

PUBLIC HEARING

New Jersey Legislature before

JOINT SUBCOMMITTEE ON MENTAL HEALTH AND CORRECTIONS.

RE: ANCORA PSYCHIATRIC HOSPITAL

Held:
March 2, 1977
Ancora Psychiatric Hospital

MEMBERS OF SUBCOMMITTEE PRESENT:

Senator Anthony Scardino, Jr. (Chairman)

Senator John J. Fay, Jr.

Assemblyman Richard Visotcky

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I N D E X

	<u>Page</u>
Richard Wilson Administrator Ancora Psychiatric Hospital	2 & 79
Dominick Maise Mayor, Winslow Township	19
Phillip Dwyer Assistant to the Superintendent Leesburg State Prison	27
Peter Dyer Administrator, Leesburg Unit Ancora State Hospital	28
Ruth J. Madara Chairperson Ancora Board of Trustees	45
Alfred Super Local Number 2218 American Federation of State, County and Municipal Employees	53 & 83
Rosemarie Suelto American Federation of State, County and Municipal Employees	54
Gary Stowell Chief of Police Winslow Township	56
Dr. Tevis M. Goldhaft Member, Ancora Board of Trustees	71 & 88
J. Gardner Crowell Member, Ancora Board of Trustees	73
Dr. John S. McQuade Member, Ancora Board of Trustees	75
John Guerin Assistant Director Division of Mental Health Department of Human Services	76
Dr. Shao-Chi Yu Medical Director Ancora State Hospital	79

SENATOR ANTHONY SCARDINO, JR. (Chairman): Good morning, ladies and gentlemen. It is very nice to see such a fine turnout for this Subcommittee hearing at Ancora Psychiatric Hospital.

I would like to identify myself. I am Senator Anthony Scardino, Jr., from Bergen County. On my right is my good Assemblyman, Richard Visotcky, also from Bergen County. Unfortunately, other members of the Subcommittee could not be with us today. But we do have, in addition to Assemblyman Visotcky and myself, our aide to the Subcommittee, Irene Salayi, to my left; and we also have with us my Administrative Assistant, David Crook, and the Administrative Assistant to Assemblyman Visotcky, Jim Howe.

I want to thank everyone who is responsible for getting this hearing together today, for making it possible.

The Subcommittee several months ago was charged by the Senate and Assembly Institutions, Health and Welfare Committees to respond, react, gather information and conduct hearings of this type for the purpose of looking into and developing questions, and hopefully answers, to the problems that were surrounding detainer-patient care at the institutional level. What we did initially was visit the Marlboro Psychiatric Hospital in Monmouth County, and subsequently made a visit to the Trenton Psychiatric Hospital, specifically the Vroom Building, within that institution.

We felt, in order to maintain some continuity of purpose and complete, so to speak, the Subcommittee's charge and, more specifically, to react to questions and concerns that have been expressed by people both at the institutional level and in the communities in which the institutions are located or are nearby, that it was necessary to make these visits. We have received, I am pleased to say, what I consider to be some favorable reaction and response to our preliminary report which we submitted to the Legislature, from both Marlboro and Trenton Psychiatric Hospitals, subsequent to the Subcommittee's visits to those facilities. I might say that many steps have been taken by the administrators and the Commissioner of Human Resources in terms of correcting problems that needed to be corrected and instituting programs and policies that were necessary to accomplish this. I feel from what I have heard thus far that there have been recent steps taken here at Ancora, in reacting to several problems that have been in the limelight, so to speak, over the last several months, and featured in newspaper accounts, television, and whatever other media are available to us.

I want to make it clear that although we recognize that we cannot get away from it, we unfortunately will not be able to spend as much time on the quality of care question for patients as we would like to. It is not the specific function of the Subcommittee to do that. But you know and I know there is no way to get around it. It is going to come up and we are going to address it to whatever degree we can in terms of time and substance.

I am going to try to highlight for you ---

We have Senator Jack Fay joining us at this time. I am very happy to see Senator Fay.

Senator Fay, I was outlining the charge of the Subcommittee and mentioned the institutions we have visited thus far. I was just beginning to outline for everyone present, as specifically as I can, what the concerns are that have been raised regarding Ancora and what we would particularly like to respond to today. We would

like to give the administration and anyone else who is interested or concerned - and I am sure all of you are - an opportunity to express your point of view and your comments within the time frame that we have to do it in today.

We are going to try to review the departmental response to the Joint Committee's recommendations resulting from the hearings at Marlboro and Trenton. I am not necessarily making these points in the order in which we intend to hear them. You can cover them any way you like. You may feel that some are more important than others. Certainly, many of the recommendations that have been made at Marlboro and Trenton Psychiatric Hospitals will apply to a large extent here at Ancora.

The second thing we are interested in is the security measures at Ancora in relation to Leesburg and the concerns that have been raised with regard to that issue; and we would like to know what has been done specifically within the last several months in terms of addressing that issue.

Third, we are interested in the concerns of the Ancora Board of Trustees regarding the transition from Medical Director to lay administrator, which has certainly been a very controversial issue, to say the least, but one that I think this Subcommittee ought to listen to and get some input on.

Fourth is the implementation of the Patients' Bill of Rights, which has come up in every hearing that we have conducted thus far, and I am sure we are going to get involved in that to some extent today.

I would also like to add at this point that, if there is anyone else who would like to express a point of view or make a statement before this Subcommittee, you are welcome to submit your name to Ms. Salay, who is on my left, and we will be happy to listen to your comments, provided we have enough time today to do it. I would say so far it appears we should be able to cover everyone who has expressed an interest to speak today.

We are going to now call upon those who wish to address the Subcommittee. We will break at approximately 1:00 p.m. for lunch and then resume forty-five minutes to an hour later. I assume that should be enough time for lunch. Approximately at 2:00 p.m., we shall resume the hearing.

Before I call on the first witness, do any members of the panel wish to say anything at this point?

If there is anyone who would like to be added to the list of witnesses, please speak to our aide.

I might say at this point, for the sake of expediting the hearing and getting as much information as possible, it would be appreciated if you are not repetitive in your testimony. If someone else has the same interest that you do, it would be better if you have one spokesman, rather than having each of you be redundant on the same issue. The Subcommittee would appreciate that and I think in that way we could expedite matters.

I would like to call upon the Administrator of the Ancora Psychiatric Hospital, Mr. Richard Wilson.

R I C H A R D W I L S O N: Distinguished legislators and guests, I am going to ask that representatives from the Division of Mental Health and Hospitals in the Department respond specifically to any questions that you may have with regard to the report that was submitted to the Joint Mental Health Subcommittee from Commissioner Ann Klein with regard to security measures that have been taken on a departmentwide basis. However, I think that it is necessary to indicate what has been done here

at Ancora, as a preface possibly to any questions you may have concerning our position and steps that had to be taken here at Ancora in addressing ourselves to the total problem.

It is noted that the Administrative Bulletin 75-6, which finally established and augmented pre-existing regulations concerning retainer patients and involuntary commitments, was issued in November of 1976. However, we got an earlier start. In consideration of several incidents which occurred in August and September, 1976, particularly with regard to the elopement of detainer patients, and specifically with regard to an incident involving the threat upon the life of a woman in the nearby environs of the hospital, it became necessary for me to initiate certain temporary administrative measures in order to curtail the possibility of future unfortunate episodes of this type and to relieve the tremendous amount of apprehension and anxiety in the surrounding communities. We felt that we had an obligation and responsibility to properly supervise any patient who may be a threat to himself or the community at large, in compliance with and not indifference to the patient's rights.

Therefore, on September 3, 1976, we instituted the following procedures concerning detainer patients:

1. To establish a closely-documented and monitored system of evaluation on all closed wards and detainer patients, based on the clinical judgment, the past history and behavior, coupled with close surveillance and activity programs.
2. Design preventive procedures to reduce the number of inappropriate admissions by more exact screening processes, preferably in the community.
3. To establish multi-disciplinary evaluation teams, to review the past histories of closed ward and detainer patients; based solely on the recommendations of these teams, would open ward privileges be awarded to any closed ward patient. This will be a very calculated decision and has been, based on the legal, medical and administrative responsibilities that we have. At such time, when any closed ward or detainer patients have progressed sufficiently, and based solely on the evaluation of the team, to allow open ward privileges, they would be either allowed the open ward privileges, based upon the nature of the treatment or the psychosis or, in the case of closed ward patients, they would be sent back to the law enforcement facility.
4. To increase the frequency of the census count on all closed wards from every eight hours to every two hours.
5. Step up activities on closed wards, particularly with recreational and occupational therapy.
6. (And most important really) To stress the accountability of staff, not only in serving on the multi-disciplinary teams, but in the granting of any open ward privileges for any patient here at the hospital.

Accordingly and until all these procedures could be implemented, we locked up detainer patients on closed wards. There were several other considerations that took place after that, however.

First of all, we were faced with the necessity to increase the number of staff here at the hospital, not only to conform with the Joint Commission on Accreditation of Hospital standards, but to beef up the direct patient care statistics. Since July, it is interesting to note that we have been authorized an additional 80 positions at this hospital, of which 75 are involved in direct care activities, as opposed to administrative or clerical responsibilities.

We have assigned highly-qualified members of our psychiatric team to serve as clinical or forensic psychiatrists, to serve the hospital and be responsible for all court hearings and to develop liaison initially with the Camden County Jail, because that is where the majority of the detainer patients were coming from at that time, in order to provide some basis of screening of detainer patients before they get to the hospital.

We are working with the Bureau of Community and Mental Health Services to provide seed money for the establishment of community-based screening programs through local guidance centers, in concert with law enforcement facilities.

Letters were sent out to all law enforcement facilities in the South Jersey area requesting their assistance in providing better services. In turn, we would provide better service to them.

It was suggested at that time that the admission of patients from law enforcement facilities should be made only during the hours of 8:00 a.m. to 6:00 p.m., when the majority of our staff would be available and better diagnostic procedures could be followed.

2. At that time, we requested each law enforcement facility to assure that each detainer patient admitted to the hospital be accompanied by a complete record of criminal activities, not the most recent offense, but the complete record, so that the team would have the opportunity to review the whole social and criminal history of the patient. Cooperation in this regard has been limited, I am sorry to say, but it is better than it was previously. In addition, all local Sheriffs and County Prosecutors were advised of a resolution passed by the County Prosecutors' Association, designed to improve security in the State Psychiatric Hospitals. The resolution reads in essence:

1. Detainer patients should only be committed to State Psychiatric Hospitals when they are mentally ill, dangerous to themselves or others, and when alternative treatment is either unavailable or inappropriate.

2. The county, municipal or law enforcement officials should give consideration to dismissal of charges against persons who have been committed to a State Psychiatric Hospital when the charges are of a minor nature and when, in the interest of justice, such dismissal is warranted.

3. The county, municipal or law enforcement officials should cooperate with the State Psychiatric Hospitals in providing, upon request of said hospitals, prior criminal history and other relevant material for committed detainer patients to assist in their psychiatric evaluation.

I am pleased to say that the use of the multi-disciplinary teams to evaluate the status of all closed ward and detainer patients has been highly successful. These evaluations are the basis for reinstatement of open-ward privileges for any patient here at the hospital, whether they be in a closed ward or secure center. The hospital security staff was instructed to follow up criminal records, as was required in individual cases, and a member of our staff was assigned as forensic psychiatrist for the hospital to evaluate the admission information on all patients with detainees and to assure that measures were taken by all parties to protect patient care and security and to eliminate any inappropriate admissions. In addition to this, the forensic psychiatrist has also been given the responsibility for representing the hospital in all patient-related legal procedures and, with other staff, visiting the Camden County Jail to evaluate psychiatric problems.

Many of the medical administrators here at the hospital are spending a great deal of their time at court hearings. It is a rather disjointed effort at the moment. The forensic psychiatrist for the hospital has total, complete, sole responsibility for this activity.

When we originally were confronted with the situation concerning the secure setting, in accordance with the geographical catchment area sectionalization of the hospital, we were securing detainer patients in three separate areas of the hospital. We have, in view of recent history, decided that this may not be the best way of handling the situation. And, at this moment, all detainer patients are housed in a secure, single setting in the hospital.

SENATOR SCARDINO: Thank you very much, Mr. Wilson.

Are there any questions from the members of the Subcommittee?

ASSEMBLYMAN VISOTCKY: Of the 80 new personnel you say you hired in the hospital, how many are on security? What presently is your security staff?

MR. WILSON: When we came here, there were 9 members of our security force. There are now 12. Three additional positions have been added.

ASSEMBLYMAN VISOTCKY: And what is the population of the hospital?

MR. WILSON: At the moment, the patient population as of this morning in the hospital is 1,015.

ASSEMBLYMAN VISOTCKY: How many employees?

MR. WILSON: Counting all temporary positions, the number of people on the payroll at the moment is 1152.

SENATOR SCARDINO: What is the capacity of the hospital?

MR. WILSON: The total capacity at the moment is 1,310.

SENATOR SCARDINO: Can you be more specific in your response in terms of the personnel-patient ratio?

MR. WILSON: The number of budgeted positions here at the hospital is 1,092. That figure has not changed or did not change for the last five years. As a matter of fact, the figure was reduced. In accordance with the Commissioner's policy to establish more appropriate ratios between staff and patients at all of the hospitals, she has been very generous in allowing Ancora to establish 80 additional positions and we have, other than that, 24 positions that have been requested, but not finally approved. These positions are predominately in the area of direct nursing care, food service, housekeeping, nursing education, medicine, pharmacy, and education in general.

SENATOR SCARDINO: Where is your greatest weakness or deficiency in terms of positions at the hospital at this time?

MR. WILSON: In the nursing area, particularly with regard to Institutional Attendants, Charge Attendants, and people of that nature working in direct front-line positions, dealing with the patient on a day-to-day basis.

SENATOR SCARDINO: To what do you attribute this problem?

MR. WILSON: The problem really is one of the fiscal dilemma that we are faced with and the fact that there is just so much money to go around, and that we have not really, I feel, until very recently, been getting our fair share of the resources available.

SENATOR SCARDINO: How do you break down the number of attendants per patient, or number of patients per attendant? Let's put it that way.

MR. WILSON: It is done on the basis of ward staffing. There are approximately

40 patients on a ward. It varies from ward to ward. Some wards have slightly more and some have considerably less. It is normally done on the basis of the type of patient housed there, based on nationwide ratios for that type of patient, and utilizing what we have available in terms of providing the best coverage we can, over a 7-day week, 24-hour operation.

SENATOR SCARDINO: What would the ratio be? Can you give us an indication? For 40 patients, for example, how many attendants would you have?

MR. WILSON: On an around-the-clock basis, I would say approximately 17 to 20 employees.

SENATOR SCARDINO: How would that break down per shift?

MR. WILSON: It varies, depending again upon the nature of the problem. It would be five or six employees, but given sick leave, vacation time and absenteeism, it is not unusual to find wards staffed with less personnel than that. These are direct-line Institutional Attendants I am talking about. It does not include nursing supervision, administrative personnel, and other kinds of ancillary services that are on the ward areas continually.

SENATOR SCARDINO: Can you elaborate on the establishment, if you have such a thing, of a Community Relations Board?

MR. WILSON: One of the major short-term goals at the hospital when we began was to try to develop closer liaison with the community and a better understanding of their problems, because the community is the future of the hospital. When we had the incident that I mentioned previously, I contacted the mayors of every community in the South Jersey area - the mayors of the major cities and particularly the mayors of the municipalities surrounding our particular hospital. In addition to that, there were special interest groups and concerned citizens' groups who brought to my attention their concerns with regard to the elopement of patients, particularly the elopement of detainer patients, and the question of the Leesburg Unit and the inmates who are housed there.

Accordingly, almost immediately after we instituted the regulations, we invited everybody to come to a meeting of the Community Relations Advisory Board, as we called it. Since that time, we have had several meetings with this group and I am hopeful that the relationships have become at least solidified to the point where there is a greater understanding of our problems by them, and certainly we have a better understanding of their concerns from our point of view.

SENATOR SCARDINO: How long has this Board been in existence?

MR. WILSON: Since September.

SENATOR SCARDINO: What is the makeup of the Board?

MR. WILSON: The Board is composed of whomever wants to come. We send invitations.

SENATOR SCARDINO: You don't have a specific committee?

MR. WILSON: It is open to the mayors or anybody who wants to come from the community.

SENATOR SCARDINO: It is not a committee with a chairman?

MR. WILSON: No, it is not. It is totally informal. It is a "give and take" situation. We have representatives from our administrative staff there, they have representatives from the community there and we fire it back and forth.

SENATOR SCARDINO: Let me just take a look at this. The Division recommends

that the Boards of Trustees of the State Psychiatric Hospitals in consultation with their Executive Directors consider establishing Community Relations Boards. A board in my judgment is a fixed group, a formal group, not an informal group of individuals. "Greystone Psychiatric Hospital" - this is in the Commissioner's report - "has had extremely successful experience in this regard and the other three hospitals are already in the process of establishing this format for community participation in the affairs of our hospitals."

MR. WILSON: Senator, as you recall, we had to take the first steps with regard to this. And we have elected up until this point to try to conduct the meetings with the various members of the community on an informal basis, as needed. There is certainly no restriction to formalizing this and, of course, we will give it consideration. We'll do it.

SENATOR SCARDINO: What is the present status of the matters that originally were the concern of the inmates from Leesburg participating in functions here at the hospital? Where does that stand at the present time?

MR. WILSON: It may be better if the representatives from Leesburg respond to that particular issue. But, as far as our administration is concerned, the sea has been relatively quiet. I understand and appreciate the fact that the community probably still resents the fact that the Leesburg prisoners are housed here. From my own standpoint in terms of the host-guest relationship we have with Leesburg, the numbers of incidents have been relatively few and I feel secure, from the hospital's standpoint, that the unit is well organized and well supervised.

ASSEMBLYMAN VISOTCKY: I think what the Senator is asking is what type of prisoner comes here and how many?

MR. WILSON: The prisoners who come here from the Leesburg unit are minimum-security prisoners. They come from Leesburg State Farm, which is located down in Cape May County.

ASSEMBLYMAN VISOTCKY: We have heard conflicting stories on that. Could you elaborate and tell me if anybody has been a rapist or an arsonist? We would like to have the breakdown.

SENATOR FAY: We have received conflicting testimony on this almost every time the subject has been brought up, whether it has been at Marlboro or Greystone Park or here or Rahway Prison, for that matter. We have been promised personally, collectively, and the mayors and leaders in the community have been promised, that these people are minimum-security prisoners. But inevitably we have found that not to be the case and the first few escapes turn out to be those who have committed violent crimes. We have found they come in with a long history of violent crimes. But the last time they were arrested it wasn't a violent crime. And, ergo, they become non-violent criminals. I am not blaming you for that, but I am blaming the system and the regulations that permit it and allow it. Most certainly, that should be brought out at this moment, that that is possible and it is happening as recently as a few weeks ago in the Rahway Prison escapes.

MR. WILSON: It may be helpful if I indicate, Senator, that, first of all, it was conceivable there were a number of inmates from Leesburg who were assigned here inappropriately. And I felt that we had to take a closer look at our liaison with the Leesburg unit. Allow me, if I may, to tell you a few of the things we have done with regard to Leesburg.

SENATOR FAY: But, before you do that, I think the point you made before is so important in this matter - that the whole rap sheet comes with the person, the

complete history of the person comes, not just his last arrest or conviction.

SENATOR SCARDINO: Except that that was made in reference to the detainer-patients sent here and not to the inmates from Leesburg who come here to perform specific functions, such as working in the laundry, as I understand it. You don't necessarily have rap sheets or information pertaining to those individuals.

MR. WILSON: We have a screening process where we do have access to the total history of any inmate before they come to this hospital.

ASSEMBLYMAN VISOTCKY: Do you have any inmates here who have a bad record, maybe murderers or arsonists?

MR. WILSON: The criteria for ---

ASSEMBLYMAN VISOTCKY: I am not questioning the criteria. Do you have any?

MR. WILSON: Not to my knowledge.

ASSEMBLYMAN VISOTCKY: You should say, yes or no, not "not to my knowledge."

MR. RICHARD BENNETT: Assemblyman and Senators, my name is Richard Bennett. I am Assistant to Deputy Commissioner David Einhorn. I would like to somewhat be responsive to the question that Senator Fay has asked, if you would allow me just a minute.

I would like this Legislative Committee to understand that the Leesburg unit that is here - Mr. Wilson referred to a guest-host relationship -- and that is exactly what it is, with one caviat, and that is that the Leesburg unit administratively would appear within the Department of Corrections. Mr. Dwyer, who heads up the Leesburg unit, is here and I think that it would be particularly valuable for the Senators and the Assemblyman to hear him. I am sure Phil would answer your questions concerning the criteria for admission, etc., because we do now have a new department. At one time, I was familiar with those criteria, as I had to be. Now I am less familiar with them. I think, as long as Mr. Dwyer is here, perhaps he could answer those questions.

SENATOR SCARDINO: What is the purpose of the program?

MR. BENNETT: If I remember correctly - and this is approximately three years ago when ---

SENATOR SCARDINO: Is it rehabilitative in nature?

MR. BENNETT: It is a number of things. As I am sure, Senator Fay, Senator Scardino and Assemblyman Visotcky know, there has been an overcrowding problem in the prison system. At the time that the Leesburg unit was established, we had a dire need of bed space. That situation since that time has not gone away and, in many cases, has remained as acute, if not more so. We have had a number of inmates who since the early 1950's were being employed in the laundry of this institution. At one time, in the 1950's as well, these inmates were housed at this institution. However in the mid to the late '50's, that process was reversed and every day the inmates would be bussed back and forth from Ancora to Leesburg and the other way around, which was expensive. And it was felt, if there was a way that we could insure primarily that we could maintain a relationship that would not present undue security problems for the community - by that I mean, the outside community - and, as well, the community that exists on the grounds of this institution; if we could guarantee a workable classification system, with the cooperating of existing bodies within the then Division of Correction and Parole and the institution at Leesburg; and if we could guarantee that process with the availability and feedback from the medical staff at this institution, then we would consider the

establishment of a satellite, so to speak, of Leesburg here on the grounds of Ancora. That was done, as I said, approximately three or four years ago now. There was subsequent litigation over the establishment of the unit. The establishment of that unit was upheld by both the trial court and the Appellate Court, I believe, although I am not sure on that, and the Leesburg unit has been working for some time.

I think that is, in a short summary, the history of the unit.

SENATOR FAY: In short, in my opinion, there have been too many mistakes, too many tragedies where the screening obviously wasn't that effective, where the security obviously wasn't that effective. I might say the major reason I voted for dividing this department was because there was this second-place standing and this shunting aside. The Mental Health people were constantly fighting. I was convinced that one Commissioner couldn't possibly handle all this.

I am hoping that the new Commissioner and the new Department will correct the long-standing problems where too many people have been hurt and too many promises have been broken. This is why I don't go along with the attitude of not listening to them because they are emotional. After that rape in the Menlo Park area, of course they are emotional and, of course, you are going to ruin what was presented as a good plan on paper and as a rehabilitative program, which would be helpful. We understand the overcrowding is part of the whole problem. But just to say because it is overcrowded, we are going to have to move a few violent people out into the community, I don't see how we can accept that either. Nor can we accept their saying, "We didn't know," when something dire happens. We are taking the word of the person in charge who is responsible the first time around. But I might say that I am skeptical when I hear them say, "We think most of them are nonviolent," or "We think that most of them are ready for an outside program." Then comes along another murder like the one in Elizabeth, along comes another rape, and we are right back where we were.

The most important thing to me here is the credibility, not just what is being presented in a statement, not just the Prosecutors passing a resolution - not at this point. Is it just more rhetoric? Since we have had another tragedy, the Prosecutors get together one day in Trenton and pass a resolution saying, "Just stop that. Shame on you." Then they go back to wherever Prosecutors go. But the people in the community are still living with the problem. And we legislators who are trying to come up with specific recommendations are left with that dilemma.

MR. BENNETT: Senator Fay, one thing that I hope will become clear, not only to the Joint Committee, but to administrators and people in the community is that, when we talk about detainer patients, when we talk about the maintenance of an inmate unit on the grounds of a psychiatric hospital, and even sometimes when we talk about psychiatric hospitals, people have stereotypes. People tend to lump together incidences that occur at various types of institutions. I know, prior to my involvement in State government, I, myself, perhaps fell victim to that. But I hope that you will give Mr. Dwyer the opportunity, first, to explain the classification system, then to comment on particular incidences that occurred. I think you will find - and I don't want to lead you on in this - that what occurs, for example, the experience associated with a work release program, with a community work program in the prison system, is not exactly the same experience that is

reflected in the three years that we have maintained the laundry unit, the Leesburg unit, at this institution.

I am not saying that we have a 100 percent record in this; or that, since the establishment of the Department of Corrections, they have a 100 percent record either. I think, when you give Mr. Dwyer a chance to speak, you will find that the situation is a little bit much more positive than perhaps we had thought prior to this session. That is all I have to say.

SENATOR SCARDINO: It seems to me, in direct response to Senator Fay's question, you should have explained in detail - and it is very simple to do - the criteria that one must fall under, that is, an inmate in this case, before he is eligible to be housed here at Ancora. And the criteria, with which I am sure you are familiar, require that the inmates not have been convicted for a crime of a deviant sexual nature, nor for arson, nor may they have escape histories within the past three years, nor detainers or pending charges for indictable offenses, nor serious assaultive backgrounds, nor conviction for the sale of narcotics, unless such sale is incidental to the drug abuse history of the defendant. At the present time, another criteria, an additional protection, has been added, namely, that the inmate must also be within 15 months of his parole eligibility date.

Earlier, Assemblyman Visotcky asked specifically whether or not the Administrator or anyone at the hospital level is aware of the inmates that are being housed here and whether or not they do, in fact, fall under these criteria. And the answer either is yes or no. And we are suggesting that, if there isn't some screening process, it ought to be addressed. I think Senator Fay's concern here follows that, in terms of whether or not you may be putting people in a situation that fall in a position above and beyond the criteria that I outlined.

MR. BENNETT: I certainly understand that and it would have been very easy for me to read that. However, I interpreted Senator Fay's question to be a little bit different. I think he was asking: How does it work?

SENATOR FAY: I am saying it doesn't work when we find incidences of people who do not meet that criteria in the program. I know it doesn't work. If you tell me, well, it's only 90 percent. But that 10 percent, one of which might kill someone - and we have had people killed - or one of which might rape someone - and we have had people raped -- that 10 percent is what I am concerned about.

MR. BENNETT: Who was killed, Senator?

SENATOR FAY: It was the murder in connection with the person who escaped from Trenton State Hospital, about which we heard the last time we were there. That was because of lack of security.

MR. BENNETT: Yes, Senator.

SENATOR FAY: Do you want me to go into the work release program and tell you how many people have been murdered?

MR. BENNETT: Senator Fay, this criteria we are talking about is for the Leesburg unit here.

SENATOR FAY: We are not here just talking about the Leesburg unit. We are talking about security in State hospitals and in State prisons.

SENATOR SCARDINO: Except that the point that I tried to make is that the uniqueness of this situation is the fact that you have specific criteria dealing with Leesburg and Ancora. What I am trying to do is get down to that specific criteria, Mr. Bennett. Mr. Visotcky's question to Mr. Wilson, in my judgment - perhaps Mr. Wilson didn't get the question accurately -- but I think Mr. Visotcky was asking

specifically whether or not the administration here is familiar with the inmates that come here and whether they do, in fact, fall within the criteria that specifically have been set up for this situation here at Ancora in connection with its coordinated efforts with Leesburg. That is the point that I want to establish.

Now we know it is a fact that that program is in place, and it has been in place. We know the history of it. You have had inmates working at the institution beyond three years ago who were bussed here and that they did perform certain services here. We don't know whether or not criteria existed at that time or what the situation was. We know the criteria exist now. What we are concerned about is how it has been working. What has its effect been upon the community, upon the institution and upon the inmates themselves? This is what we are concerned with. And I think this is where you ought to direct your comments. I think that pretty much outlines what we are dealing with at this point on this particular subject.

MR. BENNETT: I understand and I certainly appreciate your explanation.

SENATOR SCARDINO: On that question - and just to get to the details - we know that the program is in place. We know there are criteria. What we are interested in is knowing and being assured that the criteria is being followed to the ultimate degree. And certainly Mr. Dwyer will probably address himself to that from his standpoint.

When Governor Byrne was here three years ago, in his statement he made mention of an Advisory Committee to meet regularly and keep in close touch with the hospital and surrounding community in monitoring, in overseeing, this program that was put in place three years ago. The article goes on to name the Medical Director of the Psychiatric Hospital, Mr. Dwyer - it mentions Mr. Dwyer here - Director of the work unit, as being a part of this Advisory Committee; also invited as members will be public officials, including the Mayor of Winslow Township, the State Senator and representatives of business, labor and church groups. I would like to know where that Advisory Committee is at this point and how active and effective it has been?

MR. WILSON: With respect to the Advisory Committee, as such - and I can only speak from the time when I came here - we have established a liaison person from our staff who works very closely with the Leesburg unit and with the community with regard to problems concerning the Leesburg unit. I would like to reiterate exactly what I have done because I was not here at that time. I was someplace else. But in taking a look at some of the problems that I knew were confronting the community, I thought it was necessary to take certain measures to tighten up on security with regard to Leesburg. As a result, we now receive a weekly activity schedule. We never got that before. There are unit shakedowns and spot checks of inmates returning to the Spruce Hall or Leesburg unit. The duties of the prison work details have been specifically and categorically defined for the first time. We have established a laundry worker review committee. We have reduced out-of-building hours. We have added unscheduled prisoners' courts to existing found courts. Any prisoner activities on the hospital grounds must be approved by the Chief Executive Officer.

We've appointed a liaison person who spends approximately two days a week at Leesburg, working with their staff and the staff of the Leesburg unit, in screening and going over thoroughly and completely the arrest records, previous social-criminal history of every man who is nominated to come to Ancora -- and

on this basis, I must say that there are no people coming to the Leesburg unit now who do not fit the criteria. In addition any outward activities by inmates at the prison must be reported within 24 hours to me, through the liaison.

Finally, we keep an official record of all the inmates housed at Ancora. We weren't doing that before, but now we have an official record here of all the inmates that are in the Leesburg unit. The building is now locked up at night. We get work schedules of all the officers and other assigned Leesburg personnel, so we know what the Correction Officers are doing as well as the inmates.

I requested personally that the Superintendent of Leesburg, Mr. Groomes, come up to Ancora and review the security measures taken here because I had some concerns about all the escapes. Mr. Groomes has been here, the survey has been completed and I believe the security has been tightened.

We have had to take very stringent measures here at Ancora to prevent employee-prisoner contacts, which were occurring.

SENATOR SCARDINO: What you have given us, from the sound of it, is a very fine explanation of the intra-institutional makeup and setup that you have to monitor and oversee the activities here at Ancora and your interrelation with Leesburg in tightening up security and seeing to it that you are aware of the prisoners that are coming in and checking whether they do, indeed, fall within the criteria as established.

My question was specifically in terms of what the relationship has been between the institution and the community, which certainly has an involvement in this. I can assure you that during the course of the day we are going to hear testimony from members of the community. We have found, Mr. Wilson, that where we have been in the past, specifically at Marlboro and Trenton Psychiatric Hospital, when movement was made in terms of strengthening the relationship and getting community involvement in situations, such as the one we are talking about here now, the Leesburg-Ancora situation - situations are, of course, different other places, but they are similar in terms of the impact on the community -- but when this community relations was strengthened, vis-a-vis some board, it seemed as though things began to fall together better and many of the problems and headaches were gradually eliminated and handled more satisfactorily. We are suggesting that you ought to consider that, at least to a greater degree than you have indicated from your testimony that exists at this point.

MR. WILSON: The subject of the Leesburg unit obviously has come up in our discussions with the Community Relations Advisory Group - I'll put it that way - and we have had members of the staff at Leesburg available to respond to questions.

The community, in my opinion, is never going to be satisfied as long as the Leesburg unit is here at Ancora - never. So we can talk and we can discuss the problems. I am committed by department policy to have it here. But I can understand and appreciate the community's concerns and it is my opinion that they are never going to be happy - never.

SENATOR FAY: Mr. Wilson, have most of the incidents over the last few years been walkaways or runaways of patients or of people from the Leesburg unit?

MR. WILSON: The overwhelming majority have been patients rather than inmates.

SENATOR FAY: From what we have heard at the last two hearings, the cause of the problem of detainer patients at Trenton and Marlboro which is troubling the Sheriffs and Chiefs of Police is not just the administrator, but what it

comes down to is security. You mentioned that you have increased your security people from nine to twelve.

MR. WILSON: That's right.

SENATOR FAY: Now those twelve are just assigned to your grounds. Leesburg has their own security. The security for the Leesburg unit is their own and not your people.

MR. WILSON: That's right.

SENATOR FAY: Another problem that came up at Marlboro and Trenton was a lack of communication between the head of your security people, the local Chiefs of Police and the State Police. There was a gap sometimes of hours between the time the person was known to be an escapee or known to be gone and the notification given by security people at the hospital to the local police and the State Police. Has that been a problem here? Has there been a lack of communication between security and the local Mayors and local Chiefs of Police?

MR. WILSON: It may have been a problem. I think that we are trying to improve the communication between the three that you mentioned, Senator.

SENATOR FAY: I feel better already knowing that you lock the doors at night as a major security measure. What I find encouraging is that you have already moved to correct an awful lot of these things that were happening.

ASSEMBLYMAN VISOTCKY: Can you tell me how many Leesburg inmates you have here now?

MR. WILSON: I don't know exactly. There are approximately 90.

ASSEMBLYMAN VISOTCKY: Ninety?

MR. WILSON: Somewhere in that area.

ASSEMBLYMAN VISOTCKY: And all of them fall under the criteria of the 15 months prior to parole?

MR. WILSON: That's right.

ASSEMBLYMAN VISOTCKY: And how many Correctional Officers do they have here for the Leesburg unit?

MR. WILSON: I don't know. I would have to defer to Mr. Dwyer.

MR. DWYER: A total of eleven assigned to the unit, excluding the Correction Lieutenant.

ASSEMBLYMAN VISOTCKY: Eleven Correctional Officers, is that correct?

MR. WILSON: Yes, excluding the Lieutenant.

ASSEMBLYMAN VISOTCKY: And who is in charge of the security measures here - of all the security?

MR. WILSON: The State Police Sergeant.

ASSEMBLYMAN VISOTCKY: Has he been here a long time?

MR. WILSON: He has been here quite a number of years.

ASSEMBLYMAN VISOTCKY: And he coordinates Correctional Officers, along with your Security Officers?

MR. WILSON: No.

ASSEMBLYMAN VISOTCKY: What does he do?

MR. WILSON: He functions as a liaison between the State Police and the hospital and also has supervision over our own internal security staff.

ASSEMBLYMAN VISOTCKY: Do you have a radio with the local police? Do you have radio contact with them?

MR. WILSON: We do not.

ASSEMBLYMAN VISOTCKY: Why not?

MR. WILSON: Because it has never been appropriated.

ASSEMBLYMAN VISOTCKY: I am surprised because most of the other hospitals are doing it and they have a radio channel with the local police. Marlboro has done it already. For that matter, you can have security all day long, but if you can't get in contact with the local police ---

MR. WILSON: We call them and tell them.

ASSEMBLYMAN VISOTCKY: They should know almost instantaneously. They can find out if a person is walking the street too if they had a radio. I think a request for that should be put in your budget.

MR. WILSON: No question about it; it will be.

ASSEMBLYMAN VISOTCKY: Have you any idea how many inmates leave here, walk away or escape, and has the number been cut since you started your new program September 1st?

MR. WILSON: During the period from September 19, 1975, to July 27, 1976, when I first got here, there was a record of 8 escapes. Since July when we came, until the present time, 4 inmates escaped; 2 of these escaped for a day. They had a change of heart, I believe, and turned themselves into a neighboring community.

ASSEMBLYMAN VISOTCKY: They found it better here?

MR. WILSON: I don't know what their reasons were, sir.

ASSEMBLYMAN VISOTCKY: During any given evening, how many security officers are there? You only have 12. What is it, 4 on a shift?

MR. WILSON: We usually average two in the evening.

ASSEMBLYMAN VISOTCKY: When do your escapes or walkaways happen? In the evening? Usually it has been around dusk at all the other hospitals. I was just wondering if that is the time it happens here.

MR. WILSON: It is difficult to get an exact fix on a certain period of time because many of the elopements we do have are ward patients, and they have the freedom of the grounds up until 7:00 or up until 8:00 o'clock in the evening. Are you talking about prisoners or inmates or both?

ASSEMBLYMAN VISOTCKY: Both.

MR. WILSON: I would say during open hours - any time from 8:00 o'clock in the morning until 7:00 or 8:00 o'clock in the evening, depending upon the time of year. Rarely do we have elopements after 8:00 o'clock in the evening.

ASSEMBLYMAN VISOTCKY: Now how often do security people check on patients - every hour, two hours, four hours, six hours, eight hours?

MR. WILSON: Security people do not check on patients. Nursing personnel check on patients.

ASSEMBLYMAN VISOTCKY: How often do they do that?

MR. WILSON: In a closed ward, a detainer setting, it is every two hours; for open-ward patients, it is at the change of shifts.

ASSEMBLYMAN VISOTCKY: Could that be done more frequently than every two hours? It's just a suggestion.

MR. WILSON: It could be done every fifteen minutes if we had the staff to do it, I guess.

ASSEMBLYMAN VISOTCKY: How does that put an extra burden of work on a staff member if he or she walks through every hour instead of every two hours? God forbid, a patient leaves. If two hours later you find out a patient has gone, that patient could be in Delaware.

MR. WILSON: Many patients are involved in activities and out on the grounds - going to the Anchorage, playing baseball, going to the swimming pool, or just taking a walk. It would be very difficult to keep track of all these patients every hour.

ASSEMBLYMAN VISOTCKY: Most of them are on activities, and you more or less know who are on activities.

MR. WILSON: The particular problem in doing a census more often than at the change of shift is that it is not always known where the patients are. They are out sitting on a bench talking with one another and with visitors, and things of that nature.

ASSEMBLYMAN VISOTCKY: When all patients are secured for the evening, how often is a check made?

MR. WILSON: They are supposed to be checked, I believe, every two hours.

ASSEMBLYMAN VISOTCKY: Do you think you have enough security with two men in the evening? What do they do?

MR. WILSON: What do they do?

ASSEMBLYMAN VISOTCKY: Yes.

MR. WILSON: The security officers?

ASSEMBLYMAN VISOTCKY: Yes.

MR. WILSON: They are responsible for traffic control and parking. They make rounds of the perimeter of the hospital.

ASSEMBLYMAN VISOTCKY: Outside?

MR. WILSON: In the immediate surrounding area of the hospital. They are now doing it by Jeep, instead of using the car, because the Jeep can give them better access to some of the known routes of departure. They check suspicious behavior on the part of people who visit the hospital. They assist with elopements and handle various security activities.

ASSEMBLYMAN VISOTCKY: When we were at Marlboro, they had a gate and they had a guard sitting there, even though it is not fenced in. They found that to be most effective in keeping people from walking away down the road. You don't have anything of that nature here whatsoever?

MR. WILSON: We do not have a guardhouse at the gate.

ASSEMBLYMAN VISOTCKY: Do you think something like that would reduce the number of walkaways?

MR. WILSON: I don't think it would have too much impact upon it.

MS. SALAYI: In the first part of your testimony, you indicated with regard to, I guess it was detainer patients, or any other patients on closed wards, that you would call for more staff accountability on decision-making when someone was moved from a closed ward to an open ward. I wonder if you would elaborate on this, since it appears from testimony we have taken in the past that staff's ability to predict situations isn't particularly good because of the difficulty in that. As a matter of fact, the person that is charged with a murder at Trenton had just been moved from a very closed situation to a more open situation, based on some kind of staff judgment. I wonder if it isn't unfair in some respects to hold staff accountable for putting someone into an open ward when the art is so difficult and if they might not, in fact, choose very often to not let someone into a more open setting when they are ready for an open setting to cover themselves. I think there is a tendency to overpredict dangerousness if you are going to hold somebody responsible for any act that person might do. I am concerned about perhaps going in the opposite

direction and in some instances keeping people locked up who are no threat whatsoever when you are going to say to the individual, "If you make a judgment that this person should be on an open ward, you are going to be responsible for that judgment."

MR. WILSON: My comment with regard to that is that the accountability and responsibility aspects are not that I am holding a hammer over anybody's head and saying, "You'd better not make any mistakes." The predictability of anybody, whether it be a patient here or an inmate or somebody at the Cherry Hill Mall - nobody can be assured that they are going to behave in a certain manner. The accountability is professional accountability to make the best judgment possible by the team, in terms of whether or not this patient is ready to be allowed certain privileges. We have never taken any disciplinary action against any member of any team as a result of an elopement or as a result of the escape of any patient. The point of responsibility is that they are responsible in terms of their own discipline for making the best possible judgment available, given the individual circumstances.

MS. SALAYI: I have one additional question. I really had understood that your Community Relations Board was of more substance. It appears to be somewhat amorphous at this time. Have you contacted members of the community and representatives of the mayor's office, etc., and has attendance at the meetings you have had since then been good? Do you feel that your initiating something has had response from the community? Are you encouraged or discouraged? How many meetings have you had? What has resulted from those meetings?

MR. WILSON: Several questions. First of all, I was tremendously disappointed in the response that we received from the mayors. Bearing in mind that we sent out 45 letters to the mayors of every major community in our catchment area, at the first meeting we had representatives from only two of those mayors' offices in attendance. The majority of representation has been with regard to the Police Chief in the township and members of the community in the township who have had tremendous concerns because of the fact that patients were traipsing through their backyards and because of the incident that I referred to earlier.

The initial meetings that we have had - and we have had four thus far - were rather harrowing. There was a rather open exchange and there was a lot of emotion, a lot of electricity involved - and I can understand that. But I feel - and I think that the members of our staff will agree - that the most recent meetings we have had have been on a much more positive note. We seem to be entering into, at least a better understanding in terms of cooperation and understanding what our mutual problems are.

I think it has been successful. It may not be formalized where we sit down and hash it out. But I think it has been successful. But maybe the members of the community will respond to that from their point of view too.

SENATOR FAY: I have just one last question for you. I was down here last summer. I am the Chairman of a Commission on the Elderly and Nursing Homes. The reason we came down was the patient percentage of the elderly down here was around 60 percent. Is that still holding? Of your 1,015 patients, is that percentage of the elderly still the same, around 60 percent over 65?

MR. WILSON: Well, it is less than that actually. As I indicated the current patient population is 1015. At the moment, we have 406 geriatric patients here at the hospital. That is less than 45 percent.

SENATOR FAY:

Another committee I am on - it was just created last week - is on the out-of-state placement of emotionally-disturbed children. I thought I was beyond the point of being shocked after being in the Democratic Party so long, but I found that there are actually wards here and at the other State institutions for children aged 5 to 18. That was the only ward we weren't in when we were down here in the summer. If you don't have the figures available, later on I would like to know the number of children from 5 years up who are being treated here - the number of juveniles and children.

MR. WILSON: Thirty-four.

SENATOR FAY: Thirty-four in that 5 to 18 bracket?

MR. WILSON: That's correct. Five to seventeen, excuse me.

ASSEMBLYMAN VISOTCKY: May I ask you something on detainer patients? Since you have started this new program, how many people have you rejected as detainer patients through the new screening process, if any?

MR. WILSON: I can give you figures with regard to the number of inappropriate admissions - projections with regard to the number of inappropriate admissions. I don't have the figures available concerning the number of detainer patients. I would predict, however, that the number of detainer patients that have been refused admission is relatively small.

ASSEMBLYMAN VISOTCKY: How long are you keeping them?

MR. WILSON: The average length of stay of detainer patients here at the hospital is 27 days.

ASSEMBLYMAN VISOTCKY: When they come from a county, it is normally 7 days. How many of these people are being sent back prior to the 7 days or are you keeping them right to the end?

MR. WILSON: We send them back as soon as we make a determination in terms of whether they should be here or not.

ASSEMBLYMAN VISOTCKY: In what period do you make this determination?

MR. WILSON: We can make it within 24 hours.

ASSEMBLYMAN VISOTCKY: Are you doing it within 24 hours?

MR. WILSON: Yes, we are.

ASSEMBLYMAN VISOTCKY: So that must mean you are sending some people back? Do you have figures on it?

MR. WILSON: I am sorry I do not, but I can get them.

ASSEMBLYMAN VISOTCKY: Can you have them for us this afternoon?

MR. WILSON: Sure.

ASSEMBLYMAN VISOTCKY: How many detainer patients do you have right now?

MR. WILSON: At the moment we have 27.

ASSEMBLYMAN VISOTCKY: What do you average a month of detainer patients?

MR. WILSON: Admissions of detainer patients?

ASSEMBLYMAN VISOTCKY: Yes.

MR. WILSON: It varies from September, when we actually started keeping statistics. We had 37 detainer patients admitted in December. We had 32 admitted during February and 27 in January. It varies, but it is around 30.

ASSEMBLYMAN VISOTCKY: Of these detainer patients, since we always hear about them, no matter where we go, how many of these become walkaways or escapees, whatever you want to call them?

MR. WILSON: Figures for the calendar year indicate that of the 420 detainer patients that were admitted to the hospital, 65 eloped.

ASSEMBLYMAN VISOTCKY: Now that can't happen because they are secure?
Is that correct? You told me they are locked up.

MR. WILSON: They are locked up.

ASSEMBLYMAN VISOTCKY: So it shouldn't happen.

MR. WILSON: It shouldn't happen.

ASSEMBLYMAN VISOTCKY: How many since you started locking them up have escaped or walked away?

MR. WILSON: Twenty.

ASSEMBLYMAN VISOTCKY: In six months?

MR. WILSON: In eight months.

ASSEMBLYMAN VISOTCKY: What are you doing to stop the 20?

MR. WILSON: Many of the elopments of detainer patients from the closed ward setting that we were using at that time - and you will recall I indicated we really had three settings; now we have consolidate it --- most of the detainer patients were getting out of the windows. We have security screens here at the hospital - and I think maybe you should be given a demonstration of this to get the impact of it ---

ASSEMBLYMAN VISOTCKY: How do they get out?

MR. WILSON: You can open them with a pencil. An experienced patient or somebody who has spent some time in a correctional system can open them with a fork or a spoon. And we have experts in this field. We have incidents where one patient will give another patient a pack of cigarettes for opening a screen and then he will take a hike out the second-floor window. What we are doing now in the closed security unit is we are sealing the locks, so you can't open them. There is an inside separating screen. The locks in those will be sealed. The outside windows can only be lifted to a height of six inches. So I don't see how they are going to get out the windows anymore.

ASSEMBLYMAN VISOTCKY: When are you going to start doing this? Or is it being done?

MR. WILSON: It is done.

ASSEMBLYMAN VISOTCKY: It's done? How long has it been done?

MR. WILSON: Since we decided to establish the total unit, which has been the last couple of weeks.

ASSEMBLYMAN VISOTCKY: So we have nothing to go by yet.

MR. WILSON: I really don't have any criteria to say. I am hopeful that the answer will be zero.

ASSEMBLYMAN VISOTCKY: We hope so too.

MS. SALAYI: Mr. Wilson, I want to clarify this: All detainer patients will not automatically go into security. Some determination will be made as to whether they will need security or not.

MR. WILSON: Precisely - in accordance with the administrative bulletin. It is conceivable that we will have patients here on detainer who will not be in the secure unit. Remember the detainer patient covers a broad and wide spectrum of offenses. It could be anything from drunk and disorderly up to a serious major crime. I think this is the benefit of having teams in their evaluation determine whether or not detainer patients should be allowed open-ward privileges.

SENATOR SCARDINO: Thank you very much, Mr. Wilson.

I would now like to call upon Mayor Dominick Maise, Winslow Township.

DOMINICK MAISE: My name is Dominick Maise, the Mayor of Winslow Township.

First of all, I would like to thank this Committee for coming down here today and having an open discussion or hearing in reference to the problems and concerns of the community of Winslow Township and, of course, the Ancora Hospital.

I know I might be repeating some of the things that have already been said, but I think it is important to do that so you get a real full picture of exactly why you have been reading some things in the newspapers and why you are here today.

Basically, I would like to cover three phases: the walkaway patients, as I call them; the prisoner walkaway or escapee; and, of course, the detainer patient or prisoner.

The walkaway patient presents a very serious situation. With all due respect to the Director who is trying to do a job here in the last several months - and I congratulate him - we do find that we still have a very serious situation in the walkaways. It saddens me, and it should sadden you as legislators, that a patient who is brought here to Ancora walks away and is killed by a car. In the last 30 to 60 days, we had two like that. These patients should never have been killed. The fact remains the six, eight or ten who walk away should not walk away. I have seen walkaway patients frozen in the field with my own eyes - dead. I have been informed that there are patients' skulls and bodies laying around in the area. I am not finding fault with anybody who is running the hospital. It happens to be one of those things that exists and it probably will take the Legislature to correct the situation by passing laws that will make it impossible for this to happen.

With regard to walkaways, our suggestion and recommendation always has been that there be a fence. We know the routes that these patients take. Regardless of what the psychiatrists or whoever proclaim, we feel there should be the security of a fence. The 11 or 12 security people working around the clock Saturdays and Sundays, I do not believe are sufficient to see to it that the patients are retained within the perimeter of this hospital. I know a lot of people don't believe a fence should be around a hospital. But I believe the State of New Jersey should by all means place a fence around the perimeter of this hospital, which is quite gigantic. It wouldn't even be seen by the patients. I also believe there should be a guard at the gate. Now it might sound like a prison. But let's look at reality.

I know people all over the State of New Jersey and all over the United States of America who are supposed to be mentally sound who go into places every morning and ring a bell and there are fences all around them and guards all around them. So I can't be satisfied in my own mind that this is such a very bad thing for our mental patients. Certainly, if I had my mother, my wife or my sister in this hospital, I would welcome a fence around it because at least I would know that they couldn't walk away and get killed by an automobile.

I could go on and on about the walkaway problem. I do hope that this Committee can draft some legislation, incorporating some of the policy that I have heard here today, that would have meaning and direction.

The next thing I would like to talk about is the prisoner-walkaways. With all the restrictions - and I am sure the Director here has done a job in that area as well - as late as Christmas night, I came out of church at about 12:30 or 1:00 o'clock and two prisoners had walked away. And I understand since that time,

in the last three or four months, there have been six or seven walkaways. Now they don't just walk away. They walked away and got into a house and put a knife to a girl's throat. This bothers me and it makes me wonder what the security is.

Prior to Mr. Wilson being here, I can attest to this - and I want you to know it right now for the record - that we as a community and I as Mayor opposed the prisoner situation in this hospital, and we still do. It is not because I am opposed to prisoners. It is not because I want to hurt a prisoner who is trying to go right. I am opposed to it because I don't think it mixes. It is the same problem you have with alcohol and gasoline. I don't think you can have prisoners and mental patients together in an institution and know what is going on.

As you have heard here today, the prisoners walk around from 7:00 in the morning until 8:00 at night - and so do the walkaway patients. I could tell you some fantastic stories that have been told to me by the parents of patients in reference to sex, and what have you. I don't want to go into that. I think in your further investigation and further testimony that is given, that this might be brought out.

I want to advise you that prior to Mr. Wilson's appearance here - and it may be that at this point he may not know this - out of the 90 some prisoners that were here, there were over 17 murderers and others had been dealing with all kinds of narcotics and were in for all kinds of robberies. And they were walking around during the hours that were mentioned here today. I do not believe that it is necessary for the prisoners to be here. I do not believe, because there is no area or no room for prisoners somewhere else, that they should be put in an institution like this on the premise that they are saving the hospital money. I don't believe it because the facts don't show it. When the prisoners were bussed here, the community hardly knew about it because they were under strict security. The busses came in and went out and we hardly ever heard of anything taking place during that period. I don't like to see them here. I certainly am not going to argue the point. But I think it is a heck of a lot easier to take a load of clothes to the Leesburg Farm than it is to have 30, 50 or 60 guys travel down here in a bus.

I know the State needs funds. I know this all costs money. But we, as members of a growing community, are asking you as representatives of the people to look into this very deeply. We sympathize with the administrators and the people of this hospital. But, above all, we are concerned with our people in the community who complain to us daily, weekly, and every month that I have a meeting.

With reference to the detainer patients or prisoners walking away, as you have heard here today, they are a problem and they too have committed a wide range of crimes. I am disappointed to hear that in the last few months 20 of these, with all the security that is talked about, have walked away. I am convinced there is something that can be done in that area. But I am wondering why, and I ask you as legislators - why is it that a detainer patient must come to Ancora or any other institution? Why can't some psychiatrist evaluate this person at the prison site? It seems to me that, if the cost involved in this were considered, it would answer that question. If this were done, it would take a great burden off of the Director of the hospital here who constantly has to monitor that situation. I am sure he is interested in the community. I am sure he wants to do the right thing.

I could go on and on, but I will just say to you that, as far as representatives of the community being on this committee, a mayor, as you politicians know,

doesn't have too much time on his hands. I do have a representative, Mike Lunny, assigned to this committee, and he, as I understand it, attends all the meetings that the Director calls and participates and reports back to me. I am elated to hear some of the things they talk about and some of the things Mr. Wilson feels he can do. But there seem to be many things that, because of the laws enacted by the Legislature, that he can't do. Here I say to you, my dear friends, help us in Winslow Township and the surrounding communities, because I think I speak for us all -- help us to allay the fears in the hearts of the people who live within the area. Help us, because people in the area who own farms, for example, and want to sell their land, can't sell it because people fear to build near a hospital. There is always that constant harassment with the committee, the Planning Board, and what have you.

With these few remarks, Mr. Chairman, I want to thank you and I hope what I have said has been of some value to you and your Committee.

SENATOR SCARDINO: Thank you for your comments. I think they were outlined very well and to the point. I can tell you candidly that I share your sense of responsibility for your constituents because I presently serve as the mayor of my community, and Assemblyman Visotcky formerly served as the mayor of Garfield, and Senator Fay wished he was a mayor.

MAYOR MAISE: He sounds like a mayor.

SENATOR FAY: That's why I am in group therapy.

SENATOR SCARDINO: Again I do appreciate the manner in which you addressed the subject and the clarity with which you brought it out.

I would like to ask you some questions in terms of the three points that you made. First, you talked about the walkaways and you were specifically talking about the general patient population. You said, using your own words, that it is a very serious situation and that in the last two months there were two walkaways who were killed by automobiles. Is that just a coincidence or is that something that happens other times as well? In other words, within the last three, four or five years, has this been a common occurrence?

MAYOR MAISE: I tried to bring the most recent things to your attention, but I am sure it happened before. I don't know how many times, but the record probably would speak for itself.

SENATOR SCARDINO: Who found these people?

MAYOR MAISE: Of course, our Police Department is called on all these accidents. Are you talking about those killed by cars?

SENATOR SCARDINO: Do you make a report?

MAYOR MAISE: Yes. Reports are on file on these incidents, of course.

SENATOR SCARDINO: You have also said that you found patient walkaways who were frozen in the field.

MAYOR MAISE: Yes.

SENATOR SCARDINO: Beyond the limits of the hospital?

MAYOR MAISE: Oh, yes, a mile or so, maybe more.

SENATOR SCARDINO: I would like to get a response from you in terms of the possibility of some type of community hospital advisory committee, made up of representatives like yourself and the public at large that live within the immediate area of the hospital, along with hospital administration personnel. Do you think that such a committee is possible?

MAYOR MAISE: Yes, I really do. I think a committee is not only possible, but workable. The only thing that bothers me - I wouldn't want to come and sit

in a committee and spend my time, talking to Mr. Wilson, who eventually has to tell me, "Look, the laws are such that we can't do the things you are asking, that we cannot put a fence if we had the funds to do so, and that we cannot have the security because we don't have the funds to do it." While I agree that this committee is fine, I do believe, however, that there are things the committee may want and feel are necessary that have to be resolved by the leaders in this State, the Commissioner of Mental Health and whoever may be involved.

Here again, it becomes very difficult for a man like Mr. Wilson to try to appease or satisfy us. Of course, he is going to tell it like it is.

SENATOR SCARDINO: If we can impress upon you one thing, if not anything else - we hope we impress upon you more than one thing today - it is that we would like to open the doors of communication between all responsible groups. Certainly those of us who are responsible in terms of making the laws and those within the Department who are responsible for establishing regulations, cannot react or respond unless they know what the situation is. Knowing Commissioner Klein and in my dealings with her over the last three years, I feel that she would welcome that kind of input and that is the purpose of having an Advisory Committee. It would be to make those recommendations, whether they are prohibited by regulation or not, because regulation, as you know, Mr. Mayor, as an ordinance, can be changed, can be amended.

The Committee at Trenton Psychiatric Hospital made a recommendation that a fence be considered for that facility. The same point concerning a fence was made very, very clearly and with tremendous impact, I think, on the committee that met at that time at Trenton Hospital. It is just too bad, in some cases, that it has to come to this point where we have to come here and hold a public hearing of this type to get the kinds of recommendations that you are making and then we have to react, because unfortunately there is always too much time that elapses between the time you see us here today and the next time that you see a legislative committee of this type in this institution. I hope it is a lot sooner than between the time the last one was here and today. I don't know whether there was one here in the past or not.

MAYOR MAISE: This is a miracle to have this here today, as far as I am concerned. I never expected to see you here.

SENATOR SCARDINO: I want to impress upon you and also the administration - and we did talk about this prior to coming into this room with the administrators - and, that is, that one of the primary goals of this committee, of both the Assembly and Senate Institutions, Health and Welfare Committees, and, I think, of the Legislature as a whole, is to establish a real firm procedure, particularly in the area of followup, to see that the committee just doesn't come here today, listen to what we are listening to and then not do anything about it in the future or see to it that any recommendations, proposals and suggestions are not, in fact, at least tried, and if they are found to be viable, are not carried on. You have our assurance that we will continue to make that impression on the Legislature to see to it that there is a continued followup.

You talked in terms of interrelationships between prisoners and patients. I don't know whether this is a fair question to address to you. Perhaps it should be asked of someone who is more directly involved with the prison population. You talked about prisoner-patient interrelationship here at the institution. Can you elaborate on that at all? You don't have to if you don't want to.

MAYOR MAISE: I certainly would like to. It would have to be on a hearsay basis

because it is very difficult to try to bring these things into the proper light. But if we have to, we will have to just lay the facts on the table. But we have received calls in my office in reference to prisoners intercouring patients in a particular park area between certain buildings here that house the patients and the prisoners. I can't elaborate on the times. I happen to know that one of them happens to be the sister of the fellow who supposedly made the report. So while I know one, I would have to assume that probably other situations like this exist. I hope that it has been corrected for the interest of the patients and, of course, the parents.

SENATOR SCARDINO: We will be speaking to people directly involved with the prison population and I think we will ask them to respond to this same question when they have an opportunity to speak.

One point about which I was curious that you made was concerning your view that we shouldn't have any prison population housed at this institution. I quite honestly can tell you that my initial reaction up to the time I came here this morning or my initial understanding of the primary reason for prisoners being here was to have some input in the operation of the hospital, specifically in the laundry area, but it was also - and again this was only my own viewpoint, which I guess I drew somewhat inaccurately - a rehabilitative approach in helping to build some confidence in these inmates because they were near their time of release. You have heard the criteria that were cited before in terms of the type of individual that would be allowed to come here. And I couldn't help but draw the conclusion that the initial purpose was to sort of set up some kind of rehabilitative process, to teach these people something and help them get a sense of responsibility and confidence, which sort of makes sense in my mind. I felt that as long as it was secured properly and the necessary oversight was given to it, that it might, in fact, work.

Now, from most of the testimony I have heard, it is really the opposite and, that is, that it is because Leesburg is overcrowded. Because of the overcrowding, they were provided with some facility here. If that were not the case, if Leesburg were not overcrowded and if, in fact, there was some way that the administration could live within these criteria, as you have heard me mention before, do you think, in the rehabilitative sense, there might be a possibility of something like that working?

MAYOR MAISE: Now I am no expert on rehabilitation. I don't know anything about it. But I happen to know that there are plants and other places where they do have prisoners go in and work when they are due to come out, etc.

If you will note what my comments were, I said that I didn't believe that a prisoner and a mental patient should be housed in the same area. It would seem to me, if you were going to rehabilitate a prisoner, you would bring him down as if he were going to go to work. He would work in the laundry and then he would go home - back where he belongs.

I don't know when these guys walk away, what fears the people have around here, but I am told there is plenty of it, by the employees as well, in reference to the prisoners. They do walk away. They do get away from here during the course of a night when they are supposed to be locked up. I am glad to hear, by the way, that the doors are locked.

To give you briefly an experience I had, one evening I came in with a couple of boys and we walked into the jail or the prison. We walked right in, sat around,

and talked to the prisoners. We asked how everybody was feeling, and what have you. Knives and forks were all over the place. They were drinking sodas and the doors were wide open. I can see how these guys, if they wanted to commit a crime, could walk away, commit a crime, come back, and you would never know they were away. If this is the rehabilitation, okay. We have to live with this situation. But I don't really believe that is the intent of it. If it is rehabilitation to teach a guy how to go back in society, how to play in a band or sing in a choir, or play baseball --- Another thing that surprised me that Mr. Wilson brought out was that now the hospital has to give permission for the prisoners to be given privileges on the grounds.

I was told in no uncertain terms that they were going to play ball in my town, they were going to do anything they wanted in my town, and we weren't going to be able to stop them. That order came down from the Attorney General's Office and we do abide by that order and by the courts. So while they can issue regulations here, it seems we are denied the same right to say, "Look, we'd like to know whether or not prisoners are going to come and play baseball or football or sing in a choir in our community, in groups of 15 or 20." We have, however, been in touch with the administration with reference to that matter and they do communicate with our Chief of Police.

SENATOR SCARDINO: Again I think that substantiates the need for some kind of a Community Relations Board.

MAYOR MAISE: I am 100 percent for that.

SENATOR SCARDINO: You made another point about which I would like to ask you a question. You said that among the inmate population there were 17 murderers and people who were convicted of narcotic charges, etc., in the past, which obviously does not match the criteria. Did I understand correctly that you were talking about the inmate population that is housed here at Ancora when you cited these figures?

MAYOR MAISE: As of the date that I have before me, I have a list of approximately 81. And I must assume that this is around October of 1976, in that general area. I don't know whether it has changed or not. But I can tell you that this list ---

SENATOR SCARDINO: How did you get the information, if I may ask? How did you get it?

MAYOR MAISE: You know, information is not acceptable every time. But we have it and we challenge anybody to dispute it. We have some rap sheets on guys that we pick up. We run them through the mill. It is amazing what we find on the rap sheets of these guys. So I will make this available to the Committee. I will mail it to your ---

SENATOR SCARDINO: That's very good. Maybe we could make copies right here at the hospital before we leave today.

MAYOR MAISE: I will have the Chief see that you get a copy.

SENATOR SCARDINO: Thank you very much.

Senator Fay asked a question earlier of Mr. Wilson concerning the relationship between the security and the administration here and the police forces in the nearby areas. John, would you like to address that?

SENATOR FAY: This was brought up at the Marlboro hearing. There was a serious breakdown in communication between the security on the hospital grounds

and the local police. The local police and the mayors in Monmouth County were making that point. And, by the way, since the hearing, the conditions there are greatly improved between the local police, the security, the administration and the local community in Marlboro. I was just hoping that this was not a major problem here - that there are escapees which you pick up ten hours later and are never informed about or that a person is hit by a car and found dead and you were not advised he left the institution a few hours earlier. Is this a problem?

MAYOR MAISE: Well, I think our communications are much better than they ever were. I am concerned about - and I will have to check with Mr. Wilson or whoever is running the show - why we were denied the frequency on the radio. I just learned that this was done in other places. For some reason or other, we are denied that right to communicate by radio. I think that would expedite things with regard to runaways, walkaways or whatever you want to call them, to communicate directly with the Police Department. There may be a reason for this. I don't know. I can say this, that the community is loaded with monitors and this is what brought them about. I don't know what their reasons are, if they have any.

With regard to our relationship with the hospital, I have instructed the Chief of Police to do everything he can to work with the security here in every respect possible. Oh, they have their problems, you know.

SENATOR SCARDINO: One of the recommendations of the Committee thus far has been that the local police know something about the patients, the detainer patients in this case, that are housed at the facility.

MAYOR MAISE: I don't think we know that.

SENATOR SCARDINO: We are recommending that some lines of communication be opened up so that there is some understanding as to what you might be dealing with should there be an escape, so that you can react accordingly. This is just thrown out as an assurance to you in the community that there are steps already in motion and that the Commissioner, as a matter of fact, has reacted rather favorably to all these recommendations.

MAYOR MAISE: I'm glad to hear that.

ASSEMBLYMAN VISOTCKY: Can I ask you a question? If an escape or a walkaway occurs and your police are notified, do you know what type of crimes the person has committed so you know how to handle that person? Is there any training such as we have recommended in the past, having a rap session of about two hours - the local police and the security on the hospital grounds - on how to handle certain patients? I think it maybe requires some training because it is different than just treating a normal person. These people are really sick and you can't just go up to them and say, "I'm going to bust you." You don't do these things. You are going to end up with someone probably hitting you. We had an incident over at Marlboro where one of the patients attacked a police officer. Maybe tact wasn't used.

MAYOR MAISE: To answer your question, our police have been advised by the Chief of Police that, when a situation like this arises, they approach them cautiously and there is no strong-arm measure used, no handcuffing. Usually such a person gets into the car and --- I can tell you this. I picked three up myself. My experience has been this: When it has been over the air that a patient has escaped and a description is given and I am going up 561 and see him, I stop and ask him if he wants a ride. He says, yes, he has two homes in Ocean City, but he wants to go to Cherry Hill. So I bring him into the station. I find those walkaways are not militant or want to fight or anything like that, at least not the

ones that I have approached.

Our police have been instructed to handle any person, as far as that is concerned, unless he resists, the way I have described. Most of the time, we pick up these people and we call the hospital to tell them, "Hey, we think we have a patient," and it works both ways. So there is a relationship there and they don't usually know every minute of the day where these patients are. One of the places where they go is to a saloon called "Blue Charlie's" or something. They walk in and out of there. I have a monitor in my car and in my house, and it is a constant thing. We hear it every day. We just hope that they go back to the hospital without creating a problem.

ASSEMBLYMAN VISOTCKY: Did you at any time have a person you picked up for any length of time before you found maybe he wasn't a patient?

MAYOR MAISE: I don't recall of any. It seems some way or other we sort of can tell. Our police are pretty well educated on these patients. If anybody is walking down the road, the first thing that comes in their minds is that he must be a patient.

To give you another example, I saw a fellow walking down the railroad track around 9:30 at night. Who would be walking down the railroad track but a patient or some mentally-disturbed person. The police were called and we did find that he was from the hospital. So they pretty well know when anybody is walking at odd hours, the way they walk, the way they dress, and the way they talk, that they are patients. And they don't resist. We bring them in and we don't hold them, to my knowledge, once we find out what the story is.

ASSEMBLYMAN VISOTCKY: Getting back to detainer patients, we do have legislation - in fact, I think it is my bill, 1543 - which will now make the counties and the local towns who are sending them here pay on a 50-50 basis. The State has been paying 100 percent of the cost. We think this will put a curb on sending detainer patients to a mental hospital, which is done now by a regular doctor signing a paper.

SENATOR SCARDINO: The screening will be done primarily at the county or local level before he gets here.

MAYOR MAISE: I am glad to hear that. I would endorse that.

SENATOR FAY: It is a major improvement.

Just one final comment, Mayor, of my own on sexual and other physical abuses. We have been hearing through the years, and as recently as our last hearing on Jamesburg, about abuses. I have had families call me about physical abuses or sexual abuses, and not just with inmates. Here we are dealing with helpless and, in some cases, hopeless people. Say a woman who is an inmate claims she has been sexually abused by a visitor, a staff person or by another inmate. She, herself, is already an inmate here. How seriously is her word or her testimony going to be taken? They will say, "Well, she is crazy. Therefore, she is making this up or exaggerating it." People such as those who are in Jamesburg are obviously in trouble already and they are frightened people, and with good reason. What I do with these cases is immediately go to the State Police, without mentioning any names, just telling them where the ward is and what the charge is. Each and every time, the State Police has done a thorough investigation of any and all charges. Maybe four out of five are false. But it is worth it for that one person who was physically attacked or sexually abused.

There is that kind of professional service available from the State Police. Because of the number of such cases and because of the seriousness of them, I am hoping that Colonel Pagano might be able to assign more plainclothes people and more investigators to rotate around our State institutions, especially the mental institutions and institutions such as Jamesburg, to follow up on charges like this and to move immediately for indictments and convictions of people who commit these kinds of offenses.

MAYOR MAISE: Glad to hear that.

SENATOR FAY: They are there, if you contact them.

SENATOR SCARDINO: Mayor, I want to thank you very much for being with us today. We appreciate your coming.

MAYOR MAISE: Thank you.

SENATOR SCARDINO: We will break for lunch now and resume this hearing at 2:15.

(Recess for Lunch)

AFTERNOON SESSION

SENATOR SCARDINO: Good afternoon, ladies and gentlemen. I would like to call this hearing back to order again and welcome all of you back once more.

At this time, I would like to call Mr. Phillip Dwyer, administrator for the Leesburg unit here at Ancora. Maybe you can better describe your title to us, if you will, Mr. Dwyer.

P H I L L I P D W Y E R: My name is Phil Dwyer. Presently I am the Assistant to the Superintendent of Leesburg State Prison. There may be some mix up in names. Mr. Peter Dyer, replaced me as administrator here at the Leesburg unit at Ancora. I had previously opened this unit and since have been transferred and promoted at the Leesburg Prison. So there may be some conflict of names - Dwyer and Dyer. I am Dwyer.

SENATOR SCARDINO: What is your function specifically?

MR. DWYER: Assistant Superintendent.

SENATOR SCARDINO: But what do you do? What is your connection with the prisoners that are housed here at Ancora? Let me be specific.

MR. DWYER: Well, I am Mr. Dyer's supervisor. He would report to me at the Prison. So I would have some responsibility for the men that are here. I am also Chairman of the Classification Committee which processes all men before they can get to this unit.

SENATOR SCARDINO: But Mr. Dyer works more directly with the men than you do.

MR. DWYER: That is correct.

SENATOR SCARDINO: He reports to you?

MR. DWYER: Yes.

ASSEMBLYMAN VISOTCKY: Is he here?

MR. DWYER: Yes.

SENATOR SCARDINO: I wonder if it might not expedite matters if he could come up and sit with you. Do you mind?

MR. DWYER: No.

SENATOR SCARDINO: Mr. Peter Dyer. Now that both of you have confused us, we have, certainly, some questions that we would like to ask of you either individually or you can respond together if you would like.

I want to know, first of all, however, whether you have any comments that

you would like to make from your own standpoint or perhaps react to something you have heard here today. You may want to clarify any issue from your standpoint or make whatever statement you would like.

MR. DWYER: I would imagine that any comments that I would have are probably going to be answered with the questions you are going to pose. So I would rather deal with the questions initially.

P E T E R D Y E R: I feel the same way.

SENATOR SCARDINO: You made mention of your duties on the Screening Committee. Can you tell us what that Screening Committee is made up of?

MR. DWYER: The Classification Committee in each institution in our system is made up of five members. Specifically at Leesburg, the Assistant Superintendent is the Chairman. There is a Correction Captain whose responsibility is the custodial end of it. There is a person in charge of the Social Services Department, a person in charge of the Education Department, and the Classification Officer.

Now every inmate in the system is classified by this committee, initially when he comes in and later on during his incarceration. When we are talking about a promotion in custody, which means when a man goes from maximum custody or medium custody to minimum - and this is what we are talking about here at Ancora - the man has to meet certain criteria. For instance, there are certain detainers that may be lodged against him which would make him ineligible. Secondly, a man who has a sentence which is in excess of ten years cannot even be considered for minimum custody until he has completed at least two years in the institution to which he is assigned. It doesn't mean that he is eligible; it means he is eligible for consideration.

So the Institution Classification Committee has a responsibility to insure that the individual for whatever assignment he is being brought before the committee -- that they, in fact, are certain that he meets the criteria which is prepared by the Department of Corrections which is in our standards. After he meets the criteria, then we interview the man and decide, based on what we have to go on - his institutional record, the number of years he has been incarcerated, any disciplinary record he may have - whether he is a good security risk or not. At that point, we make a determination as to his eligibility for minimum custody.

SENATOR SCARDINO: Were you employed at the Leesburg facility at the time Governor Byrne made the announcement that inmates would be housed here at the Ancora Hospital?

MR. DWYER: Yes.

SENATOR SCARDINO: Were you in the same capacity then as you are now?

MR. DWYER: No, I was in charge of the unit that went through the court case and this was my first assignment.

SENATOR SCARDINO: Did you have any involvement with the administration here or the Board of Trustees in laying out the ground rules, so to speak, in carrying out that program?

MR. DWYER: Yes.

SENATOR SCARDINO: Was it indicated at the time that you would only allow inmates to come to Ancora who were within six months of parole eligibility?

MR. DWYER: Initially?

SENATOR SCARDINO: Yes.

MR. DWYER: No, sir.

SENATOR SCARDINO: That is not your recollection?

MR. DWYER: No, sir.

SENATOR SCARDINO: When you talk in terms of the 15-month parole eligibility date, that doesn't necessarily mean that 15 months from the time a person is brought here that he will be released.

MR. DWYER: No, it does not.

SENATOR SCARDINO: What does that mean? Can you be more specific?

MR. DWYER: Parole eligibility means just that. The man is eligible for parole. That means that the Parole Board will be reviewing his case at that time and he may or may not receive a parole date or release date. The Parole Board may deny him a release date and schedule a rehearing, which could be 3, 6 or 9 months later.

SENATOR SCARDINO: In other words, it is possible that there are inmates that have been here since the inception of this program three years ago?

MR. DWYER: Definitely.

SENATOR SCARDINO: During the Mayor's testimony, Mayor Maise, he indicated that he has documentation that indicates that of the inmates housed here 17 of them are murderers or have had convictions for that offense, have had narcotic charges, etc. The "et cetera" implies, I think, all of those things that fall outside of the criteria that has been set up.

MR. DWYER: No, sir. That is not a true statement. I think what the problem is - and it is unfortunate that the Mayor is not here, because this same question came up in a court case in 1974, when the attorney for the township specifically asked me if I would accept a murderer or a man incarcerated for murder at this unit and I told him yes. He said well that contradicts what I had said earlier about assaultive history. What I think the public does not understand is that an individual need not be considered a person with an assaultive history because he happens to have a single conviction for murder.

There are a number of factors. (a) We have some people in that group that the Mayor mentioned whose only incarceration in their career has been that single incarceration or infraction for murder. Secondly, the individual has completed possibly ten or more years on that sentence because otherwise he couldn't even be eligible for minimum custody, let alone get to Ancora, which is a further criteria screening.

Then you have to individually look at the specific case and look at the man and then you have to make a decision. So you can't say across the board that because a man has committed the crime of murder that he has an assaultive history.

ASSEMBLYMAN VISOTCKY: If an inmate here goes before the Parole Board and is knocked down, what would the reason be that he would be knocked down for parole?

MR. DWYER: There are a number of different reasons. The Parole Board may feel that he has not completed certain stipulations that they have set down for his parole consideration, such as, he has not completed his high school equivalency examination material and gotten his diploma, or they don't feel the amount of time he has in is enough. Maybe they want to review him again in six or nine months. But, as the Senator pointed out earlier, the first time a man goes before the Board or the first time he is eligible, it doesn't necessarily mean that that is the time he will be released.

ASSEMBLYMAN VISOTCKY: You are still not answering my question. Why would he be knocked down? Because of failure to get his high school equivalency?

That sounds kind of silly. Is that the only reason you are keeping him in jail because he didn't get a high school education?

MR. DWYER: You are asking me to answer in a situation where the decision is made by the Parole Board.

ASSEMBLYMAN VISOTCKY: What I am asking you - and I would like to get an answer: Let's say the Parole Board knocks this person down for some reason and the person is still here. I would like to know what all the reasons are. That is what I am asking you, not only the high school equivalency thing.

MR. DWYER: Let me give you an example, sir.

ASSEMBLYMAN VISOTCKY: What else?

MR. DWYER: The drug counselling program - they want him to be in the long-range drug counselling program. But specifically, maybe they want him to be incarcerated a little longer. One of the standard lines the Parole Board uses in their answer is that they do not feel that the length of his incarceration answers the punitive aspects of the offense.

SENATOR SCARDINO: I think what the Assemblyman is also trying to get at is: Does it make any difference that he is housed here at Ancora rather than at the facility at Leesburg to the Parole Board?

MR. DWYER: Definitely.

SENATOR SCARDINO: It does make a difference?

MR. DWYER: Yes.

SENATOR SCARDINO: Explain that.

MR. DWYER: An individual to gain minimum custody has to fit certain criteria. That's number one. The minimum custody I am talking about in Leesburg would be at the minimum unit which houses 350 men. So there are 350 full minimum men in the community without any safeguards at that particular facility. And we have to keep in mind within the youth complex and the prison complex - this is not something new - there are ten such facilities, ten honor camps of full minimum facilities around the State.

After a man is approved to be assigned to full minimum custody at the Leesburg minimum unit or the farm, if he sought to request Ancora, his name would then be brought up again before the committee and the points that the Senator read off this morning, the seven points, are the points that would be checked against that particular man's record. Then, if in fact he met those, which is a further check or refinement, he would be eligible for Ancora.

So the Parole Board obviously is aware that a man to get to Ancora is what would be considered the hardest place to get to because of the strictness of the criteria.

ASSEMBLYMAN VISOTCKY: What I am trying to get is how many inmates, if any - you say some of them are here for three years and no doubt they were knocked down for parole -- how many of them were in for narcotics or how many were in for something else?

MR. DWYER: I don't have those statistics. I wasn't told to bring those.

ASSEMBLYMAN VISOTCKY: There's a question in my mind. We are told the criterion is fifteen months prior to parole. Yet we have prisoners here for two years, three years and maybe four years. I don't know. We would like to know about this, but we don't have these figures.

MR. DWYER: We have one man that I am familiar with because that man has

been here for that length of time. What I remember about his case is the fact that he had a previous incarceration in the penal system and the fact of his present offense is why they turned him down. I would have to pull out the Parole Board return and read that to you or let you look at that, because off the top of my head, I don't remember exactly why.

ASSEMBLYMAN VISOTCKY: Let's say we have an inmate here and he was knocked down for parole. He is still here. Now if the Parole Board knocks him down for some reason or another, we have him here where he can roam the whole area.

MR. DWYER: The fact that a man is knocked down by the Parole Board does not mean he becomes a security risk in our system.

ASSEMBLYMAN VISOTCKY: Let's say he is a narcotic. Then he is a security risk.

MR. DWYER: Why would he be?

ASSEMBLYMAN VISOTCKY: Maybe he is on narcotics again. Do we know that any of them aren't using narcotics? I am asking these questions. I don't know. If I knew the answers, I wouldn't ask them.

MR. DWYER: If we knew that to be a fact, the man would not be here at Ancora nor would he be in minimum custody at all.

SENATOR SCARDINO: You mentioned ten minimum facilities around the State.

MR. DWYER: Yes.

SENATOR SCARDINO: Are there any minimum security units similar to what we have here at Ancora? In other words, are there minimum facilities in other psychiatric hospitals to your knowledge?

MR. DWYER: There are two in the prison system that work on the grounds of a psychiatric hospital, specifically Jones Farm of the Trenton Prison, and Marlboro Camp out of Rahway.

SENATOR SCARDINO: But they are not housed there necessarily, are they?

MR. DWYER: They are housed there, yes. The only difference is they may not be housed adjacent to a building; they may be down the road or across the street. Each one is different. They have been there a lot longer than at this place.

SENATOR SCARDINO: It was stated in earlier testimony -- well, there were statements made concerning the philosophy of housing inmates in a facility like Ancora. I think the point that most people made was that the reason for it was because of the lack of space at the prison institution, itself. Do you agree with that?

MR. DWYER: I agree in part with it, but I have to admit that the philosophy that you attested to earlier is the philosophy that the Division of Correction and Parole has used for the 18 years that I have been in this business, that full minimum honor camps are places where people are placed because (a) they are not a security risk and (b) because it is a half-way out kind of situation. Those people are in a facility where they are close to the community and it is not an issue. It is part of the rehabilitation process. Whether people like to admit that or not, that is exactly what it is. But, in this particular case, sure it is a fact that at the time that this facility was opened, there was a serious overcrowding situation. But the fact is that men did live here years ago five days a week. They were brought up here Monday morning and stayed here until Friday night. So it is not something new.

SENATOR SCARDINO: Except that the feeling of the Mayor, in this case, was that he doesn't mind their coming here on a daily basis as much as he minds their

staying overnight.

MR. DWYER: They stayed all week, Monday through Friday, at that time.

SENATOR SCARDINO: I didn't get that impression.

MR. DWYER: I wanted to bring you up to date.

SENATOR SCARDINO: I thought that they were transported each day.

MR. DWYER: No.

SENATOR SCARDINO: They stayed here for the full week and then went back to the prison for the weekend?

MR. DWYER: That's correct.

SENATOR SCARDINO: Do you have any questions?

SENATOR FAY: Yes, I do.

First of all, I admire you for your courage in trying to justify the unjustifiable. You don't have to answer for the Parole Board, which is obviously going through a traumatic change right now, or try to answer for a detainer system that we have already found to be completely abominable, adding burdens to the mental institutions. And I might say that freeholders and sheriffs and judges have contributed to the problem.

But I think you are all making a mistake by trying to imply that it's the best of all worlds. I think the SCI through its investigations so far has shown a complete breakdown in the State prisons. I think we have found so far in going around the State from Marlboro to Ancora that there are some things that you should not have to answer for. The mayors criticize you and the communities criticize you and many of the problems are yours, but some of them really belong somewhere else. At least half of them are ours: the budgetary matters and the laws. Where I will throw the ball back to you is with regard to administrative decisions.

So, if I were you, I wouldn't try to justify a detainer system that brings in the last rap sheet and doesn't tell you the guy committed 19 violent crimes and the last one was shoplifting, so, therefore, he is a shoplifter and not violent.

I have found with mental health programs and prisoner programs, everybody agrees there should be halfway houses and everybody agrees there should be outpatient treatment, but nobody wants them in their neighborhoods, in their towns or even in their counties.

The fact of the matter is, a man may only have committed one crime, but it may have been murder. I understand this program is rehabilitative. But are you telling me in the whole prison system there aren't other people eligible? Who does the screening? We have already found that the screening process in the prison system leaves much to be desired. Senator Scardino has been banging away at the criteria and the screening that is done all day. We still haven't gotten clear answers. With all of the inmates we have who are eligible for work release and parole, why do we have the rapist and the violent criminal popping up? I am sure there are other people who would be better risks to be sent to a place such as Ancora. I do not believe the community would be half as enraged if a person of that calibre walks away or escapes. But the person who gets out of here and commits a violent crime was a violent criminal before. We have had too many horrible examples - and Senator Dunn has brought many to our attention - of people who did murder someone while they were on work release.

What I am saying is that the whole system is under surveillance, not your

role, not the new Commissioner's, not the new administrator's. We feel that the community does have very valid complaints. We make a mistake if we say it only happens 10 percent or 5 percent of the time. I am insisting that it shouldn't happen. I am saying if the screening is proper and if professionals are there, it should work.

Work release works if the right people are on work release. A program like this works when the whole community and everyone involved know there is no person who might abuse one of the patients here, and when the community knows, if a guy gets away, he is not a violent type to begin with. We aren't looking for any millennium.

Everything that has been said here today was said at Trenton, was said at Marlboro, was said at Jamesburg and at Rahway Prison. Everything that we have heard in the last three years has brought us to this point. No one ever took a close look at parole in the last three years. No one has taken a close look at security in the mental and penal institutions in the last three years.

Now the Assemblyman has come out with a major bill on the detainer problem. It is only after we have had a few tragedies that anything is done. I realize that the tragedies are never going to stop happening, but they can be brought to a minimum.

I don't think we are arguing or debating here, but are trying to get the facts. Most of the complaints we have heard are valid. We cannot brush them aside and say they are emotional. Nor is it good enough to say that there are only 2 or 5 percent who present a problem.

MR. DWYER: You talk about a screening by professionals. I don't know what that means, Senator.

SENATOR FAY: I am referring to the criteria that we have been talking about. I am insisting, and I want anybody in this room or anybody at the front table to tell me if I am wrong, that with proper screening, we can find more than enough inmates to fall within the criteria who are not people who have committed an act of murder, committed an act of violence or committed an act of rape. I am saying there are many inmates in our prison system that could be in programs like this other than these borderline cases.

MR. DWYER: To take an approach similar to that, I think would be regression, because if that were true, if an individual who has committed an offense of murder and has been incarcerated for 10, 12 or 13 years and who in that time has had an excellent disciplinary record in the institution and has reached the point where he is eligible for minimum custody and who we know within months is going to be living next door to you in the community and we are not ready to put him in a full minimum unit, that is regression.

SENATOR FAY: He comes here and he stays here three years and doesn't qualify for parole.

MR. DWYER: Now you are taking that case and saying he is a murderer. I am not saying it need be a murderer.

SENATOR FAY: You sent him here because you say he is going to come out in what? Six months - fifteen months?

MR. DWYER: He is eligible for parole within 15 months.

SENATOR FAY: But he doesn't get out. He was eligible, but was turned down by a Parole Board.

MR. DWYER: Right!

SENATOR FAY: Why wasn't he turned down before you sent him here? The Parole Board found him inadequate and not ready to leave. But you sent him here into a community.

MR. DWYER: I think what the problem is - you are talking about whether or not the Parole Board feels he is ready to be returned to society and whether or not the professionals in the correction field feel the man is a security risk and cannot be placed in minimum custody. Some men spend five and six years in minimum custody.

SENATOR FAY: But you are playing Russian roulette with the community when you do that. You are playing with other people's lives when you say, "We'll take a chance on him." Are you telling me there is no one else in the system who is not that much of a risk?

MR. DWYER: What I am saying is that, if you were to use the strictest criteria that you could come up with --let's say hypothetically that the only men in the State of New Jersey who would be eligible for minimum custody are men who commit white-collar crimes.

SENATOR FAY: No, I am saying nonviolent crimes. I am not saying white-collar crimes.

MR. DWYER: Let's say white collar.

SENATOR FAY: Let's say nonviolent.

MR. DWYER: All right. So we put those men in minimum custody. Because we are dealing with human behavior, there is no guarantee that one of those people won't go out and commit an assaultive offense.

SENATOR FAY: Are you saying a person who has committed violent crimes and a person who has not committed violent crimes are on the same level?

MR. DWYER: I am saying each individual case has to be looked at from the beginning of the man's incarceration. That is what we do. We don't say across the board, you can go to minimum custody.

SENATOR FAY: Wouldn't you think it would be better to have a nonviolent criminal in this type of a program in minimum security than gamble with a person who has already had a history of violent crimes?

MR. DWYER: Not necessarily. You could take a man who sells narcotics ---

SENATOR FAY: We are dealing with other people's lives here. I am saying that I don't want to be the one to gamble with other people's neighborhoods and families.

I am saying you don't have that many slots over here in Ancora. Why put a person with a history of violent crime here when you could put a person with a non-violent history?

MR. DWYER: It comes back to the fact that it doesn't necessarily mean because a man has committed a single offense for murder and has been incarcerated for x number of years that he has a violent history.

SENATOR FAY: He had one act of violence. Another person may have had no act of violence.

MR. DWYER: He may have sold narcotics, and that man can't come here. The guy who sold narcotics to kids can't come to Ancora.

SENATOR SCARDINO: May I interject a question here. On the 15 months parole eligibility, do you feel that that should be shortened?

MR. DWYER: Shortened?

SENATOR SCARDINO: In other words, do you feel perhaps it ought to be 6 months or 9 months before parole eligibility? I think an extension of that question

would be: How many people are actually paroled that fall within that criterion of 15 months eligibility? How many people are paroled, for example, within 2 years, within 30 months, whatever figure you want to use or do most of them stay much longer incarcerated?

MR. DWYER: I would say in general there is almost a 90 percent turnover.

SENATOR SCARDINO: Within the 15 months?

MR. DWYER: Within 15 months, yes.

SENATOR SCARDINO: Then only 10 percent would remain beyond 15 months?

MR. DWYER: Yes.

SENATOR SCARDINO: Do you have any documentation to substantiate that?

MR. DWYER: I could probably get some.

SENATOR SCARDINO: Would you see if you could put something together and submit it as a part of this report?

Getting back to the point of rehabilitation, one in which you and I agree - I think we agree in terms of the philosophy behind the minimum security concept, as opposed to the way some of the people who testified today understood it, specifically the point about overcrowded conditions at the penal institution - if we look at it in a rehabilitative sense, can you tell me in the last three years what effect this has had on the inmate? Has it helped and can you elaborate on that point? Has it done any good for the person? Has it fulfilled some need or would it have made any difference had he not been at Ancora and had remained at Leesburg?

SENATOR FAY: How many have come out and opened up laundries?

MR. DWYER: Probably as many as have come out of Leesburg and opened up license plate factories.

I think what you want is a statistical study of recidivism and how minimum custody has affected the recidivism rate. I can't give you that. I don't have it. I know how it affects an individual. I know how minimum custody affects an individual and how it allows him to do his time differently.

SENATOR SCARDINO: Let me elaborate a bit more. Would it make any difference if the individual were in minimum custody here or minimum custody at Ancora? What is the difference? What makes such a big difference?

MR. DWYER: One of the major differences is, if you can think of army-style living in a barracks, we are talking about the Leesburg minimum facility which was opened in the 1920's, which has barracks which house 60 men with beds next to each other, as opposed to being assigned to unit which houses ninety some men in two floors of individual rooms. So obviously, although he is in minimum custody, it allows hi some privacy.

SENATOR SCARDINO: But what would prohibit the Leesburg administration from recommending the construction of a similar type facility as the one you are utilizing here at Ancora? What would the impact of that be?

MR. DWYER: We are doing that. We have already finished one of the five barracks and made individual rooms. We are working on the second one now.

SENATOR SCARDINO: Would you then suggest it is really not necessary for rehabilitation to bring prisoners here at the Ancora facility - that you could accomplish the same purpose right at Leesburg if you had the proper wherewithal to do it?

MR. DWYER: For minimum custody - yes.

SENATOR SCARDINO: So I would then have to surmise that the environment here

at Ancora does not necessarily add to the concept of the program, itself, in terms of minimum security.

MR. DWYER: Well, it does to the point that if you were in charge of a facility and you were responsible for programming for those people, obviously you could do many more things if you were dealing with a group of 90 as opposed to a group of 350.

SENATOR SCARDINO: I am talking in terms of separating them to a group of 90 at Leesburg. In other words, you could accomplish the same ends. It doesn't really make any difference where you are. Do you agree?

MR. DWYER: Sure.

SENATOR SCARDINO: As an extension to Senator Fay's statement and question - Senator Fay, of course, dealt specifically, and rightfully so, with real incidences that occurred, where someone who has been convicted of a crime - in some cases, detainer patients have escaped and committed a violent crime. In one instance, a brutal murder was allegedly committed by someone who had no history of having committed anything of a violent nature before. I guess this is what the Senator is really trying to get at here. I don't know, however, in this situation here at Ancora with the Leesburg prisoners being housed here, of any serious infraction or any incident involving a prisoner and a member of the community - that is, the general community, not the community within Ancora. Is that an accurate statement?

MR. DWYER: There was an incident. We had a single incident that involved an inmate and a member of the community.

SENATOR SCARDINO: Can you describe that and what it was?

MR. DWYER: Well, the individual was a visitor to this hospital and the inmate, while leaving the grounds, commandeered the vehicle and also the individual as a hostage and drove a few miles in the direction of the Winslow Township Police Department, at which time he stopped and the hostage got out.

SENATOR SCARDINO: But the act itself commenced here on the facility.

MR. DWYER: Yes.

SENATOR SCARDINO: I am talking in terms of any inmate who has escaped or walked off the facility and went on to commit some act of crime in the community.

MR. DWYER: No.

SENATOR SCARDINO: Suppose we deal to some extent with the allegations made by the Mayor earlier in terms of some interaction between the inmates here and the patients at Ancora. Can you describe any incidents of that occurring in the last three years of an extremely serious nature?

MR. DWYER: I probably have heard stories from when I was working here from people and they were similar kinds of stories that the Mayor alluded to. But we have never had any documentation of any incident and, if we did have any, we would have taken action.

SENATOR SCARDINO: Is there, in fact, communication between the inmates and the patients at Ancora at any time?

MR. DWYER: It is possible. They can communicate with them.

SENATOR SCARDINO: Do you know of any specifically? Is there any time during the day, during the course of their activities, that the patients here at the hospital and the inmates from Leesburg interact in any way, shape or form?

MR. DWYER: When the inmates or residents return from the laundry or from the mess hall, as you know, the patients on open wards can walk around at any time.

This would be about the only time they would come in contact with each other. This would only be by chance. There are no activities scheduled where both the inmates and the patients are scheduled for some kind of recreation or program together where they openly mingle. We have had a couple of occasions where we have had patients wander into the hall, thinking it was someplace else. There was one occasion where someone threw stones at the back window, in which case security was immediately called and removed the patient.

SENATOR SCARDINO: Do the inmates at any time have the freedom of the grounds?

MR. DYER: No, they are restricted to their area, which is the immediate vicinity of Spruce Hall.

SENATOR FAY: How long has that been true?

MR. DWYER: Since October, 1974, when we opened the unit.

SENATOR FAY: I thought we heard earlier from Mr. Wilson about new restrictions on what they have access to. The very fact that a major point was made that they are now locked in ---

MR. DWYER: I think what was said, Senator --- Well, let me elaborate on what I said, that they never have freedom of the grounds. Freedom of the grounds means ---

SENATOR FAY: You mean in theory they had no freedom of the grounds, but in fact they were free to roam around.

MR. DWYER: Well, no, let me be more specific. For instance, men can walk from the unit to which they are presently assigned across to the dining room. So a group of men will go over. The Correction Officer who travels with them will be behind the group. If, in fact, someone wants to construe this as freedom of the grounds, I don't. I consider freedom of the grounds like a patient has. He may leave the building sometime during the morning and may not be seen until later.

SENATOR FAY: Or there could be a lax security guard who doesn't have a full grip on all of them, which is pretty easy to happen; and, therefore, they were roaming around the grounds freely, which seems to be a complaint of the community and the patients' families, that there was too much interaction and too much freedom of the inmates on the grounds around the patients and not enough security. One of the problems that Mr. Wilson had as a new administrator was the fact that the inmates did have too much freedom. There was a loose grip. There wasn't a tight control on the inmates' freedom.

MR. DYER: I have never been aware of any complaints with any patient and inmate relationship as far as mingling together was concerned.

SENATOR FAY: That wasn't the impression I got from all the testimony we have heard today. I thought Mr. Wilson was very positive and very definite, as was the Mayor, that the complaints aren't as many and that this was a problem before.

MR. DYER: Some of the complaints that the Mayor was alluding to have been corrected by an increase in communications between the Police Department with the hospital staff, keeping them closer in touch with what was going on.

SENATOR FAY: What shocked me was the fact that it had to be alluded to that they were now locked in at night as a security measure and they hadn't been locked in. The Mayor alluded to the fact he walked into an open prison.

MR. DYER: Here again we are dealing with the concept of minimum custody, which means there are no walls and fences around.

SENATOR FAY: We are going to define minimum security; we are going to define minimum custody. I stand to be corrected, but all I am doing is repeating what I have heard. I am repeating what I have construed most of the criticisms to be before Mr. Wilson came on board, from the staff, from the patients and their families, from the community and from the Chief of Police. I thought all of this was being worked out and that it is now claimed that security was much tighter and much more consistent than before.

MR. DYER: Some of our security measures, without throwing a fence around the whole place, have been to increase supervision on the second and third shift, which is when, incidentally, we have had the majority of our walkaways, and an increase in the number of counts.

SENATOR FAY: Are you talking about walkaway patients or inmates?

MR. DYER: Strictly inmates.

SENATOR FAY: The very fact we talk about walkaway inmates indicates to me there is a security problem.

MR. DYER: It has been a common occurrence that most of the walkaways or escapees somehow are construed to be inmates. I think this is part of the problem we have had with the community.

SENATOR FAY: I think we are beginning to clarify that because, to me, there is a distinction between a 65-year-old patient who is senile walking away and a convicted criminal walking away who has the potential to commit further crime. It is as different as night and day.

ASSEMBLYMAN VISOTCKY: You have 11 Correctional Officers?

MR. DYER: That's right.

ASSEMBLYMAN VISOTCKY: How many work on a shift?

MR. DYER: Usually there are 2.

ASSEMBLYMAN VISOTCKY: Two for 90 people?

MR. DYER: That's right.

ASSEMBLYMAN VISOTCKY: You are telling us the building is not locked?

MR. DYER: The building is locked. However, as with the other buildings, we have security screens, which have already been mentioned, that can be opened very easily.

SENATOR FAY: You have security screens that can be opened easily?

MR. DYER: They can be opened very easily.

SENATOR FAY: Why is that? What is so difficult about getting a screen that can't be opened easily?

MR. DYER: First of all, a screen can always be cut and they can climb out that way. In other words, if somebody really wants to get out, they are going to find a means.

SENATOR FAY: How long has this place been locked up at night?

MR. DYER: About the last two months.

SENATOR FAY: What was the reason for not locking them up before that?

MR. DYER: If you are going to keep somebody in the unit, the fact you have the door locked isn't going to prevent escapes. If somebody wants to escape, regardless of whether you have a fence around ---

SENATOR FAY: Do you believe anyone can accept that answer?

MR. DWYER: Definitely. I thought we were being realistic.

SENATOR FAY: I thought we were being realistic too. You are dealing with criminals and you are saying leave the doors open because they will break them down if you lock them.

MR. DWYER: No. We are saying in a full minimum situation where you have

decided, based on people screening his record, that he is not a security risk, if you put him in a building that you are going to lock at night, but you are going to let him walk over to the laundry during the day and walk over to wherever he works in any one of these ten minimum places, that if he wants to escape, he is going to escape.

SENATOR FAY: Then get the Holiday Inn and put them in there and we will go from there.

ASSEMBLYMAN VISOTCKY: I don't understand. You say they walk around when you only have two men on duty.

MR. DWYER: That's correct.

ASSEMBLYMAN VISOTCKY: How could they watch 90 people?

MR. DWYER: Let's take the laundry operation. The men are counted in the morning and then they leave and go over to the laundry. The officer at the laundry receives the men in the building and he makes his count. He attests for the number of men he is responsible for for that period of time to work in the laundry, the men he is going to supervise. When the detail is finished in the morning, they are returned and brought back by the officers. Another count is taken. The officer takes the count on the unit. The same thing happens in the afternoon.

ASSEMBLYMAN VISOTCKY: Suppose he is confused and counts a patient, if he only counts heads? It could happen.

MR. DWYER: The officers know all the men by face.

ASSEMBLYMAN VISOTCKY: How far is Leesburg?

MR. DWYER: Forty miles.

ASSEMBLYMAN VISOTCKY: How do you get along with the security personnel of the hospital? It seems to me that we have two separate institutions here. I would like to see what we can do to bring them together.

MR. DWYER: I think it was pretty well established by those guidelines that they would be pretty well separated, that the security had their problems and functions to worry about as far as the hospital; and, as far as any security over at the institution, we would handle that. However, in the case of an escape or a walkaway, security is one of the first people who are notified, to let them know to look around the grounds.

ASSEMBLYMAN VISOTCKY: Is there one command post for the Correction Officers and the security of the hospital? There seems to be none.

MR. DWYER: True.

ASSEMBLYMAN VISOTCKY: How do you get along with them, as far as the patrols are concerned? I gather you don't bother with any of the patrols, that that is all done by the hospital. When a prisoner escapes, does the administrator handle the problem or do you?

MR. DWYER: As far as escape procedure, we immediately notify security to look on the grounds. The local Winslow Police are called and the State Police and also the hospital liaison is notified.

ASSEMBLYMAN VISOTCKY: Let's say it is a prisoner who committed a murder and for ten years he has been in a penal institution. Now he is here. Is that told to the Police Department, that the man could be a potential murderer?

MR. DWYER: When the escape is called in?

ASSEMBLYMAN VISOTCKY: Yes.

MR. DWYER: That information is given to the State Police and the other police.

ASSEMBLYMAN VISOTCKY: When an inmate comes here, does the administrator of this hospital have anything to do with him? Does he look over the list or is it done strictly by you people at Leesburg?

MR. DWYER: Mr. Wilson mentioned this morning one of the new procedures that was initiated since he came to the hospital is that his liaison representative between the hospital and the Leesburg facility sits with our Classification Committee each week and we review any men who are requesting Ancora when he is there and he is privy to all the information in the folder. He sees all the information we have. If he has any questions to raise at that point, he will do so.

ASSEMBLYMAN VISOTCKY: You must admit some of the people sent here in the past shouldn't have been here.

MR. DWYER: No, sir.

ASSEMBLYMAN VISOTCKY: I beg to differ with you. What was said here today was that this procedure has been cleaned up. I believe you told me here there are some men not coming here now, which means we are doing something. What does "cleaning up" mean? I would like to know. What do you mean by that?

MR. DWYER: I don't agree with that.

ASSEMBLYMAN VISOTCKY: That was said.

MR. DWYER: I don't agree that people who were coming here before aren't coming here now.

SENATOR SCARDINO: I think one thing ought to be made clear. Both Mr. Dwyer and Mr. Dyer have nothing to do with the fact that Leesburg inmates are housed here and it is clear that you are both carrying out functions and responsibilities that have been assigned to you.

My next question to you may be a bit redundant, but I am soliciting an answer from you based on your experience in the penal system and your experience in this particular case with the Leesburg inmates being housed here at Ancora. In your judgment, could the same rehabilitative thrust be accomplished regardless of where these inmates are housed, keeping in mind the minimum security question and the ultimate end that you are trying to reach in establishing that type of a program?

MR. DWYER: If you are only dealing with a group of 90 men and you had like facilities?

SENATOR SCARDINO: Yes.

MR. DWYER: Yes.

MR. DYER: Senator, it would be kind of hard to prove one way or the other the effect of being in an environment where you do have civilians and where you are at least doing a little more useful work.

SENATOR SCARDINO: I am not suggesting the inmates not continue to do what they are doing in terms of work.

MR. DYER: You asked the question: Could they do it at Leesburg just as well as here.

SENATOR SCARDINO: I am talking in terms of the facility. It is minimum security. You want to develop a situation for an individual who has a short term to go before he goes back into society, and I think no one would argue too strongly against the idea of trying to phase somebody into society and get him to reorient himself and get somewhat adjusted to what he is going to be facing when he gets out into the world. But, at the same time, I think it is realistic to consider the ramifications and the questions that are raised in a situation that has developed here in Ancora as a result of the housing of inmates here, particularly when it was

done, according to some people, on the premise that the correctional institution from whence they have come is overcrowded; and that, in my mind, requires some scrutiny and some rethinking in terms of whether we are doing it properly. I don't know the answer, but I think we are going to have to look at it very thoroughly.

ASSEMBLYMAN VISOTCKY: Is there any conflict with the prisoners being here and the administration here? In other words, who is the boss, the administrator? Or do you run your unit here? I think it is a question I would like to have answered.

MR. DYER: In dealing with matters within this group, which is part of the Division of Correction and Parole, our unit is almost an autonomous unit. However, when it comes to the mess hall or the laundry or the recreation facilities, then we are in close touch with them.

ASSEMBLYMAN VISOTCKY: Let's say you would like to use the swimming pool. I suppose the administrator of the hospital would say, yes, you can use it for such and such an hour.

MR. DYER: By all means.

ASSEMBLYMAN VISOTCKY: Really someone has to be the boss, the top man here. It seems to me you can do what you want to do, with the exception of security. There are a lot of people who are sick here and I think if the administrator were to say, "I don't want you in this area," you would stay out of that area.

MR. DYER: Of course.

ASSEMBLYMAN VISOTCKY: It is the administrator who tells you what to do. Again, I don't understand why he isn't given a list prior to prisoners being sent here. Can he veto the persons who come here or is it strictly done at your end of the line, even though there is a liaison officer? I realize you can say, "let's hold off on this one; let's get another one."

MR. DWYER: He comes to Leesburg State Prison once every week. He is there and reviews the same material we review prior to making a decision. Now, if you are proposing a hypothetical case where he says, "I don't think that guy should go" - we haven't had that - we would stop and let somebody decide if there was an issue. What you have to look at from our point of view is that I am not going to vote for somebody to go anyplace if it is not strictly within the guidelines of the Division of Parole. I am not going to go to court on a case because I made a decision that isn't correct.

ASSEMBLYMAN VISOTCKY: Suppose there is an inmate who does something not according to the administration of the hospital.

MR. DWYER: He will probably be back within two hours.

ASSEMBLYMAN VISOTCKY: Why?

MR. DWYER: That is how long it takes to get to Leesburg. He will go back there as soon as we get a vehicle up here to take him back. It has happened. We have had cases like that.

SENATOR FAY: I think what has happened has not been good for your credibility. For the peace of mind of the community, without naming names, you should let the public know, especially the immediate community, that of the 90 people, yes, there are three people who have committed murder; yes, there are two or three who committed acts of violence. Instead of having people running around and saying, of the 90 prisoners, there are 17 murderers, which was a figure that was used, I think it would be so much wiser to say publicly, look, of the 90 people, 70 have never committed any acts of violence, the other 20 have committed acts of violence.

Let's not have anybody playing the numbers game. Don't let anyone run around dropping figures. Isn't that needed?

Take it out of the numbers game category and just say, here are the 90 people and here are the types of crimes they have committed. Yes, they are close to parole; and, yes, they are considered almost completely rehabilitated. Ninety-nine percent of them aren't a threat to the patients here and to the staff here and to the community around here. Isn't that important?

MR. DWYER: I think to a large extent we have already done that with Mr. Wilson's establishing the Community Relations Board and having this type of discussion: what we consider assaultive behavior, what kind of criminal is up here, etc. I think the Mayor summed it up when he stated, unless you can guarantee it, which we can't ---

SENATOR FAY: We are never going to get a guarantee.

MR. DWYER: (Continuing) --- they are not going to be happy.

SENATOR FAY: I think they are going to be happy if there is the kind of openness I suggested, so that they don't have to jump at conclusions and if you say every two or three months, "Here are the 90 people. Here is what they have done in the past. They are paying for it. Our professional people have screened them. They wouldn't be here otherwise. They weren't just brought here because of an influential doctor or politician. They are here because we feel of all the people in the whole system, they are the most likely to be helped. Of course, there are going to be one or two who are going to break out."

But we have this credibility gap and the people don't really know the facts. It would be helpful if we could be more specific and more definite about the people who are housed here and about the people who are on the work release program.

By the way, one of the first bills I put in ten years ago in the Assembly was a work release bill. It stemmed from my experience as a freeholder, dealing with the county jail and dealing with the workhouse. Here I am 15 years later, having serious doubts about it. What I thought we were going to do, we haven't done.

I think, if we draw the line and say, "Yes, we have made mistakes, but now we are going to be free and open and definite and specific," that most of these meetings could proceed from that point, with no guessing, no wondering, nobody being able to say, "Of the 90, 17 of them are murderers and another 20 are rapists." They would know of the 90, 70 or 80 of them didn't commit crimes of violence - or, if they did, it was one act - and they have been selected for this program, not haphazardly, but with a lot of thought and a lot of awareness.

MR. DWYER: As a point of clarification, this has been done on at least two occasions when we were asked to provide those kinds of statistics, indicating how many people fall into certain categories of crimes. Once it was done for the hospital administration and once before in connection with an issue that came up involving a court case. I have one problem with it. Of course, you alluded to a rapist. I hope you are aware that if a man committed rape, arson or any sex offense, he could not get to Ancora. It is an impossibility.

SENATOR FAY: Good.

MR. DWYER: I might say I have a problem with the numbers game. People put a label on the stereotype. The stereotype of a prison years ago was the old James Cagney-Humphrey Bogart movies. I think that stereotype still exists.

When you use the word murderer, people have a stereotype that they pick.

SENATOR FAY: They imagine someone being murdered.

MR. DWYER: They do not imagine an individual being hit by a car because the driver was under the influence of intoxicants and had never been arrested in his life; and, as a result, he got incarcerated for manslaughter, a four- to five-year sentence.

SENATOR FAY: If we are talking about the drunken driver, which is handled, by the way, by a mandatory sentence, as opposed to other murderers, I am sure the average person understands that. I think the average person understands the difference between a drunken driver hitting someone and killing him and a guy going into a liquor store or mugging someone and killing him for whatever money he can get. I think the average person comprehends that.

MR. DWYER: With those statistics, I think it would also be beneficial to the community to be made aware of the number of people we turn down every week.

SENATOR FAY: What is wrong with saying to the community, three of the people there were drunken drivers who killed someone and two others were muggers who killed their victims? What is so profound about that?

MR. DWYER: As I said, we have provided that information in the past. I am only saying to you that, based on what Mr. Dyer said earlier, because of our population changing, you would have to keep changing those statistics all the time. But there is no problem with it.

SENATOR SCARDINO: In other words, they are readily available.

MR. DWYER: Definitely.

ASSEMBLYMAN VISOTCKY: Why can't we say that we won't send a murderer here and make the people in the area feel happy by the assurance from Leesburg that they will not be sent here. Instead of saying we have one or two, just say they will not be sent here. You can rehabilitate those people in other institutions, but not here where we have patients involved. The problem we are talking about here is nothing to shy away from because not only are we concerned about the people who live in the area, we are also concerned about patients in the hospital. I think if that assurance were given to the personnel who work here, it would make for a happier hospital.

MR. DWYER: I can give you a hypothetical situation. You know I have been in a few situations at court and at hearings, and it seems the same question that was brought up earlier today by the Senator about what the community feels is voiced. The only way in our civilization, in my personal opinion, you are ever going to resolve this question is when each county has its own incarcerated offenders and they have to live with them. Let them find a place in their county, wherever it may be; if they wind up with 500 murderers, because that is what the county happens to have, that's the way it is. Then there can be no complaints. But what has been happening is when this man is incarcerated, they say, "Get him out of our area - send him someplace else. We don't care where you send him. Send him to that place you have somewhere in the State." But that place is in somebody else's county. They don't want to hear about it. That's the answer.

ASSEMBLYMAN VISOTCKY: That's not the question.

MR. DWYER: You are right.

ASSEMBLYMAN VISOTCKY: That's not the question I asked you.

MR. DWYER: No. I said it was hypothetical.

ASSEMBLYMAN VISOTCKY: The question is: Why can't there be assurances given

to this area and this hospital, not because they come from Newark or they come from Jersey City or they come from Camden - I don't care -- why can't there be assurances given that they will not be sent here, because once the papers pick this up, they will say a convicted murderer is wandering around the streets of some town in the area? I think if we were to follow those guidelines and not have those people here and send them to a rehab center somewhere else ---

MR. DWYER: Where?

ASSEMBLYMAN VISOTCKY: Right to Leesburg itself.

MR. DWYER: What if they are from Camden County?

ASSEMBLYMAN VISOTCKY: Leesburg is a state prison.

MR. DWYER: What if the offenders are from Camden County? Why do you want to send them to Leesburg?

ASSEMBLYMAN VISOTCKY: Why send them here to the hospital?

MR. DWYER: Because if you want to do what you are saying, and you are saying, restrict certain offenders, then I would agree with you, but have the same restriction for every full minimum facility in the Department of Corrections - and there are other communities involved - Marlboro, Jones Farm - all those places. I have no problem with that.

ASSEMBLYMAN VISOTCKY: We should restrict them because we have patients involved, we have employees involved and we have communities involved. This is really a high-class place for these guys to come to rehabilitate themselves.

MR. DWYER: But, as the Senator pointed out earlier this afternoon, the offense that Senator Fay alluded to was a serious assault by an inmate who escaped who had no assault on his record in the past. So it doesn't guarantee anything.

ASSEMBLYMAN VISOTCKY: But the point is that psychologically it works. If the people in the town found out there is no murderer walking the streets, there is no guy who was a rapist - again you say they don't come here - it works with people. People get emotional and I don't blame them.

SENATOR SCARDINO: If there are no other questions, I want to thank you both for your testimony and for appearing before us.

SENATOR SCARDINO: I would now like to call upon Mrs. Ruth Madara, Chairperson of the Ancora Board of Trustees.

Mrs. Madara, before you get started, are you representing yourself or are you representing the Board.

MRS. MADARA: Both.

SENATOR SCARDINO: Good enough. You can proceed.

R U T H J. M A D A R A: I have a statement here and I will try and go through it quickly in the interest of time. But to answer some of the problems that you mentioned on the phone about relationships, I think you have to hear the background: It won't take too long.

My name is Ruth Madara and I have been a member of the Ancora Board of Trustees since 1957, having been appointed originally by Governor Meyner, reappointed by Governors Hughes, Cahill and Byrne. I have served under Chief Executives Dr. Harry Brunt, Dr. John B. K. Smith, Dr. Farrell Crouse, and, at present, Medical Director Dr. Yu and Acting Administrator and Chief Executive Officer, Mr. Richard Wilson, former Assistant Personnel Director from the Department of Institutions and Agencies, now known as the Department of Human Services. Commissioners during that time have been John Tramberg, Lloyd McCorkle, Robert Clifford and Ann Klein.

Ancora was the first psychiatric hospital in the country to become accredited by the Joint Commission on Accreditation of Hospitals around 1958. Since it was the newest of New Jersey's mental hospitals, it did not need the funding originally for ordinary maintenance as the older hospitals did. Since it was consistently accredited, it did not receive much more than minimum funding to get along. Money was usually channeled to other institutions with more visible problems. Recent statistics published in the Manual for Reform of New Jersey's Mental Health Care System prove that Ancora has done a better job with less help, therefore, less money, than the other State hospitals for many years. The Ancora Board has always been primarily interested in the welfare of the patients above all else. Despite recent reports to the contrary, the members of the Ancora Board have visited the wards, served on regular hospital committees and tried to interpret the very difficult position of a psychiatric hospital to an often suspicious and reluctant community.

We poured Welfare and Anorage Funds into many projects to benefit the patients: the swimming pool, patios, green houses, and chapel - we've purchased television sets, rented films, air-conditioned wards, provided recreational funds and opportunities.

In 1972, we initiated an ambitious hospital improvement program to provide better living conditions for the patients. Furniture, drapes, lamps, and other decorative items were purchased one unit at a time as funds became available, always working with employee committees to ascertain needs and appropriate items. We were delighted when the new Commissioner announced that she was interested in providing more attractive surroundings for patients and would match fundings that the Board could provide with State Humanization Funds. However, there was continually a cry to Trenton for more help.

When Ancora lost the JCAH accreditation in 1975, reasons given were inadequate safety standards, not enough staff in direct patient positions and more improvement in physical resources. Our gradual beginning was appreciated but far from enough to satisfy JCAH requirements. The Medical Director-Chief Executive Officer at that time flew to Chicago and convinced JCAH that improvements were actually in the works,

and they gave Ancora an 18-month conditional approval. Even after this, we could not get a commitment from Trenton to provide additional staff. No wonder now that we are amazed when we see the money and staff that has been poured into Ancora since the new administration has taken over. As one upper management employee told me after the recent JCAH inspection and subsequent laudatory comments, "We have finally achieved what we have been working toward for the past several years and they come in and take all the credit."

In October of 1975 a new plan of reorganization for all state mental hospitals was revealed -- that of replacing Medical Directors as Chief Executive Officers with Administrators. The Ancora Board along with the New Jersey Psychiatric Association and the Medical Society of New Jersey disagreed with the plan for ideological and economic reasons. The Ancora Board was of the strong opinion that more Indians were needed and not more chiefs. The medical staff had proven that it could respond to change by initiating new levels of functioning programs and accepting transitional modes of treatment in addition to cooperating with local agencies to get patients back into the community.

Although we knew that this reorganization was scheduled to take place, we had never received an ultimatum from Central Office until after the fact. According to Statute 30:4-3, and I quote, "The Commissioner, with the approval of the Board of Trustees, shall appoint the Chief Executive Officer of each institution or agency in his charge, and determine his official title." The Division Director was scheduled to meet with the Ancora Board to explain his position in this matter. His arguments still did not convince the Ancora Board to reverse their decision.

In April, we were requested to come to Trenton to interview candidates. We declined because we had not been convinced of any advantages in changing the administrative setup at Ancora. The expose in the Bulletin seemed to us a deliberate effort to discredit Ancora in order that change might be effected. In the business world, an independent company is sometimes weakened before it is taken over by the corporation.

A meeting was set up with the State Board of Institutional Trustees which would presumably resolve our dilemma and questions regarding the statute.

Two weeks before our meeting with the State Board, a hospital administrator candidate was sent to meet us and look over the hospital. We liked the gentleman and spoke to him very frankly. Assemblyman Kenneth Gewertz attended that meeting at the invitation of a member of the Ancora Board to express his dissatisfaction with some proposed changes in the institutional setup.

No doubt history would have been very different if our meeting with the State Board had preceded this fateful meeting. The very next day, the Medical Director's resignation was demanded, for what reason we did not know, since the Division Director several months earlier had stated publicly that there was no quarrel with Crouse's management. We can only assume it was because he could not convince us to go along with the impending change. An assistant personnel chief from Trenton was made Acting Administrator and Chief Executive Officer, and the Director of Training, who was relatively new to New Jersey and to Ancora, was made Medical Director. Naturally, the medical staff was upset and the Assistant Medical Directors appealed to the Board for advice. At that time, they expressed their misgivings about the appointment of the Medical Director. A feeling of insecurity was manifest throughout the hospital since rumors were spreading that Dr. Crouse was only the first to go. Since physicians are not covered by civil

service, Dr. Crouse had to go to the courts for redress at great personal expense and family humiliation in order to protect his medical reputation.

While this situation was fomenting, the Ancora Board finally met on July 28, 1976 with the State Board of Institutional Trustees. They listened to all of our objections regarding the proposed reorganization. We were told that this was a policy decision and was to be supported by the entire Department. They hoped for our cooperation.

When we voiced our fears of a medical vendetta taking place, we were assured that no such thing was contemplated, and to allay our apprehensions, it was suggested by the State Board that a committee be appointed to review medical changes as proposed. This was satisfactory to all concerned and was relayed accordingly to the Assistant Medical Directors, at Executive Session of the August Board meeting.

After the September Board meeting, Mr. Wilson, Chief Executive Officer, wanted the Board to listen to a tape recording of an employee who had posed as a patient and was admitted to one of the units. This we declined to do, since we were not legally certain of the propriety of this action.

At the October Board meeting, a medical staff dispute was aired. One of the Board's fears regarding lay administrators was their intervention in medical matters. The Assistant Medical Directors were upset about several medical decisions that had been made as well as proposed changes. At that time, they appealed to the Chairman of the Board for the intervention of a liaison committee as suggested at the July meeting of the State Board. Dr. Tevis Goldhaft of the Ancora Board prepared a summary of grievances, which was presented to Dr. Francis Byrne of the State Board.

The very fears expressed in July by the Ancora Board seemed to have been realistically founded since just two weeks ago, an Assistant Medical Director who is a Board-certified psychiatrist was ordered to hand in his resignation after thirteen years' service to the State at Ancora Psychiatric Hospital. We cannot help but think that there are some personal "grudges" being acted out, and deplore this abuse of power by anyone in authority.

On January 6, after the official severance of Dr. Crouse, the Acting Administrator appointed a Medical Director. Several Board members wondered if this were legally possible for an employee on "acting" status to do, but we were told by the State Board that it was, although it was stated that he should have taken our considerations under advisement.

We feel that we have an obligation to tell this story as it has occurred. We do not want future legislatures to say that we have shirked our duty by keeping silent. The medical model has made great strides in treating mental illness over the past twenty years. All of the patients' environmental factors and recreational opportunities, all humanization and normalization efforts, no matter how well meant, won't amount to much if patients in New Jersey do not get the best medical care possible. As Board members, we would be remiss in carrying out the statute "to interpret the mandate and work of the institution to the public" if we did not bring our concerns to your attention.

I have minutes, letters and whatnot to bear out anything that I said.

I think it might be advisable if you would hear Dr. Goldhaft and Mr. Crowell. Then if you would want to ask any of us questions, we would be glad to answer them.

SENATOR SCARDINO: I appreciate the time and effort that you put into your

report and the fact that you were willing to present it here in the detail that you did. It certainly presents the point of view of the Board of Trustees in this case very clearly on this question that has appeared in the newspapers over the last several months and has generated a great deal of concern and controversy, as we all know.

Very specifically, what I would like to ask you at this time is to react to the philosophy that obviously the Commissioner has or the Department has in this administration, in terms of putting someone other than a medical person in an administrative capacity at the institutional level, as is the case, as I understand it, at every institution now in the State. Do you have a problem with that specifically or does it make any difference in this case?

MRS. MADARA: Well, the philosophy was what we objected to in the first place.

SENATOR SCARDINO: Let me clarify my question. I couldn't help but get an impression from what you read that you were perfectly happy with the administrator that was here previously and that, with or without the philosophy of having a lay administrator, it didn't really matter because in your opinion Dr. Crouse was doing an exemplary job.

MRS. MADARA: Well, we thought he was doing a good job. We had never heard any charges about his doing a bad job. That hadn't been brought to our attention. We thought the policy of changing to lay administrators was wrong. Now maybe some of our members have changed their minds in the meantime. I'm not sure. But everybody compares this to a general hospital. It is not a general hospital. You have a medical staff that is a captive medical staff. A general hospital - if the doctors don't like what is being done by the administrator, they can take their patients somewhere else. But in a psychiatric facility, that is not quite the case. The doctors are the employees. And, as I said, one of our concerns was the administrator making medical decisions, because who is going to make a decision about who is allowed on an open ward or a closed ward? Presumably, honorable men would listen to each other and they would be guided by medical decisions. But sometimes it gets down to iffy things where somebody has to make a decision. And we feel that the psychiatric setup in this country, the way it is right now, is the best that it has been. Years ago, the system was run by superintendents and they found that it didn't work to the advantage of the patients and that is when they put in medical men as medical directors. So now we are about face, all the way around back to the superintendent theory again.

SENATOR SCARDINO: The point is too there is really no inconsistency in terms of establishing that kind of administrative organizational chart, in essence, in other words, having someone at the administrative level who is a lay individual rather than one who is a professional and, in this case, a psychiatrist or medical person. This is not an exceptional case.

MRS. MADARA: No. Some states have done it and other states haven't.

SENATOR SCARDINO: I am talking about within the State of New Jersey.

MRS. MADARA: Well, it was done at Greystone. That is the only case that we know of. And we weren't impressed with Greystone's progress.

SENATOR SCARDINO: Where there is a lay administrator?

MRS. MADARA: It was done a couple of years ago.

SENATOR SCARDINO: There is also one at Marlboro.

MRS. MADARA: Well, there is one now.

SENATOR SCARDINO: And there is one at Trenton.

MRS. MADARA: There is now, but there wasn't, sir.

SENATOR SCARDINO: I am not arguing the merits of it. I don't feel I am qualified to do that. But I am simply trying to react to what I understand to be a direction that the Department felt was necessary in order to bring about the best kind of program in their judgment.

MRS. MADARA: That's right. And the Department said that this is what they were going to do, whether we objected or not, in the final analysis. Of course, if they had also said along with it that Ancora will get all the new positions that it wants and we will pour a lot of new money in here, then maybe we would have gone along right then and there with it for the sake of the patients. I am just telling you historically how it was handled. We thought it was poorly handled.

SENATOR SCARDINO: Your point is well taken.

ASSEMBLYMAN VISOTCKY: How is it working out?

MRS. MADARA: I think it is too soon to tell.

ASSEMBLYMAN VISOTCKY: It has been going on almost a year now.

MRS. MADARA: Well, we are not happy with recent medical decisions, as I have indicated in here.

SENATOR SCARDINO: Do you feel that the present administrator has, in fact, involved himself in medical decisions?

MRS. MADARA: I would have to say yes.

SENATOR SCARDINO: Can you give us any specifics?

MRS. MADARA: Well, they are referred to in the grievances we sent to Trenton. I would rather not go into names and instances and times and dates here, but they are documented.

SENATOR SCARDINO: Is this a protest or a question being raised simply by the Board of Trustees, or has it been raised by the medical staff at the institution, itself?

MRS. MADARA: As I said, the medical staff appealed to us originally about what could be done.

SENATOR SCARDINO: Was it the medical staff that came to you in reaction to what the administrator had supposedly done in terms of interfering with medical decisions?

MRS. MADARA: Yes.

SENATOR FAY: You say "medical staff." Are there numbers involved here?

MRS. MADARA: The Assistant Medical Directors are the ones we dealt with.

SENATOR FAY: How many of them are there?

MRS. MADARA: Five or six.

SENATOR FAY: And they all together felt ---

MRS. MADARA: They were upset because, after Dr. Crouse left so suddenly, rumors were all around the hospital that he was just the first and other men were going to be fired. They were very upset and appealed to the Board. We didn't know what we could do about it, but we said we would take their concerns to the State Board, as they had asked us to do - that if we ever got upset about this medical situation, to discuss it with them.

SENATOR FAY: Excuse me for not knowing, but is there a formal procedure for the medical directors to go before the State Board?

MRS. MADARA: I don't think so, no. They invited us up to discuss the controversy about the administrators. And this is one of the things that came out. Now I am beginning to think there is no court of appeal for our physicians if they find that this happens.

SENATOR FAY: Can't they go to their professional societies - the Psychiatrists Association, the County Medical Board or the State Board of Medical Examiners? There is nowhere for them to go?

MRS. MADARA: I don't think so at the present time. You would have to ask one of them. I know they are not under civil service. You know, most people in the State system can appeal to civil service if they think they have a grievance. I don't think that the physicians are classified as such. I don't think they are.

SENATOR FAY: We will find out. Thank you.

MS. SALAYI: You have indicated that you were concerned because you wanted the practice continued of having a medical man in charge so that the best medical care possible would be given to the patients. Am I correct in that?

MRS. MADARA: Yes. But this is something that comes about with the whole philosophy of a social setting against a medical model. It is a whole different philosophy. Some of us on our Board happen to disagree with that philosophy. That's all there is to it. And I think in this country there is room for disagreement. The Commissioner is now the boss of this Department and she is certainly implementing her changes the way she wants to. But we have disagreed.

MS. SALAYI: I think you anticipated my question to be different than what, in fact, I planned it to be.

MRS. MADARA: Okay.

MS. SALAYI: Do your patients get medical checkups on a regular basis? Do you know how often your patients get a medical checkup?

MRS. MADARA: You mean a complete physical exam?

MS. SALAYI: Yes.

MRS. MADARA: I think it is every couple of years. I don't know for sure. I can't say exactly how often. You would have to ask the Medical Department about that.

MS. SALAYI: If, in fact, medical care is one of the reasons why we need medical people in charge, I wondered whether you knew to what extent everyone got medical checkups and good medical care. It seems to me to follow.

MRS. MADARA: You mean by seeing their psychiatrists or having checkups? We are talking about different things.

MS. SALAYI: I didn't know that we were.

MRS. MADARA: To me, the whole psychiatric situation is part of the medical program that I am talking about. I am not divorcing medicine from psychiatry.

MS. SALAYI: Oh, I see. I assumed when you had said, having a doctor in charge because we needed better medical care, and we got it when we had doctors in charge, meant medical care, physical medical care.

MRS. MADARA: No. I am talking about the philosophy.

MS. SALAYI: Psychiatric?

MRS. MADARA: Yes. There was a study several years ago that every patient got to see a psychiatrist five point something minutes a week because of the number of patients or something. I don't know those figures.

MS. SALAYI: Don't you think then that if a psychiatrist is freed from

administrative duties, he would then be more available for direct-patient care?

MRS. MADARA: Well, it sounds that way and it sounds good on paper. But he is still responsible for the over-all care of his patients, whether it is what he eats for dinner or where he goes to play, as long as his patient is under his care. It is a whole different field than general hospitals are. And I don't presume to know all the answers at all. I am just giving you some of our opinions and our concerns, because I understood that this is what you wanted to hear.

I would like you to hear the two other Board members who are prepared to talk. I don't think they will be as long as I was.

ASSEMBLYMAN VISOTCKY: You have had a lay administrator at the hospital seven or eight months now. I asked you this question before. How long does it take to evaluate this change - I am serious - two years or three years?

MRS. MADARA: I am sure in certain areas he is doing a fine job. I think in employee relations, he has opened up some doors. He has brought in some new ideas. But if he is going to fire all the medical staff that we have grown to respect over the years, that is something else to look at.

ASSEMBLYMAN VISOTCKY: You mentioned two people that have resigned.

MRS. MADARA: Yes.

ASSEMBLYMAN VISOTCKY: You said fired. Were they fired?

MRS. MADARA: Well, their resignations were asked for. I don't know how you define it.

ASSEMBLYMAN VISOTCKY: Fired means you are out of a job; a resignation is something different.

MRS. MADARA: To me, it means that when you say, "I want your resignation by next week," also. I think that means you are out of a job.

ASSEMBLYMAN VISOTCKY: Then the person should have appealed to the Board of Directors or the Board of Trustees.

MRS. MADARA: Well, that is what they did, but we don't know what to do with it.

ASSEMBLYMAN VISOTCKY: Was there any formal complaint at the time? I am asking this question because I don't know. You see, they might have asked for the resignation - and I don't know the situation at all - but sometimes we play a game of semantics. We say, "I think he would have been fired," but he wasn't fired.

MRS. MADARA: That is sometimes the case.

ASSEMBLYMAN VISOTCKY: And the person is still employed in the State of New Jersey. Am I correct?

MRS. MADARA: If you are referring to a specific person.

ASSEMBLYMAN VISOTCKY: The first one - he is employed in the State of New Jersey. If the person was fired and was told, "You are no good for us," why would the State still keep the person on the payroll?

MRS. MADARA: I don't know. But wouldn't it have been nice if that was done in the beginning? Wouldn't it have been nice to say, "We don't want you at our institution, how about if we place you somewhere else because of personality differences"?

ASSEMBLYMAN VISOTCKY: How do we know it wasn't done?

MRS. MADARA: That is not the way it was reported in the press.

ASSEMBLYMAN VISOTCKY: How do we know it wasn't done that way?

MRS. MADARA: Well, I only know what I have heard and what I have read.

ASSEMBLYMAN VISOTCKY: There seems to be a wall and sometimes we should take down these walls. Maybe there is something we just don't understand. Sometimes we get up tight. I feel offended sometimes when I assume a person is going over my head. As an Assemblyman or as a Mayor, I feel it is my duty to do certain things and, if somebody is going over my head, I resent it. I probably would feel the same way you do. But we are talking about a period of seven or eight months and to say, "We're not going to evaluate this or we don't know" ---

MRS. MADARA: Well, we don't know because we haven't been asked to evaluate it. Mr. Wilson is the Acting Administrator.

ASSEMBLYMAN VISOTCKY: If I understand the procedure here correctly, it is that the Board of Trustees shall then name the administrator of this hospital.

MRS. MADARA: It says, the Commissioner shall appoint, with the approval of the Board. We haven't been asked. There has been no communication.

SENATOR SCARDINO: What have you done?

MRS. MADARA: We are waiting to be asked.

MS. SALAYI: I did understand you to say - if I am incorrect, I stand corrected - that you were invited to interview candidates for the position of lay administrator and that you declined to take advantage of that opportunity to interview them.

MRS. MADARA: That's right. As I said, history would have been different if we had realized that if we didn't accept the man, that we would have somebody assigned to us the next day; probably we would have gone along and accepted the man. We were not given that alternative.

MS. SALAYI: What was your reason for not taking part in the interviewing process?

MRS. MADARA: Because we were against the whole process. We were against hiring a lay administrator. To take part in the process would certainly have implied that we were in favor of it.

ASSEMBLYMAN VISOTCKY: What do you think of a lay administrator now? I am not asking for your evaluation, but you have one.

MRS. MADARA: I think there is good and bad.

ASSEMBLYMAN VISOTCKY: Is there lack of communication between the trustees and the administration?

MRS. MADARA: There has been, but I think it will gradually improve.

ASSEMBLYMAN VISOTCKY: Can this committee do anything to improve these relationships?

MRS. MADARA: I don't think so.

ASSEMBLYMAN VISOTCKY: Well, somebody has to. You have to work together. You must have togetherness here.

MRS. MADARA: I think we will and I think we are willing to or else I think this Board would have resigned when things didn't go our way. We are all here. We are hanging in here and we are going to cooperate with the Department because, as I said before, we just care that the patients here get the best care possible.

SENATOR FAY: Is there a split? Is the Board unanimous or is there disagreement among the Board members?

MRS. MADARA: There wasn't originally, but I think there is maybe a six to one split or something now. But even that is not apparent. We don't have trouble

in Board meetings like that.

ASSEMBLYMAN VISOTCKY: Six to one - that's one-sided.

MRS. MADARA: We get along fine. It doesn't often come to a head.

ASSEMBLYMAN VISOTCKY: Can we help in asking the Commissioner to possibly sit down with you people and possibly iron out something that we don't know is there?

MRS. MADARA: Possibly.

ASSEMBLYMAN VISOTCKY: And maybe take down this invisible wall that seems to be there.

MRS. MADARA: Possibly.

SENATOR SCARDINO: Mrs. Suelto. Is Mrs. Suelto with us?

MS. SALAYI: She wants Mr. Super to speak first.

SENATOR SCARDINO: Alfred Super. Would you identify yourselves and your positions, please.

R O S E M A R I E S U E L T O: Good afternoon. My name is Rosemarie Suelto. I am employed at Ancora. I am also a union representative for AFSCME. This is Mr. Super.

A L F R E D S U P E R: I am Alfred Super and I am a Cook in the Food Service Department.

SENATOR SCARDINO: And you are both employed here at the institution?

MR. SUPER: At Ancora, yes.

I suppose that the best way to start would be to read a statement that I have. It is addressed to the Legislature.

In behalf of the employees of the Food Service Department at Ancora Psychiatric Hospital, who are also members of the American Federation of State, County, and Municipal Employees, Local No. 2218, we wish to express our concern over the recent hearing officer's recommendation that Mr. Dante Barone be reinstated. It is felt that if Mr. Barone is allowed to return to his former position that the State is setting a precedent in allowing state employees to steal and receive a minimal suspension of six months, which amounts to little more than a slap on the hands.

Mr. Barone has been a very dictatorial supervisor who has been insensitive to the needs of both patients and employees. He does not know the meaning of human dignity or values.

As state employees and taxpayers of New Jersey, we request that the investigative panel review the recommendation from the Attorney General's Office as expressed in the attached letter, and your support in this matter is urgently needed.

The testimony presented at the hearing involved specific charges and in our opinion should have been sufficient to warrant his discharge.

Respectfully yours, etc., etc.

We have attached a copy of the letter we received from the Attorney General's Office. It has gone to the Civil Service Commissioners. It says that he is in receipt of the Hearing Officer's Report, and goes on to tell the reasons. It is signed by Mr. Hyland and also Keith Onsdorff, who was the prosecuting attorney.

SENATOR SCARDINO: Are you prepared to turn this over to the Committee?

MR. SUPER: Yes, also with approximately 70 signatures signed by the employees of the Food Service Department out of slightly less than 100 employees.

(See page 83 for the exhibits presented by Mr. Super.)

SENATOR SCARDINO: Fine.

R O S E M A R I E S U E L T O: As the representative of AFSCME, I wish to add to his statement that we are very sure that if this matter is not looked into thoroughly, there will be a job action. Of course, this is not in any way a threat, but it is a fact.

SENATOR FAY: It sounds like a threat to me.

MS. SUELTO: No, it is a fact, Senator. We don't want this to happen. We would like to settle this matter properly for the good of all the employees. Because of the good work that our new administrator has done here and the good intentions of his staff and the new administrator, we would not like to see this happen. And we ask for your support for the employees.

SENATOR SCARDINO: We are certainly going to need some background on this. I don't want you to elaborate on it at this time. It is totally foreign to me. I really am not familiar with the case and I don't know if any member of this Committee is. So we will have to take a look at the documents that you have given to us and then we will do some research, and maybe even get in touch with you within the next week or so if we need any more details on the subject, in terms of developing some background and information. You can leave it with us, if you would like, and we will take it from there.

MS. SUELTO: We would appreciate it if you would get back to it. Thank you.

SENATOR SCARDINO: While we have the benefit of your presence, would you respond to a question or two concerning some of the testimony that was brought out here today?

MS. SUELTO: If I can help in any way, yes.

SENATOR SCARDINO: I assume you sat here through most, if not all, of the testimony today?

MS. SUELTO: Yes.

SENATOR SCARDINO: You certainly had a lot of fortitude.

We talked about the presence of inmates from the Leesburg Prison.

MS. SUELTO: Yes.

SENATOR SCARDINO: Let me ask you this question first: How long have you been employed here?

MS. SUELTO: I have been employed here 22 years.

SENATOR SCARDINO: Twenty-two years?

MR. SUPER: Twenty-one years.

SENATOR SCARDINO: The last three years since the Leesburg inmates have been housed, have you ever seen any interaction between them and the patients?

MS. SUELTO: I, myself, no.

MR. SUPER: I never have either.

SENATOR SCARDINO: Have you heard of any?

MS. SUELTO: I haven't.

MR. SUPER: I haven't either.

SENATOR SCARDINO: Do you feel, from your observation, that they are pretty much separated from the regular residents of the institution here at Ancora?

MS. SUELTO: Well, I am kind of prejudiced. I don't see the State's action in putting Leesburg prisoners with our mental patients. I want to see our mental patients have the best and have the proper care. And I cannot see - and I hope you forgive me because you are probably part of the group who put them here - I'm not sure -- but I don't agree to their being here with patients. I think they should

have their own unit and away from our patients. I think you should get them out.

SENATOR SCARDINO: We had nothing to do with it.

MS. SUELTO: Okay.

SENATOR SCARDINO: But I appreciate your candidness and the fact that you are willing to express that as directly as you did. I think it helps in evaluating the whole subject.

MS. SALAYI: I was told that staff morale had been pretty low as a result of some of the struggles over who is going to be the head honcho here, as they say. How is staff morale now?

MS. SUELTO: Staff morale I think is very, very good.

MS. SALAYI: Was there a problem before? Am I correct in that?

MS. SUELTO: There was a problem before with communications with Dr. Crouse, with the Board of Trustees. There were no communications, as far as I am concerned. And I am quite sure Mr. Super can speak for himself. As far as I am concerned, there wasn't enough communication with the Board of Trustees. We didn't know what their job was actually. We didn't know what they were doing or anything else.

Anytime employees would want to discuss something, of course, we had nobody to turn to unless we put it in a grievance form. This has been stopped - practically stopped, I'll say - because now Mr. Wilson has an open-door policy. We are allowed now to go to Board of Trustees' meetings. Mrs. Madara has informed me they were open before, but I didn't know anything about it and I don't know how many other people did know about it. I get around pretty well at the hospital and I am quite sure that a lot of employees didn't know that we were allowed to go to their Board meetings.

MS. SALAYI: Does improved morale kind of spill over into improved patient care, would you say?

MS. SUELTO: Yes, definitely. I think if there is a wall - and I am speaking for myself as a State employee -- if there is a wall or an argument between the Board of Trustees and Mr. Wilson, that we stop this bickering and arguing and get down to patient care - that we lay aside our personal feelings and tend to our patients. And that goes for the doctors and everyone else concerned.

SENATOR SCARDINO: From the sense of things said here today, I have a feeling that we may very well be moving in that direction, and I appreciate your bringing it out as vividly as you did.

Is there anything else you would like to add at this time?

SENATOR FAY: As two long-time State employees here, do you have anything to contribute to security, such as suggestions with regard to the continuing problem of patient walkaways? Fences have been recommended and adding to the security force. I would like to hear your own thoughts and feelings on how to alleviate this problem of walkaway patients, not even talking about the Leesburg people - just the patient problem - and the community being so upset about these things.

MS. SUELTO: I think that we need more security people here. Of course, maybe the State can't hire any more security, but we do need more security people here to parole the grounds. I don't agree with fences. I am a little prejudiced. I love our patients. One of them might be my grandmother or my sister one day. And I wouldn't want them locked up in a fence, I don't care what anybody says.

If you are going to start a new thing in mental health, I can't see fencing people in.

SENATOR SCARDINO: Can I just react to that?

MS. SUELTO: Yes.

SENATOR SCARDINO: I am of a different opinion, to be very frank with you. The reason I am, I think I have to relate back to what the Mayor said this morning; and, that is, if he had a loved one here who was able to walk around but didn't know where he was going, and found himself in a situation beyond the confines of the institution, he would like a fence around this institution. Some of these people have ended up in situations such as he described where two walkaways were killed by an auto and another found frozen outside of the jurisdiction of this facility. You and I both know, had there been a fence, the chances are that that would not have happened. I think that adds another dimension to that point.

MS. SUELTO: Had there been enough security that paroled the area, patients wouldn't be apt to get out.

SENATOR SCARDINO: It is a vast area though, they tell us.

MS. SUELTO: It is a vast area. But if you have two communities working together - this community, and I consider the institution our community, and Winslow Township - hand in hand for the benefit of human life, then I believe we could work that out with more security officers. Of course, if my grandmother came in here - she is 96 - and she is senile, as the Senator said, and if she went to a psychiatrist and he said, "Mrs. Cummings, I am going to have you go out and walk around the grounds," but didn't know that Mrs. Cummings is senile and doesn't remember how to get to the water fountain, he would be making a mistake. That is another matter. You just don't let senile patients walk around.

SENATOR SCARDINO: I don't know what condition the patients were in that were mentioned by the Mayor - the ones who died as a result of unfortunate accidents. But, in my judgment, a fence does not necessarily make a prison. I have one around my house. We put it around the house originally because we wanted to keep the children from going beyond the point where the fence was located - so they wouldn't harm themselves. Therefore, I have a different opinion.

SENATOR FAY: I was thinking of one around the State House.

SENATOR SCARDINO: Are you suggesting one for the purpose of not letting us in or not letting us out?

SENATOR FAY: Keeping people senile from walking away.

SENATOR SCARDINO: I appreciate the dialogue on it because there are varying opinions in that respect. I think we all agree the ultimate goal is what is in the best interest and safety of the patients.

MS. SUELTO: Right.

SENATOR SCARDINO: Again I want to tell you we appreciate your coming before us today.

MS. SUELTO: We thank you for letting us.

SENATOR SCARDINO: Chief Gary Stowell. After Chief Stowell, we will hear the two Board members who are here.

G A R Y S T O W E L L: Ladies and gentlemen, and honorable legislators: My name is Gary Stowell. I am the Chief of Police in Winslow Township and have been for approximately 18 to 20 months now, just under two years. I was appointed as the Chief of Police on April 2, 1975.

I would like to preface my comments by saying first that I am very definitely pro-fence. My saying that may be somewhat out of context at this point.

The reason I am pro-fence is because, as the people in this township can tell you - and I don't mean to be egotistical - I and my men are the ones who take the frozen cadavers out of the Winslow Township peach orchard. One man got out of a closed ward with a fork. It took us one hour and a half or two hours before we could identify him because the hospital had no record of the man having gone. I am the man who was out there, to quote one of my men, when a patient had his head caved in by a car because he was lethargic and apathetic and walked in front of a vehicle on Route 561. I am the man who was there when a patient virtually exploded when he was hit by a car. It looked as though somebody tucked a hand grenade in his waistband.

So, if ever a day comes when one of my loved ones - my mother, my father, my wife or one of my children - is committed to a mental institution, I just can't conceive on top of all that heartache and emotional trauma receiving a phone call, as happened with this last patient two hours after he was brought to the hospital, hopefully for treatment and hopefully for care, advising he was struck by an automobile. If he does survive, he will be a vegetable for the rest of his life. Therefore, gentlemen, I am very distinctly pro-fence.

There are three distinct areas to which I would like to direct your attention: First will be the Leesburg Prison Unit; secondly, will be the Ancora walk-away patient; and, thirdly, will be the detainer patient.

I would like to say to you, although I have been the Chief of Police in this community for 18 months, I have lived here somewhat longer than six years, maybe seven. Prior to that time, I patrolled the area for the New Jersey State Police when I was assigned to the Berlin Barracks on my third and, I believe, my fifth duty station. So I know the community and I know the people. Hopefully, I will avoid being redundant with what Mayor Maise said. But I have stepped forward here because, knowing these people and loving them, I feel it is incumbent upon me to speak for the people.

Sitting here, I cannot take exception to the theories that the learned members of the staff have espoused. The theories are very valid on paper. I cannot take exception to what you gentlemen have heard Captain Dwyer say nor what even Mr. Dyer has said, because, as theories go, they are as valid as any theory that you can promote. However, I would like to talk to you today about practice, and I would like to tell you exactly what has been occurring. Then you can compare it to the theories of these learned gentlemen. I don't mean that disparagingly or in a critical way. But I have to be concerned with the practice.

I was raised by a man who worked his way from Corrections Officer to Deputy Warden at a maximum-security penal institution - my father. I cut my eye-teeth on terms, such as, "rehabilitation," "habitual offender" and "recidivism" in corrections manuals. These terms are not foreign to me. At one time, I shared the current philosophy with the professionals in the field today. However, as my career developed in the law enforcement field and I watched the rate of recidivism increasing annually, if not daily, I began to become seriously suspect about the term "rehabilitation." I read recent studies, I have done work on it in the schools I have attended, and, because of that, I have to look at it with somewhat of a jaundiced eye; personally, I can't see any signs of it. It doesn't seem to be working.

I will talk now about the first issue, the Leesburg Prison Unit here at

Ancora. We talk about the guidelines that were laid down. When we look at them, we should be looking at theory versus practice. The guidelines say that nobody should be placed here within 15 months of his parole date. They actually say nobody should be sent here within 15 months of his parole eligibility date, which, in fact, means it may be many years before he hits the street. This is the first of six issues that I take exception to.

The second one is I and A's definition of the phrase "no prisoner shall be brought to Ancora who has any assaultive behavior." At the time this issue was at somewhat a critical stage, there were, I believe, 60 inmates here. Out of those 60, 17 of them were convicted of murder. I am not talking about manslaughter with an automobile; I am talking about murder. One strangled a girl to death with his hands. So I am not talking about a drunk in a car driving into somebody. I am talking about someone who committed murder. I don't care if he only did it once or how many times he did it. He committed murder.

An even greater percentage, 24 or more, were convicted of armed robbery. Would such a person have committed murder if the situation was such that he could have avoided apprehension? If armed robbery is not a serious assaultive background, I don't know what is. I am talking about convicted armed robbers who have 1-, 2-, 3-, and 4-page rap sheets, not one offense, but numerous offenses. As to the background of the balance of these non-assaultive inmates assigned to the Leesburg Unit, we find conviction for assault and battery on a policeman, weapons violations and drug violations. According to their interpretation of it, the drug violation may be part and parcel of their own personal addictions. I don't know. But many of them were convicted for possession of narcotics with intent to distribute. So perhaps I have to defer to the learned gentlemen in the field of corrections as far as their evaluation is concerned. But, in practice, these individuals are not being rehabilitated. They are not changing. They are creating problems for my people, the people who live on the periphery of this hospital. They are stealing vehicles when they escape, and they wind up in Delaware or Florida or some such place. They're holding people in Winslow Township at knife point. There is a distinct problem.

Now I do have a tendency to resist the confusion that has occurred within the community and even within the professional areas of expertise on these issues, of confusing walk-away patients with prisoners. I will say to you that in the beginning of my career when I was new to this area, many times I would see a walk-away patient, stop him, buy him a cup of coffee, and ride him back to the hospital. Many times I have sat in local residents' homes in this area. A walk-away patient would come up to the door and they were invited in to dinner. At one time, a walk-away patient wasn't viewed with distrust, suspicion and hostility that he is today. Perhaps a change in feeling has been brought about by the housing of Leesburg prisoners here, in conjunction with the detainer patients. It seems as though the walk-away patients are resorting more and more to criminal acts and to violence.

Consequently, as the Chief of Police, I made a determination that each and every walk-away patient that the Winslow Township Police Department handles, we would process, fingerprint and see who they are. We send in the fingerprints for inquiry purposes only. We have found out that something like 80 percent of the people we have dealt with had serious rap sheets for serious crimes of violence. At the time, I wasn't sure whether they were detainer patients. It is still very difficult to determine. However, I believe from the information and the source of

intelligence I have available that, of the 80 percent who have these long rap sheets, perhaps 50 percent of them are these detainer patients. I do know very explicitly that it has become common knowledge in a criminal's mind that if a man is arrested on a Monday in Camden County for committing an armed robbery or a burglary or a rape and he doesn't like it in the Camden County Jail --- and I heard an inmate use the expression one time that it is the armpit of the world. I don't know about that. But I know that if he knocks on the bars and tells his guard he doesn't like it there and that he is crazy, and starts chewing on a bar of soap, on Tuesday he winds up at Ancora State Hospital and on Wednesday he is walking the streets of Winslow Township. And I resent that. I think it has become an escape route. Something has to be done about these detainer patients.

I think this is one area in which our department and the political governing body of Winslow Township have a concurrent viewpoint with the administration of this hospital. They find themselves in a dilemma. I don't think because of the statutory provisions that they can just turn these people away. I don't know what the answer is, gentlemen. Perhaps that is something you will have to come up with in your Subcommittee. But I know that these detainer patients have got to be stopped.

Now, more directly, with regard to the Leesburg Unit - I have already described to you the type of inmates that are there - as part of their "rehabilitation program," they decide they are going to play baseball in Winslow Township and go horseback riding in Winslow Township. With no prior warning and with no prior information, one of my patrols reports to me that there is a ball game of suspected prisoners going on behind an elementary school, without the proper permit to do so. When I go to investigate, there are 17 or 18 ball players there and not one guard. There was a Recreational Supervisor in charge of that team. When I attempted to ascertain what type of persons these were, there was some resistance from the Supervisor and finally, through investigation, I was able to determine that out of these 18, 6 of them had been convicted of murder, another 4, 5, or 6 had been convicted of armed robbery. And they were playing baseball behind an elementary school in one of my most densely-populated communities. I just couldn't accept it.

I am well aware of the New Jersey statutes that states a prisoner in the State Prison who obtains more liberty than what the law would allow, even though he should remain in custody, is guilty of prison breach. And there is another statute that states that any official who negligently allows a prison breach is also guilty of a violation. I sought an interpretation of these statutes. Mayor Maise sought it through the Attorney General's Office. I, personally, sought it through the County Prosecutor's Office. At first, there was wide-scale resistance. They were damned if they did and damned if they didn't give me an interpretation on those statutes. And I have a written legal opinion from our Township Solicitor. The thing came to a head - and believe me, gentlemen, I am not Jack, the Giant Killer. I was a Pennsylvania trooper for about three years. I was a New Jersey State Trooper for six and one-half years. State service has been my life. It scares me when you go to the office of the Governor of this State and he takes exception to what you have done. It scares me when one of his cabinet members thinks what I have done is abominable. I took on a burden. I accepted it willingly - I wanted it. That burden was responsibility for the health, safety and welfare of the residents of Winslow Township. When I took that on, I pledged my loyalty and my allegiance

to those people and to the elected representatives who compose my governing body. My loyalty and allegiance to those people will not allow me to do anything other than protect their interest in the only way I know how. I did that. They were arrested and the prison guards were charged. It was a multi-arrest issue. Subsequently, I appealed for such a legal opinion and direction. Let them play ball on Ancora grounds. I was told by Captain Dwyer that these men were entitled to play ball away like any other team - why should they be confined to their own field on the grounds. They have two or three beautiful fields on the grounds of this hospital. But, no, they are entitled to be in a league and play on an outside field anywhere in Winslow Township. I stopped the bus. I even had intelligence data to the effect that at the last ball game, if they went there, there was going to be a group of citizens meet them with baseball bats.

I couldn't let this happen. Captain Dwyer was on the bus, ostensibly, I believe to protect the inmates from me. I said the inmates were to be taken back to the hospital grounds. He said, "No, Chief, I won't do it. The only way is for you to lock me up." Unfortunately, if that is what it took, I once again arrested him.

After this issue came to a head and we met with the Governor and Mrs. Klein several times and they expressed their disapproval, we finally got a written directive from Mr. Del Tufo. As a result of that written directive - in a way it is a shame; it was passing the buck - that man bears the responsibility. I only wish they would schedule the next ballgames in his backyard and see what his reaction would be. I can't do that. He has given me an order and I, of course, will comply with that order in each and every aspect.

I actually walked in at eleven o'clock at night, with my Mayor and Township Solicitor, that "prison" over there. There was only one guard for 67 men that night. I had one inmate tell me, "If I were a resident of Winslow Township, I wouldn't want me being in here either." We spoke to these prisoners. There were knives and forks and utensils around there. Immediately when our presence was finally noted, after some 20 or 30 minutes in the facility - that's when Mr. Dyer was notified we were there --- This is the type of thing we are talking about.

I say to you gentlemen today, I would venture if you walked over there today, you would find the same type of inmate there. They play games with semantics because to the Department of Institutions and Agencies assaultive background means no assaultive behavior since being incarcerated, since being in custody. If that isn't a disgrace, I don't know what is. I say if you gentlemen go over there today and look at the rap sheets of the 90 prisoners that are over there, you are going to find they are pretty much the same as they were two months ago, three months ago or four months ago when this was all going on and we had all these problems. I venture to say you would see never more than two guards and, most times, only one guard responsible for that unit over there, particularly during the hours of darkness. Christmas Eve, two of them got away and we caught them in a neighboring town.

I also have documentation that for the 17 1/2 years they were bussed from Leesburg, back and forth, to do the laundry, they experienced one escape. In the period of time that I have been here, there have been about a dozen or more. There might have been 8 or 10, but I would estimate there have been close to a dozen. I know of 7 or 8, and there must be some I am not aware of. That is not even counting the furlough escapes and the problems that have come from that.

The only thing I can tell you gentlemen is that I just don't believe

that the people of Winslow Township donated 660 acres of prime ground to have a hospital built --- They are concerned about mental health and they care about these mental patients. I just can't see how a prison facility such as this can be mixed with a patient population. I resist, because it is hearsay, the claims that there is prisoner and patient intermingling. I have heard this. I can take you to certain locations in the woods where you wouldn't believe the number of empty beer cans and used condoms thrown there. But I personally have never seen who did these things. It could be patient with patient. It could be employee with employee. I don't know. But I can take you to those areas and I can show you.

I am saying to you, while this is all hearsay and while it may not be admissible as evidence, it sure is symptomatic of something wrong. I think that is something to which we have to direct our attention. This is not a court of law and we are not pointing a finger at anybody. But I do know there are symptoms of a serious malady in this particular institution. If I might hazard a guess, whether I am qualified to do so or not, I would say that the majority of the problem lies with having a penal unit, the Leesburg unit, within a hospital environment - and also the detainer patients.

SENATOR SCARDINO: Thank you, Chief. Any questions of the Chief?

SENATOR FAY: I appreciate his testimony.

ASSEMBLYMAN VISOTCKY: The Chief has brought to mind the same question I asked before: Who is in charge of this hospital? If Mr. Dyer can take the prisoners out and the administration here doesn't know about it, who runs these grounds? Now I am more convinced than ever I don't know the answer. I think it should be the administrator - seriously, I really do. That is a question we are going to resolve, we hope.

How do you get along with the security here? Is there a good relationship? Do you deal separately with the Correction Officers and separately with the security of the hospital?

CHIEF STOWELL: Yes, sir. They are distinctly two separate entities, no doubt about it. I would say to you, as far as getting along with the security, the most recent incidents involving the Leesburg unit have strained the relations somewhat, understandably so. That was unpleasant, no two ways about it. We were embroiled in the midst of a terrific socio-economic conflict. It would take far wiser heads than mine to resolve those issues. However, notwithstanding the strain, I have assigned a liaison officer to the Leesburg unit from our Department. We are beginning to open certain channels of communication.

I have certain documentation here that I would like to have gone into, but the hour is late. I would have liked to have been able to read certain things to you involving different problems. I am trying to cover in five or ten minutes an issue that has been so deep and so immense.

SENATOR SCARDINO: You can submit those to our staff, if you would like.

CHIEF STOWELL: Senator, I run into a problem. There are some things I could probably submit to you, but because of the federal privacy of information ---

SENATOR SCARDINO: What I would like to have, so that we can, in fact, deal with facts --- As you have so aptly stated here in your testimony, you have to deal with the practical, with the reality of things, not with theories. I think everyone appreciates the fact that, particularly in your profession, you have

to do that. I am wondering is you could supply this committee with the background rap sheets of the people who have been placed here from Leesburg, so that we can look at it. I would also ask for the same information to be supplied to the committee by the representatives of Leesburg, by the administrator there.

CHIEF STOWELL: Senator, I have no difficulty with that. You have to remember the rap sheets I have predate Mr. Del Tufo's letter. Now I don't know what the attrition rate is of that institution.

SENATOR SCARDINO: But do they apply to people who are housed here within the last three years?

CHIEF STOWELL: Absolutely.

SENATOR SCARDINO: Within the time frame of the setting of the criteria?

CHIEF STOWELL: Absolutely. When I had Mr. Dyer in my office, he told me no way could anybody who has been convicted of multiple offenses of armed robbery be here. And when I went through the rap sheets with Mr. Peter Dyer, he just shook his head and said, "I don't understand how that could happen," on one or two individuals.

SENATOR SCARDINO: I want to see if we can deal with some specifics. Maybe I misinterpreted something earlier. But I asked specifically - I believe it was Mr. Dwyer - concerning the incidences of escapes with regard to Leesburg prisoners from Ancora, and whether or not there have been, in fact, any confrontations between the prisoners and any citizen in the community, within Winslow Township, for example, to be again specific. You said that there have been several or numerous incidents.

CHIEF STOWELL: Let me say this to you, it is again a matter of semantics. What Captain Dwyer was referring to was an incident in which one of our local residents was held at knife-point and taken as a hostage.

SENATOR SCARDINO: From the institution into the community?

CHIEF STOWELL: That's correct.

SENATOR SCARDINO: If I understood you correctly, Chief, you indicated that there were prisoners who had escaped from Ancora, walked away from the institution here, and perpetrated some crime within your community.

CHIEF STOWELL: Yes, but you have to understand the nature of the Leesburg escapee as opposed to a detainer patient or a walkaway. The type of crime that the Leesburg escapee commits would be the larceny of an automobile or the burglary of a home because he wants to get clothes, he wants to get a car and he wants to get out as quickly as he can.

SENATOR SCARDINO: Did this happen?

CHIEF STOWELL: He escaped. He didn't walk from here to Florida.

SENATOR SCARDINO: I understood there were no incidents where a prisoner from the Leesburg Correctional Center who was housed here at this institution escaped from Ancora and, in fact, perpetrated some crime within the community. Yet your testimony indicates otherwise; is that correct?

CHIEF STOWELL: That's correct.

SENATOR SCARDINO: Can you substantiate that with documentation and supply it to this committee?

CHIEF STOWELL: I can substantiate the escapes of at least eight, and I think it might be closer to twelve. I am going from memory now. What I can't substantiate, Senator, is that at the same point in time that an escape took place, we would have, like the next morning, a report of a larceny of an automobile, or the next morning there would be a burglary of a home, in which clothing and valuables

have been taken. Again that has to be supposition.

ASSEMBLYMAN VISCOTCKY: We are just talking about Leesburg.

CHIEF STOWELL: We are talking strictly about Leesburg prisoners because their intent is to finance themselves and get clothes and a car, to get away as quickly as they can - and not to be seen. On the other hand, with the detainer patient or the walkaway patient, there are repeated confrontations.

SENATOR SCARDINO: How many Leesburg inmates have you come in contact with outside of this facility, specifically escapees? How many have come in contact with your department within the last six months?

CHIEF STOWELL: Within the last six months, I have, personally, had physical contact with three: Robert Sills and the two where I was involved in their apprehension on Christmas Eve. They went from here over into a bordering town. We brought them back; and because they escaped from Winslow Township, we charged them and processed them. So there are three. The hospital lies within our jurisdiction. So our department has been involved in 8 to 12 - it might be 10 or it might be 11 - that is an estimate - where we have personally prosecuted for prison breach, for escape. We are not talking about furlough escapes even. I understand the number is considerably higher of men who go home from the Leesburg unit on furlough and don't come back. But, obviously, I am not as concerned with that. I am sure the Police Chiefs of the home communities of these men might be, but I am not.

ASSEMBLYMAN VISOTCKY: I think a bill was passed by the Assembly requiring that such a person register with his local police department.

CHIEF STOWELL: If he is not an escapee, he might. You mean when he is on furlough?

ASSEMBLYMAN VISOTCKY: Yes.

CHIEF STOWELL: I wasn't aware of that. I hope that bill goes through, gentlemen, I really do.

What I have to point out here is that this is symptomatic of a much bigger problem. I have received phone calls and reliable information that these prisoners between their checks - remember there are 90 prisoners and 2 guards - go to a local tap room and buy a six-pack of beer and a pizza and are back in time for the next bed check. Now that isn't my concept of a penal environment. It isn't my concept of a prison.

SENATOR FAY: It sounds like fun.

CHIEF STOWELL: It sure does. I and one of my committeemen walked into one of these private rooms where they had television and candy bars, and there was only one guard. A fracas broke out while we were there in the dayroom. There were 8, 10 or 12 prisoners in there. We could hear them scuffling and the guard standing outside. We said to him, "There's a fight going on in there." He said, "Well, what would you do?" "Same thing you are doing, pal; I wouldn't even go in."

SENATOR FAY: Go for a six pack.

CHIEF STOWELL: I'd go for a six pack.

SENATOR SCARDINO: You have made your position clear in terms of the housing of Leesburg prisoners here at Ancora. Let's deal now with the detainer patients. The Mayor indicated in his comments that there was really no direct communication between the security force here, or the administration here, and your office, in terms of identifying detainer patients, giving some background as

to who they were and their case history. Do you feel there should be some steps taken so that you would have some clear understanding as to what type of a person was being sent here?

CHIEF STOWELL: Senator, I think even more than that, when these detainer patients are brought from the county jail and put into the environment of Ancora Hospital, they cease being a prisoner and they become a patient. All of these detainer patients have not been put on closed wards. That is a medical decision. They are only put on closed wards - I don't know how much more secure a closed ward is than an open ward because I have not seen any evidence that there is any difference -- but they are only put on closed wards if they represent a threat to themselves or someone else, regardless of their criminal backgrounds. Now if I had my way - it might seem hawkish or ultra-conservative -- but it would seem to me if they are bringing them down for psychiatric attention, from a penal institution to a hospital, there should be a prison ward. And each county should be responsible for the cost of such a place. Put them in a prison ward. If I have a county prisoner that I have a complaint against and he breaks an arm, and I take him to a general hospital, as soon as I turn the complaint and the commitment over to the Sheriff's Office, he must provide a guard to stand at the hospital room of that man until he is sufficiently healthy to take him back to the penal institution. What in God's name is the difference between a man who is medically ill and a man who is emotionally or mentally ill? Why aren't they legally required to supply the same type of security for the emotionally ill? It is just beyond me. They should have a prison ward. When they send guards down with them when they are admitted, they should keep the guards right here and provide security for them in a prison ward, not a closed, hospital ward that any yo-yo can open with a pencil or a fork. It is ludicrous. It is really ludicrous. And, most importantly, it is common knowledge to the criminal element in our community and throughout South Jersey that they can do it.

SENATOR SCARDINO: Your point is not new to us. We have heard similar testimony from others at Marlboro and at Trenton Psychiatric Hospital. If you take a look at some of the recommendations that so far have come from the Subcommittee - and we will be glad to send them to anyone who wants them - I think they pretty much are in line with some of the points that you are raising, in terms of providing better security with respect to detainer patients. One of the questions that we have to deal with - and very few people brought it up here today - is the new civil rights legislation pertaining to anyone who is admitted to a psychiatric hospital. And the question at the outset of our hearings was whether or not detainer patients did not, in fact, come under the civil rights clause. The second question was whether an administrator had the latitude within that civil rights legislation to make a determination as to whether or not an individual required maximum security of some sort. We have pretty much determined that, at this point, by virtue of the testimony given to us by administrators in both institutions - that is, Marlboro and Trenton - and also by the recent release of the implementation of a regulation or a rule from the Commissioner which, in fact, empowers the administrator to use his discretion in these cases and order that maximum security be given to detainer patients.

We are still up in the air though in terms of whether or not the application can be made on a class basis as opposed to an individual. I don't know whether we have a clarification on that or not.

MS. SALAYI: My understanding was that detainer patients as a class

would not automatically go to a medium-security facility or a locked facility.

SENATOR SCARDINO: The Chief is suggesting that that be the direction - that you take them as a class and provide a maximum security facility for them. Right now, we are in limbo, as far as I know, in terms of whether or not we can do that in light of the civil rights legislation.

SENATOR FAY: I think the only one who can answer that really is the Attorney General. Have you posed these questions to the Attorney General?

MS. SALAYI: The new policy that came out of the Department, which was incorporated into our recommendations, I understand was drawn up in conjunction with the Attorney General's Office, and to which they agreed, which allowed the administrator, through the use of his psychiatric staff, to make some evaluation on the need for security for detainer patients. But the new regulations do not say that detainer patients as a class shall automatically be given greater security than the rest of the hospital population.

CHIEF SHOWELL: With all due respect, Senator, I think to a certain extent we are dealing with semantics again, because when you are talking about maximum security, there is a world of difference between maximum hospital security, such as a closed ward, and maximum security in reference to a penal institution. What mystical transition comes over these people that when they come from the county jail, they cease being a prisoner and become a patient? I don't understand it. I just can't conceive of it. It seems to be a blunder that needs legislative enactment to correct it.

ASSEMBLYMAN VISOTCKY: We have legislation that is being acted on now which would put the cost of detainer patients back on the county and whereby we are not going to have a medical doctor just shipping them all over to the psychiatric hospitals.

CHIEF SHOWELL: That's the cost - that's the economics.

ASSEMBLYMAN VISOTCKY: Right now, a doctor does do it. In all our hospitals now they are having evaluations done possibly in 24 hours or 72 hours so these people can go back to the counties where they come from.

CHIEF SHOWELL: I am telling you that within two hours after they get on the hospital grounds, they will be on the streets of Winslow Township. Within two hours after they are admitted as detainer patients, they will be out on the loose.

ASSEMBLYMAN VISOTCKY: The longest any detainer patient stays in any given hospital is about 20 weeks - maybe. They may get out in 7 to 20 days. We are talking about 400 patients during an entire year at Ancora. The turnover in Marlboro is far greater than it is here. They have at any given time 60 or 70. The most they have here is 36 to 40. Many of these detainer patients could be alcoholics and things like that. I think we get kind of emotional and hit everyone who is a detainer patient. I think it is a matter of getting together with the administration at the hospital. I am not defending anyone.

CHIEF SHOWELL: I understand that.

ASSEMBLYMAN VISOTCKY: I think it is a question of getting a better understanding and a question of having the files open so you could see what type of detainer patients these people are. I think this should be made available to you. They are doing this in other hospitals. I don't see why it can't be done here. The same thing with the Leesburg prisoners coming here, you should be able to see these things. You shouldn't have to pick up a person on the street, get him fingerprinted

and find out his rap sheet. I think this should be made available to you.

CHIEF STOWELL: Mr. Assemblyman, let me just say something to you. Again it sounds good in theory, but in practice it is not working. For instance, in the case of the last person who was hit, I was called at my home. I went to the hospital. I personally called here. It was some four or five hours before their bed check. The doctor in charge that day said, "It can't be one of our walkaways. There is no one out." He had hospital clothing on. My men have developed enough expertise in patrolling the area over the years that we knew it was a patient. The doctor became irate. He said, "Well, that is what you would like to believe."

SENATOR SCARDINO: How long had the patient been missing?

CHIEF STOWELL: He was only admitted some two hours prior to that.

SENATOR SCARDINO: How about the one who was found frozen?

CHIEF STOWELL: He was reported as a missing person or a walkaway. Again this is in a limbo area.

SENATOR SCARDINO: He had been reported by the hospital?

CHIEF STOWELL: Oh, yes. But where we ran into trouble with that was that he had been reported two or three days prior. So when we called the hospital -- you see, 24 to 48 hours after they leave, they receive what is referred to as an administrative discharge. That's it. They have no record of him. So when I called here that day, evidently it was beyond that time and he was administratively discharged. "We have no walkaways," he said.

SENATOR SCARDINO: He was administratively discharged after he was found to be missing?

CHIEF STOWELL: Yes, sir. That is correct. When a patient walks away from these hospital grounds, there is a set period of time, after which they administratively discharge him from the hospital. And they cease to concern themselves or worry about it.

MS. SALAYI: Is this a voluntary patient?

CHIEF STOWELL: Whatever - whatever. These are patients. Now, if it is a detainer patient, of course, the law enforcement authorities are concerned about it, but the hospital no longer has to be because he has been discharged. As far as we are concerned, he is an escaped prisoner.

SENATOR SCARDINO: A detainer patient would also be administratively discharged in the same manner?

CHIEF STOWELL: I believe so. That should be answered by Mr. Wilson or one of his staff. I am not positive. But to my knowledge, I don't think there is a distinction. It seems to me, any patient who walks away from this hospital - there is a set period of time and then they administratively discharge him from the hospital. For that reason, the man who froze to death in the orchard, they had no record because he had been discharged. Whatever that period is - I don't have the documentation in front of me - had expired. It finally got to the point where the security people said, "Wait a minute. What do you mean he is not one of your patients?" There was a State of New Jersey I and A fork in his pocket that he had bitten in the shape of a key that he had used to pick the screen from the maximum security closed ward. And they said, "No, this couldn't be one of ours."

ASSEMBLYMAN VISOTCKY: Isn't there any identification on these people, a bracelet or something?

CHIEF STOWELL: Nothing. They are usually identifiable in that they wear institution clothes; they usually have some type of sneakers on - some type of institutional garments. It is not difficult to recognize them at all.

SENATOR SCARDINO: They don't have a band of some kind that people usually wear when they go into a private hospital?

CHIEF STOWELL: Never found a one. I don't know whether they put them on and then they rip them off. A patient might rip it off. I don't know. But I have never found a walkaway with a band on.

ASSEMBLYMAN VISOTCKY: Is anything put on patients?

MR. WILSON: Some patients we do in medical-surgical.

SENATOR SCARDINO: Let me summarize your testimony - and you correct me where you think I may be inaccurate in terms of your testimony. (A) You do not believe that the Leesburg inmates should be housed here at Ancora.

CHIEF STOWELL: Absolutely. They should be removed. I can't think of a more eloquent statement than Mayor Maise's when he said "alcohol and gasoline just don't mix."

SENATOR SCARDINO: Secondly, you feel that all detainer patients that are sent to this institution should be placed in a maximum security facility. And you made it clear that you are not talking in terms of a maximum security facility that you would find in a prison necessarily, but one that would keep the patients confined and secure here in the institution so that they cannot intermingle with other patients who are not of a criminal nature and background. And you would take every precaution to prevent them from leaving the premises.

CHIEF STOWELL: Let me qualify this and liken it to a prison ward that you would find in a general hospital, that type of thing. Also I would like to make one qualification on the Leesburg situation. I, personally, feel they should not be in the hospital environment. However, I think, if this must be, then they should have commensurate security. With the number of prisoners they have and the types of crimes they have committed, to have two guards on an open "Holiday Inn" type of place is ridiculous.

SENATOR SCARDINO: You made it clear that your ultimate recommendation would be not to keep them here.

CHIEF STOWELL: Even if they are secure in that building, they still have movement on the grounds during the day.

SENATOR SCARDINO: As long as they have to remain within this facility, you feel they ought to have more security guards.

CHIEF STOWELL: Absolutely.

SENATOR SCARDINO: I guess that covers it.

Getting back to the detainer patient analysis, was I correct in interpreting your testimony in that respect?

CHIEF STOWELL: Absolutely. What is the distinction between a person who suffers a medical malady after he is admitted to a county jail and these detainer patients? If he breaks an arm or a leg and he is taken to a general hospital for treatment, the county sheriff's department is charged with the responsibility of guarding that man - providing security for that man. I fail to see why they make a distinction if a man has an emotional or mental malady. Why don't they have the same responsibility? Why isn't the county sheriff from whatever county they come charged with the physical practical act of providing the same degree of security for that individual? It doesn't make sense. It is

inconsistent. I think they should have a prison ward right here in this hospital to bring them to. I think the county involved should supply the prison guards to watch them and guard them. They are still under arrest. They are still prisoners. Somehow today, in practice, when they come in here and are admitted, they cease being a prisoner and become a patient.

SENATOR SCARDINO: On the question of communications between yourself and the hospital, you feel definitely that there is a need for improvement?

CHIEF STOWELL: I hope I can say this diplomatically. But I resist having the hospital security force having access to my police frequency and police communications. I would rather have access to their frequency and be able to monitor them and have transmit and receive capabilities.

ASSEMBLYMAN VISOTCKY: That's what I think we are talking about.

CHIEF STOWELL: I just don't want to see them ruin my police frequency for obvious reasons.

SENATOR SCARDINO: How often do you meet and confer with the security people and the State Police people here at the institution?

CHIEF STOWELL: Seldom, if ever, only if we find a body or if we have a walkaway that has been processed. If we find a body, we usually run into top security echelons. This is not all that uncommon. I would say in the year and a half I have been here, there have been six or eight dead bodies.

SENATOR SCARDINO: Do you feel there is a need for closer liaison and periodic meetings in terms of just touching base and covering various points of view?

CHIEF STOWELL: I am not sure what that would accomplish with the economic handicaps that they are under right now.

SENATOR SCARDINO: I am talking in terms of coordinating the efforts between your department and the people here at the institution.

CHIEF STOWELL: I can never see any difficulty with meetings or with improved communication. When we cease to communicate, we have problems. You see you have a unique situation here. You have civil service security guards, in fact, which are not police officials, per se, who are headed by a New Jersey State Trooper. Again I don't profess to be a security expert, but when I look at the system, I am not sure how close I want to be involved with it.

ASSEMBLYMAN VISOTCKY: Do they have radios when they patrol the perimeter outside?

CHIEF STOWELL: They have their own radios and their own frequency. We call them on the telephone any time we have a patient. We take them to our police headquarters and process them. Then we call them to pick them up.

ASSEMBLYMAN VISOTCKY: What is so difficult in getting on the frequency?

CHIEF STOWELL: Well, again, it is one of economics. The reason we want their frequency, to monitor theirs ---

ASSEMBLYMAN VISOTCKY: I agree it should be done. That is what they are doing over at Marlboro now.

CHIEF STOWELL: The only difficulty is that I can't afford to do it out of my budget.

ASSEMBLYMAN VISOTCKY: All you need is a receiver.

CHIEF STOWELL: And transmitter.

ASSEMBLYMAN VISOTCKY: --- from the police station, so your cars can hear.

CHIEF STOWELL: Right. Actually, just to the police station would be sufficient. It could be monitored and retransmitted immediately to our police.

SENATOR SCARDINO: The question concerning the community-institution relationship is in my judgment no different than the one we heard and faced at Marlboro. I can frankly tell you that they have taken the initiative there, in sitting down and working out the best program they possibly could in terms of addressing every problem that they felt had to be addressed. When we went there, the same way we came here today, and listened to their testimony, they had already put their police committee together and it had been working quite successfully and they were happy to report that to us. I am suggesting this to you, based on the fact it exists and is working there. The administrators at the institution and the representatives of the community - the public officials and the police officials - are very pleased with the outcome of it.

CHIEF STOWELL: Senator, I agree with that, believe me, and I do not resist any lines of communication and any effort in that area. What I am saying to you is that already we have a very rapidly growing municipality in Winslow Township. We are already hard-pressed for manpower. It costs me now approximately \$3 to \$5 thousand a year, maybe more - that's a rough estimate - to handle the walkaway-detainer patient problem. It is a constant manpower problem. I have a far greater area of responsibility than policing the 660 acres for this institution. I think the perspective has to be shifted somewhat. I just can't delegate x number of manpower and hours.

SENATOR SCARDINO: Except that once a patient leaves this institution, he or she becomes your responsibility.

CHIEF STOWELL: Absolutely.

SENATOR SCARDINO: And unless you know that that patient has left the facility and have a tight coordinated system, you may not know in time to save that patient from harming himself or others.

CHIEF STOWELL: I emphatically agree with you. What I am stressing is that with the proper measures - a fence to turn the lethargic and apathetic patient back and increased security within this hospital --- In other words, what I am saying is correct the problems here first.

SENATOR SCARDINO: I am suggesting it is a simultaneous approach.

CHIEF STOWELL: I'll go for that.

ASSEMBLYMAN VISOTCKY: Chief, in reference to Leesburg prisoners, if there was assurance - I don't know if you heard the testimony of Mr. Dwyer - that no person who has committed murder or any violent crime was sent here, but people who have committed what you made reference to as "white collar" crimes were here and you knew about this and this was readily available to you, would we have that much opposition in the community? Or would it make for a better relationship, one not so strained?

CHIEF STOWELL: I think it would make for a much better relationship. Now the people of this township, of this community, and the officials were told that from the beginning, that the prisoners based here would be those who had committed "credit card" and "white collar" crimes, and perhaps bastardy. In effect, through semantics or a play on words, they have been lied to. As a result, they are very leery and they are very distressed and it is going to take time to win them back. And they are going to have to show me. They are going to have to show me the rap sheet for

every individual that is here with pictures. I want to see who is here. But they won't - they won't. I don't want to be a part of something like "One Flew Over the Cuckoo's Nest." I am happy that the stigma our society used to attach to mental illness is being done away with. I don't believe in that.

SENATOR SCARDINO: I don't think all mayors are the way that mayor was in that picture.

CHIEF STOWELL: I have to agree with that, Senator. I would be a fool not to agree with that.

What I am saying to you gentlemen is that I think this community has a great bunch of people and they have a very positive stand on mental health. They love this hospital. They used to welcome walkaway patients with open arms. But something has happened to that situation.

SENATOR SCARDINO: Chief, I appreciate your testimony today. I think it has been clear almost from the outset - and I don't want to seem premature in displaying my hand - at least in my mind - and I am only speaking for myself, not the Committee on this point - that there is definitely a weakness in the institution-community relationship. I am talking about the community that is closest to the institution, not all of those communities in the catchment area.

CHIEF STOWELL: I agree, sir. I think I could take you out and show you there is virtually an armed camp out there. They no longer know whether they are seeing a lethargic, friendly walkaway patient or a Leesburg escapee.

SENATOR SCARDINO: In light of the fact that it is working elsewhere and in light of the fact it was indicated to me today that there are steps being taken in that direction - perhaps not swiftly enough, but they are moving in that direction - and in light of the fact we have had just about every interest represented here today and there hasn't been one case where an attitude was conveyed that they weren't willing to cooperate and work together to the best interest and the common good of all, I think we should be encouraged. I think that is the basic premise upon which we should continue. I just thought I would offer that to you at this point because I think we are all very much in accord in that respect.

CHIEF STOWELL: I agree with you, Senator, but may I just make one final observation. Is there a prison detail at the Marlboro or the Greystone Hospitals?

MS. SALAYI: Marlboro has a work camp.

CHIEF STOWELL: But are they housed at the Marlboro Hospital?

MS. SALAYI: They are housed at the work camp. It may not be as close ---

CHIEF STOWELL: I have spoken to the Chief of Police of Marlboro. I have communicated with him. I think there is something unique here. I don't think the people of those communities have been misled and virtually lied to, perhaps unconsciously - I don't care how. I think that has been the difference.

ASSEMBLYMAN VISOTCKY: Chief, the testimony we heard before was that the prisoners were always here. They lived here five days a week and went back to prison on the weekends.

CHIEF STOWELL: Not to my knowledge. I am not saying that is not so. I am just saying "not to my knowledge."

ASSEMBLYMAN VISOTCKY: What we are hearing now is that it has been the last two or three years.

MS. SALAYI: We can check that.

SENATOR SCARDINO: We will ask that of one of the members of the Board of Trustees.

Chief, we want to thank you for your testimony. We appreciate your presence here today.

CHIEF STOWELL: One thing I would like to say that has given me a great deal of heart is the very fact that you gentlemen are down here. I cannot tell you how gratified I am to see you, our elected officials, down here today. I want to thank each and every one of you.

SENATOR SCARDINO: Thank you very much.

Are there members of the Board of Trustees who would like to speak before this Committee at this time?

T E V I S M. G O L D H A F T: My name is Tevis M. Goldhaft. I am a member of the Board of Trustees and have been for the past 13 years.

I have a prepared statement that represents my own personal opinion and not that of anyone else. Rather than read it, I will turn it over to the secretary and save time. (See written statement submitted by Mr. Goldhaft, beginning on page 88.)

SENATOR SCARDINO: Very good, Doctor.

DR. GOLDHAFT: It discusses the problem of centralization of authority, which I believe has been a major problem here. In spite of what the young lady from the union said - and I know her and her mother very well - our Board meetings have always been open. And since the Sunshine Law, they have been more open, if you know what I mean. We have no executive sessions, as such. Very few people have ever come to a Board meeting. I don't know what frightens them away, but they have been open.

I did want to comment today on the fact that our Board has little or no authority. The law was changed three or four years ago and it took all of the authority away from the local Boards and all the autonomy. So our position is strictly one of an advisory board; and, if we get asked questions, we react to them.

I confirm the historical background Mrs. Madara gave. I served also under all of the Medical Directors and under Mr. Wilson. I think Mr. Wilson was correct when he said that this hospital was short-changed for several years on funds for personnel. Perhaps the reason, as I have said in my statement, is that they had to shore up other hospitals in this State. But there was a fiscal crisis.

I will admit that since Mr. Wilson has come here, the faucets have opened up and we have gotten funds to employ a sizable number of additional personnel that we need now, but we also needed three and four years ago, before we lost permanent accreditation.

On the Leesburg situation, I would like to comment that I believe the majority of our Board that is presently here did take part in those discussions back, I think, in early 1974. At that time, Mrs. Klein was the Commissioner, Mr. Mulcahy was her Assistant, and it was all one department. I believe a decision was made in Trenton, either in her office or the State Board of Control, to go through with the Leesburg arrangement. In the years I have been here, I always remember Leesburg prisoners being brought here by bus, coming in the morning and going back at night. As a matter of fact, the bus went not too far from where I live. I live on the way to Leesburg. I frequently saw the bus coming down the main road in town.

SENATOR SCARDINO: Have they ever remained for five consecutive days?

DR. GOLDHAFT: I am not aware that they ever stayed here unless it was the immediate period before the agreement. I have no knowledge that they were here

for five days out of the week. I assumed that they were not. And when the agreement was put into effect - the Board members had conversations with Mr. Dwyer, with Mr. Mulcahy, with Dr. Crouse, and we discussed this over several meetings - we were assured that the prisoners sent here would not be murderers, they would not be armed robbers, they would not be arsonists or rapists. It was my recollection that they were supposed to be within the last six months before they were paroled, not when they were eligible for parole.

Now I may have misunderstood personally, but I think the other Board members will confirm that that was the understanding that we had.

Later a document of agreement, was made. I can say that I never saw that document of agreement until Assemblyman Gewertz came here - that, as I recall, was last summer - and raised this discussion again. It got into the discussion whether the document was brought out. That was the first time I remember seeing it.

I might add that at that meeting with Assemblyman Gewertz, I learned for the first time that there were people here who had been convicted of murder, armed robbery and other serious crimes. And that upset me very much.

I would also like to comment on the fence issue. I disagree with Senator Scardino. I think this is a hospital and it should remain one, even if it means getting the Leesburg prisoners out of here. This is not a prison. And I don't think we have a right to lock up the mental patients that are here and the elderly who are here, or lock out other people. I think, very frankly, before the Leesburg prisoners were here on the premises permanently, we had very little problem with the communities in the immediate region. Yes, there were always a few walkaways and generally they were harmless. After all, we send the criminally insane to the Vroom Building. We send sex offenders somewhere else, as we do narcotic addicts.

I think the Leesburg prisoners being here at night aggravated the local community and each case that occurred where there was an escape was associated with them; call it what you want, walkaways, escapees, whatever term is used.

That would pretty well conclude what I feel about this matter. I don't know how you are going to solve it. It might be better if they were bussed back to Leesburg. And someone here raised the point: Why couldn't you build buildings like we have here, at Leesburg? I would agree with that. Maybe that is what is needed.

They utilize a building here. It was convenient. It saved gasoline. I heard no discussions about any rehabilitation. They were brought here for working purposes. They do the laundry and they were to be here in any emergency where labor was needed. And these were the discussions that the Board had with the authorities.

ASSEMBLYMAN VISOTCKY: I don't understand one thing. It is very confusing to me. As trustees, you don't know anything about Leesburg prisoners.

DR. GOLDHAFT: That's right.

ASSEMBLYMAN VISOTCKY: What have you ever done about it the last three years?

DR. GOLDHAFT: We did raise the question. We raised the question back when Dr. Crouse was here, regarding the type of people sent here. One time we asked for the lists. When we saw them, we got damned upset, and told them so.

ASSEMBLYMAN VISOTCKY: What list are you talking about?

DR. GOLDHAFT: A list of what prisoners from Leesburg were here and what crimes they committed.

ASSEMBLYMAN VISOTCKY: The point is, you were not informed, whether it was the fault of the administrators here at the hospital or the people in charge of the Leesburg unit. You are a trustee and you are entitled to know certain things. Why weren't you notified? And is the situation improving or getting worse?

DR. GOLDHAFT: I will be very frank with you. The communications have been terrible in this place with the previous administrator and even the present administrator. We never know when a decision is made or the reason for it. I think our job is to ask two questions: Why? Or why not? We are forced pretty much to accept the answers which we receive from the medical personnel or the administrator, whoever he may be. We have no authority to go in and look through records or anything like that. We have no power to change anything where a decision has been made.

ASSEMBLYMAN VISOTCKY: Do you ask to see any records and are refused?

DR. GOLDHAFT: No, I wouldn't say that I have particularly asked. But I don't think I have a right to go in and look at patients' records.

ASSEMBLYMAN VISOTCKY: I didn't ask that. I ask you again. You didn't know anything about the prisoners. Did you ever ask what type of offenses they had and were refused?

DR. GOLDHAFT: I did not see any documents.

ASSEMBLYMAN VISOTCKY: Did you ask?

DR. GOLDHAFT: I asked about what was happening with the prisoners and I got answers. I would say that. And the answers were, I think, an attempt to pacify me about any questions I had or anything I had in mind.

SENATOR SCARDINO: Thank you very much.

MS. SALAYI: Did you ever ask to see any individual patient records?

DR. GOLDHAFT: No, I did not and I wouldn't. That is private and I would not get into it. I have, on occasion, asked a physician about a particular patient who I might know, and he would give me a progress report. I did that this morning about a woman who called me who was a patient here and wants to be released. I only went to her doctor and told him what she had reported to me - what she said. I would not interfere in anything like that.

SENATOR SCARDINO: Thank you very much.

J. GARDNER CROWELL: My name is Gardner Crowell, Vice Chairman of the Board.

I would like to corroborate what Mrs. Madara said with respect to the philosophy that we feel is proper for the operation of a psychiatric hospital, as opposed to the method of operating a general hospital.

As Dr. Goldhaft has pointed out, our responsibilities are almost entirely advisory, except in one point - and I want to state that very clearly. The role of the several boards was changed from a managerial role to an advisory one: The duty of the local board shall be to advance planning for the medical care and training programs at the respective institutions, and maintain general oversight of the institutions. However, the local boards are given a positive function and responsibility in the appointive process by the stipulation in 30:4-3, that "the commissioner, with the approval of the Board of Trustees, shall appoint the chief executive officer of each institution."

The Board of Trustees of Ancora Psychiatric Hospital in the exercise of their advisory responsibility has indicated to the Commissioner, and to the State

Board of Institutional Trustees, that they believe that the appointment of a lay administrator as the Chief Executive Officer of Ancora would not be in the best interest of the patients, the medical staff, and of the citizens of our catchment area.

In the role of Board members, it is urged that they inform themselves "of programs in other institutions so that they can better judge their own." While comparison of programs, policies, and functioning are difficult because of the differences in size, ratio of staff, etc., the only psychiatric state hospital in New Jersey that has maintained continuing accreditation is Ancora. That was up to last year.

In seeking to learn the administrative practices of some "other institutions" for comparative purposes, several psychiatric hospitals were interviewed, and it was found that in every instance a trained psychiatrist was in overall charge of the hospital. The lay persons, whatever their titles and particular parts in the administration of the hospitals, were subordinate to the directors of the hospitals. A copy of the results of these interviews is attached. And I will give that to the staff member.

The appointment of an Acting Hospital Administrator and Chief Executive Officer is a blatant effort to circumvent the provisions of Title 30:4-3 and Title 30:1-11, in that while the "appointing authority" is considered to be the Commissioner under 30:1-11; this authority under 30:4-3 must be exercised "with the approval of the Board of Trustees." The action of the Commissioner in employing the device of appointing an Acting Hospital Administrator is a flagrant abuse of power which prevents the Board of Trustees from exercising their duties in the appointive process.

I feel this abuse should not be allowed to continue.

Now I have here a record of the three institutions which I have referred to and I will give copies to the staff. I might quickly mention that two of these are Philadelphia psychiatric hospitals: the Friends' Hospital, one of the oldest and finest in the country; the Psychiatric Institute of the Pennsylvania Hospital, which is the oldest hospital in the country; and St. Elizabeth's Hospital in Washington, which is the largest hospital in the country, having 2600 beds.

I won't take any more time, but I do feel very strongly that it is time we had the administrative board in Trenton force the Commissioner to do these things properly.

ASSEMBLYMAN VISOTCKY: I am going to ask you the same question I asked Mrs. Madara. How is the hospital being run now?

MR. CROWELL: Well, the hospital, I think, is being run in some ways rather well, but in other ways, particularly with respect to the medical staff, run very poorly.

ASSEMBLYMAN VISOTCKY: The medical staff is run very poorly?

MR. CROWELL: --- with respect to the medical staff. I cite an instance of the Credentials Committee, of which I am not a member, but I sat in on the tail end of a meeting there -- the Credentials Committee censured one of the members for what they felt was very imperfect and very poor judgment on the part of this doctor. Subsequently, the administrator of the hospital suspended for a three-day period the Chairman of the Credentials Committee who had pointed out the deficiencies in what they felt was an exercise of judgment on the part of this other medical officer. So the Acting Administrator Officer then suspended the Chairman of the

Credentials Committee for calling this to his attention and, instead of that, appointed the man who had been censured by the Credentials Committee to be the Acting Medical Director of this hospital.

ASSEMBLYMAN VISOTCKY: You are telling me that the administrator exerted his power over a professional doctor?

MR. CROWELL: Right.

ASSEMBLYMAN VISOTCKY: It doesn't seem to jibe with what was said before. Do you know this to be a fact? Did you sit in at the whole meeting? Do you know both sides of the story? You said you came in at the tail end.

MR. CROWELL: Yes, of this particular meeting. I think this --- (Pause.) It will come to me in just a moment.

SENATOR SCARDINO: That's okay.

SENATOR FAY: Mr. Crowell and Mrs. Madara have made some very, very serious charges regarding the medical aspect, the psychiatrists and the medical doctors involved. I find it shocking that there is nowhere you can go to get an answer. Couldn't you go to Dr. Albano, the Chairman of the State Medical Board; or the County or State Medical Association, if there is no place in government? It may be true that this is a "no man's land" or an area in which you cannot get a legitimate, objective answer. It seems to me that every vehicle hasn't been used. If I were a doctor involved and felt as a professional I was trying to do my best, but was overruled by another doctor or by a layman, I would go to the American Psychiatric Association or the State Medical Association's Ethics Committee. There must be somewhere in the county or in the State to go.

MR. CROWELL: Senator, I just wanted to make the point that the evidence which I cited with respect to this incident is manifest evidence of why a layman should not be in charge of a psychiatric hospital and be able to hire and fire and tell the medical officers how they should run their affairs.

SENATOR SCARDINO: Thank you very much, Mr. Crowell.

D R. J O H N S. M c Q U A D E: My name is Dr. John S. McQuade. I am a member of the Board, the longest member serving on this Board. I disagree with some of the statements made by my Board. On that premise, I would like the privilege of addressing you.

SENATOR SCARDINO: Surely.

DR. MC QUADE: I will be very brief. I promise you that.

As the longest member of this Board of Trustees, I might start out by saying to you, in order to clarify one thing, that 22 years ago for about 6 months, there was a farmhouse down Spring Garden Road here. It no longer exists because the State condemned it. At that time, for about a period of 6 months, and only 6 months, the prisoners from Leesburg that were working our laundry did live there. The State came along, condemned it, it was torn down, and the prisoners were sent back to Leesburg. From there on, over the years, they have been bussed. At one time for a short period, they lived here for 5 days and on Fridays they were taken back to Leesburg.

SENATOR SCARDINO: Thank you very much for clarifying that.

DR. MC QUADE: Now, before the former executive of this hospital left, the morale at this hospital was at the lowest ebb it had ever been. I can attest to that by proof that I interviewed people, one of whom has given me permission to use his name; that is, our Catholic Chaplain, Father Craven. I knew that the

morale was bad here at the time. And I asked Father Craven if I could have an interview with him, which he generously granted to me. He told me just what I am telling you people.

I might say that I was the one out of the seven - it was six to one - who was in favor in the very beginning of a lay administrator. One of the reasons I was in favor of it was because Dr. Michail Rotov, the head of Mental Health of the State of New Jersey, felt - and I agreed with him wholeheartedly - that a highly trained psychiatrist would be up there opening letters, answering mail, and doing nothing but paper work, when he could be out in the field practicing his chosen specialty. This is one of the reasons I agreed with this concept.

Mr. Wilson came in here and he has changed things around 190 percent. The morale of this hospital, as I was told today by Father Craven, has greatly improved. He has initiated innovative programs. He has gone out for the first time in 22 years to do what nobody else had done, a public relations job for this hospital. He has brought in for the first time, in the short time he has been in here, community mental health groups. He has had them in for lunch and has had a two-way conversation, asking what we can do for you - and what can we do for you. This is the first time this has ever been done. It was as though public relations never existed in this hospital before - and I have been preaching this all the time I have been on the Board. This young fellow came in here and he has done one hell of a job. That's all I can say to you fellows.

Now, Dr. Yu, the present Medical Director --- About a year ago, gentlemen, we were about to lose our residency training program. It was going down the drain. Dr. Yu turned that completely around by actually surrounding us with people and teachers from Temple University Medical School and Hahnemann University Medical School. Just recently, he showed me a letter that he received from the Joint Accreditation Committee of Residency Training Programs, telling him that they have given him a three-year, continuing program and congratulating him on turning the program around.

I happen to be the one member of the Board, gentlemen, that was at that complete meeting when they tried to reprimand Dr. Yu. And I was one individual who felt they were trying to get blood out of him. I will say no more, but that is my opinion.

Thank you, gentlemen, for allowing me to address you.

SENATOR SCARDINO: Thank you very much.

MR. GUERIN: May I just make a brief comment?

SENATOR SCARDINO: Would you identify yourself for the record, please.

J O H N G U E R I N: My name is John Guerin and I am Assistant Director of the Division of Mental Health, with responsibility for our programs in the institutions.

I just wanted to point out that the two officials in the Division of Mental Health - Dr. Rotov and Dr. Julie Allen - are physicians. With the policy of moving toward lay administration, Dr. Rotov is extremely concerned that administrators do not make medical decisions. We are trying to work out a new set of relationships between medical staff and administrative staff, and to have better and more complete reviews of medical matters by having medical staff have more time and more clearly defined responsibilities in those areas.

The Division is still at the highest level under medical administration

and the problems with the Credentials Committee were reviewed very carefully by Dr. Rotov. That is one method of appeal. And, of course, with any employee in the State system, there is an elaborate system of grievance hearings which is open to physicians and to any other employees. So we are not operating in a system of chaos without these kinds of procedures and without appropriate medical review.

SENATOR FAY: Is this your rebuttal to Dr. Crowell's comment that St. Elizabeth's Hospital in Washington and the Friends' Hospital in Philadelphia have medical people running and directing those hospitals? Is this Dr. Rotov's answer to this, that he and Dr. Allen are really reviewing all the medical decisions in the three major institutions?

MR. GUERIN: I think that is one point. There is obviously a very clear difference of philosophy, which I think has been made clear to the Committee, and I think both sides of it are understood. I would say that the vast majority of psychiatric hospitals in this country are still under complete medical administration. However, in a number of states there is a substantial number of institutions that have moved to lay administration.

When this administration came in, Greystone Park was the only one. We tried to evaluate the total system and decided that that system of administration was best overall for the State of New Jersey. That was a decision made by the Commissioner and by the State Board of Control. And every action that has been taken since then has been with regard to the implementation of an overall, consistent State policy, which is consistent in all six of the institutions now run by our Division and has not been made in respect to certain personalities, etc.

SENATOR FAY: As laymen, you can understand the position we are in when statements are made that the medical staff, to a man, is disagreeing with this. Is that a fact? Are you saying that the jury is still out and you are still evaluating these two schools of thought? Or are you insisting that the lay administrator is the answer? I, myself, have felt completely helpless the few times we have been at the mercy of psychiatrists as a group saying, "This is what the psychiatrists want and what you are doing is counter to our professional opinion." Is that the case here? Is it a fact that the majority, the great majority, of the psychiatrists at Greystone and Marlboro is disagreeing with this new concept?

MR. GUERIN: Every other place in the State, this has been done, at least without open controversy, at the other institutions, either on the parts of the Boards or the medical staffs. I would say, aside from open controversy, there has been quite a positive reaction. Obviously, there has been controversy here at this institution, controversy among the Board and the medical staff. You have heard it here today.

I would be the last person to be able to comment on how unified the medical staff is or how they feel. Obviously, there are a number of physicians at the institution who are working very actively and closely with the new administrator and I think there is a group of individuals approaching what has been a confusing situation over the last few months ---

SENATOR SCARDINO: Let me try to pin this down a little bit more. It was stated earlier in testimony that there is apparently or allegedly a problem between the lay administrator and some of the medical personnel in this institution. Has any of that come to your attention? Should any of it come to your attention, if there is, in fact, a complaint or grievance, in your capacity?

MR. GUERIN: Basically, Dr. Rotov has been dealing directly with medical

staff matters.

SENATOR SCARDINO: You don't deal with that? Would Dr. Rotov charge you with investigating it and finding out how paramount the problem is and what to do about it?

MR. GUERIN: He has chosen to personally involve himself with this. The incidents of the Credentials Committees, the Medical Committees, the problems of medical review and medical staff, he has been personally involved with.

SENATOR SCARDINO: I am talking specifically in terms of the point that was made before. There were allegations that the lay administrator involved himself with medical decisions. You have stated in your testimony that it is crystal clear that it is the policy of the administration that a lay administrator will not and should not involve himself with medical decisions.

MR. GUERIN: That is correct.

SENATOR SCARDINO: Now has it come to your attention prior to today's testimony that there are allegations being made that the administrator here has, in fact, gotten involved with medical decisions or made decisions in that respect?

MR. GUERIN: I haven't heard it expressed in that way, no.

SENATOR SCARDINO: Would you check with Dr. Rotov and find out if, in fact, any complaint has been made to him or any statement made to him concerning that subject? And if, in fact, you do find out --- Well, in any event, one way or the other, I would appreciate if you would communicate what you find out to Irene Salayi because we would like to have the response of Dr. Rotov as a matter of record. Would you do that for us?

MR. GUERIN: I will convey that to Dr. Rotov.

MS. SALAYI: Since I will have some responsibility in this, I would like some clarification. It appears to me that there are two different kinds of things that we might be talking about: One, an administrator might make a judgment on some kind of medical practice and that might be at issue here. The second thing would be - an administrator might make some decision as to what personnel he wants to work here. They are slightly different really in focus. Which has been the complaint and what are we really asking Dr. Rotov to give us information on?

SENATOR SCARDINO: I am not asking Dr. Rotov to give us information on anything other than what he has. If he doesn't have any information or any complaints from this level at this institution, then the response obviously will be "none have come to my attention." That is what I am asking for.

MS. SALAYI: Perhaps my question really ought to be directed toward the Board members who indicated there was some problem in this respect. Are they concerned more about a lay administrator making medical judgments or about a lay administrator making judgments with regard to personnel who happen also to be doctors? Do you see my distinction?

ASSEMBLYMAN VISOTCKY: I think we ought to hear from the administrator on that.

SENATOR SCARDINO: Perhaps Mr. Wilson would like to respond to that question directly.

John, is there anything else you would like to add at this point?

MR. GUERIN: No.

SENATOR SCARDINO: We appreciate your presence with us all day.

R I C H A R D W I L S O N: Distinguished legislators, I know that there has been a lot of testimony given and I am sure there are some questions you may want to ask me, in order to have some response to some of the indications that you have been privy to.

Allow me to begin by saying, I am not practicing medicine without a license. I know of no instance here where I have made a medical decision or overridden a medical decision at all. There have been administrative decisions that have involved the medical staff. As an example, take the detainer situation. The initial decision to lock up detainer patients on closed wards until an evaluation could be done was an administrative decision, which I am empowered to make. But I am interested in the specifics of those particular charges or allegations that I have made medical decisions. I don't know of any.

ASSEMBLYMAN VISOTCKY: Well, we heard this afternoon about a three-day suspension.

MR. WILSON: That was an administrative decision.

ASSEMBLYMAN VISOTCKY: Will you explain that? I don't know what it was all about.

MR. WILSON: As a result of the activities of one member of our staff, who happened to be a doctor, I felt it was necessary to take administrative disciplinary action against him.

SENATOR FAY: Is there a grievance procedure for doctors?

MR. WILSON: Yes, there is. At the time, this particular individual did file a grievance and it went through the various steps here at the hospital. He had an opportunity to appeal this to higher authority as an unclassified employee, having the same rights as classified employees as far as grievance procedure is concerned. He has not elected to do so at this point. And it has been two months now since the issue was last heard here.

ASSEMBLYMAN VISOTCKY: Was this decision made in consultation with other medical members of your staff?

MR. WILSON: Yes. I was in very close contact - and utilized the advice of Dr. Rotov throughout the whole matter.

ASSEMBLYMAN VISOTCKY: So, basically, this was almost a recommendation for you to take any type of disciplinary action you saw fit.

MR. WILSON: That is correct.

SENATOR SCARDINO: Thank you very much.

We have Dr. Yu on the list and we certainly don't want to leave the good doctor out if he has something to say to this Committee. Of course, there are some of us who may be a bit fearful that you would make some evaluative, professional judgment on some of the people sitting up here. If you promise not to do that and if you would like to make a comment or two, we would certainly entertain them and still live up to the six o'clock deadline.

D R. S H A O - C H I Y U: Thank you for this opportunity. I stayed here a whole day and learned a lot.

SENATOR FAY: Don't start getting into primal screening, Doctor.

DR. YU: A good psychiatrist sometimes has to learn to listen. I tried to listen.

The controversy about a lay administrator handling a psychiatric hospital is debatable. I am not in a position to say yes or no. But by my experience as a Board-certified psychiatrist --- Probably you are interested in

my background. I received my training mostly in this country at the University of Pennsylvania in Philadelphia. I am a Board-certified psychiatrist. Formerly, I was the Director of Mental Health for the State of New Hampshire. Also I have been Associate Professor at Temple University for years.

I have no difficulty working with lay people. I always worked with a lay administrator when I was the State Director of Mental Health for the State of New Hampshire, the same job Dr. Rotov currently holds in New Jersey. His boss is Mrs. Klein. My boss was Mr. Barry, who was a Social Worker. I got along with him very well. He said, "I am not a medical man. I do not know about mental health. You are in charge of that for the State of New Hampshire. You are the man." I said, "I could not handle the political area." He said, "The political aspect I will handle. You don't want to be bothered." So I did my job for two years. With the change of administration - the Republicans lost and the Democrats won - he left and I came back to Pennsylvania. I was Chief of the Division of Mental Health Review in Harrisburg until I came here.

I want to give you a little explanation of how I got here because someone on the Board of Managers said some words with regard to me. I think this is my opportunity to explain it to you. Actually, I don't want to.

Dr. Crouse was the former Medical Director and Chief Executive Officer. He called me when I was in Philadelphia because Ancora Psychiatric Hospital officially received a notice from AMA Central Office for Review of Accreditation that accreditation was discontinued as of July 1, 1974. He asked whether I could help him. I said I could not do too much, but would come here once a week to help him out. I worked hard once each week and actually I did a lot of things for him. I went to Chicago twice, formulated a program, and, as a result, not only was accreditation reinstated for three years, but also Ancora Hospital was accredited for resident training.

Perhaps you might want to see this nice letter written to me, February 8, 1977. It says, "The Committee noted a marked improvement in the training program and wishes to congratulate the Program Director for his extraordinary efforts," and accredits the program for resident training at Ancora for three years.

Now my working relationship with Mr. Wilson has been very good. Mr. Wilson has never bossed me - never bossed me. If he wanted to boss me, I would tell him about it because I don't need this job. Okay? I can be a professor, you see, and do some other job, such as chief of a division. I could go back to Harrisburg every easily. Somebody even asked me to go back, but I had already started here. I have to do whatever they want me to do. Mr. Wilson is a very energetic young man, very friendly, and eager to change this institution. I am very happy to work with him. I say this not because I am working for him and am afraid of losing my job. He knows I don't need this job.

For the record, let me explain what I have done since working here. Mr. Wilson tried to work with the community. Also, with the help of you gentlemen in the Legislature and the Central Office, he did a wonderful job by getting eighty positions. I don't have to repeat this. But, after he got here, he got it done. That is beyond my capability. I could not do that job.

I have done presumably what he wanted me to do, but I do it voluntarily, myself, not by his orders. I want to have a professional contact with all the New Jersey hospitals nearby or far away and find out what their problems are and advise them what we can offer them when they send their patients here. I

try to help them at the General Hospital in Hammonton, Atlantic City, even Burlington and Shore Memorial Hospital. We have good communications - good understanding. We have taken the first couple of steps and have not yet reached the top. But we have started.

We invited the New Jersey Psychiatric Society, the Southern Jersey Branch - to come to this hospital. They were here last month. It was the first time we invited them. They had never been here before as a group. They were very surprised to see so many changes. I want to read to you the letter from the Chairman of the New Jersey Psychiatric Society of Southern Jersey: "Thank you for a most enjoyable evening. I appreciated having the opportunity to learn of your reorganization at Ancora Psychiatric Hospital. I appreciate the time and the effort of the people who made this evening so successful. Mr. Wilson was kind to extend this opportunity to meet with our group and to open the hospital facility to us. And I extend my support and best wishes for the continuation and the expansion of your new and fresh innovations that will be of such great benefit to the patients and the families of the South Jersey area. With best personal regards," and it is signed by Dr. George W. Hager. Dr. Hager is a psychiatrist. He was a former Board member of Ancora.

I listened when the Board member mentioned our Medical Department was worse. I do not know on what that is based. Since I have been in command, I recruited the following people: Dr. Max Pepernik is my Deputy Medical Director. He was formerly the Chairman, Department of Psychiatry of Temple University where I used to work. That is the calibre of people. I have Dr. LoPrete joining us from Hahnemann Medical College. He is an internist and a psychiatrist who had been working for Philadelphia General Hospital for 12 years. Now I have gotten him and he started here March 1st, yesterday. On March 17th, Dr. Ernest Schmidhofer will join us. He is a graduate of the University of Illinois and a Diplomate of Psychiatry and also Diplomate of Mental Hospital Administration - Diplomate of Mental Hospital Administration and Diplomate of the American Board of Psychiatry and Neurology - and Professor of Forensic Psychiatry. I have brought up the calibre of people. I am making every effort to get a Board-certified, professor-ranked head of each unit. Recruiting them is a hard job, but I keep trying.

Hopefully in July we will get another man - I even can give you his name - Dr. John Malloy, a graduate of Temple University Medical School and also a psychiatrist for the State Reception Center, right now working for the University of Pennsylvania. He has a contract until the end of June and he may be joining us early in July.

So I am trying to change the staff to have American-trained physicians, Board-certified, of professor rank, as the head of each department. Then you will attract another class of young people to join us. It is my intention to do this.

With regard to the letter congratulating us, it has not been easy to reach the point where we have a nationwide organization congratulating us for this extraordinary effort and marked improvement we made, and approving us for three years.

We have a close working relationship with Temple University and Hahnemann Medical College. At the present time, I can tell you, if you want it on the record, we have 18 professors from Temple University rotating here besides Dr. Pepernik and myself - 20 professors in the Department of Psychiatry from Temple University - plus 2 professors from Jefferson Medical College, 2 professors from Hahnemann Medical College, and 2 professors from the University of Pennsylvania. Now I

don't think since I arrived here the Medical Department has gotten worse. I resent that. I don't want that. I am working very hard here. I want to get this done.

I think that is all I have to say. If you have anything you want to ask me, I will try to answer it. The job doesn't matter to me. I can go home today ---

SENATOR SCARDINO: You made your point very clearly. As a matter of fact, are you sure you don't get involved in politics?

DR. YU: I want you to know, I had an experience with politicians. I went to see the Governor, not in New Jersey.

SENATOR FAY: He is pretty disturbed too?

DR. YU: I know how to handle the situation. But I resent the fact they say that the Medical Department is getting worse. I want to prove it is not getting worse.

SENATOR SCARDINO: You certainly described it most adequately. I can tell you - and I know I am speaking for the entire Committee - that we were not aware of the plans that you have laid out and that you have for the hospital and what you are doing in terms of the future medical and administrative setup. It is indeed very impressive. We certainly await its outcome. I am sure, based on your testimony today, that it is going to be very fruitful. I think we are all looking forward to that. I appreciate your giving us the benefit of your review of what you have done. Would you like to leave that with us too?

DR. YU: Sure.

SENATOR SCARDINO: Thank you very much, Dr. Yu.

Irene Salayi, our staff member, has indicated that one day she would like to come down and maybe take a tour of the facilities. We didn't have an opportunity to do that today. If it is at all possible, perhaps we can have a date when several legislators could come as well. I would welcome that very much and perhaps we can set something up.

SENATOR FAY: I would particularly like to meet with the Doctor and Mr. Wilson on the geriatrics and the nursing home-boarding home situation.

DR. YU: I will try to respond to Senator Fay on geriatrics. I have already lined up one person - I will give you his name - Dr. Moreno. He will be joining us July 1st. He just finished three years of resident training and he is interested in geriatrics. I was tickled to death - I am still tickled to death - because a lot of people finish the training for residencies and they want to open their own offices or do something else - and very few are interested in geriatrics. He will be a new man in geriatrics, starting July 1st. He has already signed with us.

SENATOR SCARDINO: Very good.

I want to thank Mr. Wilson and all of his associates, Dr. Yu and his associates, members of the Board of Trustees, and everyone at Ancora who had a hand in putting this hearing together today. I particularly want to thank Irene Salsyi and Barbara Smith, the stenographer, for staying with us all day and doing an exemplary job. I want to also thank all of you for participating in this entire day's proceedings. It was nice to be with you and I bid you all a good evening.

(Hearing Concluded)



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February 18, 1977

Department of Civil Service
State of New Jersey
215 East State Street
Trenton, New Jersey 08625

Re: Appeal of Dante R. Barone, Food Service
Supervisor 3, Ancora Psychiatric Hospital -
Exceptions to Report of Hearing Officer

Dear Commissioners:

I am in receipt of the Hearing Officer's Report and Recommendations in regard to the above appeal from a removal effective June 6, 1976 and respectfully except thereto on behalf of the respondent, Department of Institutions and Agencies (now Department of Human Resources).

In general, the findings of fact as determined by the Hearing Officer are a fair and accurate summary of the credible testimony offered at appellant's hearing and support the charges that:

- (1) Appellant twice used hospital kitchen facilities to cater non-hospital functions;
- (2) Appellant used subordinate hospital employees to cater these non-hospital functions;
- (3) Appellant consumed hospital food in excess of amounts necessary for sampling purposes.

A review of the factual basis supporting these charges indicates, however, that the Hearing Officer incorrectly recommended inappropriate sanctions not commensurate with the gravity of appellant's misconduct. Pursuant to N.J.A.C. 4:1-16.9(1) and (12)--neglect of duty and conduct unbecoming an employee in the public service are both good cause for removal.

The unconscionable extent of appellant's blatant consumption of hospital food was compellingly demonstrated by his course of conduct of maintaining a cooler in his office which he kept filled with gallon jugs of orange juice (T28-21 to T29-1)*. Appellant's diversion of public property for his personal use could constitute itself a violation of the criminal laws of this State. It certainly does constitute a valid reason to remove an employee from the public service. This sanction is particularly appropriate when appellant's keeping of a cooler stocked with hospital food is viewed in contrast to his own actions regarding a subordinate taking a stale piece of cake home one night. Appellant severely reprimanded this employee, Mr. Gottlieb, in such a fashion that in the words of appellant's own witness, Mr. Brosalle, this interrogation left Mr. Gottlieb "visibly shaken" (2T93-13). The appalling audacity exemplified by this one example of appellant's double standard hangs more eloquently than even a complete rendition of the entire sordid record in this regard.

A second glaring example of appellant's misconduct involved his diversion of the Ansona Psychiatric Hospital kitchen from its intended use--providing essential food service to the patients placed in the care of this State institution--to whatever private purposes he saw fit. Not, by his own admission did he even give any thought to whether or not using the hospital kitchen to prepare the food for a surprise birthday party for his wife was "permissible or not permissible", even though thirty people were invited and several of the hospital kitchen employees devoted hours of work time to preparing food for it (2T34-22 to 2T35 to 2T36-7 to 23; 2T37-1 to 14).

On another occasion, appellant catered an entire banquet for the Phantom of the Opera. This private use of the Ansona kitchen extended over three consecutive days to provide food preparation services for between two hundred-fifty to three hundred people (2T42-29 to 2T46-1 to 5; 2T47-12 to 14).

Finally, credible testimony by no less than three witnesses was presented at appellant's hearings that not only did he divert staff time and resources for his private affairs but also hospital foods were used for these private functions (T45-1 to 15;

*Three days of hearings were held in this case. Each day's hearing was a separate transcript which begins with page 1. For these exceptions, the first day of hearings will be indicated by "5", the second day by "22" and third by "37".

Department of Civil Service

Page 3

February 18, 1977


T85-15; 2T-17 to 23). Appellant's denial of directing employees to use hospital foods was not credible for several reasons, not the least of which is obvious bias. Moreover, the credibility of appellant's entire testimony was greatly undermined when he insisted that while managing an efficient operation, kitchen employees would sometimes have two to three hours of slack time out of an eight hour work day. (ST11-6 to 14). This preposterous statement, under oath, only underscores the fact that appellant believes himself to be above the laws applicable to everyone else. And when appellant translated this belief into the specific actions as found by the Hearing Officer herein, he thereby permanently disqualified himself from the civil service of this State.

For all of the above reasons then, it is respectfully submitted that removal from the public service is the one sanction commensurate with the egregious misconduct in which appellant engaged as a matter of course.

Respectfully,

WILLIAM F. BYLAND
Attorney General of New Jersey

By


Keith A. Omdorff
Deputy Attorney General

MAO:MS



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 William Sauer
 Pasquale J. Clausen Butcher
 Thomas Kert
 Paul Luper
 Wayne Leming
 Joseph J. Dolan Jr. cook
 Paul Keffner

Rosetta B. Moody
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 Bruce A. Ferrigno
 Frank Diacobbeff COOK
 Russell Paniole cook
 Anthony F. Capuso - Ad Cook II
 Dominick Demarco Abd. Baker I
 Joe Antonio, Carres Cook
 Allen Kappas Cook
 Jennie Paniole
 87

SUBMITTED BY DR. TEVIS M. GOLDHAFT

My name is Tevis M. Goldhaft. I reside at 2245 E. Landis Avenue, Vineland, N.J. I am a member of the Board of Trustees at Ancora Psychiatric Hospital and have been a member for the past thirteen years.

During that time, I have served with Drs Brunt, Smith and Crouse all of whom were the Chief Executive officer and Medical Director of the hospital. In the fall of 1976, Mr. Richard Wilson was appointed Acting Administrator of the hospital by the State Board of Control and he in turn appointed Dr. Yu as Medical Director.

Ancora Psychiatric Hospital is a fine physical facility and its' employees are dedicated to its' patients welfare and treatment. For the past four years, Ancora has suffered financially as the State of New Jersey went through a severe fiscal crisis. The result was that this hospital did not receive full accreditation more than a year ago. That action came as a severe shock to the Board of Trustees, the Medical and to the hospital's other employees.

It is my observation that over the past few years Ancora received less money for personnel in its' budget allotments than the other Psychiatric Hospitals in the State of New Jersey. Despite the repeated requests of its' Medical Director and its' Board of Trustees, this hospital was short changed and the available funds were directed to other hospitals in the State in an attempt to correct even more glaring deficiencies at those institutions.

Many changes were made at this hospital following the receipt of the temporary accreditation. Some of them were physical and others were in the realm of patient care. Most of the changes were made under the tenure of Dr. Crouse and the balance since Mr. Wilson took charge several months ago. Recently, an accreditation team surveyed the hospital and it is hoped by all that this time Ancora will receive full accreditation.

An area of controversy developed between the Ancora Board of Trustees and the Commissioner's office last summer when we were advised that a lay Administrator was to be appointed. The position that the Board took was that we needed less chiefs and more indians. There was a crying need here for social workers, recreation specialists and other trained patient care workers.

Looking back, it appears to me that the previous Medical Director and the Medical Staff were made the scapegoats for the temporary accreditation which this hospital received. Once the change to a lay Administrator was made, funds suddenly became more readily available and we became able to employ the specialized personnel that was needed.

The Board of Trustees never were told at any time that the State Board of Control or the Commissioner were dissatisfied with the prior management of this hospital. When Dr. Rotov met with us at a public meeting I asked him if he had any charges to make against Dr. Crouse. He never answered or commented on my question.

Following a meeting of the Ancora Board and the State Board of Control in the fall, at which time we were advised that they had put into force a policy decision that would put lay Administrators in charge of all of the Psychiatric Hospitals, we adhered to their decision.

At the same time they appointed Dr. Francis Byrne as the liaison person to meet with a representative of our Board at any time we felt that there was vindictiveness against personnel at Ancora. One meeting has been held to date and the subject of that meeting was the low moral of the medical staff.

I have seen great change in the duties and responsibilities of Boards of Trustees since I was first appointed. At one time, the local Board had the real responsibility for the operation and management of the hospital. Under the present laws of the State of New Jersey and the rules promulgated by the State Board of Control and the Commissioner, local Boards now have neither authority nor autonomy. Decisions are made centrally and I feel that that is not in the best interest of the patients or the institution.

It is easy to sit back and act as a rubber stamp for central authority. To me, more authority and autonomy at the local level is better. Centralization of authority is usually explained away on the basis of efficiency, lower cost and a more rapid response in solving problems. In the normal course of events just the opposite seems to happen.

March 2, 1977


Tevis M. Goldhaft