COMMENTS ON A VISIT TO THE WOODWARD STATE SCHOOL AND HOSPITAL WOODWARD, IOWA

INTRODUCTION

On Monday, June 24, 1963, Gerald F. Walsh, Executive Director of the Minnesota Association for Retarded Childrens, visited the Woodward State School and Hospital at Woodward, Iowa. I met Helen Henderson, field representative for the Iowa Association for Retarded Children, at the institution. We spent some time visiting with Mr. Good, who is working out of the Woodward State School and Hospital as a community consultant.

We then visited with Dr, Wm. C. Widbergers, Superintendent. Dr. Wildberger had taken over as Superintendent that very same day. He is a pediatrician. We discussed a variety of subjects and received some written information about the program.

At Woodward, the patient buildings are divided into four areas and each has been assigned a therapeutic or service team composed of a physician as chairman, psychologist as vice-chairman, social worker, nurse, vocational trainer, recreational technician, teacher, secretary, business office representative, itinerant chaplain clothing clerks a volunteer, a parent,and all the attendant trainers in the area. Team members are physically locatedin the team area they servce. Teams have respond sibility for classification care treatment, training, education, recreation, vocational rehabilitation and selection of patients in their area.

The population of the Woodward State School and Hospital is 1296. Of these, 133 are rated as trainee-employees, 19 as cadre-employees. These people are paid a salary of $16 to $32 a month. The institution has a rated capacity of 1350 patients. They have 487 employees. They have seven doctors, seven psychologists (five of these have master's degrees), 10 social workers (five of these have master's degrees), two physical therapists. Dr.Wildberger, who is a pediatrician, is also a neurologist and psychiatrist on the staff.

Charges

The Iowa charge system is different in that there is no charge for patients 0-21. 21-35 the charge is 75 per cent of the per capita cost; 30-50 is 50 per cent; and over 50 is 0 per cent. The 0-21 is just the reverse of what we have in Minnesota. For patients 0 to 21, the county can collect by arrangement with the parent. The institutions in Iowa do not have waiting lists, although counties might have waiting list. Most of the counties have what is called a county home, where some retarded are cared for. I will report on this in more detail at the end of this reports Counties are charged back the entire per capita cost of caring for any patients they havein the state institution. This probably encourages counties to keep as many patients as possible in the county homes rather than sending them to institutions, With those that are admitted, the superintendent at each institution decides whether or not that patient should be admitted.

Patient Review

According to Dr. Wildberger, each patient is reviewed each six months by the team in charge of him. A mimeographed report is then prepared and distributed within the institution.

Woodward State School and Hospital (continued)

General Information

The buildings at the institutions seem to be very adequate. None of them seem extremely old. There are a number of new buildings and the old buildings seem to be in very good repair. The basis philosophy of this institution seems to be similar to that developing at a number throughout the county; that is, that a patient should be rehabilitated and then returned to the community. According to publications of the institution, they state "The Iowa program is based on the concept that the community is the major area of education and training of the retarded and Woodward and Glenwood institutions should provide and do only those specialized services which the community cannot do for itself; for instance, 'no county of the 99 in Iowa is so poor but that they could hare at least one educable and trainable class.' 'A number of our counties certainly cannot develop sheltered workshops because of a small population base. Also, we do not expect our counties to keep or take back from the institutions the following types: a) severely retarded, multiply handicapped children; b) highly destructive retardates; e) psychotic retardates; d) actively homosexual retardates; e) sexually psychopathic retardates; f) firebugs.'"

Care of Profoundly Retarded

Visiting the wards for the severely retarded,or profoundly retarded, boys of ages 10-21 approximately, I found that their conditions did not vary from what I have seen in other institutions in other states. There still seemed to be a lack of sufficient personnels. I noted that many patients were being fed in the day room or wherever the patient-workers could catch them. One boy was sitting on the floor with the food being spooned into his mouth. I noted more restraints than I have in other institutions recently. One boy spread flat on his bed, tied on all four extremities; another bey was tied into his chair.

In the infirmary, patients were feeding bed patients and, I felt, were doing the same poor job that I have noted in other institutions, including some in Minnesota, I feel that a progressive institution must be progressive at all levels and cannot only be progressive at the levels of the higher intelligence patients. Right or wrong, I tend to judge an institution by the way it cares for and treats its most severely retarded patients.

I feel that the Woodward State School and Hospital has an excellent canteen—it is very large, with a soda fountain, where the patients are free to go during their off hours. This is also used by employees.

We visited tare county homes for the retarded in Iowa. The first one was in Dallas County. Here we observed a large building, rather old but in excellent repair. There ware a total of 75 residents; about half or more of these were retarded, the rest were elderly patients. The retarded ware of a higher intelligence level; they seemed to be very happy and clean. Their activities consisted of work about the institution and handicrafts.

Visits to County Homes (continued)

The total cost of operating this institution was approximately $60,000 for the year. The county homes are owned by each individual county and are controlled by the Board of Supervisors. They are operated by an individual or a Married couple, with some additional hired personnel. I was very interested in this first county home.

We next visited the county home for Boone County; this was as different as night and day from the home in Dallas County. Here, again, it was a large brick building but it is very drab and not clean. The woman in charge of the program showed us around and did not seem to know what we were talking about when we asked how many of the patients were mentally retarded. I saw here my first padded cell. It was explained that this padded cell was no longer in use as such but had a bed in it and is used as sleeping quarters for one of the girls. A number of the older, senile men ware in what is called "the bull pen"-a fenced area with a barbed wire around the top» One of the men who was known to climb over the fence was chained with a large chain to one of the park benches in the bullpen. The bull-pens although fenced, was shady and had green grass. I had the feeling that this was probably one of the worst examples of a county home in Iowa; the person who showed us around also kept referring to the fact that keeping patients in this county home saves the state slot of money!

This home also had an infirmary for very old women. This was very neat and clean. There was a new addition for aged which was very well kept up. I believe that it would foe necessary to visit many of the county homes in Iowa in order to evaluate this system. Certainly, the county home system is a facter in keeping the population of the state institutions at a minimum.