
Public Hearing

before

SENATE TASK FORCE ON GREYSTONE PARK PSYCHIATRIC HOSPITAL

“Testimony from members of the public, hospital
employees, and patients and their families”

LOCATION: Parsippany Municipal
Building
Parsippany, New Jersey

DATE: March 12, 1996
4:00 p.m.

MEMBERS OF TASK FORCE PRESENT:

Senator Robert J. Martin, Chairman
Senator C. Louis Bassano
Senator Richard J. Codey

ALSO PRESENT:

Irene M. McCarthy
Norma Svedosh
Office of Legislative Services
Aides, Senate Task Force on
Greystone Park Psychiatric Hospital



Hearing Recorded and Transcribed by
The Office of Legislative Services, Public Information Office,
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SENATOR ROBERT J. MARTIN (Chairman): I would like to welcome all of you to the hearing today. This is the second of our hearings on Greystone. My name is Bob Martin. I am a State Senator. I represent parts of Morris County, western Essex, and Passaic County. My district includes the Township of Parsippany-Troy Hills, and that means I also represent the area where Greystone is located.

To my immediate right is Senator Codey, from Essex County. I don't think he needs much of an introduction, but he is a former Chair of the Committee which has jurisdiction over these issues, and he has been a longtime advocate of helping persons with various disabilities.

To my immediate left is Senator Bassano, of Union County. He is Chair of the Human Services Committee, which has the ultimate responsibility for institutions such as Greystone, which is our topic today.

Many of you were here two weeks ago. At that time, you know we directed our attention, primarily, to those persons who run Greystone itself, and also to persons who have supervisory roles in the Department of Human Services. Today, this hearing is designed to hear from patients, former patients and their families, employees, and from other advocacy or nonadvocacy groups that have some interest in seeing that Greystone is being properly run.

I am going to lay out some ground rules. They may not please everybody, but I want to try to get as many people as possible able to speak today. We have 40 persons who have already signed up on our list, and there may be some additional persons as well. The only way we can try to do this and still maintain attention-- We can stay here until 3:00, but if you are the last person to speak, we probably won't be able to focus attention on you as

much as we would like. The hearing is designed for three hours. I also know that the Township Council has a meeting later on in this very room, so they will literally force us to get out sometime shortly after 7:00 p.m.

I am going to ask the people on the list to speak as they have registered to testify. We are going to limit them to a very strict five minutes. If there are further remarks you feel you have to make to us, see the women who are at the sign-up table. We will make a determination on how we will hear further testimony from you, either by, perhaps, written comments, or we may have another hearing. We will make that determination as things go along.

However, I would ask you, especially since some of the testimony may be repetitive, to try to say things that you are personally familiar with, and not be repetitive if you can. Remember, after five minutes, I am going to ask you, just in the interest of allowing other people to speak, to sit down.

With that, before we take your comments, I see that Assemblyman Bucco is here. He represents the 25th District in Morris County. I would just ask him to say a few words to us.

Tony?

A S S E M B L Y M A N A N T H O N Y R. B U C C O: (speaking from audience) Thank you, Senator Martin.

First of all, I want to thank you, Senator Bassano, and Senator Codey, and also Senator DiFrancesco, for putting this panel together to hear some of the problems that are created here at Greystone. I know you are going to come to a conclusion and make the proper recommendations for all the clients in the institution.

However, I think you have to realize that you cannot continue to take money away from these institutions and expect the quality of care that we want for our clients. Clients are given to our charge here in this State, and they deserve the quality of care that we would like them to have.

One other thing you have to remember is that not all of the clients who are put in our charge are eligible for group homes. There is a need for an institution and there is a need to have some of these clients in there.

I would appreciate and expect that you will make the proper decisions not only for Greystone, but for all mental clients and disabled clients throughout New Jersey.

I thank you very much for coming to Parsippany and holding this forum.

SENATOR MARTIN: Thank you very much, Assemblyman Bucco.

I would be remiss if I did not acknowledge that the Mayor from the Township is here again, Mayor Mimi Letts. Mayor, do you have a remark or a greeting?

MAYOR MIMI LETTS: (speaking from audience) I would just like to welcome everybody and say again that I am very pleased that we are able to host these hearings, which are very important. I look forward to hearing what everyone has to say.

You do have to finish up by 7:00.

SENATOR MARTIN: I hear you.

MAYOR LETTS: So, everybody, begin with what you have to say. Just try to keep it short and try not to repeat.

SENATOR MARTIN: I would also like to acknowledge former Mayor, Dr. Joseph Weissberg, of Parsippy, who is here as well.

With the preliminaries out of the way, we will begin by asking people to testify. We note that there are a number of persons from the State, as well as Greystone, here. They may be called upon to answer questions, but they are not here to give testimony.

The first person I would like to hear from is Valerie Fox.

UNIDENTIFIED SPEAKER FROM AUDIENCE: We have a witness list here, and I am wondering if you are going to follow this order. We had a list when we came in--

SENATOR MARTIN: Well, first of all, I am going to run the hearing, sir. I am going to try to follow it the way I was advised to by staff. There are a number of persons who have specifically requested that they be heard at certain times. So, please-- I will call the names as I deem appropriate, but by and large it will be straight from the list in the order there. There are a few persons who, for various reasons, have asked for accommodations, most of which are to be later, not earlier.

UNIDENTIFIED SPEAKER FROM AUDIENCE: I signed up. I called your office, and I am not on this list.

SENATOR MARTIN: If you talk to the woman in green, who is at the table there, she will take care of it.

The first persons ahead of Ms. Fox, by the way, all asked to be heard later on. That is why she is first off of our sheet.

J E A N E S L A M I: Would you mind-- (remainder of comment indiscernible; no microphone)

SENATOR MARTIN: And who are you?

MS. ESLAMI: Jean Eslami.

TASK FORCE AIDE: She is on the list.

SENATOR MARTIN: Okay.

Ms. Fox.

VALERIE FOX: Do you want me to start now?

SENATOR MARTIN: If you will.

MS. FOX: My name is Valerie Fox. I am a former patient at Greystone Park Psychiatric Hospital, and a member of Concerned Families of Greystone Hospital. I was not a patient under Colonel Waters' administration, yet I can shed light on his administration because of my present involvement with the Hospital.

I will go back to give you a glimpse at being a patient in a long-term institution -- being committed to an institution. I was at Greystone for six months. Three staff persons stand out in my mind among all the staff who oversaw my care. There was a nurse, a 20-year employee, who had the insight to know that when I left the Hospital and went back to the community, a community where I had been mentally ill for almost two years, that I would need all the help I could get. She allowed me a gradual transition from Greystone while I was still a patient -- days in town, lunches in town, always with responsible conditions on my part.

Another long-term staff person at Greystone, again a nurse, was a strong role model for me even early on in my illness, before my medicine took hold and I started to heal. She was a woman of dignity, hard working,

very fair, sincerely concerned, and always available to talk with me, if not at the moment, she always returned later. This woman is now a quality assurance specialist in the Hospital. I think Colonel Waters made a very wise choice.

Lastly, to give you an idea of the quality of the long-term staff at Greystone, I would like to bring to light one other person, a night attendant. For a number of months at the beginning of my time in the Hospital I slept minimally. I tried to sleep, even with medication, but I couldn't. This attendant would allow me to stay up quietly. She allowed me some leeway with the rules. She never slept during the dead of night. If I wandered to a private place, periodically she would look in on me.

I have given you these profiles to give you a sense of the kind of employees I encountered at Greystone, employees who have worked there for a number of administrations. I had no family connections, and was known around town as the "bag lady" because of my illness. I never heard those words about myself while at Greystone. I found kindness, care, and very, very good advice from the staff.

Regarding the administration of Colonel Waters, he received a standing ovation from the Concerned Families as a show of support for the good things he has accomplished at the Hospital while he has been CEO. I also attended a Board of Trustees meeting at Greystone chaired by Ruth Reicher, and again I came away very impressed with the quality of the meeting. There was an agenda, and all of the Trustees were prepared for the meeting. There was a representative from the Hospital Patient Government, as is usual at these meetings, giving his update on patient information.

At the monthly meetings I attend at Greystone, I am always amazed by the depth of knowledge of the staff. Each month, a department of the Hospital gives a presentation. I believe the knowledge of the staff I have seen is at least equal to a "Fortune 500" hospital.

Regarding the sexual abuse at the Hospital, sexual misconduct exists in churches, political offices in Washington and Trenton, homes, schools, and hospitals. With the allegations of sexual abuse, or any abuse at Greystone, there was no cover-up, absolutely none. Colonel Waters called in the Morris County Prosecutor, suspended staff while investigating, asked for help and ways to stop it.

I personally know that Greystone was and is serious about curtailing any abuse at the Hospital, not just since the reported cases, but before. I know, because I was asked to sit on a committee investigating abuse allegations before any of the present reported problems occurred.

In the newspapers, a number of times, psychological testing of employees was suggested, along with the other personnel checks already in place at Greystone. Whether this is legal is questionable, but if it is legal, there is doubt about its effectiveness. I asked a psychiatrist if a person is tested today and tests very safe regarding sexual abuse, could that change in a number of months? The psychiatrist said it could.

I read in the newspaper also that a former patient said she had witnessed abuse but had done nothing. I asked why. Why not even after the person left the Hospital? Why wait for a public hearing to bring to light these allegations, instead of bringing them to the attention of the administration at Greystone to be investigated?

In closing, I would like to reiterate what Senator MacInnes said: “Let’s do it right at Greystone.” I concur. I hope there will be no more sensationalism, but instead include in planning for Greystone consumers in mental health from various sectors of the consumer movement -- family members, professionals in the community, staff of the Hospital, and political leaders.

Thank you.

SENATOR MARTIN: Thank you, Ms. Fox.

John Strozyk, Cochair of the Family Advisory Association, Marlboro Psychiatric Hospital.

JOHN W. STROZYK: I am John Strozyk, Cochair of the Family Advisory Association at Marlboro Psychiatric Hospital. I am also a member of Senator Bennett’s watchdog committee on the restructuring program.

I am going to try to edit this on the fly. I left hard copies with your staff.

Rightly organized hospitals have been a subject of concern in New Jersey for more than 100 years. Advocates such as Dorothea Dix spoke to the New Jersey Legislature of insane people living in jails and poorhouses or wandering the streets due to the lack of rightly organized hospitals adapted to the special care required by these maladies in the 19th century.

Given the need in New Jersey for three management teams at three State psychiatric hospitals in less than 10 years, I suggest that the concern is real. Looking at the various lawsuits against the Department and the State, and the Department’s failure to properly implement court-directed changes, these also contribute to the lack of rightly organized hospitals.

Evidence of this is contained in the Roe v. Klein (sic) reports, which I have included in my testimony.

Unfortunately, New Jersey is not alone with regard to poorly managed systems serving the mentally ill, nor court-ordered reviews. I have also included a copy from the latest MAMY Advocate dealing with the State of Illinois.

The Commissioner has previously testified that he and other members of his organization are responsible for the situation at Greystone Park, including the deaths and the alleged staff patient abuses. We concur with that statement. By extension, he must also assume responsibility for the deaths and abuses at Marlboro, Trenton, and any other hospital as well.

We further suggest that the poor and deteriorating situation throughout the hospitals and the community service system for the mentally ill are directly related to the Department's ignoring of treatment needs. To create and maintain those rightly managed hospitals as well as community services, the Family Advisory Association believes that one must start with a reasonable estimate of the number of people to be served. We do not think the Department has done this in recent years.

In support of that statement, I wish to introduce just a few illustrations of why we feel the Department has not properly provided for those in need. I am using figures as a reference which, unfortunately, you do not have before you. The first figure represents the estimated probability of the number of New Jersey adults over 17 who may be diagnosed with serious mental illness over the period 1988 through the year 2000. The lowest values

are based on the 1991-1992 New Jersey State Mental Health Plan prepared and published by the Department on September 30, 1991.

The prevalence rate is referenced to a 1984 National Institute of Mental Health database. The range of data that we have plotted above that was based on the 1989 National Institute of Mental Health prevalence values. The variation between the figures represents roughly 66,000 people, or approximately the current population of Salem County. If the Department basis for staffing and financing the State hospitals is in part based on their data, they cannot be considered to be rightly organized at this time.

The second figure I have included represents the Department's estimates of the number of seriously mentally ill individuals served by the public mental health system. The basis of these values is, once again, their 1991-1992 State Mental Health Plan. Again they use the prevalence values that I discussed. In that Plan, the Department states that they have been budgeting for and serving approximately 60 percent of the estimated number of adults suffering with serious mental illness. If the upper values were used, the more recent values which are perhaps closer to being accurate, then New Jersey is not serving only 60 percent of the seriously mentally ill adults. Rather, it is conservatively serving somewhere between 35 percent and 43 percent of the potential population that New Jersey may have.

Given this information, it appears that the Department must be failing to provide many forms of service for the potential number of seriously mentally ill residents, including those (indiscernible) rightly organized hospitals. Quite simply, if budgeting and staffing decisions are based on projections and estimates such as those I have discussed here, they cannot

possibly be valid. The hospitals cannot be staffed with adequate types of professionals nor the number of professionals required to treat and care for the family members.

The last figure deals with the State's psychiatric hospitals' populations, specifically the average daily patient population for the years 1988 through 1997. The data I have used has been compiled from the Governor's budget documents over the last two years, and has been augmented with the 1992 facilities' master planning documents prepared by the Department.

In 1992, the Department prepared the Facilities Master Plan to support the closure of Marlboro sometime by the year 2000.

SENATOR MARTIN: You are going to have to sum up.

MR. STROZYK: On several occasions, Senator Codey has asked the CEO of Greystone whether he was informed -- or has informed his supervisor of the staffing issues and the facility conditions. The same question applies, but was not asked directly of the Director and the Commissioner.

* Did Director Kaufman inform the Commissioner about the impact of the budget on the staffing issues?

* When was the poor condition of the hospitals made an issue related to quality treatment and care, by the Director?

* Did Commissioner Waldman inform our Governor of these issues when he submitted appropriation requests over the last four years?

* Did any of these individuals occupying positions of trust bring these matters before the Legislature?

The New Jersey State psychiatric hospital system is a creation of the New Jersey Legislature. It is administered by the Governor through the Commissioner of the Department of Human Services and various subofficials, including Director Kaufman, regional deputies, and the CEOs at each hospital. However, you, Senators, not they, are in charge of the system. Your branch of government acted on behalf of New Jersey residents to provide for treatment, care, and the general welfare of citizens with neurobiological disorders when it authorized the State psychiatric hospital system.

We urge you to recommend that this Task Force be expanded and that an independent study of the system of treatment and care provided by New Jersey be undertaken by you and for you to aid in executing your responsibilities to the residents of this State.

Thank you.

SENATOR MARTIN: Thank you.

MR. STROZYK: Are there any questions?

SENATOR BASSANO: Yes. Do you have any comments with regard to the death of Ms. Regina Killian (phonetic spelling) at Marlboro?

MR. STROZYK: Well, based on what our information is, we understand that one of the staff employees has been recommended to be dismissed. We were under the impression that all of the associated employees were going to be recommended for dismissal. We think it was abysmal that it happened.

SENATOR BASSANO: My understanding is that only one was recommended to be dismissed, and the others were given days off, you know, 10 to 20 days. Is that correct?

MR. STROZYK: That is our understanding. We recommended to the CEO at Marlboro that all of the people be dismissed who were associated with it. I have also spoken to the two labor unions -- CWA and AFSCME -- and informed them that we recommend that all of the employees associated with it be fired.

SENATOR BASSANO: Mr. Kaufman, who makes that decision? Is it the Commissioner, or is it the CEO of the Hospital's recommendation to the Commissioner?

A L A N G. K A U F M A N: In relationship to that, Senator, the CEO would make recommendations and it would go to a Disciplinary Review Board, which is at the Commissioner's office. That is a group there now. The determination as to what (indiscernible) will ultimately be the Commissioner's.

SENATOR BASSANO: Ultimately, but the recommendation comes from the CEO?

MR. KAUFMAN: Yes, it does.

SENATOR BASSANO: Okay. So it was Mr. Roberts' judgment that of the, I think, roughly 10 or 12 people who allowed this lady to lay on the floor for 12 hours in her own urine, only one will be dismissed, which includes the doctor who lied about viewing the patient. Is that correct?

MR. KAUFMAN: The recommendation comes from the CEO, that's right, sir.

SENATOR BASSANO: Thank you.

SENATOR MARTIN: Thank you.

David Taylor -- is he here? (no response) I don't see him, so we will ask John Mazellon to come forward. Is he here? (affirmative response)

from audience) Mr. Mazellon is the County Mental Health Administrator of the Morris County Department of Human Services.

J O H N M A Z E L L O N: Good evening. The Counties of Bergen, Hudson, Sussex, and Warren, I, the Mental Health Administrator of Morris County, and the host County of Greystone would like to share the following with the members of the Task Force.

UNIDENTIFIED SPEAKER FROM AUDIENCE: Use the microphone, please.

SENATOR MARTIN: The micorphone is-- I don't know, they are trying to get it fixed. It is not working properly.

Sir, if you would stand, maybe stand sideways, and project.

MR. MAZELLON: Okay.

The Counties of Bergen, Hudson, Sussex, and Warren, I, the Mental Health Administrator of Morris County, and the host County of Greystone would like to share the following with the members of the Task Force.

The county mental health administrators of the northern region share the dismay of the New Jersey Division of Mental Health Services and the administration and staff of Greystone Park Psychiatric Hospital with regard to the recent series of crises and allegations at Greystone. We are concerned with the recent newspaper reports focused on criticism and blame of Greystone's CEO, Colonel George Waters, and would like to express our support of Colonel Waters.

Under Colonel Waters' tenure, we feel there has been a significant improvement in the quality of care, community partnerships, and openness to

consumer and family concerns, while dealing with State budget cuts and reduced staffing.

Colonel Waters has worked hard to remove the impenetrable wall that had isolated Greystone and the many communities it serves. He has opened the Hospital to county mental health administrators, family members, and concerned citizens. He has established a dialogue with community residents and leaders, discussing mutual concerns and working toward the resolution of issues within the context of limited resources.

He often attends county mental health board meetings and public forums in the community, in order to address local concerns and ensure community input. Problems are addressed, and there is confidence that the inherent difficulties that are often experienced with this vulnerable population are kept hidden from community inspection and review.

As mental health professionals who have worked closely with Colonel Waters over the course of his tenure as Greystone's CEO, we remain confident that his perseverance, dedication, integrity, management skills, and leadership abilities will endure this crisis.

We, the aforementioned mental health administrators of the State's northern region, would like to publicly acknowledge Colonel Waters' positive leadership and lend our support, as county representatives, to our mutual goal of providing quality care at Greystone Park Psychiatric Hospital.

SENATOR MARTIN: Thank you.

Are there any questions?

SENATOR CODEY: How do you get your funding?

MR. MAZELLON: Our funding is from the county and the State.

SENATOR CODEY: So you get funding from the State Department of Human Services?

MR. MAZELLON: Yes, we do, and the County of Morris.

SENATOR CODEY: So you are an employee of the County of Morris, but you do get funding from the Department?

MR. MAZELLON: Yes, we do.

SENATOR CODEY: Okay.

You mentioned the situation at Greystone. As the county mental health administrator, you do not see anything wrong, per se, with six sexual attacks within roughly four months, two employees fired for sleeping while someone committed suicide, numerous other incidents, and incidents that we do not know of, because they have not been reported, in addition to two arrests of employees for trying to intimidate a witness, or, you might say, a whistle-blower? Do you think that is good administration, sir?

MR. MAZELLON: Senator, I think all of those issues raise very serious concerns and are issues that disturb all of us.

SENATOR CODEY: Would they raise concerns about who is running the Hospital?

MR. MAZELLON: I think they bring a lot of things to the surface, Senator. I think they bring to the surface the role and the mission of Greystone. I think since Colonel Waters' tenure, in my position as county mental health administrator, I have seen a great deal of openness, cooperation, and teamwork.

SENATOR CODEY: But I am talking about what we know has gone on. Is that leadership? Is that the way a State psychiatric hospital should be run?

MR. MAZELLON: No. I think those incidents are suggestive of management concerns that need to be addressed.

SENATOR CODEY: No, but it is reflective of the management, you said.

MR. MAZELLON: I think we all share responsibility for what has occurred at Greystone.

SENATOR CODEY: Colonel Waters and everybody else who is in charge?

MR. MAZELLON: We all do, yes, Senator.

SENATOR CODEY: Do you think maybe we should question management because it happened under that watch?

MR. MAZELLON: Yes, I do.

Thank you, sir.

SENATOR MARTIN: Thank you.

Liz Bitterman.

ELIZABETH BITTERMAN: I am speaking to you today as a representative of one of the many residential areas that adjoin the grounds of Greystone Park Psychiatric Hospital.

I would like to briefly echo the comments of Assemblywoman Carol Murphy at the first hearing regarding the condition of the grounds, which are, in a word, deplorable.

Members of my community have concerns about staffing at the hospital. Recent emphasis on community placement in New Jersey and other states has resulted in a patient population at Greystone which is currently not capable of being community placed; in effect, a patient group that is more impaired than a similar patient group may have been years ago.

We would like to know if the staffing levels have been changed to reflect this change of patient population, and would like to seriously question whether we can attract and keep adequate staff, when many of them work full-time and receive pay that is below the poverty level of the State of New Jersey.

We would like to know what patients are at Greystone. We would like to know the number of Krol patients, ISTs, NGRIs, and detainees. Has the number of these patients changed in recent years? Has the fact that Trenton Forensics is at capacity affected what patients are sent to Greystone and other State psychiatric hospitals? What that says is that the only secure psychiatric facility in the State is full. Does that impact who goes to Greystone?

We have questions on the effect of Megan's law. It is an effect of Megan's law that I have never heard discussed. Prior to the law, a State inmate in a State prison who served the maximum sentence was released even if it was likely that he would commit a crime again. At that time, involuntary commitment into the mental health system was based on evidence of psychosis. However, under Megan's law, dangerous sexual offenders, and I quote: "and other violent offenders dangerous to others, for the protection of the public, are in need of involuntary civil commitment."

So what happens? These dangerous felons are committed to the mental health system solely on the basis that they continuously do bad things. Where do they end up? Some of them end up at Greystone. How many? Even the Morris County Prosecutor's Office doesn't know. We feel we have every right to know how many.

We have a problem with escapes. Escapes are the disappearance from the facility of patients charged or convicted of a crime. I heard the Chief of Police of Parsippany last week -- or at the last hearing -- and I do not share his complacency with the fact that the number of escapes has decreased to 15. Although I am happy that the number has decreased, let's get it clear. Last year, these escapees included somebody who had attempted murder, a brutal rapist, and an arsonist. Every escape should be thoroughly investigated, the reason for it found out, and we should have zero tolerance.

With regard to the issues of security, and also patient care and staffing, what has been done? At the last hearing, I heard Commissioner Waldman and Director Kaufman suggest that they have the solution -- the appointment of another management team. They claimed that worked in the past. I say it did not work in the past. What it did was work as a means of crisis control. When a crisis pops up, a management team is appointed. We have investigations. Rutgers University's stats are full of Senate hearings into the psychiatric system, but, in effect, these crises continue to occur.

What should be done? We should determine the appropriate staffing levels, and pay training and supervision needed to attract and keep adequate staff. We should set up an audit team, continuously monitor patient care, security, finances, every aspect of the mental health system. Since the

Department of Human Services has not seen a way to set up such an audit team, I suggest that it report to somebody other than Human Services.

Finally, Megan's law criminals do not belong in the mental health system in an insecure facility like Greystone. If an offender subject to community notification ends up with grounds privileges at Greystone, I believe the members of my community should have access to the same notification as everyone else in the State of New Jersey.

Thank you.

SENATOR MARTIN: Thank you.

SENATOR CODEY: Do you live close to Greystone?

MS. BITTERMAN: Our neighborhood adjoins it.

SENATOR CODEY: Do you have children?

MS. BITTERMAN: Yes, I do.

SENATOR CODEY: Colonel Waters, are there sexual offenders presently at Greystone?

COLONEL GEORGE A. WATERS JR.: There are, Senator.

SENATOR CODEY: There are? How many?

COLONEL WATERS: We have around 17, Senator.

SENATOR CODEY: Seventeen. Do any of these offenders have ground privileges?

COLONEL WATERS: At the present time, they do not, but we do grant them ground privileges as they get to a level of functioning where they can get ground privileges, Senator.

SENATOR CODEY: So they have the ability, then, to go within the community?

COLONEL WATERS: They are restricted to the grounds, but they do have the ability to walk off the grounds into the community.

SENATOR CODEY: Correct. That is a situation which is new. Am I correct?

COLONEL WATERS: It has been new since the Megan's law patients have come to Greystone.

SENATOR CODEY: So a woman like this, under the law that the Legislature passed, is not afforded the same protection as afforded individuals who have had these people move into their neighborhoods? If they moved into the neighborhood into a house, just as close, she would be notified. But since they are at Greystone, they are not notified. Is that correct?

COLONEL WATERS: That is correct, Senator.

SENATOR CODEY: That is correct. I think it is really a shame what has happened here, where we have taken sexual offenders and placed these people in a situation with their children that would, I think, make any of us nervous. I am a father of young children. I would be nervous and I would be upset to know that sexual offenders are walking on the grounds, and can just walk right on out and into the neighborhood where they can commit another sexual offense against her children, or somebody else's. That's frightening.

I think it is wrong. I think, Mr. Kaufman, that you should do something about it immediately -- immediately. I am not so sure, and I don't know even after tomorrow, how many of the people who are neighbors of yours, Ms. Bitterman, know about that situation, know that it exists up at Greystone.

MS. BITTERMAN: I don't think they do. That's 17 at Greystone, how many are at Trenton Forensics? How many are bumped into Greystone because Trenton Forensics is full? How many are at Marlboro? How many are there at Ancora? This law has been in effect for one year and two months. So these people max out their entire prison sentence and are still considered dangerous. How long are they going to stay at Greystone? How can we think that you can treat somebody with no evidence of psychosis effectively in the mental health system? If I were the parent or family member of a patient at Greystone, I would be just as upset as I am as a neighbor, because I don't think they belong there.

SENATOR CODEY: The other thing is, they are treated at Avenel, which is supposed to be the best we have in terms of treatment, yet those individuals down there are not able to be -- I guess you are never cured, but given some opportunity to change. The State has declared that they are still dangerous to society, so we transfer them to a place that is not the best we have to offer in terms of treatment for that illness.

MS. BITTERMAN: And with no security, not even a fence -- not even a fence.

SENATOR CODEY: Even when it is supposedly secure, as we have seen recently, that doesn't mean too much.

MS. BITTERMAN: Thank you, Senator.

SENATOR CODEY: Thank you.

SENATOR MARTIN: Thank you, Ms. Bitterman.

Jean Eslami?

UNIDENTIFIED SPEAKER FROM AUDIENCE: She had to step out for a minute. Could somebody go before her? She will be right back.

SENATOR MARTIN: Mark Palermo. Is he here?

MARK PALERMO: (speaking from audience) Do you mind if I stand here? It is kind of a long walk.

SENATOR MARTIN: No, that would be fine.

MR. PALERMO: My name is Mark Palermo. I am the Office Director of the Citizens Commission on Human Rights. The Citizens Commission on Human Rights is an international organization of 118 chapters in 27 nations. Each works to resolve the problem of psychiatric abuse, learning to confront this, rather than dismiss it.

The CCHR was established by the Church of Scientology in 1969. Our mandate is to investigate and expose psychiatric abuse to human rights. The CCHR works with law enforcement, health insurance fraud agencies, district attorneys' offices, and carries out legislative reform of members of Congress of the U.S. and members of parliaments of other cultures around the world.

First off, I would like to validate all those responsible for making these hearings possible. One only has to review recent media articles on what has been happening at Greystone Park Psychiatric Hospital to understand that there is a very serious problem here, and that this problem will not simply go away without outside intervention. It will not go away if we continue to rely on the people who run Greystone Park Psychiatric Hospital, the psychiatrists, to police themselves. This is because the psychiatric profession is incapable of policing itself.

This seems a very strong statement to make, until one reviews the history of psychiatry as a profession. While it would be impossible for me to cover every single example of this in my testimony before you today, I can give several examples that I think will make my point.

In 1985, a U.S. Justice Department report revealed that a disproportionately large number of the physicians kicked out of the Medicare and Medicaid programs for fraud and abuse were psychiatrists. While psychiatrists made up 8 percent of the physicians in the United States, they accounted for 18 percent of the crooked physicians suspended from Medicare and Medicaid over a 15-year period. This was the worst performance of any group in the medical field.

Despite a dramatic rise in complaints, a 1987 study shows that though 65 percent of psychiatrists hear of sexual abuse from their clients, only 8 percent report these abuses. This is in spite of the fact that psychiatric rape not only violates professional codes, but, in some states, is strictly illegal.

In 1995, in Florida, which has one of the largest populations of elderly citizens, a task force investigating Medicare fraud found that 40 percent of the claims made for outpatient mental health services were bogus.

During their residencies, psychiatrists commit suicide nearly nine times the rate of the general populace, a rate that is, again, higher than any other medical specialty. Is it any wonder, given such examples as these, that psychiatrists at Greystone Park seem unable to prevent the abuses that have happened at their facility, and that their response to the rightful concern of the media and the Legislature has been to simply defend themselves against what they state are misperceptions?

Yet, I am sure that not one of the six patients who were sexually assaulted by Greystone workers, nor the witness whom two more Greystone workers tried to silence over an alleged assault, nor the Board of Medical Examiners, which denied a private practice license to Greystone psychiatrist Husan Turgut because they found his basic knowledge of medicine to be grossly deficient, would stand here today and tell you that it was all simply a misperception. I am sure that every citizen who locks his doors at night and fears for the safety of his loved ones because of an escaped patient with a history of criminal violence, would not tell you that his fears were all based on a misperception.

If Greystone is providing “state-of-the-art” treatment and medication as stated by Greystone’s Chief Executive Officer, George A. Waters Jr., then one can only wonder what, exactly, is the sort of treatment that patients at Greystone have been receiving, and what has the funding for Greystone actually bought these patients.

The Citizens Commission on Human Rights would like to see specific answers to these questions. We are asking that a full audit be done of the State funds that have been paid for patients’ care while they were at Greystone Park. We also request that this review be done by an outside, independent person or body who has no past, present, or future connection with Greystone Park Psychiatric Hospital.

Furthermore, we would also like to see an independent review done of all the patient medical records to find out exactly what type of treatments and care have been provided to the patients at Greystone.

Thank you.

SENATOR MARTIN: Thank you.

SENATOR CODEY: Thank you very much.

SENATOR MARTIN: I'll try it again. Is Jean Eslami here?

(affirmative response from audience)

MS. ESLAMI: My name is Jean Eslami, and my son is a patient at Greystone. My son has been fighting mental illness for the past 15 years, and he has been in and out of many hospitals in the State of New Jersey.

SENATOR MARTIN: Is it possible that you could stand and speak to the audience? We can hear you.

MS. ESLAMI: Sure. Okay.

Shall I start all over again?

SENATOR MARTIN: Yes.

MS. ESLAMI: Okay.

My name is Jean Eslami, and my son is a patient at Greystone. Cyrus has been fighting mental illness for 15 years, and has been in several State and private hospitals. I have always been closely connected and involved with his care and treatment. Excuse me, I am very emotional. I'm sorry.

I consider myself very experienced in this area, because I have followed him very closely and have always taken an active interest in his care and the actual handling of his care.

You know, I can't even read this. I have to talk from my heart. Any person here who has a child with mental illness understands the depth of my heart.

He has been in the best hospitals my husband and I could afford. He has been in State institutions, including Marlboro, and I thank you for

helping that place out. He has been victimized and he has been treated badly, but I have never experienced that in Greystone Park. My son is not what you would call an ideal patient. He is not a violent patient, but he has a horrible mouth and he refuses medication. I have never, never experienced the kind of care that has been given to him in a State Hospital, Greystone.

When I first came into that Hospital, I had no trust in any system. It was me and my son against the world, and I would fight for him to the end of my life. When I got there, I had the same conception of what was going on. You will have to excuse me, because this is all in my head, but it is coming from my heart. I suffered a great deal. Not only did the patient suffer, but the family suffered, because we loved him, and that is a cruel thing, believe me.

I had a son who was in medical school doing well and, all of a sudden, he got sick, at the age of 21. I had been in Marlboro. By the time I finally got into Greystone, I had no trust in any system, any person. I felt that from the depths of my heart. I got there and there were two lovely ladies, Wanda Mimma (phonetic spelling) and Susan Howard. Now, I thought these ladies weren't real, because they were so kind. I warmed up to a system that I hated and I trusted for the first time in 14 years. I mean, this is going some, folks.

Then Colonel Waters came. There was a man over there -- I can't even remember his name -- who promised to speak to me for months before Colonel Waters came. I never saw him. He would see me in the hall and say, "Hi." He was a phantom. Colonel Waters came in, and I don't know what

happened to this Hospital. It became like a community hospital. Everybody knew everybody. Everybody was kind. Everybody took an interest.

Sure, I know there are allegations, but I found that in every hospital, every single hospital, private and State. My son has been in hospitals in the State of Florida, California. Nothing was spared him. And do you know where I found the best care for my child? At Greystone. (applause) When he went there, I was terrified. I was terrified of this place I didn't know anything about. Boy, did I try to get him out of it. Colonel Waters and those two ladies restored my faith in a mental health system that I would not have given two hoots for, because there isn't enough money in there. There aren't enough treatments, because they don't have the money. And, you know, there are a lot of things wrong with it, but there is nothing wrong with Colonel Waters.

I really believe in my heart of hearts that he is doing his very best. I am horrified at the fact that he may leave, and I will find somebody like I found in all those other hospitals. I don't know if I can deal with that. You know, I am a hell of a lot older right now, and I don't have that kind of fight in me anymore. This is the first time since my son has been confined that my husband and I are able to go on a vacation with a free mind, knowing that no one is throwing him out, no one is taking advantage of him, and no one is trying to hurt him.

This is coming from a person who fought every inch of the way for 14 years, to this. You know, I think that says a lot for Colonel Waters.

Thank you for listening to me.

SENATOR MARTIN: You're welcome.

Christine Dahlgren.

SENATOR CODEY: Who did you call?

SENATOR MARTIN: Christine Dahlgren.

C H R I S T I N E D A H L G R E N: Good afternoon, everyone. My name is Christine Dahlgren, and I am a former patient at Greystone. Before I begin to tell you of the violations I experienced there, please be assured that there are a lot of positive things happening, as well as a good percentage of hardworking, conscientious employees who take the well-being of the patient into consideration, rather than themselves. I say that not out of obligation, but rather from experience.

I have been upset while reading all the negative press that Colonel Waters has been getting these past months. Granted, he is the CEO, and the responsibility for everything that does or does not happen rests on his shoulders. I don't know of any CEO who has full control over the employees of his corporation, or control over their actions. The proof of Colonel Waters' desire to change can be seen when you look at the number of employees who have been disciplined in the past five years.

When I was a patient at Greystone during 1986 and 1987, under the administrations of Dr. Ross and Dr. Craig, problems such as the ones that have occurred during the past month seldom made the paper, let alone were the employees prosecuted. My hope today is that we will see changes happening at Greystone, rather than see this as a political gold star for pursuing the hot issues of an election year.

I would like to begin with some horrific abuses that became my nightmares while I was a patient, September 1986 to November 1987. During my first experience, an employee named Gene had me locked in a stairwell

with him. He wanted me to perform oral sex on him. I had only been a patient there for one month. I was so scared that I did not know what to do. Even more than being scared, I felt intimidated. With no regard for how I was feeling, I did what he wanted. Afterward, I was let out the door and went back to my cottage. I felt so sick. The abuse was reported but, as happens often, it was my word against his, so the abuse accusation was not pursued.

As of December 1995, he is still employed at Greystone. I have nothing concrete to prove that this happened. As often, the victim remains to see no justice.

My worst experience at Greystone, and the one that still haunts me at times, did not happen just one day. It all started on a September morning in 1986 while at breakfast in the dining hall. I was still a patient on Admissions. While I was eating, a male nurse from ITU named A.J. approached me. He asked me if I remembered him, but off the top of my head I didn't. He remembered what I used to dress like while I was a patient at another hospital that he worked at.

After returning to my ward, I tried to remember him. I did, and when I did I remembered that he had had problems with other female patients at that hospital. I can see now that my thinking while I was at Greystone was not very clear, or I would never have allowed him to befriend me.

Since he finished work in the morning, he started to stop by my ward on his way home to say hello, and sometimes played Ping-Pong with me. I remember the feelings. It felt so good to have a friend in what I considered such a bad place. Shortly after the visits started, the telephone calls began. I

would get a call practically every night. It seemed like I had a real friend. Now I felt that I was safe at Greystone and no longer needed to be afraid.

I was transferred from unit to unit, and every night I would still get a phone call. One Saturday while I was home on a day pass, he asked me if I wanted to go see a movie with him. At this point, I wasn't on his ward and I said, "Sure." I wasn't afraid of him. I thought he was my friend.

After meeting at the designated place, he decided that we should go to see a different movie at a different place. I thought, "Why not?" It was years later that I learned why I trusted this person so much. I choose not to talk about what happened in detail. I can only say that he sexually violated me that day, as well as destroyed the sense of goodness I had in people. Since this did not happen on the grounds of Greystone, Human Services Police told me there was nothing they could do. However, they encouraged me to follow up with the Essex County Prosecutor's Office.

As time passed and I got no help from Greystone to make contact with the Prosecutor's Office, I made the call myself. After an investigation was performed and statements were made, there was an arrest warrant issued for him. It seemed to me that Greystone did all it could to hold up the investigation. During this period, there were no actions taken against him. I thought he should have been suspended, but then, who was I?

The day finally came when he was going to be arrested. An attempt was made at his apartment, but the officers were told that he was not there. He never showed up at work again. That same night, the officers went to Greystone to arrest him. He had quit. At that point, I was told that the arrest warrant would remain active, and I hoped that maybe he would get a

traffic ticket or have some run-in with the law and maybe they would be able to pick him up. Nothing happened.

At that point, I wanted to put an end to it, but I couldn't find a resolution within myself. One evening, I went back to Greystone to attend a family group meeting. The nurse on duty that night in the supervisor's office told me something that I just could not believe. He had died. The next day I called the Prosecutor's Office. The officer handling the case contacted Vital Statistics. It was true, he was dead.

I am sure you think I was relieved. I wasn't. I wanted justice, and I wanted it my way. Through therapy and God's help, I have been able to put this to rest. The point remains: It never should have happened. When the allegations were made, there should have been some action on Greystone's part.

During my last admission from October 1993 to February 1995, I did not experience any more of the awful abuses that had happened to me before, but that is not to say that I didn't see things that were definitely wrong on behalf of the staff. Sleeping during the night shift happened on Admissions, in the cottages, and in the Abell Building. On one particular evening, I was yelled at by a nurse for waking her up for my PRN medication. Marie is still employed by Greystone, but on a per diem basis.

I often saw patients physically abused while I was on Ward 72 in the Abell Building. One of the staff members actually told me that if a patient hit her, she was going to hit the patient back. After all, it was only a natural reaction. Granted, if a patient hits a staff member, the staff member must protect himself or herself from being injured, restrain the patient, put him in

seclusion if necessary, but by no means should the staff fight back against a seriously ill mental patient.

We were often locked out of our rooms. That meant that 42 women were left to either roam the halls, go to the smoking porch, or sit in the dayroom. There were times when we were actually all kept in the dayroom. Verbal abuse ran rampant on Ward 72. When it was time for our evening showers, we had to line up naked. I often felt like we were going to be led into the showers as the Nazi prisoners were. I can only begin to tell you how dehumanizing that was. I will never forget the six weeks that I was a patient on that ward. I only wish I could rescue the many seriously ill women who remain there. Most of them don't even realize that they have rights. Even though a hot line number is posted by the phone, most of the women don't even know they are being abused.

Besides the abuse of helpless children, I cannot think of any other crime as despicable as the abuse of the kind I witnessed on Ward 72. I consider myself very fortunate in that I do not suffer from the same degree of illness. It is my obligation not only as a former patient, but as a human being to try to stop what I can. I implore you to help me to help those who are less fortunate. After all, it could

be you or someone you love. Don't forget that.

SENATOR MARTIN: Thank you.

Questions?

SENATOR CODEY: When was the last time you were on Ward 72?

MS. DAHLGREN: From November 1994 to December 1994.

SENATOR CODEY: And you describe those horrible conditions which were, you know, under Colonel Waters' leadership, and Mr. Kaufman's, and Commissioner Waldman's. So you would agree that in addition to the incidents we know of, there are many, many more incidents that never get reported? Is that correct?

MS. DAHLGREN: That is absolutely right, unfortunately.

SENATOR CODEY: See, the dichotomy here is that we hear it is well run. I do not question Colonel Waters' intent. The problem is that while the majority of the employees are good, decent, and honorable, we have, however, an incredible amount of that minority which is bad -- which are pretty despicable, who would prey on those who are mentally ill. If Colonel Waters, Mr. Kaufman, or Commissioner Waldman do not realize that because of the lack of education, the lack of training, the lack of oversight we have these types of employees here, then they are to blame.

If they knew what was going on, they would have realized that we had the ability to have these incidents happen because of whom we were and were not hiring. That is where I find fault with the leadership of a hospital, whether it is Greystone, Marlboro, or whatever, that allows this kind of a situation to exist. Had they really known what was going on, they would have known that employees blatantly sleep at night and do not do what they are supposed to; that sexual incidents from male employees to female patients happen; that there was contact between patients and employees outside of Greystone Park, which is strictly prohibited, but goes on all the time.

Do you agree?

MS. DAHLGREN: Yes.

SENATOR CODEY: Thank you very much.

SENATOR MARTIN: I have one more question, Ms. Dahlgren. Do you think a lot of the abuse that you say you saw could have been corrected if there had been more supervision of the employees, if whoever was in charge, you know, the head honcho, was supervising the employees? Is that part of the problem?

MS. DAHLGREN: I think the biggest part of the problem is that you have to have a higher quality caliber of thinking among the employees. A lot of them have been there for a long time and they are used to being able to do what they do. A higher quality of supervision and a higher quality of employee, I think, is what is necessary.

SENATOR MARTIN: Thank you.

Is Dorothy Hurley-Thaller here? (affirmative response from audience)

DOROTHY HURLEY - THALLER: I am here today as a family member. I do represent Concerned Families of Greystone Park, but today I am here as a family member.

Mental illness is something I have learned to live with, not easily, but of necessity. I prayed it would end, but after several doctors, hospitals -- very good ones -- and medications, we ended up at Greystone Park Psychiatric Hospital.

Since December 1984, we have associated with the Hospital as home for our daughter. Not much has changed with the physical structure of the Hospital, but the programs have improved and the quality of care has improved over the last five years.

New medication has helped my daughter tremendously, so she is now able to work in a horticultural program, which she enjoys, and she attends the Park School. She wants to live in the community and possibly work in a flower shop. She has hope for the future. She has not been abused here, but helped to understand her illness and accept her life, though very difficult it may be.

I have met caring and qualified people here who have helped me to cope with this illness. I have volunteered on the CQI team to assess areas of the hospital for needed improvements. In many areas, they are making do for lack of funds. Roofs cannot be repaired, equipment cannot be purchased, and modernization is out of the question. Budget cuts do not make for creative restructuring. Budget cuts do not bring new programs or dedicated professionals who will work with these people and help them attain independence. Now we are hearing about privatizing of services, bringing in new people who will need training and supervision.

I think George Waters and his staff have done very well to maintain a well-run Hospital despite the budget cuts. He has helped to bring these incidents we are talking about to light, and I hope you will bring them to a speedy conclusion so we can return to the business of caring for and caring about the mentally ill.

I believe George Waters is a qualified professional who has tried to instill respect among staff, patients, and families. He has encouraged hard work from his staff, rewarded jobs well done, and helped patients feel “normal” by providing programs, outings, and patient government needs. I believe he deserves our respect and our support.

With respect for one another, I believe these investigations can be brought to a satisfactory conclusion for the good of all, and, hopefully, for the benefit of the mentally ill. Some changes are needed. However, please, no more budget cuts.

Thank you.

SENATOR MARTIN: Are John Plick and Pat Trapasso here?

JOHN J. PLICK, R.N.: I am representing the nurses of the Abell Complex, not necessarily all of them, but the undersigned. We have at least 10 signatures.

I and the nurses I represent appreciate the time you have given us to address these legislative hearings. We hope that our input will be of some use in dealing with the problems that we now face. We feel that the care of the mentally ill is a valid social responsibility and we also feel that this duty can be carried out in an efficient, responsible, and productive manner.

Our testimony will not dwell on specific situations in Greystone which, unfortunately, seem to be numerous, but rather deal in general conceptual terms with the circumstances which we feel have contributed to those problems. However, if this investigative body wishes specific details and depositions in order to substantiate the contents of this presentation, please be advised that such information will be provided.

As far as we can understand, the original intent of Greystone was to provide low-cost, high-quality care for the long-term psychiatric patients, with those same psychiatric patients participating to as great a degree as possible in the maintenance of that institutional community. The benefits of this participation for the patient would appear to be obviously twofold: First,

the work involved is therapeutic to the patient; second, the labor involved defrays the cost of hospitalization. Why this system was abandoned under the excuse of exploiting “slave labor” seems to me to be somewhat ridiculous. All patients are generally billed for their Hospital stay. We do not see why credits could not be easily applied toward the reduction of that same bill. Personal responsibility for the cost of care builds self-esteem, whereas dependence on others tends to undermine it.

There are many situations where realignment of job responsibilities, allowing increased patient participation, and maximizing the efficient use of available resources could facilitate a smooth, low-cost operation. However, when other “goals” are involved other than the well-being of the patient and the reduction of superfluous costs, situation can become very confusing. When rules and regulations are arbitrarily applied in order to achieve personal agendas, situations can become very confusing. When the training, disciplinary, and medical services are cut with no reasonable explanation, things can become very confusing.

Conditions presently exist at Greystone which reflect managerial problems and we have experienced the effects of these problems. As the nurses I represent only work at Abell Complex, we can only speak from that perspective. In any event, we feel that our experiences cannot be that far removed from the experiences of any given nurse in the Hospital. I will only touch briefly on particular issues.

First and foremost is what I feel was the apparently arbitrary shifting of head nurses from one ward to another recently for the sake of “operational effectiveness.” I personally was particularly upset as I was

transferred from a rather acute all-male ward into a very acute all-female ward directly following the disturbing sexual allegations. This was even more irritating in light of the fact that I had just returned from a vacation and had not been given what I would consider reasonable advance notice in order to prepare either myself or the patients. Although I have since returned to my original unit, patients and staff in Abell are still dealing with the consequences of that move.

Another event that stands out in my mind involves employee discipline. Approximately two years ago, an HST with whom I worked regularly was holding open a door between the male and female units which I judged should have been kept shut. I politely and appropriately asked the HST to close the door, not once, but three times. After the third time, I attempted to shut the door myself, but was physically resisted by him. Not only did I meet with physical resistance, but the employee became verbally hostile, calling me a “candy-assed son of a bitch.” Needless to say, my powers of self-control were tested. A lengthy process ensued, with tragically barren results. As manager of my unit, I was to be satisfied only with a handshake and an apology and, believe it or not, the recommendation that perhaps I should see the Hospital psychologist because of the fact that I had become enraged that any employee would be allowed to do such a thing.

In another area, a disturbing medical situation has recently presented itself. Because a gentleman on my unit had a current history of two sexually transmitted diseases with open sores on his legs, he was appropriately transferred to Morristown Memorial Hospital for further treatment. A few days later, he was returned to our unit, unfortunately with some of the sores

still able to produce drainage. Because of the phasing out of our medical building, Central Avenue Complex, and a high census, our unit, which has no isolation facilities, was forced to accommodate the man. The STD involved produces pain and itching which further complicated the problem.

I do not feel that any man in such a condition, particularly one who is not severely psychotic or assaultive, should have to be boarded on a unit where patients occasionally play with excrement and frequently go through the garbage.

Finally, there is a most irritating managerial effect which can occur at Greystone that I have witnessed or heard about several times. Hardworking individuals are very often given excessive burdens of work which they do their best to complete. There is not anything necessarily wrong with this. However, strangely enough it is more than likely that such an individual, merely because of his or her ability to do large amounts of work and to do it well, will be perceived as a threat and will be “targeted.” For this individual situations develop. Protocol not applied in the past is suddenly vigorously applied to them, in addition to any number of other things happening, making life very difficult, if not impossible. This happens too often at Greystone.

We do not feel that these problems that have been mentioned are insurmountable, but we do feel that they need to be formally addressed. Why is it taking so long to do this? Why are particular situations ignored? We don't know.

Even so, let us verbalize some concerns and thoughts we have regarding the matter of caring for the mentally ill. To make idle speculations

concerning the future care of the mentally ill under the guise of “privatization,” while subtly disabling the existing system by cutting back on doctors and replacing full-time nurses and HST/HSAs with per diems and TESs does not, in our opinion, reflect a genuine concern for the mentally ill.

We believe the State has a specific moral responsibility to care for not only the mentally ill, but all marginalized individuals, and that to ignore that responsibility or, worse yet, to disguise it in order to allow citizens to comfortably ignore it, will eventually prove to be disastrous.

In a family situation, if one member becomes disabled or crippled in a particular way putting an added burden on the other members, two things should definitely not happen: One, the disabled individual should not be forced to carry the same or an even heavier burden as he did before; and two, he certainly should not be left by the side of the road in the hope that some individual will find him and figure out a way to care for him for a profit. That is how we see “privatization.”

We feel that mistakes have been made at various levels of society and government inclusive of Greystone, and we believe we will all have to pay a price for those mistakes. However, we do not feel that the price that needs to be paid should be used as an excuse for abandoning those who have no voice in order to lessen the burden on the rest of us.

We believe that within the State the power and the resources exist to bring the problem of caring for the mentally ill under control without an abdication of responsibility. We think at this particular junction honesty and trust are essential. Problems have been allowed to worsen without adequate

attention for some years now, and it is not just individual situations, but also ways of doing things that must change.

We cannot control and, of course, the patients that we care for cannot control what State government will eventually decide to do. However, we can hope, as their caretakers, that a spirit of ownership and compassion prevails. We enjoy what we do, and we believe that the other nurses with whom we associate in the Hospital enjoy what they do, as difficult as the job is at times.

SENATOR MARTIN: You are going to have to summarize.

MR. PLICK: I am almost finished.

Given the seriousness of the illnesses with which we deal, we feel that even the maintenance of these patients constitutes a formidable task. We would appeal to those Senators who feel that the State does have a responsibility toward taking care of its citizenry to: First, stop the not so subtle undercutting of the existing system; and second, join us in bearing the real responsibility of caring for the mentally ill.

SENATOR MARTIN: Sir, Senator Codey has a question.

MR. PLICK: Sure.

SENATOR CODEY: How long have you been working there?

MR. PLICK: Approximately three years, eight months.

SENATOR CODEY: And all the time you have been working there, Colonel Waters has been the CEO?

MR. PLICK: Yes.

SENATOR CODEY: Do you think there are times where employees feel threatened by other employees in terms of reporting abuse?

MR. PLICK: Yes.

SENATOR CODEY: So there is no question in your mind, sir, that there is a mentality among many of the employees at Greystone that to report the wrongdoing of another employee could bring you physical harm or some kind of--

MR. PLICK: There has been in the past, but it is changing slowly.

SENATOR CODEY: Okay. Some other things:

You mentioned about the lack of training. Is that correct?

MR. PLICK: Yes.

SENATOR CODEY: Would you say that many of the HSAs and HSTs who have come in are without any real formal education in nursing or formal education sometimes even beyond?

MR. PLICK: Yes, but in all fairness to Colonel Waters I have to say that I spoke to the Chaplain, Father Donachek (phonetic spelling), and he told me that, at one point, the administration appealed to State government that they be allowed to require a high school diploma for incoming workers, but it was denied.

SENATOR CODEY: Yes, but of course, you are dealing with people. In terms of HSAs and HSTs, who are dealing with our loved ones who are mentally ill eight hours a day, they are the most important people within the system.

MR. PLICK: I agree with that, but I don't think the responsibility should be placed on Colonel Waters totally. I realize, of course, that you have your own personal viewpoints. However, I do not believe that you represent, necessarily, the other people in the State Legislature.

SENATOR CODEY: I take that as a compliment.

SENATOR MARTIN: Quit while you are ahead, Dick.

SENATOR CODEY: I'm way ahead.

Mr. Plick, with regard to the patient with AIDS -- with open sores, was there any kind of education done with the HSAs and the HSTs with regard to handling these types of patients?

MR. PLICK: I tried to brief them briefly, but--

SENATOR MARTIN: Just so we are talking about the same thing, in your testimony, you did not mention a particular disease. Did you mean to say--

MR. PLICK: No, not really, I would rather keep that confidential. The employees were made aware of the fact that this patient was to be kept in isolation, and that they were to handle the patient with the appropriate precautions.

SENATOR CODEY: Right. But is there somehow some kind of a protection mechanism for patients there, because there is sexual activity between -- putting aside the employees.

MR. PLICK: No, there is no formal protection. As I said before, the units are fairly open. We do not have the facilities, really, to keep the patient in a room.

SENATOR CODEY: Okay. So it is quite plausible, sir, that a patient at Greystone could become infected, or could become HIV positive because of sexual relations with someone who is HIV positive?

MR. PLICK: Unfortunately, I believe that to be the case.

SENATOR CODEY: Thank you, sir.

SENATOR MARTIN: Is Joe Ragno here? (affirmative response from audience) I would have called you earlier -- you were at the head of the list, Joe -- but I didn't recognize you.

JOSEPH RAGNO: Senators, I am going to be very brief.

In 1988, I was appointed to the Board of Trustees at Greystone Park Psychiatric Hospital and for the better part of the time since then I have been on the Board, except during the administration of Governor Florio.

I have been there through three administrations, Colonel Waters being the last -- Colonel Waters also being the best, in my opinion -- and I think I speak -- I believe I speak for the remaining trustees when I say that.

There have been certain allegations of problems that have occurred recently. They are no different than the problems that were there in 1988, when I came to the Hospital. They are no different than the problems that have been there historically, and they are no different than the problems that are going to be there in the future. That does not condone them, and that does not accept them. However, I can tell you this:

My perception since 1988 to the present is that this administration does more to make them visible than any administration prior. (applause) The net result of doing your job properly should not be admonishment. It should be congratulations. So I congratulate Colonel Waters on what he has done in the time that I have known him.

One of the fundamental problems with a State institution and one of the fundamental problems with the State is that it is run by our tax dollars, and because there is an effort not to spend all of them, there is always underfunding, and this institution has been underfunded since the day I

became involved with it, and it remains underfunded. So, if culpability is to be spread, let's spread it everywhere, and understand that our government is just as responsible for the problems at Greystone as is the institution itself, because when the money is not there, you can't hire Michael Jordan to play on minor league wages. That is not to say that the people who work at Greystone are not doing their jobs. There are people at Greystone who do not do their jobs. There are people at every institution that I know of who do not do their jobs. There are people who work for me that do not always do their jobs.

The administration does its best, given the circumstances under which it works, to do what must be done. I am convinced, since 1988, that it does better, as I have said, than any administration before that. It is not perfect and it is not going to be perfect. Colonel Waters cannot be perfect. No human being is perfect.

The real issue here is what is happening to the clients and the clients' families of that institution, and you have heard from those people. They have told you that they are more satisfied today with what is happening at Greystone Park than they have ever been. Will it be perfect? No. Is it better? Yes. Is it going to get better? I am convinced that it will, because Colonel Waters continues to do a fine job.

But we do have a major problem now. Because of what has been going on, because of the challenges of this institution, and because they have been done so publicly, fine people are being lost to this institution, and that is causing the demise of the institution.

What is happening here isn't making Greystone a better place, and if this continues it can only become a worse place, so this has to stop at some

point. You have lost your head of nursing and your assistant CEO because of the attacks on the institution. These were good people, and now they are gone. Hopefully, they will be replaced by good people and, hopefully, we will not have to replace the CEO, too.

Unless the goal of the State is to close Greystone -- which I hope it is not, because we have no other institution in northern New Jersey-- Unless that is the goal, then let's start working toward making it a better institution, working with one another, and stop the attacks. That is the perception I have as a member of the Board of Trustees.

SENATOR CODEY: You have been on the Board since 1988. Is that correct, sir?

MR. RAGNO: Yes, except for those times when I said I wasn't -- for the bulk of that period of time.

SENATOR CODEY: You said in your statement that the difference between the past administration is that these incidents in the past would not have been acknowledged. Is that correct?

MR. RAGNO: I said that they are more public today than they have ever been.

SENATOR CODEY: With regard to these types of incidents?

MR. RAGNO: Yes, and they are addressed more directly by the administration.

SENATOR CODEY: So since the time you came on in 1988, these incidents are still going on?

MR. RAGNO: There will always be incidents like this.

SENATOR CODEY: I hope there will never be.

MR. RAGNO: I hope there will never be, too, but, unfortunately, this institution is no different than every other institution that the State runs or that the private sector runs. They are the same.

SENATOR CODEY: I would disagree with you on that.

MR. RAGNO: Well, perhaps you would-- (interrupted by noisy comments from audience)

SENATOR MARTIN: Just listen, please, okay? You can root for whatever testimony, but please no outbursts. It really doesn't add anything to the hearing.

SENATOR CODEY: That acceptance of that kind of mentality is what I am against.

MR. RAGNO: Well, then, you didn't hear me, Senator, because I said we don't accept it and we don't condone it. We are doing things to prevent it.

SENATOR CODEY: Oh, I heard you. I heard you loud and clear. You said that the difference between 1988 and 1996 is that we know about these incidents now.

MR. RAGNO: And we are working to correct them.

SENATOR CODEY: I don't think that is any comfort to someone whose loved one was sexually abused.

MR. RAGNO: I agree with you completely.

SENATOR CODEY: Sexually attacked.

MR. RAGNO: I agree with you completely.

SENATOR CODEY: What did you do since 1988 to 1996 to get rid of that kind of mentality that existed there that fostered and allowed these

kinds of incidents to go on that we know of, and the many others that we do not know of?

MR. RAGNO: That is precisely what I believe the Colonel has been doing. It takes a long time to accomplish it.

SENATOR CODEY: What do you mean by "a long time"?

MR. RAGNO: It may take forever to accomplish the total abolition of abuse, because people are people. Unfortunately, abuse occurs in all levels of society, as we well know.

SENATOR CODEY: I can assure you that we can do a hell of a better job in getting employees who do not want to have sex with patients, who do not want to abuse patients, who do not want to sleep on the job, and so forth, and so on. This has been going long before you came here, but all the time you were here, Mr. Ragno.

MR. RAGNO: Well, let me speak to that as well: Hiring is not only a factor of what happens at Greystone, but again we have to look to the State of New Jersey. Hiring is controlled by State practices. It is controlled by collective bargaining agreements which the State enters into. This does not all come down to Greystone. Culpability rests in a lot of places. Don't always focus, Senator Codey, just on the institution. Let's look at the whole package. Let's find out who sets the requirements.

You know, it comes down to a lot more than what Greystone elects to do, not to mention the fact that for years -- many of the years I have been there -- Greystone was not permitted to hire anybody, because there was a hiring freeze. So there are a lot of things that go into the problems.

SENATOR CODEY: What would you think would go on in your neighborhood, Mr. Ragno, if there were six sexual attacks at the high school within four months?

MR. RAGNO: That people should be prosecuted, just as they should be prosecuted at Greystone.

SENATOR CODEY: Do you think there would be an outrage well beyond what we have here?

MR. RAGNO: I have no problem with the outrage, Senator. I have no problem with people being upset with sexual abuse, and I think the people involved in it must be prosecuted to the fullest extent of the law.

SENATOR CODEY: How many years have you been on the Board, close to a decade?

MR. RAGNO: Give or take the three years I was--

SENATOR CODEY: How many times during that period of time were you on the wards between midnight and 8:00 a.m.?

MR. RAGNO: I am never on the wards between midnight and 8:00 a.m., Senator Codey.

SENATOR CODEY: Thank you.

MR. RAGNO: You're welcome.

SENATOR MARTIN: Thank you, Mr. Ragno.

William Dobbins -- is he here? (affirmative response from audience) If you could sort of direct your voice-- We will let you know if we can't hear you, but it is important that everyone else have a chance to hear you.

WILLIAM DOBBINS: Senator Martin, Senator Codey, Senator Bassano, members of the Task Force, thank you for the opportunity to speak today.

My name is William Dobbins. I am employed by the New Jersey Department of Personnel in the Human Resource Development Institute as a Supervising Training Technician. My duties include acting as a customer service representative for HRDI training programs two days weekly at Greystone Park and delivering management related instruction at other agencies the remainder of the time. So I am at Greystone Park principally two days a week working.

A lot of media criticism has been directed at Greystone and at Human Services due to the lack of training, training cuts, reduced training, so I would like to offer my perspective on that.

Prior to my involuntary transfer into HRDI via consolidation in 1991, I was employed by Greystone as the Director of Staff Development and Training. At that time, we had 10 training staff assigned to Greystone. We enjoyed the support and partnership of Greystone Hospital administration in developing Greystone's employees. Colonel Waters, the CEO, attended almost every orientation to personally emphasize his expectations for quality patient care and zero tolerance for patient abuse and neglect.

Ongoing training programs were offered in such areas as: orientation, direct care training, and crisis management. We had an on-site American Medical Association accredited Continuing Medical Education Program via an affiliation with the New Jersey Academy of Medicine and the University of Medicine and Dentistry of New Jersey. Monthly continuing

education programs were offered in such topics as: preventing abuse and neglect, psychotropic medication, suicide prevention, and other mental health-related topics. During this time, I might add that Greystone never received a deficiency from regulatory agencies' training-related issues.

Before the consolidation of HRDI, there were 417 training and support staff delivering training programs to New Jersey State employees, 195 of those worked within Human Services. Shortly after the consolidation, the number was down to 296 in 1991, with only 88 working in the Human Services area. The bulk of these cuts came from institutions like Greystone. Today, there are 164 trainers for the entire State of New Jersey. There is a planned layoff of 65 to 70 more staff, bringing the total number to below 100 by July.

Human Services institutions like Greystone today receive less than a tenth of what they received from these staff when they were employed by Human Services. Many of the smaller institutions like Hagedorn Center and Greenbrook are allocated a woefully insufficient 12 to 13 training days annually by HRDI. Large institutions like Greystone receive a visit from a customer service representative like myself approximately two days a week and periodic training primarily from trainers who come in from off-site.

SENATOR MARTIN: When you say "customer service representative," what do you do? I am not quite clear on that.

MR. DOBBINS: I am the liaison between HRDI and Greystone. If Greystone needs a training program that is within their allocation -- an allocation is given by the HRDI -- I would set it up. I just came back to Greystone, as a matter of fact, in that role about three weeks ago. I was out

with a practice team doing training almost entirely, and then I came back again. I was in that role back in 1991 and 1992 as well.

SENATOR MARTIN: Thank you.

MR. DOBBINS: In a January 30 letter to DOP staff, we were told that cuts were coming from training because it is not mandated. I have four pages of training mandates mandated by the courts, Federal, State, and regulatory agencies for Greystone alone. How can one justify cutting 40 percent of the remaining training staff, people with training experience and Human Services backgrounds, in light of some of these problems that occurred here and at other agencies? These cuts fly in the face of regulatory mandates in the Doe v. Klein court order which has many training requirements within it itself, including the presence of an on-site training operation at Greystone.

Can you imagine New Jersey Devils Coach Jacques Lemaire after a difficult season stating to his team, "What we are going to do is cut the training. Maybe we will have a better year next year"?

Last year, DOP commissioned IBM to review training operations delivered by HRDI in their recommendations. Studies came out in late 1995 -- mid 1995. The IBM review found that HRDI is spending only one-third of what it should on training. What is the response to deeper cuts? Why was IBM paid to make recommendations that were not followed?

Human Services facilities have been in a very difficult position. They are mandated to have trained staff, yet since 1991, New Jersey Administrative Code 4-A, HRDI is the primary provider of this training. So Human Services facilities cannot employ people to train their staff -- N.J.A.C. 4-A.

The present stated training simply does not work. It does not work for training people who come from outside an agency to attempt to perform agency-specific training. Most of the training in institutions like Greystone today is performed by clinical and direct care staff who are pulled from patient care areas to perform these duties. As we are finding out, it is not less expensive nor more effective to discontinue training. Direct care staff are no longer being properly trained due to these cuts. DYFS caseworkers, by the way, have also been cut in terms of their training dramatically since 1991.

This fiasco has been hidden from the view, I think, of the Legislature and the public since 1991.

Last month, the HRDI director announced her plans to relocate all remaining training staff out of the institutions to offices in Trenton. That will be happening in July. Greystone Park is a 24-hour-per-day, 7-day-per-week operation caring for our society's most disadvantaged citizens, the mentally ill. Adequate training for these caregivers is essential. I don't know how an institution like Greystone can pass accreditation standards with no on-site training, and we are putting millions of dollars in Federal reimbursements at risk right there.

Gentlemen and ladies, I think the time to act is right now. Return HRDI staff to their agencies. Fund training activities fully. It is more effective, less expensive, and equates to good patient care.

SENATOR MARTIN: I just want to tell you that I appreciate your testimony. That is one of the areas we are looking at.

The testimony we have heard so far really does suggest that there are some serious deficiencies in training. It seems to be that it is both the

amount and the nature of the training. What you had to say, I think, sort of focuses right in on that problem. I am not convinced that the kind of generic training which is being provided in the limited quantities that it is, is really adequate.

As Senator Codey has suggested -- we do not agree on everything, but I agree with him here -- one of the serious problems is that many of these people are hired and do not have initial training or OJT, which really is required.

MR. DOBBINS: The resources have literally dried up for Human Services.

SENATOR CODEY: Are you saying, sir, that as of July, there will be no on-site training?

MR. DOBBINS: As of July, all HRDI staff are being relocated to offices in Trenton.

SENATOR CODEY: So there will be no on-site training?

MR. DOBBINS: Except that which the Human Services facilities provide for themselves, and, according to law, they cannot provide it. They can't employ any one person to provide training on a full-time basis.

SENATOR CODEY: Do you think it is hard to ask people who have no education, no real formal education, to have expertise in the behavioral science of dealing with mentally ill patients, without more than a spattering of training?

MR. DOBBINS: I don't think a spattering of training is the answer. Training isn't the solution. I think, as Commissioner Waldman said

last week, no amount of training could have prevented a lot of these abuses, and I agree with that statement. I think that--

SENATOR CODEY: But proper screening could have.

MR. DOBBINS: Proper training?

SENATOR CODEY: No, proper screening of prospective employees.

MR. DOBBINS: Hopefully. I think people get through screening as well, but, yes, proper screening, proper selection are a major part of it. I think Human Services facilities, from my experience in doing orientation for a lot of these people, need a smoother and more consistent flow of revenue to hire staff. In my experience, when the money is made available, they have to hire people very quickly, you know, otherwise the money is going to dry up.

SENATOR CODEY: Okay, your experience over the past--

MR. DOBBINS: So that reduces the ability to select the proper people when you have time lines.

SENATOR CODEY: Over the past couple of years, the money allocated for training has gone down, down, down. Is that correct, Mr. Kaufman?

MR. KAUFMAN: That is correct, Senator.

SENATOR CODEY: Why would you have recommended that?

MR. KAUFMAN: We didn't. Training has been removed to the Human Resources Development Institute, which Mr. Dobbins is discussing. That is out of the Department of Personnel. We have no control over that.

SENATOR CODEY: But you are not prohibited from enacting programs of your own that would be sufficient?

MR. KAUFMAN: Actually, I think we are, Senator. The Administrative Code does prohibit the Department of Human Services from doing major training.

SENATOR CODEY: What do you mean?

MR. KAUFMAN: Once the training was consolidated in HRDI, all of the user departments, including the Department of Human Services, were not doing any of the training. All the training was centralized through the HRDI, in the Department of Personnel.

SENATOR CODEY: When you saw the training going away, you didn't do anything to supplement it -- or try to do anything?

MR. KAUFMAN: I think there was some-- Each of the institutions attempted to supplement where it could in terms of having its own staff to pick up some of the training operations, but, unfortunately, that was limited more than we would have preferred.

SENATOR MARTIN: When staff is asked to pick up the slack, what you are actually doing is taking someone off of one ward who would otherwise perform patient treatment or service, and bringing him to another ward to train the other on-staff personnel, which really, then, creates an internal problem for the institution.

MR. KAUFMAN: Essentially, that is correct, sir.

SENATOR MARTIN: Thank you very much.

MR. DOBBINS: You're welcome, and thank you.

SENATOR MARTIN: Helena Phillips -- is she here? (no response)

How about Mary Barrett? I don't see her.

Lou Sessman?

SENATOR BASSANO: Wait a minute. Is this Mary Barrett?

SENATOR MARTIN: Oh, I'm sorry.

MARY BARRETT: I have a copy of my statement.

SENATOR MARTIN: Mary, I know you want to talk a long time. We will let you talk a little while, but--

MS. BARRETT: No, I understand, but I am going to deviate from my prepared statement because of what I have heard and what I haven't heard.

I have not heard anything about Anne DeMuro and the northern regional office, which is over Greystone, and is between Greystone and Trenton. Why? Isn't that office responsible?

I have, as have many other concerned family members, written to the Governor, and what happens? The Governor turns it over to Commissioner Waldman, who, in turn, turns it over to Mr. Kaufman, who, in turn, turns it over to Colonel Waters -- a cover-up. Proof, I have. I have a big box full of proof.

Well, here it is. Well, it is one or two staff members. Well, I'm sorry, it is not one or two staff members, and it is not 100 or 200 staff members. It is consistent at Greystone, and it has been since I have been involved, since November 1989. They send patients out, and then they wonder why they come back. Look where they send them. The place where they sent my daughter is a good example. Oh, it's wonderful. They took months, over six months before they sent her there, and then what happened? They locked the refrigerator.

Now, we're talking about Easter Seals. They couldn't even solve simple problems. You have two roommates. You have an empty bedroom. You have two roommates having a problem in the middle of the night, so you can't actually solve the problem. What do you do? Anybody with common sense would know. You separate them. Did they do that? No. They lied. I called up. I spent one night between 11:30 and 1:30 in the morning on the phone with them, and what happened? I called back the next morning, "Oh, we never knew there was a problem." The police were called by the two patients.

You have constant staff from Greystone lying in court, and the court itself is being held illegally. Does the judge know it? Yes, he does, I informed him. If he didn't before that, I informed him, and it was brought out. Do you know what the judge said? Well, let's see. He talked to the lawyer. He talked to the legal aide. He talked to the social worker. And all agreed, "Yes, we will be back here in two weeks anyway." They continue and continue that court. Each and every court hearing is illegal because of the way the patients are not informed. Many times -- not only my daughter, but we're talking about all the patients at Greystone -- many of them are not even informed until it is almost time to go. Sometimes these court hearings are held without the patient even knowing it.

What happened in Ward 72, as described by a former patient, it is that and much, much more, and it is still happening as of last month. My daughter was a patient there in that ward last month. She, too, has been to all of the places. I have seen with my own eyes, I have been there, and I have a witness who was there with me who has seen.

You talked about one ward being hearing impaired. These people are made to stay in a room, seated, for hours at a time, until it is lunchtime. I was there for a meeting. The meeting was postponed, you know, the circumstances were-- It happens. I was there for more than two hours. These patients were made to sit there. Any time that anyone had to get up and go to the bathroom or get a drink of water, they were verbally abused.

I saw in one of those wards where the patient was allowed to steal anything she wanted. I told my daughter, "She is going in your room," and she stopped it. She took off her what she had stolen. I have seen where they had to look for something that was missing, because the patient had stolen it from me. It was a halfhearted search and, while the search was going on by two staff members, they found many other items. I would say at least a dozen. My daughter returned maybe four of the items to the other patients. They let this person keep what she had stolen. Is this isolated? No.

I have seen so much abuse. I have seen where I got there right after a patient called the police alleging that the staff member had stabbed her in the chest with a fork. There wasn't much damage. The police got there. I was in the hallway. I saw and heard it, I was only a few feet away. I was maybe from here to where that lady is sitting there. (demonstrates) Staff would not let the police talk to the patients. They intervened. They said, "Well, this is a mental Hospital, and she is a mental patient." The police walked away. I have seen where the staff has bullied a patient. My daughter was raped by another patient. His name -- it was all down with the police and, all of a sudden, it never happened. The staff member made my daughter

recant her statement, because it looked bad for her, because she was in charge. Is this isolated? No.

I don't know whose testimony is going to be heard here today, Senator, but I have seen that you are the only one who is really concerned about the patients. I heard testimony about money, training, but what about the moral character of the--

SENATOR MARTIN: We have heard the testimony. You are going to sum up now, Mary.

MS. BARRETT: Yes. What about the moral character of the people who are hired. Have things improved since Colonel Waters came? No, because he is covering up. Proof, I have it. I would be glad to turn it over to your office. I have a box full of proof. You must look elsewhere besides. You must look at the courts. Judge Stanton is supposedly looking out for Greystone. Check it out, Senators. Check his record out. No way! The courts were dealing with illegal government entities. They were dealing with Adult Protective Services before they became legal. Would Judge Stanton hear this? No.

I was told by the Advocates for Greystone -- Michael Buncher and Louis DeYoung (names spelled phonetically) -- not to even mention it in a court. It was illegal to do so. Are they looking out? No. Do you have the Legal Aid people looking out for these people? No. My daughter was told how many times by the judge that her lawyer was supposed to be looking out for her. "Ask him questions." The tip of the iceberg? You better believe it. I can tell you -- some other time, because of the shortness of time -- where to find other people who are more than willing to testify about what is going on at

Greystone, not just today, not yesterday, not last year, but over the years. Has it gotten better? No.

SENATOR MARTIN: Thank you very much, Ms. Barrett.

Is George Johnson here -- George Johnson? (affirmative response from audience)

GEORGE JOHNSON: My name is George Johnson. I represent a self-help program in the Hospital. I want to thank Colonel Waters for his assistance in forming this self-help group. I feel that we in the Hospital are society's sons and daughters. You know, we are your sons, we are your daughters. We deserve to be treated with respect. We do not deserve to be treated like animals. We do not deserve to be abused.

I feel that the problem with the staff can be filtered out with better employment policies, a longer orientation. People come to the Hospital and they're sick. They have a variety of problems. You can't take a person with a street mentality and put him in there to watch somebody who is sick. You can't take a lion and put it in there to watch a kitten. He'll eat him up.

A lot of times I find in the Hospital that that is what is going on. You know, the lack of education, the lack of training. People need to be orientated into a position, instead of just putting them right into that position. I find in the Hospital that you get a lot of people who are not orientated. They have a street mentality. If you are a very depressed person, and somebody comes in there with that street mentality and says something to you at that time, it just might be your breaking point. You know, you just might do something that you don't want to do, or something that you wouldn't ordinarily do.

I find in the Hospital-- I feel that we are there because we have problems, not to get additional problems added on to the problems we already have by the misconduct of staff. When I say "staff," I am not referring to the whole staff, so don't think I am referring to everybody. But there are many staff who handle themselves with misconduct at Greystone.

I have been at Marlboro and I have been at Ancora. I listened to you say that there are problems in every institution. But I never saw this type of a problem there. I mean, they had their problems, but they were dealt with. I find people in the cottages, people who have been working in the cottages for years and years, and they believe the cottages are theirs. You know, they are not the State's houses, they are their houses, and they can do what they want in their house. There are no rules for them. A lot of them will tell you, "This is my house, and if you don't abide by my rules, you're gone." I don't think that's right.

I have seen many forms of misconduct as far as particular staff members are concerned. When you have a disagreement with one staff person, his peers get together and they do what they call a "treatment team." Everybody on the team are friends, colleagues, they work together, so they all sit there and if one has a problem with you, they all have a problem with you. I don't think that is appropriate.

I think the whole Hospital is the property of the State of New Jersey, not of any particular individuals. I believe that when you get to the point where you think those houses are your houses, you have been there too long. It is time for you to move on.

Like I say, there are beautiful staff there. There are people there who help you. But the majority of the staff that are coming in now are a different breed. I guess it is the money.

SENATOR MARTIN: I'm not clear. Do you mean they are better or they're worse?

MR. JOHNSON: They're worse. They're not paying them money, so they have to go to the bottom of the bucket. They are getting something that nobody else wants. A man is dangerous. If you take an ignorant man and give him authority, he becomes a very dangerous man, because he abuses. He abuses you constantly.

In my self-help group-- You know, sometimes patients can talk to patients better than they can talk to staff. Sometimes patients talk to patients about things they do not talk to staff about, because they are afraid of repercussions. They are afraid of what might happen if they say something about you. But I can say it to my peers, because we are in the same boat. But if he brings that to a staff member, he feels he might be punished in a certain way.

SENATOR CODEY: Mr. Johnson, as a patient you're saying that many times patients are afraid to report abuse by employees?

MR. JOHNSON: Oh, yes, sir, definitely.

SENATOR CODEY: Would you also say that there are many employees when they see misconduct of other employees will not report it, as well?

MR. JOHNSON: Definitely.

SENATOR CODEY: That they gather around, “You are not going to report in on me.”

MR. JOHNSON: When you speak against staff for doing something inappropriate, they label you a “troublemaker.” Well, I am a troublemaker, because I speak. I speak. If I have to be a troublemaker, I’ll be a troublemaker, because I am not going to see myself being abused, nor my peers being abused.

SENATOR MARTIN: Mr. Johnson, would it help if employees were rotated, instead of staying always in the same particular cottage, or the same ward, or the same building?

MR. JOHNSON: I think so. I think if the majority of the staff were rotated and that individual house does not become, as they say, their possession, if they could move them on, maybe six months here, and six months here, and six months here, I think that would be more appropriate. I watch them. They like accreditation time, when the State comes around to give accreditation. The whole house looks like hell and then, all of a sudden on accreditation day, when it is time to get the money, they come out with new bedspreads. They come out with mats to go on the floor. I mean, it’s all a game, and it is at the expense of the patients, because it is the patients who lose.

When we speak up, we’re punished. I went to the meeting on the 27th. I went back and had a team meeting. I had a meeting at Harbor House on the same day, which is a day program. I was told by staff that I lost my level because I didn’t go to Harbor House, because Harbor House was more appropriate than me coming and telling you the way I felt.

SENATOR CODEY: Are you saying that you were punished for coming to the previous public hearing?

MR. JOHNSON: Yes, sir, I was punished. I was put on zero, from a "D" to a zero for coming to the hearing.

SENATOR CODEY: They didn't like the idea that you came?

MR. JOHNSON: They didn't like it, but they covered it up and they said, "Okay, when you came into the meeting, you were a little bit upset." You know, sometimes people create a situation, and then they sit back and say, "Okay, I created this. When he acts on it, then I will say he acted inappropriately. So I have a right to punish him now, because he is acting inappropriately." I just don't see it.

I know there are a lot of good people. Like I say, I think Colonel Waters is doing a great job. I see him and he is never too busy to speak. I write him letters, and I get a letter in return. I wrote Colonel Waters a letter referring to the self-help program. He wrote me a letter back saying, "Okay, Mr. Johnson. I think you are doing a good job with your self-help program. But I am turning this over to the administrator of the cottage." From the time I got the letter to today, I have not heard anything from the administrator of the cottage.

We were trying to get a building, because we wanted to expand. Right now, the program is just for my group, which is only three cottages. We want to include all the cottages, and we need a bigger space. They have plenty of space. They have rooms they don't even use. It has been six weeks. Every time we go and confront someone about it, they say, "Well, we can't find the key. The person who has the key isn't here." To me, I think it is a joke.

Then you have nurses who come with an attitude. They come, they look at you, and, you know, they have an attitude. If you speak up, everybody has an attitude. See, you are in the Hospital, so you are supposed to be crazy.

SENATOR MARTIN: You don't strike me as being too crazy, Mr. Johnson.

MR. JOHNSON: No, but if you aren't crazy, then they consider you a threat. There are people in the Hospital for a variety of reasons. For myself, I just had to say that.

I thank you for listening to me.

SENATOR MARTIN: Thank you.

SENATOR CODEY: We appreciate your testimony.

SENATOR MARTIN: Carmela Lunt.

C A R M E L A L U N T: I am Carmela Lunt, Chairwoman of the Board of Trustees of the New Jersey Alliance for the Mentally Ill. I also have a son who has a mental illness.

The New Jersey Alliance for the Mentally Ill is a family-based statewide advocacy organization with a membership of 3000 families, each of which has a family member who suffers from mental illness. Each family belongs to 1 of 26 affiliate groups located in 20 counties. In addition, we have an associate membership of concerned citizens, professionals, and organizations which support our mission to improve the quality of life for all persons with biological brain disorders.

We share this mission with our parent organization, the National Alliance for the Mentally Ill, which has chapters in all 50 states.

We are here today to express our outrage over the recent incidents of rape, sexual abuse, and suicide at Greystone and to extend our deepest sympathy to the victims and their families for the suffering these senseless acts have inflicted upon them and for the anguish they have endured. We know that no words can ease their pain, but we hope that knowing that other families care about them will give them comfort.

A psychiatric hospital's mission is to help persons with brain disorders begin the long and difficult process of recovery that will enable them to move back to the community and live successful and productive lives there. A safe and therapeutic environment for people who are ill and in need of treatment is what we expect from all hospitals, but especially from one which cares for people who are vulnerable and dependent upon those who might take advantage of them.

Furthermore, a psychiatric hospital is not a prison, and those who would erect walls and fences misunderstand the nature of the illness and denigrate the humanity of those who are afflicted. Therefore, it is imperative that the Department of Human Services, the Division of Mental Health Services, and the Senate Task Force pursue their investigation into the reasons for these recent incidents. It is imperative that for each cause found, a solution be initiated. This process must proceed with the safety and care of the patients as the primary goal.

In order for Greystone to fulfill its mission of caring for their patients in a humane and safe environment, we are offering these suggestions:

- 1) The procedures for encouraging staff and patients to report abuse should be improved to ensure that the deterrent of retaliation is

removed. This would include measures to protect both the patient and the staff person during and after the investigation process. The patients at Greystone are there involuntarily. It takes great courage to report abuse from a person who has control of your physical space. The efforts made by the Human Rights Committee which has helped patients to come forward in these recent incidents are commendable, but we wonder how many cases may go unreported.

2) The procedures to suspend and terminate individuals who have direct patient care responsibilities should be reviewed. How does a system that governs by union and Civil Service regulations impact on the ability of the institution to remove individuals who are known to pose a danger to the patients? Colonel Waters should not be the fall guy on this or on any other problem at Greystone he has no control over. Give him the staff that is needed and the ability to terminate individuals who violate patient rights.

3) The screening process for the hiring of staff should be reviewed to determine whether the standards for the education and experience required of new hires should be upgraded. In addition, an assessment of the salary scales for all personnel at the Hospital should be undertaken.

4) All staff should have access to ongoing in-service training to enable them to improve their knowledge and skills while on the job. This should include, among other clinical issues, training on the issues of sexual harassment and sexual abuse. The curtailment of funds for training and the elimination of training positions at Greystone give us cause for great concern. Psychiatric hospitals should not be warehouses. Like other hospitals, they should concentrate on treatment and recovery. Staff who are trained to

interact one on one with patients is a crucial ingredient for recovery. This goal cannot be accomplished without qualified, trained, and caring staff. To curtail funds that will provide this quality of staff and quality of treatment is a travesty that we hope the Senate Task Force will find a remedy for in its recommendations.

5) The institutional and community mental health system must have the resources needed to provide a safe and therapeutic environment. We are deeply concerned that the Governor has said that there will be no cost-of-living increase in the Fiscal Year 1997 budget. The COLA provides the funding source for salary increases. Does the Governor intend that salaries will remain at the same level year after year? This comes after several years of budget cuts for both State institutions and community agencies and, particularly this year, about \$2 million from Greystone's budget. We wonder whether these budget cuts cannot help but be part of the problem.

There are many families that have praised the care and treatment that their loved ones have received at Greystone. They tell us that many of the staff are competent and caring and that their family member has improved while at Greystone. In order to ensure such positive outcomes as these, Greystone must attract and keep qualified professionals. And in order to maintain a safe Hospital, Greystone must have the resources that are needed for both supervision of staff and monitoring of environments. We must be willing to pay the price for quality treatment and safety.

6) The community system of care should be improved and expanded in order to accommodate the many patients in all of the State hospitals who are ready for discharge, but have nowhere to go. The New Jersey

AMI has long advocated for the principle of comprehensive community-based services and the need for the development of a community master plan which would encompass the needs of all persons with mental illness, both in the community and in the institutions.

The Department of Human Services's Redirection Plan which includes the closure of Marlboro is a major step in accomplishing this goal. But it is not enough. It includes plans for the discharge of 322 patients into community housing. But there are thousands more who are at risk of hospitalization. They are living on the streets, in shelters, in boarding homes or other inappropriate settings, and others are with their families. Community housing and services could prevent a costly hospital stay for many of them.

7) Funds to provide for some of these services could come from the sale of land when Marlboro closes. Several years ago, a parcel of Greystone property was sold, but the proceeds were not used for the benefit of persons with mental illness. Instead, the proceeds were returned to the State Treasury for general purposes. However, it will require an act of the Legislature to make this happen.

In conclusion, our last recommendation is that the Department of Human Services implement two monitoring programs now in place, one in community agencies, the other at Ancora.

First, New Jersey AMI recommends that a family monitoring program be established at Greystone and the other State hospitals similar to the one operating successfully at Ancora. Families are a source of caring, knowledge, concern, and a special kind of expertise that comes from living with and caring for a person with mental illness.

At Ancora, families, with the cooperation of the CEO, have instituted unannounced site visits that review issues of physical safety, care, and quality of life. Their findings are reported to the CEO and are discussed with him to determine the proper course of action to remedy deficiencies.

SENATOR MARTIN: Please try to sum up.

MS. LUNT: I have one more paragraph.

The second monitoring program is one that the Division of Mental Health Services has instituted for community agencies. The Division conducts formal site reviews of community agencies with teams consisting of professionals, families, and consumers. These teams review physical safety, clinical, and quality of life issues. The consumer members of the team interview consumers receiving services from the community agencies and families interview families which have loved ones in the programs. Their findings are incorporated into the final report sent to the Division. New Jersey AMI recommends that the Division institute a similar site review program for the State institutions.

Thank you for allowing New Jersey AMI to present this testimony.

SENATOR MARTIN: Would you make a copy of that available to our staff, Ms. Lunt, because you have specific recommendations?

MS. LUNT: Right. I have several other copies.

SENATOR MARTIN: Mr. Von Lindern.

EDWARD A. V o n L I N D E R N J R.: (speaking from audience)

Is it all right if I speak from here?

SENATOR MARTIN: Okay.

MR. Von LINDERN: My name is Edward Von Lindern. I am from Oakland, New Jersey.

My background in mental health starts in 1970 as a patient, then in 1980 as a parent of my oldest son. We got a double dose of mental illness.

Professionally, I was an ITT executive in South America and Europe as a line and staff manager. I had the opportunity to evaluate many managers and serve on a number of task forces. My evaluation of Greystone and Colonel Waters is based on the family support meeting minutes and the regional planning and Redirection Plan meetings I attended.

George Waters reaches out to the local community to promote Greystone consumers and do PR for the Hospital. When a problem arises, he has his own staff determine cause and corrective action. (approximately two sentences indiscernible; witness speaking without a microphone) Many of the problems he faced when he came here, such as the use of green spaces and fresh air, ended fear of loss of accreditation and resolved the admissions cubical problem. (missing testimony here; witness speaking from audience, no microphone)

The family group has direct contact with George Waters and his managers. He visits and talks with the surrounding companies and service organizations to improve the Greystone image. I serve on the Northern Region Planning Committee where he presents all problems and issues fairly.

The Human Services Department and the Division encourage consumers, families, and providers to work together, but the team is missing the Legislature.

Senators, if you turn to the last page of the material I submitted to you, Bergen County alone is short 351 beds out of the 720 total required. If the Legislature does not provide operating funds, the 630 Greystone population will still be over census by at least 50 persons. We have tried to get to a 500-bed census. Please refer to the sheet which shows a shortage of 350 beds in Bergen County. There is a gridlock without the Legislature opting for more funds -- operating funds -- to move local consumers into apartments so the census at Greystone can be reduced.

SENATOR MARTIN: Thank you.

Ms. Sessman.

LOU SESSMAN: (speaking from audience) In the interest of time, can you hear me if I stand right here?

SENATOR MARTIN: Yes, we can hear you, but, actually, it is better if you come up here for recording purposes.

HELENA PHILLIPS, R.N.: Senator Martin, you called my name earlier, so may I come up there?

SENATOR MARTIN: You are?

MS. PHILLIPS: Ms. Phillips. I am one of the nurses.

SENATOR MARTIN: Yes.

MS. SESSMAN: Many years ago, I was told by an advocate of the mentally ill that Greystone couldn't exist without the neighborhoods which surround it. What he meant was that the Hospital could not have existed as a place for a vulnerable segment of society who needed to feel safe and secure without their understanding. What made things work was the simple respect

given the patients as human beings where they could learn again to function by doing such a simple thing as grocery shopping.

SENATOR MARTIN: Lou lives about 300 yards away from Greystone in Morris Plains, near me.

Go ahead.

MS. SESSMAN: We are now asking for that simple respect long given to be returned.

Starting around 1985, I fought to prevent the penal facility from being built on Greystone land. I felt it was a bad idea for convicted criminals to be so close to people who needed serenity in their lives. Now, due to Megan's law, maxed out felony offenders are not across the road, but across the room. The individuals are considered too dangerous to be released into society, so they are being placed in the State hospital system. Facilities which have minimum security in place are supposed to be for those who are ill, not for violent offenders who refuse over and over to obey the maxims of acceptable behavior by choice.

Because these offenders have now been inducted into the psychiatric system, they are protected by patient confidentiality. They are placed here under Megan's law provisions, but we cannot be notified under Megan's law of their presence, because their rights as patients now supersede ours as residents. For some reason, all these individuals are not being sent to Trenton Forensic. I have not been given a satisfactory reason for this, but my educated guess is a simple one: There is no room.

Therefore, I ask consideration of the following:

* Turn at least one section of Greystone into a totally secured area. Fence it, reinforce it, and lock it down.

* Separate the Megan's law offenders from actual patients and house them there. If you won't allow us to know with whom we may be dealing, then make damned sure we never have to deal with them.

* The Human Services Police need to be augmented by a stronger force. I suggest, perhaps, a contingent of New Jersey State troopers be assigned to Greystone in a number large enough to patrol and secure the acreage which encompasses it, including the derelict and abandoned buildings which are a perfect hiding place for those bent on antisocial activities.

* Make sure officials of the towns bordering Greystone are informed with whom they may be dealing. Our police officers deserve to know, even if the average citizen doesn't.

* Rethink Megan's law. Do you really feel it is advisable to have these individuals within the State hospital system, or would it be better to house them in an expanded Trenton Forensics? Is it safe for Greystone's patients? Is it safe for the staff? Does the staff have training to deal safely with this type of person? How much risk are you putting them in?

* Stop cutting the budget for the State hospitals. There are some areas where economizing is just fine, but not here. Unless you want chaos and the ensuing result, put the money back in until safety margins are again intact. As much as this may cost, it will be money well spent, and it is necessary.

What happens when Marlboro is closed down? Do we get their Megan's law offenders. When this issue first arose, we were assured that: "If one individual comes to Greystone under Megan's law in a decade, it will be

a lot.” This was from the head of the Victims’ Rights Association in this area, Freeholder O’Brien. Well, that means that we shouldn’t get anymore for 170 years, since there are 17 Megan’s law offenders at Greystone.

This is a problem the State has created, and it is up to the State to correct it. We deserve better; the patients deserve better; the staff deserves better; this gentleman deserves better. From the mess this place is in, as far as its physical plant goes to who you put in there, the whole thing is untenable.

Don’t blame the Colonel for situations which are systemic and rooted in Trenton, both in the Legislature and in the Department of Human Services. You sell the land. Greystone doesn’t benefit, either its physical plant or its patient services. You continually gut the budget and expect the same number of people to be cared for exactly the same way. You complain about recidivism when costs are cut by releasing patients for community placement, where, because of budget cuts, there are inadequate services available. You get all indignant when that patient winds up back in Greystone worse than he was when he was first admitted. You jump all over the Colonel, when he isn’t Superman and he can’t watch everybody personally 24 hours a day, 7 days a week. You have 15 escapes, 3 of which are particularly violent criminal types, and you are pleased that the number of escapes is less.

Look in the mirror if you want someone to blame. You guys control the budget, and in this business money matters. It is how you get good staff; it is how you keep security up; it is how patients get good care; it is how you keep the buildings from falling down; and it is how you keep control.

SENATOR MARTIN: Well said.

TASK FORCE AIDE: I don’t think she heard you.

SENATOR MARTIN: I said that that was well put. Ms. Sessman had something to do with the original Security Council being founded, as well as the advocacy, as she mentioned, with the fact that Greystone was not -- that the so-called unused property was not turned into a county prison.

I also want to note that Councilman Ralph Rotando was here two weeks ago, who is the head of the Security Council. So many issues he talked about with respect to Megan's law, I think, are certainly worth looking into.

Helena Phillips.

MS. PHILLIPS: Good evening. I would like to thank all of you for your interest, and the audience for its interest, and the people who testified.

Much of what I was going to say has been cut short. I have to say that I am a nurse at Greystone. As I listened to the female patient on Ward 72 testify-- There is one thing you learn about empathy in nursing, it is really there. I mean, I was just about in tears listening to her. When she spoke about the nurse who didn't want to give her her PRN medication, she is right, because I worked with that nurse. I worked with her. We had a disagreement and she reported that I was still smoking in the nonsmoking area. I said, "I will admit I smoke. Are you woman enough to admit that you sleep all night?" She is still there. I was moved to another unit.

But that isn't really what I came to talk about. The patient refreshed my memory. The staff shortages there are terrible. The wards sometimes have 12 to 15 to 1 in the Abell Building. They do not have enough staff to cover. They have to bring in overtime staff. Some of the staff they have aren't really capable of handling patients. We have per diem nurses who come in who work other jobs besides Greystone. In fact, the nurse the patient

was referring to -- the former patient referred to -- is an example of a per diem. They make assignment sheets that are incomplete. I mean, I wrote to our Governor in 1994 and requested an interview to discuss some of the inappropriate practices at Greystone. Had she acknowledged this, maybe we wouldn't be here today and two weeks ago. There was no acknowledgement from her.

Colonel Waters stated that HSTs and HSAs were trained by the -- that on-the-ward training goes on. No, this is not true. I have been at Greystone for nine years. The nurses do not have the time to do this, and the quality of some of the nurses we are getting in there, they are not capable of running the wards. This does not apply to all of them, but there are some. I do not have assignment sheets with me, but I do have some that reflect so much vital information that somebody's family could own the State House, if something happened.

Program coordinators are very interested in looking at employees' time sheets to see if they are late, if they are absent, whatever, take part in instituting administrative procedures. That is not their function. They are supposed to be there to do programs for these patients on these wards.

I heard a doctor come back from court the other day when I was on a ward and say that the judge admonished her because there was supposed to be a program done for a patient. She has to reappear in court. I said, "Well, why don't you tell the program coordinators to do their job?" I mean, that is what they are supposed to do. They are not supposed to be disciplining staff.

The treatment rooms-- There are none for patients, like what Mr. Plick talked about, the man with the drainage. There are no treatment rooms. The treatment room that did exist on Ward 71 is now the nurses' station for the Crisis Stabilization Unit, and there is an examination table in there. Patients are allowed to go into nurses' stations, medication rooms. This is in violation of Hospital policy. No one does anything about that.

Employees are injured on the job. They are denied their sick leave injury or they wait so long to get their sick leave injury that their bills have gotten so high, that by the time they pay these bills, they have nothing left. Why? I don't know.

I have heard them discuss that things should go back to Commissioner Waldman. Yes, I really believe that Alan Kaufman and Commissioner Waldman should look into the institution at Greystone. There was a letter generated from both of these gentlemen, an identical letter, that I gave to Senator Codey, full of lies about me. I was able to substantiate that they were lies.

You know, if they are going to lie about me and I am a competent person, what are they doing to patients who are not competent? I have been fortunate. Some of my problems there were rectified by a woman named Barbara Grubbs (phonetic spelling), where the administration was doing nothing for me. Once they dropped it in Ms. Grubbs' lap, she handled things. They were not following orders from a Workers' Comp court from where I was assaulted by the famous doctor with the bad license, Dr. Turgut, who they continue to protect. I believe you have this. (holds up material) I left this in your office. Five states have taken action against this Doctor's license, yet he

continues to work at Greystone. Would you want someone working at Greystone who they say is not capable of doing a physical, an admission history? Is that what you would want for your wife, any one of you, or your child?

You know, it is really bad what they have done up there, but we do have some very competent doctors, some good nurses, some caring people. But everybody is so busy trying to get to the top there, that they are not interested in thinking about, "Well, I want to work in a top-notch institution." They think, "It doesn't matter where I am." They only care about being at the top. That is the bottom line.

SENATOR MARTIN: How would you change it? How would you correct that?

MS. PHILLIPS: I think it has to begin in Commissioner Waldman's office, especially after I saw two-page letters to Gordon MacInnes and Ronald Rice with lies, lies that I have proof to back up as lies. I mean, that's bad. Colonel Waters is aware of Dr. Turgut's license. Would you want him treating your wife or your children? If you don't have this (holds up material), I will gladly make you a copy of it, because I think it is an atrocity. These families aren't even aware of the caliber of doctor who takes care of their loved ones. The whole thing is very unsettling to me.

I came to Greystone -- I was brought there by a woman named Rugh Connelly, who is no longer there. Her last six months were spent with Colonel Waters. This woman was the heart and soul of Greystone Park. She has not been back on those grounds, a 40-some-odd-year employee who held

many positions. She instructed student nurses. She hasn't been back there because of the situation there.

Another person, William A. Johnson. He was Director of Nursing there prior to my coming. Everyone knew him. I remember when he became Director. When he graduated Seton Hall and got his master's, he said his goal for Greystone, one of them, was to see unity, to see a unified staff. Mr. Johnson, upon retiring, said he never saw that unified staff, and a lot of people in this room worked under Mr. Johnson. I didn't there, but I worked elsewhere with him. Maybe through what you find and what they agree to, we can find something to unify the staff.

The management team-- I walked into the Abell Building the other day and they said, "Hurry up, let's get right. Mr. Jupin is coming." So, so much for a management team.

Thank you for hearing me.

SENATOR MARTIN: Mr. Gansler -- is he here?

UNIDENTIFIED SPEAKER FROM AUDIENCE: He left.

SENATOR MARTIN: Eleanor Weitzman. Is she here? If she is here, would she say so? (affirmative response from audience) Okay.

E L E A N O R W E I T Z M A N: Good evening. My name is Eleanor Weitzman. I am from Parsippany. I have a dearly loved family member at Greystone. I have found Greystone staff to be very concerned, attentive, compassionate, and caring. Besides dealing with mentally ill patients, they cope with frustrated family members. The staff is always there to offer help and hope. Many times, they have seen me leaving extremely upset after a visit. I still have difficulty coping with accepting the change in my loved one.

My loved one was in a private hospital, supposedly the top one in the State. Yet, when he needed one-on-one attention, he was locked in a room alone because they didn't have enough staff. I was not allowed to visit him for 10 days. Once transferred to Greystone, if and when he needed one-to-one help, he had it, and so has every other patient I have seen in various buildings in various wards.

Never once have I been denied visitation. Questions are answered by staff with the patient's consent. Medication is carefully monitored. My loved one has been observed very carefully. Team meetings are held where family members are invited to participate. There have been as many as eight staff members for a team meeting, compared to one psychiatrist and one social worker at New Jersey's number one private country-club-like institution. My family member is getting gentle care, be it physical, emotional, or mental at Greystone. Of course, there is room for improvement. They need more professionals to talk to for therapy. Additional funding will alleviate this problem.

CEO George Waters is to be commended. He has spontaneously walked into one of my family's team meetings. He also has spontaneously arrived at a Wednesday evening family support group which I attend weekly. The clinical nurse specialists, licensed nurses, psychiatrists, psychologists, Human Services technicians, and treatment team members are very dedicated. Consider the conditions they are working under: low pay, being understaffed, old buildings, along with the frustrations at the State for not recognizing the need for more psychiatrists and increased staff.

They are overworked and some do work double shifts. Why? Sure, one reason may be the money, but the other reason is their dedication. Instead of placing blame on George Waters and the staff, the State should start giving more, not less money for the mentally ill.

Let me recall a story my mother told me long ago. As an immigrant who arrived here in 1928, she complained to her boss that \$10 a week salary was not enough, she could barely make ends meet. His reaction was a cold response, "If you earn \$10, you should live on \$8." If you cannot take care of basic needs, which need do you give up first? Food, clothing, or shelter? It is no longer 1928. We are living in 1996.

As a teacher, we want our students to work to their potential. Isn't it only fair that the mentally ill also be encouraged to "get well" up to their potential? I have never been a politically oriented person, but something is wrong with this picture. Several years ago, requests were made to the State for five additional psychiatrists. That was denied. Now the State is coming and blaming the Hospital for shortcomings. I am sure there are some Greystone employees who are not loyal, just as you will find in any corporation or school district.

The mentally ill eventually may wind up homeless because the current laws do not help to protect them from themselves. What will happen if and when Marlboro closes? Let's see what the State is going to do now, instead of blaming the dedicated, overworked Greystone staff.

There is still a stigma associated with mental illness. Consider yourself very fortunate if you do not have a loved one who is mentally ill. It

can occur at any age, at any time. Just remember, “There but for the grace of God go I.”

SENATOR MARTIN: We are going to go up until 7:00. I will do the best I can to-- Obviously, I am not going to get everyone. I will try to follow the list as closely as I can.

David Taylor is not here, I take it. Are Catherine Popek and Robert Popek here? (affirmative response from audience) May I assume that you are related? (affirmative response)

R O B E R T M. P O P E K: Good afternoon. I thank you for the opportunity to speak our piece. Okay?

My name is Robert Popek. My son has been at Greystone for the past 11 years. Is Greystone better than it was 11 years ago, or 50 years ago when I had a good friend there? Definitely, yes. How can I make this statement? Let me elaborate:

Staff is mandated to wear badges; Greystone is now a smoke-free Hospital; patients get more fresh air; there is a hot line that patients can call 24 hours a day if they have a grievance or problem; family members are on the Human Rights Committee, Risk Management Committee, and other committees; there is a MICA program and a New Views Program; hearing impaired needs are met; and at least 40 percent of the patients are in a work program.

My son became mentally ill in his early 20s. Before that, he was a productive individual. He graduated high school, had a car, and was gainfully employed for five years. After numerous hospitalizations in the community, he was committed to Greystone. His stay was short lived -- six

weeks -- and he returned home. The following year, after numerous times of trying to take his life, he returned to Greystone.

Within a period of four months, he went from Admissions to the cottages, and then to the Intensive Treatment Unit where he was severely beaten by patients for a number of days. If it was not for a fellow patient telling us on the phone that our son was beaten, he could have died. We intervened and he was examined by a doctor and transferred to Saint Clare's Hospital, where an emergency operation was performed to remove his spleen. He also had broken ribs. This incident also hit the local papers and, also, national television.

At this time, my wife and I decided to get more actively involved at Greystone. We already attended the weekly family support group, where we learned of and joined the monthly group that met with the CEO, now known as Concerned Families of Greystone, and we also became volunteers. We received 15 hours of intensive training by the training department, which is now nonexistent due to budget cuts and downsizing.

When I volunteered on the ward, I played cards and games or just had conversations with them. Some patients cannot be motivated. You must realize that when a patient comes to Greystone, all attempts to stabilize him in the community have been exhausted. Patients come from community hospitals and through the judicial system. Many of them are dually diagnosed.

I volunteered in the Horticultural Department for about eight years, where we had a caseload of about 15 patients on any given day. They are taught skills related to gardening and landscaping. In 1994, the patients grew the largest tomato in Morris County and placed 14th in the State finals.

We also have a retail sales venture where patients learn how to handle money and interact with customers.

At present, I volunteer from 8:30 a.m. to 3:00 p.m. at the Greystone Park Association every Tuesday and Thursday. When we come in we see the number of patients going to work programs at the Hospital -- Work and Training Center, GPA, Greenhouse, etc.

If you think that being involved with Greystone all this time does not qualify me to say that Greystone is a better place today than it was 11 or 50 years ago, you, too, should visit Greystone more often and judge for yourself.

I have seen four CEOs in the last 11 years, and I can assure you that George Waters is by far the best CEO we have had. He is accessible to the patients and family members. He attends every social function of the patients.

I am privileged to serve on the Alleged Abuse Committee and the Risk Management Review Committee. I can assure you that we review every case and nothing is swept under the rug. Every section of the Hospital is represented. It is chaired by the Deputy CEO. Every complex administrator, chief of psychiatry, chief of psychology, safety officer, patient advocate, and the director of nursing must be present at this committee meeting. Every case of abuse is thoroughly investigated and recommendations are made so that these abuses will not happen again.

In closing, I would recommend that the training department be reinstated, and also that the support staff such as housekeeping, engineering, grounds, and food service be given training, because they are in close contact with the patients.

Thank you.

CATHERINE POPEK: Thank you for giving me this opportunity to tell you how I feel about Greystone.

When our son became mentally ill, we were devastated and even more so when he was committed to Greystone. But now, 11 years later, we are thankful there is such a place. It is not perfect, but maybe with your help it can be improved.

I am going to skip my next paragraph for the sake of time, because my husband did tell you about our involvement with different groups there. But because of that, I feel I have the right to state that George Waters is the most compassionate, caring CEO it has been my pleasure to know.

Of course, everything is not perfect at Greystone. Physical, verbal, and sexual abuse cannot be tolerated, nor can the condition of the physical plant at Greystone be tolerated. Preventative maintenance should be the rule, rather than corrective maintenance. Why aren't the abandoned buildings demolished? Patients, staff, and volunteers should not have to suffer the intolerable heating conditions nor the lack of air-conditioning in most areas, especially the Abell Building. Speaking of the Abell Building, when Colonel Waters came to Greystone there were stakes in the ground by Abell to enlarge the building so that the wards wouldn't consist of 40-plus patients per ward -- an inhuman number. But then came budget cuts and the end of those constructive plans.

As parents, we are members of our son's treatment team that meets every three months to discuss his current status and future goals. We attend the weekly family support group where we learn and get help from

professional staff, and they learn from us also. We have met so many dedicated direct care staff members on the wards and at GPA, and to them we say, "God bless you for the work you do. I know I couldn't do it."

Since long-term care for some patients will always be needed, I would rather see patients in Greystone, rather than in an inner-city hospital where they would not be able to take safe walks in clean, fresh air. If abandoned buildings were removed and new ones built in a more centralized grouping between the Administration Building and the cottages, I believe it would be a more controllable setting. Of course, dollars are needed for this. We have all heard talk of the Central Avenue Complex being sold, and if some of the outlying acres are sold, it should pay for the new buildings and for modernizing Abell and the dormitory buildings.

As for patients being discharged from Greystone, I was pleased to read in last year's Human Services Bulletin Commissioner Waldman's letter wherein he stated, "No one will be placed unless and until we have an equal or better placement." We know our son needs 24-hour supervised housing and will be pleased if this can be found equal to or better than where he is now. Presently, he is in a well-run ward with caring staff, and programming as fits his needs. Appropriate housing must be in place before downsizing of Greystone can be successfully accomplished.

Thank you for your attention.

SENATOR MARTIN: You're welcome.

In light of the time, we are going to be able to hear from three more persons. For those who do not get heard this evening, Senator Codey, Senator Bassano, and I will schedule another hearing. It will probably be on

a Tuesday, and it will probably be here, if the Township of Parsippany is willing to continue serving as a host. I should really thank them. But as I told you, they do have their own Council meeting tonight, so we cannot stay much beyond 7:00.

The three persons will be Mr. Thomas Bruno, followed by Ms. Marilyn Goldstein and Ms. Cheryl Gordon.

Mr. Bruno.

T H O M A S B R U N O: You had me a little nervous. I was running a little late myself.

Good evening, Mr. Chairman and Task Force members. My name is Tom Bruno, and I am from the CWA, Local No. 1040. I am speaking on behalf of Don Klein, Executive Vice President of CWA Local No. 1040.

Local No. 1040 represents administrative, clerical, supervisory, and professional employees working within Human Services institutions.

Before I begin, let me just say that as we meet here today, I am reminded of how it was Brutus who searched all over Rome for Caesar's killer.

It is with anticipation and guarded optimism that I testify before you. My optimism is guarded, because our plea for safer working conditions at Greystone and its sister institutions have historically fallen on deaf ears. During the last decade, we have attempted to bring conditions at Greystone to light. However, at all avenues, we have encountered roadblocks. Before reviewing these approaches, I must emphasize that by improving the working environment for an overburdened staff, patient care will benefit significantly. Most emphatically, it must also be stated for the record that employees at Greystone care deeply for the patients in their charge, and should not be held

culpable for the acts of several administrations in Trenton which effectively diminished staff training by regionalizing HRDI, overutilizing part-time transient help in an effort to save dollars at the expense of quality care, and unfairly restricting hiring, while concurrently restricting overtime.

SENATOR MARTIN: Mr. Bruno, excuse me, I see some people leaving.

If your name is on the list and you didn't get called tonight, we will take the list directly as it was and proceed at the next hearing from that list. We will also take additional people who wish to speak. Again, I want you to understand that we couldn't -- that the number of people wanting to speak today could not compress itself into a three-hour period. We will be willing to listen to all of those who did not get heard this evening.

Sorry, Mr. Bruno. Please go ahead.

MR. BRUNO: No problem.

Beginning in the mid-1980s, we have met with Department of Human Services officials to bring to their attention the desperate staff shortages at their facilities. The meetings were prompted by numerous complaints from staff to their union. The Department of Human Services denied staff shortages and resisted our intervention, reminding us that "staffing is precluded from negotiations." They did, however, forward staffing charts to our offices trying to demonstrate that staffing patterns were in compliance with the Doe v. Klein consent order of 1977.

After a detailed review of the State's documents by our members working at Greystone, the plan was at best inaccurate, and at worst bogus. The documented staffing scheme, in many instances, differed from where

employees were in reality deployed. Employees also cited that while staffing in other areas “looked good on paper,” they were frequently called to other locations to meet specific patient needs, thus leaving units understaffed and dangerous. The lack of contingency plans by the Greystone administration allowed Doe v. Klein staffing levels to be out of compliance quite frequently.

When we pointed out this situation to the Doe v. Klein Oversight Committee, the union’s complaints were snubbed. At one point, State officials verbalized their intent to petition the court to vacate the consent decree.

Finally, the union pursued these critical matters through the grievance procedure. A grievance concerning health and safety filed in 1987 was adjudicated in 1993. The arbitrator ruled that the State failed to make “reasonable provisions” for workers’ health and safety. In his ruling, the arbitrator noted criticisms of Greystone’s safety measures by the Federal Health Care Financing Administration and the Independent Joint Commission on the Accreditation of Health Care Organizations.

The alarming number of assaults on employees was detailed in the arbitrator’s report. I have prepared copies of the report for your review, and I am prepared to fax them to you, if you need them. They are back at the office. Please keep in mind that an arbitrator is a neutral party, and that the decision and award are legally binding. However, DHS officials continue to violate the stipulated remedies shown in the report. As recently as one month ago--

SENATOR MARTIN: We have to work on a schedule here, remember, Mr. Bruno.

MR. BRUNO: Yes. I have one paragraph left.

SENATOR MARTIN: Oh, okay. I saw all those pages--

MR. BRUNO: No, no. I have five minutes. I'll be finished. You interrupted me halfway through.

SENATOR MARTIN: I understand.

MR. BRUNO: As recently as one month ago, members continued to complain about dangerously low staff. Ironically, a few days later, one of our nurses was hospitalized due to a patient attack. Poor staffing resulted in this avoidable misfortune.

In conclusion, it is important to note that the utilization of per diem and/or agency nurses has proliferated annually for the past decade. Utilization of agency nurses by Greystone allow the facility to keep up appearances of adequate staffing when regulators are on-site. Contractors do not provide continuity of care for patients and contribute to poor morale for the very few full-time State nurses.

Thank you for your attention.

SENATOR MARTIN: Thank you.

Marilyn Goldstein.

M A R I L Y N G O L D S T E I N: Good evening, Senator Codey and Senator Martin -- and Senator Bassano, even though he is absent. My name is Marilyn Goldstein. I am the mother of a son who has a biological brain disorder.

Sixteen years ago, I became a volunteer advocate at the onset of my son's illness. It was my mission to improve the quality of life for not only my son, but for all the other people who had a mental illness.

We are here today to address some of the very issues that we addressed 16 years ago. I am appalled and outraged that I even have to be here to talk about abuses, both physical and verbal abuses, at Greystone Psychiatric Hospital. My heart goes out to the patients and the families who are victims of this abuse. It has always been my understanding that a hospital is a place that provides a safe and therapeutic environment for its patients. To think that the very people we entrust a person's care back to recovery to would violate them is unconscionable. The patients have every right to be treated with respect and dignity. They did not choose to have a biological brain disorder, and struggle every day with this illness.

It is incumbent upon the Hospital staff to help a person back to recovery, and, ultimately, back to the community, where they can live meaningful lives.

I was here at the first hearing, and I heard someone say, "These people are dangerous." Most people who have a mental illness are no more violent than someone suffering from cancer, diabetes, or any other serious illness. More often, they are the victims of violence. Greystone is not a prison. The suggestion of erecting a fence at any hospital clearly indicates the misunderstanding of mental illness.

We continue to discriminate against people who have this illness and their families. I hope this Task Force truly finds the cause of the recent abuse, but also looks to improve the entire mental health system, be it the Hospital or the community-based care. The Hospital is a part of a system of care. It does not stand out here by itself, but it encompasses all of what we do to treat mental illness.

I would like to offer a few suggestions:

1) Look at the hiring practices. Perhaps we should consider background checks more than on the initial application of an employee. People do go through changes in their lives, and, for whatever reason, sometimes what is happening in their lives provokes them into other situations.

Do the people we consider for positions have the education and experience to work in our hospitals? I am hearing that these people don't even have high school diplomas. I cannot believe that in 1996 we are allowing this to happen. Are we offering people salaries that are commensurate with the type of experience we are looking for? I think we need to look at that.

2) Staff training: We are still discussing training 16 years later. It boggles my mind when I stop to think about this. We eliminate the resources to provide training, and yet we expect the staffing situation to get better. Does that make sense? Not to me it doesn't.

I would like to recommend that we incorporate a professional provider course that is being piloted in Vermont, which is based on the Alliance for the Mentally Ill Family Education Course. The curriculum was written by ~~William Byrd~~ ~~Dr. De~~, who is a clinical psychologist, as well as a parent. It should be available in the fall of 1996, and I would like to see that it is made a requirement of all mental health professionals.

The course encompasses not only the educational piece of knowing about psychotropic medications, knowing about staff requirements working one-to-one with patients, but it also brings out the sensitivity training that is so vitally important in dealing with someone who has this illness. Who knows better than the families who have lived with this for as long as our loved

one has had the illness? We have been the primary caregivers of our people for a long time, and we would like to share some of what we have experienced and learned through the years with those people who are in the field. I think it would behoove all of us to know some of the things that we have had to learn through our own experience.

SENATOR MARTIN: You are going to have to--

MS. GOLDSTEIN: Yes, I am going to wind up now.

Also, I would like to suggest that we review the procedures for suspension and firing of personnel. I believe it is necessary for the Legislature to look at union policies and the Civil Service requirements that prevent administrations from suspending and firing personnel who do not live up to the rules of employment.

I was part of the search committee that brought Colonel Waters to Greystone Park Psychiatric Hospital. I think the man has done a superior job to the previous administration. I don't think he should become the scapegoat in our search for the causes and the reasons for all of what is happening now.

I would like to see the sale of land go back into both the Hospital and community-based services, rather than go back to the Treasury. We have heard my colleague, Carmela Lunt, talk about the family monitoring program that has been successful at Ancora and the site review programs the families are doing at the New Jersey Alliance.

I commend you for the work you are doing. However, I hope we will do what is morally right, not politically correct, in finding what the real causes of these abuses are.

Thank you.

SENATOR MARTIN: The last person will be Cheryl Gordon.

C H E R Y L G O R D O N: I am Cheryl Gordon.

SENATOR MARTIN: Oh, I'm sorry.

MS. GORDON: My name is Cheryl Gordon. I am Executive Director of AFSCME.

As you know, there have been approximately six alleged patient abuse cases, both at Greystone and Marlboro. All incidents adversely affect the patients, the families, as well as the employees, whether or not they were directly or indirectly involved in the actual incidents.

I appear before you today on behalf of those workers, those direct care, front-line workers who provide those valuable services. The short period of time that these serious allegations occurred, the way the authorities have chosen to deal with them, as well as the public notoriety and the negative impact they have had on the morale of both the patients and the workforce, have raised the concerns of all employees in the Division of Mental Health hospitals throughout the State of New Jersey. A dark cloud has been cast over the entire mental health community, but nowhere is it more evident than at Greystone.

An overwhelming number of these employees have good, proven records of providing excellent patient care, and they will continue to do so. The institutional community is a family and is built upon honesty, respect, and trust by all parties. When something like this occurs, it adversely affects all family members and renders our entire family almost dysfunctional, producing the same effect that you have in any other family in society, whether we are

talking about a poor family, a rich family, a black family, a white family, an Asian family, or a Latino family.

We have been given a daily responsibility to provide not only good quality care, but a good quality life for the patients we care for, a responsibility that we readily accept with pride and we take very seriously. I think we have done a good job in carrying out that responsibility. Neither this union, this leadership, nor our membership condone or support any employee who is guilty of abusing a patient, whether we are talking about physical, mental, or sexual abuse. Any guilty employee should be dealt with fully and as expeditiously as possible, but it does not help any party to constantly read about these events through an unceasing barrage of articles appearing in the newspapers simply sensationalizing the event.

We clearly understand and have understood for some time that the place needs improvement, but these problems did not occur or crop up overnight. They have been allowed to fester at least since the early 1980s, and they certainly will not be resolved overnight. The issues are too serious, the people are too important to apply a quick fix.

The Hospital has made some improvements and problems are being addressed, some to our liking, others we will police and, indeed, make certain that they are carried out in what we would term a good fashion. But we say to this Task Force, improve the Hospital and the lives of the people by focusing on the problems and solutions, not by fixing the blame.

These incidents, as alleged, are truly atrocities. Patient care has come a long way, and employees have worked long and hard to achieve this. When you have been in the mental health arena as long as some of our

members have, you know you have a particular aspect of caregiving. I can tell you that these facilities -- meaning Greystone, Marlboro, and Ancora, but again, specifically Greystone-- Those employees give such as good, if not better care than their fellow workers in private industry. We can proudly say to this Task Force that we have a stronger, longer commitment to quality care and to our patients, and we function more as a family.

It gives us great pleasure, after working with the same patient for as long as 15 or 20 years, to see our family members take that transitional step back into society or gain some independence, when they came into the institution so dependent. Unfortunately, though, these recent occurrences have virtually tainted that process and our success. Our membership, as I mentioned earlier, provides front-line, direct care to these patients. Could the staff have more educational training? Absolutely, yes. Could the staff be more highly skilled? Absolutely, yes. Could the staff be better paid? Absolutely, yes. Are there problems at Greystone? Absolutely, yes. But are all of these necessary requirements to giving effective patient care? Let me say to you, no.

The services that our members give come from the heart and they give them with compassion. You know, we still believe like the Romans. We still believe that public service is a noble thing to do. So, if anyone is seriously interested in resolving some problems, if anyone is at least interested in seeing and hearing about some direct services, we ask you to tap into our resources. It is with the spirit that I just mentioned that I offer some of the following steps that we feel -- that the employees feel will take the institution in the right direction. As I mention the points, and there are six of them, I will do them

just highlighting briefly, and I will share with you the specifics, if you are interested.

We are asking you to consider the following:

1) Patients, employees, and the physical environment are the greatest assets that the Department of Human Services has. Unlike other employers who produce widgets, nuts, and bolts, we are charged with repairing precious lives and, yes, sometimes fragile minds. It is critical to all of us to acknowledge that we have to invest in the patients and physical environment in order to be successful in doing that.

2) We ask for a more thorough screening process of applicants. The State hires them and we inherit them and then, all of a sudden, they are bad union employees. So clearly we are asking for a more thorough screening process.

3) We are asking for stronger new employee orientation training.

4) We are asking for ongoing employee service training.

5) We are asking you to address current staffing levels. We ask you to reduce if not eliminate this whole idea of temporary services employees.

6) We ask you to implement an employee/employer center cultural training program.

Again, I have specifics on all of this. I know we are pressed for time. I will be more than happy-- We have people in the audience who will be more than happy to talk with you about this. But we think that if we are going to be charged at some point in time with the blame, we ought to also have some input in the success as well.

Thank you.

SENATOR MARTIN: Thank you.

Again, we will schedule and announce another hearing to hear the people who were kind enough to come. Unfortunately, literally, we have to remove ourselves.

The hearing is adjourned.

(HEARING CONCLUDED)