

VISIT TO POLK STATE SCHOOL & HOSPITAL January 24, 1973

ACC-PARC visitation team: Virginia Thornburgh (Chairman),  
Barbara Sistik (Vice-Chairman),  
Jean Isherwood (PARC Liaison),  
Bob Nelkin (Staff Member)

Report by Virginia Thornburgh and Bob Nelkin

Although the members of this visitation team are well familiar with conditions in our State schools & hospitals, this Polk visit had a shocking and disturbing effect on us as individuals. The same visitors had seen the same residents in the same condition before. But, it is unlikely that we will visit the same situation again. The only way we can visit again is if this most recent visit causes some changes for those Polk people.

We are growing insensitive. Our senses are deadened. For a brief period of time, 7 hours, 12 hours, 2 days, we allowed ourselves to walk away. We caught ourselves and turned back and we want something to come of our visit.

We ask the Executive Committee and the Board of Directors: Like everyone else, will ACC-PARC allow these ugly and inhumane conditions to continue? Does ACC-PARC visit these schools and hospitals to cleanse our psyches of guilt by writing nice reports? Or do we visit because we are fully committed to act on behalf of each child and adult? Do we (ACC-PARC) want to walk away now or do we want to take on an almost "impossible" task? With all these questions we can make one certain statement: It is time for a decision! Perhaps we should retreat to the mountains and think for a weekend. A weekend at Polk would only cost us \$23 per person.

UNANNOUNCED VISIT

Dr. McClelland was out sick. He did talk by phone to Jean Isherwood to find out the purpose of our visit. He assigned Dr. Varva, the head of the Psychology Department, to lead us around. Mr. Ritchie of the Social Service Department also accompanied us. Dr. McClelland thought that we were discourteous in not announcing our visit ahead of time. Bob has been assigned to look up the true etiquette in Emily Post and will report back to our Committee in a week.

MEADOWSIDE

This is a cottage for femal residents. Meadowside "A" has to be the worst in our State school and hospital system. It is a hell hole, a zoo, a pig sty. We treat our house plants better. The commanding nurse claimed that the overcrowding was temporary due to a bathroom renovation on Unit "C".

Residents were tied to their benches. The stench (a combination of urine, feces, and body odor) was unbelievable. There were no attendants actively engaged in program for these residents. The noise level and confusion was overwhelming. The attendants seemed to be backing off. They were pre-occupied with accounting for their laundry or making sure cleaning tasks were accomplished. Our institutional system has done it again: the most unbearable working conditions surround the individuals who need attention and care the most. No sensible person would fight that stench and confusion and overcrowding and attempt very difficult human relationships. The organization of this living unit must be drastically changed immediately. Finally, very few of these individuals are in a public school program.

#### SUNNYSIDE (Units 3 and 1)

Sunnyside may not be as humanly intolerable as Meadowside but the overcrowding compensates for the lack of stench. Imagine 100 individuals living in one bedroom. Homosexuality? Privacy? Sanity? Many mattresses were sagging. There is not room to walk between most of the beds. Again, none of the attendants were engaged in relationships with any of the residents. The attendants seemed to be busy in all sorts of cleaning and accounting functions.

#### NURSERY

On the first floor of the nursery, a program theoretically run by Dr. Hall, there was no program at the time of the visit. The children appeared dirty and unloved. There were few, if any, toys. This area was definitely understaffed. In two different rooms there were two children completely unattended. One child -- Chrissy -- laid with her head in her own vomit until we asked for a towel and for her to be cleaned up. So many times before we've seen that children get better treatment than adolescents or adults. Not so this time.

#### INTENSIVE TRAINING UNIT

This is the second floor of the nursery. There is a good program here. The staff (with a much smaller staff to child ratio, and a different type of training) demonstrates a caring attitude. Our brief view demonstrated that even a good program has its weak moments. Although the children were clean they were not being played with and given the attention we had seen in July.

#### COTTAGE I

This is the disciplinary cottage. The prison. The ex-minister staff member who we had found objectionable had been removed as chief of this unit. The main activity in this unit is still scrubbing the floor. Higher functioning residents, and there is quite a variety in this room, had their eyes glued to the colored

TV. There was no programming or rehabilitation.

FIRE SAFETY

Polk is not in compliance with fire safety standards. An example, of course, is the 100 beds on the second floor of Sunnyside. In these units there are two exit doorways. One 5 feet wide and one 4 feet wide. How quickly will individuals who are tied to their benches get out in case of a fire?

RIGHT TO EDUCATION

There is still no impact of the PARC Right to Education suit. No extra teachers have been assigned. No increased resources are coming into Polk because of the suit. Evidently, Dr. McClelland's antagonism towards the PARC suit and its ensuing paperwork has rubbed off onto some of his staff, who complain bitterly.

LIVING UNIT ORGANIZATION

Varied ability levels are mixed together in almost all of these units. This must impede the learning ability of higher functioning residents. Who decides which unit a resident will live in? What are the means for appealing or changing an assignment?

SCHEDULING

We were told that an appointment with barbershop or recreation had a higher priority for a resident than regularly scheduled education.

STAFF ANTAGONISM

Staff at lunch were antagonistic towards the Department of Public Welfare, PARC and Right to Education directives interfering with their operation of this institution. This is a symptom of an exclusive, protective operation.

POSSIBLE COURSES OF ACTION

- 1) Right to Treatment Suit. The Executive Committee demand of State PARC the immediate litigation of the Right to Treatment Suit. If PARC's response is not satisfactory, then the ACC-PARC Board should unilaterally pursue a Right to Treatment Suit as of the February Board of Directors Meeting.
- 2) Right to Education Suit. The Executive Committee shall demand of the State PARC that the Right to Education Suit must have impact in our State schools and hospitals. If PARC response is not satisfactory, the ACC-PARC Board of Directors should pursue contempt proceedings as of their February Board Meeting.

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3) Solve individual problems

- a) restraints -- restraints are definitely used as a convenience due to understaffing.
  - b) fire drills -- Polk cannot be in compliance
  - c) Meadowside -- dissolved  
This will involve working with DPW, Labor and Industry and
- 4) LegMcClelland.
- 4) Legislative Action -- in the next two months make an appointment to take every legislator through both Polk and Western State. An organized program must be designed.
  - 5) Immediately change the staffing at Polk and other State schools and hospitals to reflect a school and not a hospital. This means replacing nursing attendants with teachers.
  - 6) Effect the immediate transfer of approximately 1,000 residents at Polk to reduce the overcrowding. This means a change in the PARC policy concerning Somerset and other State mental hospitals.

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