

# Staten Island Advance

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## Willowbrook:

## Inside the cages

By JANE KURTIN

The boys in Building A pick at the sores on their naked bodies during the endless days they spend on wooden benches, curled on the floor or leaning against the walls of their ward.

They don't understand the indignity of being perpetually naked or the repulsiveness of their drooling. They don't understand that people are afraid to touch them.

Showers are given communally in open stalls. Beds are jammed into massive rooms and stand not more than 12 inches apart. Possessions, if these severely retarded boys have any, are not visible — only row upon row of institutional white iron beds.

Called for lunch, the 60 or so young men responded at once. In a single, chaotic wave, they rushed for the door which would open and eventually lead

to a nurse's station. The nurse might learn, employees explained, has to come to them from normal persons. But normal persons aren't rushing into Willowbrook State School to help and the employees can't.

One case of a young man we'll call Alan, who created problems for already overtaxed employees was told by a member of the professional staff this way:

"Alan's record shows that for quite a while before he was put in seclusion he was having

problems in school. The significant thing about this is that he was in school and of an IQ which deemed him educable.

"Eventually, Alan bit one of the female attendants who couldn't handle him, and in May of 1969 he was put in seclusion.

"In January of this year, a letter was sent to James J. Murphy, deputy director here at Willowbrook, from another ranking official in the institution.

"The letter informed Murphy that Alan had been in seclusion for over a year and that his condition had deteriorated drastically because of his isolation.

"Murphy was apprised of the fact that Alan ate, slept, urinated and defecated in one room and that he should have been transferred to another building where attendants would be able to deal with him.

Eventually, after a long

# If they cause trouble,

# cage them...

struggle. Alan was out for about a month. He's back in seclusion, however, because he scratched an attendant. He's 21 and no longer considered educable.

"The terrible thing is that he was not destructive in school and if he'd gotten help with the problems he had then, all of this could have been prevented."

Isolation at Willowbrook is the

ultimate in degradation as it was described by an employee who visited an 18-year-old girl who has been locked in for nearly two years. She'll be Patty.

"Patty bit o t h e r patients when she was provoked. A psychologist suggested to her family that they should authorize the pulling of all her

teeth so she could go back on the ward. The family agreed, but the plan was never carried out.

"You can look into Patty's seclusion cell — which is about 8 feet by 10 feet — through a little window covered with mesh. There's a larger window at the other end of the room.

"A mattress, which has no sheets or other covering is on

the stone floor on one side of the room. Nothing else. I didn't see a light, but I assume that there is a bare one on the ceiling.

"Patty is kept naked all the time. Someone said she tears her clothes off, so there's no point in dressing her. But she didn't do that on the ward.

"If you talk to her through the window, she looks at you and mumbles a few words. She was once considered educable but since her seclusion has lost many IQ points."

Theoretically, patients who are put into solitary confinement are to be taken out every two hours and must have their cases reviewed daily by physicians who authorize their continued seclusion. Professional employees con-

curred, however, that once patients are locked in, they are "pretty much forgotten and doctors automatically sign the authorizations." The cases, employees said, do not get reviewed.

Failure to review patients' cases has apparently affected more residents than those in isolation.

As an example of a recurring tragedy, employees described the case of a boy who went blind after a year passed from the time that an eye operation was prescribed for him.

"The youngster's record showed that he'd been examined by an eye doctor who said that an operation was needed but that 'we do not have an operating room at this time.' A year later, the boy's condition was diagnosed as being too far gone for an operation, and he went blind."

Several employees at Willowbrook suggested that diagnoses are difficult for doctors to make "because they're afraid to get close to the patients."

"Most of the time," a worker explained, "they have an attendant handle the person, and they stand back and tell you what's wrong with him."