

New Jersey. Legislature. Assembly.
Committee on Institutions, Public Health
and Welfare.

Report in connection with Alleged
Illegal and Improper Activities at the
State Hospital located at Greystone Park,
Morris County. Copy 3

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GENERAL ASSEMBLY OF THE STATE OF NEW JERSEY

REPORT

of the

N.J. Legislature. Assembly, Committee

on Institutions, Public Health and Welfare,

in connection with

Alleged Illegal and Improper Activities at the

State Hospital located at Greystone Park, Morris County,

Pursuant to

Assembly Resolution No. 18 introduced May 24, 1965

January, 1966

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T A B L E O F C O N T E N T S

	Page
Letter of Transmittal	
Copy of Assembly Resolution Number 18	
Introduction	1
Areas Covered by the Study	
1. Commitment of Sex Offenders at Greystone Park	3
2. Police	7
3. Personnel	7
4. Patient Care	9
5. Reception Center	9
6. Children Attachment, communication Dr. J. B. Butler, Consultant, Medical Services	9
7. Need for Modernization & Improved Administration	12
8. Jaqui Pond Attachment, letter Dec. 31, State Dept. Health, Dr. Alfred H. Fletcher, Div. Environmental Health	14
Recommendations	15

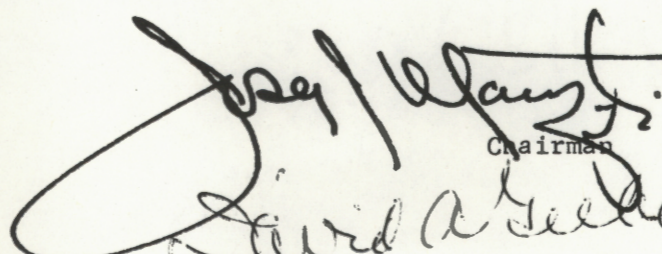
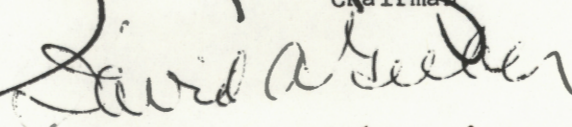
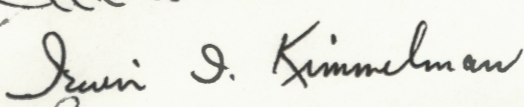
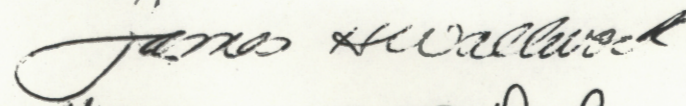
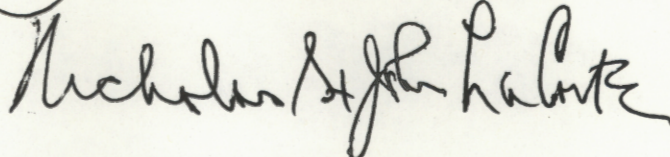
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LETTER OF TRANSMITTAL

To the Honorable Members of the General Assembly of the State of New Jersey

Mesdames and Sirs:

In compliance with Assembly Resolution Number 18 of 1965 "requesting the Assembly Committee on Institutions, Public Health and Welfare to make a study and report in connection with alleged illegal and improper activities at the State Hospital located at Greystone Park, Morris County," the Committee herewith respectfully submits its report of findings and recommendations for consideration by the Legislature.


Chairman





January 7, 1966

ASSEMBLY RESOLUTION No. 18

STATE OF NEW JERSEY

INTRODUCED MAY 24, 1965

By Assemblymen MARAZITI, GELBER, EVERETT, LA CORTE, W. SMITH,
MALLET, MORAITES, KIMMELMAN and GENOVA

(Without Reference)

AN ASSEMBLY RESOLUTION requesting the Assembly Committee on Institutions,
Public Health and Welfare to make a study and report in connection with
alleged illegal and improper activities at the State Hospital located at
Greystone Park, Morris county.

1 WHEREAS, The attention of the members of the General Assembly and the
2 public has been directed to alleged flagrant violation of the criminal law;
3 alleged mistreatment of patients; alleged improper and insufficient
4 patient care; alleged improper treatment of personnel; and

5 WHEREAS, Said State Hospital at Greystone Park is subject to the jurisdic-
6 tion of the State Department of Institutions and Agencies; and

7 WHEREAS, It is desirable that these allegations be inquired into and if found
8 to be true that proper measures be taken to correct same and if found to
9 be in error, that a report be made declaring the allegations to be un-
10 founded and unwarranted; now therefore,

1 BE IT RESOLVED *by the General Assembly of the State of New Jersey:*

1 1. The General Assembly Standing Committee on Institutions, Public
2 Health and Welfare is requested to make a study and report to the General
3 Assembly concerning the aforesaid matters and allegations with the end in
4 view of assuring that if said allegations are found to be true that measures
5 be taken so that possible future occurrences be avoided and if found to be
6 untrue a report so stating be filed.

1 2. In the conduct of the study and inquiry hereby directed the committee
2 shall have the powers granted pursuant to law.

I N T R O D U C T I O N

In the Fall of 1964, the Institutions Committee through its Chairman and members received complaints from time to time concerning conditions at Greystone Park State Hospital. These complaints were engendered to a large extent by a series of unusual occurrences at the State Hospital, Greystone Park.

In 1964 a patient and an ex-employee robbed the Chester Bank. Subsequently another employee attendant was involved when he appropriated the stolen money from the patient for himself.

On March 15, 1964 a young college woman, age 19, who had the summer prior to this time been employed at Greystone Park State Hospital as a recreation therapist, was found dead in her over-turned car, in Jaqui Creek adjacent to the hospital grounds. Testimony revealed that immediately prior to her death, she had been in the company of sex offenders at the hospital. There are many unexplained and unusual circumstances surrounding her death.

Numerous complaints were received concerning the number of sex offenders who were confined to the Greystone Park State Hospital under The Sex Offender Act (N.J.S. 2A:164-3 et seq.) It was alleged that sex offenders lived in a "country club" atmosphere. Complaints came to the Committee alleging violations were not prosecuted and further that the details leading to the death of this young woman had not been carried to a satisfactory conclusion.

The initial position of the Committee was to permit the Hospital and State authorities to take necessary steps. Complaints continued, however, and as a result the Assembly on the 24th day of May, 1965, passed AR-18 requesting the Institutions Committee to make a study and report in connection with alleged illegal and improper activities at the State Hospital located at Greystone Park, Morris County.

The Committee launched a series of hearings. Some of the allegations were found to be unjustified, however, as a result of the hearings, conditions were uncovered of such a nature that should not exist at a Mental Hospital for the care of the mentally ill. Some of the conditions were not only shocking but revealed gross negligence. Enumeration of many specific instances are omitted from the report and it is recommended that the transcripts of the hearings be referred to.

AREAS COVERED BY THE STUDY

1. Commitment of Sex Offenders at Greystone Park.

One of the most serious problems was caused by the presence of approximately 85 sex offenders committed to Greystone Park under the Sex Offender Act. In most cases these sex offenders were not kept under tight security but were permitted to congregate and mingle with other patients. It was disclosed that sex offenders and others had access to liquor. There was evidence of "loan sharking", and abuse of privileges by sex offenders. Not only were these conditions detrimental to the welfare and rehabilitation of sex offenders, but these conditions adversely affected the other patients at Greystone Park. The presence of sex offenders in Greystone Park, as would be the case in any other mental institution, created problems with which hospital authorities could not cope.

Detective Robert F. Noonan from the Morris County Prosecutor's Office testified at the hearing held on September 10 that approximately 200 witnesses were interviewed by Morris County Prosecutor's detectives. His testimony before the committee included the following:

Q "Now were there any other activities carried on by means of this "candy box"?"

A We were told that this was a means of spreading lottery slips and the sale of numbers slips through the hospital by several people.

Q Did this operation have access to the different wards and different floors?

A I believe this was a portable operation, yes.

Q And was there anything else involved in connection with the use of this "candy box" and the other activities?

A We were told that the tea dances were a good way to make a date with an employee or another patient, that you could make a meeting later on.

Q You mentioned numbers. Was there anything involving bookmaking? A Yes, there was mention of that but we never came up with any.

AREAS COVERED BY THE STUDY

1. Commitment of Sex Offenders at Greystone Park (continued)

Q Anything involving the loaning of money?

A Yes, we heard stories at Greystone that the patients were working a nice loan-shark operation. I don't necessarily mean the court-committed patients either. They may have been regular patients.

Q Well, how would this work? A The attendants who were always short of cash would borrow five dollars from the patient or the -

Q How would the patients get money? A I don't know. They all seem to have money, or at least these people did.

Q Would it be some of the patients who had access to this "candy box" operation?

A No, the patients I was told who were doing this were not connected with the "candy box".

Q And did one of the individuals there make a statement that a man, Alexander, had seven or eight hundred dollars? A Yes.

Q And Alexander was the gentleman involved to some extent in the death of this girl. Is that right? A Yes, his name was mentioned in that.

Q How much is a patient supposed to have on the grounds? A I believe in the amount of two dollars.

Q Well, tell us a little more about what you say is loan-sharking, as you call it. A Well, an attendant who would probably be short of money, or would be short of money, would borrow from the patient who was running the loan-shark operation, borrow five dollars and pay back seven. I talked to people who told me that they have done this. They were a former employee there.

Q Would anything else be exchanged instead of money? Would payment be made in some other manner? A Yes, favors would be done or food would be brought in on request, purchased on the outside and brought in to the patient by the attendant or by the employee.

AREAS COVERED BY THE STUDY

1. Commitment of Sex Offenders at Greystone Park (continued).

Q Anything else in exchange for money? A Yes, liquor was brought in.

Q Did you find indications that there was liquor brought in Greystone Park?

A Yes.

Q And do I understand that your office has photographs of whisky bottles and beer bottles. A Yes.

Q And you have them in your possession? A Yes, they are here.

Q Or your associates have them. Now, what is this Ward 32? What's Ward 32? That's the building where the sex offenders were kept in.

Q Did you have occasion to talk to a nurse or nurses concerning the conditions on Ward 32? A Yes.

Q What did this nurse tell you about alcohol, if anything? A One nurse told me that you could go on Ward 32 and order anything and they would mix it for you.

Q What do you know, if anything, about clothing being donated by the Greystone Park Association - clothing that was donated by that Association? Do you know of any- A Yes, I have been told that clothing donated to the Greystone Park Association that was intended for the patients there was picked up by these special cases or the court committed cases and sold to the attendants, and then they would go back and get whatever else they needed. This was known by several people there."

Q "That's all right. Why couldn't these special policemen clear up this question of liquor on the premises and you mentioned numbers and bookmaking. Why couldn't they have enforced the law in that regard? A I think a lot of this takes place in the dormitories and the buildings where they're

AREAS COVERED BY THE STUDY

1. Commitment of Sex Offenders at Greystone Park (continued).

not allowed or they're not working."

Q What do you know about keys? Did your investigation indicate any -

A Yes, we heard that you could purchase a key on the grounds for \$20, a key that would open any door or get you in and out of buildings, and these were sold by the patients or to the patients by the attendants and some of them were even made. We know of one case where we have a statement from the party who bought a key for \$20. from an attendant.

Q What rooms would they open? Recreation rooms, or any rooms? A I think there's a master key up there. I'm still talking about Ward 32. I think there's one key that would admit you in and out to go through the doors connecting the floors and that would also have access to the outside door.

Q There is a notation here. I don't know if it's yours. If it isn't disregard it. In dealing with the feeling of the nursing staff - "the nursing staff in general feels that the situation is explosive and that anything could happen in the frame of mind these men have developed into in the past year." Are you of the opinion that that is a correct statement? A That's what I was told by one of the nurses. And in the interview with the other ones, they all felt that it was a bad situation."

Sex offenders should receive psychiatric care in an effort to rehabilitate them, however, it does not appear that it is wise to provide this care at a mental hospital occupied by approximately 5000 other patients. It would seem that sex offenders should receive required treatment at least at a minimum security institution. Even during the progress of the hearings and as a result of these hearings, sex offenders were being "phased out" of Greystone Park and removed to security institutions for treatment.

AREAS COVERED BY THE STUDY

2. Police.

The security force at the hospital consists of 12 policemen and a State Police Sergeant. They have no rank, no table of organization, and no hope of promotion. Testimony revealed that these policemen although devoted to their duty, lacked proper training to adequately and efficiently discharge their duties. They are hampered in performing these duties by limitations placed on their authority and for all practical purposes are only traffic and fire check officers. Since they do not have a separate Police Department with corresponding official authority, all of these factors lead to low morale.

Indication of the limited scope of authority of the Police Department at Greystone Park State Hospital is illustrated by the following testimony of Dr. Archie Crandell, Medical Director, New Jersey State Hospital, Greystone Park, New Jersey:

"The police department as such is ultimately under the Business Manager.

It's one of the business activities of the hospital so I would suppose that Mr. Neal, the Business Manager, would be the nearest thing we could have to a Commissioner of Police, or whatever you want to call him. He's the one that the State Police Sergeant reports to, but the State Police Sergeant also reports to his own commanding officer in Morristown. So we have a dual line there."

3. Personnel.

Testimony revealed that in many instances, patients were not receiving proper care. This was due in part to lack of sufficient personnel.

Concerning physicians and psychiatrists, we quote Dr. Lloyd W. McCorkle, Commissioner, Department of Institutions & Agencies. In his testimony before

AREAS COVERED BY THE STUDY

3. Personnel. (continued)

the committee, he said:

"Using April 30, 1965, we find a total of 45 physicians and psychiatrists available to the hospital on a full or part-time basis. Since 16 of these were part-time consultants and an additional 6 had administrative responsibilities, with only secondary patient contacts, there were only 23 full-time physicians and psychiatrists available to the hospital to discharge its responsibility for the medical treatment of 5000 patients. Reduced to a ratio of physicians to patients, this meant one doctor for every 217 patients.

On the same date there were 25 budgeted position vacancies for physicians and psychiatrists for Greystone. Physician and psychiatrist recruitment problems at Greystone, as well as the other State hospitals, stem from three major sources: (1) limited supply of qualified personnel---it takes a considerable amount of time to train a doctor and even more time to train a psychiatrist, (2) the relatively weak competitive position of State hospitals as regards salary, work loads, etc., and (3) the requirement that all physicians and psychiatrists employed in our State hospitals meet the rigid professional requirements established by the Department of Institutions and Agencies and the Department of Civil Service."

Attendants were being paid at a beginning salary of \$3,053.00 before the Institutions' Committee commenced hearings. This figure was raised to \$3,355.00 in May and in July it was raised to \$3,563.00. The salary range for an institutional attendant is \$3,216.00 to \$4,182.00 which is still not sufficient.

Budgeted positions at the close of June 30, 1965 in the medical division were 1,409 authorized positions of which 1,148 were filled. This left 291 vacant in the medical division alone. The vacancies consisted chiefly in the category of attendants and nurses. It is alarming to note that this is in the critical area of patient-contact personnel.

AREAS COVERED BY THE STUDY

3. Personnel. (continued)

Salaries for nurses (graduate nurses) hired is \$4,998.00 per year. The range runs from \$4,750. to \$6,178. This is not competitive with general hospitals and is not competitive with other states. There are a total of 137 graduate nurse positions, 96 filled and 41 vacant.

4. Patient Care.

In re patient care, considerable complaints were made by relatives of patients specifically related to not only delay in needed medical care, but also the absence of this care. This failure to provide complete medical care is due partly to insufficient personnel and also partly to lack of concern. This is especially true at night where testimony indicated that there was one attendant at times in charge of 2 adjoining wards comprising approximately 160 patients.

5. Reception Center.

Testimony was submitted indicating that procedures at the Reception Center were such as to cause a mingling of various patients with alcoholics, drug addicts, and older patients with young children leading to many undesirable conditions.

6. Children.

It was indicated that in one of the areas housing children, they were not properly cared for in relation to clothing, sanitary conditions, rehabilitation and education. Mrs. Marion Swingle Streeter, Madison, New Jersey, a volunteer worker at Greystone Park State Hospital testified as follows:

"Well, I noticed when I first came there last July in 1964 that most of the boys - and these were all boys at that time that we were working with - very rarely ever had any underwear on, or zippers in their pants, or buttons on their shirts. They might have one or two. I realize it is a problem to keep

AREAS COVERED BY THE STUDY

6. Children. (continued)

things mended, but I thought it was a little peculiar that so many were like this consistently. In the fall I received a letter from the hospital, and I understand this was a form letter sent out to all volunteers. They ask you what you do or do not like about your job, what you do or do not like about your immediate supervisor and there is space at the bottom for any remarks. In the space at the bottom for remarks, I remarked about the children's lack of zippers and proper clothing and the fact that they were not bathed, the fact that there were flies in their food at lunch time and in the wards when we returned them. There is a doorway there right at the entrance to Ward 28 that goes to an enclosed playground and this door is left open so that any children who are able can go in and out to play as they wish when the time is proper, but there was no screendoor on this door all summer long. So I asked a while later if my letter was received and they said, yes, it was, and that was all they said. So this went on, their dress, the fact that they were not bathed and had their teeth brushed, all through the winter and I thought it was very heartless of them to send these children out in such low temperatures, in the snow, without adequate clothing.

I realize that they can't give each child a bath each night and they can't change their linens every week like we do at home, but their bed linens hadn't been changed in a long, long time. They were filthy. The beds were not made. And the paint on the walls was peeling. This is a very old building. I don't know they may have painted it since I have not been allowed to go there, I don't know but it was in very poor condition, it was very dirty. The paint was chipped off the tables where they ate. I know it's hard because the boys are very destructive, some of them, but I felt that it shouldn't be tolerated, the way it was and yet nothing seemed to be done about it.

Q Were you able to notice the toilet facilities? A No, I wasn't. When I

AREAS COVERED BY THE STUDY

6. Children. (continued)

asked to walk the length of the ward, I was told that I was not allowed back there and my way was blocked by the attendant. I asked if the attendant would go with me, an OTA, because they have free run of the ward when they go to pick up the boys but I was not allowed to look at it."

Subsequent to the testimony of Mrs. Marion Swingle Streeter, The Commissioner of Institutions and Agencies in a memorandum dated August 3, 1965, requested an independent analysis by Dr. J. B. Butler, Consultant, Medical Services of the Children's Program. On August 10, 1965, Dr. Butler made his report to the Department of Institutions and Agencies and stated:

"It is my distinct impression that conditions for the care of children have been and still are not satisfactory for their proper care."

A complete copy of Dr. Butler's report is attached hereto.

Since the date of the above hearing, a building has been renovated at Greystone Park State Hospital to provide housing for approximately 75 children. A part-time psychiatrist has been appointed to head this program, however, constant surveillance and scrutiny of the Children's Program should be maintained to insure proper conditions.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

INTER-OFFICE COMMUNICATION

TO: Commissioner Lloyd W. McCorkle

FROM: J. B. Butler, M.D.
Consultant, Medical Services

SUBJECT: Greystone Park; Children's Services

As requested in your memorandum of August 3, 1965, I visited Greystone Park on August 10, 1965 to see the children's program in action. I discussed the entire program quite fully with Dr. Crandell, and conferred also, and made my visits to units, with Dr. Theodore Gebirtig, Miss Letitia Roe, Director of Nurses, Mr. Neal, Business Manager, and Mrs. Boss, Coordinator of Activities Services. I visited the present ward for the smaller children with which Mrs. Streeter had been concerned, - and also reviewed the plans, and visited both floors of the building which is being remodeled and to be refurnished for eventual hospitalization of all the 75 children, as well as the school rooms and accessory spaces in the modern and nearby gymnasium building which will be used for ancillary purposes. Mr. Johnson, supervising attendant of the men's section which includes the small children's unit and Miss Kellett, the day nurse in charge, also accompanied me during my visit to ward 28 for younger boys.

I have read the excellent report submitted jointly by you, Dr. Davis, and Dr. Crandell to the State Board of Control of June 2, 1965 which states the facts, and the difficulties, and gives the reasons which underlie many seemingly insoluble problems at Greystone, so will not go into these, - but however these may be, - it is my distinct impression that conditions for the care of children have been and still are not satisfactory for their proper care.

Although conditions with separate children's facilities have undoubtedly been better than formerly, where children were scattered all over the hospital, the special children's program which was instigated a year or two ago has necessarily been set up piece-meal and with the seventy-five children split up into three wards in distantly separated parts of the hospital. This was a matter of necessity, because of sex and age and the size of the program. Facilities for their use were improvised in wards not adapted, or considered adaptable, for this purpose. It appears there was no better alternative, - and the service was understaffed.

The wings of the main hospital which are now being used are of antiquated design, without sufficient fenestration and plumbing. They are overloaded, and are laid out in such a manner as to defeat good and adequate supervision, particularly of hyperactive mentally afflicted patients of the types involved. In ward 28 with 28 children there were 13 beds spaced not more than a foot apart in a space, formerly a corridor about 12' x 50' with only one window at the end and no other furniture. This space amounted to a hall with doors on one side opening into about half a dozen small rooms probably designed originally as security cells of not more than about 8' x 12' each, and with each containing 2 beds which scarcely more than fit into these spaces. There was one other larger but poorly ventilated room which crowdingly accommodated about 4 beds. There was a long hall about 12 feet wide outfitted with a row of chairs which formed the main corridor and day space of the unit. This had windows at one and a door into a bare adjoining courtyard of about 100' x 150' at the other.

On the opposite side was a dining room, a nurse station, a clothing and supplies room, cleaning gear facilities, a ward toilet and a women's toilet. The nurses' station contained a desk and chair, nurses' chart cabinet, and a small drug cabinet. There was no sink. The only facility available for the nurse to wash her hands was in the women's toilet. There was no drinking fountain for children. They could obtain drinking water in the toilet room from the three sinks, but no drinking cups or other drinking devices were seen. One of the three toilets in this room was stopped up, and another small separate commode was unemptied. The floor was wet and there was only one roll of toilet paper in the room, the other holders being empty. Miss Kellett stated that stoppage of toilets with towels, etc., is a constant problem. A toothbrush for each individual was suspended on a board in the clothing room. There was an enameled basin hanging on an opposite wall used as a common wash basin for all the toothbrushes.

Although the medicines in the nurse station were not excessive, and were properly labeled and secure, there was a locker in the clothing room containing a considerable assortment of excess and unused medicines, along with an accumulation of all sorts of personal belongings of patients or attendants including ✓ cigarettes, lighter fluid, etc. The cleaning gear room was crammed and contained heavily worn equipment. Although it lacked decoration, the dining room seemed fair. Some new chairs have been added recently as replacements, but there were still a number of forlorn ones remaining. There was a single refrigerator on the ward located in the dining room which contained large jars of nourishment liquids. There was no drug refrigerator on the ward (antibiotics, etc., are kept in another ward). Dishes, in the form of compartmented trays, were new and stored outside

the children's ward. They seemed in excellent condition and there was an adequate dishwashing facility nearby in the men's dining room. I have appended a small schematic diagram which indicates roughly the layout of ward 28.

During this visit, which was made on a very hot, humid afternoon, all of the children were sitting, playing or lying about the ward. Several were found covered up in their beds with their clothes and their shoes on. Most seemed quite hyperactive, a few depressed, and several demanded various forms of attention during the visit. There was only the one nurse and three attendants for this particular day shift, and it could readily be seen they had "more than their hands full." It was obvious these young patients were generally very severe cases of mental and emotional disorders, of greatly varying levels of intelligence, and of differing family and social backgrounds, perhaps most of them victims of severely adverse hereditary, as well as environmental, factors. There is a very slow turnover of these individuals. While they may be helped to a certain limited extent, the future outlook for them is very unfavorable, and they are tough to manage.

An active painting program was underway in the main hallway of the ward. I did not notice any unduly dirty sheets or bed linen. Old chairs were being replaced, - some during the visit, - by new bright colored ones, and it was apparent the entire area was receiving considerable attention and effort toward improvements. The nurse and attendants seemed alert, energetic and dedicated. Their performance seemed commendable considering all circumstances.

As to actual medical care, I could find no indication of any lack of sufficient examination, diagnostic, and medical procedures. The nurses' records seemed current and adequate, reports of laboratory examinations were in good order, and all patients were recorded as receiving drugs properly prescribed. Medication were properly stored and handled (except excess drugs mentioned previously which are stored in a separate unit and at least securely locked.) I saw no evidence of insufficiency of linen or clothing during the visit. Miss Kellett, however, noted the very great and frustrating difficulty in keeping clothing mended and having children wear their attire properly. She indicated there is considerable clothing loss, as when children, as many as 10 to 16, go home over week-ends and for example, wear shoes which are apparently appropriated by siblings or parents, with the children returning to the hospital in sandals or "clogs." It looked about impossible for the sparse number of attendants to keep children dressed and keep all items of clothing in proper order along with their other duties. The need for mending is constant.

It was noted that nominal requirements for nurse "coverage" are met over the twenty-four hour period. But this coverage is

considered entirely too thin. On P.M. and night shifts there is one supervisor, but she has responsibility for 19 other wards.

The serving of diets and the quality of food seemed to be satisfactory. Attendants reportedly stay with and supervise and help the children during meals. I saw only an occasional fly as I went through the ward area, these were not excessive, and it seemed reasonable a few might gain entry. It would appear to be impossible to keep such a facility absolutely free of a fly or two.

The return of laundry seems to be an outstanding difficulty. It was stated that items sent to the laundry may not be received the next week, or the following, or even be returned at all on many occasions. This certainly must result in a very difficult and aggravating problem from a standpoint of maintaining cleanliness. Some of the patients and attendants, all are unusually careless of cleanliness, and a steady flow of such linen should be maintained in a fairly constant flow for proper operation.

It was my impression there were too many "Incident" reports necessary among the children. In one child's record, picked at random, there had been 14 separate recorded incidents of minor injuries as received in fights, falls, and other similar accidents in a period of about 2 years. This would seem an indication of insufficient numbers of attendants.

I concur fully in the need for at least the additional seventeen personnel of various categories which are being requested in the next budget submission. Since these are given in detail in the budget, I will not specify the categories. This will give a total of seventy-five persons including nursing personnel and others necessary for the seventy-five children. I do not know exactly how every figure of this estimated requirement was arrived at. A lot will depend on quality. Seventy-five certainly would appear to be a minimum figure, but experience may prove even this number to be somewhat short. Consolidation of the entire children's program into one building should help.

I think perhaps the biggest lack of all is a full time doctor with a responsibility of managing the children's unit. Dr. Grandell indicated agreement, has the position, and will assign one if obtained. This ought to be a physician interested in children, whose services could be supplemented by the pediatrician who serves part time, and members of the psychiatric staff. The purpose of a full time doctor would be to serve as a responsible coordinator of all medical, nursing and patient care affairs and run the new unit. He would be the person to direct and inspect, and bring problems to attention of the proper

persons or the medical director when indicated. He would be one to act as a "father" figure for these children. I believe another requisite in the personnel structure would be a single person as supervisor of housekeeping operations for the unit when it gets into the new building. The three separate wards for children are now staffed medically by the different doctors who have charge of the adjacent adult units.

It is my opinion that augmented use of volunteers would be of great value with these young children, in the ward as well as outside. I think properly selected and temperamentally adaptable volunteers could contribute more, perhaps, in this section of the hospital than they may in other sections, - particularly the type individuals who would contribute an additional semblance of "mothering", for which the attending personnel don't have enough time, and which often can seemingly be given even better by nonprofessional persons.

The new building which is being prepared for all the 75 children will be the former and recently vacated convalescent tuberculosis unit. This is of fairly recent vitage and although requiring a few improvised features, these seemed relatively unimportant. It seems of adequate size and adaptable to provide very satisfactory facilities for the purposes intended. The plans for renovation and decoration seemed excellent. Attractive accessory classrooms and a few other ancillary spaces are already completed in the gym building. Attempts are being made to complete the main unit in about three months. Every possible effort should be made to complete and properly organize and staff this service as soon as possible.

JBB:pd
Enc.

CC: Archie Crandell, M.D.
CC: V. Terrell Davis, M.D.

AREAS COVERED BY THE STUDY

7. Need for Modernization & Improved Administration.

Thanks to advances in medicine and science, mental institutions are no longer the custodial dungeons of the middle ages where emphasis was on confinement alone. As a result of these tremendous strides in medicine and science, many patients have been restored to an active life in society. Nevertheless, a great deal more can and remains to be done to modernize and improve the care and treatment of the mentally ill. This envisions not only physical facilities, but an enlightened, interested, active, progressive, alert, administration. Improvement in procedures and the utilization of the most modern and efficient medical care must be achieved.

We must have the foresight to break away from the concepts of the past and look ahead to a more enlightened approach to treatment of the mentally ill.

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AREAS COVERED BY THE STUDY

7. Need for Modernization. (continued)

Efforts must be made to remove the stigma that attaches to those that are mentally ill and recognition of the fact that most patients can be cured and restored to a useful life, by accepting mental illness as we do physical illness. For this reason we can and should integrate a psychiatric wing in community hospitals. In this manner, not only can the mentally ill be cared for from a psychiatric standpoint, but they will be efficiently and properly cared for in their physical ailments.

The policy of construction and operation of large state mental hospitals should be re-examined. We should aim towards a goal of establishing and operating state mental hospitals limited in size to provide for the chronically mentally ill, and psychiatric wings in community hospitals to treat and rehabilitate the majority of the mentally ill which experience has proven can be achieved in a short period of time.

Despite the critical shortage of help dedicated officials and employees as well as volunteer groups have made a conscientious effort to operate the hospital. However, it is the desire of the Committee to improve conditions surrounding the patients housed in Greystone Park State Hospital. We cannot adopt the attitude that the situation is good enough because of the large number of patients being accommodated in this hospital. It is the intent of the State of New Jersey to provide the best care possible for each and every individual. We should not be satisfied with mediocrity.

Regardless of how much money is appropriated and how many laws are enacted or amended or how many studies are conducted, none of these will suffice to provide for the efficient operation of a mental hospital and for humane treatment of patients.

AREAS COVERED BY THE STUDY

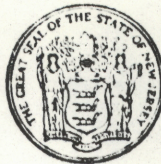
7. Need for Modernization (continued)

This investigation disclosed a shocking lack of concern on the part of some individuals. In some instances, it was a matter of mere negligence and in others a matter of gross negligence and disregard for the welfare of the patients. Administration leaves much to be desired and an attempt has been made to gloss over unsatisfactory conditions. It is hoped that as a result of this investigation, public awareness of conditions at Greystone Park State Hospital will encourage and assist officials to properly discharge their responsibilities to those committed to their care.

8. Jaqui Pond.

Considerable complaints have been received by the Committee from residents in the vicinity of Jaqui Pond. A number of residents testified before the committee concerning odors and unsatisfactory conditions emanating from the Greystone Park sewage system.

The Committee consulted with Dr. Alfred H. Fletcher, Director, Division of Environmental Health, State of New Jersey, Department of Health and a copy of his letter dated December 31 is attached herewith.



State of New Jersey
DEPARTMENT OF HEALTH
P.O. BOX 1540, TRENTON, N. J. 08625

December 31, 1965

Honorable Joseph J. Maraziti
117 Cornella
Boonton, New Jersey

Dear Mr. Maraziti:

This letter is to confirm my statements to you on the telephone relative to the operation of the sewage treatment plant at the Greystone Park Institution.

The Stream Pollution Program people in the State Department of Health consider the sewage treatment plant of Greystone Park as a well designed and operated plant. It also has qualified and conscientious operators.

During this past summer, however, two rather unusual conditions developed in connection with the operation of the plant which resulted in a very disagreeable nuisance to the neighbors of Greystone Park living near the sewage treatment plant.

A thorough investigation of the Greystone Park sewage treatment plant by a sanitary engineer with Rutgers University serving as a consultant to the Department of Institutions and Agencies appears to have found two unusual conditions (filter flies and odors) that were largely responsible for the public nuisance of this past summer.

The flies which caused the nuisance were "psychoda" flies, but apparently were a mutant species of the normal filter fly. This mutant of the normal psychoda fly was not killed by the application of chemicals ordinarily used to bring about control and were able to fly longer distances from the filter where they were bred. The lack of control this past summer was due to a lack of knowledge of the true nature of the problem. The research people at Rutgers are quite confident that they can provide the chemical that can be used to effectively control this fly so that no nuisance will be created this coming season.

The odor apparently was caused by decomposing sphaerotilis (worm-like creatures), a filamentous fungus that died when separated from the

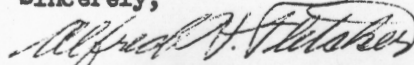
- 2 -

gelatinous material that coats stones in the filter bed or possibly on the stones in the creek just below the Jacqui Pond dam. These decomposing or rotting organisms give off very strong odors, not unlike the odors which were so prevalent last year in the immediate area of the dam. The research people at Rutgers are confident that this condition can also be anticipated and prevented this coming season.

As soon as an official report of the investigation by the Rutgers staff is available, we expect to incorporate the applicable recommendations into the routine operating procedures at the Greystone Park Treatment Plant including necessary laboratory analysis to keep informed of the conditions at the plant, in Jacqui Pond, the other two ponds, and in the stream immediately below the Jacqui Pond dam.

I hope this brief statement will be helpful to you and the Commission.

Sincerely,



Alfred H. Fletcher, Director
Division of Environmental Health

R E C O M M E N D A T I O N S

Recommendation Number 1

Amendment of The Sex Offender Act (N.J.S. 2A:164-3 et seq.) to provide that no sex offenders shall be committed to any mental hospital in the State of New Jersey.

Recommendation Number 2

Legislation providing for the creation of separate autonomous, institutional police departments, in each of the institutions of the State of New Jersey to be known as Institutional Police Department providing for rank and full table of organization.

Before permanent appointment, members of this department must receive training as provided in the Mandatory Police Training Act. An amendment should be made to the present Mandatory Police Training Act to this effect and an additional requirement enacted for specialized training to enable members of the Institutional Police Department to cope with the special problems peculiar to mental hospitals.

Recommendation Number 3.

An increase should be made in the salaries of critical personnel to meet competition, namely: physicians and psychiatrists, nurses, and attendants.

In addition, a nurses' residence should be constructed providing for 150 rooms to house resident nurses tailoring plans for this building to comply with federal requirements to make available federal funds estimated cost to be \$1,700,000.

R E C O M M E N D A T I O N S

Recommendation Number 4.

It is not within the scope of this study to cover basic organizational and operational methods. Accordingly, it is recommended that a hospital management consultant firm be engaged to make a thorough evaluation and analysis of these functions and make recommendations for improvement as well as provision for the implementation of recommendations.

An appropriation sufficient to cover the cost of such an evaluation is recommended in the 1966-67 budget.

Recommendation Number 5.

Reconsider all procedures in connection with the Reception Center to prohibit inter-mingling of addicts, alcoholics, and especially children. There must be continued vigilance to avoid the recurrence of unfortunate conditions concerning children.

Recommendation Number 6.

Consideration of State Policy (and of the eventual abandonment of large mental hospitals) to encourage construction of psychiatric wings in community hospitals to care for the mentally ill in the community.

Recommendation Number 7.

Consideration of change in state policy so that population of mental hospitals for the chronically ill would not exceed 1000 patients for the most efficient operation.

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R E C O M M E N D A T I O N S

Recommendation Number 8.

Change in organizational structure of the hospital to provide for a Hospital Administrator responsible for the efficient operation of the hospital and a Medical Director responsible for the medical care of the patients.

Recommendation Number 9.

In re Jaqui Pond, it is recommended that the State Health Department further investigate this situation. It is further recommended that Greystone Park Officials work closely with the State of New Jersey, Department of Health, Division of Environmental Health, Director Alfred H. Fletcher and initiate the corrective measures outlined by this Department.

Recommendation Number 10.

A chronic shortage of adequate personnel and the other problems recited in this report, with the resultant detriment to patients, have existed and continued for too long a time. It is, therefore, incumbent upon the Legislative and Executive Branches of Government to take immediate affirmative action to correct these conditions and thereby fulfill the obligation of the State to our mentally ill to provide the care and treatment to which they are entitled. Such action has been too long delayed.

It is, therefore, the sincere hope and recommendation of this Committee that remedial steps be taken forthwith.

