quality Assurance. It does seem naive to expect the DMHH to monitor the quality of care itself.

One final suggestion - it would improve conditions a great deal if TPH did not have to treat the dually diagnosed developmentally disabled/mentally ill. These unfortunate individuals cannot understand not to take things from patients' rooms, or not to go outside because a door is open. They place a great strain on staff and patients alike. Because of their presence, the only Intermediate unit at Drake remains a locked unit. Both populations, the mentally ill, and the dually diagnosed patients, would be so much better served if the Department could expand services in the Developmental Center at Ancora, intended to care for these dually diagnosed individuals.

We have been told that TPH will get an ITU which will provide short term treatment for individuals in crisis, either agitated or suicidal. We hope this is very soon.

We thank Senator Codey for focusing on the needs of patients in the psychiatric hospitals. If we can be of more assistance, please contact us.

Gloria Blumenthal

Submitted by: Gloria Blumenthal
as Trustee

For the Mercer
Alliance for the
Mentally Ill