

# Parents assail state-run hospitals

## Smaller units better, judge told

By Sam Newlund  
Staff Writer

The state hospital "made a savage of my beautiful daughter," the man told a federal judge Friday. She was turned into "a zombie" by psychotropic drugs, terrorized by other patients, and strapped to a bed at least once, he said.

Richard Welsch of Coon Rapids, a one-time Navy machinist mate and retired real estate agent, choked amid tears. His description of daughter Patricia's life at Cambridge State Hospital uttered with fervor and then with anguish before U.S District Judge David Doty, took him back several years.

His daughter severely retarded and now 36 years old, long since has left the hospital for a community center in Brooklyn Park. The smaller center, with 15 residents, has been a boon to his daughter's progress and happiness, he argued.

Patricia Welsch is the woman whose name became synonymous with the 15-year-old case now before Doty. Her name was the first among six plaintiffs in a landmark suit filed in 1972.

Her father and many others were at a court lectern yesterday to argue opposite views. Welsch and like-minded parents supported small community units for the retarded. They generally saw state hospitals (now called regional centers) as unsuitable places.

Others distrusted the ability of the growing collection of smaller units to

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protect and nurture the vulnerable retarded. Many retarded people call state hospitals home and they shouldn't be forced to leave, they said.

It was a hearing to help Doty decide whether to sign an order ending the "Welsch Consent Decree" governing state programs for the retarded. The order, opponents feared, would facilitate a continuing forced exodus of hospital residents.

The 1972 suit against the Department of Public Welfare (now Human Services), brought a ruling by Judge Earl Larson that the retarded have a right to treatment and that state hospitals might be subjecting them to cruel and unusual punishment.

Larson took jurisdiction over the hospitals, ordering them to make physical improvements, improve staff-resident ratios and reduce hospital populations in favor of smaller community placements. In 1980 the department and Legal Aid lawyers representing the plaintiffs drafted the consent decree that Larson signed. Larson since has retired.

Among other things, the decree required that the number of retarded people in the hospitals be reduced to 1,850 by next July 1. The population is already less than that — about 1,600. It was more than 10,000 in the 1950s.

The issue now before Doty is whether to approve another settlement between the department and the plaintiffs. It would replace the Welsch decree with less stringent court jurisdiction expected to end in 1989.

The settlement would establish appeal procedures for parents objecting to a resident's placement or treatment plan. Except under special circumstances, retarded children would be excluded from state hospitals. Staff-resident ratios would continue.

Under a hotly debated clause, certain numbers of residents with physical handicaps, deafness or severe behavior problems would have to be discharged in the two years beginning July 1. The objectors said discharges should be based on individual needs and desires of parents and residents, not on quotas.

While Richard Welsch said the Cambridge hospital was a disaster for his daughter, and that her move to a home called Shingle Creek Option in Brooklyn Park was a godsend, others

had dire predictions about the trend toward community placement.

Mel Heckt, a Minneapolis lawyer whose 37-year-old retarded daughter lives at Faribault Regional Center, doubted that the department could ensure either safety of the severely retarded or their skilled care in small homes.

Partly because of the Welsch decree, the department has been working with counties to expand a system of three-bed homes for children and six-bed homes for adults as alternatives to state hospitals and large intermediate-care facilities.

Heckt predicted "loss of life, serious injury, overuse of medication, loss of liberty, and more use of a restrictive environment" in the small units. He and others argued that parents should have a veto power over moves from state hospital to the community, without filing appeals provided for in the proposed settlement. The state's plan amounts to "dumping," he said.

A former state hospital resident stepped to the microphone to describe dehumanizing practices years ago in institutions at Faribault and Owatonna (closed in 1970). She said residents were allowed baths only twice a week, were forced to eat and punished for incontinence.

"The community is the place where kids can grow best, she said." "I think that anyone can live in the community even if they have severe handicaps."

That was the nub of the argument. Can they or can't they? Who should decide? Parents? Residents? The state?

Some parents acknowledged that a state hospital might be best for some residents but not for others. But give us a choice, they said.

Richard Welsch's preference was clear. In the hospital, he said during a break, the daughter whose name appears at the top of countless legal documents suffered broken or dislodged teeth, permanent damage to a finger and many incidents of solitary confinement. Her autism was misdiagnosed, he said, and she became so savage that "she would attack anything that moved."

Doty took the matter under advisement.