

# Advocates for retarded denounce 'dumping'

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Retarded people in state hospitals must not be "dumped" into the community and "have their lives endangered, their bodies and minds injured" and the quality of their care diminished, a group negotiating the future of Minnesota's state hospitals was told Wednesday.

With an apparently inevitable trend toward phasing out hospital programs for the retarded, Minneapolis attorney Melvin Heckt argued that retarded residents who want to stay in the big institutions should be free to do so.

Heckt, president of the Minnesota Congress of Advocates for the Retarded, represents one of several groups with a stake in the institutions. He is the father of a 36-year-old retarded woman at Faribault Regional Center.

Yesterday's meeting was one of several called by Human Services Commissioner Sandra Gardebring to try for a consensus on what should be done with the hospitals, now called regional centers.

Gardebring has avoided advocating the closure of any of the state's eight regional centers and two nursing homes, but her advisory task force

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on developmental disabilities said in a recent report that the center at Cambridge should be the first to close. Programs for the retarded and other developmentally disabled people in six other centers should end in the next two years, the task force said.

The eight centers serve the mentally ill, retarded and chemically dependent. Only Cambridge and Faribault serve the retarded exclusively.

Cambridge should close first, the task force said, partly because Ramsey County has said it wants to move all its clients back into the community. Ramsey has the largest number of patients at Cambridge.

The report also cited "persistent and serious problems" with treatment at Cambridge. It noted a number of licensing and accreditation problems, negative reports and "incidents of serious abuse of residents" in 1983 and in this year.

The negotiators represent advocacy groups, counties, local areas, employees, professional groups, service providers and the state. If they can agree, they will say what they believe should be done in the face of declining regional center populations and the shift toward community treatment. One choice, feared by the communities involved, would be closure of some centers. Another would convert all or parts of them to other uses.

The decisions will be made by the Legislature. Gardebring plans to use the negotiators' conclusions as a basis for recommendations to the 1989 session.

Of the three groups housed in the centers, the retarded population is most likely to continue declining. A federal court decree has ordered a reduction in the retarded population in favor of community facilities, and

Human Services is pushing for expanded use of a federal waiver allowing the use of Medicaid for small community homes and programs.

The retarded population in the state hospitals peaked at about 6,000 in 1960. It is less than 1,500 now and is expected to be just over 1,000 in 1991.

In a July 6 negotiators' meeting, two advocacy groups called for eventual closing of regional center programs for the retarded. They cited studies showing that the most fragile patients with the most severe behavior disorders are those most likely to improve after moving from a state institution to community facilities.

Referring to the economic damage that a closing might inflict on a surrounding area, the Association for Retarded Citizens Minnesota said: "We cannot support allowing persons with disabilities to become political pawns or political prisoners, their location determined not by their needs but by the economic needs of more able groups in the society."

The Minnesota Association for People with Severe Handicaps said there is "no morally defensible reason to require people with these handicaps to live their lives in institutional settings in order to receive the services they need."

But Heckt said yesterday that retarded people have been raped, suffered heart attacks and been unable to cope with city traffic after being forced into community facilities. He said the centers are needed because not every hamlet can be expected to offer high-quality homes and services.

For some retarded people a center has been home for many years. They want to stay there, where they get excellent care, Heckt said, "and I maintain they have a right to."

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