

maintains that the institution has made substantial improvements in almost every respect.

Yet even Webb admits that the SIDC's problems are such that he plans to shut down the institution in 1987.

The facility has been a headache for the state for years. In the early 1970s, SIDC was widely regarded as a horror among institutions for the mentally retarded. Overcrowded and understaffed, filthy, incapable of providing almost anything beyond basic custodial care (and even that was questionable), the conditions inspired the civil liberties union to file a class-action suit against New York State in 1972. The case was settled 10 years ago this week with the signing of the Willowbrook Consent Decree, which promised full-scale reform.

The implementations of those reforms have been the source of constant battle between the NYCLU and the state for the past decade, with the NYCLU insisting that fundamental change has been sorely lacking.

"It's just appalling," Rob Levy, the NYCLU attorney currently assigned to the case, says about conditions today at the institution. "At best, it's basically a warehouse. At worst, it's a place where bad things still happen to people."

Among those who agree with the NYCLU's assessment is Tony Pinto, president of the Willowbrook Benevolent Society (a parents' group), and members of the Consumer Advisory Board (CAB), an independent state agency that serves as an advocate for past and present SIDC patients.

"The facility is better (than it was in 1975), but it still leaves a lot to be desired," says Anne Thompson of the CAB. "But a lot of the implementation is on paper."

The NYCLU, Pinto, the CAB and federal officials point to the same issues. Training programs for the clients are considered the biggest problem; 30 hours of programming is mandated for each client every week, but critics say the programs exist only in theory.

"The programs are meaningless or nonexistent," Levy says. Notes Ms. Thompson: "You walk into a (program) room and everybody's doing nothing." The federal surveyors from Health Care Financing cite lack of "active treatment" as one of the facility's most serious deficiencies.

Ray Gannon, also of the CAB, noted that the vast majority of SIDC residents are profoundly retarded and many are multi-handicapped, which means they need highly innovative, individualized programs. "But the kind of sophisticated programs that are needed don't exist here," he said.

In their most recent survey of SIDC, Health Care Financing officials cited the institution as failing to meet federal standards in 55 categories — ranging from meal service and nutrition, sanitation and safety, to "philosophy, goals and objectives."

SIDC Director James Walsh says he recognizes that there are

problems. "I wouldn't say that this is a bad institution, but there's no way it's a good institution," says Walsh, who has headed the facility for two years. "It doesn't meet my expectations."

He points out the inherent difficulties of administering the facility — he's not trying to make excuses, he says, but there are problems at SIDC that other facilities do not face.

One major issue is the condition of the buildings. Most were built in the late 1930s and early '40s, and all were constructed in a time when the philosophy was to provide the mentally retarded in a restrictive, sterile, hospital-like environment. Although attractive on the outside, the buildings are gloomy and dingy inside. Exposed pipes run along the ceilings. Lights cast eerie glows. The paint is institutional green.

And while much cosmetic work has been done on the wards — walls have been erected to create more private bedroom space, colorful pictures have been posted, centerpieces are put on the table — it is almost impossible to get away from the dreariness.

Genevieve Benoit, a former SIDC supervisor, noted that while she was at SIDC "my job was to do anything I wanted to