

MINNESOTA ARC PRESENTATION TO LEGISLATIVE BUILDING COMMISSION
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May 6, 1966

Minnesota's state institution services can be greatly improved through careful, thorough program planning and careful planning of additions and replacements of buildings.

Use of large dormitories, day rooms and dining rooms cause severe and detrimental "institutionalization" of the mentally retarded. Large buildings and grouping of large numbers of retarded can at least double the problems of the institution residents.

Proper planning can not only stabilize the number who need institutional care but it can also create a wholesome, productive and pleasant living atmosphere for those who do need long-term care.

Our institutions can serve as short-term training centers for many retarded, but not as they are now constituted.

We would make the following recommendations which we feel will greatly improve the residential programs:

1. We wholeheartedly endorse the recommendations jointly arrived at with the Department of Public Welfare and Mental Retardation Planning Council.
2. Future buildings should be small, 16 to 20 patients, in complete living units, including bedrooms, living areas and a dining room.
3. State institutions should each have a work occupation center where patients can be occupied with industrial contracts, saleable craft items and production and repair of institution materials. (The old kitchen at the Faribault State School and Hospital would be excellent for this purpose.)
4. The state should support community supervised living units. These should be for 12 to 18 retarded each. Most for these retarded would work in the community and pay board and room 60 to 80% of the operating costs could be covered by residents payments.
5. State institutions should also be centers for diagnosis and the staff should provide consultation for a region around the institution. These aren't new ideas, they aren't experimental. I saw such programs operating effectively and efficiently in Norway, Sweden, Holland, Denmark and England.

In five weeks, I saw no barefooted, naked, cut or bruised patients. I did see many severely retarded doing productive work.

Adoption of the above recommendations would:

1. Eliminate the need for much sedation of patients (tranquilizers).
2. Provide work training for many patients now considered completely useless and unrehabilitatable.

3. Provide dignity and comfort for many patients who are now living miserable and degrading lives.
4. Put Minnesota on the road to solving its problem of care of the institutionalized retarded.

WHAT ABOUT THE COST

It will be no more than it would under our present system. We would be following the older countries and have the benefit of their experience.

It's truly amazing and almost unbelievable that a few thousand miles away, ten hours by air, the problems we are struggling with are being solved.

Close cooperation with interested community organizations which are willing to assume much of the responsibility for residential services is also essential. Even to the extent of state financial aids for construction of facilities.

I would like to see members of the Building Commission visit facilities in some of the countries I have just visited. We should not continue to build all residential units to hospital specifications. Some patients, working, school, etc. can be in less complicated, more economical buildings.

We need to move now while the climate is right and community support is at a peak.