

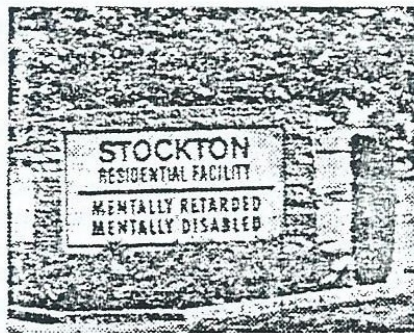
# The Sacramento Bee

## Metropolitan News

Saturday, March 29, 1975

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# Health Official Gnaizda Makes Surprise Visit To State Hospital

By Sigrid Bathen

Bee Staff Writer

STOCKTON—It is an unforgettable sight, this hospital. At times horrifying, always deeply moving. Some visitors complain of migraine headaches and sour stomachs upon leaving. A government official who visits it regularly says it gives him a "gut-ache."

For Bob Gnaizda, the public interest attorney who came to Sacramento with the Brown administration as assistant to Health and Welfare Agency Secretary Mario Obledo, Stockton State Hospital was his first stop in a series of unannounced visits to state institutions.

"I learned more from this morning," he said after the recent visit, "than from weeks of reading staff memos and articles . . . There were parts of the program that were functioning reasonably well, and there were other parts that were not functioning so well. That indicates to me there is substantial room for improvement."

Gnaizda has become known for unorthodox approaches to administering state programs. As interim director of the Health Department, Gnaizda made headlines in January when he ordered a "raid" by a sizable contingent of Finance Department auditors into the records of the Health Department. Now, in another departure from tradition, he plans to work "in disguise" at state hospitals and prisons, to observe their operation firsthand.

Although the Stockton visit was unannounced, the institutional grapevine picked up word of Gnaizda's presence (as well as that of Deputy Health Director Don Miller and accompanying journalists) shortly after the group set foot in the administration building. "I figure our visit was unannounced for about 30 seconds," Gnaizda said later.

The vast Health and Welfare Agency which Obledo and Gnaizda administer includes state hospitals for the mentally ill and the mentally retarded as well as prisons. Before making any recommendations for changes in those institutions, Gnaizda wants to understand their operation from the bottom up.

"I get reports from people who write what they think I want to read," he said. "The only way I am really going to find out what is going on is to go and see for myself, from the perspective of the workers."

Stockton State Hospital has been the focus for much unpleasant publicity in recent months. A 6-year-old child was found bruised and battered there in October, and publicity about the incident led to a series of investigations into conditions at the hospital.

Gnaizda showed no visible reaction to what he observed at Stockton. He asked pointed questions of ward staff about specific programs and visited congenially with volunteers and patients. But mainly, he looked.

The hospital currently houses 639 mentally retarded persons, plus an additional 126 in a separate program for the mentally ill run by San Joaquin County. In the 1950's before the state hospital population began to decline, the hospital housed nearly 5,000 people.

"There were wall-to-wall beds," commented hospital administrator Walt Laputz about those years.

Even now, there is little privacy. Some of the more fortunate residents, or those with serious medical or behavior problems, have private rooms. But many more live in dormitory-style wards. There has been some effort, obviously, to enliven the wards with brightly colored walls and bedspreads, screens or dressers to separate the beds, and smaller dining rooms to counteract the traditional "mess hall" image. But there is no getting away from the fact that this is indeed an institution, with locks on the doors.

Not everyone is kept under lock and key. Depending on their ability to function independently, many residents have grounds privileges and make excursions into the community or home to their families. But there are many more who cannot leave the wards without supervision.

Among the multiply handicapped residents of ward G6, for example, there are those who are bedridden or confined to wheelchairs. They smile or stare vacantly into space, or sleep. The oldest, a woman in her 50's, was in diapers and in bed during Gnaizda's tour; a tiny boy who looked to be no more than 6 is chronologically in late adolescence.

During Gnaizda's tour, at least three employes were working intensively with about a dozen residents of G6 to teach them basic "sensory mo-

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tor" skills such as limb movements and recognition of texture, color and other sensory stimuli. In the three units of this program, there are 65 staff persons to care for 7 residents, around the clock.

By contrast, in another program aimed at adolescents and young adults with moderate or mild retardation but with serious behavior problems, many of the residents were sitting idly in a day room (probably "waiting to be taken somewhere," according to one employe) while a crafts and recreation area went largely unused.

In this program, according to hospital officials, there are 53 employes spread over 24 hours, seven days a week, to care for 93 residents—some of whom can be physically dangerous. In one unit, a workman was replacing window panes which had been broken by a resident wielding a mop handle.

"These are the kids city schools don't want," says Laputz, "because they bust out windows." Some have spent time in local or state juvenile institutions. Miller said some come from culturally deprived family backgrounds. And Gnaizda speculated that "there may be children here who aren't even retarded."

In another section of the hospital, there are units for severely retarded adults, including those who have been institutionalized for many years. In one of these units Gnaizda saw men sitting and standing idly about huge rooms or waiting to go into groups for various activities, or to eat. A large medication tray was passed among them, with medicine consisting primarily of tranquilizers.

"It helps to make them a little quieter," a staff member said.

In one room where severely retarded adult males are housed, there was pandemonium. Some of the men screeched and jumped ecstatically at the presence of strangers; others approached to shake hands. There are 38 men on this unit, and three staff members were on duty that day to handle them.

In the Child Development Program, by contrast, there was an aura of light and activity. Children were eating in the dining room, and others were receiving medication or getting their hair combed in a nearby room. One small boy, apparently alert and seemingly more "normal" than others on the unit, walked authoritatively into the group of strangers, smiled, said something unintelligible and took Gnaizda by the hand.

The boy is a victim of a degenera-

tive disease which has his sister bed-ridden at another state hospital and will eventually kill him. He used to recognize his mother when she came to visit, a nurse said, but he doesn't now.

The Child Development Program has been strongly criticized by state officials in recent months; it is the program where the 6-year-old was found bruised and battered last October.

Miller and others believe the program was the victim of ineffectual staff organization, including the fact that it has had five interim project directors in less than three years.

It is apparent Miller has complete confidence in Santi Rogers, the articulate young program director who was recently imported from Porterville State Hospital along with his assistant, psychologist John Mabry, to run the children's program.

Miller notes major improvements in staff attitudes and morale at the Stockton facility in recent months—a change he attributes to an infusion of new and younger staff members like Rogers (Stockton in recent years has had the oldest average staff age of any state hospital), and to a realization that employe and parent complaints about conditions are being attended to by the Health Department.