At the Capitol

Where is best place to help the retarded?

By Sam Neuhauser

Some experts agree: It's best for Minnesotans to move nearly all of its mentally retarded people out of state hospitals and into small community-based group homes. The national trend is toward that direction, and most research supports the transfer of those to people moved.

The issue has been debated for months among negotiators seeking consensus on the future of the state's hospitals. Although not yet in a bill, a plan by the Department of Human Services to nearly empty state hospitals of retarded people is being debated in committees of the Minnesota Legislature. The latest hearing was Tuesday before the Senate Health and Human Services Committee.

Some experts also support the exception of a few hospital residents from such moves, an exemption that the state Department of Human Services is willing to grant. These are the "medically fragile," people whose bodies and minds are the most damaged and whose care for themselves is the most precarious, including some who assault themselves or others.

Some experts say that people who have lived in state hospitals for most of their lives shouldn't be forced to move if their relatives object — a position argued passionately by a vocal group of Minnesota advocates. The department is trying to compromise on that point.

It seemed starting when the department announced last July, during week-long talks on its plan to overhaul the hospital system, that it wanted to move all retarded people out of the hospital system. That meant there would be room for the mentally ill and retarded, including some who assaulted themselves or others.

But the plan was scarcely revolutionary. The whole country was pursuing a similar course.

The time was long past when retarded people were huddled into big institutions, where they lived like animals in cages, for their own good.

In the past two decades the retarded have turned the conventional wisdom upside down. People who the experts thought would never be able to get on a bus or hold a job are doing just those things. The more severely disabled are learning to feed themselves and manage their personal hygiene.

The changes accompanied a new wisdom — normalization. It meant that the people in a civil right not to be kept from normal life any more than absolutely necessary.

However, a number of hazards will confront the department if the Legislature buys its plan to move nearly all the 1,400 retarded residents of seven hospitals, now called regional centers, into group homes of six or fewer people by mid-1995. Sixty beds would be left for the medically fragile at the Faribault center and 15 would remain at St. Peter for those who also are mentally ill.

Can the small homes and activity centers, run by the state and private operators, provide enough skilled professionals to guarantee high-quality care and treatment? Will the cost be reasonable? Can state and county monitors protect clients from physical or mental abuse? Can they be protected from criminals and traffic hazards?

State officials say yes, although others acknowledge that there may be a tradeoff.

"There is a potential that harm will increase," said Robert Griffith, president of the American Association on Mental Retardation. "But the move to the community is a massive under-taking," he said.

Others say there's just as much danger of assault and neglect in an institution as in free society. Retarded people sometimes are abused in state hospitals, as highly publicized incidents at Cambridge Regional Human Services Center showed in recent years.

Sociologist Jim Conroy, a researcher at Temple University in Philadelphia, said he can't find a single study showing that retarded people do better in big hospitals than in small community group homes, whereas at least 10 studies support community placement.

Conroy's research, at a large Pennsylvania hospital called Pennhurst, is the study most frequently cited by advocates of community care. He and others found that people who moved from Pennhurst to small group homes were better off in every way after five years, including behavior development and parental satisfaction.

"There is adequate medical care in group homes easily can offer all services that hospitals can. "Just getting den-sal services for a retarded person in the community is a massive under-taking," he said.

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