

8220 Michener Avenue
Philadelphia, Pa. 19150
April 23, 1973

Received in
SECRETARY'S OFFICE

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DEPT. OF WELFARE

Rel. to

Honorable Milton J. Shapp
Governor
Capitol Bldg.
Harrisburg, Pennsylvania

Dear Governor Shapp:

The dismissal of Dr. James McClelland from Polk State School for improper patient care is, in my opinion, completely unjustified.

First, let me state my qualifications to speak. I have worked as a recreation worker at Polk part time for six years and full time for two years. My recreation activities took me to every building and day room on the grounds. My wife worked summers as an attendant at Polk for three years in a women's building which cared for severely retarded residents. We both worked there during Dr. McClelland's administration.

My observations are:

1. Patient Care. Prior to 15 or 20 years ago, the philosophy of care for retarded children was "keep them quiet and out of trouble", which meant physical restraints (strait jackets and harnesses) for many patients. With a patient to employee ratio of 40 to 1, which existed in some divisions, such a philosophy is understandable.

However, with physical inactivity the muscles degenerate and a patient becomes a bed case. So the philosophy changed to one of promoting physical activity and educational and recreational programs within the individual capacities of the patient to participate in and enjoy such activities. Under such a philosophy (probably initiated at the direction of the Department of Welfare) the use of physical restraints should be minimized and the use of confined play areas came into use to allow maximum mobility and yet keep patients protected from themselves and from causing physical harm to other less aggressive patients.

2. Facts. The "cages" and "play pens" we saw at Polk would measure at least 10 ft. by 10 ft., giving 100 square feet of play area, not 25 square feet. But even a 25 square foot area is good if it allows physical movement rather than being prohibited by strait jackets or other restraints. I find it no more dehumanizing for a mental child with an adult body to be in these play areas than for a 1 year old baby to be placed in a common household play pen.

2. Facts (continued)

The implication of the "surprise" visit is that the play pens would be hidden if someone had known Mrs. Wohlgemuth was coming. The use of play pens has been common knowledge for years, and I believe they are used in every state school throughout the Commonwealth. On that basis, every superintendent of every state school in Pennsylvania should be immediately dismissed.

Various statements by Mrs. Wohlgemuth as reported in the news media indicates that she does not understand the differences that exist among retarded persons. The implication is that any patient might be placed in a "cage", when in fact their use is for individual patients with particularly severe retardation problems. It is difficult to understand how an intelligent person can judge that a play pen or "cage" is "inhumane" without an examination of the alternatives that best suit the individual patient involved, and making recommendations for the care of that specific patient.

3. Personal. It is indeed ironic that Dr. McClelland should be dismissed for improper patient care. I do not believe you can find a superintendent in Pennsylvania who has demonstrated any more real human concern for the care of the mentally retarded than Dr. McClelland.

The dismissal is apparently based on only one aspect of Dr. McClelland's administration. Polk State School has a far reaching program of activities tailored to reach all of the levels of retarded patients. When we were involved with Polk State School, the overall quality of patient care was excellent in all aspects, and I do not believe it has deteriorated in five years.

Consider now what alternatives are available if play pens are not used for certain severely retarded patients:

1. Physical restraint. A return to more use of the strait jacket, harness, or drugs will contribute to mental and physical regression, not development.
2. Padded cell. Use of an isolation room (a prison) and complete isolation from other patients will contribute to reactions of violence.
3. Personnel. An increase of the employee-to-patient staffing ratio would be a desirable alternative, but to what extent is the Commonwealth of Pennsylvania and the Department of Welfare willing and able to increase the budget allowance necessary for this? I would estimate that a five-fold increase in budget would be necessary for "adequate" staffing.

In summary, I find the dismissal of Dr. McClelland completely unjustified and will do everything in my power to prompt a full investigation of this matter. It appears to have been triggered by a person who has no understanding of the care of retarded "children" and was unable to stomach the sight of a mental child with an adult body

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sitting on a floor in a confined area. What would be the reaction if everyone were sitting around 24 hours a day in strait jackets? The facts of patient care must be examined in relation to the individual patient problems.

Yours truly,

Eugene S. Witherup
Eugene S. Witherup

Marilyn R. Witherup, M.D.

Marilyn R. Witherup, M.D.

cc: Dr. McClelland
Mrs. Wohlgemuth
Philadelphia Inquirer
Philadelphia Bulletin
Pittsburgh Press