

PUBLIC HEARING

before

SENATE INSTITUTIONS, HEALTH AND WELFARE COMMITTEE

on

CONDITIONS IN STATE MENTAL INSTITUTIONS

Held:
May 9, 1973
Assembly Chamber
State House
Trenton, New Jersey

MEMBER OF COMMITTEE PRESENT:

Senator Garrett W. Hagedorn (Chairman)

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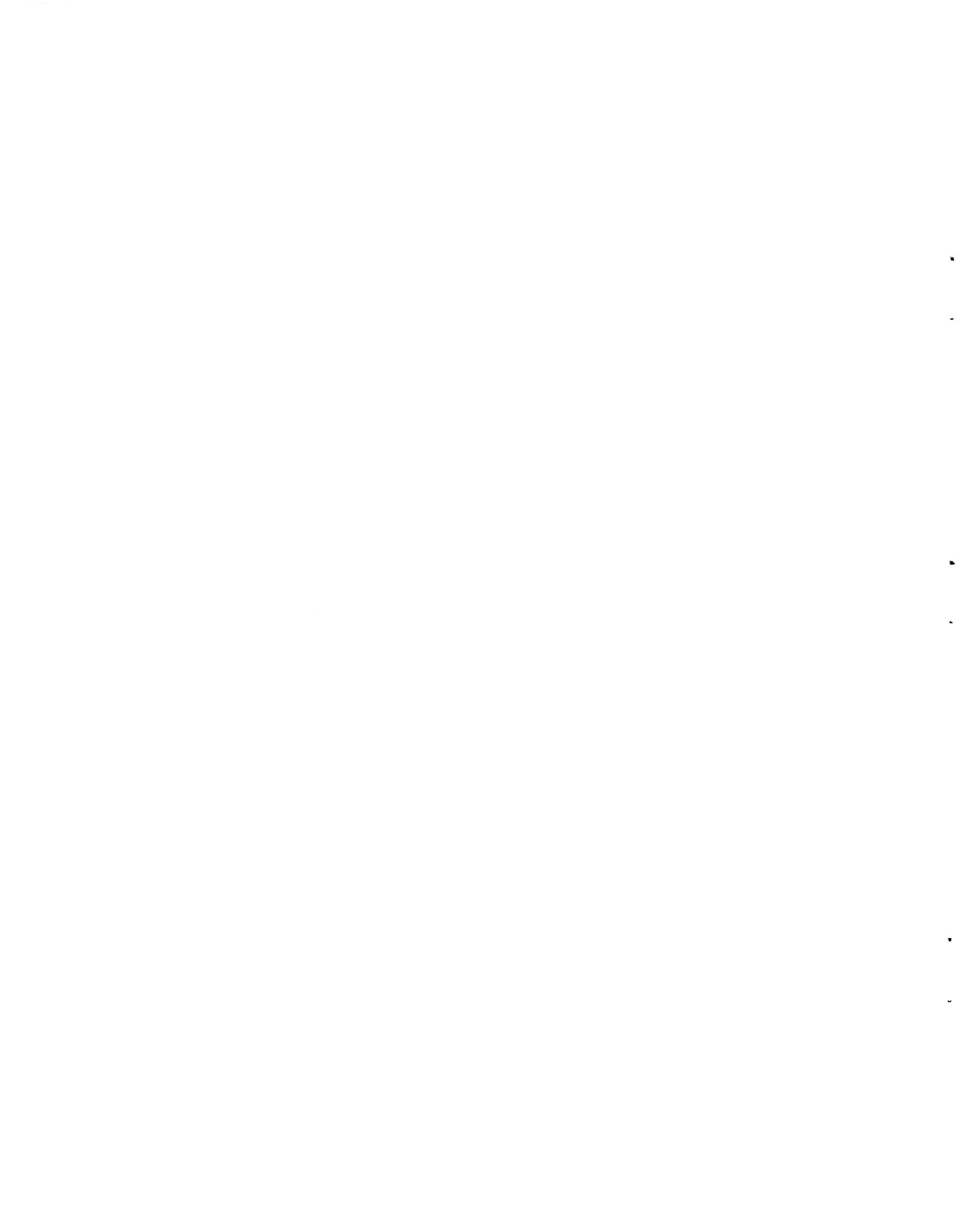
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Special Counsel - W. J. ... (illegible)

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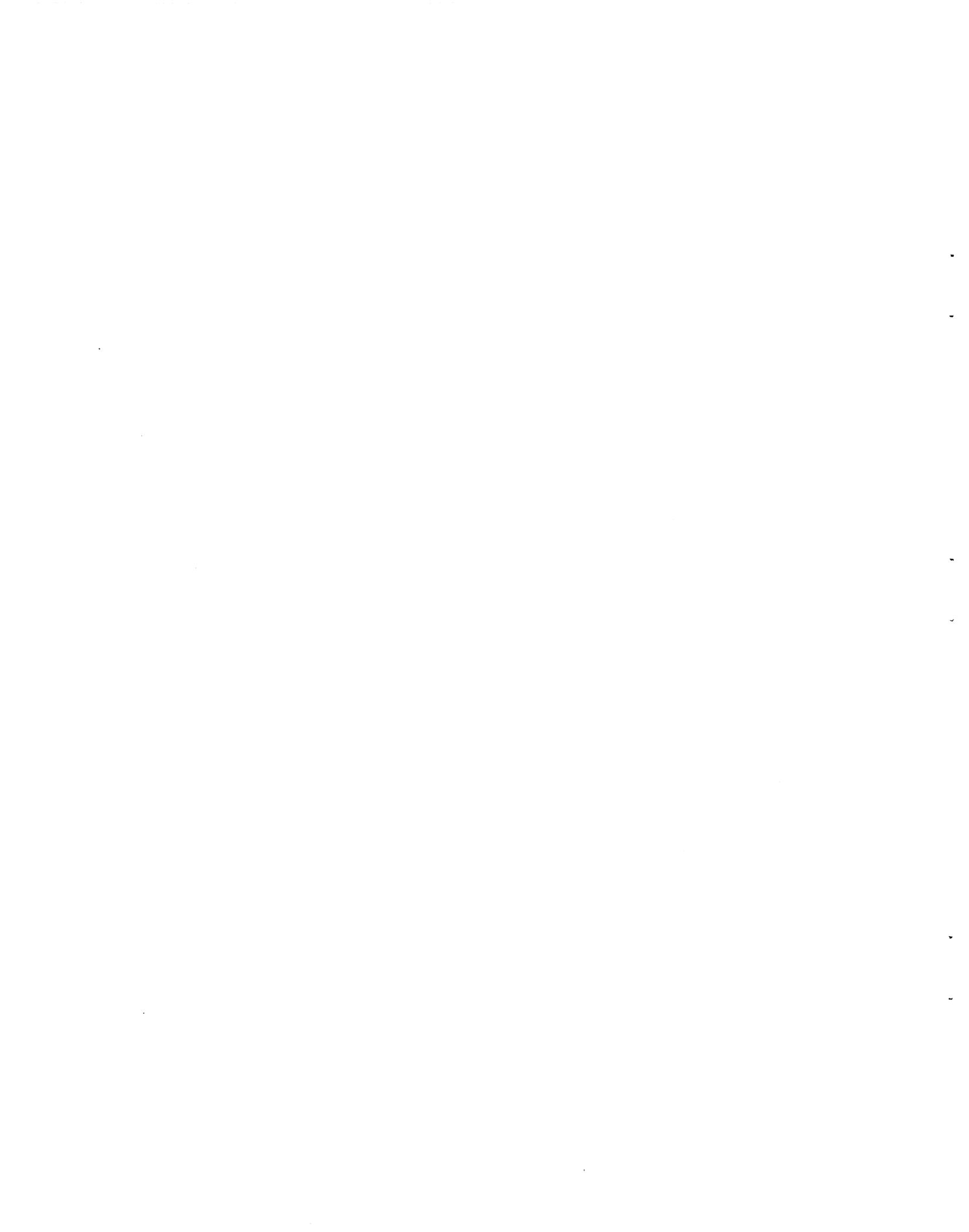
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SENATOR GARRETT W. HAGEDORN (Chairman): Good morning. I'd like to call this hearing to order.

I am Senator Hagedorn, Chairman of the Senate Committee on Institutions, Health and Welfare. This public hearing this morning is a continuation of the hearing that was conducted in these Chambers on December 1, 1972. Today we shall receive testimony from the individuals that could not be present at the earlier hearing and from those who, since that time, have expressed a desire to testify.

It is the purpose of these hearings to focus upon the intolerable conditions in our mental institutions and to alert members of the Legislature and the citizens of this State to the shameful lack of care that we provide for these patients. It is our hope to generate interest and a demand for a revitalized and modernized program of mental health care for the unfortunate citizens of our State.

The first gentleman to testify will be Dr. Pulido, formerly associated with Greystone Park. I'd like to call upon Dr. Pulido at this time.

J U A N P U L I D O: The Senator is aware that I was Director of the Children's Unit at Greystone Park for six years. I left Greystone Park, submitting my resignation to the, at that time, Acting Medical Director. It was dated January 31st of this year. My experience with Greystone Park has been multiple. I have been in this Chamber before when there was a Senate investigation into abuse of children and abuse of patients of Greystone Park.

I am aware of the need for mental health care in the State of New Jersey. First I would like to comment on the State paying \$50 thousand to bring in an APA team to go through all the mental hospitals and make recommendations concerning them. Their recommendation was to create a Department of Mental Health, separate

from the big Department of Institutions and Agencies. Until now, I don't believe that has been accomplished.

I strongly believe that Mental Health should be a separate Department, with no political attachment, directed by a Psychiatrist, appointed by a committee for mental health from the New Jersey Chapter of the American Psychiatric Association. We have, in this State, doctors qualified to take this position.

Many times we have visitors at Greystone Park. Sometimes they offer destructive criticism and sometimes they offer constructive criticism. I believe Senator Hagedorn has visited Greystone Park many times and has made the needs of our hospital very clear, but nothing has ever been accomplished. We requested, when I was Director, for example, more money for mental health. In the children's section we had a Federal grant, from Title 19, that gave us around \$60 to \$70 thousand a year. We requested every year, in the State budget, that the State capitalize on that and acquire it because someday we were going to lose our Federal money. Well, this year this has come true. I believe the children's unit - I heard yesterday - has lost almost more than 50% of the money allocated through the Federal Government and they don't have enough money now to continue the summer programs that we had when I was there for six years. We have been requesting summer positions - college students to work with the children - be created and paid through State funds and this has never been approved. This has never been approved by the Governor.

I believe that a simple, isolated, Department of Mental Health, with a Director that is not here in Trenton, but with a Director of Mental Health who visits each hospital every month and talks with the different levels of people who work with and take care of the patients and who really goes deep into the needs of these hospitals, is very necessary.

I would like to go further. I would like to answer any questions you have, Senator, regarding Greystone Park. I believe that with a group of volunteers from different counties-- We could use many volunteers in the children's section but, as I mentioned before, maybe the children's section was a special section - a bright spot in Greystone Park.

I believe that all of the states in the Union, like Kentucky, receive a per capita amount of \$20 or \$23 per person in Federal aid and the State of New Jersey only receives from \$6 to \$7. We should look for more Federal programing and for Federal help to the mental institutions. I don't believe that Greystone Park, just because some of the buildings are deteriorated, should be taken away. I believe Greystone Park serves a purpose.

I remember when I started at Greystone Park, back in 1965, there were 7,000 patients. I believe the last census, before I left, was around 2,200. That means that something has been done for these patients.

Morris County is one of the counties - it is the county where Greystone Park is situated - that doesn't have mental health facilities. You cannot wait one or two months after a patient has been discharged to see him and offer follow-up care. They do not have the facilities for this follow-up care.

I read an article, written by Mrs. Klein, an Assemblywoman from Morris County, in which she made the statement that she would destroy Greystone; she would take away that old institution. I believe that Morris County is one of the counties that benefits more from Greystone Park than anyone else. They do have admission and discharge of patient - the Morris County section of Greystone Park - facilities that are not overcrowded.

I believe Senator Hagedorn toured Section 3, the Morris County Section, with me when I was Acting Medical Director. That is a very fair building. It is

painted with funds from the new allocation of State money - the 12 million dollar appropriation to Greystone Park.

I feel very strongly that the appointment of one man - it doesn't matter if he is an administrator or a doctor or somebody else - will not change Greystone Park. What they need is more money and, as I mentioned before, a strong Department of Mental Health, which is very small and has a division of youth under this Department. I believe also that Greystone Park has served a purpose to the State of New Jersey. There are many things wrong and many things that have to be updated. They need more doctors. They need more professional people to take care of the patients. But there are many people there who are devoted - many may not be - and are very good workers and they give everything for the hospital.

I am now a citizen and I live in Bergen County. If I get mentally sick I have to go to Greystone Park and I will. Many friends of mine, Cuban people, have come to this country. They were very sick and they went to Greystone Park and recovered.

Bergen County has a lot of facilities and is one of the best counties for mental health. With regard to the children, sometimes families are afraid to send patients to Greystone Park because of the name Greystone Park has received through newspaper articles. But if you go there and stay there for one month, working, you will see many patients are helped.

Do you have any questions, Senator?

SENATOR HAGEDORN: Doctor, you mentioned the loss of Federal monies?

DR. PULIDO: Yes.

SENATOR HAGEDORN: Can you attribute any reason for that loss?

DR. PULIDO: Maybe the State should apply for more Federal aid. I don't know how but I read this.

For six years we always applied to Title I; we always applied for \$75 to \$80 thousand. We did receive this. We even received more because at the end of the first half of the fiscal year; they gave us extra money that was not used by other institutions. But I heard yesterday that this was cut by 50% and the application was made to the Federal Government for this money.

SENATOR HAGEDORN: In other words, it wasn't caused by the State, it was really the curtailment of Federal money that made this happen?

DR. PULIDO: Yes. But why was Federal money for this State cut in half?

SENATOR HAGEDORN: Because that is the problem we are facing in many areas with the Nixon austerity program. There have been many meetings and pressures put on for reconsideration of these cuts in this area as well as in the community mental health centers; we have faced that same curtailment in that area.

You mentioned Greystone and some of the facilities. Are you familiar with the building where the Bergen patients are housed?

DR. PULIDO: Yes, I am.

SENATOR HAGEDORN: Would you care to make any comment with respect to that building - Ward 8, for example?

DR. PULIDO: Yes. It is one of the worst buildings in Greystone Park. It is overcrowded. It doesn't have very good facilities for the patients. I believe when the appropriation of the \$12 million was committed to Greystone Park we met with the Assistant Medical Director and the Construction Committee and the Architect and I believe that was one of the buildings that was left. They were going to appropriate \$300 thousand, as I remember, for painting, cleaning and doing some work there but the money was used for

the new clinic building or the new medical-surgical building.

It is in poor condition. I remember in 1963 I worked in that building before I left Greystone Park to become a pediatrician. It has always been very crowded. I don't believe it was a well-constructed building and even all the work that the Brightstones and all the volunteers have been doing there, painting, has not helped because they paint that ward two or three times and three months later the walls are peeling and the conditions are very poor again.

SENATOR HAGEDORN: Are you familiar with Ward 8, housed in the basement of that building?

DR. PULIDO: The Ward 8 basement?

SENATOR HAGEDORN: Yes, they are housed in the basement.

DR. PULIDO: Yes. It is one meter under the ground.

SENATOR HAGEDORN: It is under the ground?

DR. PULIDO: Yes. The windows go high.

SENATOR HAGEDORN: Would you care to comment on the new approach of the development of community mental health centers? Actually it is not new but it is something that probably should be pursued in this State to a greater degree.

DR. PULIDO: Yes, I agree. But I also remember when we approved sectionalization of the hospital by county. This was done to work together with the mental health facilities in the community. If a patient was admitted to Greystone Park - to the Bergen County Section - the Bergen County Section was to work together with the mental health community center of Bergen County so when that patient was discharged from the hospital the Bergen County Mental Health Clinic followed up the care of that patient. So that worked in two ways, from the Mental Health Clinic to the section in the hospital and from the section in the hospital to the Mental Health

Clinic.

I certainly believe that we need more mental health clinics. I believe in this for children especially. I remember very clearly that when we discharged a patient, we never discharged a patient that we didn't have a child study team and a community representative in the discharge program of the patient. But sometimes they had to wait six to eight weeks to get an appointment to see a psychiatrist or a psychologist in the mental health clinic because it was overcrowded. There was a waiting list. We should not have waiting lists for mental health care in the State of New Jersey.

SENATOR HAGEDORN: Would you care to elaborate on the reason why you resigned from Greystone?

DR. PULIDO: Well, I was a little frustrated. I remember many good people came to Greystone Park, even the Governor, and they said, "this is a pitiful place, we should do something about this." Two months later they came and said this is a beautiful place and thereafter I did not see them anymore. Every year I saw cuts - more money and more money - from Greystone Park.

Second, the problem of unionization - The American Federation of Employees. The hearing process, the grievance procedure, took, in my last six months, more than 50% of my time, time that should have been devoted to the care of the patients because I am a doctor. I was involved in bitter discussion. I had to come here to Trenton two or three times for hearings with the Executive Director of the AFL-CIO. These meetings took 2 or 3 hours, plus a 2-hour drive. I was the only doctor at the childrens section, so that meant that all those days those children didn't see me. If they were very sick they had to call another doctor from another section to take care of the patient. That was day by day.

Third, I believed that the appointment even of a qualified man - a Chief Executive Officer or Hospital Administrator - was not going to change the status of Greystone Park because no one man can do more than others. We have there excellent people; Dr. Weinberg was there for one year and I believe he is a very excellent hospital administrator and a very well-trained psychiatrist. He is very knowledgeable. Dr. Fenimore has been there for many years. That was one of the reasons.

Four, I was tired and frustrated of the damn whole thing.

SENATOR HAGEDORN: From your testimony I assume that from your experience, particularly in this institution, our present structure is too large, too complex and that we should focus upon divorcing this type of care from that Department and concentrate upon a separate Department.

DR. PULIDO: I agree 100%. That was the recommendation of the APA two years ago.

SENATOR HAGEDORN: That's correct.

DR. PULIDO: And we spent \$50 thousand of tax money--

SENATOR HAGEDORN: I agree and of course if you will observe the legislation that we have discussed and had a public hearing on, we hope to achieve that recommendation.

We thank you very much for your testimony and hopefully you will continue to manifest a real interest in the problem in which we all have a mutual interest.

DR. PULIDO: I do. And I offer my services as a volunteer. I don't look for any position in State Government to help Greystone Park and mental health in the State of New Jersey. I especially believe a sub-division of youth should be created under the

Division of Mental Health to take care, especially, of the mentally ill children in the State of New Jersey.

SENATOR HAGEDORN: We are mindful of your dedication and we accept your testimony and your desire to continue helping.

DR. PULIDO: Thank you very much.

SENATOR HAGEDORN: While we are on the matter, particularly of Greystone, I would like to call to testify, Carmen Pico, one of the security police at this institution.

Before this gentleman testifies, I'd like to introduce Assemblyman Reid, also from Bergen County, who is a member of the Assembly Committee on Institutions and who also has manifested a great interest in the problems we have throughout New Jersey.

C A R M E N P I C O: My name is Carmen Pico.

SENATOR HAGEDORN: Would you care to tell us what is on your mind?

MR. PICO: There is quite a bit on my mind. I don't know where you want me to start first, with the administration or with the department that I am in or just with the hospital in general.

SENATOR HAGEDORN: You decide where you want to start.

MR. PICO: O.K. I'll start with the part that I am in. I am with the Security Police at Greystone. The security division up there is inadequate. They don't have sufficient facilities there. We have a State Trooper in charge of the place and he wants to run the place like a State Police Barracks and the men resent this.

The security system can run on its own and I think if it was left to be run on its own they can perform better as far as the security of the hospital is concerned. If you don't have a good security system at any hospital or any place like that there

isn't any use of having anything there.

I will go on to the administration because there is another fellow that is going to talk about our department. The administration feels that everything they do is fair, no matter what happens. If something comes up, if you are being reprimanded or suspended, they will tell you "I am a fair man, I am trying to be as fair as I can." They hire people up there that are homosexuals. Drugs are widespread in the hospital. The Personnel Division, as far as hiring these homosexuals, don't check into the individuals good enough to see what kind of person they are. I mean they are hiring these people to work with patients and I don't think that these people should-- Not that I have anything against these people but they shouldn't be allowed to work in an institution of this kind or any other kind because of the fact that some of these people are mentally ill and they can't help themselves, so they have to have people to help them.

When you have people like this taking drugs-- They are going onto the wards with these drugs and giving these drugs to the patients. This is not being unchecked altogether, it is only being checked into when they want to check into it.

We had an incident where some of the employees were buying narcotics from the outside and when we reported it to our supervisor he told us to stay out of it and mind our own business, that they would take care of it. We told them the time and place of delivery of up to seven kilos of marijuana - which is a great amount - so they sent the one detective - supposed detective - that they have up there to stake out the place. So what he does, he sits right in front of the place with a State car and everybody knows him and the person that was supposed to deliver the stuff was tipped off. They did deliver it that day but they delivered it to another

building. We found this out through one of our informants that we have at the hospital.

Things like this go on and when you try to speak up about it they tell you to mind your own business and to stay out of it because they want to handle it their way.

SENATOR HAGEDORN: I'd like to interrupt you at this time to ask you a few questions.

Do you have a date when this took place?

MR. PICO: You mean about the narcotics?

SENATOR HAGEDORN: That's correct.

MR. PICO: I don't have the exact date. They should have it. Our superior should have it because we told him the time and the date. I didn't write it down; it was a verbal conversation with my superior when I turned it over to him.

SENATOR HAGEDORN: Approximately how long ago?

MR. PICO: Approximately, I'd say, between two and one-half and three months ago.

SENATOR HAGEDORN: And you alerted your superior?

MR. PICO: Right.

SENATOR HAGEDORN: Which is not the State Police but the subordinate?

MR. PICO: They are together, the State Police and my superior. My superior takes his orders from the trooper.

SENATOR HAGEDORN: Do you know if this was referred to the prosecutor of Morris County?

MR. PICO: I think it was, yes. I don't know if it was after we told them or before we told them. A fellow officer and myself were working on it on our own because this informant didn't want his name to be known. So we kept his name out of it. When they found out we were working on it, this is when we got called into the back and they told us to leave it alone, to mind our

own business and that we were not supposed to do that kind of work. But they didn't know anything about this large amount of marijuana coming in until we told them.

SENATOR HAGEDORN: Do I understand clearly now that you were told that you are not supposed to observe the trafficking of drugs in Greystone?

MR. PICO: We were told not to get involved in it, that that was up to the detective division. But the detective division only works during the day and if they do work at night they work from 3:00 to 11:00. My shift was from 11:00 at night to 7:00 in the morning and this is when most of this stuff was going on.

SENATOR HAGEDORN: O. K., continue with your testimony.

MR. PICO: So, with this we were told about this. When we found out the delivery was made we just forgot about the whole thing all together because we were afraid if we went back to the building after we were told to get out of there that we might have been brought up on charges for insubordination, or something like that, because they like to do things like that to you.

SENATOR HAGEDORN: To what building were the drugs delivered?

MR. PICO: They were delivered to a place call the "employees residence."

SENATOR HAGEDORN: The building on the left as you come up?

MR. PICO: Right.

SENATOR HAGEDORN: The dormitory?

MR. PICO: Yes.

SENATOR HAGEDORN: Approximately what time?

MR. PICO: The delivery was supposed to be made about 7:30 or 8:00.

SENATOR HAGEDORN: P. M.?

MR. PICO: P.M., right.

SENATOR HAGEDORN: Proceed.

MR. PICO: We got involved in this stuff because we figured it was part of our normal, everyday thing because we are there every day and there were a few instances when we walked through the buildings and you could smell the marijuana coming out of the rooms.

SENATOR HAGEDORN: Patients rooms?

MR. PICO: No, employees rooms. Now these are employees that work on the wards with the patients and they bring the stuff on to the wards.

I made a few arrests down there on the marijuana because I can smell it pretty good; I know what it smells like. But after they put the kibosh on us with this big load that was brought in, we felt that-- We got disillusioned about the whole thing, about the whole job and everything. Because when you are trying to do a job and somebody tells you to stay away and don't worry about it, this is how you feel.

SENATOR HAGEDORN: What I would like you to do is put this in writing with names of the people who told you to stay away.

MR. PICO: I did this yesterday at the Grand Jury; I had to go before the Grand Jury.

SENATOR HAGEDORN: O.K. So the matter is being pursued?

MR. PICO: The Prosecutor's office is checking into it, yes.

We also reported about the homosexuality. I live on the grounds there at Greystone. The building that I live in is known as the south cottage.

One night there was a lot of noise coming from this one individual's room. I was off duty and I wanted to get some sleep so I went into this guy's room and there were four guys dancing together and two guys were kissing on the bed. I just turned around and went

back to my room because I didn't want to get involved with these guys.

Then there was another night when I wanted to take a shower and when I opened up the door to get into the bathroom there was a guy setting his hair in rollers. This is where I live and these people work on the wards. I don't know how they can allow these people to be hired in the first place. They come dressed like this to work in the morning. The administration sees them. Their supervisor sees them. Yet, these people are still allowed to work there. They'd rather hire somebody like this, I think, than a straight guy. I had to go back four times for the job in order for me to get the job.

I would say most of the doctors there at Greystone are trying to help out the patients. I think the administration-- Somebody must know something about somebody or somebody is getting something from someplace because things can be done. I mean, if a certain group of people were given a chance to investigate the place I am pretty sure that we could come up with quite a bit of stuff but it would bring in so many people, so many higher-ups that I think they'd probably try to put the kibosh on it. Something would probably happen to us while we were investigating it or something. Because there is quite a bit of stuff that is going on up there.

Most of the people up there are afraid to talk about it in fear of repercussion from the administration insofar as losing their job.

SENATOR HAGEDORN: When you talk about the administration, who do you mean?

MR. PICO: I mean the people in personnel, the people in the main building that are supposed to be running the hospital and the people in my department that are supposed to know what they are doing

SENATOR HAGEDORN: In other words, your

superior officer?

MR. PICO: Right.

We have qualified men in our department. About six or seven of us have gone to college to try to learn stuff and they try to mess you up. They tried to switch my shifts around because they knew I was going to school during the day. I was working the midnight shift and I was going to school during the day so they wanted to put me on the day shift so I couldn't go to school. We took police supervision, management, and we know the way things should be run and if you try to make a suggestion they tell you to "mind your own business, that he is the boss and he is going to run it his own way"- this is the trooper there and this is a quote from him.

SENATOR HAGEDORN: This is a quote from the State Trooper?

MR. PICO: Yes. "He is the boss and he is going to run it the way he wants to run it", and he isn't the boss because I work for Civil Service, I don't work for him. He is just the chief of the security there. My immediate supervisor seems to be afraid to speak up against the trooper in fear of the trooper having him removed from his position. His position, at one time, was just an appointed thing but now there is a test for that position.

When I am talking to my supervisor - also a civil service employee - he tells me, "I am on your side, you know, it is not me; it is the other guy." But the only time I see my supervisor is when I am being disciplined and most of the time I am disciplined it is for things that the trooper has drummed up against me.

SENATOR HAGEDORN: For example?

MR. PICO: For example, back on August 3rd we had a motor vehicle check, which is in our job specification. When the trooper came into work that day he suspended four of us right out on the road. He

went into a rage right out on the street and that was conduct unbecoming an officer, especially a State Trooper if they are supposed to be superior to all these other departments - which I don't think is true. When we found out he couldn't suspend us because he wasn't part of Civil Service, he called me into the office and he said, "Pico, for doing something like that I am going to be out for your job. If I can get you out of here I am going to do it any way I can." This is another quote from him.

SENATOR HAGEDORN: Do you have the officer's name?

MR. PICO: Do you mean the trooper?

SENATOR HAGEDORN: Yes.

MR. PICO: Sergeant Greco. He is a Staff Sergeant, by the way.

SENATOR HAGEDORN: Greco?

MR. PICO: Right.

SENATOR HAGEDORN: I'd like that listed on the record.

MR. PICO: Before this he told me I was one of the best men they had working there because there were a few instances where I was working under cover for them to try to get a doctor out of there - a doctor that was doing his job. They were trying to get everything they could against him. It is my job to work with my department in any investigation that I am told to do.

Right after this incident when he told me that he was going to have my job, this is when I was the worst guy in the department. I got suspended for things like driving a fellow officer from another town - I went to Sea Girt with him and he came up to see me one night - through Greystone Park because he was never there before and he wanted to see what it was like. I got suspended for that along with a fellow patrolman, Carmine Catalano; he is here today. Again, this is another

time when my superior said, "I'm on your side, it is not me." But when we went for a grievance procedure, he didn't open up his mouth. He was against us in the procedure.

Then there was another time where they wanted me to make up statements against my brother officer. They asked me if he was sleeping on the job. They said if I didn't go along with them I'd be fired. You know, things like this, just trying to harass me so that I would either quit or go along with them. Our back room has their own knit group that squeals on each other. It's like a game that they play and I got tired of the game because I don't like those games.

So anyway, we had to come down here to Trenton to fight these charges that they had against us. They said we were insubordinate, we neglected our duties, etc. They used all these words to make us look like we were about two inches high. But I don't think they know what the words mean. I think they just must have looked them up in the dictionary or something. We won the case. Trenton felt that the few state of affairs that happened on certain nights might have shown poor judgment on our part. After I got my letter from Trenton saying that, the business manager wrote me another letter and in the letter he made the same insubordination charge rather than the use of the word "poor judgment." They gave me a letter of reprimand for insubordination, neglect of duty and something about the patients - I don't remember the exact thing.

This was just further harassment to me because this was on my record again. Now there are three things on my record so far that shouldn't have been on there.

Not too long ago I had a car that had a faulty gas pedal on it. I was going to get it fixed. When I pulled away from the main building, where headquarters is located, the gas pedal got stuck and I think I

burned about 64 foot of rubber on the ground before I could get the pedal up. I had to try to get the pedal up and keep control of the car at the same time. A fellow officer of mine, one of these guys that are in the knit group in the back, wrote me up and I got a letter of reprimand for that. When I tried to fight it I said, "you won't believe what I am going to write down" but they said, "write it down anyway otherwise you will be insubordinate and we could bring you up on charges."

This is all they are worried about. Rather than worry about the security of the hospital and trying to find these narcotics, they are more worried about me and a few other people that they don't like, who cause waves for them, who speak up. Most of the men there have been there about 15 years and they are afraid of losing their jobs. I am leaving the post. Today was my last night working and if there is any way I can help anybody out or give them any kind of information about the place, I will be more than happy to. I will even work with somebody on an investigation in the length of time that I will be here, if they want me to.

SENATOR HAGEDORN: Can you tell us how extensive your training in police work is? You said you took courses?

MR. PICO: Right. I was on the Auxiliary Police in Madison for about one year before I came up here to Greystone. When I came to Greystone they sent me to the State Police Academy. All the towns surrounding us go to this Academy also. When I came out of the State Police Academy, I was just as qualified as the guy in Morris Township or Morris Plains - in the surrounding towns. I took some courses in the Morris County College in Police Law Enforcement - police science courses - so I know what is going on and how things should be run.

We have a Sergeant up there that took courses

too but when it came time for the test for the supervisor - the job my Sergeant, Ryvasack, has now - they gave this guy a lower grade because Sergeant Greco gave Ryvasack an oral test and it was on his recommendation that Ryvasack got the job.

There are about four or five men that have college credits up there and the back room resents this because we know more than they know; that is what it comes down to. They don't want to admit to the fact that they can't run the place. The patrolmen know more than they know.

SENATOR HAGEDORN: O.K. Is there anything else you want to add to your testimony?

MR. PICO: I'd just like to add that if there is anything that can be done to help out these patients in any way I will be more than happy to help out.

SENATOR HAGEDORN: I would ask that you give Mr. Moore your address and telephone number.

MR. PICO: O.K.

SENATOR HAGEDORN: Thank you for your testimony.

I'd like to call on Carmine Catalano as the next person to testify.

C A R M I N E C A T A L A N O: My name is Carmine Catalano. I am a patrolman at Greystone Park and like my fellow officer I have seen the same things going on. I was notified about alcoholic beverages being brought onto the wards and employees drinking - employees that were taking care of the patients. It was reported to my supervisor. I had an informer who gave me the name of the fellow and the time that these alcoholic beverages were going to be brought on the wards - it was supposed to be on a payday from 5:30 to 6:00. I got the description of the car and the amount of people that were going to be involved and the ward number.

I was asked how I knew about this and I told them I knew from an informer. They wanted me to produce

the informer and I wouldn't. I was told down at Sea Girt that when you do have an informer, if it is reliable, you keep it. The only thing I did ask was that if they didn't believe me, or if they didn't believe the informer, all they would have to do was sit out there on Friday from 5:30 to 6:00 and wait for the car described, watch the people getting out and stay on the ward and they would find out for themselves. I was told "don't worry about it."

The next day I went up to check, with the supervisor, on my own time, and she verified it by taking out a bottle of wine and saying that she found it in the building. Somehow or another the supervisor might have contacted my superiors and they called me back and said "we told you to stay out of it and mind your own business." That was it. I felt a little angry about it but I stayed out of it.

This is going on at the institution and I only say that if you are a patient there and you have someone taking care of you that has a hangover and who feels worse than you, I don't know how you are going to get the proper treatment.

I have even had incidents where I have had patients-- Well, a patient has come up to me and informed me that he was offered a drag on a marijuana cigarette. I have had informers come up and tell me that they saw certain people taking a fix in a car - people who were working on the wards.

I had the informers tell me about the marijuana - 7 kilos - but I don't believe 7 kilos worth would take care of Greystone Park. I think 7 kilos might have taken care of part of Morristown, which is in Hollow, part of Victory Garden, and maybe part of Newark because it could be a distributing place for all I know.

SENATOR HAGEDORN: How long ago did this take place?

MR. CATALANO: This took place within the last few months.

As for the whisky incident, it took place last year. I don't remember the date because at this time I am looking for another job. I will be truthful with you. I can't use the language in here that they used when they talked to me, but I was told to look for another job quite a few times. I was told to get the hell out and stay away from the place.

I have four children. I was reprimanded so many times and brought up on charges that it is-- My wife and I have children that are in high school and I don't think that they should observe this. I just have to get out.

What I would like to do is to find another job if they will let me alone to find this other job. But this is it. Like the other fellow said, once you do something like this you are blackballed.

SENATOR HAGEDORN: Who is, "if they will let you alone?"

MR. CATALANO: If the trooper and my supervisor would only give me just a half good recommendation. I don't want to be called a bum. I am a troublemaker. I am a troublemaker for being here. But as we all know in this room, any one of us can become a patient in Greystone Park. We can't put this out of our minds. We would like to think that we are not going to be there but we don't know what happens in life when that door closes behind us.

I have seen many people, I have talked to them, they all think maybe Greystone Park is a place where all whacky people go. We can have a mental breakdown and all of us can wind up in Greystone Park. It is a funny thing, when you have the door closed behind you, then you have to wait for somebody else to talk up. It is rough. When they do talk up, they are afraid.

I'm afraid. The only reason why I am here now is because I am going to be subpoenaed next week to appear before the Grand Jury so I felt that I might as well come down and give my statement.

Like I said, I'd rather go out and dig ditches right now - I would rather dig ditches than work at Greystone Park and I will make that statement and I would go out and dig ditches.

I am on crutches right now. I called the doctor on Friday the 13th. I had trouble with my knee and this doctor said, "you are not going to wake me up now are you pal?" I said, "I'm sorry" and he said, "why don't you go home." I said, "o.k., if you want I will go home." He didn't want to get out of bed. Well they wouldn't let me go home, they said I had to stay there. I said if I was going to stay there, at least put me on Darvon or something - the State has been giving me Darvon for the knee. He said to me, "if you are going to get me out of bed you son-of-a-bitch I'm going to wake this whole hospital up." Now I am an employee, I could have turned around and told them all to go to hell and gone home. What about the patients? What about the guy that is stuck behind the door? Can he tell them all to go to hell and go home?

This was his job. My job is security. If I see homosexuals - which I have seen-- I've seen them wearing bras. I have seen them with hair curlers. I have seen them wiggle down the hall. I have seen them holding hands with each other. I don't say this is wrong, let them do it but do the patients have to be exposed to this? What about the homosexual that is put in there who is being taken care of by a homosexual? It is like a criminal taking care of a criminal.

SENATOR HAGEDORN: You mentioned that you had an informer. Is he an employee at Greystone?

MR. CATALANO: He was an employee; he is out

now. The other informer is still at Greystone.

I will even go so far as to tell you I had an informer come up and tell me - I can't look back in the records, there is no way I can get hold of these records and I don't know if they were subpoenaed if they would come out and tell the truth or what - but I had an informer come up and tell me on a Tuesday night that there was going to be a raid. They were trying to pull a raid on Friday. Now, how the hell did this person know that they were going to pull a raid on Friday when I didn't know it and I am in security? And if this person knew it - a person who lived in the building - the whole building knew about it, let's face it, because I know this person smokes marijuana himself. I just can't pin it on him. It was admitted to me by this person that they blow pot, but not on the grounds. They'd rather blow this pot somewhere else. You can't condemn a person for blowing pot somewhere else because you have to find the evidence but the point is, this person admitted to me that he blew pot. He admitted to me that he saw a person working on the wards who took a fix right in the car. He told me about the whiskey and the wine and the beer that was going in the ward. He named the ward. He named the hour. He gave me a description of the people and nobody waited for them.

If they didn't believe me and they didn't believe the informer, it would only have taken a half hour-- They couldn't spend a half hour there to watch but yet, the day before yesterday - I live about eight miles away from the grounds - they could send a detective down from Greystone Park to ride around my house. Now is that common sense? What did I do wrong? Do they want to know if I am on crutches? They didn't even believe I was going to have an operation because this doctor said I was a liar. He said there was nothing

wrong with me. You can all see, I can take the bandages off and show you the scar and you can see if there is nothing wrong with me.

SENATOR HAGEDORN: How long have you been associated with the security police at Greystone?

MR. CATALANO: A little over two years and I have been trying to get out a little over a year - about a year and one-half.

SENATOR HAGEDORN: Did you have former police experience?

MR. CATALANO: I had eight years with the Madison Auxiliary Police Department. I always had a good record there. As I say, I have been trying about a year and one-half to get out. If I could only get some kind of good recommendation - something that says at least that I worked there.

SENATOR HAGEDORN: What was your reason for leaving Madison?

MR. CATALANO: I was on the Auxiliary Police Force. We worked - or went out - two nights a week and patrolled from 7:00 to 12:00 with a regular policeman.

SENATOR HAGEDORN: Is there anything else you'd care to add?

MR. CATALANO: Well, let me say the morale is very low at Greystone - amongst the employees. The employees who are doing something wrong are not going to come here and sit at this desk and say, "yes, I blow pot and I have a good time and I drink all night at Greystone Park." The ones who aren't doing anything wrong are afraid to come here. So you are not going to get too many statements unless you have somebody who just don't care and have had it up over their ears with the garbage, etc.

SENATOR HAGEDORN: What are the shifts at Greystone?

MR. CATLANAO: On the security?

SENATOR HAGEDORN: Yes.

MR. CATALANO: Well, they run from 7:00 to 3:00; 3:00 to 11:00 and 11:00 to 7:00. I work on the 11:00 to 7:00 shift.

SENATOR HAGEDORN: How many people are involved in each shift?

MR. CATALANO: Sometimes down to two men.

I patrol Greystone with a man - with no weapon - many a night. I have driven around and I have had a weapon and he hasn't. I have patrolled Greystone many nights alone in the car, checking the buildings.

SENATOR HAGEDORN: Well, when you get into something unusual, do you have someone with you who could verify what you have observed?

MR. CATALANO: There have been nights when I was patrolling and I didn't even have a radio car - I just rode around in a state vehicle. If I got into any trouble, I couldn't even holler for help.

SENATOR HAGEDORN: In other words, you have never been in a position to have someone confirm what you are saying to us now?

MR. CATALANO: Yes, you can be in the position but who is going to say it? They are afraid of their jobs.

I had an incident where I had a man ready to back me up, to go down to Trenton for a hearing, he was right there and he was told that if he backed me up he could get up to five days suspension and the man came out to me and said, I am sorry, I like you pal but I have been here 15 years and I just want to get my time in and get out.

SENATOR HAGEDORN: Can you give us the name of the person that made that threat?

MR. CATALANO: The name of the person?

SENATOR HAGEDORN: That threatened the other individual.

MR. CATALANO: They were my superiors.

Like I say, will this other person come forward and say, "yes, he did"? He was there. These parties have called my house and told my wife that they "wanted your husband's job."

I've even been told by my fellow workers that they are afraid to ride with me - the old-timers - because they want to get rid of me and they just don't want to be in the car when it happens. One man got a three-day suspension for working with me. The other officer got a four-day suspension for being with me. They told him they didn't want him, they wanted me.

SENATOR HAGEDORN: Well, you mentioned that the person that was with you was ready to testify but he was threatened that he would lose his job. Is that correct?

MR. CATALANO: No, he wouldn't lose his job. They threatened that he would be suspended for up to five days, which they can do.

SENATOR HAGEDORN: Well, who is the person that made the threat?

MR. CATALANO: My superior made the threat to this fellow.

SENATOR HAGEDORN: What was his name?

MR. CATALANO: He told me it was Sergeant Greco and Supervisor Ryvasack who threatened him.

SENATOR HAGEDORN: Sergeant Greco and who else?

MR. CATALANO: Supervisor Ryvasack

SENATOR HAGEDORN: How do you spell that?

MR. CATALANO: I don't know - R Y V A S A C K
I think.

Like I said, the only reason I am down here now is because I am to appear before the Grand Jury and I might not be able to say all of this at the Grand Jury because they ask you the questions and you just have to say yes or no. I will take a polygraph test to prove what I am saying, if they want.

SENATOR HAGEDORN: You would take a test?

MR. CATALANO: I would. I would like to ask if they would take the same test.

I have already been accused of stealing a \$25,000 picture at Greystone Park and I was told that if I didn't take a polygraph test that it was going to mean my job. They didn't ask me, they told me - pointing a finger at me - that I had to take this polygraph test. The trooper said this. He asked, "what did you do with the picture" and I didn't even know what he was talking about. Evidentially somebody in a blue uniform moved it - one of the workers there - and somebody out of a clear blue sky said well, the blue uniform must be me and when they called me in to ask me about this picture I didn't know what they were talking about. The trooper said, "come on now, you know what the hell I am talking about, I'm talking about the picture." I said, "I don't know." This is the harassment you get. He said, "well, you are taking a polygraph test." I said, "I'll take anything you've got."

I found the person who moved it. This was on a Wednesday or Thursday that I was accused. On Friday I found the man in the blue uniform; he happened to be a fireman at Greystone Park. I called him and notified him that the man who moved the picture - the man in the blue uniform - was a fireman at Greystone Park. I told him that he was the one who moved it and that this would take me off the hook. I asked him to at least go down and talk to the man, who was only a distance of, I'd say, this building away from the police department. This was on a Friday morning. Saturday morning I went and talked to the fellow and asked him if anybody contacted him because we have a detective who worked on Saturday. He said nobody contacted him. On Monday I went down to Little Falls, to the State Trooper Barracks, and took the polygraph test. I asked my superior, "did you see this man yet? Did you talk to him?" He said, no, he

didn't have time. So I took my polygraph test. I was cleared and the case was closed.

SENATOR HAGEDORN: Is there a State Trooper on each shift?

MR. CATALANO: A State Trooper is on for only one shift. The State Trooper made a remark to me that he was only on for eight hours and after he was home he didn't give a shit what happens to this place.

SENATOR HAGEDORN: Is there anything else that you would care to say?

MR. CATALANO: I don't want to be here. This is what happened in the security department. I just feel bad for the patients that are caught between, what you would say, somebody trying to retire and political things and they are the ones that are right in the middle and they are the ones that are taking all the garbage. I feel bad for them because it isn't what you call a mental institution - like the old days when they strapped people to the walls and just left them - it is where people are put away because they are senile - someone who is just put away because their son or daughter doesn't want to take care of them any more and maybe they want the house so they put mom or pop in Greystone Park and let them die there.

I, alone, caught three kids coming off a ward and put them under arrest. I searched their car and found three bags of marijuana in the car. These kids went on the ward without a pass. They were three nice looking upstanding boys. They went on the ward and when they came out I observed the car and in it there was a six-pack of beer and some of it had been consumed. There were beer cans thrown all over the car. Marijuana butts were all over the car. Two bags of marijuana were in the car. These three "nice boys" went in to see a buddy of theirs on the ward, after hours, that was on narcotics.

SENATOR HAGEDORN: Was the buddy a patient?

MR. CATALANO: The buddy was a patient and these three boys went to visit this patient without a pass, mind you; they went by the supervisor's office and got on the ward and when they came out I put them under arrest. I don't know what happened to the case but they were put under arrest by me.

SENATOR HAGEDORN: How long ago was this?

MR. CATALANO: I went down for a hearing in January. I went down-- I have the date home. I had to go to court. I don't know what they said, believe me. They said that they were going to look further into this and that they were going to bring the kids up on charges. They thought that maybe I searched the car illegally and they were going to try to-- I don't know what the outcome was. I don't know whether the kids got away with it. I don't know what happened to them. I thought that I was the arresting officer but I see now it's the State versus them so if the State wants to drop the charges I have, I guess, nothing to say.

SENATOR HAGEDORN: Do you have the names of these young people?

MR. CATALANO: Yes, I have the names. I kept the document home.

SENATOR HAGEDORN: And the license number of the car?

MR. CATALANO: No, but all you have to do is to look it up and you will find the license plate number of the car. The license plate number would be in the files of the police department.

SENATOR HAGEDORN: I'd like to have you furnish that to this Committee.

MR. CATALANO: Now? I don't have it with me.

SENATOR HAGEDORN: No, you can mail it to my address, the names, addresses and whatever else you may have.

MR. CATALANO: Right. I have that. As a matter

of fact I was tempted to call to find out whatever happened to that case because I was kind of interested in it.

Like I said, you just get tired after a while and you figure, the hell with it. I just tell my wife, if anything ever happens to me don't send me to Greystone because I'll come back gunning for you. It is a bad thing to say but no worker - no worker - wants to be admitted to Greystone. They would rather die than be admitted. So that must mean that there is something wrong with the place. I can vouch for this, 99% of the workers will tell you they would rather die than be admitted to Greystone Park. So if it is such a lovely home for the aged and the mental, it doesn't paint a good picture. It is like somebody saying they'd rather buy food from the store down the street because they work in the other store and they know what they do with it.

SENATOR HAGEDORN: Anything else?

MR. CATALANO: That's about it. I am glad you listened to my testimony.

SENATOR HAGEDORN: Thank you very much.

Is Florence Kravicchi present?

F L O R E N C E K R A V I C C H I: My name is Florecne Kravicchi.

SENATOR HAGEDORN: Can we have your address too?

MISS KRAVICCHI: I just moved from Morris Township to Parsippany. It is eleven hundred Parsippany Boulevard in Parsippany.

SENATOR HAGEDORN: O.K. Would you proceed with your testimony?

MISS KRAVICCHI: I was a patient at Greystone for three and one-half years. I an awful lot go on. I worked for Dr. Fenimore for about a year and then I quit because I wasn't getting paid for it. He said he would give me a good reference but I never used him for one.

I was told that I could have drugs if I wanted them and I almost tried marijuana out of boredom. I did have alcohol one Christmas - I think it was Christmas of 1969. I accepted alcohol from a patient who has free movement on the grounds. He has been there for years. I don't think there is anything wrong with him. He gets on the bus frequently, goes to Morristown, buys a few bottles and comes back on the next bus. I don't know the man's name. I know him by sight but I don't know his name.

You could do just about anything up there if you knew your way around. I have heard since then they have closed off a few of the ducts.

There was a doctor that, I was told, was fired for ignoring the patients. I knew the doctor personally because he was one of the doctors I worked with and he was one of the best when it came to taking care of people. If anybody had a physical problem - he was a D. O. - he would prescribe something for them. He would ask if they were allergic to penicillin, or whatever. Most doctors wouldn't even see you; they would just put you on something. He took interest in the people - in their physical problems. I was told that he was fired because he ignored these people.

There was another doctor who, for some reason - I don't know why - when Dr. Fenimore went on vacation, back in 1968, was put in charge of the unit for the month that Dr. Fenimore was away. The next thing I knew he was transferred to Bergen County. What he was supposed to have done wrong, I don't know.

There are a lot of good people up there. There are a lot of good attendants and good nurses. There are a lot you don't dare even look crosseyed at.

I know a woman, she asked for a cigarette and she was hit and put in a shower room and left there all day. This is just one of the things I have seen.

There was another woman who went into some sort of coma. She was just left sitting in a chair in the hallway for about a week. A couple of us patients tried to get her into the bathroom and wash her. She was very heavy. We asked the attendant for help and she didn't help us, she just stayed and watched T.V. This woman eventually died. I don't know what she died of but she was ignored the whole week. No doctor went to the back ward to see her at all.

SENATOR HAGEDORN: Could you tell us what ward that was?

MISS KRAVICCHI: Ward 51.

SENATOR HAGEDORN: How long ago was this?

MISS KRAVICCHI: This was in 1967 sometime. Her name was Anna Jones.

Up on the 4th floor, in main building south - I've heard since then it doesn't house any patients - I don't know how they lived up there in the classrooms, or whatever it is they have up there during the day, because at night it was so cold up there we used to go to bed completely dressed, with socks, slacks, sweaters, jackets and any blanket we could find; that's how cold it was up there.

SENATOR HAGEDORN: Is there anything else that you would care to add to your testimony?

MISS KRAVICCHI: Well, I was discharged in 1970. I wrote a letter and snuck it out asking for a lawyer and the lawyer got me out, otherwise I'd still be there probably.

SENATOR HAGEDORN: How were you committed in the first place?

MISS KRAVICCHI: Pardon?

SENATOR HAGEDORN: How were you committed in the first place?

MISS KRAVICCHI: I committed a criminal act and someone, don't ask me who, thought I was insane

and I was put up there and then I was forgotten about. The last I heard, I was given the diagnosis of acute schizophrenic episode. This was in 1966.

I was sent to the high school equivalency school by the doctor that was transferred while Dr. Fenimore was on vacation. I was given ground parole by him. I was allowed home one Christmas - the Christmas of 1968.

This decentralization that everybody is talking about, where Bergen pays for theirs and Morris County pays for theirs, and what not, is having a bad effect on the people. If there is a movie on Monday night, there would be like two attendants in the whole hospital that would just collect everybody and take them up. Now you have cases where Bergen County women might go but Morris County women won't go because no attendant feels like walking up the hill in the winter. Whereas, before the patients had a better chance of getting somewhere, now their chances are less.

There is so much paper work, from what I have seen in the offices, that nothing is getting done. I have been doing volunteer work up there on Tuesday nights and I haven't seen any changes.

I have been on a few wards, the wards look as crappy as they always did. I have heard the Brightstones are painting. I have seen one ward that they painted; it is no longer for the patients; it is now used as an office for the social workers. It used to be main building north - 32 I think it was. So far the wards I have been on I haven't seen any difference, like on ward 3, which is Bergen County.

SENATOR HAGEDORN: Is there anything else that you would care to add to your testimony?

MISS KRAVICCHI: No.

SENATOR HAGEDORN: We thank you very much for your testimony.

At this time I would like to give our very faithful secretaries a break. We will reconvene in about 5 minutes.

(5 minute break)

We will proceed with the hearing and the first gentleman will be Mr. Grosso, if he will come forward.

R I C H A R D G R O S S O: I am Richard Grosso and I live at 446 East 42nd Street, Paterson. I am a former Commissioner of the Mental Health Board of Passaic County. I am County President of the Passaic County Welfare Board and I am a Special Assistant to Senator Hirkala for Health Care Facilities.

I accompanied the Brightstones and yourself, a group, at Greystone. We made a surprise visit one day. I have the benefit of ten years of experience in public health. I was Chief of the Division of Environmental Health in Paterson. I call it a benefit because if I look at something I see it as a former inspector.

I went through Greystone Park and found a series of things. I won't-- I would like to go into some of the highlights. One of the early things that I learned was that rather recently, prior to that visit, a resident of the facility hung himself. In discussing this with the aide there it appeared that most suicides at Greystone take place on weekends. This would indicate a necessity for a closer look at the scheduling of staff on weekends, or absenteeism on weekends, or other reasons for lack of vigilance among the staff.

There are conditions that are dehumanizing. In the Bergen County building, specifically, toilets are lined up side-by-side. They don't even have a wall between them. You couldn't get toilet paper unless you asked for it. The general sanitation for that unit left something to be desired.

The patients at Greystone are housed by county. I administer a 120-bed nursing home. I have

been in health care for quite a while. I have served as consultant in the construction of health care facilities. This does not make me a mental health professional, Senator. But the patients are housed by county and they are not classified according to the level of care that they require. Now as they progress they achieve a new level of competence but they are not moved into a higher level of competence; they are kept in the county building.

I discussed this with Doctor Fenimore at the time and he said when that system of housing was proposed, he was among those who opposed it as unsound. Of course, I couldn't understand this because by that time he had been the medical director for a year and a half. Why didn't he proceed immediately to start to rectify it?

Each unit of that facility has a director in charge. He seems to enjoy autonomy. I could see this because the Passaic County building, which is another one that I visited, is considerably in better shape than the Bergen County building. This is difficult for me to accept. In this one facility it appears that the staff is brighter and happier; they are more cheerful. The building is better equipped. I understand it was freshly done. The patients seem to be better groomed and better kept - maintained - than in Bergen County.

On some male wards there are no male attendants so female attendants are forced to bathe, dress and provide personal services for all of those patients, including adult males.

This had significance to me. A recent personnel report showed 284 unfilled positions at Greystone. In spite of that shortage of staff, there is a job freeze in progress wherein no new personnel are hired. In addition to the difficulty of attracting employees to these low-paying jobs, before the medical director

was able to employ an applicant, he had to receive approval from the Department of Institutions and Agencies in Trenton. Frequently, before the approval was received, the job applicant found employment elsewhere and I don't think they can afford to lose staff after listening to the testimony that preceded mine.

A young male committed from Clifton and who was committed to Greystone for drug abuse had been there for more than a week and hadn't been seen by a doctor yet.

They seem to need money. As part of a behavior modification program, patients are taken by bus to shows, shopping centers, etc. Greystone had approximately 2,400 patients and they owned one bus with a seating capacity of 24, so a portion of the behavior modification program stands around waiting in line until a bus is available. When they finally get a group which is greater than 24 they have to split the nights up. They had a program there, probably part of the same program, as I recall, wherein patients were rewarded for things as simple as taking a bath. Whatever progress they could show they received a reward and the reward was given to them in tokens. When they accumulated so many tokens, they had value. Five tokens might buy you a glass of soda and ten might buy you a cup of coffee at the stand outside - whatever. It seemed that that program was able to be run for maybe \$1,000 to \$1,200 a year and the doctor in charge of that building said he couldn't get that money even though he was finding the program successful.

This amazed me. The facility budget request was \$30,242,841. When this budget was submitted to the Department of Institutions and Agencies, they pruned the request and recommended the approval of \$23,766,449. The amount which was finally approved by the director of the budget was \$19,676,236. When Doctor Fenimore was asked at that time if he had adequate funds to

operate, his answer was, "we are functioning." I said, "but are you satisfied with the standards by which you are functioning" and he said, "yes." My question was, "if you can function with satisfactory standards on \$19,600,000, why did you request over \$30,000,000?" If they needed \$30,000,000 to initiate new programs, or to extend their better programs, or to provide a generally higher level of service, then he should have explained that, but there was no explanation forthcoming at the time.

The answers were general and I didn't understand that. But if they need \$30 million and if they asked for \$30 million - maybe they needed \$27 million - \$19 million is a far cry from that amount. So it appears that budget seems to be one of their serious illnesses and the other serious illness that I could detect, as an administrator, is the lack of adequate administration. I can't help but feel that this is one area where - speaking of Greystone now, Greystone is a mental health care facility and it is part of the health care facilities of the State-- where there has to be separation from the penal institutions. Health care, mental health and medical care, is enough of a field and a science in its own right. It requires its own attention and it requires its own administrators. I believe that the change in administration at Greystone is significant. If the administrator is strong, he can correct all of the ills that are there, except for budget, and he needs the support of the home agency here in Trenton and I think this is where one of the difficulties lies. I think that it is difficult to predict adequate support for an individual facility, such as Greystone, when the Department of Institutions and Agencies is plagued with penal institutions, health care facilities, nursing homes, boarding homes and the administration of the medicaid program. They can't give the attention to

mental health that it needs.

So, I am in accord with the Senator's move - I am certainly in accord - and I praise him for his action in trying to separate these departments so that mental health stands on its own and that possibly it will be adequately budgeted. Only after they have budget and a strong administrator, properly organized and oriented, can Greystone be shaken up. There is no doubt in my mind but that Greystone can be shaped up. That is all I have, Senator.

SENATOR HAGEDORN: We thank you very much for your contribution and for your interest in this particular problem and we look forward to further contributions in that area from you as we carry out our campaign to improve conditions.

MR. GROSSO: Thank you. I shall always be at your service.

SENATOR HAGEDORN: I will now call upon Assemblyman Reid, who has to leave for another appointment. I mentioned before that he is a member of the Institutions Committee in the Assembly. Assemblyman Reid?

A S S E M B L Y M A N C H A R L E S E. R E I D:
Thank you very much, Senator. I have to correct you; I am not a member of the Institutions Committee of the Assembly. That is one of the Committees that I don't serve on but I think the Senator, because he knows of my interest in the activities of Greystone and other mental institutions, makes an assumption which is perfectly valid.

After hearing the testimony given here today by many of the people, perhaps my testimony won't be quite as powerful but I speak as a lay person as well as an Assemblyman who is concerned.

First of all, I'd like to give testimony relative to a surprise visit that I made to Greystone

with Senator Hagedorn and my aide and members of the Morris County press, back in 1972.

Since being elected in 1971, I had received many complaints from my constituents as to the quality of care at Greystone, in fact many pleas from people to do anything I possibly could to get them into another institution in one of the other counties, or one of the private institutions. I won't go into the individual comments of some of the families who have been to Greystone but there were certainly some very heart-rending stories.

This visit we made in 1972 was made early in the evening - about 9:00. First of all we had a great deal of difficulty locating the resident director in charge that evening. The security force finally located him and we got permission from him to tour the main buildings. We had quite a significant delay. I just wonder what would happen if this were something related to a patient rather than a Senator's or an Assemblyman's visit because if the director is difficult to get hold of on any occasion in the evening, I think this is something that should be looked in to.

We were allowed to tour the main building and the Bergen County unit and one of the staff housing units. Before going into detail, I'd like to say that my overall impression was one of depression, hopelessness the sense of dehumanization at Greystone, in the state it is in at the present time. I am not unfamiliar with such institutions. I was a medical corpsman in World War II in the U. S. Navy. I was exposed to various mental care units at that time. I am also a member of the Board of Directors of the Central Bergen Mental Health Unit.

First of all the units themselves were only marginally acceptable in many areas, from the cleanliness standpoint. The former witness, Mr. Grosso, pointed

out that the sanitary facilities left an awful lot to be desired, both from the standpoint of privacy as well as from the standpoint of cleanliness. All units were obviously in need of paint and repair. The comforts of the patients were almost non-existent. Many cubicles housing patients were literally head to foot, this despite the fact there were unused portions and wings of the building that were available for renovation and for repair.

The staff-patient ratio was obviously extremely low and patients were not encouraged to maintain human dignity through personal care and personal dress.

Many of the so-called common areas had to be used as activity areas. Just for one example, there was a T. V. set in one of the men's wards and there was a group of men left completely unattended, with very little interest level in the program, while one of the staff members was in an adjacent room playing pool by himself. This certainly shows an utter lack of supervision as well as concern for the patients.

The grounds at Greystone are very attractive, as you all know if you have visited there. I doubt if any of the patients can see them through the dirty black windows but if you did get outside you would see they are very attractive.

Staff attitude, as I spoke to staff members on my tour, varies from intense interest to complete apathy and irritation. As a former corpsman I went to one of the treatment rooms. It was obviously filthy and the instrument medical cabinet was left unlocked and was very easy to get into and to steal from.

One staff member who seemed extremely concerned told me of the dietary problems which they had. They prepared food which was not acceptable to many of the people who didn't have dentures or who had dietary limitations. Patients are not classified quite properly, to my way of thinking - and Mr. Grosso also referred to

this. Patients who had weekend privileges had to go back to the same depressing atmosphere with patients still too sick to have this privilege. There seemed to be no classification of patients, except for the ones who might be diagnosed "dangerous."

The question as to the actual use of rehabilitation programs and training-vocational programs was side-stepped entirely. I was left with the distinct impression that the use of same was limited to just a few hours - at best - per week, per patient.

The visitation areas for families were totally inadequate. The staff quarters that I visited were extremely depressing. Graffiti was rampant throughout the staff quarters and, as you all know, we react according to the environment that we live in and work in and I honestly can't see how any staff member could avoid becoming almost as depressed as a patient, living under these conditions.

I made inquiries into the training given attendants and they told me about a few weeks of training - verbal on-going training - they receive to help them make use of our virtual lack of knowledge in the mental health field.

In short, the institution reflected an attitude of retention rather than rehabilitation. Professional services were not available, readily, on a 24-hour basis. A patient really doesn't care whether he has a problem at 8:00 in the morning or at 12:00 at night. It seems to me these professional services must be available as the patient needs them, not according to the schedule of a doctor or any professional staff on a daytime basis.

Obviously it is-- I don't like to refer to it as the "dark ages" but in today's enlightened thinking Greystone obviously is out of the dark ages.

In addition to the upgrading of existing

institutions, we also have to recognize the validity of the need for new facilities on a more localized level to make it easier for our family units to visit patients. We must have more effective support and use of our community mental health programs.

I have to refer to some bills which are locked up in Committee at the present time. One such bill is Senate 1262, which is sponsored by numerous Senators, but the prime sponsor is Senator Hagedorn. This would provide for the establishment and improvement and expansion of community mental health programs. This has passed the Senate I believe, Senator?

SENATOR HAGEDORN: It is locked up in the Assembly Committee and, hopefully, you are going to help us get it out.

ASSEMBLYMAN REID: I was not aware that it was locked up until I spoke to you, Senator Hagedorn, and I pledge to you any aid I can possibly give to get it out of Committee and before the Governor for signature.

I think this out-patient type program could do much to eliminate the need for the institutionalization of patients and to better effect rehabilitation in our programing.

I am gratified, if I can say so, that the Senate has passed the bill which I sponsored, Assembly 365, which allows, for the first time, the State to purchase residential care and treatment for mental patients in existing facilities - non-State private facilities - for patients who might benefit more by that than by the State institutions. This is before the Governor for signature now and I hope that that will become law within the next few weeks.

I have also sponsored a bill which was just introduced last month to give Greystone an additional \$3 million in supplementary appropriation for 1973. I have been told this will be given to the Assembly

without reference and there is a possibility that we may be called back - I hope so - and if we do I will ask Senator Hagedorn to move this onto the Senate floor without reference so we can get that additional aid to Greystone.

Money is important but I think the attitudes that are reflected in the institutions are equally important and I wish to emphasize that. Money in itself, whether it be \$3 million or \$6 million, is not going to be beneficial unless those attitudes change. I hope with the new administration we will see a significant change in those attitudes.

I also have to speak to Senator Hagedorn's bill, S-1134, which will establish in the executive branch of the State Government a department known as the Department of Human Services. As an Assemblyman I am concerned about the fact that we create more bureaus and departments but I think that this is an excellent bill because I think we have to focus in on these human services and that we should do it by providing this type of department - one that is all-embracing and removes this from the penal system, as I said before, and clearly places the responsibility for mental health in one department, under one administrator, appointed by the Governor with Senatorial approval.

I think we have been remiss in not making more effective use of the revenue sharing monies. We didn't anticipate a cutback in Federal programs and monies have not been forthcoming to take place of the Federal programs that have been pulled back by the Federal government. We know we are going to have an increase in revenue sharing if the present Federal proposal is passed in 1974 and I think that we have every right to expect more of those revenue-sharing monies to go into our institutions.

There is no doubt in my mind that we must

continue to encourage volunteer groups, not only to supplement the staff but primarily to focus in on our community awareness of the problems of our institutions. I applaud those who have participated on this basis and there are many who have done this for many, many years, not just as a short-term thing.

The waiting periods for mental health treatment is one thing that greatly concerns me. This must be eliminated. I know of people who have literally waited months in order to get any mental treatment at any of our institutions and I think this is horrendous and certainly must be eliminated.

In closing, I think that the institutions are a direct reflection of our attitudes toward them and I think this type of hearing is extremely important. It makes us aware of the problems of our institutions and helps us to change our attitudes. We can do all we can by passing legislation such as I referred to here but these are only instruments; if you don't use these instruments for the better care of our patients and people in need of mental health care, then all this legislation will go down the drain no matter how hard we try as individual legislators.

I know Senator Hagedorn has devoted himself these past years to the concern of the mental health of our State and I am sure that a new administration will move forward.

I think we should not be afraid to bring these problems that we have referred to today out into the open and discuss them clinically and direct ourselves to the individual problems. It is natural in an institution that people get atrophied in their attitudes and I think that we have to change that and I certainly pledge myself, along with Senator Hagedorn, to do anything I can to change those attitudes.

SENATOR HAGEDORN: Thank you very much, Assembly-

man Reid; we appreciate your interest in this particular problem and also are grateful for the fact that you could be here this morning to hear first-hand testimony of some of the conditions that prevail and look forward to your very active support in the Assembly to move the bills that we have introduced.

ASSEMBLYMAN REID: Senator, I only wish that the entire Assembly and Senate could be here to hear the testimony today and not just you and I.

SENATOR HAGEDORN: I know that you have influence and I hope that you will convey what you have listened to this morning to the members of the Assembly.

ASSEMBLYMAN REID: I certainly will. Thank you sir.

SENATOR HAGEDORN: Thank you very much.

The next person to testify will be Mrs. Hazel M. Burke.

H A Z E L M. B U R K E: I wanted to add a few things. I am glad the Senator has gone up and seen Greystone because you just can't do much unless you do know.

There are several things that could be done for these people. When they're admitted, they are stripped of their clothing and given State issue. This is the first degrading thing they come up against. The next is that when they go to eat they are allowed no sugar or salt and I don't see why. This could easily be regulated if they had a diet problem but Greystone allows no sugar or salt and when people are used to this, it is quite a degrading thing.

They are then given a bed to sleep in but the next night that bed might be assigned to someone else. There is no unit for a person, no identity. They are then subhumanized to a level that just makes them not want to either get well or else they try and get out with as little help as they are given - before they are really ready to get out.

I think the male wards should not be allowed to have only male attendants because male attendants have a tendency to be sadistic and it is their word against that of the mental patients, if any incident occurs, and the testimony of the mental patient has little credence against the orderly.

The senile patients, which are the bulk of the census, are sent in for terminal care and it is the same as sending them to a slow gas chamber. I say this because they never see daylight again. They have their clothes taken away. Greystone is so set that they cannot get outside and they are not taken outside. This is the same at Ancora; they allow better patients out but the seniles are never allowed out.

There are bars on the windows at Greystone which are not needed. They can have a few security rooms but when a senile patient is taken in, he has the feeling that he has been put in prison and this is also very hard. They cannot understand.

The visitors rules at Greystone, I don't think have been changed since they opened the doors. One rule that I see no sense to is that a person cannot have visitors for ten days. When they are senile and they are taken away from their families, many of them never live through that ten days; they just can't understand what has happened and there is no need for that rule.

You are allowed to leave money for them to buy them ice cream or cigarettes or candy but the person himself must ask for this at certain times of the day and if they don't ask before 10:00 A.M. they don't get it. The visitors arrive at 1:00 and then it is too late. There is no sense to these visitors rules and the patient rules and they should be scrutinized.

Pest control should be done at all these institutions. It has never been done, mostly because

they are afraid of the patients getting hold of the insecticides and it doing them harm, but an outside pest control outfit could come in on a regular basis and have quite an effect on pest control at all the institutions.

When the Governor visits the institutions, once a year, he is only shown the better buildings; he never goes into the back wards.

The geographic location of Greystone is not ideal for a family to visit and also the restricted visiting hours doubles the difficulty. In my opinion, Greystone would make a beautiful State University. It would make a beautiful campus and State mental care could be given in satellite institutions around the State. This would be much better for families and it would eliminate some of the problems we heard very early today because I don't-- When I was at Greystone a few years ago, we didn't have any security and I don't think we had any more problems with none than they seem to have now with it. Of course, if you had small satellite units around the State, you could run them much as some of the nursing homes are run. There would have to be a provision for certain mentally handicapped people that were not able to be controlled in a small facility. But it seems to me that we must look into changing the whole setup, much as Pennsylvania is changing their mental retardation facilities. They are looking into small units, away from large State units, to improve their care. Thank you.

SENATOR HAGEDORN: I must say that you have given us some very excellent testimony and it will not be forgotten. It certainly is going to be referred to the new director of the division.

I was interested in your mentioning Pennsylvania's program. Immediately after lunch, the first person that will testify, and one who we are very gratified was willing to come from Pennsylvania, will be Miss Valerie

Bradley who is involved with the legislation, as it was written in the California Program and is presently working for the State of Pennsylvania in the same project.

Thank you very much for your testimony.

MRS. BURKE: I just have one more thing to say, mental health is not improved with money but with compassion.

SENATOR HAGEDORN: Thank you. I am sure that all those who have testified today certainly agree with that.

At this time I would like to call upon Mr. Joel Kobert, who will speak on behalf of Assemblywoman Ann Klein.

J O E L K O B E R T: Thank you, Senator Hagedorn. My name is Joel Kobert; I am the legal aide for Assemblywoman Ann Klein. I am an attorney in Hackettstown, New Jersey.

Assemblywoman Klein has requested that I read her statement into the record of your hearing on the state of mental health treatment in New Jersey and I will do so at this time.

During my term as an Assemblywoman from Morris County and during my years of research into New Jersey's problems, while associated with the League of Women Voters, it has become painfully obvious to me that the treatment of the mentally and emotionally disturbed citizens in the State is one of the most neglected areas of government.

My understanding, perhaps, has been more acutely defined than other lawmakers because of the fact that Greystone Park Psychiatric Hospital is located in my home county.

Historically, at Greystone and other large mental hospitals in New Jersey, there are many areas where the deficiencies are severe. They exist in availability of service, staff coordination, the conditions of the physical plants where the patients are treated, manpower

availability, staff training, and, above all, funding on the State and Federal level.

As some of you know, New Jersey was without the services of a State Mental Health Director for five years until Governor Cahill finally appointed Dr. Martin H. Ewinberg to the post only a few weeks ago. It seems obvious to me that the fault for not addressing the problem of mental health care at the highest level must be attributed, at least in part, to the Cahill administration. Hopefully, Dr. Weinberg's arrival will signal the start of a new and concerted effort to improve our outdated and totally inadequate approach to the problem.

I am greatly encouraged that the newly-named administrator of Greystone appears to share my belief that patient loads must be drastically reduced at our present institutions and that smaller community centers should assume the important roles in patient treatment.

I wish Morris Foye every good fortune in his new job at Greystone and ask that he and other administrators in the State mental health program make their voices heard in Trenton through their elected Assemblymen and Senators and, most importantly, in the Governor's office.

I have observed drastic gaps in service availability to citizens in different portions of New Jersey, due primarily to the lack of communication and planning at the top positions that I previously cited.

There also are specific groups of citizens in New Jersey who have been overlooked regarding attention to their emotional and mental disturbances. These groups include great numbers of the urban and rural poor, small children and adolescents, alcoholics and the elderly.

One traditional and hackneyed explanation of the State's failure to meet mental health needs has been that mental illness is something citizens, and even

officials, are loath to discuss.

It is precisely this alleged feeling on the part of the general public that makes it so vital to approach the problem with experts unafraid to ask the hard questions, to arrive at solutions that less informed, less capable officials could and would never even approach.

In order to find and recruit these experts, in order to build the kinds of institutions that will treat mental and emotional disorders on the community level, the commitment in terms of funds must come from the State and Federal level.

In fact, there were federal funds available for New Jersey to construct 50 community mental health centers, but only 13 were planned and developed before the funding time limit expired. Again, the fault must rest with top state officials for not implementing that federal program.

Community care and rehabilitation for mentally and emotionally disturbed persons will have to be the future direction for New Jersey. We must recognize the urgent need for this new direction as legislators and administrators, and we must educate the general public to accept new concepts and methods of treatment for the mental patient.

Once this is implemented throughout the State, by means of local public education programs and State-funded literature, then I believe the public will be ready to support a State bond issue for the purpose of building new, local mental health care centers.

The responsibility lies with us, the Legislators and with the office of the Governor. We must meet the challenge before it is too late. The time is short. Thank you for your attention. Thank you, Senator.

SENATOR HAGEDORN: Thank you. I'd just like to correct one statement that was made. I had hoped that we wouldn't make this hearing political.

In reference to the vacancy in the Department of Mental Health, I think we can give the Cahill Administration and the Hughes Administration equal time as far as that vacancy was concerned.

Also, let's not forget that mental health care centers were promoted way back in 1957 and during the 16 years since then we have only gotten 13 community mental health centers. Thank you very much for your testimony.

Mr. George Otlowski will testify at this time. I might mention that I have met this gentleman and I am mindful of his great interest in mental health and I appreciate the fact that he was willing to take time and come out and give us the benefit of his wisdom.

G E O R G E O T L O W S K I: Thank you very much, Senator.

Just for the record, I am the former President of the New Jersey Freeholders Association. I am the Chairman of the Metropolitan Regional Council, presently. I served for 17 years as a Freeholder in Middlesex County, with most of that time being given to the Department of Health and Social Services.

Also for the record, and as a predicate to my testimony, I would like to indicate that Middlesex County is one of the few counties in the United States that has three community mental health centers, serving all of their catchment areas and that it is one of the few counties in the United States that has a 24 hour crisis intervention clinic to provide for the immediate needs of the people of Middlesex County and also that we are one of the few counties in the State that has a working, coordinated relationship with the State hospitals for aftercare treatment.

As I indicated, I wanted to say this as a predicate for the record so that some of the things that I am going to testify to, I hope will be given not

only credence but faith, based upon the experience that I just put into the record.

I think the great tragedy that has taken place in New Jersey, and not just in one Governor's term but over many years, is the fact that we have had a bad start with mental health and the bad start, I suppose, came from the very organizations of that particular department. The Board of Control of yesteryear by its very nature was bureaucratic and had no direct responsibility to the people or to the Governor. Secondly, the fact that presently the Department of Institutions and Agencies oversees mental health among the many, many other responsibilities that it has. So this is the bad start that we have had. As a matter of fact, this is what, in my opinion, has held up progress.

Speaking of the Department of Institutions and Agencies, it is only natural that they should react to problems that are dramatic, problems that are immediate - such as the crisis that we have had in our penal institutions - it is only natural for them to react to that and to be preoccupied with that. When they do that, of course, they neglect the remainder of the spectrum that they are supposed to be responsible for and this is only human nature. So I say this is the bad start that we have had. We have a chance to correct it now, Senator. We have a chance to correct it with your bill by providing a separate Department of Mental Health, with that department being directly responsible to the Governor, and the Governor, in turn, being directly responsible to the people.

This is long overdue. As a matter of fact, if anything comes out of the Legislature in this decade, in my opinion this is one of the real important things because it will be the beginning of our getting on top of the problem that now engulfs us. As a matter of fact, I think too that it would be the beginning of the war that we have to declare on the warehouses that are now

mental health institutions. It is ironic for me to sit here this morning and to listen to the tales of a warehouse, such as Greystone, and to listen to the problems of security, to listen to the problems of administration. But these problems have always been a part of warehousing the mentally ill. I suppose they began with bedlam and they still exist in Greystone.

We have made so much progress in the area of mental health, at least on paper and at least scientifically, but there has been no delivery and no application. As a matter of fact, as I indicated, New Jersey is so far behind.

You spoke a moment ago about Pennsylvania and the pattern that it followed from California. We could do that too. We could do that too if we made up our minds and if we begin with your bill to provide a separate department so that the thrust, the emphasis, the attention, the time can be given to that problem the way it should be, and it shouldn't be divided as it is at the present time in the Department of Institutions and Agencies.

I think that one of the immediate things that the Senate and the Assembly could do is to adopt a resolution, almost immediately, asking the Governor and the Department of Insurance to make sure that day hospitals are covered by Blue Cross and Blue Shield, as they are in other states and they are not so covered in New Jersey. Hospital day care is very important to the mentally ill and New Jersey should do it immediately, particularly for those counties that have day hospitals.

In addition to that, I think that once your bill is adopted we could then, step by step, begin by implementing broad community mental health programs so that people would be treated on a neighborhood and community level; that we could gradually get away and phase out the big warehouses that have been a part of

the treatment in New Jersey.

I think too that one of the great tragedies that has occurred in 1972 and in 1973 is the fact that the present administration in Washington, while it admits that great progress has been made by the community mental health centers and that it is the most successful Federal program ever undertaken, but that it has to be abandoned because it is successful, and because it is successful it should be supported locally and by the States. My God, what utter nonsense that is.

Senator, you know and I know, we have been close to mental health, that no mental health program is going to be supported - no matter how successful it is - unless there is Federal money to back it up. In New Jersey many of the community mental health centers that have been adopted and have been provided for are not funded and here we have, in many instances, magnificent buildings which are only used 20%; 80% of the buildings are not being used because there is no operational monies. Of course, this means that the State of New Jersey - the Governor and the legislators - have to keep after the Federal administration to make sure that they don't abandon the course that was started, where there is Federal funding for mental health, because without Federal funding we are never going to have a real broad meaningful program. We are kidding ourselves if we think that we are.

It is not in revenue sharing - it will not be in revenue sharing - and anybody that says that it will be kidding the people and kidding themselves. So I hope, Senator, that you will give that some leadership in the legislature to make sure that the national administration meets its obligation.

I think that with your bill providing for a separate department, we could be on the eve of opening up all new doors, new neighborhood doors, community doors,

for the mentally ill. As one of the good nurses indicated, it may be that some of these great, beautiful, attractive places, at least on the outside, could be used for other purposes, that may have a need for bigness but certainly mental health has no need for bigness, no need for impersonal or big treatment. It needs the kind of treatment that can come from a neighborhood, that can come from a community that keeps a person with his family, keeps a person on the job, keeps a person in his environment, where there are no traumatic shocks of taking them away and putting them away, but keeping him in his home and in his neighborhood.

As a matter of fact, this again ties in with the day-hospital approach, the better use of the community hospital for mental health. This, of course, can be done under the comprehensive mental health act.

I want to commend you, Senator, particularly, while I am here, and I usually don't speak well of Republicans, but I would like to commend you for the kind of devotion, the kind of dedication that you have given to this problem. As a matter of fact, your deep belief and your deep faith in the fact that there are solutions prompts me to hope that the good Lord spares you and gives you strength to pursue the course that you are on at the present time. Thank you very much.

SENATOR HAGEDORN: Thank you, George. It was a delight to listen to your testimony and I would like to emphasize that mental health is not confined to any particular party; all of us can be afflicted by it and I look forward to the time when you can serve in these chambers and join me in trying to overcome some of the great difficulties and horrible conditions that we have been listening to this morning.

At this time I'd like to call for a lunch hour and we will reconvene again at 1:30. I might mention again that we are delighted to have with us Miss Bradley

who certainly can give us the benefits of her experience
in California and, presently, in Pennsylvania. Thank you.

(Lunch Break)

(Afternoon session)

SENATOR HAGEDORN: I would like to call this hearing to order. The first speaker will be Irene Elaine Finnerty who is the Coordinator of Mental Health in the County of Hudson. Would you give us your address, please.

I R E N E E L A I N E F I N N E R T Y; Certainly. My name is Irene Elaine Finnerty. I live at 114 Hauxhurst Avenue in Weehawken, New Jersey, and I am the Hudson County Coordinator for the Brightstones.

Previous to my becoming Coordinator for the Brightstones, I also served as Co-Chairwoman of the Concerned Citizens for Meadowview.

More than one year ago, on March 29th, in Secaucus, I testified before another State investigating commission. That commission was studying at the time the feasibility of the State takeover of Meadowview. At the time, I presented a petition signed by over 2,000 Hudson County residents urging that Meadowview be placed under direct State supervision. The reasons were rather simplistic. Meadowview is not properly administrated and maintained by the Hudson County Board of Freeholders. This institution is only one facility on a list of their many areas of concern.

Meadowview requires the educated guidance of men whose full-time job is hospital administration and proper care of mental patients.

The State Health Department and the Department of Institutions and Agencies have this type of personnel. An agency must be granted the sole authority and financing to implement recommendations for the State survey at Meadowview and to remedy the horrendous conditions that exist at our other mental institutions.

I do not believe that State take-over alone will solve the many problems that confront the New Jersey mental institutions. We of Hudson County propose the

appointment of a non-salaried advisory board to be comprised of capable, apolitical members, a psychiatrist or psychologist, a business administrator, a member of the clergy, a senior citizen and a representative of the Brightstones. This will afford the hospital administrators, employees and mental patients, a lifeline to our community.

I believe the appointment of a Brightstone representative is more than justified. I have with me today the sign-in sheet from our many paint-ins at Meadowview. There are over 700 signatures of volunteers who have donated hundreds of man-hours of work. We still stand ready to help. However, it's rather discouraging, and the responsibility weighs personally upon me as to whether to continue to allow these young willing volunteers to donate their time to an institution that is remaining putrid and stagnant.

Meadowview is a political dumping-ground. It is so firmly entrenched and identified with the Hudson County political machine that it is ineffective in its care and rehabilitation of the patients. The majority of porters, ward attendants, nurses, doctors, and administrators of the Hospital, are political patronage jobs. This is common knowledge. It would be fine if these people performed their duties competently and with the knowledge that bad performance, acceptance of bribes or outright theft would cost them their positions. This is not the case. Their jobs are quite secure, thanks to their political connections. Presently there are a few indictments and legal proceedings regarding Meadowview. But this is of little consolation to the patients who must daily live under dehumanizing conditions.

I realize the tremendous proportions of the job, to study, to decide, to recommend change and financing for New Jersey's mental institutions. It's an enormous

task and it has both moral and political implications. However, I cannot overemphasize the fact that additional funds without controls over spending and provisions for proper administration and job performance reviews will only serve to perpetuate the status quo which is unacceptable and beyond justification. I hope and I pray that you will be given the guidance, the courage and the support to take the first step toward helping people who cannot help themselves but must rely solely upon your ability to act.

Thank you.

SENATOR HAGEDORN: Thank you very much for your testimony. When I introduced this lady I should have indicated that we have present here today a very vital group in this program which has manifested a tremendous amount of interest and compassion for the people of our institutions and hopefully will continue to generate that support as we pursue the program. And I would like to ask all the Brightstones to stand, for the time being. (Applause)

As you can see, this is a young army that I am sure is going to make reality the ambitions that we all have.

This morning we did listen to testimony that was rather depressing on the distaff side of our whole mental health program. And, of course, all of us have made investigations at Greystone and at other institutions, but really, unless we come up with a program that is positive, we will never achieve what we have in mind. I think the time has come to stop looking at Greystone or the other institutions and to concentrate our energies and our efforts to develop a program that is going to be effective and meaningful for a speedy delivery of care and services for those unfortunate victims of our society.

For that reason, we are honored indeed to have present to testify and to give us the benefit of a tremendous amount of experience and expertise with respect to the programs that have been developed and are in effect in California and presently being considered in Pennsylvania and other states, including Illinois, and I would like at this time to call upon Valerie Bradley to give us the benefit of her tremendous background in this program.

V A L E R I E B R A D L E Y: Thank you, Senator.

My name is Valerie Bradley. I live at 1500 Fourth Street, Sacramento, California.

While a graduate student, I attended the Eagleton Institute of Politics at Rutgers University and during that time I served as an intern for six weeks with the New Jersey Legislature. After receiving my masters degree, I returned to California where I worked for the State Assembly for over three years as a research analyst in the field of mental health. The three years I spent with the Legislature, 1966-1969, were particularly important since I had the opportunity to work on two pieces of legislation which were to have a profound effect on the system of mental health care in my home state.

Since 1969, I have worked for a public policy research firm, Arthur Bolton Associates, which is primarily involved in providing assistance to state and local government in assessing the strengths and weaknesses of current mental health systems and in developing alternative programs. To date, we have been active in Illinois, Missouri, Nebraska, Indiana and currently in Pennsylvania.

I would like to preface my remarks about California by saying that I think they are important to this Commission, not necessarily because what California has done is the only model for innovation or because it has

been a complete success, but because the issues that the Legislators confronted in California are the same issues that are going to be confronted all over the Country; and, secondly, because the need for basic system change, which is described in my remarks, I also believe to be similar in other states.

The issues which I would like to cover specifically this afternoon include, first, a background of California's programs for the mentally ill; second, a description of the two major pieces of legislation which formed the basis for the mental health reform effort in California; and, third, an updating of that system since the laws took effect; and, finally, a review of the implications of the California experience and perhaps in other states, if you wish to address questions to that, - the implications of all of these experiences in New Jersey.

There are several unique elements in the history of California's mental health program. To understand some of the reasons why mental health reform was accepted early on by the Legislature and to understand some of the factors which bear on its implementation, a historical review of some of these characteristics is probably useful.

As far back as 1939, California took its first step toward community-based care with the creation of an "extra mural" care program. Through this program, state hospitals placed patients into family care homes as a transition to "normal living." In 1946, the Bureau of Social Work was created which employed trained psychiatric social workers to supervise these family care placements. This program has grown steadily during the past 25 years.

That same year, Congress passed the National Mental Health Act providing a stimulus to the development of local mental health programs in the State. While

many other states were utilizing these new federal dollars to shore up state institutional programs, California, through some pretty good leadership at the time, diverted these funds to local communities throughout the State for the creation of local clinics.

Another source of federal dollars - the Hill-Burton hospital construction grants - also aided the State in building local mental health resources. California utilized this opportunity to develop local facilities rather than syphoning off funds for the creation of state institutional facilities as, I am afraid, was the case in many other states.

By 1955, the Legislature had appropriated funds to purchase what were then the new "wonder" drugs for use in the state hospitals. Increased use of these drugs helped to make possible the shift of many patients back into the local communities. In 1957, the Short-Doyle Act was passed which established a 50% state, 50% local funding formula for the development of community mental health programs.

In 1963, Short-Doyle was changed and local programs became eligible for 75% state funding - an increase of 25%. It was at this point that the reimbursable services were expanded to include involuntary inpatient care, and a start was made to involve local programs in the care of the more seriously mentally disordered, who had traditionally gone into state institutions.

As the Short-Doyle increased and as the program grew, the patient population in the state's institutions has steadily declined. In 1959, at the peak of the state hospital program, the total resident population reached 37,000 patients - that's in a state now of approximately 20 million. In 1967, the year of the passage of the mental health reform act, the figure had declined to 21,966, despite the phenomenal growth of

California's population during the same period of time.

As more counties established programs under Short-Doyle and as the funding formulas were changed to include a greater proportion of state funds, the budget for local programs increased substantially. Over the past fourteen years, expenditures for local mental health services have grown from 1% of the total mental health budget to almost 50% in fiscal year 1971-1972.

This brief description of history makes clear some of the reasons why California was able to be one of the first states to shift to community-based programs, which is not to say that other states without a similar history cannot also achieve such results. It's merely by way of explaining why perhaps California several years ago was able to make some of the more dramatic program changes that other states have not been able to make.

The Ways and Means Subcommittee on Mental Health Services, which originally sponsored the new mental health legislation in 1967 and in 1968, believed that the key obstacle to the creation of a responsible mental health system lay in the commitment process. They felt that the commitment process, in other words the way in which the state held persons involuntarily in state institutions, perpetuated the public's erroneous equation of mental illness with dangerousness; determined the direction of flow of patients and dollars in the mental health system; shaped the culture of the treatment system, i.e. locked wards and dehumanizing procedures; fostered legal disabilities; and perpetuated a singular institutional treatment approach which was frequently inappropriate and unsuccessful.

The Subcommittee believed that if the commitment system were abolished, or altered in this case, a chain

reaction would be started which would, in time, result in fewer involuntary placements; shorter periods of hospitalization; a diversion of patients and dollars into a wide variety of community services; a change in the attitudes and procedures employed by treatment personnel; and a change in public attitudes, crucial, about the nature of mental disorders and the appropriate responses to mental problems.

The central strategy employed to alter the commitment process was somewhat simple. The Subcommittee's report, *The Dilemma of Mental Commitments*, was designed to heighten the tension between legal, civil libertarian, interests and the treatment, mainly medical, groups. Civil libertarians objected to the courts' lack of due process and the indefinite deprivation of liberty based on medical judgments. They wanted a more thorough and expanded court procedure. Medical and other treatment oriented groups objected to the court process as disruptive, untherapeutic and a serious impediment to treatment. They wanted little or no interference by the courts.

Having publicly escalated the conflict between civil libertarian and therapeutic objectives, the Subcommittee offered a compromise - the local community treatment system would be permitted to hold a person, under certain conditions, for a maximum of 17 days without mandatory court review; but any extended involuntary care, after 17 days, could be accomplished only after thorough legal review, based on evidence with full due process.

Thus the civil libertarian interests were to be granted a portion of their demands for due process and an end to indefinite commitments, and treatment concerns were satisfied by permitting mental health professionals to control patients for a 17-day period without mandating a court appearance. I should add, at

any given time they had access to a court review through a habeus corpus proceeding.

The involuntary system established in the Lanterman-Petris-Short Act was conceived of as a funnel with a relatively large and simple entrance and increasingly narrow criteria and complex procedural requirements for every extended period of involuntary treatment. The major provisions of that Act are:

- prepetition screening to avoid unnecessary involuntary detention;
- comprehensive evaluation when necessary to determine the nature of a person's problem and suggest solutions;
- involuntary detention and treatment through a certification procedure for a maximum of 14 days following evaluation if a person is gravely disabled or a danger to others; and for 28 days if the individual is a danger to himself;
- the right to court hearings when requested during the 14-day period;
- additional periods of 90 days of involuntary commitment limited to persons proven in court to be dangerous to others;
- new options for judges to refer chronic alcoholics to medical facilities rather than jails;
- reinstatement of civil liberties previously denied mental patients such as the right to vote and the right to make and receive phone calls;

and I should add that, with respect to what the nurse testified to right prior to lunch that a good many of the things that she mentioned, insofar as the right to wear one's own clothing, the right to have privacy while toileting, sleeping, etc. are covered by the Lanterman-Petris-Short Act.

- conservative supervision for those judged by the courts to be gravely disabled.

Those make up the provisions of the Lanterman-Petris-Short Act.

Though the major focus of the Lanterman-Petris-Short reform effort was on commitment procedures, the authors were well aware of the need to bolster these proposals with an adequate funding mechanism. Since the reform measures were extremely comprehensive and entailed the development of new intensive services to care for the involuntary patient in his own home community, it was necessary to design complementary fiscal measures to allay the concerns of local government regarding increased costs. Concurrently, there was a need to design a financing model which would not entail major increases in state costs in order to gain support - and here are political realities - from the Governor and from the State's Department of Finance.

Without a new funding formula, the mental health system would continue to lack cohesiveness and a mechanism to transfer dollars from the declining state hospital program into the local communities. Assemblyman Frank Lanterman, the key sponsor of these two pieces of legislation, summarized these concerns in a speech delivered at San Fernando Valley State College in 1968. He said:

"Currently in California, there is no relationship between the way we allocate funds between the state hospital system and our community based system. Under the present statutes, as the mentally-ill population declines in the state hospitals and increases in the community, there is no systematic procedure whereby mental health dollars can be shifted in accord with patient movement."

I would stipulate at this point that this is not a problem peculiar to California. I think it's probably a problem which has been endemic to the mental health system in many states throughout the country.

In 1968, one year after the passage of the commitment reform, the Subcommittee introduced legislation

aimed at resolving these issues. The bill proposed a unified funding arrangement which preserved existing state and county ratios of funding for the entire mental health system. The new funding formula was arrived at by adding the local mental health budget to the state hospital budget and determining the relative level of support provided by the state and the county in a unified system. This average - 90% state, 10% county - was then applied statewide. Thus counties would be required to support 10% of their local program and 10% of the cost of care of their residents in the state institution. The new financing legislation:

1. Created a single appropriation for mental health services in the state budget integrating the state hospital and the local mental health program. State funds would be allocated in accordance with the priority needs in approved county Short-Doyle plans and funded on a 90% state, 10% county basis.

2. Established a system of priorities for the expenditure of mental health funds.

3. Required counties - as a precondition for receiving state funds - to prepare a county Short-Doyle plan to make maximum use of all resources - and here we intended both private and public, - and to avoid the duplication and unnecessary expenditures. State hospital services were to be included in such plans and no patient would enter a state hospital unless referred by the county.

4. Required our Department of Mental Hygiene to prepare a statewide plan for the orderly and economical development of mental health services.

With the unanimous passage of this legislation in 1968, the Legislature completed the task which began with the introduction of the Lanterman-Petris-Short Act. It had been a bipartisan effort. The success of the authors, I believe, can be attributed to their ability

to neutralize partisanship, the momentum created by previous mental health policy shifts, and their tenacity and commitment to system reform.

In the years that followed the implementation of the new system, which took place on July 1, 1969, the impact of these changes became clear.

The population in the state's hospitals for the mentally ill, as I mentioned previously, had begun to decline prior to the implementation of these bills. From its peak in 1959 of 37,000, the total population had fallen to less than half that figure by the time L-P-S went into effect on July 1, 1969. Though many felt the rate of decline had begun to appreciably slow down, the commitment and financing reforms had a major impact on the flow of patients and by July 1 of last year the figure had dropped to 8,235 residents. Prior to my leaving California that figure had declined to 7,000, again in a state of approximately 20 million people. The projection for next July is only 7,000 and that's exactly what happened. These figures are even more dramatic when compared to the State of New York which, at the time I prepared this speech, which was about two months ago, had a state hospital population of 49,800 mentally ill persons, for a state which has approximately the same population as California.

As anticipated by the designers of the new law, this continued decline in state hospital population had a significant impact on the economics of maintaining these large institutional facilities. The fewer patients residing in the hospitals, the more expensive it was to maintain the large plants. As a result, some hospitals have been closed and others are on their way to being phased out. Modesto State Hospital in Stanislaus County was the first to be shut down. Its doors were closed on June 30, 1970. Though some pressure was applied to keep it open, the facility's renovated World War II barracks

had deteriorated physically and the hospital had an insufficient patient population to continue efficient operation.

The second hospital, DeWitt in Placer County, which is very close to Sacramento, officially ceased operation on June 30, 1971. Again, there was pressure to keep the facility in operation from some of the local legislators, but the largest source of patients, Sacramento County, had all but ceased to send patients there. Two additional state institutions have closed during the past year.

As I mentioned previously, the new funding method was developed to allow for an orderly transfer of funds from the state hospital system into local community programs. The concept of the "dollar following the patient" was built into the new scheme and counties were given the ability to control state hospital utilization for their residents and the responsibility for sharing the costs.

One of the questions posed at the time was whether or not sufficient monies would be shifted to those counties which in fact decreased utilization of the state facilities. In other words, would savings from reduced state hospital populations be allocated in comparable amounts to build local community alternatives.

In order to determine whether or not state funds were being used to expand local services, the Legislature conducted hearings in the fall of 1970. It became obvious through the course of these hearings that the initial promise of the revised Short-Doyle Act was in practice not fulfilled in some parts of the State. Many counties maintained that even after substantially reducing state hospitalization, they were not given a "reward" through augmentation of local program alternatives. The Departments of Mental Hygiene and

Finance, however, held that the direct transfer of state savings back to local programs was not completely practicable.

During the hearings, three alternatives were suggested by the counties and the State to rectify this situation: one, a per capita funding allotment; two, county based estimates of state hospital utilization, which they would be held to; three, intensified communication between counties and the state during the budget process.

The per capita scheme was discussed at some length. Those counties which had entered Short-Doyle in recent years argued that they were not receiving their fair share of the mental health dollar and that per capita funding would aid in equalizing their fiscal condition. Counties which had entered the program at its inception felt that they would be penalized under this system.

Politically, this concept would have been extremely difficult to implement and would immediately polarize the "have" and the "have not" counties. In addition, such a system would have reimbursed counties using a mathematical formula rather than a performance criteria, which the Legislature favored.

This situation has been rectified - and here again I think is a lesson to be learned from the California experience - though the promise of the legislation was to return dollar for dollar the savings that counties were able to make, there was not sufficient protection in the legislation to guarantee that the dollar flow was in fact a reality. The Legislature has required the Department, since that time, to give back to the counties \$15.00 per day for every day they reduce state hospital utilization.

In order to establish a more rational basis for the allocation of mental health dollars, the leading

author of the mental health reform introduced amendments to the Short-Doyle Act in 1971. The bill called for the development of an evaluation system which would monitor the outcomes of services in various types of mental health programs. It was hoped that this would allow the Department to direct funds to those types of services which most closely meet the needs of clients.

I might add again, this is a somewhat pioneering effort since in most of the states that I have been able to visit there are very few really viable evaluation programs. And I think as Legislators it is important that you are supplied with this kind of information in order to determine what the priorities for mental health allocation should be as far as types of programs which are successful.

With any new system, there are problems and I would say that the weaknesses - which should be instructive to other states viewing the California experience - are as follows:

1. An insufficiently developed after-care system to link returning patients directly back to the county mental health agency. This weakness has been documented and during the last year there have been efforts on the part of the Legislature to build into this statute more methodical and precise mechanisms to make sure that patients do not fall between the cracks.

2. Inadequate licensing regulations to cover the types of small residential living arrangements to which patients would be returning from the institution. This problem, again, is also in the process of being rectified. The legislation, however, followed the Act by three years. It should have been in effect when the Act went into effect.

3. The inability of the system to produce information regarding the outcome of various types of mental health programs. As I mentioned, Mr. Lanterman has

introduced legislation, although the Department has not yet put it into regular routine practice.

The strengths of the new system, however, are also instructive and I believe can be generalized to the problems confronting New Jersey.

1. The development of a strong locally-based system cannot be completed without changes in the involuntary commitment system, and changes in the funding of programs which allow monies to flow into local communities.

2. Such changes do not necessarily imply increased costs. Taking into consideration the capital outlay which would have been necessary to build new state institutions and remodel existing and deteriorating facilities, and the factor of inflation, it is probable that California's 1972-1973 mental health budget would be as much as \$100 million greater than it is at present.

3. The reform of commitment procedures and the provision of additional civil liberties to mentally ill persons does not impede the course of treatment. This was a finding of a recent study conducted by the Enki Research Institute in California on the provisions of the Lanterman-Petris-Short Act.

4. - and here I think this is very important. The fact that the reform was legislatively developed and sponsored has, in my opinion, strengthened the implementation of the legislation I've described during the past several years mainly because those who were close to its passage have maintained a sharp eye on the administration of the program by the Department of Mental Hygiene.

These strengths and weaknesses have now been documented as part of the California experience. This information is currently available to other states for their consideration. Hopefully, this pioneering effort

will spawn even more adventurous and creative approaches to the problems of mental illness.

I will be happy to answer any questions that you might have.

SENATOR HAGEDORN: Miss Bradley, one question I might have. Did I understand you correctly that by development of this particular program it's conceivable that the State of California saved \$100 million plus giving more effective and immediate treatment?

MISS BRADLEY: Yes. And I take that statement from the immediate Past Director of the Department of Mental Hygiene who told me, about a year ago, that it was his firm belief and knowing personally what would have to have been done to bring his institutions up to standard, that it was his estimate that it would cost an additional \$100 million to maintain those institutions.

SENATOR HAGEDORN: And you're quite satisfied that the program as developed in California certainly has given much more effective treatment to the people that required care.

MISS BRADLEY: Yes, I am. I said previously, within the last two or three years certainly there have been problems but I think the Legislature and others who were concerned about mental health have moved very quickly to shore those up. I think at this point in time it is a far preferable system to what existed when I went to work for the Legislature.

SENATOR HAGEDORN: In California do they have a separate department or do they have a similar type organization presently in our State of a syndrome concept of all institutional care, whether it's mental, mental retardation or penal custody?

MISS BRADLEY: Well, the Department in California has undergone several metamorphoses. When I first worked for the Legislature, it was a totally separate unit.

After that time, it was put under a super-agency for human services. Most recently, within the last six months, it has been integrated into a Department of Health along with mental retardation and public health and medicaid. I guess my particular bias is that at this point in time the changes at the local level, at the level of service delivery, were substantially more important than what happened at the higher eschelon. I do believe, however, that perhaps because the Department was a separate entity when these reforms took place it may have made it more possible. Now that the reforms have taken place perhaps it's not as important. I don't know but we will see. It has really not gone into effect yet.

SENATOR HAGEDORN: Well, my particular approach at the present time would be to develop a department of human services which pretty much would parallel what has taken place or what is presently the structure in California, mental retardation, mental health and family services.

MISS BRADLEY: Yes.

SENATOR HAGEDORN: I want to say that we are very gratified that you have been willing to take time out to give us such an enlightening picture of what can take place, what has taken place, and to give us the benefit of your vast experience in this area, and hopefully we can adopt this type of program in our state. I think you have given us a tremendous amount of information. We're going to have to digest it and I am confident that we are going to be calling upon you for some further advice and possibly enlargement upon some of the testimony that you have given us.

MISS BRADLEY: It sounds like you have a tremendous challenge and I wish you luck.

SENATOR HAGEDORN: Thank you very much.

It appears that we have a great number of people

to testify this afternoon and I don't want to discourage anybody from saying what's on their mind, but if you can keep it brief it will help to give an opportunity for everyone to be heard.

The next gentleman I know has been very patient, that's Mr. Kielb, and I would like to ask him if he would testify at this time.

F R A N K L I N W. K I E L B: I presume that you are the only Senator here today?

SENATOR HAGEDORN: That is correct.

MR. KIELB: I don't know whether their absence is indicative of their interest but, if that is so, we might be spending idle time here. I would think that such a serious problem as confronts our people in New Jersey and throughout the nation, with reference to mental health, would have their real concern and that they would be here today.

SENATOR HAGEDORN: Well, Mr. Kielb, I might observe, the members of the Legislature are extremely busy people and everyone has a different capacity of responsibility. Their absence today does not in any way indicate a lack of concern for mental health, I am sure, and I think that can be confirmed by the fact that they have passed legislation in the last year or two, 2260, which gave the Governor the power to appoint the Commissioner; and only last month in the Senate, by unanimous vote, to double the amount of monies available for community mental health centers. And in my discussions with members of the Senate, I can certainly assure you and everyone present that the Legislature is mindful and ready to do something about improving mental health care.

MR. KIELB: The problem, it seems to me, must have the real integrity of the Legislature, of every member in it, to attack this problem that we have today with reference to mental health. It is appalling to

have seen the reactions to the candidacy of a vice presidential candidate who was forced off the ticket because chiefly - and I can call them in a way - moneylenders who give to a campaign, not the people, a great many, many people understood the condition and situation that Senator Eagleton was confronted with. This is an apparent handicap; it is not a real one. And the more we dodge this problem of mental illness or mental health, with the very word "mental" having the connotation of disfavor, the more difficult it is in tackling the particular problem. And this problem we have in New Jersey and throughout the nation. It is not a question of words, it's a question of action, of personnel. If we look at what is really happening, we have to go to the top to understand, first of all, the position of the psychiatrist.

I note in yesterday's newspaper, the Star Ledger, about a Mr. Foye from Greystone, a layman, a business administrator. From what I read of the story, they're on the right track. He is providing for a declassification or classification of inmates, which should be done in every institution.

You don't need a psychiatrist up there to protect the psychiatric fraternity. But that's what he's doing. What are psychiatrists? They're so-called doctors. They use a medical degree as a springboard to a job which requires no medicine, which requires no scientific knowledge. Many of those psychiatrists couldn't treat a cut finger. When did they perform their last autopsy. They deal in social judgments, social evaluations. You take six psychiatrists and ask them what "normal" means. You get six different answers.

A normal person is one who has never been to a psychiatrist. You get their words, schizophrenia,

paranoid, neurotic. Search those words scientifically or medically down to what they actually mean and they don't know. It doesn't mean anything scientifically. They cannot trace anything physiologically.

They determine things which are of a pure social nature but not anything real. The real workers, I have found, in a mental institution are the social workers. They do the correspondence, they do the leg work, they do the interviewing, they do the real analyzation and they know more about a patient than any of the doctors do. You tell a social worker, well trained, to ask any patient how to subtract seven from a hundred, or give abstract figures to determine almost the limits of their intelligence and in a way their judgment. But this has nothing to do with mental illness.

In New Jersey, Title 30 can be interpreted as constitutional inherently, with every provision going along with the due process clause of the United States Constitution. If two physicians can commit a person on their say-so, they should do it according to due process, but they don't read that into that. They say due process isn't expressly written into New Jersey statute. It doesn't have to be.

In a recent landmark decision by the Federal Court, in banc, construing a Wisconsin statute, which is very similar to the New Jersey statute, they held that the Wisconsin statute was unconstitutional in ten or twelve respects, including the procedure in the apprehension, the involuntary commitments, to whether or not less alternative methods are provided.

Now the doctors have been permitted, as almost quasi judicial officers, to have the power of arrest, trial and conviction. When they sign that certificate of mental illness, you have had it. This is a complete and total disregard of the right of the individual. You

speak to them. You have a headache; they write that down. The patient has headaches, is excited. If you protest any involuntary incarceration, you are violent, you are unpredictable. There isn't any Legislator that cannot be diagnosed ambivalent schizophrenic because of Cahill's tax budget. They sway even there.

SENATOR HAGEDORN: I would suggest that you keep your testimony confined to the very purpose of this hearing and that is to develop a better mental health program. And I think the commitment procedure is one area that can be explored at another time. What we're interested in today is finding out what's wrong with our system and also providing better mental health care immediately.

MR. KIELB: Well it goes to the crux, to the paramount issues. You cure your beginnings and you won't have so many endings. It's not only how they get in there but the fact that they really never, never get out. That is our concern. And I have talked about the need for social workers at your mental institutions.

If you're concerned with appropriations, you can very well validly, so far as merit is concerned, cut the psychiatrists' salaries in half.

I have testimony here. If you want to know what Dr. Weinberg - I use the term advisedly - has testified as to his duties and functions, I have 200 pages of testimony of him hemming and hawing and refusing to testify concerning his department. I don't know what he tells you but he tells me a simple thing, that patients are permitted razors. He has never been in any of those wards. Nobody has a razor, so far as I know. You get shaved twice a week, if you're lucky, if you're in line.

If you want to find the merit of Dr. Weinberg and

some of those other doctors, Dr. Kubski, Dr. Feniczy, I can give you depositions of what they think mental illness is; it's anything they say it is. And that's a bad situation.

If you want to cure the conditions at Trenton Psychiatric Hospital or Greystone, cut down on their power. You don't need any more psychiatrists, you need more social workers. The entire system is entirely demoralized at the Trenton Psychiatric Hospital. Everybody works there on the theory of what they can get away with or doing the minimum. They're not there with the esprit de corps, they are not there with a spirit of serving.

There is much talk about helping others. This is a fiction, this is not an actual fact, because they're not there so much to help them as to have an exercise of their own will.

The easiest way to get out of Trenton Psychiatric Hospital is be obedient, be consenting, take your pills, eat regularly, be quiet, then you're a perfect patient. If you protest against any conditions, you're marked off, you're set aside. These are questions of personnel, not a question of appropriations.

I can't stress that too strongly. If you want to start correcting conditions, you start with your personnel. I don't care what you have physically. It's not a question of money. If you want to improve physically the conditions at Trenton Psychiatric Hospital or Greystone, it's not a question of paint or plaster or pots or pans. Give each individual, instead of having wards give them a stall. Even cows have stalls. But over there they herd them as much as cattle, and they are given pills not with the question of treating them but subduing them.

The problem there, so far as the top heads are concerned, is a question of control. There are more

peaceful, docile people in mental hospitals than people on the outside. That has been proved by statistics. They are a controlled population. But they are not afforded any decencies as a human being.

You want to do something physically. I can tell you just one thing, it doesn't take any more than a typewriter. Post rules and regulations concerning inmates on every ward. Rules and regulations:

1. You have a right to make a telephone call.
2. You have a right to clean sheets every twice a week or once a week.

At least you know your rights. There is no listing of the rights. If you ask, I have a local election and I would like to vote, they laugh at you. The psychiatrist may come around on a treatment basis of walking through a ward like the Emperor Nero with his followings there. His duties and functions are nil. He has the authority; the real administrators are the attendents, and their morale is utterly shattered. There are good ones there and there are bad ones there, but little things like that, of providing separate compartments for an individual or two - prisoners have the blessing of a cell, at least. Prisoners today have much more civil rights, much more human dignity than a mental patient. The attitude is taken, and it's taken by many, there you are, here I am. If any mental patient endeavors to give any advice, that's the attitude that's taken. The knowledge of the people of their rights is woeful. They don't know. And even if they did know, they are immediately set aside as a troublemaker or a potential troublemaker. If they ask for salt or butter for their bread, or anything like that, immediately it's noted.

I recommend the reading of this opinion of Lessard v. Schmidt. It goes to the very soul of the conditions. It's something that this Committee could

be guided by.

There is no question but that there should be a classification and separation of kinds of patients, the retarded, the senile, the voluntary, the involuntary. The involuntary should always be remembered as being there against their will. As to the voluntary, you have a great problem of malingerers. Those people are not altogether non compos mentis. You yell fire and nine-tenths of them will know where to go to the right exit. When that chow line forms, they know where the food is. They know the essential elements.

Those that are poor, those that don't know their rights don't know how to get out of there. It's not too much to say Monte Cristo in a dungeon for 20 years could happen at the Trenton Psychiatric Hospital.

I questioned Weinberg about the deaths. Oh, he doesn't know how many there are, he doesn't know the kind, he doesn't have statistics. Do you want to know how much Weinberg knows about his job? You'll find it in here. He has Section 9 about records being given to patients' relatives or their attorneys but not to the patients. This is fundamentally silly because the attorney can secure these papers and give them to the patient. The main purpose for that rule, as I see it, is to protect the psychiatrist, to protect their so-called treatment, evaluation, care and treatment. This is sheer humbug. You get no evaluation, care and treatment.

You have developed a system in America where well-to-do psychiatrists go into practice and they can make a living on a contractual basis. You understand what I'm talking about. An individual involuntarily confined is not there on a contractual basis, he cannot refuse the services of a psychiatrist. That is why you have the influx of foreign-born psychiatrists. How many over there are foreign born? Feniczy, Kubski,

I know a couple of others that are involved. And there are a half dozen Filipinos up there. They are getting wonderful money. They could never earn this money in their own country, as well as training. So I stress personnel because it should have priority.

You can give the physical things some emphasis but it's not the solution. You can put silk over there or linen, or anything like that, but that won't help them get better. It's a question of treating these people as human beings.

The stigma attached to a mental patient - I have newspaper clippings, ex-mental patient does this or ex-mental patient does that. Those newspapers are just as guilty of placing emphasis on the fact that he is an ex-mental patient. This may be a factor but it may not be a cause. And a lot of these conditions that you have to legislate on as to mental illness - look at your statute under definitions, it's a disease. Let them point out to you where it's a physiological disease. They can never do it, whether it's schizophrenic, whether it's alcoholism, whether it's homosexuality. You have no consideration of the will of the individual. You have a main consideration of social contact.

Smoking is considered and accepted as a social fact. So you're not mentally ill if you smoke and get lung cancer. But if you drink alcohol, alcoholism is a disease, it causes cirrhosis of the liver. Cirrhosis of the liver is admittedly a disease but alcohol is a cause, it's not a disease, it's a cause of cirrhosis of the liver. Just as smoking is not a disease yet it causes lung cancer, but they don't call smoking a mental illness because it's not socially accepted.

SENATOR HAGEDORN: As I mentioned before, I hate to interrupt but we have twelve people yet to

hear this afternoon and they have all come from distances, and I would ask that you confine the remaining part of your remarks to two minutes so that I can afford the opportunity to a few other people.

MR. KIELB: Well, I would be glad to answer questions in those two minutes if I can understand them.

SENATOR HAGEDORN: My only question would be, what is your professional status?

MR. KIELB: I'm a Lawyer, practicing 35 years. When I was younger, I was Law Secretary to William J. Brennan, Justice of the United States Supreme Court. I was with Frederic R. Colie when he was on the Court of Errors and Appeals, as his Law Secretary. I have a general practice and I have never come in contact with this appalling situation that exists in the law and conditions as to mental health and mental illness. It's a bugaboo, Senator Hagedorn. What these people need, most of them, is somebody to talk to. A priest does a lot more social good in talking to people and having them give vent to their feelings. A good Swedish cold shower for some of those inmates and a real idea of conveying not health but looking them square in the eye and saying, you're a human being, let's get together.

Now a blind person, if you treat him, as you say in your opening statement, as an unfortunate individual, you'll get no place. He is an ordinary person who just happens to have a handicap. And what I have is meniere's syndrome. It's what Albert Shepherd had, the Astronaut, and the other one too, John Glenn. It's a handicap but it's nothing defeating. And you can't approach a mental patient and say, you're a mental patient, you're beneath my social status. That's

not the attitude. That's the attitude that these psychiatrists take. Anything below them has to be patronized.

Why you're an honored man over there, Senator Hagedorn. Any Senator careful of appropriations is well pleased. They are not always quasi judicial officers, they are quasi politicians. Many of those boys cater to the Governor and Senators and the Legislators. Those are the boys they pay mind to. But those below them, that work for them, are not considered. They treat them with autocratic power. That's why I say start with your problems. You want to solve the administrative problem. Put somebody in there like Mr. Foye who will give you sound, down-to-earth conclusions and administration. It's not a question of protecting the psychiatric profession.

Have I your attention?

SENATOR HAGEDORN: Yes, but I think your two minutes is up, and I would like to call on other people who are pressuring me to be heard.

I appreciate your great interest in mental health.

MR. KIELB: Thank you.

SENATOR HAGEDORN: I would now like to call upon Mr. John Lydon.

MR. KIELB: Would you care to have this opinion?

SENATOR HAGEDORN: Yes, I would ask that you make that part of the record.

Thank you.

Mr. John Lydon. I might introduce Mr. Lydon as one gentleman who certainly has manifested a great interest in the problem that we are discussing today and has generated a great amount of enthusiasm on the part of our younger generation which has been so dedicated to this cause.

J O H N L Y D O N: Thank you, Senator. First, I would like to take this opportunity to thank you, Senator Hagedorn, for calling these hearings. I also would just like to comment, if I possibly may, that before you were kind enough to ask the Brightstones to stand and take a bow for the work they've done in mental health, I would publicly like to say here that the Brightstones have no monopoly on altruistic service, of course, and the Mental Health Association has done an outstanding job, as well as many others, such as the clergy and many other groups, in the area of mental health and we would like to publicly make that known.

I have a few questions, rhetorical questions, about these very hearings, if I may, Senator.

1. Why not hold these hearings in Ward 8 at Greystone, right in the very cellar where they house so many of the people from Bergen County in the overcrowded conditions. These chambers are far too beautiful. They do not reflect in fact the conditions of the State in regard to mental health.

2. Many of the young students ask me, are we, the Brightstones, being duped? Are we in fact closing the proverbial barn door after the horse has already left?

One branch of the New Jersey Government does not know, apparently, what the other branch is thinking, let alone what it might be doing, if anything. For example, the Executive Branch of Governor Cahill's government, vis-a-vis Mr. Morris Foye spoke yesterday at a news conference at Greystone about reducing the number of patients from 2600 to 500 by the year 1975. Right now, Senator Garrett Hagedorn's bill, a good bill, I might add, S-1262 is held up right here in these very chambers in which we're sitting. I only hope it gets to see the light of day.

This bill would, in fact, raise the monies allocated from the State Treasury to the local mental

hospitals and clinics from \$450,000 per year to \$900,000 per year. It perhaps is not enough but at least it's a start, it's a step in the right direction. If this bill does not come to the floor for a vote, the number of patients at Greystone, I predict, will go up, not down.

Now, where are we going to put them? Bergen County's building has already people living in the cellar in Ward 8.

Now the Federal Government also is cutting back on monies for local hospitals. And what does the American Psychiatric Association say? It says, get rid of these large hospitals and break them up and move them into the local areas in the community.

Now I understand that the Senate will reconvene again in June in order to address themselves to three ecology bills. If this be so, why not call back the State Assembly to stand by in the event that they have to amend any of these particular bills. And now while they're standing by, if you will, we could hope that this bill would come out of Committee, a rather unique committee for I cannot understand how a bill of this nature ever got into that committee, and how a bill that could pass unanimously in the Senate could not even get enough votes to come out of committee in order to be heard here in these chambers.

Some of the students, the young Brightstone students who have worked now for about four years to help improve the conditions at mental hospitals in the State of New Jersey, asked me a rather obvious question. They asked, Mr. Lydon, is it perhaps that the very Governor who four years ago toured Greystone and said the conditions were horrible, and now the same Governor, apparently, is not willing to take the necessary steps to work this bill out of the Committee and get it on to the floor for a vote? Is it perhaps the upcoming

election which has frightened people? Is it a point where the budget is so sacrosanct that we cannot in fact find \$300,000 in the budget in order to implement these monies that would be used in that bill?

That ends really my sort of scribbled notes, Senator. I would like to take this opportunity, because I didn't expect, frankly, today to even testify here, - this is the first time as a Chairman I have ever testified in public.

As you will recall, the Executive Board of Brightstones tried very desperately to have the Executive Board, including myself, stay as far in the background as we could and always push forward the students because they are the ones who actually do the work. But I feel that the time has come when I, as Chairman, representing now approximately 3,000 young people - and I might add many more older people like myself, perhaps, -- we've worked very diligently. When we first started we tried to explain to the young people that the Brightstones were going to work through the system; we weren't going to do anything melodramatic; we weren't going to sit in - if you recall back four years ago it was a very popular thing on campus; we were going to, in fact, address ourselves to the structure of government and we were going to bring a lot of hard work and muscle.

I think we've demonstrated that we've taken an awful lot of tenacity too. And we intend to continue. If we do not get this piece of legislation through this year, the Brightstones will not fade and go away, we'll be back even stronger, we'll work even harder. But we do hope the people in the State of New Jersey will perhaps pay the price that Jefferson spoke of. Jefferson said "The price of civilization is taxation." And I don't necessarily know that money alone will solve the problems of mental health in New Jersey. I tend to

think it will not. I tend to think what really will have to be done here is a real hard reevaluation of the amount of monies, how these monies are being allocated, who receives the monies and what are they doing with them.

First, I had the pleasure of coming in this very Capital City of the State of New Jersey and testifying approximately six months ago at the public hearings on the budget and we were convinced by the gentleman there that Greystone, as well as many other hospitals, would receive more than enough monies to take care of themselves because the number of patients was dwindling compared to the amount of monies that was increasing. Then we would go back to Greystone and they would tell us just the opposite. They would tell us, no, the problem really is that we don't have enough money and what we really need is money.

So we've been, in a sense, put in the position of the proverbial pingpong ball, being punched from one bureaucrat to another. We don't intend to put up with that much longer. We intend to make sure that the people in the State of New Jersey recognize what's happening and that this young group of people will not tolerate this sort of nonsense.

I also would like to point out that I, myself, have a very vested interest. Perhaps I'm very selfish. I don't consider myself a do-gooder. I have a kid sister who is a patient at Greystone. I'm not ashamed of that. I'm not proud of it either. But I am here as a consumer.

The thing that I am really so happy about and so proud of is the fact that so many students throughout the State of New Jersey have taken the time to help the State of New Jersey clean up the mental health problem. It was the hope of the Brightstones that we could save X number of dollars in physical plants, and then we were hoping that that money which we saved would be

better allocated to hiring more and perhaps better qualified doctors and attendants and right on down the line. Certainly the coat of paint is not going to solve the problems of mental health. The real problems of mental health go much deeper.

In conclusion, I would like to say, the Brightstones will paint, they will do everything we possibly can. But, by God, we will not whitewash any hospital, any State Assembly, any Governor, if they're not going to be men enough to stand up to the responsibility of this State and bring some pride back to the State. Mr. Foye spoke about having pride in the hospital. By God, a hospital has to do something to qualify it for pride. Pride isn't something you just give to somebody. Pride is something you have to work for. And I am hoping the day will come when we can honestly be proud of mental health in the State of New Jersey.

Thank you, sir.

SENATOR HAGEDORN: Thank you very much, Mr. Lydon. We appreciate your testimony and the fact that you have told us that the Brightstones will continue their great effort. That's very reassuring.

I might point out that on Bill 1262 the amount of money that will be generated or provided by the State is not three or four hundred thousand but \$3,700,000.

And I would ask you, John Lydon and the Brightstones, to focus in on this Assembly when they do reconvene in June on 1262. It's conceivable that bills that will be before the Senate will require amendments and the Assembly will be back. And I would observe that the problem with 1262 rests right in this Chamber. And to anyone involved in mental health who has any interest, I would suggest that you contact your Assemblyman to see that this bill is passed.

At this time I would like to call on Richard Cromwell.

R I C H A R D C R O M W E L L: Senator Hagedorn, I would like to thank you very much for the opportunity to speak to this assembly.

I am about to be ordained an Episcopal Deacon, Diocese of Newark, New Jersey. On the 9th of June I will be working at St. Paul's Episcopal Church in Morris Plains, a scant three or four blocks from Greystone. It is ironic that I return to St. Paul's because when I was working my way through college at Drew University, I was an attendant at Greystone Hospital. I worked about two years, on and off, either full time or part time, evening shift and day.

At Greystone, I saw that valley of the shadow of death which I run into in Psalm 22. I ran into it, not only seeing patients walking through it, but also the attendants as well. Because at the end of two years I had to leave Greystone because I could see that I was going to become like one of those who inhabited it. You see, the staff who remain at Greystone become no better than those who live there all the time.

Greystone is an institution which makes inmates of all who are involved with Greystone. It is that kind of institution which makes mediocrity the norm and health the exception of that norm.

Hospitals are traditionally associated with the word "hospitality." Hospitality once meant acts of mercy, compassion, and especially when associated with a hospital, healing. I have yet to find any of those at Greystone.

From the moment the patient is stripped and searched, looked over for vermin and tatoos, and his blood pressure is taken by a person who does not know how to take blood pressure, examined by a physician who cannot speak his language, that individual is put into an organization which systematically reduces him

or her from an individual with potential for returning to health to an institutionalized vegetable. Those who are fortunate enough to leave Greystone before vegetation begins have the privilege of becoming institutionalized and having many free trips to "Home, Sweet Home" Greystone U.

At Greystone I saw an inexorable process which never failed to take root in each individual brought in. As the person was admitted, he found out very quickly that he was there not because of any intention of compassion or mercy or interest in his well-being, but because of legislation which made it possible for him to be there. Most of the people were poor. If they weren't poor, they wouldn't have dared go to Greystone, such was its notoriety. People felt that they were paupers. Therefore, they should be grateful for anything they received at that hospital, and the staff agreed. No lip. No backtalk. No questions. We don't need you and we hope you expect the same.

The institution is no longer putting a priority on compassion or healing. It follows after the modern technique of looking toward medical technology, and Greystone, very frankly, is outstripped by that technology. The hospital is incapable of keeping up with it. Whether for reasons of funds or outmoded physical plant or staff which needed changing over a long time ago, patients are not given adequate psychiatric, medical or social care, much less compassion.

Individuals are isolated. They are cut off totally from their families. They are cut off from society and from each other. As Mr. Kielb said, they are cattle, and indeed the staff becomes cattle as well. This is something I recognized and I had to leave because it was no longer possible to make any positive impact upon that institution. I was merely sweeping the dung against the tide. That is using an euphemism.

Patients at Greystone are trained to be institutionalized. Alcoholic patients are supposedly treated. They are dried out. And when the staff thinks they have been in there long enough, they send them loose into society, a society that rejects them, a society which these patients have not been trained to live in again. They have been stigmatized, branded as having been in a mental institution. No longer can they find a home on the outside. No longer can they live a normal life. Within two to three weeks after the release of a patient -- I say release because they are captives. They are not treated as patients but as inmates. Perhaps this reflects upon the administration of the hospital by the prison and warden system. Am I correct in that?

SENATOR HAGEDORN: Will you repeat that, please?

MR. CROMWELL: Are the hospitals administered at present or were they administered by the same administration in charge of prisons?

SENATOR HAGEDORN: Under the Department of Institutions and Agencies. That is correct.

MR. CROMWELL: Well, I would say on the basis of having been at Greystone and working there, that whoever is running the prisons and other institutions doesn't know how to run a prison.

Where do you begin to really describe a place like Greystone? It is a mare's nest. We can talk about killing the rats. If we have 24 to 26 hundred patients, then there must be at least two rats for every patient, and depending upon how successful the mating season was this year, possibly two to three million roaches, none less than three inches long. They live to a ripe old age. In fact, they are pets. We used to have races with them. It was a great sport at night.

Custodial care. I said that a hospital is a place of healing and compassion and mercy. When healing

cannot take place, we naturally expect supportive care until healing can take place. When supportive care is impossible, you look to custodial care and this is a bare minimum. At Greystone, we don't even have the third level. I respectfully submit that wherever you find a staff embittered by lack of funds, personnel, public concern, then that staff will have resigned itself to giving only custodial care at the lowest level and that that care will fail to sustain, much less to heal.

Healing intent must be present before sustaining or custodial effect can begin. There is no healing at Greystone. The gentleman just before the gentleman who preceded me, Mr. Kielb I believe it was, mentioned that perhaps just speaking with a priest would suffice. No way. We are talking about preventative care. This is where a community agency is needed. Community health care is definitely needed.

Just as our prisons and our hospitals have a problem with recidivism, patients returning, so must we look at the source and the source is that there is an equation. On one side you have care of the patient or inmate or prisoner, taking care of him after a crime has been committed or after a symptom has appeared when you must say that the person must be given hospitalization. I say that the other side of the equal sign has yet to be looked at. How does one prevent? How does one work with these individuals in communities before it reaches the drastic stage where drastic measures are needed? Places like Greystone are the point of last hope. There is nothing that Greystone can do for people by way of preventative care, except to warn them, "Don't go in - it serves you right if you do." Greystone punishes; it doesn't heal.

As I said, the staff becomes much as the patients who are inside it. They have to harden themselves.

I was hardened. It took me at least a year to unhardened myself after having worked there. You must become calloused in a place like that to work on a geriatrics ward, Ward 34, Main Building, 65 geriatrics cases, 15 of which are ambulatory, another 15 semi-ambulatory, and the rest going down hill every day. Two men took care of them. If we had 65 babies, we would give them more care than that, much less 65 adult individuals who have entered their second childhood and need as much tender loving care as you can give.

In World War II in Nazi Germany, a rather heinous experiment was carried out, in which two hospitals which cared for babies decided to compare methods, one of which provided extremely clean conditions, feeding regular, a lot of light, but no attention because there were too many babies to care for and each one had its individual compartment and was treated accordingly. The other hospital was not as clean. The feeding was a little irregular because the staff had to cook the food on the spot, but there was a lot of mothering, a lot of attention given each and every individual, not on a clock-work basis, but as needed. I give you the results, gentlemen: Those who were in the very efficient hospital who did not have the attention, these babies died. Those who survived were imbeciles. They were so damaged psychically that they never recovered. You can guess the outcome in the other hospital.

Greystone is like that hospital where the babies died. I have witnessed patients coming in the hospital over a 9- to 12-month period, weak in the legs, needing assistance to walk, sometimes transferred from another hospital, given nothing to sit on but hard, slanted chairs, hard chairs that cut off the circulation of the legs, already feeble with age, slanted so you cannot get up out of the chair because your arms are too weak to pull your weight. They sit in the chairs

which have holes punched in the bottoms of them so they can excrete as much as they see fit and occasionally washed off.

These patients lose whatever capability they had to walk again in a matter of months. It is like sitting through Ben Hur every single day, then following it with a quick viewing of Spartacus. The patients' legs are useless. They are placed in beds where they get bed sores and they must lie on one side. The next step is extremely sad because the knees draw up and they go into what is called a fetal position. From this point on, it is only a question of time before they are buried.

So one way of getting out of Greystone is feet first on a stretcher, dead, and I have had to carry some patients out that way.

For the living it is very sad. The living patients are not released; they are not healed. They are taught to be institutionalized. They are taught to want to come back to Greystone, to want to come back to happy Greystone. They like it there. Their meals are served regularly, there are some TV shows, and they memorize the schedule. They know when to get in line; they know when to leave, when to come, where to go, what to do each day. It is like they are being run on a program tape with an endless belt to it so it just recycles every day. They are kept docile. They are medicated. But they are not treated.

The psychiatrist walks through once a day. Sometimes they try to do some good and sometimes they don't bother. They too have been hardened. A quick run-through of one psychiatrist to a ward with not less than 35 people is hardly what you would call intense psychiatric care, which is what is supposed to be provided in the first place by these hospitals and is not being provided.

I don't know if you can do anything with Greystone.

Maybe the best thing would be to tow it out to sea and sink it. I don't know if the construction of new patient-care buildings and communities will do the trick. It seems we are not dealing with an institutional problem which has any one simple solution. Saying that does not solve the problem either. Looking at the system of the problem may help. But I believe one point made by Mr. Kielb is correct and that is that it is the line staff, the attendants and nurses, on each ward who are the point of healing.

You will never be able to afford all the doctors you need to do the job right. This is where you need community preventive medical care. But on the wards where the attendants are hardened, the nurses become hardened, and communication between a patient and the staff breaks down totally. Here is the target area, as I see it, for improving what we have at the moment.

I have an article here from Science Magazine, Volume 179, of January 1973. It is entitled, "On Being Sane in Insane Places." A study was made of 12 hospitals, 6 on the east coast, 6 on the west. They wanted to determine if the staff, the psychiatric doctors, were able to determine and correctly diagnose what was coming in and what was going out of hospitals. To test this, they sent in 30 or 40 normal individuals, some of which were psychiatrists, others of which were laymen. They were all told, "Fake your identification and start demonstrating schizophrenic syndrome. I hear voices saying 'thud, hollow, bump,' and things like that."

Well, they were admitted without any problem at all. The day after they were admitted, they began acting absolutely normally as if there had never been anything wrong. The staff refused to talk to them. They would ask, "When will I see my physician?" No response, as if they weren't there. They would ask,

"When will I go before a staff meeting?" No response or "I don't know" or something to that effect. No effort was made to respond to a normal communication with a normal response. This went for nurses, attendants and even to doctors. You wonder who is the mad man.

The results were that all of these patients were released and their dossiers said, "schizophrenia in remission." They were not even properly diagnosed as having been pseudo patients, as having been sane in the first place.

Well, they informed these hospitals what had happened and the doctors couldn't believe it. They had to have more proof. They couldn't believe that such a thing had happened. So they announced over a period of three months, they were going to be sending in ringers and the staff was told, "Watch out for them." They wanted to know how many people would be sent in, but they were told, "We are not going to tell you that or when they are coming. You evaluate them one or two, one, if you think they are positive ringers, and two if you are not so sure but you are pretty confident they are."

The psychiatrists identified more than 40 individuals over 3 months as being ringers. The nurses and attendants identified 32. Total number of ringers submitted to those hospitals, zero.

I wonder if we can accurately diagnose the difference between sanity and insanity in these hospitals. I don't think that the problem raised by this article is so much whether they can diagnose. I think what we are looking at here is a perceptual filter over the eyes of the staff and the attendants, a filter in communication which they have put between themselves and the patients and which only serves to perpetuate the vicious cycle of hospitalization of these patients and the avoidance of their cure. I say "avoidance"

because the individual who manifests normal symptoms with a little effort and a lot of time, eventually will be discharged. But those who need the help the most are avoided. These just pile up from year to year until eventually, like that individual I described with his knees up to his chin, they are carried off to the morgue.

I have seen cases, one Andre Pavolovich Konyachevski - I can't try to spell his name - Andre Konyachevski. This individual, 65 years old, was brought into the hospital. He couldn't speak a word of English. I didn't know he couldn't speak at all. A young woman and a young man were bringing him in to be admitted and they said that he was out of his mind, he was no longer communicating with them, they couldn't get him to say a word. The doctor was a Filipino. He couldn't speak Ukranian. He sat down and said, "Who is the President of the United States?" No answer. "How's the weather?" The window was open and it was a sunny day. No response. "What's your name?" No answer. I looked at the man's name Konyachevski. I had had six years of Russian at this point. I threw a question at him, although it was not my place to do this. I said, "How's the weather?" (Mr. Cromwell said this in Russian) He said, "Sunny, not bad." And I asked, "Who's the President of the United States?" "Johnson, of course." And so it went. He gave his name, his birthdate, told me he was a woodchopper from Orel in the Ukraine, and continued to give the whole story of his life.

SENATOR HAGEDORN: Can you conclude in about two or three minutes?

MR. CROMWELL: OK. Fortunately in this case the individual was told to go home. The young couple had the papers torn up in front of them. They were warned this could lead to prison if they kept this kind of thing up.

But I have known many patients who have been admitted and there is not a thing wrong with them except that they are not loved.

Whatever comes from this meeting today and the information gathered -- Let me jump back very briefly to the young woman who was a former patient who spoke earlier. It takes a lot of courage to come back here and relive some of that past. You have got a lot of hutzpath, woman, a lot of hutzpath. That's one voice. If all of Greystone had one mind and if that one mind could speak, would it speak of mercy, would it speak of compassion, of understanding and of healing? I am sorry to say that it would speak one word and that word is shame.

I want to know, what will people in the future say of this year's State Legislature? Will they say that this is the Legislature that debated the mental health issue or dealt with it half way or just touched lightly on it? Or will they say, this was the year that people were able to say, "Praise to God who puts into the hearts of men wisdom, compassion and mercy"? Thank you.

SENATOR HAGEDORN: Thank you very much, Mr. Cromwell.

We will take one more witness and then we will have a short recess.

I would like to call on David Hardin.

D A V I D H A R D I N: For the record, my name is David Hardin. I am a former Patrolman at Greystone Park, Police Department. I worked there from July until the end of last month.

Inasmuch as I was only there ten months and Patrolmen do not go on the wards, I have no testimony about the wards or the conditions there, except from rumors, etc., and to that I am not going to testify.

My testimony has to do with the money cutbacks at Greystone and how the money is really needed there.

When I was a Patrolman up there, I answered many calls of fights in the employees' residences. Every time I would go in there, there was a lot of marijuana being smoked there. As stated by other people, there was a lot of homosexuality, etc. I feel this is due to the lack of pay up there. The pay scale for an Attendant, I think, is somewhere between five and six thousand dollars a year.

As a Patrolman, I started off at \$7,000 and it takes eight years to get to the top of the pay scale which I think is \$9,500. I have since left the department and gone on to another Police Department and I am making top pay as starting pay, which is normal starting pay for most Police Officers in the State now, if not higher.

As far as these employees' residences go, besides employing only lower-class people because they are the only people who will take these jobs, by being able to live in these residences which run between \$6 and \$12 a month for a room, they are encouraging this marijuana smoking and these homosexuals. It is more or less a breeding ground for them.

This problem of money applies to equipment as well. Ever since I got there in July, we have been pushing around a 1970 car which seems like fairly new to some people, but in a Police Department where annually you are putting on 100,000 miles, it is a pretty old car. We had problems with the doors not closing and things like that. This was only due to the fact that the appropriation for a new car was cut back. We have had cutbacks on radios and cutbacks on everything.

If we are to enforce any of the marijuana laws or try to get any homosexual employees out up there and away from the patients, more money is needed for better equipment.

Then too, I feel that outside Police Department help would be a great asset. Since every police officer in the institution is well known, therefore, no drug raids, etc., are of any use.

I really have no further testimony at this time. That is all I want to say.

SENATOR HAGEDORN: We thank you very much for your testimony and also your patience in staying around to testify.

Councilman Sanders has another date and I am going to ask him to testify at this time.

S A U L S A N D E R S: My name is Saul Sanders. I am a councilman in the Borough of River Edge, completing my 12th year of service to the community. I will be very brief. I will read my statement.

The need to establish a Department of Human Services as part of the Executive Branch of State government is best highlighted by making reference to Greystone Park Psychiatric Hospital. We have heard quite a bit about the deplorable conditions that exist there.

I am quite aware that this distinguished body of legislators is aware, concerned and responsive to the deplorable conditions that exist at Greystone Park Psychiatric Hospital and that they are also aware of the deep concern, time, effort and compassion shown by the Brightstones in their drive to alter these existing conditions. They have involved concerned citizens and elected officials. I have here resolutions from municipalities in Bergen County petitioning the Honorable William T. Cahill, Governor, to institute immediate reforms.

These deplorable conditions would not and could not exist if institutions like Greystone were administered by a Department of Human Services directly

charged with the efficient and effective operation of all divisions; not to do so, is to dilute maximum effort and efficiency.

Problems of the psyche can be so numerous and ramified, and treatment methods are so varied, that best attempts at evaluation and planning can only be inexact.

The criteria often used in measuring other health services, number of medical personnel and hospital beds, the local statistics on disease, mortality, etc., do not necessarily apply.

One of the hardest things for any community to judge is the quality of its mental health care, assuming it has such care.

I strongly recommend that this body look favorably to the suggestion of establishing a Department of Human Services, to include divisions of:

- A. Mental health (including a Division on Drug Abuse)
- B. Mental retardation
- C. Individual and family services

We must accept as fact that the entire area of mental health has specific requirements and needs and for best results must be administered by the creation of such a department.

As further proof, I want to quote briefly from an article in yesterday's Bergen Record by the new administrator, Mr. Foye. On facilities, especially the 97-year-old main building, Foye said some \$500,000 worth of roof repairs are needed at the hospital. There are leaking roofs that let the rain and snow in, loosening the paint from the walls and making the hospital look shabbier than it is.

There will be no sustained improvements, he said, until the people through their legislators give mental health a high priority. He continues, high

on the priority list is a working with community groups to provide half-way houses and residential facilities for patients who are discharged from Greystone. He said the future of psychiatric care rests with cooperative efforts by State, Federal and local governments and agencies.

I think as a councilman within the Borough of River Edge in Bergen County, State of New Jersey, we have a closer feeling of the pulse of the people as to how they feel on mental care. The feeling is growing stronger day by day that Senate Bill 1134 should be passed and passed immediately and that it is the only effective way to take the first step.

We have heard enough about Greystone. I agree with Senator Hagedorn on that. The sermons have been preached, the articles have been written, the pictures have been shown. It is now time to act and step one is the creation of a Human Resources or Services Department and from that point create the various divisions and go from there.

I personally would like to see in time institutions like Greystone disappear from the face of the earth and have local mental health clinics appear. We can fund them in many ways. We have money for all sorts of projects in this great country of ours. I must say in the Bible we are told we are our brother's keeper. One human should be involved with another. I think that our Road Department will take care of the potholes and our tree surgeons will take care of the trees. But it is only up to people to take care of people.

Senator, I commend you for a wonderful, wonderful job and for the dedication you have shown. But for the grace of God go I as a patient in an institution such as Greystone. I am thankful you are showing leadership.

We at the local level of municipal government are trying to get across the story to the millions of people in Bergen County and throughout the State that we have to take the first step, and that first step is to get this bill out of committee, on the floor, and passed. Thank you.

SENATOR HAGEDORN: Thank you very much for your excellent testimony.

We will now have a five-minute break, after which the first man to testify will be Mr. Clark.

(Short Recess)

(After Recess)

SENATOR HAGEDORN: We will resume the hearing and I am going to ask Mr. Clark to testify. I might mention that we want to conclude this hearing by 4:30 and I would ask everyone to limit their testimony.

R O B E R T C L A R K: I am Robert Clark from the Morris County Mental Health Association in Morristown.

Senator, thank you very much for once again allowing me the privilege to testify before your Committee.

I will try to keep it brief. You know my feelings about most of this and I certainly applaud your efforts and hope that your bill will be taken out of the appropriate committee and voted on in the Legislature, rather than buried. We could certainly use that 50¢ extra per capita.

I have three major things that I'd like to point out today. The first one is, I'd like to pose a question to the Legislature and to the Governor and that question is, why have these very important political entities in the State not made their feelings known about the continuation of Federal support and involvement for mental health delivery care? We haven't heard a word either from Institutions and Agencies, the Governor, or the Legislature. It seems to me, nothing is being done about the Nixon Administration's desire to cut out the funds for comprehensive community mental health.

Yes, Senator?

SENATOR HAGEDORN: Could I answer that?

MR. CLARK: Yes.

SENATOR HAGEDORN: We did have representation at a conference in Washington only about two weeks ago, where all the members of the New Jersey delegation were present. They certainly know our feelings and our concern in this regard.

MR. CLARK: I am very pleased to hear that.

The second point I would like to make is that

I would propose that the Senate or the Assembly appoint a task force, not another commission whose report would be shelved, but a task force of the body in question to study and implement a modified version of the California Mental Health Services Act for New Jersey.

It would seem to me that we have heard very interesting testimony today from someone who has experienced the California situation and is looking at it in other states. It would seem to me, rather than base our conclusions and our systems on an antiquated and failure ridden system, that it would behoove us to look at a system that has had some successes. So I would propose that.

The third thing that I would propose, as an interim measure while we are waiting to have the California type Mental Health Services Act done, is that the present New Jersey law be changed to mandate that every county in the State of New Jersey hire a mental health administrator and further, to mandate the present law give that official the obligation to produce each year, for a five year period, a public report which would be presented to the State and to the residents of the county, indicating the concrete needs and detailed goals of the county in regard to mental health.

At the present time, Senator, as you know, this matter of whether or not a county mental health board will have an administrator is left up to the county. The law just indicates that one can be provided and that his salary may be paid up to almost \$10,000, so many of our counties do not have a mental health administrator and the mental health boards, being just part-time laymen, find it very difficult to do their job. With the help of a hired person this would certainly be facilitated.

Rather than leave this matter up to the discretion of the county, if the State government would mandate that each county must have an administrator, it

seems to me it could only be helpful.

Those are just some of my thoughts. I get awfully tired of our hand-wringing, our talking and talking and talking, without action, and of our scape-goating various institutions and individuals in our State for a lack, primarily, of leadership at the highest levels of State Government.

So, those are my thoughts and thank you very much for having me.

SENATOR HAGEDORN: Thank you for your contributions and your continued interest.

We will now call on Father Graziano from Meadowview.

FATHER GERARD GRAZIANO: My name is Gerard Graziano. I live in Union City, New Jersey and I work out of St. Anthony's Roman Catholic Church. I represent the Concerned Citizens from Meadowview Hospital and also the Laurentians of Jersey City.

We'd like to, first of all, congratulate you, Senator, for having these hearings but I would have liked, seriously, even though the other men were busy, to have some of the other Senators sitting here today. I spoke to a man who is not on your Committee but who is a legislator in our area. He said, "yes, what you say about Meadowview is true, however, I wouldn't touch that with a ten foot pole since my party is pretty responsible for the things that have gone on there."

So it is kind of difficult for myself and some of the other people that have been here today to see that the other Senators' schedules could have been so heavy. I think that sometimes we tend to put these things on the side because they are not immediately attractive.

I would like to speak today in favor of your bill, 1262, and also any other legislation that you find necessary to write and, hopefully, to enact, or

any amendment that would do something now in the State concerning mental health. I speak primarily of Meadowview Hospital in Secaucus. Going back to the State survey done in 1971, little or nothing has been done since that time.

I would agree with Mrs. Finnerty, who spoke earlier, that the political patronage that is evident in such hospitals has had a detrimental effect even 'till this day. We have gone time and time again to the Freeholders; we have gone to other men in the area; we have gone to the administration, with little or no effect.

To answer one of the rhetorical questions of Mr. Lydon, who spoke earlier, I think the Brightstones have been duped because anytime we went complaining about the lack of any real treatment or therapy or care, they pointed to another painted wall and said, "see, we are trying." I cannot accept this and I would ask that you and your Committee do whatever is necessary to sidestep those things.

There have been recent indictments at Meadowview Hospital. Today at 12:15, Dr. Hammel, the present director, was also indicted. While this is not a conviction, nor are any of these convictions, I think it at least demonstrates the fact that there are great and serious problems at Meadowview Hospital.

I am asking you, Senator, and the other legislators of our State, to protect the mental patients from this kind of system that continually propagates this criminal behavior by its negligence, not only against the mental patient but also against the State taxpayers who are paying the bill for this kind of ineptitude.

I don't want to go into some of the human indignities that are in evidence at Meadowview Hospital since they were covered, I am sure, by people who have spoken before me but I would like to ask you to

consider that there is another program in California initiated by a Dr. William Glasser who is known for - at least from 1965 - reality therapy which is a therapy that speaks to bringing the patients back to reality. He has had great success with psychotic patients, people who were thought not to be able to go back into society; these people have been rehabilitated.

We are asking for this kind of a system that doesn't treat the mental patient like he is a "thing." You can go to Meadowview Hospital and find all the roaches and rats that Reverend Cromwell spoke of. You can find people whose heads have been-- their hair hasn't been cut, it has been chopped. So, some people's pets have more dignity than the people at Meadowview Hospital.

There are people there that are constantly exposed and the attendants sit around in smoking rooms and just pass the time of day because they themselves have no professional training.

So, without beating a dead horse, we are just asking you to continue working in this area and we are promising you any and all help that you need because we are not going to wait any longer. If we have to do things much louder and more vocal and in other ways, we are going to get the Senators and the Assemblymen to look at our mental health problem and hospitals, and we would be happy to do so. Thank you.

SENATOR HAGEDORN: Thank you very much and just keep up the fight and I am sure we are going to get results.

I will now call on Mrs. Dorothy Applebaum of the Bergen County Mental Health Association.
D O R O T H Y A P P L E B A U M: As a representative of the Bergen County Association for Mental Health, I am here to press for separation of the Department of Mental Health from the Department of Corrections.

The needs of the Department of Corrections are so immediate and so overwhelming that mental health services are continually being short-changed. Had we had a separate department five years ago, we would, in all likelihood, not now find ourselves in the unenviable position of being the State which suffers the greatest loss with regard to federal funding of community-based mental health centers.

With no one watching the store, so to speak, we were slow to become involved. As a result we now have only 13 out of a proposed 35 centers, five of which are not receiving staffing grants.

The success of community-based facilities has been widely acclaimed, not only in terms of financial savings but human savings as well. They deal with prevention and early treatment. The cost of in-patient care is at least three times as great as that provided by community-based services. With all the talk about budget, and with the need to keep costs down, given as a reason for failure to create a separate Department of Mental Health, we must take a look at this concept. Does it contain false economy? Is it not ridiculous, for example, to cite the savings in the ordering of bulk printing and paper clips and to ignore the infinitely greater savings that could be effected by an innovative and knowledgeable administrator?

Commissioner Clifford has said that he should have a number of deputies in order to run the various departments with maximum efficiency. He has "managed" without them, which appears to constitute a savings but at what price? No businessman would eliminate a department and expect that department to function in a progressive manner.

We are delighted that after four long years a director of mental health has finally been appointed, but what has he inherited? An antiquated system with

focus on State hospitalization, warehousing, as the primary method of treatment, not on the development of community-based services. He has inherited a cumbersome, unworkable system bogged down in red tape, one wherein mental health has almost no visibility.

The new director is in the position of a small brother to the Department of Corrections and must settle for the crumbs. We have all too much proof of the fact that this system does not work.

In a report on deaths in institutions taken from the U. S. Department of Health and Welfare Statistical Note 77, we can see that New Jersey's 13 institutions with a population of 14,500 people, have had 1,552 deaths in the year ending June 30, 1972, while Pennsylvania with an institutional population of 22,720, or 7,220 more people, has a death rate of 1,648, or only 96 more. In Illinois, with a population of 15,000, or 1,000 more patients than New Jersey, there are 500 less deaths. We have clearly been doing something wrong.

We acknowledge and appreciate efforts of Senator Hagedorn and others who, unfortunately, constitute a minority but who have worked vigorously for mental health legislation. Still, our governing officials must recognize their responsibility. New Jersey is far from being a pioneer in mental health services. It is not a progressive State, in fact, we are not even holding our own. As long as we hold to outmoded, bureaucratic systems and the concepts of institutions and inmates, the quality of life that we offer to the citizens of New Jersey will continue to decline. Thank you.

SENATOR HAGEDORN: Thank you very much for your testimony and your interest and we ask that you continue.

Is Mrs. Flanigan present?

M R S. F L A N I G A N: Good afternoon, Senator Hagedorn, once again I am back to be at the hearings.

It is almost four years, in the Fall, that I was here. My boy is now dead four years on April the 13th.

I am not here about Greystone Hospital, I am here as a representative complaining about the conditions in the Ancora State Hospital in Southern New Jersey.

Things are just as deplorable as they were at the time of my son's death. He got very little proper care. He had been beaten. He had been left laying in a hall. Three-quarters of the time he had been soaked with saliva or water that they gave him and he couldn't swallow, blood, food that he had tried to eat and couldn't swallow because his throat had been damaged badly. His esophagus had been punched in - kicked. He had been kicked several different times. He was beaten the first time in bed and then kicked the very next day after I saw him. From the time I saw him - Thursday night to Friday morning - he had been rebeaten again and kicked in the groin, causing internal bleeding. He had bottles of blood drawn from his lungs and had blood in his urine. He passed a bowel movement on Easter Monday that was just totally black. I had seen this condition with my own mother many years before, so I knew that it was internal bleeding.

He lasted about three and one-half weeks. First he was in Holly Hall for a week and one-half or so before they moved him into the main building. At first it looked like he was getting good care and I was very pleased to see that they were now doing something for him. But the very next day after I had seen him he was moved out into a drafty, crossway hall - a hall going up and down, north and south, east and west - and there he lay with the cold draft on him and he couldn't even get the urinal. I had to help him with this situation.

They claimed that they were giving him medication six hours around the clock. I was there many, many hours - five, six hours at a time - and I never saw a doctor; only

once did I see a nurse give him medication. She gave him two pills and he couldn't swallow them. I said, "why can't you give him a needle?" Finally they said they were going to do this but I never saw them do so. Yet, Dr. Kataris testified here that they gave it to him around the clock.

I wonder what they gave him, Senator? My boy could not sleep for three weeks before he was badly beaten. Yet they claim that he became a very aggressive boy. I have a book with me today that was written by people in the service that he was with a month and five days. While he was there he could not do the exercises. Even though he was 210 lbs. and 6' 4" he could not do the muscular activities that were required. Consequently he couldn't eat because he wasn't allowed to eat if he didn't do his activities prior to that. He was kicked. He was beaten and he never fought back. It wasn't in him to do this and he didn't complain; others complained because of it. Consequently they discharged him and sent him home.

Because he was discouraged, this is why he went to Ancora. He tried taking his life. We sent him there to gain health. When we found out the conditions that existed there, he was almost ready to come home. For almost a year I begged because every weekend that we would bring him home we had to write a letter asking for help and asking for permission for him to come home and every week I would say, "when are you going to put him into a work-rehabilitation program?" This would mean that he would go to Woodbury or some other facility and leave Ancora. He would be put into a work situation and brought back to the hospital until they felt he was ready to come home.

He came home every weekend. He sang in the choir. He participated in family activities and he was fine. Why they never did this for him, I don't know.

Never did I receive acknowledgement to any of my letters. I could not see the doctor. I even called and got the operator to get him out of a sick bed so he at least would answer my questions. Oh, yes, he was going to do this but he did not.

Well, things went from bad to worse. Tom got an infected toe. They did not take care of this. Talk about medical care that they should get, they don't. They need things. There was a case that was so gangrenous that the stench was horrible and Tom complained about this and so did the other patients, but nothing was done.

Tom came home on a weekend so I had the toe operated on. The doctor said he had never seen such a poor condition. He ordered penicillin. I took the medication in with him on Sunday night and I gave it to the attendant, Mr. Postel, and told him that he was to have this. I left the prescription there. I also had the doctor write a note that he should be given this and why, because I said, "if we take it in they will not do this without a proper authorization." So I had that note to give to them. It meant nothing because Mr. Postel did not tell the next person on duty in the morning to give him the medication.

By March 12th, Tom was so worked up because he couldn't get the medication-- I called and insisted that they do this and I threatened to write to the newspapers, which eventually I did. On March 12th, as sick as I was, I wrote to the newspaper. The article never came out until March 28th but in the meantime my boy had been beaten.

I went to speak to Dr. Cassett on the 26th of March and that doctor had the audacity to sit and talk with me for over an hour and not tell me the condition of my boy that I was about to go up to the top of the stairs and see. His head was swollen. His ear was all black and blue. His eyes looked like a cocker spaniel's.

He looked like a Mongoloid child at this point because he was so out of shape. I said "hi" to the attendant and when he turned and moved away and I saw my boy, all I said was, "oh, my God, what have they done?"

I took him into the sun room and sat and talked and he couldn't talk. I just talked and held him as he sobbed. Another mother of a Mongoloid child patient was sitting there and watching me. She too had stood outside of Dr. Cassett's office the very day that I was talking to him and she didn't say a word and I apologized for keeping her waiting so long. She knew what I didn't know, that my boy was in the condition he was in because she had been upstairs and had already come down. She came back up and was there watching me with my boy. She came and she testified but she wouldn't say that the attendants had beaten my boy because she didn't want retaliation against her boy because he was still there. I could testify. It wouldn't hurt my boy any longer because he was now dead.

But I did testify and that is the only benefit that I can honestly see that took place from the hearings last time, Senator Hagedorn, was that boy, the McAlister boy, got moved out within less than two weeks of the hearing. He was moved into another institution and this was a blessing. I said that at least my son's life wasn't taken in vain if one life was saved.

Now I helped raise funds for the Underwood Hospital Psychiatric Division that they were trying to get underway. They asked me would I be the hospital chairman for Washington Township which I did because I felt that if this type of thing had been available for my boy, he might be alive today, in fact I am sure we would be. The conditions don't exist there that exist at Ancora. It is just as they say, it is a warehouse and it is a shame. We give our pets better care than these people get at Ancora or any of the hospitals.

They are fed properly. They are cared for. They are nursed. If they feel sick you take care of your pet. You take it to a doctor and give it care. But in the institutions they don't. They are just shuffled along.

There was a fellow who witnessed my son's beating and he came and testified. I didn't know this but I had seen him at my son's bedside. He had been out of the hospital and given medication. They gave him an overdose of whatever it was and he took sick out on the street. They claimed that the medication that the doctor prescribed for him could have killed him. So they changed it. This was at the Edgewood Hospital. I didn't know this at that point. I only found out when he told me. Later on, he came here to testify and I never knew who he was, I just remembered seeing a man at my son's bedside telling me what had happened.

To leave the patients-- I have seen other patients, one man particularly who was in a coma; he was completely nude. He was laying there facing me while we were waiting for them to change my son and finally bathe him while he was in the hospital. This was in the main building of the hospital. A big nurse came down. She looked at that man but she did not go over to cover him and here we were, Mr. Kimble and I, sitting there facing this man and he was shaking and shivering because it was cold. I finally got up and I went and I covered that man. I didn't look at what was there exposed, I just covered him and put it right up under his chin and even though that man was in a coma he was aware something had been done for him. I said that is much better and he was more comfortable. I turned around and I told that woman she was a "bitch" in plain language. I am sorry but that is the only name I could use for her. To look at that person and then do nothing for him, if she considers herself a nurse, she is wrong; she is a disgrace.

I certainly was very pleased to hear the nurse that was here today speak of the things that are wrong and who had the courage to come forth and testify that these things are wrong and do need changing. Believe me, there are still things going on at Ancora. I know, because I help entertain the Lakeland people. Had my boy been able to go into Lakeland he, again, would have been alive. That was only a five minute ride. They give good care at Lakeland, much better care than they do at Ancora. I had a lady come and testify to what happened to her boy at Ancora. Fortunately, she got him out and placed him in Lakeland and he has been in and out several times but is still alive at home, taking medication. She goes back with him for checkups.

I happen to be in Gloucester County and there isn't a facility in Gloucester County; there is in Camden County. Because I was just outside of the line, I was out of luck. Consequently, my boy is gone.

I just pray, Senator, that your bill will go through and that something can be done to bring things to a closer level for people who need the help and that we can go and see our people when they need us, not just push them aside and forget about them. Because some people do this because they don't want their family member, because they happen to be a problem, but that doesn't go for all of us who do care. I was up every weekend to bring my boy home. When he first went in, I used to go two and three times a week to see him and other people do too. Then there are some there that never, never see a soul that belongs to them and they need love and care and better-trained people to handle them. Screen your people more carefully. I know the wages are not good but I don't think they should take anybody who isn't dedicated to helping someone with love and kindness. Tender loving care is the best medicine that you can give anyone.

I just pray that something will come of it. When I was here the last time I showed pictures of my boy's condition. I left a family picture and I gave letters on a loaned-out basis to Senator Maraziti. I have never received them back, Senator Hagedorn. I wish you would check into it for me. They are my possessions. I would like them back. These things were given to me. People sent letters testifying to what had been taking place and they are my own personal things. I would like them back. I have been completely ignored on this score but I do hope and pray that things will go forward and I will be in there pitching and doing whatever I can to save another person's life. Thank you.

SENATOR HAGEDORN: Thank you very much, Mrs. Flanigan. It was your testimony, four years ago, that I remember very vividly and it certainly gave us the determination to develop a program where we wouldn't have a repetition of that tragedy.

Is Mr. Vasterol present? Do you want to testify?

May I ask you to be brief because the time is getting late and we have a few more people that want to testify and we can't keep these young ladies here too long.

E D W I N V A S T E R O L: Senator Hagedorn, I am pleased to meet you and I am glad to be of service to the Committee.

I am speaking here as a concerned private citizen. I have been to Willowbrook. I have been to several other state hospitals. I have just a few short observations of conditions and perhaps an opinion or two of what could be done to remedy some of the situations.

First, briefly, the wards -- there is no way to describe them. They are just plain desolate and bleak. The patients were just out of place. The meals, from what I saw and from what the patients told me, are beyond description. I wouldn't even give the food there to my

enemies. Hygiene was very poor. The facilities for washing were inadequate. Recreation on the wards was nonexistent. There was one T.V. with no choice of channels and a few people controlling the set. There was no control over the type of programs for the patients. I didn't see newspapers or magazines of any kind that the patients could look at to bring them in touch with reality.

To get on the ward itself there was no intercom; there was nothing to get the attention of the nurse or the attendant. It took constant banging on the door to get in. If you could be heard through the noise and if a patient responded and brought an attendant to the door, you were lucky if you could get in within five or ten minutes.

The attitude of the attendants and the nurses leaves something to be desired. I believe their training is inadequate and they are insensitive to the needs of the patients.

Another point, which was brought up before, is the grouping of the patients according to their geographical location is not sound. The best way to bring the patients together is by their problems.

Another situation that could be remedied is there are areas in the wards that are inaccessible to the attendants at all times. One way to adjust this is to have closed circuit T.V. and have these areas constantly monitored. This way, if there is a shortage of staff, they can at least view the patients at all times.

They had a clothes room there for the patients clothes. This, in one instance, was used for a patient to do away with himself. If they had safety designed equipment that would collapse under minimum weight it would eliminate any temptation to use the poles or shelving to commit suicide.

A better approach is greater rapport between the patients and the doctors, or the paraprofessionals.

My last point, since you wish me to make it brief, is to rely more on the doctors' notes; that is, the diagnosis of patients referred by private physicians. If this private doctor makes notes with reference to his patient's tendencies - suicidal or otherwise - the staff should pay greater attention to this and this would relieve some of the anxieties of the parents or the relatives who are admitting patients to these institutions.

SENATOR HAGEDORN: Thank you very much.

Is Helen Jackson present?

H E L E N J A C K S O N: I came here to testify for my brother, John Jackson, who committed suicide at Greystone in September of 1972 in the Passaic County Ward. They had an article in the paper the following day. He committed suicide on Friday, which was mentioned before, this was the weekend when all these things occurred. He committed suicide at 6:30 and at 9:30 we were notified. The following morning there was an article in the paper which stated that he had no suicidal tendencies.

Now he had been in the hospital three years previously and they okayed the ground privileges. They said he was in very good shape and he could go out. He made an attempt on his life at that particular time; he jumped off the bridge.

He had to recuperate from that. I put him in St. Joseph's psychiatric ward and he had mental and medical attention. I kept sending him back to St. Joseph's psychiatric ward and he was very happy there but then my funds ran out and the doctor said that he needed long-time treatment so he suggested that I admit him to Greystone again. The doctor wrote a note admitting him and stated he had suicidal tendencies. That Saturday morning I went down there and I mentioned that to the people in Greystone and the doctor said,

"well, they were very short of personnel and there was no one there that could watch over him." I said, "if I had known that, I would have kept him at home because he is happier at home." My other brother and I work during the day and we couldn't watch him all the time so I more or less put him there to be watched over, like a babysitting service.

He then wrote me a letter on Thursday - the Thursday before he committed suicide - I am sorry I didn't keep the letter because he mentioned that the conditions there were terrible and filthy. I visited him previous to that, the previous Saturday, and I said, "gee, John, you aren't taking care of yourself." I said, "you aren't brushing your teeth or anything else." He said, "the sink is so filthy and the glasses are so filthy I just can't wash myself in a place like that." He said, "I am used to clean conditions."

He then told me about people urinating, etc. on the floor and they never cleaned; there was always an odor and it turned his stomach.

We took him out one weekend and he said the hospital conditions were so atrocious that it made him depressed and he started to stutter and stammer, which he never did before. He said, "I can't even speak properly." And this depressed him.

Every time I would go there he would say, "do you have a sandwich?" This was about 1:00 or 2:00 and I would say, "well, gee, didn't you just eat?" They never feed them enough. I understand they only allocate 82¢ a day for meals and that is not even enough for a breakfast. He was always asking for food and then the other patients would be staring and looking for something to eat also. This is no way to exist.

He came home another weekend and he said the doctor said that he should be released and if he didn't improve he would put him into a worse ward and this depressed him. He got more upset because he felt that

he was in a bad enough ward to begin with.

In this letter that he wrote me he said that he was inclined to go to bed early, about 9:00 and he would get up about 5:00 and he said he was joking around with this other patient that was awake and this fellow dragged him out of bed and told him to be quiet. I feel that they should have spoken to him, not drag him out of bed. They should have told him, look, be quiet because the other patients want to rest, or they should have just put him in another room. They said they had no other room available. I then spoke to the doctor that was on the ward because when he came home on weekends, or a few days during the week, I took him to the doctor that was in charge of the ward because I assumed that he understood his case. After his suicide I spoke to the doctor and I said could this have been a factor in his death because I received a letter on Thursday and then on Friday he took his life. He said, "it may have been because if you take a mentally ill person and do something like that it disturbs them more."

He hung himself on the clothing rack in the hospital, which I mentioned to the doctor; they should never have a clothing rack in the hospital. He used his shirt and that is how it was accomplished.

He had travelled to Staunton, Virginia, and he ended up in the hospital there. We went to pick him up there. He always mentioned how much better the conditions were there than at Greystone. We saw it. It was very clean. It was a beautiful building. Just from my observations for the short while I was there, it looked one thousand times better than Greystone. I feel that Virginia is a much poorer State than New Jersey and we shouldn't have this problem here.

That is all I have to say.

SENATOR HAGEDORN: We thank you very much and we certainly appreciate and sympathize with the tragedy

that you encountered in your family. Again, we hope that we can provide a program that will overcome that type of a tragedy.

MISS JACKSON: If they had the proper attendants there this would never have happened.

SENATOR HAGEDORN: Thank you.

Mrs. Frances Dunham?

F R A N C E S D U N H A M: Thank you, Senator Hagedorn, for inviting me here. This is my second appearance here in the past, I believe, 12 months and the crusade is still on insofar as our organization, The American Federation of State, County and Municipal Employees, AFL-CIO, is concerned and the Executive Director of State Employees, which covers 7,800 employees in all health institutions in New Jersey.

I heard Ancora and Greystone mentioned earlier today but there are a great many other institutions in the State of New Jersey which bear a great deal of looking into. I will not go into that today but I hope that I will be called upon at an early date to give insight and in-depth testimony, not only from myself but also the people that I represent - you will hear from them also if necessary.

I appear here before this Committee because it is our firm conviction that there can be and should be improvement in the health care delivery service administered to the citizens lodged as patients in New Jersey institutions. We believe that the State of New Jersey can save millions of dollars if there was a genuine thrust to improve rehabilitation for the mentally ill and the retarded.

It is just common sense to us that if the months taken for patient rehabilitation were cut in half then literally millions of dollars could be saved aside from the agonies that prolonged stays have on the patients and their families. To us the answer then lies in improved patient care.

Our union believes that the road to expeditious rehabilitation is to create a meaningful institutional table of organization, improve staffing, create paraprofessional promotional lines, add more professional staff, and treat employees in a decent and equitable way.

It is our opinion that the present personnel practices of the Department of Institutions and Agencies totally debilitate against the delivery of decent health services. Further, anyone familiar with the care of the mentally ill, retarded and aged knows how critical the staff morale is to the day-to-day patient needs. Yet the morale of the institutional employees our union represents is at a zero level. This has come about because of an utter lack of leadership and confused direction from the department level to the institutional level and even to the ward level. Authorities who are supposed to make decisions, give commands and give leadership, lack the knowledge and experience to handle the job. As a result, workers operate in totally confused fashion and patients who need strong direction get no direction.

Another problem is that heads of institutions rarely know the intricacies of the operation of their own institutions and, in the majority of cases, are doctors without any kind of personnel training. At the lower levels of command, twenty-one year old nurses are assigned as heads of services by virtue of their nursing degree and administrate over hundreds of other employees who have lesser titles. Under these types of structural commands, petulance, favoritism, rivalries, and "what have you" prevail with the employee caught in the cross-stream of utter chaos.

Pertinent to this picture of confusion is the fact that each institution has its own system of justice, its own interpretation of rules and regulations, and

its own methods of dealing with alleged employee infractions. Even supervisors in different buildings at the same institution handle employees in differing fashions. What may be the basis of a suspension in one place may be the reason for accolades in another. This is particularly true where an employee has to take physical control of a distraught patient.

Going from the problem of leadership to direct patient care, it is our union's judgement that what is needed is a meaningful, in depth, career ladder program that will train those who service patients to become paraprofessionals in areas such as group motivation, recreation, occupational therapy and so on. Under the present system, ward employees have little or no time for communication with patients who desperately need an exchange of ideas. Under the present system, there is a paranoia on keeping wards clean, particularly those visited by relatives. Those of you who are not allowed on the wards, you will never see the type of dirt and filth and grime which is left there because, again, it is hidden from you. The patients are brought to you, to the nurses station, and you will not be allowed on those particular wards.

As matters now stand, ward service personnel are inundated with work responsibilities because of deliberate understaffing. I use the term "deliberate" because this is a means of saving money on the costs of the patients who are housed within the institutions within the State of New Jersey.

As we have now pointed out, money isn't saved by this method since the patient's stay in the institution is always prolonged.

Another prime factor in improving institutional care is employee morale. Low salaried employees should be given the same equities that are given to the higher paid employees.

It is blatantly unfair to have the top professionals of an institution live with their families in State-paid-for homes, on the grounds of these institutions, and deny the same to low-salaried employees who are forced to live in tiny rooms - telephone booth type rooms in dormitory settings.

It is blatantly unfair to both patients and employees to have a community store on the grounds of these institutions run as a profit-making venture with higher prices than stores in the surrounding communities. The next time those of you who are parents make a visit within the State institutions, whether it be mental retardation or psychiatric institutions, visit that local snack bar, or trading post, as they term it at Trenton State Hospital, and you will find that you will pay at least 15¢ to 20¢ more for a milkshake and you will find that the same patients that are housed in those institutions have to pay 12¢ more for a bar of sweet soap than they would have to pay on the outside.

It is blatantly unfair for the communities surrounding the majority of institutions in the State of New Jersey to set up covenants and other local laws that will prevent poor and black people from living near these institutions.

It is blatantly unfair to recruit low salaried institutional employees from the inner cities of New Jersey and make them pay for the transportation which is given to them in the most slipshod scheduling.

It is blatantly unfair to have political emphasis and attention given to convicted felons because of riots and allow those in mental hospitals, who cannot riot, to rot away because they are unnoticed.

We who speak for the employees, find that we are the ones - and sometimes the only ones - who "give a damn" for those who are unfortunate enough to be housed in institutions. We fervently believe that with

executive and legislative attention, with meaningful and strong leadership, and with a program that we are prepared to sit down and help develop, the plight of the mentally ill, retarded, and aged cannot only be improved but the State can be rewarded by huge savings.

Action on behalf of the helpless mentally ill patients of New Jersey has been neglected for far too long. Action must be taken and taken now. I thank you.

SENATOR HAGEDORN: Thank you very much for your contribution. We know your manifest interest in the problem that we all are concerned about.

MRS. DUNHAM: Thank you, Senator.

SENATOR HAGEDORN: Assemblyman Hynes, would you care to testify at this time?

A S S E M B L Y M A N E D W A R D H. H Y N E S: Senator, thank you for the courtesy of calling me. I know other people have waited as long as I but I made a special trip down here with Freeholder McDermott because we too have seen, with you, the conditions at Greystone, in particular.

At this point I would like to mention that I came down here because of my alarm that your bill has not passed the Assembly. I think this is one of the bills this State has been waiting for for a long time and I am an advocate, an outrageous advocate of this bill, and I had hoped that there could be bipartisan leadership accommodation to move this bill through as expeditiously as possible.

As you know, we ended our legislative session for the year on April 30th, Senator Hagedorn, and that leads me to a great concern that your bill, which I think is in the interest of New Jersey to finance community mental health centers and get those people out of those human warehouses, will not be moved this year.

I came down here to go publicly on record

to commend your foresight and your legislative ability for putting in a bill of that kind and, as a Democrat, to perhaps seek bipartisan leadership accommodation to bring the Assembly back in June when the Senate comes back to act on your bill.

I plan to make some attempts to contact the leaders of the party, Assemblyman Hurley and Assemblyman Horn, and suggest that perhaps this would be in the best interest of the people.

Anyone who has ever seen Greystone knows that the problem comes simply down to money. So besides your bill, which is foresighted and long-term, I think part of the problem is money. I would like to have had your leadership down in the Assembly here when we tried to implement an increase in the Greystone budget. Unfortunately, it was to no avail. Maybe with you at our side we could have succeeded. But it is a question of money to be put into the institutions now and it is a question of getting the proper kind of legislation, which I think you started a trend toward - good legislation - to get people out into their homes and treated by people and be near their families.

So I have come down from Bergen County to commend you and to offer my help to correct an outrageous situation and I am hoping that with your leadership ability as Chairman, and with the efforts of legislators of like mind in this Assembly - both Democrat and Republican - we can perhaps get the Governor to get the Assembly back and pass your bill. I would hope that people of like mind throughout the State use their influence to back your great Senate bill.

I would like to ask as a special favor - Freeholder McDermott came down and if he could perhaps say one or two words, I would appreciate it. He went to Greystone. You know, Freeholders do finance mental institutions and the more involved we get with our

Freeholders the better it is for us. So with your kind accommodation Freeholder McDermott would like to say one quick word.

SENATOR HAGEDORN: That would be a pleasure, Assemblyman Hynes. I am going to count on you in June. I know you have a great dedication and together we can develop a bipartisan effort and have 1262 passed so that this money can be made available.

ASSEMBLYMAN HYNES: In terms of money I believe there is a fiscal note of \$3 million, isn't there, Senator?

SENATOR HAGEDORN: It is about \$3,700,000.

ASSEMBLYMAN HYNES: What an investment. We would be saving so much money that we have been pouring into Greystone, which to me was to no avail in 1970. We would be saving more money than we would be spending. So I think for those who are fiscally frugal we are making a great investment for the State of New Jersey.

SENATOR HAGEDORN: I am happy to share that opinion.

Freeholder McDermott, I know that you have travelled quite a distance and we appreciate it. I think it does indicate your interest also in this great problem.

F R E E H O L D E R K E V I N M C D E R M O T T:
Thank you Senator. First of all I'd like to compliment you for taking your time, as you have today, to listen to people and expose the problems we are having in some of our institutions in the State of New Jersey.

We, on the Freeholder level, have our inputs to it because we fund and support the institutions in the State of New Jersey.

We, in Bergen County, have been having the Brightstones come before our Board of Freeholders meetings and speaking out about some of the problems, especially the problems of Greystone. This has spurred me on to go to Greystone and to see the problems as they have

presented them to us and also to take a look at the budget and how it applies to the people in Bergen County.

I spent a Sunday in Greystone on March 25th. Usually when you are told about things they are not quite as you would expect them to be but in this case I found it even worse than the people had reported to us at the Freeholders meetings.

I was appalled, to say the least, at the condition of what is called the Bergen County Building at Greystone. In going through the wards I couldn't believe that conditions existed, such as this, in the State of New Jersey - the filth, the toilets stopped up, if you turn the water on in the sinks it doesn't go anywhere, it just flows over, this type of thing.

I assume that you have been there and you know of these conditions. The part that bothered me was that I also toured some of the other buildings and although they were not quite as bad as the Bergen County building, the part that bothered me was that the Bergen County building was so congested - like 450 residents in that one building.

I then went over to the Passaic County building and they have four floors and only one floor is being used; the other three floors have no one on them. Even the one floor that was being used at the Passaic County building was better than the Bergen County building. It could have been improved but it was better. I wonder how this type of condition can exist when you have severe crowding in the Bergen County building - I would say that it was wall-to-wall beds in certain areas. In the dormitories the beds were almost touching each other, as you probably know, with no other furniture in the room. Again, the conditions were very, very dirty and I don't see that there is any need for that. I would expect that things like that could be cleaned up.

I was also concerned, in going through it, to hear about the number of psychiatrists that we had there taking care of the 450 patients in the Bergen County building. We had our mental health administrator go down there, Mr. Woodman, and he was of the opinion that there were four psychiatrists taking care of 450 patients. I just can't imagine what kind of service or help they can give to the patients when the ratio is that critical. So I would hope that some conditions could be improved in this area.

From the standpoint of the budget - how we are involved in it - we, as you know, fund the mental health institutions in the State of New Jersey. We have three accounts for the maintenance of patients in State institutions; one is for mental disease, one is for the neuropsychiatric institute and one is for the mentally retarded. Totally it comes out to about \$4.4 million that the people in Bergen County provide to the State to run these institutions.

Breaking it down, as you know, there are about a dozen institutions but the one that I was particularly involved in was Greystone and we spend about \$2.1 million of our funds there. I am here today to just point out that I think the conditions there are deplorable. I consider the people living there residents of Bergen County - the 450 that we have there. I represent the people in Bergen County and we are, naturally, very concerned about what is happening there, and not just for the people in Bergen County but the people in the whole State of New Jersey. We feel that conditions should be improved.

As Freeholders we are funding this - or partially funding it, as you know for sure - and we would hope that conditions could be improved.

Based on this, I have introduced a resolution in the Board of Freeholders, requesting these improvements.

In fact, Freeholder Bolen, I think, sent you a copy of the resolution so I won't read the whole thing but basically the resolution tried to point out some of the problems and asked that improvements be made with long-range capital improvement programs, etc.

I think it should be pointed out that although I am a Democrat and the other eight members of the Board are Republicans, we had bipartisan support of this resolution in an effort to improve the conditions at Greystone. Thank you.

SENATOR HAGEDORN: Thank you very much for coming to Trenton and particularly for your great interest. I just want you to know that any improvement in this program, or any action, is going to require bipartisan support. Keep up the good work.

FREEHOLDER McDERMOTT: Thank you.

SENATOR HAGEDORN: Have I overlooked anyone that is scheduled to testify?

Are you Mr. Allan?

All right, Mr. Allan. Please try to keep it short, these girls have been working all day and we would like to relieve them.

R O B E R T A L L A N: I am presently an attendant at Greystone. I have only worked there eight weeks. Before I came to Greystone I worked as a volunteer in the Harrisburg State Hospital in Harrisburg, Pennsylvania and I just notice quite a difference in how the particular ward was run in Pennsylvania as opposed to where I am working now. I thought it might be worthwhile for me to mention the differences that I saw.

Right now, in the ward I am working on, there are two philosophies going on; one is custodial care, which we have been hearing about all day long and the other is the nursing education department has now been scheduling classes for what they call "therapeutic community" - where the idea is to restore the patient

to his capabilities, reeducate him so he can better cope with his problems and reintegrate him into the ward and get him to talk to the other patients around him.

Part of the problem, as I see it from my own experience, is that you want to do something but you get theory in the classroom and yet you are not exactly too sure about how to get them going. At Harrisburg, for example, each ward had a person called a "programmer" who wrote up a program and whose sole responsibility was to make sure that it was run efficiently. They also had a research department at the hospital and they went around to different wards and asked what the problem was. They then sent out members from the department to research the problems and then in turn they went back to the State - to the Civil Service Commission - and finally, for the type of position that I am holding here, down there you were required to take a civil service test. Also the wage scale was about 1,300 dollars higher per year.

That is about the extent of what I have to say. I would just be repeating myself if I said any more.

SENATOR HAGEDORN: Thank you very much. We will certainly make note of your recommendations and give them serious consideration.

May we have the next gentleman, please?

G L E N N O O N E: Sir, my name is Glen Noone and I am an employee at the Camden County Psychiatric Hospital and I have been there for three years. I am also a student at Glassboro State College. I am a psychology student.

I think the attitude of the employees could be a lot different to make things better. What I would hope the hospital would do - and many other hospitals would do to change things - would be to give the employees some type of training before they come

onto the wards to help the people in the hospital. I usually see people with no training, no background and no emotional involvement at all, no kind of an attitude that would even begin to help somebody working at the hospital.

I had something else on my mind but I forgot it. That is about it, I guess. It's just that I would hope that people would get some training before they are allowed to go in and work with people.

SENATOR HAGEDORN: I am sure that suggestion is very sound and very helpful. I feel that properly-trained employees, or attendants, certainly can only reflect upon better care for patients and we appreciate your suggestion.

That was the last witness. If there is no one else who would care to testify, I will declare the hearing adjourned. I thank everyone for their patience, particularly the secretaries who have put in a very arduous day and also the man who handles the sound arrangement. Thank you very much for your patience.

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