



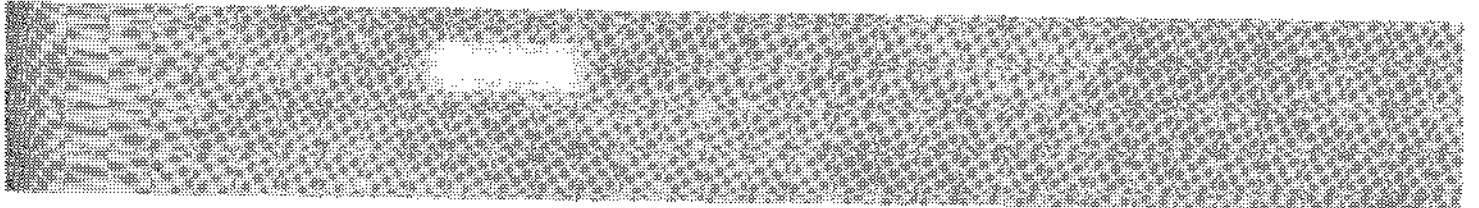
# *Children of Misfortune*

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One Hundred Years of Public Care for People With Mental Retardation in Wisconsin, 1871-1971



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One Hundred Years of Public Care for People With Mental  
Retardation in Wisconsin, 1871-1971

Anne V. Rugg

The Wisconsin Council on Developmental Disabilities  
Madison, Wisconsin

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*Children of Misfortune*

'Feeble-mindedness can indeed be likened to a diseased river flowing through humanity.'

Irene E. Beier, "The Operation and Administration of the Northern Wisconsin Colony and Training School"

In 1954 a 93-year-old mildly retarded man died in a county institution. He had been there for 79 years.

Wisconsin Department of Public Welfare

# Preface

The Wisconsin Council on Developmental Disabilities is pleased to publish this thesis on the history of care for people who are mentally retarded.

Wisconsin has developed an extensive system of services for people with disabilities but that system has evolved through an often startling history. Public fears and perceptions, political consequences, advocacy and ignorance have all had their turn in affecting how this state has attempted to address its citizens who are mentally retarded.

The Council thanks Anne V. Rugg for her scholarship and for her professional dedication to services for people with disabilities. Her permission to reprint and distribute her thesis is appreciated.

The Council also thanks Suzanne Caswell for printing and design assistance and Dawn Karn for preparing the manuscript.

The Wisconsin Council on  
Developmental Disabilities  
March, 1984

L. J. Ganser, M.D.  
Chairperson

Jayn Wittenmyer  
Executive Director

Christina Metzler  
Information Specialist

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# Introduction

The intent of this paper is to examine Wisconsin's public policy on mental retardation and the results of that policy on the individuals and families affected by it. In addition to describing the major trends in public policy, I have attempted to analyze how and why policies changed during the 100 years spanning 1871-1971. Special attention is given to depicting the intertwining forces—political leaders, citizen activist groups, legislation, state bureaucracy, mass media, and public opinion—that worked alone and together to create change.

Much of this paper will focus on the state Centers for the Developmentally Disabled, which were the primary state-supported service for persons with mental retardation until the 1960's. I have described in detail how public policy and public dollars translated into client treatment and conditions at the institutions. Attention is also given to the development of special education classes in the public school system and the beginning of community-based services.

This paper assumes a narrative descriptive form, broadly tying together economic, political, sociological, and educational factors. The bulk of the research is based on primary government documents—the annual or biennial reports and papers published by the Wisconsin State Board of Control, Department of Public Welfare, Department of Health and Social Services, and Department of Public Instruction. Also used were legislative bills and statutes, newspaper articles, and professional journal articles.

I would like to acknowledge the assistance given by my major professors, Dr. Dennis Dresang of the Center for Public Policy and Administration; and Dr. LeRoy Aserlind of the Department of Behavioral Disabilities. In addition, the librarians at the State Historical Society Archives and Government Documents Collections, and the Legislative Reference Bureau were of great help in locating essential material. Also, I'd like to thank Marilyn Henry for typing the original manuscript. Most importantly, I would like to sincerely thank my husband, Neal Ouellett, for his support and encouragement.



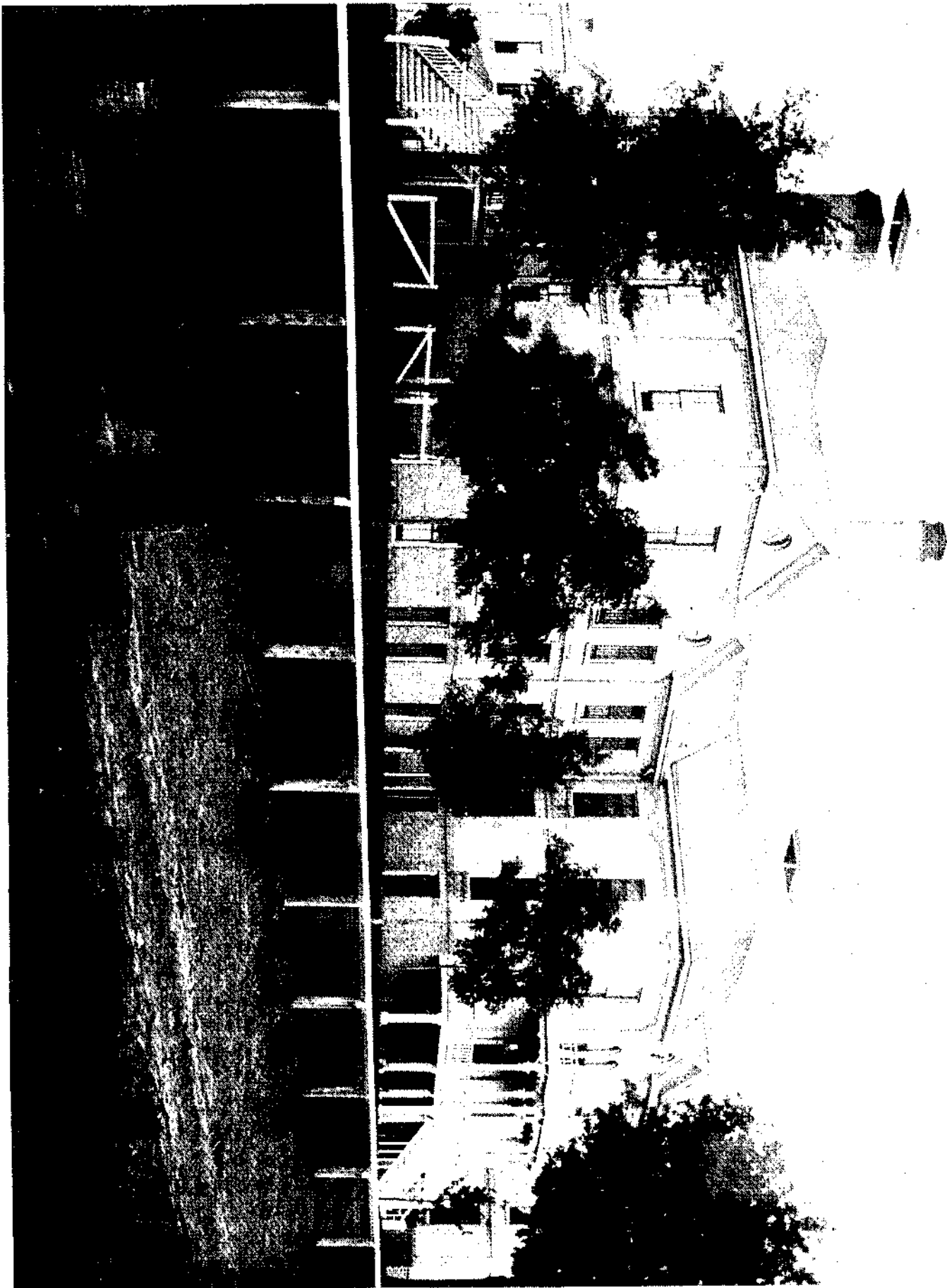
## Photographic Plates



Plate 1: Northern Colony and Training School, Chippewa Falls, circa 1898. Courtesy Department of Health and Social Services.

Facing Page

Plate 2: Dane County Hospital, Verona, circa 1895. Courtesy of the Department of Health and Social Services.



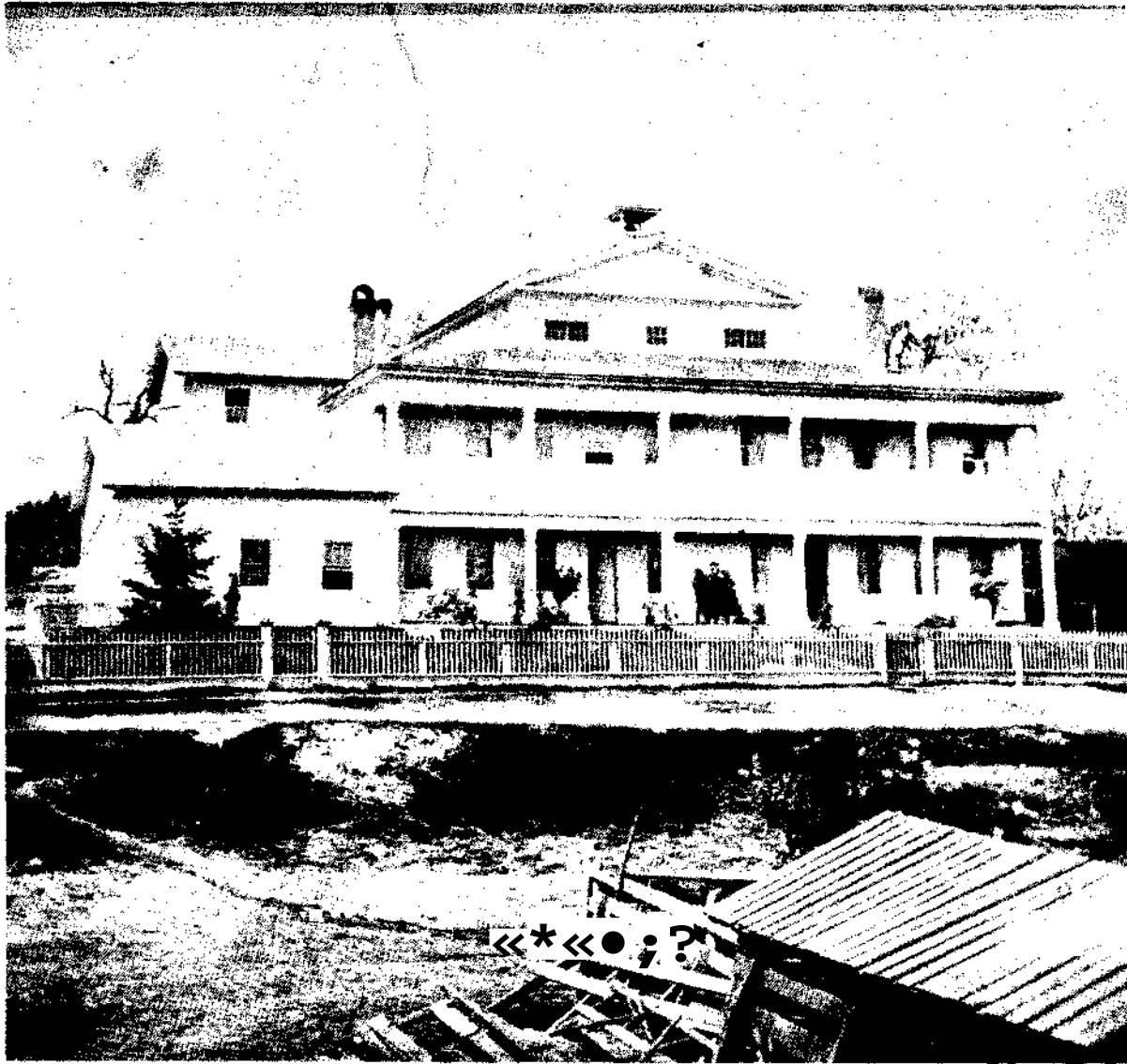


Plate 3: Rock County Poor House, Johnstown Center, Wisconsin  
1880. Courtesy of the Rock County Historical Society.

Facing Page

Plate 4: Group of "Burlington County Colonists," Southern  
Wisconsin Center. Courtesy of the State Historical  
Society of Wisconsin.

Following Pages

Plates 5 and 6: Identification photos used in lecture on  
feble-mindedness. Courtesy of the State Historical  
Society of Wisconsin.









Infant mental patients sleep in cribs in the hallways of the Union Grove colony where bed space in wards, play areas, and storage rooms has

long been exhausted. The partially blocked hallways would seriously hamper removal of the patients in an emergency.

7-16-50: 11-4-11.



These babies are tended in a former linen closet at Union Grove, where shelving was torn away to provide

space for the cribs of the tiny inmates. Attendants find it nearly impossible to give proper care.

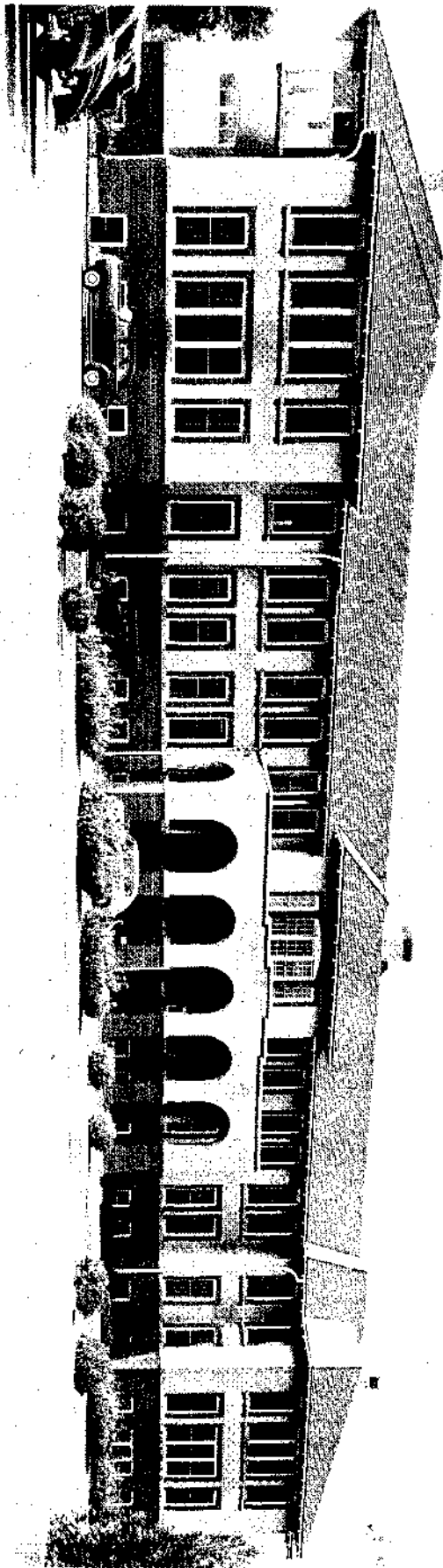
Sentinel photo

Plates 7 and 8: Photos in a Milwaukee Sentinel newspaper articles on the conditions at Northern and Southern Colonies. March 19, 1951. From the files of the Legislative Reference Bureau.

Facing Page

Plate 9: The Administration Building and Girls Dormitory, Southern Colony. 1948. Courtesy of the State Historical Society of Wisconsin.





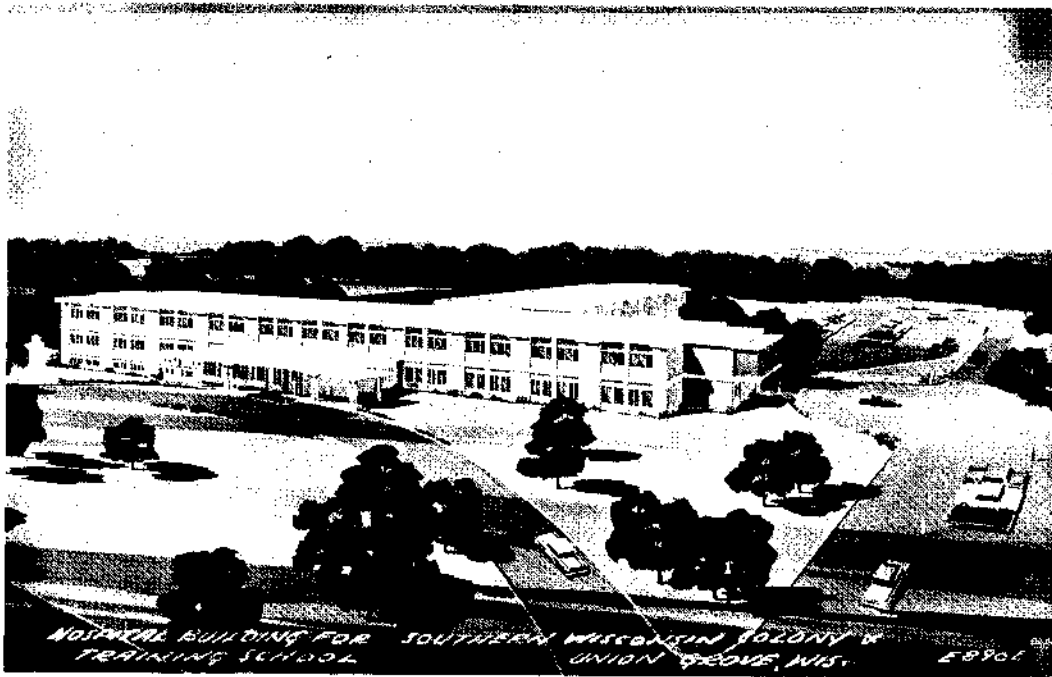


Plate 10: Post card depicting new hospital building, Southern Wisconsin Colony and Training School, circa 1966.



Plate 11: Building at Central Wisconsin Center, opened around 1960.



Plate 12: Colony dormitory. Date unknown. Courtesy of the Department of Health and Social Services.

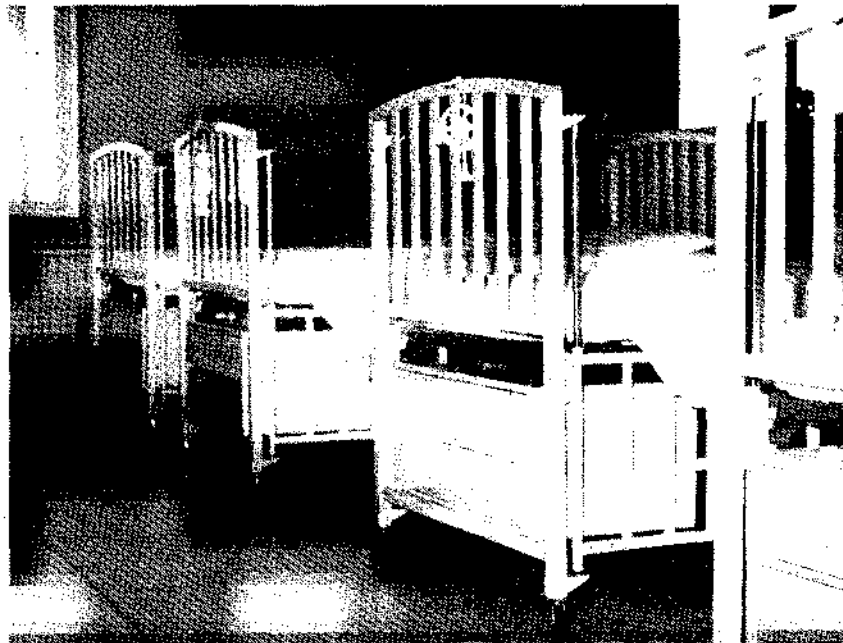


Plate 13: Infirmary ward in new hospital building at Southern Colony. Circa 1966. Courtesy of the Department of Health and Social Services.



Plates 14 and 15: Photographs in recruitment brochure show medical registered nurses providing education Central Wisconsin Colony. 1966.



Chapter I:  
The Early Years: 1871-1900

## Chapter I:

### The Early Years: 1871 - 1900

Little interest in state-supported care for persons with mental retardation was shown in the early years of Wisconsin's statehood. During the decade of the 1850's, there was a flurry of institution building for several disability groups: the blind (1850), criminal (1850), deaf (1854), insane (1854), and delinquent boys (1857). It was not, however, until 1895 that the Wisconsin legislature founded a home for the training and custody of persons with mental retardation.

There were, nonetheless, a few vocal advocates for the mentally retarded during this early period. In 1866, the Assembly Committee on Charitable and Benevolent Institutions urged the legislature to follow the example of several eastern states that had established successful training schools for the mentally retarded.

That the benefits of these institutions are commensurate at least with the means necessary for their successful operation, may be fairly inferred from the fact that no state has ever been known to abandon the enterprise as an unwarranted expenditure of the people's money . . . .<sup>1</sup>

Governor Lucius Fairchild, in his 1867 address to the legislature, eloquently expressed the need for the state to educate its mentally retarded children:

I will call to your attention another class of unfortunates for whom substantial provision should be made by the state. I allude to imbecile and idiotic children . . . . We have in this state many of these poor creatures, for whom, under our present system, there seems to be no place . . . . Schools already established in other states demonstrate that by proper care and attention, they are greatly benefitted. It is our duty as a people to provide for their education.<sup>2</sup>

In 1868, the Wisconsin Teachers Association, a long-standing advocate for retarded children, passed a resolution to "re-affirm the pressing need for a school for the education of feeble-minded and idiotic children in Wisconsin (because it would be) in accordance with sound principles of educational policy and Christian philanthropy."<sup>3</sup>

There is little more public notice of persons with mental retardation until 1871 when the Board of Charities and Reform was established.

#### Board of Charities and Reform: Life in the Poorhouse

In addition to the five state penal and charitable institutions, the state provided for its dependent citizens through local poorhouses.

Poorhouses were generally organized in Wisconsin in the 1850's to care for individuals whose "pauperism stemmed from drunkenness, insanity, idiocy, bastardy, old age, orphanage, vagrancy, widowhood, or disability." One can glean a flavor of the quality of life in Wisconsin's early poorhouses from a comment of the newly organized Board of Charities and Reform:

Before the establishment of the state Board, the management of each county jail and poorhouse was substantially a closed corporation without any visible responsibility to the outside world. The poorhouses were generally situated in the least accessible localities and were visited at a fixed season of the year by the county Board of Supervisors, for whom ample and deliberate preparations were annually made . . . as a natural consequence, both jails and poorhouses were gradually becoming public nuisances and a disgrace to the state.<sup>4</sup>

In 1871 Governor Fairchild, determined to remedy this situation, urged passage of Chapter 136, which created the State Board of Charities and Reform. The Board was given the mission to "administer public charity and corrections based on sound principles of economy, justice, and humanity, and so that relations between the state and its dependent classes may become better understood."<sup>5</sup> Specifically, the Board had the responsibility to investigate, visit, and make recommendations to the Governor regarding the five state institutions, and the numerous local poorhouses and jails. Since there were twenty-nine mentally retarded persons living in poorhouses under the supervision of the Board of Charities and Reform, 1871 marks the beginning of organized state care for the mentally retarded in Wisconsin.<sup>6</sup>

In its first year of operation, the Board conducted an extensive survey of all existing Wisconsin poorhouses. Members were greeted with appalling conditions:

Some of the insane are lying on a heap of straw, rolled in a blanket, with no other covering, in the most filthy condition . . . Language is hardly adequate to describe the filthy, disgusting condition of the cell and its inmates . . . They seem to be sunk below the level of dumb beasts. (Jefferson County poorhouse)<sup>7</sup>

A idiotic man is chained in the yard. The air in the cells is impure and offensive . . . Privy holes in cells are not covered . . . The cells are cleaned once a week. (Fond du Lac poorhouse)<sup>8</sup>

An insane man is kept in a cage, on a heap of straw, in a state of nudity . . . he is kept in the basement in the winter, with no light or ventilation. (Racine poorhouse)<sup>9</sup>

(There are) ten idiots, some of them of the most helpless class. There are no suitable accommodations for these helpless creatures. (Vernon County poorhouse)<sup>10</sup>

These descriptions, published in the first annual report of the Board of Charities and Reform focussed public attention for the first time on the neglect and inhumanity of treatment given to mentally disabled persons in poorhouses. As a result of the 1871 visits, the Board made several recommendations to set higher standards for poorhouses. Among these were providing the inmates with good food, comfortable beds, fresh air, and plenty of water.

Special attention was given to the plight of persons with mental illness. The Board concluded that these individuals should not reside in poorhouses at all, due to the lack of proper accommodations and care. Instead, mentally ill persons should be housed in separate, segregated buildings.<sup>11</sup>

It is interesting to note that although the Board of Charities and Reform did mention observing mentally retarded persons living in squalor, it made no official recommendation to improve the residents' dehumanizing living conditions. The Board was content with providing "cheap" county care for these persons of "mere animal instinct":

In the poorhouse we find a class of persons demented and idiotic, whose mental powers seem to be totally obscured, leaving mere animal instinct. Cleanliness, fresh air, food, and warmth are all that can do them any good. This class can be as well cared for by the counties as by the state and at a much cheaper rate.<sup>12</sup>  
(italics added)

Another indication of the Board of Charities and Reform's obvious dislike or disinterest in persons afflicted with mental retardation is contained in their recommendation to remove children from the negative influence of the poorhouse. At the Board's urging, legislation was passed that required all children from the ages of five to fifteen, except "unteachable idiots who were unfit for family care," to be placed with foster families.<sup>13</sup>**13**

The Board of Charities and Reform had only the power of persuasion and recommendation to affect change in the poorhouses. The uniform standards for poorhouses recommended by the Board in 1871 were followed by some counties and towns, and ignored by others. As an 1876 report of the Union Grove poorhouse indicates, the situation for mentally retarded persons had not improved noticeably:

In one of the rooms we found a bed full of vermin and the walls dotted with blood where they had been slaughtered by the thousand . . . . In another room which we found to be the abode of a crazy woman and an idiot, the stench was horrible, the beds were wet through, and the urine running over the floor. It appeared as if all the increments were emptied in one corner of the room.<sup>14</sup>**14**

By 1880, there were 152 mentally retarded persons living in Wisconsin poorhouses. The Board of Charities and Reform admitted in 1887 that the poorhouse was not the best place for mentally retarded persons, but it would have to suffice until a better place can be provided.<sup>15</sup>  
H. H. Giles, President of the Board, commented:



No insane or idiotic person should be kept in a poorhouse. If absolutely necessary to so keep them, let them have separate rooms and grounds for exercise and work. To allow them to associate with the paupers causes constant friction and annoyance.<sup>16</sup> 16

One wonders whose annoyance he was concerned about.

#### Alternatives to the Poorhouse

Some mentally retarded persons were admitted to Mendota State Hospital for the Insane, even though state statute explicitly forbids "congenital idiots" to be served there.<sup>17</sup> An 1871 report from the legislative Joint Visiting Committee on Charitable and Penal Institutions found persons of "weak intellects" at Mendota. And Dr. Reed, a member of the Board of Charities and Reform, reported Mendota as "very crowded with this extraneous element . . . idiots from birth and the chronic insane."<sup>18</sup> In addition, parents requested, unsuccessfully, admission of their mentally retarded children to the state schools for the deaf and blind.<sup>19</sup>

Some mentally retarded persons may have even fared less well than their counterparts living in state institutions or local poorhouses. As Dr. Reed's journal suggests, those mentally retarded persons who found themselves in county jails enjoyed a miserable life:

We visited a county-jail, where two insane men were confined, being too excitable for boarding out . . . . The younger one acted more like an incorrigible idiot, but the distinction, under the circumstances, was of no consequence, as they shared alike-filth, rags, and vermin, with drunks and criminals.<sup>20</sup>

Mentally retarded persons were also found in county insane asylums. Legislation passed in 1878 (Chapter 233) and amended in 1881 created the "Wisconsin System" of county asylum care for chronically mentally ill persons. The two state mental institutions, Mendota and Winnebago, would now care only for acute or curable mentally ill persons. Many mentally retarded persons were committed as "insane" to the county insane asylums.

In 1894, the Board of Control sought to send the practice of county judges committing mentally retarded persons as "insane" to county asylums. By strictly enforcing the state's eligibility criteria, the Board prevented counties from receiving state reimbursement for patient care. It is not surprising to find that there was a 32 percent increase of mentally retarded persons admitted to poorhouses in the following three years. It is uncertain whether the Board of Control initiated this measure as a means to apply pressure for the establishment of a state school for the mentally retarded, or to improve the quality of services to the chronically mentally ill in the insane asylums, or both. H. H. Giles, President of the Board of Control, observed that the presence of mentally retarded persons in county asylums "gives an air of gloom that has a depressing effect."<sup>21</sup>

It may be assumed that similar to present day conditions, the vast majority of families in this early era kept their retarded member at home. There is a major difference between present and past conditions,

however; in 1871 there was a complete lack of community services. Families could expect no help whatsoever from the community in training and caring for their retarded son or daughter.

It was the general attitude of the day that it was the responsibility of the family, alone, to care for its own. An 1871 report from the Legislative Visiting Committee on Charitable and Penal Institutions reflects this common sentiment:

Is it well to check the natural spring of affection in the family, by taking all responsibility from it and transferring it to the State? Charity grows cold when an affliction, or the skeleton in the family can be and is bequeathed to the public.<sup>21 22</sup>

This attitude of family self-sufficiency and consequent lack of community services persisted well into the late 1950's in Wisconsin.

#### Establishment of the Wisconsin Home for the Feebleminded

Legislation to organize a state school for mentally retarded children was first introduced in 1876. The preamble to this bill, containing four reasons why Wisconsin should found such a school, reveals contemporary conditions and an enlightened attitude towards the mentally retarded.

The first argument offered in the bill states that there are large numbers of "idiots and imbeciles whose instruction and training and relief no provision has been made." Secondly, many of these children are in county poor farms where "no effort can, or will be made to improve their condition." Further, other states have proven that these children can be trained "so that instead of being a burden upon their fellow men they can and have been made capable of supporting themselves." And lastly, these "children of misfortune certainly have an equal claim upon the Charity of this State with other unfortunates for whom the State has generously provided."<sup>23</sup>

The bill required the Board of Charities and Reform to inquire into the expediency of organizing such a school and report back to the Governor. The Board of Charities and Reform responded to this edict and strongly supported the establishment of a state school for the mentally retarded. The Board's expressed attitude towards the potential of mentally retarded persons seems to have undergone a fundamental change. "We have been in the habit of looking on (mentally retarded people) as human vegetables . . . in many cases (they) may be trained to contribute to their own support."<sup>24</sup>

The Board of Charities and Reform closely paralleled the progressive philosophy of the legislature in listing its reasons for supporting the establishment of a school for mentally retarded. In addition to demographic, moral, economic, and democratic rationales, the Board asserted that "it is a right of all children bred among us to receive education according to their capacity."<sup>25</sup>

The bill was postponed in committee and reintroduced in 1877, when it passed both houses. It failed to become law, unfortunately, because the presiding officers did not sign the bill before the legislature adjourned.

Again in 1885 legislation was introduced to establish a state asylum for the care and education of mentally retarded children. It failed and the original bill was never printed. In 1887 a similar bill was passed by the legislature, but was not signed by the Governor, who felt the system of county-run asylums for the chronically insane was so successful, and less costly than state institutions, that a similar system should be tried for persons with mental retardation.<sup>26</sup> The Board of Charities concurred with the Governor and did not press for a state institution until the mid-1890's.

By the late 1880's the attitude of the Board of Charities and Reform had shifted to encompass the tenets of the eugenic movement. Eugenics, an adaptation of the theory of Social Darwinism, proposed that the state prevent propagation of "abnormal" persons who would transmit their genetic defects to their children. The eugenic philosophy proposed that the social problems of poverty, crime, and disease could be cured by prohibiting the "biologically unfit" from having children. Mentally retarded persons were included in the broad category of "defectives," all of whom were considered to be a moral threat and economic burden on society.

Reverend A. O. Wright, Secretary of the Wisconsin Board of Charities and Reform wrote in 1889 of "hereditary defectives":

Here and there in our county . . . are knots of defective classes of all tangled up together, families closely related furnishing a whole population of criminals, paupers, .idiots, and lunatics among themselves.<sup>27</sup>

At the same time the Board of Charities urged the state "for its own protection to provide a custodial asylum, at least for female idiots of child-bearing age."<sup>28</sup> During the eugenic period, mentally retarded women received much attention; they were thought to have voracious sexual appetites and needed constant protection by the state.

The State Board of Charities was not alone in its newly acquired eugenic motivation for establishing a state school for "mental defectives." Much of the grassroots lobbying for the state school done by the State Teachers Association, State Medical Society, Board of Health, and Federation of Women's Organizations in the early 1890's had eugenic principles at its core. These groups organized a statewide petition drive which contained strong language reflecting contemporary fear and distrust of persons who are mentally retarded:

. . . That for all these others (blind, deaf, insane), generous and ample provision has been made; while for the feeble-minded, who are a constant menace to the good order of society, and to social and domestic safety and tranquility, no provision whatever has been made . . . .

An examination of a sample petition from Washburn County, dated 1891, suggests that public opinion generally supported the establishment of a state school to remove the menace of retardation from the community and protect the "good order of society." The lead signer was the school principal, followed by local merchants, pastors, lumbermen, a banker, a physician, policeman, a barber, and the newspaper editor.

The Wisconsin Conference of Charities and Correction—the professional organization of charities and corrections officials, educators, and philanthropists—also argued for the establishment of a state school for the mentally retarded for the benefit of the individual and society.

Albert Salisbury, President of the Normal School at Whitewater and most ardent advocate for the school, argued on eugenic grounds, quoting the laws of heredity that "imbecility is a major source of deficient and delinquent classes."<sup>29</sup> H. H. Giles, President of the State Board of Control, presented a paper at the annual Conference of Charities and Corrections which outlined three reasons why the state should establish a school for the mentally retarded:

1. to relieve the common schools of the class that are a hindrance to their successful work;
2. to train a large percentage of feebleminded for self-support and reduce the fiscal burden to the state;
3. to recognize the laws of heredity . . . . And consign those of weak intellects and strong passions, thus limiting the reproduction of inherited idiocy.<sup>30</sup> **30**

Dr. H. McBride stated at the Conference that mentally retarded children are a bad influence on the family and should be removed:

That an idiot child is, with its repulsive appearance and disorderly habits, a demoralizing association for brothers and sisters, is a thing that would seem to go without saying. Daily experience with the course and rude behavior of an idiot is an experience that must, of necessity, be seriously injuring to young and tender natures.<sup>31</sup> **31**

The original intent of establishing a state school to train mentally retarded persons and thereby enable them to become useful members of the community was changed. With a tone of fear and loathing, Wisconsin's citizens lobbied the legislature, instead, to remove these "defectives" from the community—protecting society from the mentally retarded rather than protecting the mentally retarded.

The lobbying efforts eventually achieved success; legislation to establish a custodial and training school for the mentally retarded was introduced in 1891, 1893, and finally passed in 1895. Chapter 138 created the "Wisconsin Home for the Feebleminded," established for the "care, custody, and training of the feebleminded, epileptic, and idiotic of this state" under the supervision of the State Board of Control.<sup>32</sup> The Home was started with an appropriation of \$100,000.

According to the statute, the Home was to be organized into a "school department for the educable grades or classes, a custodial department for the helpless and lower types and such other departments or colonies as the needs of the institution require."<sup>32</sup> Persons would be admitted free of charge with their county of origin liable for half the cost of their care.

After thirty years of public debate, Wisconsin finally provided 250 persons with care and training in a school especially designed to meet their needs. In comparison to other states, Wisconsin was far from the leader in this area. By 1890, twenty states had established schools for the retarded. Massachusetts was the first, with its experimental school founded in 1846.

The first biennial report of the Wisconsin Home for the Feeble-minded is quite interesting. Superintendent Wilmarth reported a total resident population of 399—70 percent of which were under age 20, 14 percent between 20 and 25 years old, 12 percent over age 25, and 4 percent age unknown. The residents were classified into two general divisions: "custodial idiots" (27 percent of the population), "who are not improvable to any marked extent"; and "teachable imbeciles," who attend school (29 percent) or work in the laundry, sewing room, farm, or care for other residents (44 percent).<sup>33</sup> The policy of the Home was to refuse a great number of "custodial cases" to keep the places open for proper applicants."<sup>34</sup>

Superintendent Wilmarth, in the first biennial report, proudly noted that the three objectives in establishing the Home were already being realized:

1. . . . relief of overburdened families. The idiot child takes a major portion of the mother's time and robs other children of the care which is their due;
2. curtailment of the increase of feeble-mindedness and epilepsy by the sequestration of feeble-minded women of child-bearing age;
3. education of the imbecile to this highest sphere of usefulness.<sup>35</sup>

In order to "purge society and obstruct the increase of feeble-mindedness," Dr Wilmarth concluded his report by urging the legislature to appropriate monies for additional dormitories at the institution.

During his twenty-three years as Superintendent of the Wisconsin Home for the Feeble-minded, Dr. Wilmarth waged a one-man crusade for eugenic measures. He seldom missed an opportunity to talk to the Wisconsin Conference on Charities and Corrections, the State Medical Society, or the Legislative Visiting Committee on the prevention of procreation for "mental defectives."

No doubt the population of the Wisconsin Home increased with the passage of legislation which called for the arrest and commitment of "vicious feeble-minded persons":

Any feeble-minded, epileptic, or idiotic person dangerous to be at large because of his or her vicious and demoralizing acts or tendencies, or whenever it shall appear that any feeble-minded female or child-bearing age is, by reason of her condition, a menace to society, it is the duty of the supervisor to bring the person before the county judge . . . .<sup>36</sup>

So ends the nineteenth century.

## Summary

Harshness and neglect characterize Wisconsin's public policy regarding people with mental retardation in the last quarter of the nineteenth century. No special services were provided by the State until 1897, with the opening of the Wisconsin Home for the Feebleminded. Prior to that, the State merely dumped and warehoused retarded persons in poor farms, jails, and county insane asylums where they were not wanted. Families who kept their handicapped member at home received no community support or services.

By the time the state institution for the mentally retarded was operational, the original goal of training students to be independent, productive members of their home communities had been sharply altered by the eugenic movement. At the turn of the century, the state school promised to segregate its charges for life in order to protect the well being of the people of Wisconsin.

## Chapter II:

### Fighting the Menace of Mental Retardation: 1900 -1919

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The period between 1900 and 1919 marks the lowest point in public and professional attitude towards people with mental retardation. In Wisconsin, like most other states, "the negative professional debates of the 19th century became the social reality of the 20th, with grave consequences for those deemed or suspected to be mentally retarded."<sup>1</sup>

Permanent institutional segregation was the avowed public policy. The Wisconsin Home for the Feeble-minded increased its population 158 percent by 1919 and the establishment of Southern Wisconsin Home in Union Grove was approved by the legislature in 1914. Permanent institutionalization was prohibitively expensive to the public purse, so an alternative approach had to be devised. Mandatory sterilization of "mental defectives" became the panacea for the "ever growing menace and burden of feeble-mindedness."

#### Institutional Growth

The Wisconsin Board of Control greeted the twentieth century with a most ambitious goal: to prevent the increase of mentally retarded persons and thereby protecting the "public purse and public morality."

From the standpoint of social economy . . . the segregation of this class (mentally retarded) and the certain prevention of their manifold increase will mean a corresponding diminution of the public tax and a constant decrease of a clan from which the ranks of tramps, paupers, and petty criminals are constantly reinforced.<sup>2</sup>

Wisconsin crowded as many mentally retarded persons as possible into its two state institutions. By 1920, the population of the Wisconsin Home for the Feeble-minded had increased from 394 residents in 1900, to 1060 residents in 1920. Legislation to establish a second institution for the "training of high-grade defectives and custody of the low grades"<sup>3</sup> was approved without much public or legislative debate in 1914.

Southern Wisconsin Home for the Feeble-minded in Union Grove received its first residents, 59 "trained institutional workers" transferred from Chippewa Falls, in 1919.

The Board of Control noted in 1912 that the care of mentally retarded persons is "nothing of unusual interest, consisting of separating them from society, feeding, and clothing them. Those able to work have been employed which tends to reduce the expense of their care and maintenance to the state."<sup>4</sup> Superintendent Wilmarth reported that "the manual training program increased its scope, as its economic value in terms of supplies from the farm and workshop became more appreciated."<sup>5</sup>



The focus of training has now shifted from educating the child for return to the community to "educating the child as a useful member of the institutional community where he will always live."<sup>6</sup> (Italics added.)

The Board of Control was directed not to consider "paroling" anyone who "might become a menace to the community, or any female of child-bearing age who is unable to protect herself."<sup>7</sup> (Italics added.)

Dr. Wilmarth, Superintendent of the Wisconsin Home for the Feeble-minded, followed this policy very closely and expressed his "annoyance . . . created by friends of some children who demand their release when they are entirely unfit to go into general society."<sup>8</sup> He added: "The institution must assume the care of the majority of its children for life, or at least during the child-bearing period."<sup>9</sup>

By 1920, hundreds of mentally retarded persons could now look forward to a lifetime of custodial care or peonage in the institution. Trained workers were needed to provide free labor in the fields, the dairy and the resident cottages. Community placement was the rare exception: only 321 residents were permanently discharged from the Wisconsin Home for the Feeble-minded between 1900 and 1920. Some residents took the matter into their own hands; 234 people "eloped" during this era.

#### Peak of the Eugenic Movement: Restrictive Marriage Laws and Sterilization

The goal of preventing the growth of mental retardation by institutionalizing all retarded persons was not only impractical, it was quite expensive. Other methods began to be considered by institutional officers and legislators. In 1907 the legislature prohibited the marriage of epileptic, feeble-minded or insane persons, and made it a misdemeanor for such persons to have sexual intercourse.<sup>10</sup> Restrictive marriage laws, however, were difficult to enforce. What was needed was a foolproof method to prevent mental retardation and permit the release of persons already crowding the institutions. Dr. Wilmarth was the first in Wisconsin to publicly advocate "the only sure method"—sterilization.

In his classic 1905 article, Dr. Wilmarth of Northern Wisconsin Home for the Feeble-minded epitomized the eugenic alarm over the "extensive and growing evil of mental deficiency . . . (which is) retarding the 'material and moral progress of society.'"<sup>11</sup> Dr. Wilmarth scarcely disguised his fear and loathing of mentally retarded persons when he warned the good citizens of Wisconsin:

We cannot realize the amount of poverty and suffering that is represented by (these) defectives. The financial cost of their support represents an enormous figure . . . . The loss of life through murders committed by these irresponsible persons is shocking, not only from actual numbers, but the atrocious circumstances which often attend them.<sup>12</sup>

Dr. Wilmarth was very effective in convincing Wisconsin's citizens and legislators that mental retardation was hereditary and linked with every imaginable social problem. He insisted that the state, to protect its citizens, institutionalize all retarded people for life and permanently prevent them from having children:

The element of heredity enters so largely into the problem of general degeneracy that it would seem to demand the special attention of law-makers. Vice, pauperism, idiocy, and insanity are to an alarming degree hereditary and are closely allied . . . .

To protect itself, society may reach the conclusion that criminals, paupers, idiots, and the insane shall not be allowed to again mingle with the world, without the ability to reproduce their species and continue their kind into future generations.<sup>13</sup>

The first sterilization bill was introduced in the Wisconsin legislature in 1907. It provided for a Board of Examiners who could authorize the sterilization of mentally retarded, epileptic, and mentally ill persons living in state and county institutions.

The legislative Visiting Committee endorsed sterilization as a measure to protect future generations from the "burden of an increase of volume of defectives." Their report to the legislature ended with an urgent note: "Too much stress cannot be placed upon the present danger to the race and rational measure for the eradication from our midst of the dangerous and hurtful classes."<sup>15</sup>

The bill passed the Assembly, but died in the Senate. Eugenic advocates celebrated a victory, nonetheless, for they felt the public was being quickly educated on eugenic principles.<sup>16</sup> The Milwaukee Sentinel reported that sterilization was "destined to become a universal rule of practice, just as vaccination."<sup>17</sup>

After unsuccessful introduction of sterilization bills in 1909 and 1911, the Wisconsin legislature finally passed Chapter 693 in 1913 which authorized the Board of Control to perform sterilizations "as seemed advisable" upon residents of state county institutions. The Board expressed support, yet cautious restraint in the practice of sterilization:

In many cases the operation of sterilization should be performed so as no harm can come to the individual or society . . . . Much good may be accomplished by the prevention of procreation by these individuals. This is a matter which must be handled with great discretion.<sup>18</sup>

By 1920, 76 persons, predominantly mentally retarded women, were sterilized at the Wisconsin Home for the Feeble-minded. One third of these were subsequently paroled from the institution and were reported as doing well in their home communities. Evidently sterilization, not education or training, was the key to release and successful community adjustment for mentally retarded persons.

#### Exceptional Education

Milwaukee, in 1906, opened the first special education classroom for mentally retarded children in Wisconsin, but it was not until 1917 that the legislature approved statewide special education provisions. Section 41.035 provided school aid, in the amount of \$300 per class per year, for districts that established classes for "exceptional" students.

The Division of Exceptional Education within the Department of Public Instruction was also created in 1917. By 1920, there were 21 classes for mentally retarded children in ten Wisconsin cities.

Prior to this legislation, the mildly retarded child would attend general classes in the public school, where he or she would usually fail and eventually drop out. In some communities there were ungraded classrooms with "special help teachers" offering tutoring to help a student "catch up" with his or her peers. Some mildly retarded children were able to take advantage of this program. The more severely handicapped child, however, was not allowed to attend public school until 1951.

Dr. Elizabeth Woods, the first supervisor of Exceptional Education, described the situation in the public schools prior to the establishment of special classes for mentally retarded students:

(They) caused general inharmony and inefficiency . . . a constant source of distraction to the other pupils and of anxiety and more often well concealed irritation to the teacher.<sup>19</sup>

Dr. Woods proudly listed the achievements of special education classes:

1. minimize the defective's possibility of becoming a delinquent;
2. help get him self-supporting-training for future industrial work;
3. help entire school--the teacher can concentrate fully on average or superior pupils.<sup>20</sup>

Similar to the establishment of the state institutions, the motivation for creating special education classes was to protect society from potential delinquents and to relieve society, in this case teachers and students, from the burden of the mentally retarded person.

### Summary

The harshness and neglect of mentally retarded persons prevalent in the last quarter of the nineteenth century turned into public fear and loathing in the early twentieth century. Persons with mental retardation were convenient scapegoats. Institutional officers, the State Board of Control, legislators, and educators joined or were influenced by the eugenic movement, which pinpointed mental deficiency as the major cause of all social problems.

As the eugenic scare peaked in the years 1900 to 1919, hundreds of mentally retarded persons were committed to state or county institutions for a lifetime of unremunerated work, warehousing, or sterilization. This was orchestrated by well-meaning reformers, many of whom were political "Progressives," in the name of protecting the sanctity of the family, improving the public school system, and preserving the peace and prosperity of Wisconsin.

**Chapter III:**  
**Out of Sight, Out of Mind: 1920 -1946**

## Chapter III:

### Out of Sight, Out of Mind: 1920 -1946

The eugenic alarm of the early twentieth century was slowly replaced by public apathy towards persons with mental retardation as public attention focussed on the Great Depression and World War II.

Although there were hopeful changes in clinical practices which encouraged intensive training followed by community placement, public policy in Wisconsin continued to segregate and sterilize hundreds of mentally retarded persons. The quality of life for the 2,350 people confined to the state institutions deteriorated, as overcrowding and underfinancing became the rule.

#### A New Plan for the Institutions

In 1919, the Wisconsin legislature requested a statewide survey on mentally retarded persons in the community. Dr. W. Anderson, director of the National Committee on Mental Hygiene, came to Wisconsin to conduct a study which would "enable state authorities to know how well they are meeting and solving the menace and burden of feeblemindedness."<sup>1</sup> Published in 1920, the survey presented several recommendations, among them:

1. greatly increase institutional facilities for short-term training and long-term custodial care;
2. greatly increase the number of special education classes in the public schools;
3. place "trained and safe" mentally retarded persons under lifelong supervision in the community.<sup>2</sup>

These recommendations reflect the "modern method of social control" for mentally retarded persons as described by Dr. S. P. Davis, leading expert in the field. Dr. Davis's program included:

1. special education in the public schools;
2. special training in the institution to return "the more difficult" persons to the community;
3. organized supervision in the community;
4. permanent segregation of those not able to live in the community.<sup>3</sup>

Influenced by the "modern" method of social control and the recommendations of the 1920 survey, the Board of Control and institutional staff enthusiastically planned to upgrade the institutions. The Board of Control requested, and was granted in 1923, statutory language change which dropped the "approbrious" name "Home for the Feebleminded" and replaced it with "Wisconsin Colony and Training School."

The aim of the institution was now "rehabilitation and ultimate return of many high grade defectives to fields of extra-institutional usefulness."<sup>4</sup> The Board of Control congratulated themselves for having passed through the "custodial period" of training mentally retarded persons to only fit into their institutional niche:

The institution has virtually graduated from the hopeless status and depths of a custodial asylum to the elevated hope-inspiring position and rank of a training school.<sup>5</sup>

For the first time, community aftercare and supervision by the institution was identified as a goal, as evidenced by Dr. Wilmarth's request for a field worker:

. . . It is not sufficient to educate and train a deficient in our institution and then attempt his or her parole. The after care and follow-up work is of equal importance . . . . In order that the paroled deficient become a properly socialized individual and an industrial asset, he must be accorded adequate intelligent supervision and guidance. These too oft are lacking. Intelligent aftercare is essential.<sup>6</sup>

The official attitude towards mental retardation was clearly in a stage of transition; no longer was it considered to be a problem without a solution, but the hopeful alternative of training and community supervision was now recognized:

It is now recognized that not all mental defectives need permanent institutional supervision and that there are both good and bad defectives.

Many if trained properly during their formative years, can be safely returned to extra-institutional surroundings under careful guidance, direction and supervision.<sup>7</sup>

By 1925 industrial training was not included in the curriculum at Northern and Southern Colonies.

The results of this new enthusiasm for training are not clear, however. No new training staff or space was given. Superintendent Beier of Northern Colony reported that more residents received training by reducing the length of classes to half-day sessions.<sup>8</sup> At Southern Colony, no provision to teach domestic skills had yet been organized by 1930; and manual training was being done only on a small scale in the basement.<sup>9</sup> Lastly, it is difficult to determine whether what was formerly called "work" was now relabelled "industrial training."

Placement statistics are equally difficult to interpret. In the 1920's, both institutions established extra-institutional "colonies" to serve as a "stepping stone for fitting the institutionalized individual for ultimate return to his or her community."<sup>10</sup> By 1939, the institutions had placed 110 individuals in colonies. There is no information, however, indicating how many colonists were returned to their home communities.

Many mentally retarded persons were paroled or discharged from the institutions, not due to the new emphasis on training or enlightened professional attitude, but because they consented to be sterilized,

Many mentally deficient persons by consenting to the operation (sterilization) are permitted to return, under supervision, to society where they become self-supporting, social units and acceptable citizens. Those inmates unwilling to consent to the operation remain segregated for social protection as well as individual welfare.<sup>11</sup>

By 1939, 991 residents, 86 percent of whom were women, had been sterilized. Of the total number, 50 percent were discharged or paroled to their families. The policy of sterilization was a quick and easy method of "rehabilitating" residents and easing the overcrowding at the institutions. The Board of Control had high praises for sterilization:

Sterilization has come to be recognized as a rational and necessary part of a program in caring for the mentally deficient . . . . Sterilization of either sexes is a safe operation with three aspects—eugenical, social, and therapeutic.<sup>12</sup>

#### Bureaucratic Reorganization: 1936-1939

To prepare for his general reorganization of state government, Governor LaFollette appointed a committee of thirty-five citizens to study Wisconsin's welfare problems and make subsequent recommendations. The "Citizens' Committee on Public Welfare," which included a sub-committee on Health and Disability, published its final recommendations in 1937.

The sub-committee on Health and Disability, a clearly optimistic and forward-thinking group, began its report by refuting popular opinion regarding people with mental retardation:

Too frequently the public thinks of the feebleminded as "bad-minded" persons. This is not true, for while there are such, there are also many good feebleminded people.<sup>13</sup>

The sub-committee criticized the existing system which intervened only when the disability became acute and largely ignored the possibilities of treatment or training. The sub-committee stressed that with early diagnosis and subsequent training, many mentally retarded persons could lead useful, self-sufficient lives in the community.

Northern and Southern Colonies were then seriously scrutinized by the sub-committee on Health and Disability, which found them to have "grossly inadequate" hospital and school facilities. Building additional colony housing, extending the educational programs to all residents, and adding more placement workers were strongly recommended. Lastly, the sub-committee was in the vanguard of current ideology by encouraging more public school "opportunity" (special education) classes, and encouraging the Colonies and public schools to coordinate their work.<sup>14</sup>

It is difficult to determine how seriously Governor LaFollette heeded these recommendations; we do know that he convinced the legislature in 1937 to abolish the Board of Control and replace it with the Board of Mental Hygiene and Board of Corrections.

LaFollette's reorganization was short-lived, however, for two years later Governor Heil proposed a different change—replacing the Boards of Mental Hygiene and Corrections with a Department of Public Welfare with five divisions, including public assistance, child welfare, mental hygiene, corrections, and administration and research. Several of Wisconsin's major newspapers, either leading or riding the wave of popular opinion supporting Governor Heil's reorganization proposal, strongly urged the legislature to combine all social service programs into a single department, under the direction of a paid administrator. The former system of a volunteer lay board was viewed as out-dated and incapable of dealing with the complex social problems of contemporary society.

In hopes of improving Wisconsin's social service delivery system, the legislature again authorized a reorganization of state government. Mentally retarded persons, unfortunately, did not benefit from this change.

### Problems at the Institutions

By the close of the 1940's the Colonies were vastly overcrowded, short staffed, and the physical plants were deteriorating. The Milwaukee Journal in 1943 reported that "for two decades there has been a failure (in the institutions) to keep up with the times in matters of therapy, technical equipment, education and staff."<sup>15</sup> A later Milwaukee Journal article quotes an unnamed physician in one of the Colonies as saying: "Who can train those kind of people? Our job is to get them ready for the Sterilization Boards."<sup>16</sup> Institution superintendents also publicly acknowledged the problems, as Dr. Atherton of Southern Colony wrote in 1944:

Wisconsin, after an almost pioneering beginning in the care and treatment of the feebleminded, has allowed its facilities to fall woefully behind until, at the present time, the prime intent of rehabilitary training has degenerated through overcrowding and lack of facilities to the routine of custodial care.<sup>17</sup>

Funding had not kept pace with increased admissions to the colonies. In 1920, the State Colonies had a combined total population of 1,110 persons; by 1945 their combined total population had more than doubled, to 2,350 persons. The average annual per capita cost was \$332 in 1920; in 1945 it decreased to \$272. In comparison to other state institutions, the Colonies always had the lowest per capita cost. In 1935, the average annual per capita cost of the ten state institutions was \$435; Southern Colony was \$250 and Northern Colony was \$223.<sup>18</sup>

In 1934, the State Board of Control conducted a survey on the two state Colonies. The conditions that greeted them was appalling:

- In Building 1 at Southern Colony, there was a 130% overload; 7 people had to sleep in the halls; a 30-bed ward accommodated 68 beds.
- At Southern Colony, women's clothing items, such as nightgowns, bloomers, bras, and sanitary belts were made from flour sacks.



- During the day shift, two attendants cared for 143 residents at Southern Colony.
- Bathroom facilities at Southern Colony consisted of open trenches.
- At Northern Colony, 15 attendants were dismissed for corporal punishment of residents, 4 of whom were convicted of manslaughter, between 1929 and 1932. At Southern Colony, 27 attendants were discharged for mistreating residents between 1930 and 1933.
- Educational expenses were 3% of the budget of Southern Colony, 5% of the budget at Northern Colony. Thirty-six percent of the residents attended school at Northern Colony; only 17% did so in Southern Colony.<sup>19</sup>

### Special Education

On a more uplifting note, the period between 1920 and 1947 witnessed a tremendous growth in public school special education classes for mentally retarded children. In 1920, there were 32 classes with 433 students; in 1945 there were 2,520 students in special classes. The goal of these classes was to teach the students "cleanliness, courtesy, honesty, good citizenship, and the necessary academic skills required for their protection and enjoyment."<sup>20</sup> Most of the classes had an elementary grade focus; however, by the 1940's a trend towards junior high and a vocational curriculum was emerging-

Special education for mentally retarded children during this era was severely restricted in terms of who it served and where it served them. Only those students with mild to moderate mental retardation (I.Q. 50-70) were considered "educable" and eligible for public school classes. In a 1930 survey, the Department of Public Instruction reported an average I.Q. of 64, and mode I.Q. of 67, in the special education classes it investigated.<sup>21</sup> Furthermore, of an estimated total population of 8,777 in 1935, only one-fourth, or 2,632, mentally retarded students were receiving educational services in the public schools or state Colonies.<sup>22</sup>

In addition, the special education classes were located primarily in the urban areas. Legislation was passed in 1945 which began to alleviate the lack of special classes in rural areas. The state agreed to assume the full cost of transportation or room and board for a mentally retarded student.

### Summary

The era between 1920 and 1946 was a difficult one for persons with mental retardation. The Great Depression, World War II, institutional overcrowding and under-funding, an unresponsive legislature, and negative professional attitude all combined to create dehumanizing conditions in the institutions that would not begin to be resolved until the 1970's.<sup>23</sup> The recommendations for increased training and community placement of mentally retarded persons proposed by the National Committee on Mental Hygiene in 1920 and by the Citizens' Committee on Public Welfare in 1937 were ignored.

Although progress was made in the area of special education in the public schools, it was limited to only the mildly retarded child living in an urban center. The majority of school age children, denied admittance to the state colonies because of overcrowding and rejected from public schools, received no publicly supported education or services.

Chapter IV:  
Bricks and Mortar: 1947 -1960

## Chapter IV:

### Bricks and Mortar: 1947 - 1960

Modern medicine and research brought new hope to the field of mental retardation in the 1950's. To provide resident treatment in modern, medically oriented facilities and to ease the chronic overcrowding and deteriorating buildings at the two colonies, a massive construction plan was inaugurated. Between 1950 and 1960, over \$31 million was expended in bricks and mortar and expanded staffing at the state colonies for the mentally retarded.

In the eyes of the Wisconsin Department of Public Welfare, mental retardation was synonymous with institutionalization. Wilbur Schmidt, Director of the Department of Public Welfare, felt that community care was "less desirable and less effective" than institutional care.<sup>1</sup> Unlike the trend in other states, Wisconsin was not yet committed to providing community placement and supervision of mentally retarded persons. The only innovation within the State Department of Public Welfare during this era was the new emphasis on research to prevent mental retardation.

In the 1950's people with mental retardation became "patients," were housed in hospital-like facilities, and cared for by doctors and nurses. It was no coincidence that the newly appointed director of the Division of Mental Hygiene, Dr. Leslie Osborne, was a researcher and medical lecturer.

#### Legislative Investigation

There was sporadic media and legislative attention on the overcrowding and alleged abuse of residents of the state colonies during the war years. It was not until 1947, however, that the legislature appointed a Visiting Committee, chaired by Senator R. M. Schlabach, to investigate the conditions at all of the public welfare institutions.

The 1949 Visiting Committee report documented the degeneration in standards of care and physical equipment in all of the state institutions, especially the two colonies for persons with mental retardation. Senator Schlabach chided the Department of Public Welfare for "permitting the services of these institutions to vegetate and their standards to disintegrate."

The committee reported that at Northern Colony residents were working at hauling coal into the power plant, shoveling it into the furnace, and toting out the ashes six days a week, eight hours a day. Often the same person worked on the same job for years. The committee harshly criticized institutional reliance on resident labor:

There is a strong suspicion that in our institutions the use of such labor has only incidental connection with its therapeutic value . . . . It seems to be regarded as a cheap way to obtain labor to run an institution and thus avoid a request for higher appropriations.<sup>2</sup>

The legislative Visiting Committee recommended that all commitments to Southern Colony and Training School be suspended until ample facilities became available for the proper care and treatment of patients. Minimum staffing needs, especially in the medical and direct care areas, were also determined by the committee.

Newspapers across Wisconsin led the public uproar created by the publication of this legislative report. The Wisconsin State Journal fixed the public's attention and guilt on the animal-like conditions at the two colonies:

For many years the conditions in Wisconsin's mental institutions have been a matter of shame to all the thinking citizens of the state. The unfortunates who have been committed to institutions like Northern and Southern Colony have been treated little better than beasts.<sup>33</sup>

The Milwaukee Journal reported that the institutions for the retarded were the worst of all state facilities and described the following conditions: Dormitory rooms made for 30 beds held 60; Southern Colony had no school, classes were held in the basement and the educable children received only a half day of school; recreation was nonexistent as 60 boys in 60' x 30' rooms were "benched" on chairs against the walls for hours at a time. The toys were locked in the basement because they would scratch the floor.<sup>44</sup>

The Capital Times attributed the poor quality of institutional care to a variety of factors: legislative neglect and/or stringiness; lack of energetic or effective leadership from the Department of Public Welfare in selling the legislature on what needed to be done; and the general public indifference, "out of sight, out of mind."<sup>55</sup>

The juvenile judges who commit children to the colonies even joined in the crusade. They unanimously passed a resolution to ask the legislature to remedy the "shocking conditions" at the institutions. They urged that sufficient money be appropriated to "furnish these children the care and training that in decency and justice the state of Wisconsin should provide."<sup>66</sup>

The aroused public interest and media campaign to improve Wisconsin's institutions was successful; in 1949 Governor Rennebohm signed a bill to appropriate \$1 million to increase the number of institutional staff and give attendants a raise. The bill also provided \$13 million for an institutional building program.

#### Building Construction Begins

For the first time in thirty years, money literally poured into the colonies. A total of \$17 million was expended between 1950 and 1960 to rehabilitate crumbling buildings, add new structures, and construct a third colony. In 1957, Southern Colony and Training School finally had a school building.

Equipping the colonies with the latest medical facilities and adding more resident "beds" were the primary goals of the Department of Public Welfare during the 1950's. The old wooden buildings were replaced with structures designed with the "medical model" of care in mind, as reported by the Department:

Replacement of obsolete, wornout, often hazardous buildings with modern structures, planned to take advantage of discoveries in medicine, human behavior, and operational efficiency, is an evident must.<sup>7</sup>

The establishment of Central Wisconsin Colony and Training School in 1953 epitomized the prevalent policy of the Department of Public Welfare—continued institutionalization of mentally retarded persons in medically oriented facilities. Wisconsin's third colony was located near Madison, conveniently close to the University for training professionals. Central Colony also had a strong research orientation, with emphasis on the biological and behavioral aspects of mental retardation.

An interesting new category of mentally retarded person was identified in relation to the establishment of Central Colony. Dr. Leslie Osborne, Director of the Division of Mental Hygiene, commented that the new colony could accommodate the "research group"—Those individuals who can not be trained or educated, but can be used to find out why they came into this world.<sup>8</sup> In his defense, Dr. Osborne was merely reflecting the current professional attitude. Arthur Hopwood, President of the American Association on Mental Deficiency, stated in 1954 that "medicine, not education, will find the answers." Dr. Hopwood also advised that money for research should take priority over service money for the severely retarded.<sup>9</sup>

The construction of Central Wisconsin Colony and Training School did not fulfill the future needs projected by the Department of Public Welfare. The Department urged the legislature to build a fourth colony, located in the Fox River Valley. The legislature, however, was not convinced of this pressing need. Noting the immense economic costs involved, Senator Hendee, chairman of the legislative committee studying the need for a fourth colony, argued that "it is cheaper for the state to adopt a 'glorified babysitting program' than to continue construction of new buildings 'at random' for mentally retarded children."<sup>10</sup> Economics prevailed—a fourth institution was never built.

#### Conditions at the Colonies

Earnest attempts were made by the state legislature and Department of Public Welfare to increase the number of well-trained staff at the colonies. The Department of Public Welfare proclaimed that well-trained staff is the key to a successful institution:

(We) cannot overemphasize the importance of securing without delay sufficient numbers of highly trained personnel in medicine, psychology, dentistry, nursing, education, social services and special therapies.<sup>11</sup>

The colonies, with consultation from the University of Wisconsin Medical School and the Psychiatric Institute, established extensive in-service training programs for direct care staff.

Between the years 1948 and 1958, the staff at the colonies increased greatly. Despite intensified recruitment efforts, the colonies remained seriously understaffed. For example, at Southern Colony, in 1955,

there was only one social worker and one doctor for 1,600 residents. Daytime ward attendants cared for between 19 and 49 residents, and evening attendants were responsible for between 45 and 137 people.<sup>12</sup>

Perhaps one of the reasons why an attendant could individually manage so many people was due to the expanded use of tranquilizing drugs, called "ataratic therapy." In 1955, the Department of Public Welfare requested \$38,620 for drugs to "help relax" patients. Northern Colony proudly reported a decrease in the number of patient restraint hours in one building from 19,545 in 1954 to only 7,450 in 1955. By 1960, 450 people at Southern Colony were receiving tranquilizing drugs, which resulted in more people being able to participate in training and having the "comfort and relief from security rooms and partial or full restraints."<sup>13</sup>

Mentally retarded people were still being sterilized at the colonies, although not at the high rates of the 1920's and 1930's. Between the years 1953 and 1957, thirty-five people received this service.

Institutional peonage, as mentioned earlier, was still prevalent at the colonies. In 1957/58 the "patient payroll" at Northern Colony included 984 people who received on the average 35c per week for full time or part-time work.<sup>14</sup> At the cost of their own training or community release, people were required to contribute to the operation of the institution. The Superintendent of Northern Colony, Dr. A. C. Nelson, commented:

It is important for adult patients to be respdnsible to a full time job in the various industries on the grounds. There has been a tendency, however, to have many of the patients come to school at various times during the day, thus interrupting their work experience. With many individuals this seems to foster a poor sense of responsibility and loyalty to the job and to their work supervisor.<sup>15</sup>

The institutions did, nonetheless, release some of their trained workers. Between 1948 and 1958, 848 people were "farmed out" from Northern Colony to private employment. The typical person placed during this time was a 34-year-old man, I.Q. of 74, who had lived at the institution for 13 years and was placed on a farm.<sup>16</sup> Today a person with an I.Q. over 70 is considered to be of normal intelligence.

The bulk of the people, however, released from the colonies were not returned to their communities, but were placed at county mental hospitals to receive "terminal" care. By 1952, there were 1,965 mentally retarded persons without any type of mental disorder living in county hospitals. Eighty-four percent of these people were transferred directly from the colonies when they advanced in years.

### Community Services

The policy that persons with mental retardation can and should live in the community was not in vogue with most professionals, legislators, bureaucrats, or parents in the 1950's. The Department of Public Welfare's commitment to institutionalization is evident upon examining its 1958/59 biennial budget: institutional services received

47 percent of the total Mental Hygiene budget, whereas community services were allocated only 1 percent. Dr. Osborne, Director of the Division of Mental Hygiene, asserted that the colonies provided "community life."<sup>17</sup> The only community service the Division of Mental Hygiene provided was out-patient psychiatric therapy, not of great value to mentally retarded persons or their families living in the community.

The only alternative to institutionalization was the Family Care Program, passed by the legislature in 1957 to ease the overcrowding at the state institutions. The institution, using dollars within its own budget, placed residents in nearby family homes as an extension of a therapeutic or rehabilitation plan. The home could not be with the individual's own relatives, which reflects the traditional bias against supporting the natural family in caring for its disabled member. Nor could the cost of care in the Family Care Program be greater than the average per capita at the releasing institution. The Family Care Program was widely used by the mental hospitals and prisons, but not by the colonies until the 1960's.

The Wisconsin Department of Vocational Rehabilitation began providing vocational services, in the form of sheltered workshops, to mentally retarded persons during the 1950's. This was largely the result of the 1954 federal Vocational Rehabilitation Act which changed its eligibility criteria. Prior to 1954, the Department of Vocational Rehabilitation had only worked with a handful of mentally retarded persons in a few experimental programs.

County Departments of Public Welfare, created by Chapter 46 in 1947, provided varying degrees of service to mentally retarded persons and their families. A 1958 report indicated that many local Departments of Public Welfare provided financial aid, in the form of "Aid to Totally and Permanently Disabled Persons," and institution-related services such as referral and pre-admission. However, only a few county agencies provided the vitally needed direct assistance to families for the care and training of their disabled member.<sup>18</sup>

The "Aid to Totally and Permanently Disabled Persons," begun in 1945, provided direct cash payments, health care, and case work services to physically disabled persons unable to work and living at home or in a nursing home. In 1959, the program was amended to include persons with mental disabilities. This was the first financial entitlement Wisconsin offered to mentally retarded persons living in the community.

#### Special Education in the Public School

Significant gains in the provision of public school day classes for mentally retarded children were achieved in the 1950's. The number of "educable" children in public school classes increased greatly from 1948 to 1958. In addition, classes for "trainable" children were initiated in this period.

In 1950, a group of parents in Milwaukee began their own school for "trainable" children who had I.Q.'s between 35 and 50 and were excluded from public school. The school was considered to be a success and was visited by legislators, school board members, educators, and pediatricians.



The next year, largely due to the lobbying efforts of parents and to ease the chronic overcrowding at the colonies, the legislature appropriated \$30,000 a year for "trainable" classes. By 1958, there were 500 children in 53 "trainable" classes in Wisconsin. The legislature also authorized home-bound instruction for physically disabled children in 1951 and expanded it to serve mentally retarded children in 1959.

Despite these gains, there were still problems in the school system due to weak statutory provisions for special education and a dearth of classes across the state.

The local school system was under no mandate from the state to establish special education classes. All initiative and responsibility rested with the local school system. Even the State Department of Public Instruction had no obligation to establish special education classes; the superintendent "may authorize (any public school system) to establish and maintain classes for handicapped children" (S. 41.01).

In addition, parents were under no obligation to send their retarded child to an available class due to the exclusionary clause (S. 40.77). This clause stated that a parent or guardian can be excused from sending a child to school if the child is "not in proper physical or mental condition." In test cases, the courts held that a child does not have an inherent right to attend school "if he is incapable of learning."<sup>19</sup>

The third problem regarding special education in the 1950's was the lack of available classes throughout the state. In 1958, for example, there were only two "trainable" classes in the entire northern half of the state above LaCrosse and Green Bay.<sup>20</sup> Although there were 4,500 mentally retarded students in public schools, the Department of Public Instruction estimated a total population of 11,800. The implication (of this) is obvious," stated a 1958 report by the Department of Public Instruction.<sup>21</sup> Thousands of children were being denied special education services.

#### The Influence of Parent Groups

Public policy in the years between 1947 and 1960 cannot be fully understood without acknowledgement of the tremendous influence and impact of the parents movement. In the 1950's, parents of mentally retarded children, joined by a sprinkling of professionals, advocated the philosophy that mentally retarded persons could be helped, that they deserve the opportunity to reach their potential, and, above all, that they should be treated with dignity and respect.

The Wisconsin Council for the Mentally Retarded, later to become the Wisconsin Association for Retarded Citizens, was founded in 1949. Ten people met in a private home in Union Grove and expressed their concern about the overcrowding and understaffing at Southern Colony. By the end of the 1950's, the Council had 24 local chapters and 1,000 members. This grassroots organization of parents achieved what the legislature and bureaucracy had been unable or unwilling to do: improve the conditions at the colonies; create a third colony; introduce legislation for the education of "trainable" children; and, most importantly, increase public awareness regarding mental retardation and the necessity for funding programs.

## Summary

Similar to the eugenic era, the public eye in the 1950's was sharply focussed on the issue of mental retardation. The public policy of the two periods was the same—institutionalization of all who "need" it. Unlike the eugenic goal of segregating mentally retarded persons to protect society, the goal of the Department of Public Welfare in the 1950's was to provide quality medical care and treatment for people in modern, well-staffed institutions.

Chapter V:  
The Quiet Revolution: 1961-1971

i

## Chapter V:

### The Quiet Revolution: 1961-1971

The decade of the 1960's witnessed two concurrent, yet contradictory, trends in public policy regarding persons with mental retardation: the development of state and local financed community day services and the expansion of federal and state funded institutional services.

Local Associations for Retarded Citizens, with 40 percent state financial support, developed numerous day activity centers, pre-schools, and sheltered workshops throughout Wisconsin. The State Department of Public Welfare, on the other hand, was capturing the 58 percent federal match in the newly created Medicaid Program (Title XIX) to pay for institutional-based residential services. During this process the state "de-institutionalized" 800 former colony residents into Title XIX funding nursing homes.

To keep pace with changing attitudes and practices, the role of the three colonies changed to specialize in serving severely and multiply handicapped persons and to provide short-term and out-patient services. In an attempt to establish a fixed point of responsibility for developing and administering local services, advocates tried, unsuccessfully, in the 1960's to create community mental retardation Boards. In an attempt to increase efficient and economic management, the legislature successfully merged, in 1968, the Department of Public Welfare, Board of Health, Division of Vocational Rehabilitation, and Commission on Aging into the State Department of Health and Social Services.

#### A Plan to Combat Mental Retardation

During the the 1960's mental retardation once again became a national issue. President Kennedy organized the President's Panel on Mental Retardation which issued a report in 1962 entitled: "National Action to Combat Mental Retardation." This report insisted that state institutions upgrade the quality of their services and encouraged local communities to work with state and federal governments to provide comprehensive, community-based facilities and services. This report heralded the beginning of federal involvement and fiscal aid to states.

Wisconsin soon received \$30,000 in federal grants to develop a comprehensive state plan on mental retardation. The Mental Health and Mental Retardation Planning Committee, comprised of thousands of citizens and professionals, was organized in local, district, and state units. The state committee issued its final report, "Guidelines for Action," in which eight major problems were identified:

1. The need for a continuous planning process on the state and local level to deal with issues and incorporate new knowledge.
2. Prevention is grossly underemphasized.

3. There is a lack of sufficient available resources to provide the needed range of services.
4. The opportunity for adequate education, training, rehabilitation, and employment of mentally handicapped persons is seriously lacking within the community.
5. The need for qualified manpower is crucial throughout the state.
6. The need to develop statewide public information.
7. Research has been grossly underemphasized.
8. Too often the care and treatment of the mentally retarded is determined and programs developed solely on financial consideration and policy issues, rather than on specific needs of the individual and community.<sup>11</sup>

"Guidelines for Action" had a clear commitment to community-based services, as it noted: "The hope for the future lies in what will be done at the community level, because it is here the problems must be dealt with in the final analysis." The report was also quite progressive in advocating comprehensive care for the mentally retarded person, which included an array of services for all ages and all levels of functioning, with as little dislocation from the natural environment.<sup>22</sup>

The report of the Mental Health and Mental Retardation Planning Committee concluded by stating the underlying problem in Wisconsin was an unclear delineation of responsibility for service development and delivery between state, local, public, and private resources. The solution offered by the Committee was the creation of a county mental health/mental retardation committee, appointed by the Board of Supervisors, to be the fixed point of responsibility for all local programs. This was the origin of the current 51.42/437 Board system of community services, which was established by the legislature in 1971.

#### "Deinstitutionalization" to Nursing Homes

Since the beginning of the state colonies, it was common practice to place residents who were advancing in age in county mental hospitals. To ease the overcrowding at the three colonies, the State Department of Public Welfare, in 1961, decided to use nursing homes as an alternative to building a fourth colony.

Nursing homes were considered innovative, "community living in the community," by advocates and government officials alike.<sup>3</sup> A nursing home offered more personal care, with only two beds in a room; its location was usually closer to a person's family; and it allowed the possibility of the person using community resources. This is in sharp contrast to the conditions at the state colonies in the 1960's when they still had 40 beds to a room, no personal clothing, 100 persons in a day room, with much of the minimal programming provided by other residents.<sup>44</sup>

By 1970, 800 former colony residents had been placed in nursing homes. This large scale "deinstitutionalization" was facilitated by two policy changes. In 1963, the Wisconsin legislature passed the "Nursing Home Licensing and Accreditation Act," which gave nursing homes clear authority to serve mentally retarded persons and be reimbursed through the Aid to Disabled Persons Program. This Act also provided fiscal encouragement for county mental hospitals to become licensed as nursing homes.

More importantly, the federal government in 1965 passed the Social Security Amendments which created the Medicaid program. Medicaid, or Title XIX, provided a sum-sufficient 58 percent federal match to states with the intent of improving patient care and treatment in institutions and nursing homes. This was the first time federal money was available for residential care for persons with mental retardation. The state Department of Public Welfare quickly adopted a policy of placing disabled people in Medicaid-eligible facilities, thus leveraging Medicaid dollars as much as possible.

There was a lack of standards for specialized care for mentally retarded persons in nursing homes and what general standards did exist were loosely controlled. By the late 1960's parents and professionals were questioning the nursing home placement program. In 1969 the Wisconsin Association for Retarded Children and the United Association for Retarded Children in Milwaukee asked the Department of Health and Social Services for a moratorium on placements until all nursing homes licensed by the state were in full compliance with state and federal regulations and that there were no inadequacies or irregularities in the programs for mentally retarded persons.<sup>5</sup>

The Department acknowledged the problem, insofar as it related to the lack of program activities for the mentally retarded residents:

Despite the lack of factual data on specific complaints (regarding nursing homes), it is clear that there are many knowledgeable people sincerely worried about the conditions--particularly the lack of program activities--in at least some nursing homes. A few go as far as to suggest the possibility of a public scandal. It is concluded here that DHSS should improve its capability to evaluate complaints and reports of problems and respond accordingly.<sup>6</sup>

In 1969 the Department of Health and Social Services commissioned a study to investigate its nursing home placement program. The report indicated that there were no licensing standards in nursing homes that required any extra services, such as social work, education and training, occupational or physical therapy, when serving persons with mental retardation.<sup>7</sup> The report concluded, nonetheless, that the placement of mentally retarded persons in nursing homes was an "overall success" and anticipated ultimate placement of over 1,000 persons.

#### Growth of Community Services

Community residential services in the 1960's consisted almost exclusively of state institutions and nursing homes. There were, however, 200 mentally retarded persons in foster homes by 1970. The

first group home in Wisconsin was started by Northern Colony in 1966 for eight women. During the following year, the legislature passed licensing standards for group residential care for mentally and physically handicapped persons (s. 146.32). The standards insured a basic level of care and allowed the residents to receive medical and financial assistance through Social Security.<sup>8</sup> Funding for group homes, nonetheless, was inadequate to meet the actual expense; it was not until 1974, when the federal government allowed states to create a Special Living Arrangement supplement to SSI, that group homes were widely developed in Wisconsin.

In another area of community services—pre-schools, day activity centers and sheltered workshops—great gains were made in the 1960's. The grant-in-aid program was initiated in 1961 which provided a 40 percent state match to locally run day services for mentally handicapped persons and established a procedure to set up a community service Board. In 1961, 300 persons were served in day care programs; by 1970, 7,051 mentally retarded persons were being served.

The Department of Public Welfare fully supported day care programs as "inexpensive and convenient resources" that would help "mentally handicapped persons take their place in society and thereby reduce the need for costly institutionalization."<sup>9</sup> The state, through the staff of the Bureau of Mental Hygiene, took an active role in helping local agencies and parent groups develop day care programs.

The federal government, through P.L. 88-164, the "Mental Retardation Facilities and Community Mental Health Center Construction Act of 1963," also provided financial assistance for constructing day service facilities. Brown County was the first in Wisconsin to receive \$275,000 in federal dollars to build a diagnostic, treatment, sheltered workshop center, which served 400 people from a ten-county area.

Despite this progress in community day services, Wilbur Schmidt, Secretary of the Department of Health and Social Services, warned in a 1964 news release that "day care programs are not a substitute for institutional care."

#### The Changing Role of the State Colonies

The increase of community resources, coupled with a greater understanding and acceptance of mental retardation by the general public, forced the state centers to change their roles. More profoundly retarded and multiply handicapped persons were now admitted to state centers, as the mild and moderately retarded persons were usually kept at home. The colonies developed specialized services, such as intensive medical and nursing care, treatment of retarded persons with emotional or behavioral problems, and short-term and out-patient evaluation, training, and respite care. Many institutional staff were sent to local communities as consultants to aid in the development of services and facilities.

The chronic problems of inadequate programming and staffing, obsolete building, overcrowding (13% overcapacity in 1966), and long waiting lists (335 in 1966) persisted at the colonies during the 1960's. Large amounts of federal funds flowed into the three colonies in an attempt to enrich resident programming, train staff, construct new

buildings, and conduct research. By 1966, the state and county institutions serving mentally retarded persons received over \$4 million in federal grants under the Hospital Improvement Project, Foster Grandparent Program, Hill-Burton Act, and National Institute on Mental Health Research Project.

### Special Education

Special education grew tremendously during this decade, from 209 classes in 1960 to 1,374 classes in 1970. The Department of Public Instruction outlined six factors contributing to this significant increase:

1. A more responsible community attitude.
2. Concomitant legislative financial support.
3. Greater federal involvement (Title VI and the Elementary and Secondary Education Act).
4. The recommendations of the Mental Retardation Planning Committee.
5. Attorney General LaFollette's opinion regarding the right of all children age 4-20 to a free public school education (1967).
6. The development of local Cooperative Educational Services Agencies (CESAs).<sup>10</sup>

Even with this progress, a number of mentally retarded children were still being excluded from public school classes. Archie Buchmiller, Assistant Superintendent of the Department of Public Instruction, condemned this situation which caused parents to either pay between \$7,000 and \$10,000 a year to educate their children in private schools or institutionalize their children because of lack of finances.

### Summary

During the decade of the 1960's, the State Department of Public Welfare acknowledged for the first time that institutionalization "might not necessarily be in the best interests of the family or mentally deficient child."<sup>11</sup> The department also recognized that community services across Wisconsin were nonexistent<sup>12</sup> or insufficient to meet the needs of persons with mental retardation. However, by maximizing the utilization of federally funded Title XIX nursing homes and state colonies, the Department of Public Welfare perpetuated the institutional system at the expense of community services.



Chapter VI:  
Conclusion

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### Conclusion

#### The Whirlwind: 1971-1983

The year 1971 found Wisconsin at the threshold of a new era in public policy towards persons with mental retardation. The persistent advocacy activities of parents and professionals finally came to fruition. A flurry of progressive legislation significantly changed the quality of life for many of Wisconsin's mentally retarded citizens.

In 1971, the legislature created county Developmental Disability Service Boards (s. 51.437) to administer the delivery of an array of community-based services. A 1973 revision appropriated 100 percent state funding of 51.437 Boards through Community Aids monies. Chapter 55, passed in 1973, provided protective services to mentally retarded persons. Chapter 115, passed in 1974, guaranteed all special students between the ages of 3 and 21 to the right to a public school education. The recodification of Chapter 51, the Mental Health Act, changed the commitment proceedings and added a patient's Bill of Rights (1976). Chapter 119 also established a Code of Rights for persons in Wisconsin's nursing homes, foster homes, and residential care facilities.

Finally, the Lessard vs. Schmidt case (1972) afforded "due process" rights in commitment cases. The decision stated that for a person to be involuntarily committed there must be proof of his being "dangerous to himself or others"; he cannot be committed involuntarily only because he needs services. This landmark decision implied that services must be available in the "least restrictive" setting outside of the institution.

Community-based services and demonstration projects multiplied rapidly in the 1970's. Between 1973 and 1975 one hundred group homes were developed in Wisconsin, largely due to the fact that the three state colonies did not meet federal Intermediate Care Facilities-Mental Retardation standards. Rather than expand staff and remodel buildings, the Department of Health and Social Services decided to reduce resident population. In 1978, \$3.5 million from the Capacity Building Program was given to counties to reduce their waiting lists and serve people with unmet needs. Two pilot projects were also initiated: Respite Care for Families (1981-83); and Chapter 359, which gives aid to new businesses employing persons with developmental disabilities (1977-79).

President Reagan's reduction in federal aid to states, coupled with the recession of 1981, resulted in great reductions in social service dollars. Despite waiting lists and unmet needs, virtually no growth occurred in 51.437 Board budgets since 1981. In the midst of this retrenchment, there have been two notable advances.

The Legislature passed the Community Options Program in 1981 to divert elderly and disabled persons from expensive nursing homes to the community. In addition, the Department of Health and Social Services applied for and was granted a Medicaid waiver, to be used in

the Community Integration Program. In this program, Title XIX funding will follow several hundred center residents into community settings. This shifting of Title XIX funds from the institution to the individual in the community is a significant start in dismantling Wisconsin's institutional system.

#### Final Observations

The history of public policy regarding people with mental retardation in Wisconsin from 1871 to 1971 is a tale of well-intentioned, yet misplaced, efforts. Based on the professional knowledge and attitude of the times, Wisconsin segregated, sterilized, and straitjacketed mentally retarded people for what was considered to be their own good and the good of society.

Conserving money was the ultimate motivation for legislative and bureaucratic initiated change. When it was determined that county care was cheaper than state institutional care, the "Wisconsin System" of county mental hospitals was created in 1878. When it was discovered that sterilization and subsequent release was cheaper than lifelong segregation, nearly 1,000 mentally retarded persons were sterilized in the first quarter of the twentieth century. When it was discovered that establishing community day services and group homes was cheaper than expanding institutional services, hundreds of community programs were developed.

Another lesson to be learned is that although the outward appearances of the institutions were changed with much fanfare, the substance remained the same. The Wisconsin Homes for the Feebleminded became the Wisconsin Colony and Training Schools, which became the Wisconsin Centers for the Developmentally Disabled. Institutional use of straitjackets was replaced with tranquilizing drugs, which were replaced by use of behavior modification. However, the problems of the institutions remained unsolved: they were still large, overcrowded, isolated facilities • plagued with inadequate staff and insufficient resident programming. Sporadic investigations of alleged resident abuse at the centers, whether in the 1935 Endres case at Northern Center, the 1960 dysentery epidemic at South Center, or the 1983 Justice Department investigation of resident abuse at Northern Center, generally has resulted in a short-lived media splash, brief legislative attention, and a few extra dollars thrown at a basically unsolvable problem.

Every governmental agency responsible for the centers, from the Board of Charity to the Department of Health and Social Services, has proclaimed a policy of training and community placement for its mentally retarded charges. Any correlation between policy and reality were purely coincidental, however. Until the late 1960's, training generally translated into institutional peonage and placement was transfer into a local county mental hospital or nursing home.

Many, if not all, of the improvements in public policy regarding persons with mental retardation were the result of the lobbying efforts by grassroots advocacy groups, such as the Association for Retarded Citizens. Their skillful use of mass media rallied public opinion and legislative support. The legislature and state bureaucracy generally lagged years behind current attitude and advances in state-of-the-art practices. It

was imperative for advocates to educate decisionmakers to act in the best interests of persons with mental retardation. Even with humane legislation and administrative rules, and sufficient funding for services, advocates must persistently monitor programs and seek to influence decision makers. Otherwise, Wisconsin's most vulnerable citizens, those persons with mental retardation, will be in perpetual risk of losing the rights and services so slowly and painfully obtained over the last century.

## Figures

FIGURE 1

Comparison of Per Capita Cost among Northern Wisconsin Colony, Southern Wisconsin Colony, Waupun State Prison, and Mendota State Hospital, 1900 - 1950.

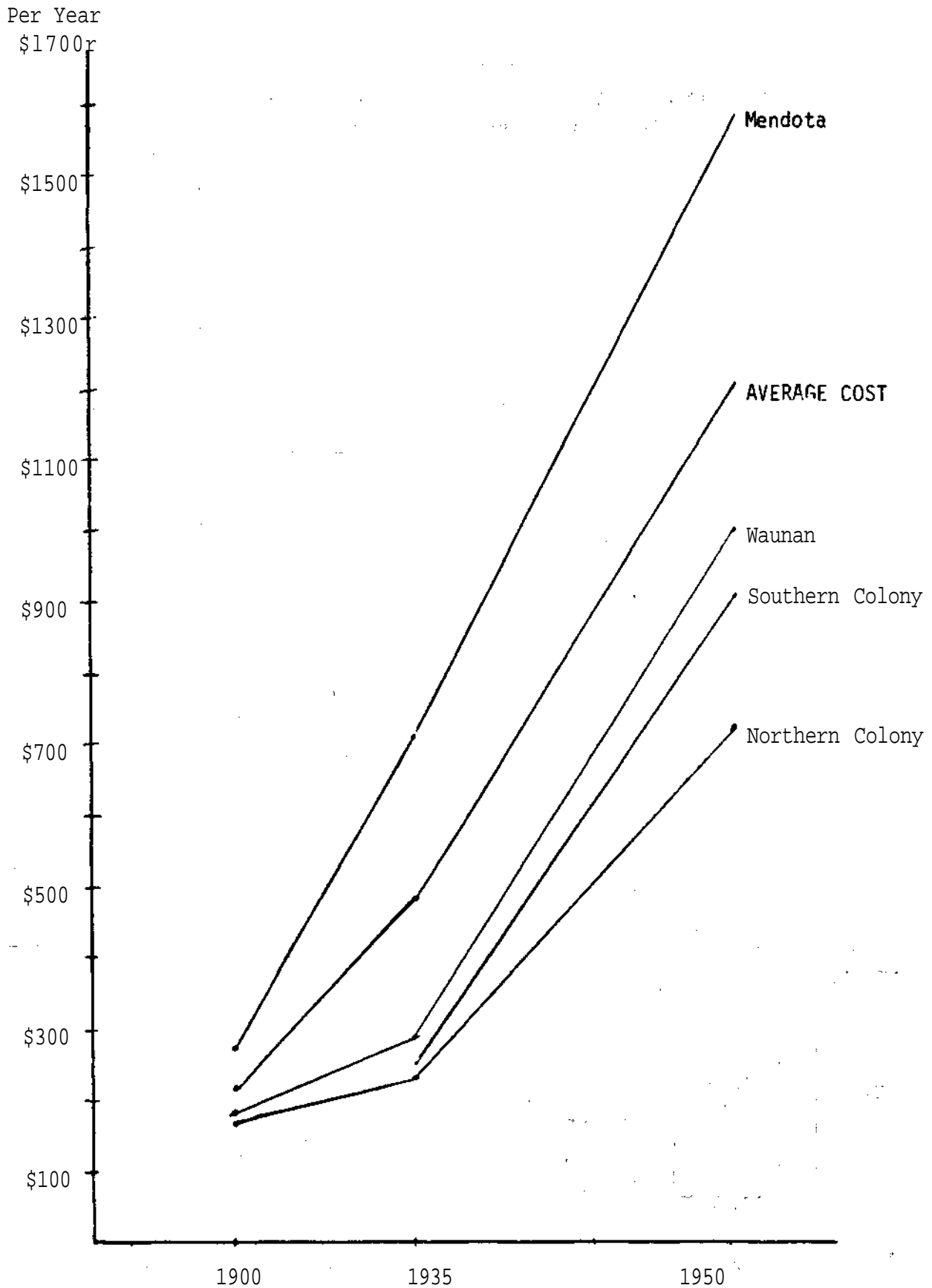


FIGURE 2

Population Growth of the 3 State Centers for the Developmentally Disabled, 1900 - 1970.

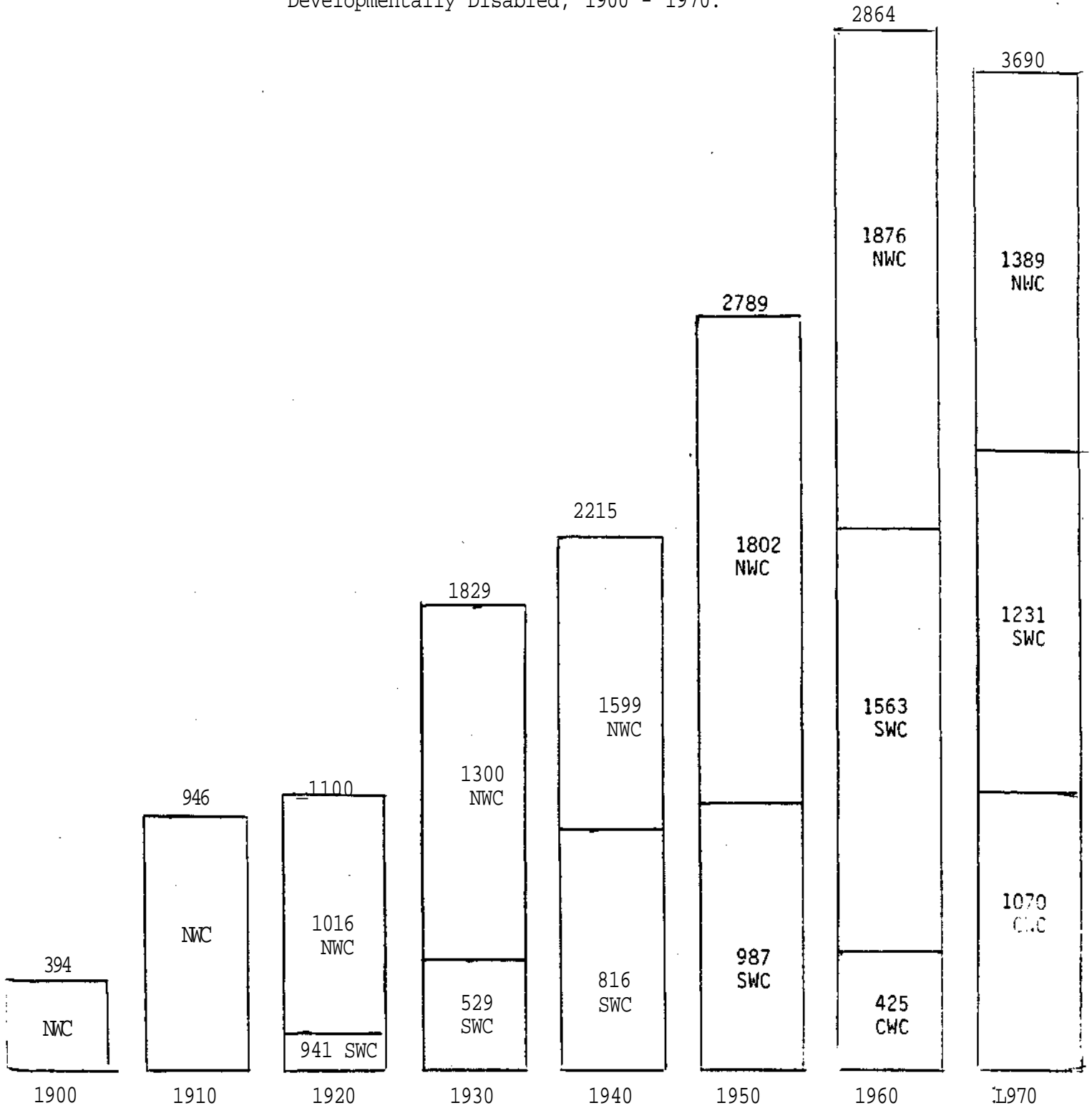


FIGURE 3

Biennial Budget (Operation and Maintenance) of the Three State Centers for the Developmentally Disabled, 1900 - 1970.

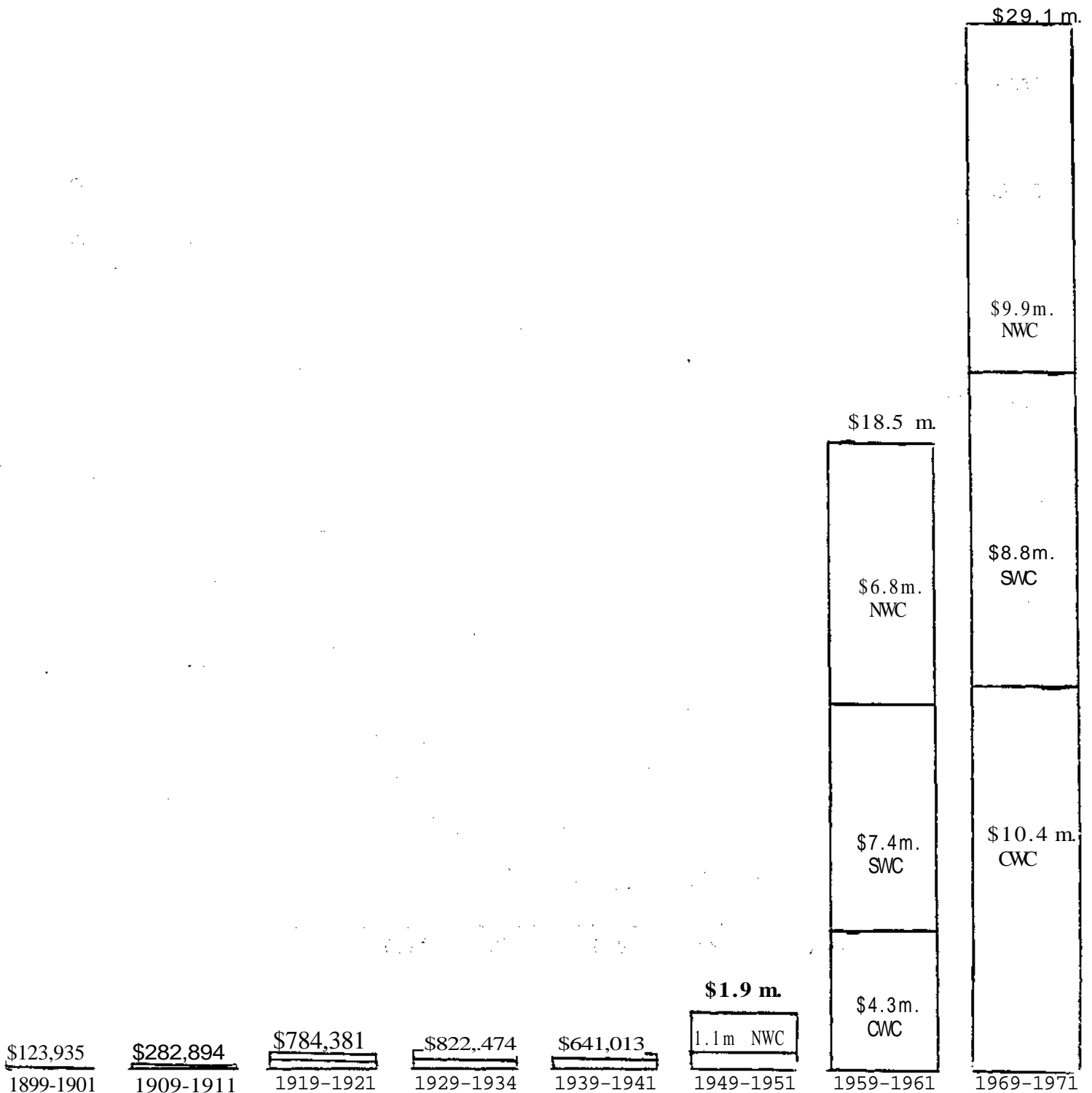




FIGURE 4

Annual Per Capita Cost of the 3 Wisconsin Centers for the Developmentally Disabled, 1900 - 1970.

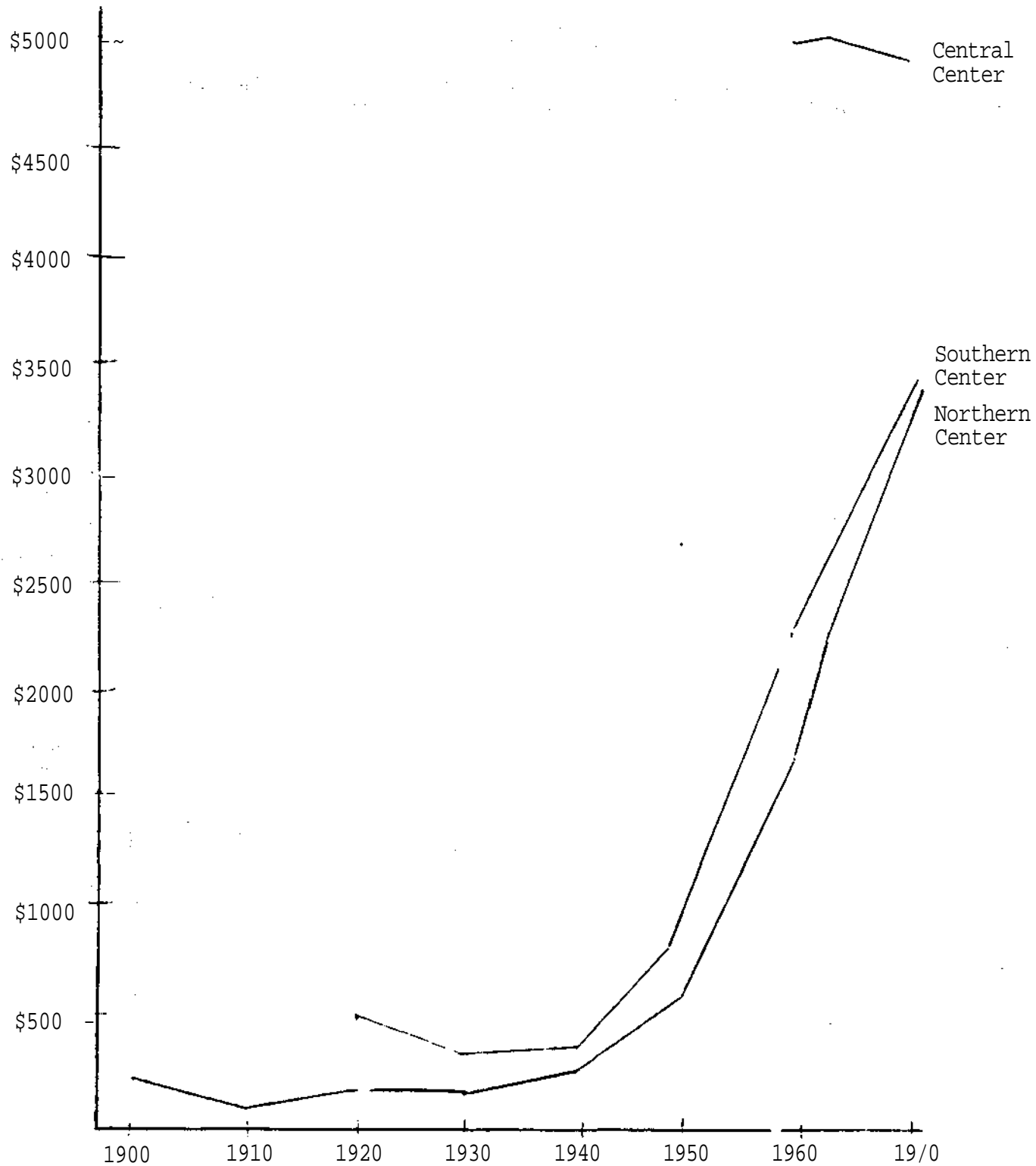
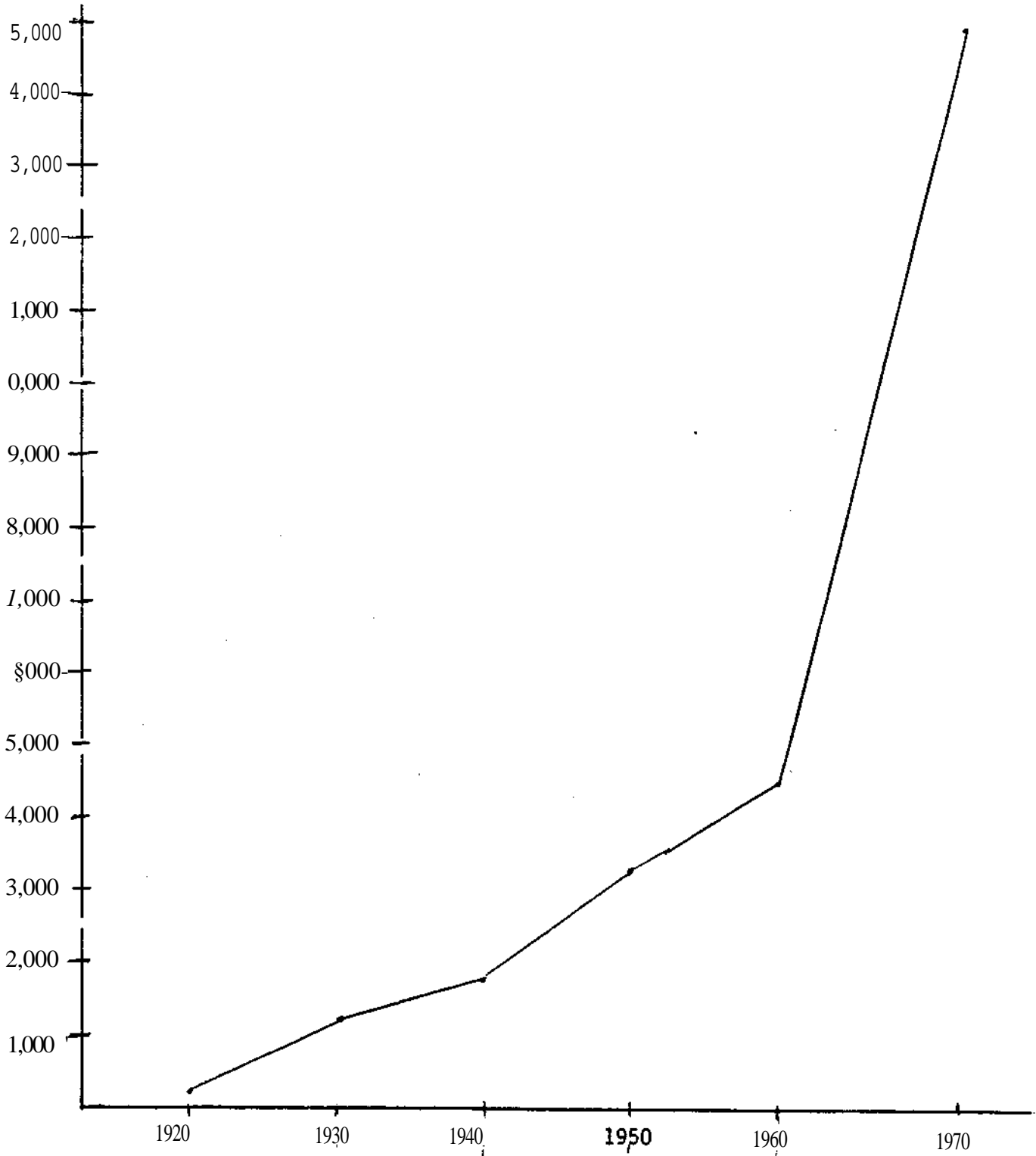


FIGURE 5

Number of Mentally Retarded Students Enrolled in Public School Classes, 1900 - 1970.



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- <sup>9</sup> Ibid., p. 76.
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