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**ORAL HISTORY NARRATIVES MUSCATATUCK STATE DEVELOPMENTAL CENTER WITH
SARAH POOLE
OCTOBER 30, 2003
INTERVIEWERS: JENNIE TODD AND JANE HARLAN-SIMMONS
RECORD ID: 147-DO**

SP: SARAH POOLE

JHS: JANE HARLAN-SIMMONS

JT: JENNIE TODD

[TITLE]

[00:00:14]

JT: How long did you work at Muscatatuck?

SP: I went there in May of '68 and then I just recently retired. I retired with over 35 years. I can't tell you exactly.

JT: And what made you interested in working there?

SP: Well, I have to tell you. We were deep in debt and I put my application in every place in the county and that's the first place that called me. So that's how that happened.

JT: So you could have worked anywhere you chose.

SP: Just chance.

JT: You didn't necessarily have friends or family that worked there?

SP: I've had family. I had a brother-in-law that worked there and I had a cousin that worked there but that really didn't have any impact on it. It was just chance at the time.

[00:01:12]

JT: Did you get any training once you got your job?

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[00:01:15]

SP: Oh, yes. Better training that they get now. It was a full 6 weeks and very, very intensive. We had to keep a notebook and notebook was graded and it was just really, really extensive training. Very outdated for what we know now but they were very, very, strict about our training.

JT: And so that would have been, let's see.

SP: '68. And we also had to take a very, it was like a army test. It was a very strange test. We had a very involved test and if you didn't get a certain rating on that test you were offered a job maybe in housekeeping or someplace else. They were very strict.

JT: Was that your first job or did you have some others?

SP: When I got out of high school I worked at the bank as a bookkeeper for a while and back then if you, I collected unemployment because the boss did not believe in working mothers. I had a baby. There were 3 of us that worked at the bank and we all three had babies about the same time and we went to sign up for unemployment and they said, "Why didn't you go back to your job?" And we said, "He doesn't believe in working mothers." And so we collected unemployment and no questions asked. That was just how it was okay.

JT: So when you were working at Muscatatuck how did the pay there compare to other opportunities in the area?

[00:02:54]

SP: Well it compared favorably. See my husband at that time I think was making, let's see I worked at the bank and I made \$50 a week, that's before taxes, and that was acceptable pay in that time frame. He made like \$50 or \$60 a week. And the fact that I was young enough not to really appreciate it but we had benefits as well, which at the time I didn't appreciate that but I do now.

JT: So it was a fair wage?

SP: Yes.

JT: And where did most of the staff live?

SP: Ripley County, here, I think mainly like Versailles and up in that direction, and North Vernon, that I'm aware of, in this county and the other counties.

JHS: Do you have any neighbors that lived in this area that you knew that worked there?

SP: Not really. No, you always got that line 'It takes a special person', everybody said that.

[00:04:06]

JT: Back in its heyday it seemed to be very large contributor to the income of people living in this area.

[00:04:12]

SP: Oh, yes, and it still or was until just a few years ago, a very large contributor to this area. Because like Jennings County didn't have a lot of manufacturing jobs and things like that. People that lived in North Vernon most of them drove to Columbus to work for Cummins Engine Company and Arvin and things like that. It was a big contributor.

JT: So people outside of Muscatatuck, what did they think about the people that worked there?

SP: Well, most of them would say, "I could never do that." Never having been there they had no clue.

JT: What do you think they thought Muscatatuck was?

SP: Well we had people will very strange behaviors and strange appearances and I think it was that more than anything else.

JT: So in the early days how would you describe people?

SP: Well from like my standpoint probably, I remember hearing stories that doctors would say to the mother when a baby was born that was not, that had a lot of problems, they'd say it's best that you don't even see the baby. We'll take care of it, just go on with your life and that would be many of them. My friend Jan worked in the nursery and a lot of babies would come directly from the hospitals there because of their birth defects and things like that.

[00:05:50]

JT: So what they used to call the blue babies and just mongoloids and all the terms they used to use a long ago those babies ended up coming straight from the hospital?

SP: Most of the did, yeah, and you have to consider too like there was no support for anybody and if a doctor said, pat you on the shoulder and said, "We'll take care of it", you knew the doctor was going to take care of it.

JT: And it was the right thing to do.

SP: And we didn't argue with doctors. Doctors, they knew best.

JT: So a lot of people ended up at Muscatatuck as babies?

[00:06:26]

SP: Yes, I'm sure they did. We had a waiting list at one time and a lot of times they might be 6 years old before they were admitted. Also we had a very good school system at that time and earlier and a lot of them I think that would be the only chance for any education at all. They weren't allowed, they weren't invited to the school, they were invited not to be in the schools and so we had a principal, we had teachers, we had a school program. I remember one family that I was closely involved with, the mother wanted the best for her daughter and they moved to the county so that she could visit her and she would take her school friends home and they'd have parties at home and so forth but she just wasn't in

the community so to speak. She needed to be away from the community but she did get an education that way.

[00:07:27]

JT: Some parents might have thought that they could get an education for their sons and daughters there and have a life.

SP: Yeah, it was their best shot at anything. I have a cousin that's just 2 years younger than I am and when she was 14 the teachers told my grandmother, "Well, she's old enough to quit school now, don't send her back." That was, they were able to do that. So my grandmother was able to find a school for her to go to in Columbus and got her back and forth to Columbus to get some more education. She was giggly and she was distractible and teachers just wouldn't put up with it. They didn't have to. My sister was in one of her classes and she says, "I remember poor Janice. She sat back in the corner by the radiator and the teacher just ignored her." She'd sit there and melt crayons on the radiator and what have you and she just simply learned anything she learned was by osmosis because the teacher wasn't going to take any kind of special pains with her or anything. But that was society then.

JHS: What time are we talking about, the '70's?

SP: No, this would have been the 40's.

JT: I thought you were talking about when you were first working.

SP: No, it's my cousin that's just 2 years younger than I am, so this would have been the 40's.

[00:08:56]

JT: When you first got there, there were people who behaviors and were different looking or something? Could you tell us a little bit more about that?

SP: We had a lot of people that had hydrocephalus, just like a whole room or people and their heads weighed probably 20 or 30 pounds and you can't, they're very difficult to take care of plus they don't look, you know. When I went there to work and while I was in training one of the doctors that spoke to my class he told us all this wonderful marvelous things that were being done and we would not see these things ever again that these things just wouldn't exist with medicine at the point it was because they could insert shunts. We had people with microcephalus, very small heads and it would grow together too soon and so what they would do would put spacers in there so that the bone wouldn't seal and then their head skull could expand as their brains grew. We had since identified PKU and those things just wouldn't happen anymore. Of course having a shunt does not necessarily mean that you're going to develop normally.

JT: Shunts need a lot of maintenance [inaudible].

[00:10:25]

SP: And of course that was the early years and at that time too he was just really angry at one particular family. With PKU it's hereditary and usually each child after the first one will be more involved than the

earlier children and people had large families. Of course doctors were saying it could never happen again. Don't worry about it just go ahead and have more babies. They had identified this particular family and we had 3 members of the family there and then the younger children and they identified PKU and wanted to put them on the diet and the parents refused to put them on the diet. At that there was nothing they could do. They get to make the decision and then they would be admitted later too.

[00:11:22]

JHS: Were there a lot of siblings there as well?

SP: Yes, whole families. I know my friend Jan probably can tell you the numbers of some of the families. There were several families with large numbers of children were there.

JT: At what age would they typically come? You say there would be large families so at 6 I go in and then a couple of years later my sibling comes in and she gets a little older and they come in clusters?

SP: I think it just depended, now I'm not real sure because a lot of times I'm sure welfare had to step in because we had some people that their diagnosis was, and who knows if it was correct or not, but they were starved as children. They didn't get good treatment at home. There was always the story of the fellow that they left out in the pig lot laying in a big black iron kettle. And when they picked him up they just picked kettle and all and brought him in before he got any kind of kind treatment.

JT: And you think the family did that because they didn't know how to take care of the son or daughter or they didn't want, they abandoned them?

SP: I'm not sure. There's an awful lot of people even yet today that are living in the community and they're functioning but they really don't know how to treat people. You know the stories now, the babies in the trash and all that kind of stuff. I think that's just, and if you live like far out in the country back then in the 30's and 40's, people weren't watching you very close and I'm sure they, I don't know.

JT: [inaudible]

[00:13:16]

SP: Yeah. I think people that, many people had a just a different attitude. I don't know if I told you about my sister-in-law, she's 2 years older than I am. She was, well I was born at home too, but she was born at home and the neighbors would come to help when there was a baby born the neighbor ladies would come to help. And he stopped by and he looked at her and he said, "Hum, a blue baby. They don't live very long." And just kind of laid her aside and took care of the mother and he sat down and filled out a death certificate for my sister-in-law and he said, "I'll stop by tomorrow and see how things are and if she lives I'll make out a birth certificate and throw this death certificate away." Well the ladies that were there worked with Shirley and so forth and he came back by the next day and he said, "Hum, didn't think she would have made it." But he filed the death certificate and didn't make out a birth certificate. When she got to be retirement age I'll tell you that's been a headache. It was kind of just like the prevailing attitude. And there was a big scandal. I think it was Harvard Medical School maybe 20 years or so ago. There was a doctor that was kind of advocating that we not take the extra precautions.

[00:14:38]

JT: I think you sent me an email about that.

SP: I think I did.

JT: That talked about they had to be really careful at Muscatatuck because if they called the doctor too quickly then the nurses would be told to.

SP: Oh, yes, that's the ones where the mother would say just before the baby was born she would hold the mother's legs together.

JT: This was actually at Muscatatuck?

SP: Well no these were people that were born in regular hospitals, a lot of them I think even like army hospitals and things like that. We never had anybody born there. No, this was just the general population. And that's when that nurse explained that to me because I would see that in a lot of the records that the mother claimed, and they always had a little quotation marks there that the nurse held her legs together. That's what the nurse explained to me. She said, "If you've even been raked over the coals for calling them away from a golf game or cocktail party you're real careful." Because doctors were really, they treated nurses very bad in that day too. We don't know if that had any effect or not. One would say it probably did.

JT: So some of the charts of the people [inaudible].

[00:15:53]

SP: Of course no one wanted to give the mother any credit for telling a truthful story. And we had strange diagnoses for various things then too which don't translate well into days age. We had, well let's see, there used to be a classification, and I'm not sure exactly how this went because it was going out of style when I came there, like there were idiots and imbeciles and those were classifications that they gave and I'm not sure the order because that wasn't something that was necessary for me to learn. That was just like a historical thing that they used to do. We went to educable and from there.

JHS: [inaudible] what you were expected to do? Was it important that you used [inaudible].

SP: No. I think it was more important for the people that wrote the reports. It was real important, you had to learn the lexicon and when you wrote your report there were certain ways the reports were written. So the people writing the reports, because you always had to have reports, and then those of us who were actually taking care of people, that really didn't have any impact on what we did.

[00:17:20]

JT: What was your job there?

[00:17:21]

SP: I started out as an attendant and I worked as an attendant from '68 to '75 and then I had kids starting school and I kind of wanted more, another thing that was chance. I put in for every job opening that came up within the grounds so I could have a 5-day job. And so then I got the job in speech and hearing and then I was there until I retired.

JT: Did you like that job?

SP: Loved it, yes.

JT: Did you like working at Muscatatuck?

SP: Yes, I had very many times I was very angry and very miserable because of the decisions made by those above me. A lot of times I'd be real upset about that but when you look for, I guess it's almost like being in the army. You either salute or shoot toe off so you can get out. Yeah, I really enjoyed it. I worked for a very nice lady and she was really into training. She really gave us a lot of deep training. Of course back then what learned as to what they learn every year when they come out of school is vastly different. When we had a chance to be really closely involved.

JT: You were all pretty close, too. At the retirement picnic it seemed like you all [inaudible]. So from the time you started until the time you left, did you feel like there was a pecking order or like a hierarchy in the sorts of jobs?

[00:19:06]

SP: Well yeah kind of but I think probably whatever job you were in that little spot that you were in, that's just what you were involved in and a lot of times we'd make fun of other people and a lot of times the administration and some of the things that the administration would decide and some of the things they would do and so forth would be laughable. It just wasn't sensible. It didn't make sense a lot of times. They said, "Well, you'll do it." And so we paid lip service when they said you'll do it and then maybe 10 years later throw that all out. We're not going to do that anymore; we're going to do something else.

JHS: What did you think of other staff that were doing other things. You said some people thought they were laughable [inaudible].

SP: I don't know. I don't know if they ever caught on that we felt they were figures of fun. I don't know if they did or if they cared. Like it's a tight little community and if you think you're one of the elite do you pay attention to the peon? Probably not.

JHS: [inaudible] administrative level?

[00:20:19]

SP: Yeah. And I have to be quite honest, there were some of the administrators that didn't have anything, anything about them was not admirable. They weren't people you could, you had to pretend like you respected them because of their jobs but since we were a tight little community we knew too much about them.

[00:20:44]

JHS: About their personal life?

SP: Yes, their personal life. Yes, indeedie.

JT: [inaudible]

SP: Well, yeah, really, yeah.

JT: So what did people that worked there think of the residents?

SP: A lot of people had a lot of different opinions. I think most of us kind of went through a transition period. When you first went in you would probably be appalled at some of the things you saw and some of the things you were expected to do. You would be irritated sometimes because of the types of behaviors that they had and then after a while then you would become, I don't know, like you felt so sorry for them. You just wanted to do everything and then finally you would realize that you just couldn't do everything for them and you would settle into the pattern of doing what needed to be done. Because there were all levels of disabilities. So if you worked with the people that were nearly normal you had a different set of feelings and a different way of dealing with them. And if they were people that were in carts and in beds and were being tube fed, you had a different way, and I know people that had worked in the hospital in the infirmities with those people that had to be lifted and turned and diapered and tube fed and all that. They had a different set of feelings than those of us who just worked there occasionally. Many of them never wanted to transfer or be moved from there. They felt like they really needed to be there. And I've heard of people that were so devoted to their jobs and to their clients that even on their days off they would call to check on them. Or a lot of them, like I said, Jan's family, they would take them home with them. I know my cousin used to bring a lady home with her on her weekend and my brother-in-law did the same thing too with a little Down's baby. He would bring her home on weekends and when we went back to work, when his days were up he'd take her back too. And that was allowed at that particular time.

[00:23:10]

JT: How would people differentiate? How did you look at, did they categorize people back then, people that were [inaudible] that you said. Did they have other categories for different sorts of people that lived at Muscatatuck?

SP: Yeah, when I first went there I worked with very, very low functioning males and everything had to be done for them. You lead them to the bathroom and you pulled their pants down and sat them on the toilet and got them up. You had to feed them, you had to bathe them and dress them. Then I was transferred to the high functioning, and that's what we called the high functioning units. I had high functioning young ladies. A lot of them worked in town, had jobs in town.

[00:24:04]

JT: But they lived at Muscatatuck?

[00:24:06]

SP: Yes, various reasons. I don't think there was as much funding maybe. Everything depended on funding and we had a few that had apartments in town and they had like pensions. Their parents were or their father was a railroader or something that had pensions so they would have funding where they could pay for an apartment. Most of the ladies that I had when I worked with the high functioning ladies were, I don't think they had any funding at all. They were wards of the State.

JHS: If you were a well off family and you had a child with a disability that needed to be institutionalized, would they end up at Muscatatuck or were there kids from all different economic levels?

SP: Yeah, we had one fellow whose parents were professors at a college, I understood, and he was there. More than likely, and even yet today, parents put a lot into it and then there comes a time when you just can't any more. But most of the ones that I remember were probably, they misbehaved in the community and they could either go to the girl's school or Muscatatuck, that kind of thing.

JHS: Did they have mental limitations?

SP: Some of them didn't. The IQ tests, I think 70 was kind of like the cut off level and I'm not real sure. I didn't know all their histories that well. There was just no place for them in the community because of the behaviors and they really weren't much different than you'll find in a regular high school now but at that time society just wouldn't tolerate it.

[00:26:08]

JHS: And this was the case more for females would you say or was it also for young men whose behavior was not acceptable?

SP: Oh, yeah, yeah. You always had a lot more males I think than females because people in the community weren't as afraid of females as they were the males. So we always had a lot more but a lot of them, we had some of them that were brought directly from like jails and so forth and I think a judge had made the decision that they'd be better off there than someplace else.

JHS: [inaudible] child and come there and adults that [inaudible] couldn't take care of anyone [inaudible].

SP: Well, I'm not real sure how all that worked. See when I first went to work there, there were a lot of people that had been transferred there from the poor farm. Poor farms used to be the way communities dealt with people that couldn't take care of themselves.

JT: [inaudible]

SP: Yeah, and so there was a building of very elderly people and most of them had been transferred from the poor farm.

[00:27:35]

JHS: [inaudible] or why were they transferred?

[00:27:38]

SP: I think the powers that be probably decided poor farms were no longer the way to do it. That's just my understanding because I know at one time there were a lot of poor farms in the community and I don't really know for sure.

JHS: But when you arrived there they were?

SP: There were elderly people that had been there, yes. And when I was in class, I don't know, we had to learn to interview, we had to learn to document, we had to learn to report behaviors and so forth and they sent me out there is why I knew that. There was one lady and she got her, she had a wooden trunk, with the hump back on it, an elderly lady and so she wanted to tell me all about lucky lucky Lindbergh. That was her big thing and she had all kinds of newspaper clippings and she sang a song lucky lucky Lindbergh all the way through and what have you so that was. I would have considered probably she was, I don't know why she wasn't able to make it in the community. I don't know.

JT: Did you ever feel that you were not safe?

[00:29:02]

SP: Yes, several times. When I first there right out of class, I hadn't been out of class very long and I worked the evening shift down on, we had the boys side the girls side, the men's side and the women's side, and heaven help them if they ever crossed over the line. They better not cross over the line. It was down on the men's side. There was an attendant that was going to go to supper and they sent me down to a particular unit and these guys were, I don't know, to me they were like you would find in a prison. They were big, strapping guys. Most of them worked on the farm and they didn't really have opportunities to interact with females appropriately, shall we say. And I wasn't very old either and they sent me down there and it was the scariest event of my life. I mean it was frightening. When I walked out in that day room they all started to come this way.

JHS: Were you by yourself?

SP: Yes, oh they didn't worry about us being safe then. They didn't worry about things like that.

JT: They meaning the managers?

SP: The management, yeah, they didn't worry about. In fact they would think it was kind of funny, you know, to put you in a medics, they'd laugh about it later. And we've had, I managed to get out of that situation and stared them down and went back in the office and locked the door and hoped nothing happened until that guy came back from supper because I was terrified. I just knew that if went back out there in that day room again.

JHS: How many of the residents would they have attended by one staff member?

[00:30:55]

SP: I think it was probably 60 or so down that way and they didn't ask questions how that attendant kept order either. Because that was scary.

[00:31:09]

JT: Did they usually have a big burly guy?

SP: Yes. And for them to send me, I was probably in my 20's and green as grass. It wasn't very nice of them. And we had had some situations where women had almost been raped by patients. I remember when I worked the evening shift they called and one of the things they would have them do for punishment, like when they misbehaved in that way, they would be put in the quiet room during the day and they could sleep all day long and just have a nice time. And then at night they would be sent to one of the lower functioning units and they were supposed to scrub the buildings. I remember the terror of the women that was working the night shift when they knew certain one were coming there to scrub because of their reputations and they'd be there by themselves.

JT: Because they were locked up all day.

SP: And I know one lady they called her it was at shift change and it was for the night shift and wanted to send her down to one of those units where one of those people was living. I remember her saying but so and so's down there. And she said, "No, sir, I am not refusing assignment but so and so is down there." I guess it just went back and forth until she said, "I'm going." Because you could be fired if you refused an assignment. She was on her toes all night, I can be sure of that.

JT: Do you think it's fair to say that staff's best interest wasn't always?

[00:32:51]

SP: No and I think it was just the prevailing wind of the day because I think wherever you worked that's kind of the way you were treated. It's just like it was the Roswell thing, like the army would say, "People don't need to know." There were a lot of things that went on and they felt like you just didn't need to know, it just wasn't your business, even though it was your business. I think that's just how business ran and people got to where they just wouldn't tolerate it and they would protest and what have you.

JHS: If you made a complaint what else could you do? Was there any recourse for you, grievance [inaudible]?

SP: Well technically there was but you pretty well knew, you knew whether you could complaint or not or you could leave and that was usually how it was.

JT: [inaudible]

SP: Yeah, if you complained you were, yeah.

JHS: Were there a lot of people would you say waiting to take your job if you left?

[00:34:03]

SP: No, not at that time. There was a big turnover and there were big groups of people going through class at one time. They would train like 40 people at a time and they would go out on the units and then after

they were out on the units half those people would not be working there. They'd run some more through the classes.

[00:34:25]

JHS: Because they just didn't stay around, they quit?

SP: Yeah.

JT: What would you say was the reason people quit?

SP: They had so many reasons. A lot of them they didn't like the way they were treated by the authority figures. A lot of times they would go there because they needed the money and maybe their husband got a better job. A lot of different things. I don't think you could say any one particular reason. Just everybody had their own reasons.

JT: The people that lived there, did they have labels [inaudible]. You mentioned some of them.

SP: Yeah.

JT: Did it matter, was there like a hierarchy of the residents of the low functioning group to the high functioning group?

[00:35:18]

SP: Yeah, well they had amongst themselves even they had their own little, the higher functioning did, they had their own labels and so forth. A lot of them had nicknames and they weren't derogatory nicknames at all. I mean they had nicknames and so forth and then all of a sudden you can't call them by their nicknames. We had one guy his name was Sandy. His real name was William but Sandy was his nickname. And so he, his own life that was the name he answered to and then all of a sudden no more. You could be fired if you called him Sandy. He didn't know who William was. But they do that every so often. I have a friend whose mother had a stroke and she's in a nursing home and she's never been called by her first name. She's always been called by her middle name. And so they were complaining that she didn't respond. And she said, "What are you calling her?" Well they were calling her by her first name because that's what they have to do but that wasn't what she ever understood.

JT: [inaudible]

SP: No, lot of times, and it would be like the nurses and the doctors more so than anybody else, they would talk about that quadriplegic or something like that but as to, well we had the infirmary and when you lived on the infirmary you definitely were either in a wheel chair or in a cart that kind of thing. I can't really think that I'm aware of anything like that other than amongst themselves, a lot of times the higher functioning did.

[00:37:12]

JT: But the staff didn't refer to groups of people by labels?

[00:37:16]

SP: Not as a rule, no. Not the people that were taking care of them. Now the people that would come and go like the nurses and the psychiatrists or psychologists and those people probably did to a certain degree but if you actually taking care of them to stay there and to do a good job you had to, I think one of the worst labels that we had and that we were really given a lot of flak for, is sometimes say "My baby" and it would be someone who might be 60 years old but they are like a baby and you've always taken care of them like a baby. And so you have to maybe reach that feeling within yourself so that you don't expect them to be any different than that. We'd be in a lot of hot water for that. Or boys and actually they might be functioning as a 2 year old but they were 40 years old and a lot of times they would say 'boys' and you could get in a lot of trouble for that.

JT: It wasn't derogatory?

SP: Yeah, it wasn't meant that way.

JHS: Who would be getting into trouble? Who would be enforcing that kind of language?

SP: Oh a supervisor coming through or a nurse overhearing you or something like that.

JT: So what happens on holidays [inaudible]?

[00:38:42]

SP: Well you know I don't really know for sure. In the early years that I was there I think it just for birthdays I think those kind of went unattended to a certain degree unless it would be somebody who had a real active family on the outside, like Muriel who would make sure that her daughter had a birthday party and everybody there and her friends and so forth. But just the run of the mill birthday I don't think so. Now we always had big Christmas parties. Christmas was always big. Easter was always big. We used to have a lot of...

We had a real active volunteer office and there would be groups that would, we'd have different buildings and they would do a Christmas party for that building and they'd bring in a Santa Claus and what have you.

JHS: Did the residents ever go home to their families?

SP: A lot of them did, yeah. In the early years when I worked there, there were a lot that would be going home for Christmas and for birthdays. Some of them would go home all summer and come back in the fall. But at one time we had like we were still accepting new patients and then when we stopped accepting new people those people were just growing older and their families were getting a lot older too and lot of them didn't have a place to go. They were older and their parents were either gone or in nursing homes themselves.

[00:40:24]

JHS: You said some of the staff would bring people home?

[00:40:26]

SP: That was in the early years. They were easier about it. I don't think they encouraged that at all after people got so businesslike.

JHS: You never did?

SP: I never did, no.

JHS: Were you tempted to or was that [inaudible].

SP: My time was almost past then and at the time I just had too much going at home by the time I had a weekend off. My mother died at an early age of cancer and we were dealing with that and my husband's mother, we were dealing with her, and I was dealing with a teenager and so basically I never got to that point.

JHS: And when you were off you wanted to be off to have that free time?

SP: Yes, well really I needed to. We used to work like 7 days and then we would be off 2 and then you'd go back to work and you'd work 8 days and then you would be off 4. And so usually the first day I'd be off I didn't get off the couch because I usually had pretty active areas that I worked. We didn't have ward clerks, we didn't have housekeepers in the areas that I worked and so there would be maybe 2 of us and 60 people that we had to bathe and get to bed and then we had to do through and get them up and take them to the bathroom and then while they, after we got them to bed then we started at one end of the building and we scrubbed one end of the building clear to the other end of the building. Then there would be days we'd be folding clothes and do whatever and so to be honest I was exhausted. I just really didn't have that kind of energy. I think if maybe if I had buildings where I didn't have to be so active and I had several injuries and so forth too.

JT: When you talk about the early years what time frame is that?

SP: Well the early years that I went there would have been from '68 to '75.

JT: That was a short period.

SP: That was a short period of time, yeah. Then when I moved over into speech and hearing then it was a totally different thing. I was considered a teacher's aide and so it was a totally different atmosphere that I worked in. But in those earlier years.

JHS: Did you get a pay raise when you changed [inaudible]?

[00:43:11]

SP: Yeah, but it wasn't because of the job that I got. And I never did figure out how this happened. Like everybody got a raise at the same time if we had money for it. When I went through class, after I got out of class then I was supposed to get like a \$20 raise and we got paid every 2 weeks. That would be \$20 every 2 weeks. There was not enough money that year so the people whose names were A to whatever got the raise and we got slips that said "Due to insufficient funds" and then when the next

time came around I got that. I didn't get back pay or anything. I just got the raise then from that point on. And so we used to get raises in that manner.

[00:44:01]

JHS: Across the board.

SP: Across the board.

JHS: Not merit [inaudible]

SP: Well those were considered merit raises basically is what it was and every once in a while there would be a memo that would come out you work under the merit system and favors can't be done for you. You're going to get your raise if it's your time. But many, many times during that time frame, like every time there'd be a raise due, we would get the little slips that said "Due to insufficient funds" so then the next time around you would get the raise but like I said it wasn't retroactive. You just got it then.

JHS: If your name was in the second half of the alphabet you were in trouble.

SP: Yes, I was in trouble usually in trouble that way. But when I transferred over Pauline Gregory was the head of the department and she looked at what I was making and she said, "Well, this is absolutely ridiculous. This shouldn't be." So I guessed I had missed out on a couple of them so I got up to what I should be, not a raise or anything like that.

[00:45:08]

JHS: Did you have an opportunity there to kind of work up and make more money –883-?

SP: Oh they always promised you that but it didn't always work out that way. I had my name in the pot from the day I went in to be the next level and they weren't patting classes for that next level and then when I transferred over to speech and hearing then it came due that they were going to train for that next level. By that time I was gone. But they always promised you that.

JHS: But it was hard to advance yourself?

SP: Yeah, it just wasn't that easy and I don't think it necessarily was at the Muscatatuck level. I think it was at the level where they decided how much money each place was going to get more so than anything else.

JT: What would happen if someone passed away?

SP: At Muscatatuck?

JT: Is there a cemetery there?

[00:46:02]

SP: Yes there is a cemetery there. It's on the back roads, the backside there and there's one side is for Muscatatuck and the other side is for the people that live in Butlerville. But many of them I guess they

would take them back home. It just depended on what their individual plans were. If the family was still actively involved and so forth then their funeral would be at home. I went to many funerals there on grounds.

[00:46:35]

JT: [inaudible]

SP: It would be like maybe 1 or 2 representatives of the family.

JT: [inaudible]

SP: Yeah. Now they all did later on. That was one of the things they started really pushing and they just come up with a new way of doing things I think and that was one of the things that Social Services was working real hard at. There's a place in the chart for the burial arrangements and that there will be, a lot of them will have the arrangement already made. See we ran into that thing of spend down too. If you know about Social Security and that kind of stuff and some of them had more money and needed to spend down and that's the way they spent down was preplanning their funerals.

JT: [inaudible]

SP: Oh, wonderful, yes, to me I thought it was. Chaplain Chambers at that time was, he's since retired but he was there for many, many, many, many years and we had the, and I have to use this term, the higher functioning boys, the men that were able to follow directions and to do, they would dig their suits out and they would be pall bearers. Then I guess it's just like any community group, there's just people that usually end up being a pallbearer. So yeah they were very, wonderful funerals, as a funeral could be.

[00:48:16]

JT: So they have grave markers?

SP: I think they do. I've not been out there. My friend Jan went out there one time there was some people from one of the blind schools, I'm not sure what group, but she wanted to know how many of the people were blind that were buried there. Gosh, some questions, you know, and she wanted to know why they were separated from the, part was the Muscatatuck and part was the community people, and she wanted to know why they were segregated. And of course there's no real, I don't think there's a real answer for that other than probably when the ground was set aside the ground was set aside for that use and then probably the people from Butlerville were paying for their lots. So that's just my guess.

JHS: So it was adjoining?

SP: Yeah. They're right there together.

[00:49:07]

JHS: And this is on the campus?

[00:49:09]

SP: Well it used to be on campus. We've since sold off or given away so much land. It's back where the dairy barn used to be back down on that side of the road.

JHS: Was the cemetery there before Muscatatuck was there?

SP: I don't know. I've not spent that much time out in that area. Muscatatuck's been there for an awful lot of years and so previous to that time people were buried either in the church cemetery or there's a lot of little farm communities where if you drive around in the country there's just like 6 or 8 headstones in this field, family cemeteries and things like that. So it's been there a lot of years so I don't really.

JHS: [inaudible]

SP: Yeah, and I don't know.

JT: So what do you think was the most important thing you did for the residents as part of your job?

SP: Gosh, I don't know. Every instance I treated them as friends basically. I never looked upon myself as having the answer or what have you and then as in the speech and hearing I, a lot of the communication systems and stuff like that I really felt like I had done some pretty good things there, creating the systems and keeping them up and doing those things. Yeah, when I worked with the high functioning ladies on the ladies' side, just being their friend was probably, everybody called me Mom. 68-year-old women were calling me Mom. I think we were just more friends and tried to work through like there were just rules they had to follow and trying to get them to follow the rules without being too, you know, I'm kind of easy going.

JT: What was the hardest part of your job?

[00:51:32]

SP: Well one of the hardest parts was to reconcile myself with the decisions made by the powers that be. I remember one situation that was just absolutely the hardest thing I had ever done in my life. There was a young girl, young woman, and she was not allowed any contact with her family at all. I mean no contact at all. The decision was made that these people were not fit and she couldn't have contact with them. She also had had a baby and they turned the baby over to that family to raise. I tell you, it's just unbelievable. Her family came to visit her and her little girl was I think about 5 years old and she hadn't seen her since the day she was born, had no contact at all with her family. And the family came to see her. And there was this big stir whether to let them see her or not and on and on and on. So finally the decision was made that she could see them with a chaperone. It turned out to be me. I had to sit in that room and I don't remember who the family members were, if it was a brother or father or who it was, but she saw her little girl for the first time and then she got word that her mother had since died. They caught her up on the family history and I had to be the chaperone. It was just more than I, I talked to the social worker and I said, "Why in the world, if those people are not fit to even have contact, come and visit her, why did they turn the baby over?" She said, "Well, that was the decision made by the da, da da." I'm thinking I can't, oh, that was hard. And there were a lot of things that, those kinds of

decisions. And of course you had nothing, no input or anything. It was just like trying to come to grips with it in your own mind and let it go. And there were a lot of things that were hard to let go.

[00:53:49]

JHS: Was it mostly around the treatment of the residents that you had these differences?

SP: Yeah, of course I wasn't real happy with the way they treated us many times too. Believe me I wasn't very happy about it but the people there that were directly above me, they would go through whatever the steps were supposed to be. I felt like they were very hard-nosed about some things. Just like turning that baby over to the family that the girl wasn't even allowed to visit.

JT: That doesn't even make sense.

SP: Yeah, things that don't make sense and there are many people that don't feel that they have to justify. I know when they made the decision, I was on the human rights committee at the time so a lot of times I'd have to go do the speaking, the decision was made that dolls were childish and no one can have a doll. Well there were those older ladies out there they had these dolls sitting up on their dressers, the porcelain dolls from their childhood, had to be disposed of. Didn't matter if it was their personal property, it was disposed of. That was an across the board decision. There was one group that had gone shopping and they bought some of the little ones to set up and they couldn't keep them. So I had to go talk to the superintendent about it and he was just staring against the wall and he just said, "It's inappropriate and it will not be." And I said, "But listen, people collect these things. They're not inappropriate. Adults collect them. What about trains and so forth. Men play with trains." And he's just stare at the wall, you know, and he was just repeating the mandate. I wanted to beat my head against the wall because he didn't listen. He wasn't going to listen. Yeah, here were many of those decisions and when you look back on them.

JT: [inaudible]

[00:56:06]

SP: Well personal property and they weren't allowed to have them and then a few years down the road we're trying to teach these people to enjoy personal property. I think it's just the way the wind is blowing at that particular time and then a few years later it changes and it changes. Maybe that's the bad thing about being able to look back how it used to be and we were there when these things were going on. Some of the things are just down right laughable now but at the time. Well I'll tell you one thing too, we moved from the education model to the hospital model, that's when they got rid of the dolls and stuff, to the behavioral model to the da, da, da. Whatever's the popular thing at that particular time is how we had to conduct ourselves in that manner. I forgot where I was going with that one because it was kind of funny. Oh, I know, when we went into the behavioral mode, Dr. Fox, have you ever heard of Dr. Fox? He wrote a book, "Toilet Training in One Day" and so we had all had extensive training in behavior modification. I'm sure, it's Skinner, you know, and the grid with electricity and all that kind of stuff, rewards and so forth, and so we were all trained in that method. It was a big long project. I know Dr. Fox and his toilet training things, I know my sister-in-law had twins and she got his book from the library. She was going to train those twins in one day. It's just like, it was just

unbelievable. She gave it a good shot. And the years, several years later Dr. Fox's methods are looked upon as almost abusive to children. But Dr. Fox came, he did seminars, we got so many people on the toilet and basically I think we were able to train a lot of people to go to the bathroom. It may not have been the best method in the world but we got them all trained to go to the bathroom. We also had a lot of, I worked with the low functioning women at that particular time and they wouldn't leave clothes on, absolutely would not leave their clothes on. You couldn't get them to leave their clothes on. We were ordered to make sure that they wore clothes and you just put them on and they're taking them off. So they came up with this behavior modification thing and we all had pink aprons with little pockets in it and we had marshmallows or M & M's or different kinds of edible rewards and you, it was this big, big, big project and they go around and every so often if they've got their clothes on you pop something in their mouth. Pretty soon we had almost no one that was taking their clothes off but yet you consider here we had this stuff in a dirty pocket and we're popping it in everybody's mouth. What the heck are we spreading, you know? But it was just one of those things. We were told that if you don't have your apron on you could be fired. That's how they handled it. But everybody was wearing clothes. Very rarely did we have people that didn't wear clothes after that. Some of these big sweeping projects. I'm glad they worked.

[00:59:39]

JT: Would you kind of feel like you were in transition [inaudible]

SP: Yeah, now my friend is, I was going, I had already signed up to substitute teach in the community. My friend has since been able to and I'm still waiting to be able to use their form, but she said she had no idea the children in the different school systems that she taught at one special ed at one of the schools and there were 3 that needed breathing treatments, several that were being tube fed, some of them she said you would swear you were back on 15, that was our infirmary unit. But they're in the school system and it's mandatory that they be there. They're not learning anything. The teachers aren't prepared for what they're having to do, but they're in school. They're not home, I mean they're home and they're in school but they're not in an institution because now we have all these supports in the community. That's the direction we've gone. I don't now, in the future, the broad picture, I don't know what that's going to be because a lot of those kids their life expectancy is definitely not very long. My neighbor who she's had 3 children that have been very severely involved and he's out of school now, the other two have since died, but the one that's still living, they pick him up on the bus and he goes to DSI for his job and then he comes home in the evening. They also have respite care. There's funds for someone to take him like for a weekend or whatever. They have somebody that comes to the house at various times. There's funding for that and in the past you would not have had, you'd just have to do the best you could. So I don't know. She had to go, they called her to sub in, since she said she'd take special ed they call her a lot and she said it's unbelievable by high school. She said, we had a unit, building 4, and it was very, very hyper active, very, very undisciplined boys on the building and she worked that building for a long time. She said, "I swear I thought I was back on 4 again." But it was in high school.

[01:02:29]

JHS: So she can make a lot of parallels?

SP: Yes.

JT: From life in Muscatatuck to [inaudible].

SP: Yeah, I think that's it. I think if parents have more support it's easier for them to deal with the day to day than in the past when you just had to do the best you could. I have a cousin, let's see Nancy would have been, Nancy would be probably 45 today, but she was born without muscles in her jaw. She couldn't close her mouth. Her husband's mother wanted her placed in Muscatatuck. My aunt and her mother-in-law went around and around and around for a lot of years because Nancy did not look normal. She could not close her mouth. And so nothing would do that Grandma said that where she had to go and that's how it was going to be. My aunt's a nurse and her husband was a Marine, so they had a lot of medical help that way. Nancy, she went to regular school and she was able to have, she went to the vocational technical school to be a medical records clerk and she worked as a medical records clerk. But she always wanted like a normal life. She wanted to have a boyfriend; she wanted a normal life. She was a very severe diabetic and when they were having cut backs at the Columbus Hospital where she worked the lady found out she was insulin dependent and cut her hours until she almost didn't get to work at all. I told my aunt I said, "You know, you can fight that, that's terrible."

[01:04:30]

JT: That's discriminating.

SP: Yes, and why she was able to, the woman herself was in a wheelchair but she discriminated Nancy. Nancy got so depressed and she refused to take her insulin and she passively committed suicide. There she was in school and everything but she still.

JHS: [inaudible]

SP: Yeah, and you couldn't get her a boyfriend, I mean you can't force somebody to be her boyfriend. Some of those things you can't, the parts of life she wanted you can't give them to her. You can't make them for her. And there's a lot of people that don't have what she wanted and they are fine too.

JT: What would you say was the best memory you have of Muscatatuck?

SP: My friends, yeah.

JT: Would your friends be people that you worked with or some of the people that lived there?

[01:05:33]

SP: Both. Friendship on different levels. Of course you know the people that I took care of or that I was in charge of would be a friendship on a different level.

[01:05:47]

JT: What would you say was the worst thing?

SP: Honest, I think the decisions that the administration made at different times for the clients.

JT: Can you elaborate?

SP: Like the decision that they disposed of their personal property because it wasn't appropriate and there was no arguing about it, it was just done. It was just like the Gestapo more or less and many times there would be decisions that would be made across the board because that was the way it was done now. And it didn't give people a chance to, we had like I told you the boys side the girls side and I was transferred from very low functioning men to the high functioning ladies when I changed, you would put in for a transfer and you would transfer your seniority would be on the boys side or your seniority would be on the girls side. So when you would transfer to the other side then your seniority slipped a little bit. So that's how they put us with these very high functioning young ladies and most of them had jobs. We had jobs there on grounds and there were jobs where they came in town. Some of them came in town to work and everybody wore, like the DST's wore white uniforms but we didn't wear hose or hats. There were ward clerks and then the ladies, the clients that were in patient care, they had probably gold uniforms. Some of them had blue uniforms if they worked in the kitchen, in dietary, as workers in dietary. They all had jobs to go to during the week. On weekend we kind of just, it was really kind of enjoyable. During the week they got up, they went to work; they came back home, just like the rest of us did. On weekends they would get up and they'd do their personal laundry and they'd do their hair and their nails and we would have like, we used to play like rummy in the day room on weekends just to pass the time. It was their relaxation time. Like I say they all had jobs. Well then because of the [inaudible] laws, unless we paid them they didn't work. So they went from having something to do 5 days a week to absolutely they were not allowed to do anything. And they were going to have a riot. One lady says, "Let's get all these hair spray cans and throw them throw the window." She actually wanted to have a riot because they weren't allowed to work. They weren't really getting, I mean the rewards that they had at that particular time were like maybe an extra commissary book which was like a \$2 coupon book for the commissary and whatever rewards they got from their job.

[01:08:48]

JT: [inaudible] volunteering.

SP: Yeah.

JHS: What about the people that worked outside of the grounds were they also unpaid?

SP: No, they were paid by the restaurants but they weren't paid much. Of course minimum wage at that time was very low.

[01:09:04]

JT: Were they allowed to keep their jobs?

[01:09:07]

SP: I think almost all of them because they didn't get the minimum wage I don't think they were allowed to work until something was worked out. When I was in high school I worked for \$20 a week and tips. Back then that was acceptable. But now I think a lot of restaurants don't pay really well. You work for the tips. But they had made the decision it had to be, so we had to go through a big long process of I think we did time studies for different chores that they could do and then there was a minimum or a grading thing there. If it took a certain percent of the time to do something that somebody from the outside would be able to do then they got paid that percentage and money was allocated. But we had a long hard time until it went from nothing until they found something. Those poor ladies they went through a lot of trauma. Because if you had a working girl, that's what we always called them, and she came to help you, we always treated them as peers. We didn't treat them as working girls or anything else. They were our peers.

JT: The working girl was someone that lived at Muscatatuck that helped you but didn't necessarily [inaudible].

SP: They made no wages at all when we had working girls.

JT: The working girl was an unpaid girl.

[01:10:48]

SP: Yeah. But like I said we always treated them more or less as peers or friends. I'm sure there were some people that said get over there and do such and so but a lot of times you say let's do this together. So we worked together and so they had that kind of a relationship with us, even though they weren't getting any money for it they had the relationship. And then all of a sudden it was just cut off.

JHS: [inaudible]

SP: Let me think. '68, early '70's. I was trying to think of different places I worked. I'm sure it was in the 70's.

JHS: Were a lot of the girls working or this was just a very small group of the higher functioning?

[01:11:41]

SP: We had some working girls that really weren't very high functional but they were able, and I don't now how they made the decision. There were a lot of those people, every time we would change things around and we changed things around so awful many times. I was there, and that would have been in the early '70's we had the boy's side and we had the girl's side. A lot of them would meet in the middle at the hospital there but if they got caught they were in trouble. So we went from that way to overnight we had one floor men and one floor women. That was just like one day it's this way and the next day it's this way. They didn't have a transition period. It was unbelievable. You can imagine. So we did that. Well that was a big massive move. We moved people from one side of the grounds to the other. We moved and then every so often we would change buildings again and we'd move again for some unknown reason.

[01:13:00]

JHS: Was it mostly philosophy [inaudible]

SP: I think, yeah. I remember one time we were going to have another big massive move and we had these questionnaires to fill out on each person and then they would decide how they would be grouped, what score they got on these papers this is where they would be. They would be grouped that way. I think about every move we had the people still ended up grouped the same way, just in a different building.

JT: Did residents ever get to pick where they were moving?

SP: Oh, no.

JT: [inaudible]

SP: You know how there are some people you just can't get along with no matter what and we had several people that they just can't stand each other and no matter what they end up in the same buildings. It is always big fights and there's no way to get away from them because that's where they would be placed because of some score that somebody else assigned them.

JHS: There were girls and boys sides and sometimes they'd meet in between and that wasn't allowed. Was there any pregnancies among the residents?

SP: Yeah.

[01:14:16]

JHS: What was that handled?

SP: Discretely. If the family was willing to take the baby the baby would be given to the family. We never had anybody born there. They always went to [inaudible] or someplace.

JT: [inaudible]

SP: Adoption, a closed records, no one knew.

JT: [inaudible]

SP: I guess, I don't know. But you know adoption records were sealed at that time they were and you didn't know like you wouldn't be able to find out the history or anything.

JHS: How were the pregnant women [inaudible] but when that did happen how were they treated by the other residents? How was that viewed [inaudible]?

SP: I don't know, just seemed to be normal.

[01:15:26]

JHS: It wasn't any big deal?

[01:15:28]

SP: I assume maybe the people having to deal with it, it did but not on our level.

JT: Were there any pregnancies with residents and staff?

SP: I don't know. I would assume not, would be my philosophy on that. That was before the pill and that was before the IUD, that was before, you know.

JT: So sterilization, was that something [inaudible]?

SP: Well remember the big eugenics movement in the 20's and 30's. I think the charges were just being poor was a pretty way to be sterilized. That was a big movement in that time. That was a big shock. That was a bad thing. So then they turned around and went instead of here they go all the way over here. I was on the human rights committee at the time and one of the girls kept begging to have her tubes tied and they would not let that happen because of the stain of the [inaudible] movement in the past. Her aunt worked in a facility similar to ours and she knew how her niece would be taken advantage of and if the niece would be, if they could tie her tubes she would be glad to have her niece come and live in her home and work there. But she wasn't going to take the responsibility otherwise. She would beg and beg and beg and she would ask for appointments with the committee and please.

[01:17:10]

JHS: She saw that as her ticket out?

SP: Out, and that was fine with her.

JT: [inaudible]

SP: I don't recall. When I read the abortion numbers that you see on the signs and everything and I'm thinking where are they getting these numbers. From my own experience I'm just thinking I don't know. I don't know where they're getting these numbers and I'm sure the numbers just grow and grow and grow. I don't remember that ever even being, you know.

JT: Something that was talked about.

SP: I don't remember even being something that I even knew much about living in the community. It just wasn't something that just, you know.

JT: [inaudible]

[01:18:12]

SP: Yeah, somebody else may have the answer. But that's just something that just never was. Birth control was just such a big issue. That in itself was an issue up until, I think the State of Connecticut was the last state that they would even allow birth control to be discussed. It was like in the '60's I think and up to that point you didn't know about birth control unless you knew somebody that would do stuff. It just wasn't discussed and wasn't bandied about.

[01:18:49]

JT: What do you think about [inaudible]?

SP: Well, I didn't think it could really happen. I think it probably will now and I don't know. I'm guessing it's an end of an era like it was an end of an era for the poor farms and so forth. It's kind of unfortunate for the people caught in the cracks. For those who are being born now when there's all these supports in the community, that's one thing. But these people that that's been their lives, that's where they spent their lives, and a lot of them came there as children. There was a story about one family that they had had their child on the waiting list and it didn't come, it was like next year, maybe next year and they said, I don't know if it's true or not, but they said they came by one day and sat him down in a chair in the ad building and left, no forwarding address or anything. They could not get him in and they were at wits end and that's how they did it. I don't know if it's true or not but I had heard that story. I'm sure that there are a lot of parents even yet today with supports that maybe feel the same way.

JT: So do you think life would be better for some of the residents with the closure or do you think it will be worse?

[01:20:26]

SP: I don't think it would be better. Even if they, the option for so many of them would be like nursing homes and things like that and once you go to a nursing home you're, I know about nursing homes, even good ones. It's just a different; it's an adjustment for them. They're leaving everything they've known all their lives. Like I said we'd spend the weekends with the high functioning ladies and they would be doing their hair and what have you, and then they would sit around and talk about their childhood. Their childhood was at Muscatatuck. That was their childhood and the things that went on and the people that they knew and things like that. It's hard to, many of us don't want to move on, I guess.

JHS: How do you see the [inaudible] this surrounding area?

[01:21:25]

SP: Oh, it's going to, it's been such a slow process and they really have worked hard at job training and things like that. I don't know like the impact, the financial impact, I'm sure that's been eased to a certain degree. There are many people, the lady that delivers my mail, I used to work with her and she went to the post office. She has a postal job now. So people that's managed to find jobs and I figured I would never retire. I expected to go out of there feet first, personally. I had been there my whole, I was just like the clients. I had been there my whole life. How could I function on the outside? I'd been there my whole life. So when I did take the retirement it's a culture shock for me too. So many people have, it's been slow enough that people have found jobs. There's going to be some people that, I don't know, they're going to be like in the cracks there. It's going to be hard for them to and there were several that could not take the retirement package that they offered because they were not close enough to Social Security age that there would be a break in there when their money ran out and insurance is another thing that's just absolutely unbelievable. If you're not close to Social Security and Medicare why you can't get insurance a lot of times.

[01:23:00]

JT: Have you been in contact with any of the resident that are now [inaudible]?

SP: No, I don't. I know, this is just my guess. I know where there are some group homes and I know who was sent to those group homes. Every once in a while I'll see in the police reports that listed in the paper, indecent exposure and then they'll have that general neighborhood, I can just about tell you who it is. It's not indecent exposure because they're indecent, it just because they want to take their clothes off.

JT: You don't have those marshmallow reinforcements.

SP: Yeah, not giving them marshmallows any more. It's not something that they, it's not sexual or anything like that. Just take their clothes off. But other than that just from, I've really not heard. I used to hear from some of them years ago that went into foster homes and so forth and how they were getting along but I would assume that if the person that they were living with got elderly, and we've had several that were returned to us because the care taker was ill and unable to, you know they have to keep making that adjustment constant, back and forth and back and forth.

JT: So in terms of some of the high functioning ladies, are they [inaudible]?

[01:24:34]

SP: No, I don't. I've lost track. And we've often wondered about it. See we did not ever have any, unless they wrote to us personally we wouldn't have any way of knowing. Social services and then once they were discharged they didn't follow them. That was just something they went into another department or what have you so somebody else was and so we did not.

END OF INTERVIEW