

Dean Brooks, MD

Superintendent, Oregon State Hospital

1955 - 1981

Interview – March 9, 1999

Let me start my questions with just having you define your roll as a hospital administrator. Did it change over those years that you were the administrator?

DB: One of the changes that took place was the creation of the mental health division. As we developed and began to get further and further into the bureaucratic practice, we grew further and further away from the top level of administration. When I first took over as superintendent in 1955, we had what they called the Board of Control. This Board of Control had two functions. They called themselves the Board of Control at one meeting and the Land Board at the next. This was the Secretary of State, the State Treasurer and the Governor. By law, every one of those members of the Board of Control had to visit each of the institutions that they were overseeing at least once every three months. The Governor would be there making rounds during an evening. It was a great thing because they knew first hand what was going on. We could talk to the people. Then we eventually created the mental health division and Joe Trelevin, who had been the clinical director at OHS, became the first director of mental health. I understand you haven't talked to Joe yet but he can give you lots of information. One of my roles was to protect the staff from the mental health division.

I: Tell me what that means.

DB: What it means? So many pressures on the superintendent. I think being a superintendent of the hospital may be the toughest job in the State. You may not agree with that but I think you get all these pressures from below as well as what comes down from on high. What I simply reasoned was that my real strength came from below and not from above. If I had an idea to carry out I didn't necessarily pass it on up the line in order to see if it would work or not because too many people could say no.

I: Did you just do it then?

DB: Sometimes. I'll give you an example. Over here across from the administration building you will see an empty ward on the South side of the street with a huge plate glass window. It took seventy-five years to put that window in, literally. Mark Hatfield was the Governor at the time. I think at the Board of Control I heard some people talk at a meeting one time that patients will not destroy what they really like and love. I said, if that is true, if they could look out and have a nice window they could look in, lets just go ahead and do it. This is when the hospital was at its seventy-fifth birthday, which was in 1958. They thought, you don't do that. Patients will break things, they will rip things out. But we found that the psychiatric screening that we had on the windows cut down the light in the wards by 50%, literally, 50%. You know what we did? We tore out that wall, put that window in, and I put glass mirrors on the walls. As a matter of fact, in all the women's wards we had full-length mirrors that we put on the wall. During the time that I was superintendent, no mirror was broken and that glass was never touched. Mark Hatfield was the Governor, I mentioned him. When the Saturday Evening Post, which has gone out now, you see this was a long time ago, they came and wondered what he was most proud of in his administration. You know what he did? Brought them out and showed them that window.

I: Let me ask you a question about the institutionalization because you were beginning your administration when the population was at its peak right?

DB: About the institutionalization. We used to be the recipient of all the elderly people coming into the hospital. Multnomah County particularly, was guilty of sending down the terminally ill so they would die in the hospital here. The legislature, in the earlier middle 50's, changed the law so that the District Attorney or a representative from the District Attorney's office would be present at the commitment hearing to prevent such moves. So this happened. The drugs came into play. The nursing homes began to proliferate and so we began to send people directly into nursing homes. Coupled with the community act of 1963, this is what really started the decline.

BK: So the hospital reached its peak. ^{De} The institutionalization wasn't only the placement of people in the hospital, but also the fact that people weren't coming into the hospital because there were other places to go?

DB: Began to go into the nursing homes and so forth so that they bypassed the hospital.

I: Wasn't that about the same time Medicaid came into being? Was that a factor?

DB: Of course it is a big factor now. Yes, I am not sure the year that came about.

BK: '65.

DB: Was it in '65?

I: So you saw the beginning of the use of the drugs?

DB: Yes.

I: How did that change things on the ward? Prior to that you had been using a lot of electro-shock and did you use hydro-therapy?

DB: Yes.

I: Can you talk about those two things. What it was like and what you did? Especially hydro-therapy. There is not a lot of information that I found about that.

DB: You know how good it feels to be in a nice warm bath? We used to use the hydro-therapy. There were a number of ways that this was done. Not only were patients placed in tubs with the water running for as much as two hours, but we also wrapped patients in cold sheets to control them. We also had the hydro-therapy module that was used in Cuckoo's Nest. Remember when he sprayed these. That was actually used. They would put patients in the shower and hit them with these very strong sprays. This was all hydro-therapy.

I: What was that supposed to do?

DB: Stimulate them. Get them to wake up.

I: So you did that with depressed patients?

DB: Sometimes. There were some crazy things that we did. When I first came to the hospital for example, we had a huge marble-like table that had a hole in the center of it. That was to put the patients on and give them colonic irrigations so the effluent could come through the table and not run all over it. In this building over here for example, when I first came in, we had two rooms we called chromo-therapy. We had one window that was brilliant red and patients who were depressed were to be placed in the red room. We had another one, a blue one, that we put the manics in. None of it worked but we thought it did. People didn't get a haircut. They went to cosmo-therapy.

I: So you were trying everything?

DB: I lived through insulin being used, metrosol, carbosol, electro-shock. I saw it go from what was displayed by Jack Nicholson in Cuckoo's Nest, to the use of muscular relaxants and anesthesia where the convulsion today is barely perceptible. Is that enough about hydro-therapy?

I: Yes, it is. Do you feel that patients got good care?

DB: Yes, they did. We had caring people. In the old days, when I first came, the aides flatted. Many of them lived right on the wards. They had a little flat where they lived and they served in twelve-hour shifts. Twelve hours is a long time. It wasn't forty hours. They worked right through five days a week. Everybody worked on Sunday. They worked in six-hour shifts. On that particular day, the people who were working from six to six would have the afternoon or the morning off.

I: Was it a requirement that they live on the wards?

DB: No. It wasn't a requirement, but it was possible for them to. That was a long time ago.

I: Did they live with their families or were these mostly single people?

DB: Sometimes they were single. But in the state hospital system sometimes entire families would be working for the institution. I remember after I got out. I had already moved to Washington and I got a call from the Oregonian. They wanted to know about the nepotism that went on in the state hospital because this man gets a job for his son, etc., etc. I said, that's not nepotism. It's tradition.

I: During your tenure, what were the major problems you encountered?

DB: The biggest challenge was to get the food improved. If you asked me, what are you proudest of? I would say, going to the unitary diet. In the old days, there was one line for staff, there was one line for the good patients and then a third diet for the patients on the ward. The doctors had a special dining room. It took me nearly three years, but I fought through and got a unitary system of feeding for every person in the institution. We did away with the doctor's

dining room. We did away with staff dining room and made it a common dining room where patients and staff could come.

I: How was that received by the staff?

DB: The food was upgraded all the way along the line. Doctors weren't particularly happy that they had lost their dining room but it worked out well. I was superintendent at Dammasch for one year. Russell Giess had been let go and they asked me to superintend in both places at the same time. I had to go through the same thing, back in 1980. There was great resistance from the staff to think in terms of opening this up and having the patients live here. I did away with the parking too.

BK: Who followed you at Dammasch?

DB: Vic Holme. Good man.

I: You said you did away with the parking as well?

DB: Yes. The doctors had all the parking directly in front of the building with their names on it. It created really quite a hub bub but it was then first come, first serve. Parking is a problem even on your campus here.

BK: People are driving around on the lawn now. It's terrible.

DB: I could be here all day long telling you incidents but is this what you want?

I: When you were beginning, they still had the farms. Did you get a lot of your produce from the farms?

DB: We did. This is funny. Where the correctional facility is now. I don't know if the same buildings are still there. They were turned over to correctional and Fairview. We had two or three hundred people living on the farm. They were patients. I was aghast. Everybody's weight was taken down. At the end of the month a report went in that so many pounds were gained on the ward.

I: Because they were eating too much?

DB: Yes. That was a practice. They had the patients aggregately weigh and then they added them up. I don't know what for but the reason that they were taking a look was because they wanted to see if somebody might have TB and their weight was going down. I said, we're not raising hogs here.

I: You got a lot of your food from there?

DB: Yes. The penitentiary would can the food. But there were problems. The farmer, for example, was not in communication with the dietary department. He would bring in a whole

load of produce and dump it on the back porch of the kitchen. The dietitian and food service people didn't know that this was coming so we had a lot of waste. The farmer was getting credit for all of this food that he brought in that we weren't using. So they started what they called the Superintendent's Council. We had the dietitian. We had the heads of the various departments. We met in my office every morning for one hour.

I: Every morning?

DB: Every Friday morning for one hour. We got the two of them talking together. We worked it out so that they knew when things were coming and the diet improved and we did ok. We had the most wonderful chickens in the world. Occasionally, we would butcher an old cow. We butchered our own hogs. We also had our own dairy, all of these things.

I: How did you determine which patients worked on the farm or lived out there?

DB: It was done primarily because the patients were able and active. They were the ones who went out to the farm. Most of them loved it and they got along just fine, driving the team, gathering the eggs, all that sort of thing.

BK: Where was the farm located?

DB: Where the correctional facility is out here South of town. We owned two properties. We had some river property over across the river and also what they called the "Cottage Farm."

BK: Down on the other side of I-5?

DB: The state hospital owned all of that. The state hospital used to go down to 17th Street. We had walnut orchards all the way to 17th Street.

I: That you had put under cultivation?

DB: I didn't. 17th Street to 23rd was filled in when I became superintendent.

I: With de-institutionalization there were less people to work on the farm?

DB: Yes. We closed the farm.

I: Was it because of de-institutionalization that you closed the farm?

DB: I think it was a combination of factors, certainly de-institutionalization. We began at that time to work with individual patients to see if we couldn't channel them in such a way to get them back into the community. It was a fairly gradual process and didn't happen all at once. We moved out of those facilities. Fairview was glutted with patients and so they sent some of their patients into those facilities. I don't know who uses the buildings now. Are they in use?

BK: On the farm?

DB: Yes. Last I knew, Fairview still owned that property.

BK: The Department of Corrections owns the farm operation that is out South. I don't know how long they have owned it. I thought for quite some time. They had run a dairy out there but they are starting to shut down that operation. They process milk and beef for the prisons but they don't raise it themselves. They buy it on the private market and then do the processing out there. They are kind of getting out of the farming business. They hoped it would be an inmate work program but they haven't been able to supervise it well enough to run it economically.

DB: Because of all the institutions being located in Marion County, we had to share. At one time, the state hospital raised all its own products and so forth. We also did the laundry and we had many people ironing and sewing.

I: Did you have a post office?

DB: We did not have a post office. We had a stop where mail could be put in and picked up, but no post office.

I: Did you have a fire department?

DB: Yes, made up of the people from the engineering crew.

I: I want to go back to the de-institutionalization, sort of. In 1974, the Fair Labor Standards Act was passed. That had a huge effect on hospital services, didn't it?

DB: You mean about industrial therapy?

I: No. I guess you called it industrial therapy, but you had to pay workers after that?

DB: We did. We actually had job specifications for ninety-five different jobs for patients. We used those as training and certain jobs would pay more than others. We had people working in the kitchen and on the lodge. We had people being trained in custodial work. We tried to train them so that they might do some meaningful work. I'll give you another example. We worked closely with Clarence Gladdin who is the Superintendent of Prisons, two examples. First of all, they were doing the laundry. It would come back and it would look like they had put a sheet, for example, in with the corner through the mangle and it would come out with all kinds of creases.

BK: Some things never change.

DB: I am a curious guy. I made rounds on every ward, every shift, at least once a month. It became kind of a chore when I was at two facilities, but I still tried to do it. A night aide said, Doctor Brooks, look at this. She showed me the way the laundry had come back. She had a wonderful idea. She said, I bet if we had the fellas that do this work come over and take a look at how this is handled and what these little old ladies have to sleep on, it would be changed.

I said, that is a great idea. End #1 – Side A

I called Clarence Gladdin on the phone at eight am. I said, Clarence we have this problem. I described it to him. I said, can we have your laundry supervisor bring the fellas over? It was done the next morning. These guys came and took a tour of the wards. They saw these little old ladies. The one thing that this gal had said, you know, the one thing they are very soft about is their mama's. When they saw these little old ladies, our laundry problem was handled like that. In the bureaucratic set up what we would have to do is report it to you. You would go to your boss.

BK: No. We would have to form a task force.

DB: We didn't have to do that. It was taken care of like that. Then we developed training programs for patients to be caregivers. We had so many elderly people here. We had what we called, patient assistant in nursing. We had student nurses on the campus at the time. These students would take the patients by the hand and show them how to make a bed, how to give a back rub, how to do all of these things. The patients began to graduate. With the proliferation of the nursing home, everybody was looking for work. We had a regular school where the patients were going out. Clarence Gladdin said, that is such a good idea. Why don't I send some women over from the penitentiary? Then we had the women inmates brought from the penitentiary over here and they did the same thing. We had a graduation ceremony every three months. All the families would come and it worked beautifully.

I: Did you have to pay the people after passage of this law or not?

DB: Yes. I don't remember how much we had to pay them. All the time we worked with the people from Labor. They knew what we were doing.

I: You were obviously doing a service to the patients to have this?

DB: That is the name of the game.

I: Let me ask you about the grounds and buildings. You inherited some pretty old buildings, right? It must have been a problem for maintenance and keeping everything up.

DB: The grounds were absolutely gorgeous. They had lots of flowers out. The patients did most of the yard and groundwork, working the greenhouse and so forth. We had a sign at the greenhouse that read, "Beware of Patient." We did have a patient who was working out there. He thought women, somehow by just walking past, would germinate the weeds.

I: There is a novel idea.

DB: Years later I wrote a little note on a paper and said that "Beware of Patient" had grown to "Beware of Staff."

I: Did you have problems with your old buildings?

DB: Yes. We have a larger maintenance crew than you've got and they worked and did a beautiful job. One thing about maintenance crews. You will find that maintenance crews usually stay on in institutions longer than any of the other staff. There will be a great turn over in the clinical areas and so forth but the maintenance staff goes on and on. One of the reasons is that we all lived on the grounds at the time. Where else could a plumber hold it over a doctor's wife or a doctor and it worked well.

BK: Where did you live?

DB: On the grounds. I lived in the third house in.

I: Did you ever feel the need to get away? Your job was twenty-four hours.

DB: I wanted to quit all the time but I stayed with it. I created, twenty-two years before I retired, what we called the Superintendent's Committee. This was representatives from every ward in the hospital, patients. Every Wednesday, from eleven to twelve, I would meet with the patients and only one other person, my personal secretary. She was the only other person present but she took notes very carefully. By the way, the only time that my secretary had to take any notes whatsoever, but this one she did. If the patient later requested, we had to report back to them at the following meeting. We would take action and do it now. This is twenty-two years ago. They would invite anybody in. They would say, we want to talk to the Governor. We want to talk to the State Treasurer. We used to have the practice that if patients came in with money, it was placed in the business office who then sent it to the State Treasurer. They held the money in trust for the patients but they reinvested the money. It goes out and collects interest and so forth but the interest didn't accrue to the patient. Now that may have been legal, but it was as wrong as it could be. So they said, we want to talk to Mr. Straub, who was then the superintendent. I called Bob Straub and Bob came to the meeting. He listened to these patients all around the room. They were saying, Mr. Straub, who's money is that anyway? Dean, he said, this is terrible. Why don't you do something about it? I said, that is why you are here.

BK: Was he the Treasurer or the Governor.

DB: The State Treasurer at that time. He was State Treasurer. Bob went right down and a bill was introduced into the legislature and the practice was changed. This is real consumerism. This was years and years before consumerism became popular. Another thing, the TB hospital was closing up in Hood River. There was such a hullabaloo that people were going to be out of work. The community wanted something up there. They thought maybe it was a good idea to send some mental patients up there. That won't make any difference. They will be cared for in that facility.

BK: Is that Columbia Park you're talking about?

DB: Yes. They said, we want to talk to the Governor. So I called Mark Hatfield and said, the patients want to talk to you. The Governor came out and sat here. They went right after him. Don't you know what we have going here and what this means to us and you are going to uproot us and so forth. It was cancelled.

I: That's amazing.

DB: Mark came out of the meeting and said, Dean, I have been in all kinds of political issues but I've never been through anything like that.

I: They probably weren't real political with him were they?

DB: No. It was their lives that he was talking about.

BK: We have some questions for Senator Hatfield too, but I wanted to ask you to what extent did he play a role in creating the division? It was during his term I think.

DB: Yes. He, Clay Myers, and I think Straub were the members of the Board of Control. Have you talked to Bob yet?

BK: No. It sounds like a good idea.

DB: The Board of Control came into being during his administration. Was it '63 or '61?

BK: '61 legislature, '62.

DB: '62 it was implemented, '62. I am trying to think how that all played politically. I know we had failed by one vote in the legislature. Then somebody who had voted on the wrong side, or however it was, voted no or yes. They were able to get them to switch their vote over night and so by one vote then they finally came into being. It was very close. Mark will be able to tell you about that.

BK: Did he have a particular interest? The stories I have been told are mostly by David Cutler. You know David?

DB: I know David.

BK: You used to have dinner with the Governor every couple of weeks and so forth. My question really is, did he have a passion for mental health or was it a part of this national trend toward reform?

DB: I think it was probably the national trend toward reform. As soon as money became an issue flowing from the federal government and all the money started rolling in, we had to go to work and set up a process so that we could get our share.

I: It was created to take advantage of the changes at the national level, is that what you are suggesting?

DB: Part of it, yes. This was a national trend.

I: What kind of community services then arose during that time?

DB: We began to see the community clinics developed in Eugene, Klamath Falls, Coos Bay and Tillamook. I don't know where all you have active community clinics now, but some of them grew and became really good programs. Some of them stayed as a kind of status quo body.

I: Did people at the hospital do discharge planning? Did they work with the community?

DB: Yes. We did a study in the late 60's about discharge planning and the ties with the community. We did it in Lane County. We had a Lane County unit. We took Benton, Lincoln and one other county that was, population wise, about the same. We had four agencies working together, DVR, the State Health Department, Department of Welfare and Mental Health of the State Hospital. We set up a bunch of criteria. Our thought was that if we had intensive care in the hospital and on-going follow up care in the community, a number of things would happen. If we had these people following up in the community, the ones that had been specially treated in the hospital, the community tenure would be extended. Hospital stays would be shortened. In the community, with all these agencies working together, the hospital would eventually begin to empty. What is kind of an interesting thing, we found out that the people who had no follow up whatsoever stayed out of the hospital longer. The ones that were getting intensive care didn't. The reason was that if somebody began to fail, we got them back into the hospital. We had ordinary hospital treatment, specialized treatment and there was no difference where they were really following up. These guys with the special treatment followed up. The communities where we did absolutely nothing, the statistics would show that was the most impressive. Isn't that interesting?

I: What was the reaction from the community mental health people to that?

DB: You will have to ask the community people in Lane County. I don't know who it would be today. That was thirty years ago.

I: That study was written up. I have the result of that.

DB: Yes. John James did that.

I: It was interesting. It didn't really say why there weren't any differences that I remember. It just said there were no differences.

DB: It is interesting. I think that the reason the federal government, thirty years ago, gave \$600,000 to this particular study, was to find out how four agencies could get along together. It was a pretty expensive way to get acquainted, but we did.

I: That kind of stuff is still continuing. In my readings of the reports it seemed like there was an ongoing problem with the professional staff getting enough professional staff in the hospital?

DB: That's always a problem.

I: Can you talk about that? What was the problem?

DB: I don't know what the report was. Are you referring to the James report?

I: No. Just in the reading over the years there was always a problem with recruiting professional staff, retaining staff and at one point it said there was not one English-born person who was a member of the professional staff at the hospital. *American*

DB: At the state hospital?

I: Yes.

DB: That never happened in my time. I don't know. During my time on the staff, we developed a completely accredited psychiatric training program for residencing. We had the residencing before the medical school. This was our greatest source of recruitment. At the time that I left, something like 70% of the doctors that were practicing at the community level had received their training at OSH. If I had remained as superintendent today, that is one thing that I would have fought because the loss of the residency program means a loss of the basis for recruitment. This is the greatest recruitment thing that we had. Now you see Max Jones name out there on the thing. Max Jones came in as director of education and training at the hospital. This was an English psychiatrist who had literally developed the term therapeutic community in England. Then he came here and I hired him for five years. We had 300 applicants for four positions, and all were qualified doctors. We had people coming from all over the world to stay and visit the hospital. Alex Hucksley, the writer, Max comes in one day and throws a letter down on my wife's table and said, here you can be impressed with a handwritten letter from Alex. She said, if you know him, you invite him to come to the hospital. He came and he was here for three full days and slept with the residents and we had a wonderful time. We had Dr. Freudenberg, who was the head of all the mental health programs from Great Britain. These people would come and stay a week or ten days at a time. Wonderful learning experiences. Don Bray got his training here at OSH. At one time, our training program was so good that until Jerry Schrader had to take the boards for the second time, every doctor that had taken his boards from OSH had passed with flying colors. We had a perfect record. I don't remember this thing about *Sp*

I: As you are talking, I am wondering if it wasn't Eastern?

DB: I knew that they had some foreign doctors and we had some foreign doctors, no question about it. Doctor Paddy, Doctor Jetmalani, who just recently passed away. These people were completely certified. Doctor Paddy boarded in administration and law. *Pat*

BK: The nursing. We have just recently been cited, over here by the Health Division in their survey process, for not having enough nurses. Their standard is one nurse per ward per shift. What was the nursing coverage like when you were superintendent?

DB: I think it was probably always that we needed more. The staffing patterns have changed and the requirements have become much more stringent than they used to be.

BK: Do you remember what the cost was? We are \$320 per day now in the program. Were you \$240 or something?

DB: When I took over, there was a \$25 monthly charge for everything that was to be done. That \$25 eventually grew to \$50 and then went on up. Costs skyrocketed.

I: Can we explore that comment? Why do you think it skyrocketed when the Department of Mental Health

DB: The costs were never really looked at, this is the point. Have you looked at the archives at all?

I: Yes. I have gone through them.

DB: Have you gotten the yearly stories of the superintendents? You will see in there how Doctor McNair and Doctor Steiner used to vie to see who could turn the most money back to the Board of Control.

I: That isn't quite stated in there but I will look for it.

DB: That was a point of honor, to send some back. That was years and years ago. Did you come across Steiner's Joint? Do you know what Steiner's Joint is? In the penitentiary you might hear the term Steiner's Joint. Lee Steiner was the superintendent in 1900. At one time he was superintendent of both the state hospital and the penitentiary, about 1919. This became known as Steiner's Joint. That is con lingo.

I: So was this a good or a bad place to be put then, Steiner's Joint?

DB: They would run the other way.

I: Let me ask a question that I am sure the readers will want to know. Why was the hospital chosen for the movie, One Flew Over the Cuckoo's Nest? How did that come about?

DB: Producers wanted to make a movie in a place where they looked at Cedro Wooley. They looked at OSH. They looked at Mendocino. We were going to have the name regardless. Although in the book, Kesey never mentions the word ; Salem. He had the Dalles, the coast and so we had the thought it were Oregon and then show Oregon license Douglas and Saul Zantz came here to the campus. They see if they could make this on location. I thought that it would be wonderful to have these people come to Salem. What good it would be for the patients. It took three years before they shot once. It became a classic, of course, because of the way it was done. A documentary has

*Cuckoo's Nest
Anecdotes*

ied. They
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the town,
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, Michael
location to

been made but it has yet to be aired on the television. I suppose it eventually will because they don't make these things just for the sake of making them. The Governor wanted it to be made. Don Bray did not. He did not want the movie to be made. The Governor called us all to his office. He had Jake Tanner, who was the then head of DSHS, Don Bray, myself, and two producers. We met two to three hours. We discussed it pro and con. Finally, the decision was reached to go ahead. A contract was drawn and I was named as the technical advisor. That is how it happened to come. I insisted all the way through that if it were to be made, in no way would a patient ever be denigrated at the hospital. They gave me their word and I saw it in the documentary. No way would they do that. Michael had a brother who had been institutionalized and so had Saul Zantz, the producer. Then we worked together for all this time and the easiest part of it of course, was the shooting. Incidentally a number of people got their start in that movie that you perhaps have forgotten. Mr. Christopher Lloyd, that was his very first movie. Danny DeVito. About six weeks through shooting, Danny came to me and said, Doc I need to talk to you.

End #1 – Side B

DB: Because everything was made so late at night a decision was made by the director to shoot the film sequentially. The only thing that was out of sequence was the fishing boat scene. They had to do that in the spring. Every scene, these guys were completely into the part. Movies are not made that way but he said, we are shooting so late at night when you get home, he couldn't call his folks because it would be 3:30 or 4:00 in the morning and he hadn't seen Maria for a long time. He said, you know what I do? I have this friend that I talk to and this friend comforts me. I picked up right away what he was talking about. He has an imaginary friend with whom he is having these conversations. He said, have I got anything to worry about?

I: What did you tell him?

DB: What would you tell him? I asked him one question. I said, do you realize this is imaginary? He said, yes. I said, then you have nothing to worry about. Kids do that all the time.

I: Did the patients watch the filming?

DB: Let me tell you. They loved it. The cast and the crew mingled with the patients all the way through. On the New Year's eve before we began the shooting, Michael Douglas and Saul Zantz, didn't show up for a party that they were hosting until about a quarter to twelve. They had been out here at the hospital going from ward to ward wishing the patients a happy new year. A couple of years later, Michael came back and he said, I want to go out and visit my friends, the patients. I said, here is a key. Think of how much it has changed since then. He took the key and he went out and he visited patients on the wards and went up the women's ward. They dearly loved him. They would throw their arms around him and have their picture taken. What a warm and wonderful guy. Did the patients love and like him? Yes, because he was their friend. They had Scatman Caruthers and all these people who were going out onto the wards. When we premiered, they had two showings at a downtown theater. We bused all the patients down and the premiere included all the stars that were all there just like they would be for an ordinary premiere.

I: So it was just the patients in the audience?

DB: Just the patients in the audience. Of course, also the staff who brought them down. They had a premiere the same as people paying \$100 a ticket in Washington D.C.

I: That's wonderful. So overall it was really a positive experience for everybody?

DB: I think so. We had 89 patients on the payroll. We had more people who wanted to be in the movie. They worked everywhere. Some of them worked as carpenters. Some of them were in extra positions. There were staff and patients who wanted to be on screen. The staff dressed up the patients. They had no speaking parts but I think it was wonderful.

I: Did the patients like the story?

DB: I don't know whether they liked the story but their reaction in the theater was the same as others. I heard some patients who said, he mustn't do that.

I: That was an interesting thing. Now, to change the subject. Somewhere during your tenure they divided the state into three cochman areas. Did that change how services were provided or did it make any difference in terms of how the hospital was administered?

Cochman

DB: No. We still had our own cochman area and we were doing the same kind of service. We had to take the overflow from Dammasch and an occasional patient from Eastern. I didn't see any perceptible difference in the actual operation of the institution.

I: When the Board of Control was dissolved, did you see changes then?

DB: Yes. We no longer had the relationship with the Governor. I still did on a personal level but we now had another layer between us and the top authority. I knew these people and had worked with them. They were beginning to concentrate on programs at the community level which had to be done. We couldn't do that so you people did.

I: Did you feel that the legislatures and legislators were responsive to the needs of the people of Oregon in terms of mental health?

DB: We always wanted more but I will tell you one thing I did learn. The more successful you are, not how needy you are, the more successful you are, the easier it is to get the money. It is simple. The legislatures want to be identified with something that is good. I almost didn't come to this facility because in 1947 they had an expose of the institution. The then superintendent wanted to show the institution in the worst possible light, thinking that he would play on the sympathies of the people to get more money. They showed in pictorials, full page things, of these rickety old toilets that had not been used in years. They showed these awful pictures with the patients faces blotted out. I thought, I didn't want to go to that place but I had already made a commitment. What was being shown was not what was really there as I saw it.

They never got a dime as far as the legislature was concerned because nobody wants to be identified with something that is subhuman.

BK: What was the expose?

DB: It was in the papers, the terrible awful conditions.

I: It was 1947? I haven't seen that.

BK: Was it in the Statesman or the Oregonian?

DB: I think it was the Oregon Journal, years and years ago
expose it was just simply a story that was carried in the paper

1947 -
OR Journal
expose

not an

MJ: You were living outside of Oregon at the time?

DB: Yes. I was on the staff of the VA Hospital in Washington.

I: Can you talk about voluntary commitments and how that changed over time?

DB: Yes. Most people were committed, when I first came to the hospital, and there eventually came a time when about 70% of the patients were voluntary. This then changed with the change of the commitment clause that began back in the State of Wisconsin where we specified dangerousness as the statute. Unfortunately, rather than encourage more voluntary commitments, it changed the culture of the whole mental health system so that we began to look in terms of the dangerousness as the criteria for admission. We began, all over the place, to apply this even to our voluntaries and so we saw a marked drop in volunteering. Do we have voluntaries coming into the hospital today? I don't know. I'll leave that up to you.

BK: Rare.

I: They aren't allowed are they?

BK: Yes, occasionally. But there was a commission in 1988 that observed that you couldn't get care unless you were involuntary committed which is sort of redundant I suppose. One of the goals of the improvement was to make access earlier and on a voluntary basis. We are only now, beginning to see voluntary admissions to the acute care system. But no, it is pretty rare.

DB: Yes. I think this is a national disgrace that we have gotten ourselves into where we got into a mind-set of treating dangerousness rather than sickness.

BK: Precisely put.

I: Yes. But here on this campus there was also the psychiatric, what do they call it, the people who were here under the psychiatric security unit. Did that start when you were here or was it already here or can you speak to that?

DB: This is an interesting one. We always had closed wards. W maximum security. Our forensic program got its start when we had a forgot his name but it doesn't make any difference. He was known as the fat man. The police in Portland had been chasing the fat man for months. This guy was preying upon women. He was forcing them at knife-point to let him commit cunnilingus on them. The papers kept speaking in terms of the fat man who commits unspeakable crimes against women. The fat man was sent down here under a court order for us to study and make a report back to the court. In the meantime, his wife somehow got him an allen wrench. He was admitted to Ward J over here in the first floor of the treatment building. He got the allen wrench. He undid the psychiatric screen and he wrapped himself in a blanket and dived through the window and made his escape. The papers called me or I called the papers actually. Floyd McKay was the journalist on the beat. I had learned early, Barry, if you notify the press first the story is half as large as if called in by the police. The guy made his escape so I called Floyd and he came out with a photographer. I said, something has happened and I'm not sure what it is but come on out and be here with me. During the course of the thing we learned that he had gotten through the window. I had no idea whom he was at the moment. I said, you know this is the first time we have ever had anybody escape like this. Floyd wrote in the morning paper, Doctor Brooks reports this is the first time anybody has ever escaped from this building. That was a bit different. At 8am, Mark Hatfield is on the line. He has Travis Cross, his press secretary, and we were in a three-way conversation. This story now is big because "Fat Man Escapes State Hospital." Mark says, how did you let that guy out? I said, first of all I didn't know who he was. Number two, he had come in with three lines of information, that was it. It didn't say anything about his history. It didn't say anything about him being dangerous. It just said he was sent down for this examination. I said, Mark, I really didn't know who the heck this guy was. He said, what can we do? I said, let me tell you I am disturbed about the story in the paper that this is the first time anybody has ever escaped from here. I don't care about the public but I care about my own staff and I want them to know that is not so. What do I do? Tell him what to do, Travis. Travis said, call Jim Welch on the Capital Journal. That was the evening paper then. Jim will print a retraction. The story came out in the evening paper even larger than it had been in the morning paper. The lead paragraph said, Doctor Brooks reports this is only one of the last of many escapes. So I said, to heck with that. As a result of that story and it was eventually picked up, we then got a set of practices that were installed, information, and so forth. We eventually created the forensic program and I think it starts from about that time.

I: From the fat man?

DB: Yes.

I: About what year would that have been? Do you remember?

DB: I would have to get my diary and let you know. I have kept a diary.

MJ: When did children first begin to be served?

I: That was my next question.

MJ: Really.

I: Yes, children and adolescents.

BK: You guys are in sync.

DB: In the hospital?

I: Yes, in the hospital.

DB: I don't remember the year. I think it was in the late 50's.

I: Children had been served in the clinics, right?

DB: Yes. That is correct.

I: But then they needed more intensive care?

DB: We developed a program here. We had this building right across the street. I guess it still is child and adolescent. The person you should contact for that is Doctor Bob Jones. Is he available?

I: I don't know.

BK: I don't know who that is.

MJ: He was the physician for the program?

DB: He was the psychologist in charge of the program.

I: Did you have a whole ward for children and adolescents or were they mixed in with the adults?

DB: Yes. We developed that but it used to be that kids were admitted directly to the wards. !

I: How did that work?

DB: I thought it worked fine. Kids are with the adults in the real world, you know.

I: There wasn't any predatory behavior?

DB: None that I know of.

I: So the children were safe?

DB: I think so. Yes.

I: Did they have their own dormitory?

DB: They had their own room. I don't recall any incidents of children being abused. I did after we had the unit.

I: By staff or by others?

DB: By other patients.

I: It sounds like the culture of the hospital may have changed over time. The picture that you paint is one of benevolence and people taking care of the patients in kind of a family atmosphere.

DB: I felt so. As I told you earlier, I made rounds on the hospital staff, every place. I would be there at 3:00 in the morning or 8:00 at night or while they were eating or whatever. I was open to anybody who wanted to talk to me. I have to tell you that we had very, very few grievances ever filed during the twenty-seven years that I was superintendent. I think maybe ten or twelve may have come to a hearing. Administration was sustained each and every time. The reason was that we took care of it at the time. For the last nine years I have been the Chairman for the State Hospital Board in the state of Washington. In 1992, that institution had 942 grievances. They had to hire grievance officers to take care of this. I don't know if you have grievances being filed here now but this is certainly a cultural change. I think it also reflects what goes on with the administration. If you feel things have to be so tightly controlled, you are going to get it right back. Do you understand that? I said to your people a moment ago, that Cuckoo's Nest could not have been made in the hospital today. I was miffed when I didn't go on a ward but they insisted that I have a visitor's pass just to be on the grounds. They had a security guard watching us when we were filming over on the corner out in front of the building. I said, why are you standing here? I am here to help you. I said to this man, I don't remember what his name was, what would really help is if you could simply keep the cars from coming around the corner here until we finish filming. We could have been another hour or so. He said he didn't know whether he could do that. He went in the superintendent's office and found out that was denied. I thought that was a simple thing.

I: This was when you were filming the documentary?

DB: Yes, just last year.

I: Quite a difference.

DB: I was miffed. I really was. They wanted me to be angry on camera, which I didn't do. I finally said I was miffed. They said, do you see any differences on the grounds? I said, I see more fences than patients.

I: Outside on the grounds?

DB: You bet. That same greenhouse where I talked about "beware of patients" now is encircled with barbed wire.

I: But you have more city around the hospital at this time, right?

DB: Yes.

I: Do you think that is it or do you think it is a general attitude?

DB: I think it is more attitude. People behave in the way they are expected to behave.

I: If their needs are met they are generally pretty satisfied.

MJ: That gets back to the dangerousness idea about what we are doing.

DB: Right. I think it is a national disgrace that most of the people we have in our jails today are mentally ill. About 30% of the homeless are mentally ill. I think we spend more time keeping people out of hospitals than we do trying to help them.

I: Exactly. In my reading, one of things I find is that the state is paying the counties to keep people out of the state hospitals.

DB: Right.

I: There is a limit on the number of people they can send.

DB: Yes. We have that in Washington too. Washington's physical facilities are beautiful. They really are quite lovely and put ours to shame. They get lots of money. They are building a brand new forensic unit to the tune of forty-six million.

MJ: Where is that being built?

DB: ~~Silicom.~~ *Stella*

I: I am going to conclude this, sort of. I want to ask you, what are you most proud of?

DB: I told you earlier.

I: So that stands.

DB: That stands. That affects more things. Oh by the way, the superintendent's committee decided that they wanted to have more say so in what is going on with the food. So they set it up so the dietician meets with them briefly once a month. Every time she would come in this was interesting because it was, why are you feeding us this coffee. What is the stuff you are putting in there, chicory? This is to make it go further. Let me tell you, on Wards X, Y and Z we

poured down thirty-seven gallons, now is that saving money. They started serving no percent milk that looks blue. They said, we have to talk to you. How come you are doing this? This is for your own good. Come on, if it was for our own good it should have been started twenty years ago. So we went back to regular milk. That is consumerism.

I: Somewhere in my notes I read that during this time period at the hospital there was a program called food rationing.

DB: Food was rationed. It meant that the food was guaranteed on a certain ration per day. That upgraded the food. The Department of Agriculture has a listing, Grade A, B, C or whatever and we responded and we would not fall below that ration. The word ration would mean that you were limited but this was to reach this point. We were guaranteed this ration.

I: So many calories and certain distribution?

DB: That is right. It is not like gas rationing. Do you follow me now?

I: Yes. It was standards.

DB: It was a standard.

I: Did you have people who did not want to leave the hospital when it came time for them to leave?

DB: We have always had that and always will. Yes.

I: There are a couple of other questions I want to ask you before I close. I ran across two documents that were written during your tenure. One was in 1965, the Ultimate Goal, the Plan for Today. Does that ring a bell for you?

DB: No. Did I write it?

I: No you didn't. It was a plan to upgrade services or to describe the services that were provided in Oregon.

DB: Can you tell me where it came from?

I: No, I can't, but Barry can. 1965, do you remember that?

BK: No. Was that in the materials I gave you?

I: No. This was at the library. It is referred to a number of times. That is alright. What about the other document in 1973, A Turning Point for Mental Health Programs in Oregon? It was probably written in the community.

DB: I think it probably was. Incidentally, I chaired the commission task force that overhauled the commitment laws in the 1970's. Was it '70 or '71? We worked for one year.

End #2-Side A

I wrote every statute for Oregon. We may want to model ourselves after them and at least send a copy. If you just ask for a copy you would never get it. Hearing this, we got them all. I had a law student who is now in practice here, Roger Andersen. He would be a good source for you. This young man collated all of the mental health law from all of the fifty states ~~in~~ the district. *and* On the task force we had a committing judge from Eastern Oregon, one from Western Oregon, a sheriff, a district attorney, people from the Mental Health Association, the private practice of psychiatry and good representation. We worked diligently for a year. We came up with something, not unanimous but with consensus, that was presented to the legislature and voted through on the first vote out because we were all behind it.

I: I think I have that in my records.

BK: I started working in Oregon in '74 as the training for that new law was under way. They used the moot courts at the Northwest School of Law. It was wonderful training. How to be an examiner and how to be an investigator.

DB: We worked very closely with Willamette Law School and the seniors used to come out for their forensic program and our doctors held residency training. The things that we would have them do were work with the law students learning how to testify. We would have moot courts and have a superior court judge open court at night and we would have mock trials. We would get prosecutors and attorneys to put the screws on these residents at night and teach them how to do this. To teach people how to take a history, we would bring in the detectives from Portland to tell you how to take a history without flowering it all up.

BK: I have a little story that I would like to put on the record here if I remember it and you can ask Don Bray about it. The Turning Point was really two bills, 510 and I think 483 or 485 or something like that. One was the Civil Commitment Amendment. That is 510. The other was the Community Mental Health Act. This computer system, the AS400 system, required a password. When Don Bray retired from the division we had to clear his files and his password was SB485. That was the thing he was most proud of in his career, the community mental health legislation. I guess I am not surprised he was in favor of that and not the movie. Anyway you might ask him about that.

I: I will.

DB: Have you been in Oregon all this time? I didn't know that. I don't think I ever met you before.

BK: No. I don't think so. I was at Providence when Ken Neff opened that unit and then I went to Benton County in the day treatment program as the mental health director there. Then I worked for Don for three or four years.

DB: Is Ken still in Oregon?

BK: That is a good question. He was in Bend for awhile and then he was filling in at Springbrook or whatever that is. I've lost touch with him.

DB: I've been gone from the state for so long that I don't know.

I: One more question, actually, two more. How is patient care, health and dental care administered? Can you just speak to that?

DB: You are going to get a talk.

I: Go right ahead.

DB: We always had two or two and one-half dentists perhaps with a dental technician during my stay. I had on staff, surgeons, internists and so forth. We used to do surgery on the patients directly in the institution. I had a tie in eventually with St. Vincent's in Portland where the surgical residents would come down. We had it worked out so that patients, after we stopped doing surgery at the hospital, who required surgery, would be sent to St. Vincent's. Then they would do the care at St. Vincent's and bring them back to the hospital while the same resident was following them. You have gone more and more to sending your patients out at great expense to you. In Washington I found out that they were requiring that we send aides and nurses along with every patient. This was costing us thousands and thousands of dollars. One of the things we did was negotiate with the University and Harbor View Hospital for any care needed outside of the institution except for emergency measures. Harbor View is located in Seattle about forty miles away. The University is a few miles further up the road. They were doing the specialized care that was needed. I think that is what you have gone to here. I know my daughter used to talk to me about people being sent down to Salem. That is costing a lot of money. She tells me that you send two aides with these people. Is that true? That is a great expense.

BK: I'm not sure. If it is a forensic patient, security is sent.

DB: Do they need two? We got that waived and we don't have to do that. All your patients go directly to Salem, never to the medical school?

BK: I don't think they go to the medical school. We have a hospital in Portland. I'm not sure what our arrangement is in Portland. Do you know?

MJ: I don't.

DB: Maybe they send them down here.

BK: I don't think so.

I: But it sounds like you had nurses and doctors and surgeons.

DB: We had a complete medical surgical unit at one time. We eventually closed out the surgery. We took care of minor things, of course, and continue to do so.

BK: One of the things that has changed is the patient population.

DB: Exactly.

BK: We don't have a lot of patients going to the hospital for surgery but we do provide our own medical clinics as you did. I just haven't looked at the cost there for awhile.

DB: My daughter is on the staff. She is a board internist. Do you know Harold Hoover, the surgeon that is visiting over there? Her husband.

I: Nepotism.

BK: No, tradition.

DB: He is the lead surgeon in McMinnville. They have a beautiful hospital over there. That is a sign of the times.

I: What did you do during your tenure with very difficult patients?

DB: We treated them. What do you mean by difficult patients? A lot of people are difficult.

I: I remember my first encounter with a state hospital was in Atascadero. They took us to a back ward where people were in leathers. Did you have that here?

DB: We had restraint. We used it judiciously. By law you are supposed to chart every so often and be there and see that person. The trouble with using restraint is that people think you don't have to pay any attention to them once they are either locked up or tied down. But you should spend more time with them. I want to go back to one thing about the dentist. My mind sprang to taking a look at dental needs. I thought at one time that it would help us if we knew how many dentureless people we had in the institution. That is an irrelevant question. The question you have to ask is, who needs teeth? Who needs a set of teeth? When you begin to think of that you see all these people who go around gumming it. If they become a part of the scenery that you see day in and day out, you never think about it. I had a guy come to the administration building one day and I had begun to think in terms of individual need. This is what you have to do if you are going to improve the lot of the patient. This guy came in and he was gumming it. I said, hello there, how are you doing? I am doing fine. I said, Andrew where are your teeth? The dentist has them. I said, why don't you get over there and pick them up. He's going to call me, he said. I said, how long ago did he tell you that? He said, eight years. This was literally true. I had walked by this man all these years. The night I talked to you about Herman Snow in Poughkeepsie, we made rounds that night from about eleven o'clock through until two-thirty or three. We came to one ward and here was a couple of bushel baskets and they

were filled with women's shoes. Some of them were old, some fairly new but they were misshapen, run down and I said, what is this? The night aide said, that is our bushel of shoes. Now what is a bushel of shoes? Every night, every woman put her shoes in the basket and in the morning it was first come, first serve. I had trouble wearing someone else's raincoat. The first thing I did when I got back home was look to see if there was a bushel of shoes. I also looked to see if the lights were burning. We had gone into one ward where it was brighter than this. There were about sixty women patients in this huge dormitory trying to sleep. Some of them had the pillows over their faces, were buried under the covers and were tossing and turning. It's awful to try to sleep with the lights on. I said, when do you turn the lights off? They said, we don't, Doctor. My friend said, you have got to be kidding. No, we don't, Doctor. He said, why not? She said, it's the law. It wasn't. He said, I never heard such a silly thing in my life. Turn the lights off. He later found out those lights had been burning for twenty-six years. Of course I looked to see if we had lights burning in the patient's faces. It wasn't until five years later that I began to do a study on dehumanization and took a look at some of those things. I was glad we didn't have those things going on in our institution. Then my superintendent's committee, where the patients are, they said, why don't we have any place to hang our towels, Doctor, in the bathrooms? I didn't know.

BK: What a revelation.

DB: You darn right. I began to see towels draped over ends of beds but there wasn't a single ring, knob, there wasn't anything for the patients to put a towel on.

I: A wet towel.

DB: Yes. So that was our bushel of shoes. It would have been very easy to take care of that particular item. We created a task force of ten patients, ten staff and ten people from the community. We had people from parks, hotels, and the county clerk's office serving on the community side of this. We identified twenty-five items that we wanted to look at. We wanted to look at how people came in the hospital. We looked at the way they slept, ate, recreated and all that sort of thing. The very first thing that we had to do, and we took action within one week, was the use of toilet paper. We found out that many of the dispensers didn't have toilet paper in them. Many of the wards were complaining they never got enough toilet paper. They checked with the warehouse and found out that the same ration of toilet tissue had gone to the wards regularly, every year. The men's wards and the women's wards were getting exactly the same ration and for some reason the women should have had a little more.

I: You mean each time you went you had to get your ration of toilet paper?

DB: Yes. It was terrible, horrible. Let me tell you. You go back on the wards and I bet you will find that even today. The price of freedom is eternal vigilance. You have to watch all the time. When I inspect a hospital, the first place I go is to the bathrooms and take a look and see if the tissues are available and on the ward. We found that the student nurses were using the bathrooms on one ward and they were constantly short. We got this all taken care of in a matter of one week. I was on the sleeping committee. We took a look at the way people slept. We found that a lot of people sleep in their clothes. I'll bet you have dozens over there right now

and that is wrong. The reason that they are sleeping in their clothes is that maybe that is the only thing they have. Do they have proper night-wear? Are the covers such that they will come up over them? We send woolen blankets to the penitentiary. They put them in the laundry and they come back postage size so people were sleeping in their clothes simply to stay warm at night. Those are the kinds of things you find out.

BK: There is a pretty consistent theme there about individualizing care.

DB: You have to do it.

BK: But the other theme from your tenure was the therapeutic community in that sense. I wanted to tell you about an incident here and then ask you the question while there is still time. I am still curious because about eight or nine years ago there was a little expose of our program. The patients from the sex offender treatment program were actually going camping outside the hospital. This got into the Inquirer and the question was, why is the state paying any money.

MJ: I thought it was a skiing trip.

BK: That's right. It was a skiing trip. It wasn't camping. But it was the same idea that they were off the grounds and doing something fun together. I heard the first time that actually happened here, off campus, was during your superintendancy. You actually got people going off the campus doing field things.

DB: It was wonderful. In 1972 I teamed up with Lew Jurstad. He was the first person to take moving pictures from the top of Everest in 1963.

BK: There are patients here who don't leave the ward now.

DB: We developed a program where we had skiing, mountaineering, overnight camping, art and science that patients could be involved in. We used to have an art show. Patients and staff alike would bring in their art. We even went to the point of having judges appointed.

MJ: They do that still.

BK: You have more questions, don't you?

I: I am pretty much through.

BK: Eastern, which was closed in '83 and is now a prison, who was the leadership there in the 50's and 60's?

*Emanuel
Sille*

DB: Both superintendents are dead now. It was, Doctor Ware and Doctor Silch. Manny died in 1983.

BK: Where did he come from?

DB: University of Kansas.

BK: There is a tide from Kansas. Don Bray was from Kansas. Jerry Schrader was from Kansas.

DB: So am I.

BK: You're from Kansas, too.

DB: I'm from Kansas.

BK: Interesting.

DB: At one time, five of the fifty mental health commissioners were graduates of this residency program.

BK: Don Bray and Jerry Schrader?

DB: Don Bray and Jerry Schrader. We had Herb Nelson in the state of Iowa. That was years and years ago. Ken ~~Gabriel~~ *Ken Gaiser*.

BK: We are going to meet with him.

DB: Another young man who was in Illinois for awhile and then went to the Panama Canal zone.

BK: I didn't know Ken ~~Gabriel~~ *Gaiser* was from this residency.

DB: He didn't do his residency here. He did his residency at Larue Carter in Indiana. Ken was on the staff.

BK: Ken was on the staff. Yes, I remember seeing his name.

Neleaven
DB: He was our director of education and research and then he went to be an assistant to Joe Neleaven and then he took over after Joe left.

BK: What about Doctors Pomeroy and ~~Latz~~ ^e and those folks. Were they also on the hospital staff? A lot of the division leadership was physicians. Pomeroy, I think, was a chest surgeon.

DB: He was a TB man. He took over as the director of Fairview. He retired and then he died. Who was the other man?

BK: Fred Latz.

DB: Fred worked in the division all the time that I was associated with him.

Dr. Dean Brooks

3/9/99

Del Cole

BK: ~~Dell~~ Cole was the only other one.

DB: Dell Cole was in Washington at the time. Dell died of ALS.

BK: There was a very brief period that we didn't have a psychiatrist working in the central office. Then Rupert ~~Getts~~ joined the staff. For a long time there were many psychiatrists working in the central office.

End #2-Side B

getz