

Reprinted from The Minneapolis Morning Tribune
Copyright, 1950, Minneapolis Star and Tribune Company

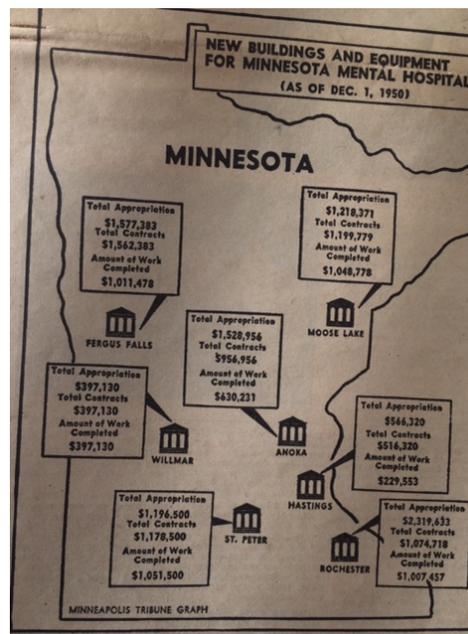
Minnesota Bedlam Revisited

November 1950

Hospitals Receive Needed Face Lifting

CHAPTER 10

By Geri Hoffner, Minneapolis Tribune Staff Writer
Copyright, 1951, Minneapolis Star and Tribune Company



Bricks and mortar alone do not make a cheerful, pleasant hospital.

But they help. Just as comfortable furniture and equipment help.

Two years ago, Arthur Hager, Minneapolis Tribune photographer, and I saw bleak, depressing buildings at Rochester and St. Peter state hospitals. The superintendents called them "firetraps."

We walked through corridors and sleeping rooms where the paint peeled from the ceiling.

Old, dark wood furniture - some of it 50 years old - stood in many wards.

Every hospital had too many sick people; beds and cots were everywhere.

At the Anoka state hospital, we walked through one cottage where old women crouched on the floor or sat on hard benches and chairs. No curtains, plants or pictures broke the gray look of the cottage.

One of the women - her white hair hanging in wisps, her thin body wrapped in a grey cotton gown - called to us, "have you come to take me home? I do so want to go home."

We saw that woman patient again in 1950. Her white hair, freshly washed, was pulled back in a neat pug. She wore a cotton print dress and her feet were tucked into hospital-made bedroom slippers.

When we walked into the room—now painted a soft green— she looked up from the magazine she was reading, smiled and nodded. Then she resettled herself in a comfortable chair and went back to her story.

Short curtains hung at the windows and plants stood on window sills and tables.

The ancient chairs and benches, the cheerless rooms, the smell of too many sick people in too small a space—all these still can be found in Minnesota's mental hospitals.

At Rochester, Fergus Falls and St. Peter hospitals, the visitor still can see beds standing in day rooms and halls.

But these conditions exist to a far lesser degree than they did two years ago.

There's only one explanation for the improvement in physical surroundings: Money.

When it passed the 1949 mental health act, the state legislature made these allowances:

\$396,730 for special repairs and improvements. This needed work-- including worn plumbing, fire escapes and leaky roofs-- had accumulated over the years. Regular maintenance funds were insufficient to cover it.

\$5,543,293 for finishing and equipping buildings that had been granted by 1945 and 1947 legislatures but had not been completed because money appropriated was not enough.

\$3,261,000 for new buildings and equipment.

WE SAW some of the results of this money appropriated for spending in 1950 and 1951 during our recent visits to the eight mental hospitals – two buildings each at Fergus Falls, Moose Lake, St. Peter and Rochester. We saw the eight new geriatric units designed and built especially for the hundreds of older patients that crowd every mental hospital.

Each unit, complete in itself, can house about 150 patients.

Sunlight streamed through the big windows as we walked through one of these buildings. Light woodwork, deep green or rust colored bedspreads and short drapes made the hospital look warm and friendly.

The contrast between the wards where some of these old patients had lived for years and the geriatric buildings where they live now is day and night comparison.

We saw one feeble, wrinkled woman lying in her soft, new bed in the spacious dormitory section of the new buildings. Next to her bed was a small dresser where she kept her few belongings. A table radio was playing softly.

In 1948, she was one of the hundreds of women patients sleeping on a sagging bed in a crowded attic. Metal pots stood by many beds and the smell of these makeshift toilets mingled with the odor of unwashed bodies.

THE MOANS, the murmurs and the sounds of weeping made a sad, discordant music – quite different from the radio music that patient listened to now.

We were guided through another new building, the center for tuberculous mentally ill patients at the Anoka State hospital.

Our guide, Dr. Edmund Miller, superintendent of the Anoka state hospital, proudly explained the modern equipment and the special facilities for assuring sterile techniques that keep TB germs from spreading.

He pointed with a chuckle to shoulder-high partitions built in the dormitory floors.

“There is room for only one bed and a table between these partitions” he said with considerable satisfaction. “It will be impossible to crowd this place. We’ll really be able to treat patients here.”

THE TB UNIT, only one of its kind in the United States, is under the supervision of Dr. Albert Kreiser, tuberculosis control officer for the state division of public institutions.

At every hospital we visited, superintendents, nurses and other workers pointed to new equipment – pots and pans, beds, medical and surgical tools.

We saw many buildings just going up and others already completed.

At Hastings and Willmar, we saw nearly finished receiving hospitals – impressive not only for their modern glass and brick exteriors, but for what they represent. When they are completed, they will spell the end of the age when some hospitals were for “curables” and others were for “incurables.”

The Anoka hospital – also set aside for the “incurables” – will have its new receiving hospital by December 1951. The foundation of the buildings was being finished at the time we visited.

We also saw up to date administration and treatment buildings that eventually will replace the entire main hospital at Rochester. They were about three-fourths finished at the time of our visit.

We were shown many of the 25 staff residences being built for doctors and their families. The largest group of homes—11 of them—are at the Rochester hospital. Other staff-houses, which will make it easier to get doctors, are at Willmar, St. Peter, Fergus Falls, Anoka, Hastings and Moose Lake. The Moose Lake hospital also is getting a new nurses dormitory.

THE NEW SERVICE building at the St. Peter hospital includes a large modern kitchen and baking space. It will replace an inadequate, worn-out kitchen and bakery.

New power plants and additions to old ones were among other new buildings we saw. These plants will reduce the load on present overworked power facilities and will change over from obsolete DC to AC lighting at several hospitals.

There are still a lot of bottlenecks, however, in re-doing old buildings, putting up new ones and buying equipment.

At the Rochester hospital, for example, work has slowed to a snail’s pace because bricklayers are hard to get.

Still another hospital is using patients to help put bright paint on drab walls. These patients - unlike patients who work in every state hospital - are paid for their labors. The superintendent pays them from his salary.

THE HOSPITALS at Anoka and Hastings have new stoves - one gas, the other electric. But at the time of our visit, both hospitals were using their ancient, coal burning stoves. The new ones stood, still crated. Certain materials needed to connect the new stoves have not been delivered because of the national rearmament program.

There have been other, minor problems - such as ordering baseballs in June and getting them in December or getting several hundred table tennis balls and no paddles.

But the most serious problem - mobilization of American manpower and industrial power - is only beginning to hit the hospitals.

Just as military needs are siphoning off hospital personnel, they are also pulling away construction workers.

O. R. Van Krevelen, assistant supplies, equipment and contract commissioner of administration, said, "We have a lot of equipment on order. We are being notified now by some firms that they can't ship because of war contracts."

"Some of our building contractors are being asked by suppliers for defense priorities on some materials."

"THE WAR situation may mean makeshifts again for the state mental hospitals. It may mean that buildings under construction will be left unfinished until some better, future time."

"But we'll cross that bridge when we come to it," he declared. "Right now we will continue to do the best we can to complete buildings and get needed materials and equipment."