

# Long-term care 'hurts' Willowbrook residents

By JOAN MOTYKA

For the person who has been in Willowbrook State School for his entire life, the institution has molded his outlook, his reactions, and his relationships to the world around him.

Long-term institutional care has taught him all he knows.

The Community Services Unit (CSU), created at Willowbrook to help residents move into the community, adjust and survive, has found that "in the placement of residents from Willowbrook in the community, the major deterrent to community adjustment is not the I.Q., not the handicap, but the affects to long-term institutional care which has so damaged the individual, that he has extreme difficulty in adjusting to humane, normal life settings."

"The problem is not retardation, but institutionalization," claims Al Robidoux, chief of CSU. "We're trying to shift from labels, like retardation, so people can be treated as individuals."

In trying to move Willowbrook residents into the community, CSU is fighting the community attitudes which are in part responsible for the institutionalization.

"The community has buried people here," Robidoux said. "We're trying to unbury them, to raise the dead. People who live here are precious human beings and we don't want to see them crushed in the community."

The community has traditionally determined the fate of people who are not considered "normal" by societal standards.

Before the 19th century, the mentally retarded were lumped together in dungeons with criminals and the mentally ill. Some were labeled as "infants of the Good God," or prophets, in keeping with the Talmudic prophecy that "the art of prophecy was taken away from (the professional) and given to the fools."

During the enlightenment and reform period Martin Luther saw the feebleminded as Godless whose souls housed the devil.

Calvin believed that giving birth to a defective child was punishment for the parents' sins, where the abnormal child was a sign of sin and caused fear and a tormented conscience in the parents.

During the first half of the 19th century, a few pioneers began attacking the problem of mental retardation, and pressed for federal assistance for their care.

In 1854, however, President Franklin Pierce rejected the proposal, claiming that "life conditions of individuals was not the proper concern of the government."

By the late 19th century, when institutions were established, they were accepted as areas of detention for undesirables for the benefit of society.

As social Darwinism made its mark in American culture, the disadvantaged were seen not as unfortunate victims of circumstance, but as unfit for the struggle of existence.

In keeping with this philosophy, they were institutionalized, forgotten, left to "die off."

After World War II, however, the prosperity of the times made its affect on the care of the retarded. Because of the economic success of the nation, the mildly retarded and the educable did not pose any threats. In addition, the increased birth rate heightened the incidence of mental retardation among the higher and more articulate class.

Severe retardation occurs randomly among the population, while mild retardation is mainly a burden of lower classes. The latter is tied to inadequate prenatal care, to disadvantaged childhood situations.

When President Kennedy gave his 1963 address to the

88th Congress, the official concept of mental retardation changed. He acknowledged the environmental influence on mental retardation, discussed prevention and called "for a radical new approach of reintegration of the mental patient into the community."

He claimed that "even when there is no organic impairment, prolonged neglect and lack of stimulus and opportunity for learning can result in the failure of young minds to develop."

In asking the community to reabsorb these "outcasts," he was attacking the cause, rather than trying to mask the symptoms. Making the retarded invisible by confining them in institutions was not his answer to the problem.

The 1963 Community Mental Health Centers Act backed the concept of providing comprehensive services rather than making provisions for isolating institutions.

The social activism of the '60s led to a new interpretation of institutional care. Institutionals were viewed as life-denying confines where the disabled received inadequate care.

The new approach was a comprehensive one, where the community played an important part in the habilitative process. No longer could it shirk responsibility and discard the handicapped into the receptacles, the institutions.

The national media coverage which exposed Willowbrook conditions in early 1972 led to the development of the Community Services Unit.

"The Community Services Unit is here because people raised hell," Robidoux said. "But it's like trying to win an atomic war with an M-30."

Second in a series.