

Chapter I

Fault Lines: 1935 to 1945

Features of the building program [include] additional facilities for ‘problem’ children; and special buildings at the state schools for mentally defective infants and children.

The latter provisions represent a radical departure in the state’s policy which heretofore left to families, or to county and municipal authorities, the responsibility for institutional care of defective children under the age of five. Only the most urgent and distressing cases can be occasionally accommodated now, but eventually, when the projected new facilities are constructed, the state will be able to care for mental defectives of all ages.

—Department of Mental Hygiene, *Annual Report 1946*

The New York State Department of Mental Hygiene’s announcement that it would admit a limited number of infants under the age of five and “care for mental defectives of all ages” was called a “radical departure.” It was a decision that shaped the nature of institutions and all services for people with developmental disabilities for more than a half-century. It would begin an era when chronic overcrowding would reach catastrophic levels, and ranks of cribs holding severely and profoundly retarded infants would replace the squeezed cots of comparatively able adults. Although the farms and workshops of rural institutions remained for many years, infant infirmaries would define this era, and “snake pits” would endure for decades as the label for institutions for people with mental disabilities.

Commissioner Frederick MacCurdy called the admission of infants a new direction when he announced the policy in 1945, but it was an acceleration of practices and an accommodation to pressures that had been building for ten years. It was only one of several important movements taking place in the state’s institutional system. Institutions were admitting younger, more severely disabled children while the eight-hour day and World War II drained

staff from those facilities. As more infants filled the wards, the state closed colonies and other extramural programs and concentrated care in the institutions proper. Fewer “higher grade” residents were “paroled” and were pressed into service as institution laborers. The cumulative impact of these events exacerbated scandalous conditions and led to a special investigation into mismanagement that became entwined in state and presidential politics.

Changes in the organization of the state’s institutions, the characteristics of their residents, the services and staffing, and the ways they were financed and administered were tectonic plates moving in different directions. The pressures along these fault lines produced a series of large tremors in the mid-1940s that presaged the cataclysmic ruptures that occurred in the 1970s around the San Andreas Fault in the state’s institution system—Willowbrook. Many of the explanations for what happened at Willowbrook and other public institutions, how and why services for people with disabilities were reorganized and refinanced, and why institutions persevered begin with understanding the shape and direction of pressures that built for decades.

State Institution System: 1935 to 1945

Dynamic, complex, and diverse are not terms usually associated with “state institutions for mental defectives and epileptics” in the midst of the Depression. Nonetheless, New York State’s facilities for people with developmental disabilities in 1935 were much different than the isolated, stagnant institutions filled with one-way admissions that provoked post-war reformers. In 1935, there were six “state institutions for mental defectives and epileptics” administered by the New York State Department of Mental Hygiene: five state schools (Letchworth Village, Newark, Rome, Syracuse, and Wassaic), and Craig Colony, an institution for the care of epileptics, which was incorporated into the state school system in 1958. The pre-war institutions had distinct identities that grew out of their unique historical roots, original missions, and even the personalities of their superintendents.

Established in 1851 as the New York Asylum for Idiots, Syracuse State School was the oldest institution in the state for the care of mental defectives and the second oldest in the country after the first state school Massachusetts created in 1848. The New York State Custodial Asylum at Newark was established in 1878 as an experimental program for “custodial care and sequestration of idiotic and feeble minded girls and women, for their protection and the protection of the State from hereditary increase of that class of dependents on public charity” (Lerner 1972, 75). In 1893, the state legislature recreated the Oneida County poorhouse as the Oneida State Custodial Asylum (later renamed the Rome State Custodial Asylum) for

“unteachable mental defectives” and “low-grade and delinquent cases” (Ferguson 1994; Lerner 1972).

Craig Colony began its existence in 1896 as the first and ultimately only state institution specifically devoted to the care of persons with epilepsy. In addition to providing a site for the scientific study and treatment of epilepsy, the care at Craig involved small groups of individuals living in cottages scattered throughout the 2,000 acre property in New York’s Finger Lakes region at Sonyea, which local lore attributed to “State of New York Epilepsy Asylum” despite clear Native American roots for the name. Letchworth Village State School, in Rockland County, employed Frederick Law Olmstead in the design of the grounds, and opened in 1911 as “The Eastern New York Custodial Asylum.” It was expected to be a model school for the feeble-minded emphasizing vocational training, although Trent (1994) points out that shelling peas for the dining rooms and mopping the floors of the wards were part of the training. Wassaic State School opened in 1930 to relieve the overcrowding in the existing state schools, especially for individuals from New York City where there was no state school.

Characteristics of the Residents of State Institutions

Higher-grade educables, women of childbearing age, low-grade delinquents, and unteachable mental defectives are terms so inimical to contemporary usage that they can deflect attention away from the complex reality behind them. Behind these archaic labels, the *Annual Reports* of the Department of Mental Hygiene describe a resident population that, in 1935, was much different than the one that characterized these institutions after World War II that would require a radical change in admissions policy. Although the differences among the six institutions had important implications for later changes in policy and practice, the 16,318 individuals “on the books” at the end of the 1934–1935 fiscal year, were generally older, comparatively less disabled, and poorer than the typical residents of the post-war era (DMH 1935, 297).

The annual statistical summaries for average age at admission, death, and length of stay at death show that a large percentage of residents died within a year of admission: 53.9 percent of those who died in 1935 had been in the institution less than two years (DMH 1936). However, those who survived the first year after admission lived relatively long lives. In the mid-1930s, the state schools housed a significant proportion of “higher grade mental defectives.” In 1935, 52.1 percent of first admissions were classified as “morons” [higher grade], while only 11.5 percent were classified as “idiots” [lower grade], and 30.7 percent classified as imbeciles (DMH 1935).

In 1935, New York’s Mental Hygiene Law stipulated that the institutions of the Department of Mental Hygiene were to be maintained “for the

care and treatment of poor and indigent persons.” The Commissioner could, however, “permit persons who are neither poor nor indigent to be received and maintained in an institution conditioned upon prompt and regular payment for their care and treatment” (Mental Hygiene Law Sec. 24-a). The reports on the economic status of first admissions confirm that state schools were largely places for the poor. Of the 1,789 first admissions in 1935, 65.3 percent were classified as “dependent,” 30.7 percent as “marginal,” and only 2.7 percent as “comfortable.” There were only 326 paying patients in the state schools (DMH 1935).

The Organization of Care: Institutional and Extramural Programs

A picture of large, overcrowded, isolated warehouses dominates the history of large institutions in New York and other states. However, one of the most striking features of the state’s institutional system before World War II was the large numbers of individuals who lived outside the institutions proper. Of the 16,318 individuals “on the books” at the state schools in 1935, only 12,797 were in the institutions: 1,716 were “on parole,” and 1,805 lived in colonies (DMH 1936).

The colony system was not developed by Dr. Charles Bernstein (Superintendent of Rome State School for forty years), but he and Rome became identified with this important form of extra-institutional care (Ferguson 1994; Trent 1994). Bernstein established a series of self-sustaining colonies off the campus at specific work sites. The first colonies were farms. Later there were industrial colonies in local mills, colonies for women working as domestics in private homes, and a reforestation colony of young men planting trees in the Adirondacks for the state. In the 1920s, Bernstein set up junior colonies for young children and summer vacation colonies. In the midst of the Depression more pressure was placed on the state for admissions, and colonies increasingly became places to house more capable and docile inmates apart from the increasingly disabled and “delinquent” individuals who were filling the infirmaries and locked wards of the institutions. At their peak in 1940, Rome operated sixty colonies across the state.

Colonies were not the only form of extra-institutional care. In 1935, the state formally established Family Care, which began informally in 1931 when residents of Newark State School were boarded with local families (DMH 1936). The experiment proved successful, and legislation provided, “There be allocated from the money appropriated for maintenance and operation of any institution in the Department of Mental Hygiene a sum not to exceed twenty thousand dollars for the purpose of establishing a community care for legally admitted patients and inmates at rates not exceeding four dollars per week”

(Chapter 27, Laws 1935). By the end of the 1936 fiscal year, there were 137 individuals in Family Care from the state schools.

Parole was the term used for individuals who had been admitted to an institution but were conditionally released to the care of their families. It was not until 1945 that this term was changed to “convalescent care.” Throughout the 1930s, approximately ten percent of individuals “on the books” were on parole (DMH 1936, 1940).

Admissions, Discharges, Deaths, and Overcrowding

There was a great deal of movement in and out of the institutions during the 1930s. In 1935 there were 1,789 first admissions, 158 readmissions, 823 transfers-in, 812 transfers-out, 831 discharges, and 215 deaths. A substantial amount of the movement was related to the opening of Wassaic State School and the transfer of residents from the New York City Children’s Hospital on Randall’s Island.

Overcrowding became the central focus of policy on institutions from World War II to the era of deinstitutionalization in the 1980s. In 1935, 12,376 individuals resided in the five state schools (1,157 over their rated capacity of 9,414—a 12.3 percent over capacity rate). The burden of overcrowding was not equally distributed among the institutions. Syracuse was five residents under capacity, and Letchworth, Newark, and Rome were 23.3, 18.4, and 20.9 percent over capacity. The newly opened Wassaic State School was at capacity (DMH, 1935).

Services Outside the State Department of Mental Hygiene

In addition to the state schools and Craig Colony, there were state institutions for defective delinquents, private schools, and the New York City municipal hospital on Randall’s Island.

Randall’s Island, New York City

In 1870, New York City created the New York City Children’s Hospital on Randall’s Island to provide temporary care for mentally defective and epileptic children from New York City. However, the lack of accommodations in state institutions made those stays permanent for most children. The opening of Wassaic State School and increased accommodations in other state institutions allowed the transfer of the patients to state schools. The population of the Children’s Hospital declined rapidly, and its closing marked the end of formal public care in municipal hospitals.

Institutions for Defective Delinquents

In 1923, New York established the State Institution for Defective Delinquents in Naponoch, New York, which was operated by the Department of Corrections and inspected by the Department of Mental Hygiene. This institution was intended to provide academic and industrial training as well as positive habit training and discipline for the 400 juvenile mentally retarded offenders it was designed to serve. It was, nonetheless, a prison, which allowed the other state schools to get rid of, or avoid admitting, troublesome and dangerous residents (Scheerenberger 1983). While parole was possible for those who demonstrated an ability to adjust to society, it was largely at the discretion of the superintendent, and most defective delinquents were held indefinitely. The state later established an Institution for Female Defective Delinquents at Albion. By 1935, the census was 1,006 at Naponoch and 217 at Albion (DMH 1935, 18).

Public Schools, Day Services, and Private Institutions

Following the creation of the first special class in a public school in Providence, Rhode Island in 1896, other American cities began establishing classes for children with mental retardation. New York City established its first class in 1902 (Lerner 1972). In 1917, state law mandated special classes for “educable” children, but the classes fell far short of the letter and spirit of the law (Lerner 1972). In the 1920s, there were less than a third of the number of classes required, and additions were impeded by a lack of teachers and reluctance of school districts to create and operate these classes. Enrollment in these classes was virtually flat during the 1930s. Most special classes were in New York City, which also had a handful of classes for visually and hearing impaired children with mental retardation, but these classes were not widely available in the city or anywhere else in the state (Scheerenberger 1983). Few special classes were available outside the large city districts, and they were virtually absent in rural areas. Moreover, those not “educable” were routinely excluded from public schools, and children deemed “trainable” might get some assistance such as home training manuals from social welfare agencies or child guidance clinics. At the end of the 1935 fiscal year, there were 362 individuals in eleven private licensed institutions for mental defectives (DMH 1935, 18).

Expansion of Services and Emerging Problems: 1935 to 1941

The movement of residents from the New York City Children’s Hospital on Randall’s Island completed the transfer of responsibility for public housing of “mental defectives” to the state. The now-unified state system was remark-

ably diverse with a variety of services outside the institutions proper, with approximately one-quarter of those “on the books” living in colonies, in family care, or on parole. The individuals in the care of the state were typically high functioning (in comparison to the populations in later years), poor adults who engaged in one of the “manual arts” that were the primary activities of the institutions. The conditions were not Arcadian, but the prewar organization of services belied the notion that institutions were always isolated warehouses filling with one-way admissions.

Expansion of Existing State Schools

The Great Depression and the 1930s have become synonymous with notions of uniform deprivation. World War II and the years just before Pearl Harbor are often portrayed as a period during which the American economy pulled out of the Depression and a boom began that would last for decades. In many ways, for people with developmental disabilities in New York, the conditions were reversed. During the Depression, New York took advantage of the federal Works Projects Administration to substantially increase its institutional capacity. Wassaic State School opened in 1930 and was rapidly filled with transfers from Randall’s Island. New and remodeled buildings at Letchworth Village State School added 660 beds to its capacity in 1936, and the completion of new buildings at Rome State School enlarged the capacity of that institution by 552 beds (DMH 1936).

Between 1935 and 1940, the number of individuals on the books of the state schools increased by over 25 percent, from 13,839 to 17,498, and the institutional census jumped from 12,797 to 15,952 (DMH 1935, 1940). However, every expansion in capacity resulted in increased overcrowding (from 12.3 to 17.0 over capacity between 1935 and 1940). This perverse phenomenon would plague the state for decades.

A New State School at Willowbrook

Willowbrook, the institution whose name became synonymous with overcrowding, abuse and neglect, was designed to be a major solution to these problems. In its *Annual Report* for 1939, the Department of Mental Hygiene announced plans for a new state school.

“To meet the need for additional accommodations for mental defectives from New York City, the Legislature of 1938 appropriated \$5,100,000 for the acquisition of a site for a new state school and for the commencement of construction work thereon. Accordingly, the Department of Mental Hygiene purchased in December, 1938 a tract

of 375 acres at Willowbrook on Staten Island for a site for the new institution. The new school will probably be opened in 1941 and may ultimately provide treatment for as many as 5,000 patients.” (DMH 1939, 62)

Reduction in Expenditures

Following the formal introduction of Family Care in 1935 with 45 individuals reported in this new service, the numbers increased exponentially: 135 in 1936, 203 in 1937, to 316 in 1938 (DMH 1937,1939). However, the program proved to be highly sensitive to the amount the state paid for the board of patients. The *Annual Report* for 1940 reported a drop from 315 to 279 people in the program, and attributed the drop to “an unfortunate reduction in the appropriation for food from which money was drawn to pay the board of patients” (DMH 1940, 72).

The legislature did increase the appropriation for food in 1941, but the state institutions suffered from overall declines in expenditures. The number of the individuals “on the books” increased from 16,318 in 1935 (with 12,797 in the institutions proper) to 20,487 (with 15,592 in the institutions) in 1940, but expenditures for Maintenance and Operations of the facilities remained almost flat: \$2,249,177 in 1935 and \$2,259,160 in 1940 (DMH 1936, 1941). Admissions continued to outpace increases in capacity, and by 1940 overcrowding jumped to 17.0 percent over capacity from 12.3 percent in 1935 (DMH 1936, 1941).

The Eight-Hour Day

In his *Executive Budget* for 1936–1937, Governor Lehman proposed an eight-hour day and acknowledged its impact on staffing in the state institutions.

“It is unfortunate that many ward attendants, guards, nurses and other institutional employees immediately engaged in nursing and custodial care of inmates, patients, and other wards of the state have been required to work twelve hours daily”. . . . “The eight-hour day will ultimately require the employment of as many as five thousand additional men and women at an annual cost of possibly five million dollars (x-xi).”

While the eight-hour day became law, there were no large increases in the numbers of employees in the institutions. In fact, after the large increases in total numbers of employees in the institutions from 2,458 in 1935 to 3,243 in 1937, the numbers remained essentially flat (3,349 in 1938, 3,318 in 1939, 3,428 in 1940, and 3,297 in 1941) before the drastic drops experienced during

the war (DMH 1936–1942). The *Executive Budgets* in the late 1930s and early 1940s included routine requests for overtime pay for the same number of employees working the same “unfortunate” hours. Moreover, according to Trent, Bernstein at Rome State School “complained that he did not have sufficient attendants for the three shifts and turned to the ‘higher grade morons’ as a source of institution labor” (1994, 220).

The use of residents as institution laborers was also exacerbated by the increasing difficulties in discharging residents, placing them in colonies, or putting them on parole. The economic status of over 95 percent of admissions was “dependent” or “marginal,” (DMH 1941), and poor families were reluctant to take their children back from the institutions. High unemployment drastically reduced opportunities for placement in industrial colonies and increased labor union opposition to them (Trent 1994). Even farm colonies were increasingly providing food for the institutions rather than operating in the local rural economies.

World War II and the Impact on Services

World War II had enormous and long-lasting consequences for New York’s institutions. Some of these were sudden and drastic changes brought about by the war, others were accelerations of trends that had begun during the Depression, and still others were important coincidences. The transfer of Willowbrook to the army, changes in the residents and employees of the institutions, and the death of Charles Bernstein were important and pivotal changes.

Transfer of Willowbrook to the Army and the Moratorium on Construction

The Department’s *Annual Report* for 1940 stated, “Satisfactory progress was made in the construction of a new State school at Willowbrook, Staten Island, and it is expected that the first unit of this institution will be ready for occupancy in 1941” (DMH 1940, 63). The enthusiasm about the anticipated opening of Willowbrook was dashed with the exigencies of the war. The *Annual Report* for 1942 explained that, in response to a request from the Secretary of War, on September 23, 1942, this “hospital-school of modern design and equipment, erected on Staten Island at a cost of over \$12,000,000, to provide accommodations for 3,000 mental defectives, was transferred to the United States Army for its use as Halloran General Hospital for the duration of the war emergency” (DMH 1942).

The transfer of Willowbrook had enormous consequences for the institution system and the organization of services for the remainder of the century and beyond. It was the most salient but not the only major problem for the

state's institutions. In addition to the loss of 3,000 anticipated beds at Willowbrook, construction of additions and major repairs to other facilities virtually halted as expenditures for capital construction plummeted. From \$5.1 million in 1941, annual capital construction expenditures dropped to \$3.9 million in 1942, to \$1.0 million in 1943, to \$275,000 in 1944, and finally to \$15,000 in 1945 (DMH 1943–1946).

Accelerating Changes in New Admissions and Institution Census

The cumulative effect of the Depression and the entry of the United States into World War II accelerated changes in the makeup of the residents of the state schools. The census in the institutions increased from 16,047 in 1941 to 16,375 in 1945, and overall overcrowding increased to 21.7 percent over capacity. The relatively small increase in the overall census reflected the drop in admissions. First admissions to the state schools dropped from 1,655 in 1941 to 1,380 in 1945 (DMH 1945, 294). A moratorium on construction not only left nothing in the pipeline for new facilities, but the much lower rates of admission during the war contributed to a backlog and pressure for admissions after the war. Had the rate of admissions remained at the 1941 level of 12.2 per 100,000 during the war years rather than dropping to 9.9 per 100,000 in 1945, approximately 1,365 additional admissions would have occurred.

Two other important changes in the population of the state schools also began to accelerate during the war. The percentage of first admissions classified as “idiot” (the most disabled) jumped from 7.8 percent in 1941 to 12.9 percent in 1945. The percentage of first admissions to the state schools of individuals under the age of ten leaped from 24.8 percent of first admissions in 1941 to 32.8 percent in 1945. It was apparent that the state schools were beginning to serve a much younger and more disabled population before the formal change in policy in 1945, and this compounded the problems of shortages in staff and facilities.

One other characteristic of first admissions that indicates the shift in the role of state institutions was their economic condition. The institutions traditionally served a poor and economically marginal population as first admissions in the dependent and marginal categories were typically over 95 percent throughout the 1930s. In 1941, the economic conditions of first admissions to the state schools were classified as: 70.4 percent dependent; 26.2 percent marginal; and 3.4 percent comfortable (DMH 1941, 322). In 1945, the economic conditions of first admissions to the state schools were classified as: 38.8 percent dependent; 43.0 percent marginal; and 6.2 percent comfortable (DMH 1945, 301). This shift was due in large measure to the exigencies of the war. Fathers off to the armed services, mothers working, and housing shortages placed additional strains on families with a child with mental retardation. This shift toward placement in state schools of children from more middle-class circumstances was

also an early indication of the large-scale attitudinal, social, and economic changes that would emerge following the war.

Closing Colonies and Contracting Family Care

Charles Bernstein, the director of Rome State School and the most ardent proponent of colonies, died in 1942. Both a change in philosophy of care and the war resulted in the rapid closing of colonies. From 1941 to 1945, the total number of individuals in colonies dropped from 1,659 to 1,265 (DMH 1946).

Family Care placements increased slightly through the war years from 527 in 1941 to 621 in 1945, creating revised expectations about the need for institutions. The *Annual Report* for 1942 pointed out, "It has become evident that the growth of Family Care will lessen the necessity for additional institution capacity. The ultimate saving in construction costs will amount to many million dollars" (DMH 1942, 70). The numbers of individuals on Parole declined over the war years from 2,254 in 1941 to 2,059 in 1945. By 1945, the percentage of individuals "on the books" of the state schools who were now in the institution proper had climbed to over 80 percent (DMH 1946).

Loss of Employees

In addition to the growing crisis in physical plant capacity, the state institution system experienced many of the problems of labor shortages brought on by the war, exacerbating the problems existing before the war. As Lend Lease and other pre-war expansion programs drew more people into factories, and into the armed forces with the war, employment in the state schools stagnated and dropped. In 1942, the number of employees dropped to 3,297, in 1943 to 2,935, in 1944 to 2,800, and by 1945 the of employees in the schools dropped to 2,611, the lowest number of employees since 1936. In 1945, there were 1,403 vacancies in the overall authorization of 4,014 employees, and 25 of the 63 medical officer positions were vacant (DMH 1946).

Public Institutions in State and National Politics

The conditions in the state's institutions remained largely invisible to the general public until unforeseen events thrust the institutions into the state and national political scene.

Temporary Commission on State Hospital Problems

The growth in the population of the state's mental institutions was a major concern for the state administration, and in 1940, Governor Herbert Lehman

appointed a Temporary Commission on State Hospital Problems “to study the possibility of diminishing the rate of growth of the State Hospitals for the mentally ill” (Temporary State Commission 1942). The primary focus of the Commission was not overcrowding but the cost of care. The Commission’s 1942 Progress Report calculated the annual census increases from 1930 through 1942 and concluded, “There has been nothing like this in the history of the New York State Hospitals during the past fifty years. The fiscal implications of the above figures are substantial” (Temporary Commission, 1942, 3). The report then analyzed the savings in food, clothing and maintenance that could be realized if patient populations were reduced by greater use of parole and family care. The report pointed out that the cost of construction of new beds (“before it became impossible to build them at all”) for the 3,710 patients exceeding the existing capacity could be postponed, or avoided indefinitely, with the reduction of the census.

While the Temporary Commission was focused on lessening the costs of care, the effects of overcrowding were gaining public attention. Photojournalism played its first in a long series of roles in bringing the worsening conditions in the state schools to public attention when, in 1941, Arnold Genthe did a photographic series on Letchworth Village for *US Camera* that exposed terrible conditions in what was supposed to be a model institution (Trent 1994). *Reader’s Digest* published Edith Stern’s exposé, “Our Ailing Mental Hospitals” in 1941. At the same time Albert Deutsch, the author of the landmark post-war indictment of the mental hospitals, *The Mentally Ill in America*, was attacking the New York administration and the recommendations of the Temporary Commission in articles for the newspaper, *PM* (Grob 1991).

Scandals in the Department of Mental Hygiene: An Election Issue

The revelations of poor conditions in the institutions took place during an election cycle, and this election was especially significant. In 1942, Thomas E. Dewey was elected Governor of New York, the first Republican elected to that office in over two decades. Dewey had lost the 1938 election to Governor Herbert Lehman but remained a national political force on his record as a crusading Manhattan District Attorney, losing a narrow race to Wendell Willke for the Republican presidential nomination in 1940.

In the 1942 campaign, Dewey charged that the Lehman administration was composed of men “who had gone soft in the deep ruts of comfortable routine” (Beyer 1979). There was nothing in Dewey’s background that suggested a special interest in the state’s care of people with mental disabilities, but the problems being uncovered in the Department of Mental Hygiene and the state’s institutions provided Dewey with a prime example of the failures of the previous Democrat administrations.

When Dewey took office in 1943, he attacked what he had called “twenty years of dry rot” (Beyer 1979). Dewey’s view of the many years of Democrat administration was also intensified by a national political ambition and the view that state governments’ roles needed to be enhanced to reverse the nationalizing effects of the New Deal. Dewey saw strengthening the state’s administrative capacity as crucial to increasing the importance of state government.

Moreland Act Commissions: Findings and Recommendations

The problems of overcrowding and the controversies surrounding the work and recommendations of the Temporary State Commission might have been sufficient cause to focus Dewey’s prosecutorial zeal on the Department of Mental Hygiene. However, shortly after taking office in March 1943, the governor received information of a rapidly spreading outbreak of amoebic dysentery at Creedmoor State Hospital in Queens Village, New York City, and of the failure of the Superintendent of the hospital to take steps recommended by local health authorities to stop its spread (Moreland 1944). This new scandal in the Department of Mental Hygiene gave the new administration an excellent opportunity to demonstrate its approach to this issue.

Governor Dewey appointed a special Commission under the Moreland Act to investigate the affairs and management of Creedmoor State Hospital and the role of the Department of Mental Hygiene in handling the outbreak. The Moreland Act (Section 8 of the Executive Law) was Progressive Era legislation that gave a governor the authority and administrative machinery for independent, comprehensive, and speedy investigations and had been used by governors to conduct inquiries into a variety of matters (Missall 1946).

As the investigation began, Dr. William J. Tiffany, Commissioner of the Department of Mental Hygiene since 1937, resigned, and Dr. George W. Mills, superintendent of Creedmoor State Hospital since 1935, was retired. “The report of that investigation indicated that the lax handling of the outbreak of amoebic dysentery was merely a symptom of administrative incapacity at the hospital. The investigation further showed, as set forth in the report, “an administrative breakdown in the Department as a whole” (Moreland 1944, 7).

On May 26, 1943, Governor Dewey appointed a second commission under the Moreland Act, “to examine the management and affairs of the Department of Mental Hygiene and its institutions with a view toward making constructive recommendations to improve their administration” (DMH 1944, 13). Dewey named Archie O. Dawson, an attorney, who had led the investigation at Creedmoor to chair the new Commission with other members representing the state’s medical society and superintendents of public and

private hospitals. The staff of the Commission drew in a wide variety of national experts in psychiatry, nursing, nutrition, hospital administration, and accounting. The Commission also established several advisory committees on medical care, nursing, dietetics, social service, accounting, and hospital administration and other program areas.

Governor Dewey's new Director of the Budget, John Burton, formed a Research Unit in the Division of Budget. One of its first assignments was to begin an analysis of the Department of Mental Hygiene administration and operations. The analyses of the Division of Budget were coordinated with the work of the Moreland Act Commission. The Dewey administration was going to use the investigation of the Department of Mental Hygiene as a vehicle for demonstrating the errors of the previous administration and as a model for reorganizing and revitalizing state administration and operations.

The Commission, its staff, and members of the advisory committees visited each of the twenty-six institutions operated by the department in its comprehensive review of the agency. The Moreland Act Commission reported its findings in March 1944, and its report was an extensive evaluation of the department's organization and operations as well as a series of recommendations for a comprehensive overhaul of the Department of Mental Hygiene and its institutions. No major area was left unexamined: the professional care of patients, medical and nursing education, research, physical plant, procedures for admission, discharge and placement in family and convalescent care, financing of care, personnel and business office methods, and department and institution management.

The Moreland Act Commission report and recommendations are important to the history of public institutions in New York State for several reasons. They demonstrate that the appalling conditions of abuse and neglect that triggered the crisis at Willowbrook more than twenty-five years later were not new and unknown. They go beyond and below these problems to examine underlying elements of administration, finance, construction, and other key organizational issues contributing to poor care. Perhaps most importantly, confidence that the problems were identified, the solutions clearly outlined, and the political will and administrative frameworks necessary for successful implementation were in place permeated the report. It was a blueprint for reform that, thirty years later, at the end of another comprehensive review and plan, would leave representatives of parent groups again calling for "a new beginning."

Conditions in the Institutions

Accounts of appalling conditions in New York State's institutions form the core of the literature in this area (Blatt 1980; Grob 1991; Rothman and Rothman 1984), and the Commission found deficiencies in virtually every

aspect of institutional life. The report on Craig Colony was typical of the conditions found in the institutions: severe overcrowding, residents sleeping on mattresses wherever space could be found, virtually no place to rest in the day rooms, residents wandering in various states of undress, people sitting in their own excrement, young boys “herded together” with older men “some admittedly sexual perverts,” and every other atrocious condition that earned these places the label of “snake pit” (Ward 1946). One passage from the report on Craig, however, was an especially poignant commentary on what the Commission found:

“The contrast between these crowded buildings and the cow barn, where the dairy herd of the institution is kept, is marked. The cows are kept in clean spacious quarters, well provided with fodder, while certain of the wards of the State in this institution have lived and slept under conditions which members of the Commission felt could never have existed in a civilized community” (Moreland 1944, 45).

With the exposure of terrible conditions in the institutions at the core, the findings of the Commission are remarkable for their assessment of the causes. The Commission found that many of these conditions were the result of various deficiencies in statute, regulation, policy, exercise of authority, organization, and administrative methods and practices.

Organization of Patient Care

In area after area of direct patient care: medicine, nursing, occupational therapy, social work, and nutrition, the Commission emphasized defects in statute, organizational structure, failures of executive direction, lack of managerial oversight, and inadequate and improper methods and procedures as the primary problems. The report stated, “War problems, however, are not permanent problems and the war is not an excuse for certain conditions which have existed for many years” (Moreland 1944, 15).

The Commission examined the managerial problems presented by the distance of colonies from their home institution. It found that, “Such distant units are difficult to supervise and expensive to operate. They have been established over the years without sufficient thought given to proper location” (Moreland 1944, 42). The Commission endorsed Commissioner MacCurdy’s transfers of control of colonies to the nearest institution and the relocation of distant colonies closer to those institutions, which concentrated more care in the institutions proper.

Segregated education and the admission of infants were two important topics because of the long-term ramifications of the recommendations in

these areas as well as for their indication of the prevailing public philosophy of a Commission composed of the most prominent professionals in the mental hygiene area. On education in the state schools, the Commission noted that while “higher grades” might benefit from vocational training and “become less burdensome,” “Those at the lower end of the scale are practically without mentality, helpless, and unteachable” (41). The Commission raised the question “whether the teachable mental defectives should not be placed in separate schools and removed from contact with the low grade imbeciles and idiots” (41).

The Commission’s observations on admission and care of children under the age of five were not lengthy. Nonetheless, the reference to the anomalies in the state’s policy and practice not only presaged the seminal decision in 1945 to change the policy on this crucial issue but also provided a concise insight into the state’s interest in the mentally retarded child in a family at this time.

“More adequate provision should also be made for mentally defective infants in certain of the State schools. While an opinion of the Attorney General can be construed to mean that the State does not assume responsibility for mental defectives under the age of five years, as a practical matter the responsibility has been assumed but without corresponding accommodations being made available. A mentally defective child under five, particularly if of low grade, can be harmful to and disruptive of normal family life and it is to the interest of the State, as well as to the family, to have such a child cared for in a suitable institution. If they are to be accepted, however, adequate facilities must be provided for them” (41–42).

Reimbursement for Patient Care: Accounting Procedures

The Commission’s position on family policy and the state’s role also ran through its consideration of the problems of reimbursement for care. This lengthy section of the Commission’s report opened with the stark reminder that, “The institutions in this Department are maintained “for the care and treatment of poor and indigent persons” (Mental Hygiene Law, Sec. 24-a)” (66). The Commission’s investigations disclosed that only 11 percent of the patients in the institutions were paying, but if the statute were properly applied, reimbursement from the approximately 25 percent of patients with “relatives legally liable and with sufficient ability to pay” would result in additional reimbursements of \$3,000,000 per year (Moreland 1944, 67). The report includes extensive analyses of the determination of a relative’s ability to pay, failures of the department to establish uniform formulas for reim-

bursement, rates, and procedures for pursuing payments and enforcing judgments as well as recommendations in each of these areas. It is apparent from the length and detail of this portion of the report that while the Commission acknowledged that more infants would be admitted to the institutions, it was creating greater expectations that families would pay for their care. This was taking place at the same time that the economic status of the families of first admissions was shifting from “dependent” to “marginal,” and “comfortable.”

Physical Plant: Size and Design

The transfer of Willowbrook to the Army and the subsequent moratorium on construction dominated the discussion of the institutions’ physical plants. Following the recommendation of the Temporary Commission on State Hospital Problems to expand the state institution capacity, Governor Lehman proposed a \$50 million bond issue for construction, but by that point the conditions in the institutions had become politicized, and the Republican-controlled legislature did not approve the placement of the bond proposal on the ballot.

The Moreland Act Commission report was issued in this context, and it made some surprising observations about the size and design of the facilities that had long-term implications for public institutions in the state. The Commission pointed out that the older institutions grew without an overall guiding plan and often used buildings designed and built for other purposes. However, looking ahead to the expected postwar construction, the Commission report observed:

“There are good arguments from an economic point of view to support the value of such enormous institutions as those caring for 5,000 patients and more. There is little doubt, however, that size has an important bearing on the quality of medical care” (60).

The Commission also pointed out that high-rise buildings based on general hospital models did not allow patients to get out of doors, and the lack of interior enclosed space restricted exercise. The Commission not only found fault in the older facilities, but also in the design of the department’s two newest facilities, Wassaic and Willowbrook.

“Wassaic State School, which was opened in 1930, has been built with an orderly arrangement of buildings but no protective passageways were provided between the dormitories and the dining halls. As a result, the thousands of mentally defective children who are patients of the school have to tramp three times a day through rain

and snow for considerable distances from their residence buildings in order to get their meals. They frequently arrive at dining halls wet through and must eat in damp clothes and with wet feet and return in the same condition to their residence buildings before they can change their shoes or clothes” (61).

“Willowbrook State School, a still later example of planning, also was not provided with covered passageways to the dining halls. It is noteworthy, however, that as soon as the army took it over for use as Halloran General Hospital it erected covered passageways” (61).

The Commission noted that the twenty-six institutions of the Department represented an “investment by the State of New York of \$18,000,000,” and recommended that the department reorganize and address the needs for maintenance, fire prevention, and service equipment appropriate to an investment of this magnitude.

Large Budget Surpluses

The Commission’s recommendations for addressing the need to protect the state’s capital investment were made at a time when the state was experiencing a dramatic upturn in its finances. In his first *Executive Budget* for 1943–1944, Governor Dewey stated:

“The business boom associated with the launching and rapid development of the national defense program in 1941 and 1942, almost overnight restored the budget to balance. It unexpectedly rolled up for the State an accumulated surplus of more than \$54 million—the first accumulated surplus of any size since 1931” (v).

In his 1944–1945 Executive Budget, Governor Dewey forecast a budget surplus of \$148 million, but the actual surplus at the end of the fiscal year was \$163 million (*Executive Budget 1945–46*, v). However, despite the surpluses, the amounts expended for capital construction in the state schools plummeted from \$5.2 million in 1941 to an almost negligible \$15,000 in 1945. In the context of relatively flat expenditures on maintenance of the facilities, large numbers of vacancies in staffing, and a moratorium on capital construction during the war, the Commission could make sweeping proposals for new programs on the assumption that lack of funding would not be a problem in the immediate postwar era. This assumption was echoed in the department’s 1944 *Annual Report*: “Looking ahead to the increased demands expected during the postwar years, Commissioner MacCurdy is laying plans for a large

construction program for the development and expansion of institutional facilities” (17). The department expected to request the Postwar Public Works Planning Commission to approve \$50,000,000 in construction to expand and modernize mental hygiene facilities “as rapidly as possible” after the war (DMH 1944, 17).

Executive Leadership and Reorganization of the Department of Mental Hygiene

The Moreland Act Commission Report laid the blame for problems in the institutions squarely on the leadership of the Department of Mental Hygiene.

“The primary cause of the failure of the Department of Mental Hygiene to keep pace with progress in the care of the mentally ill in New York in the last few years was this weakness of leadership at the top. This weakness was not because of lack of authority, for the Mental Hygiene Law confers wide administrative and supervisory powers on the Commissioner. It appears to have been because of the failure of the former Commissioner to exercise his legal powers and assume his legal responsibilities with necessary vigor” (97).

Shortly after the Moreland Act Commission began its studies, Governor Dewey appointed Dr. Frederick MacCurdy, formerly of the Vanderbilt Clinic of Columbia Presbyterian Hospital, as Commissioner of the Department of Mental Hygiene. Commissioner MacCurdy replaced many administrators from the previous administrations and began a comprehensive reorganization of the department following the recommendations of the Commission and the Division of the Budget. The department’s administrative structure was reorganized, and new bureaus were created for central supervision of professional and clinical practice. Special attention was given to the reorganization of the bureau of medical inspection, and additional medical inspectors were appointed. The department’s business office procedures were modernized, and offices were reorganized in anticipation of addressing postwar building needs.

The recommendations included a number of changes to the Mental Hygiene Law. Changes in terminology (“convalescent care” replacing “parole,” for example), changes in procedures for admissions (as well as detention and discharge), clarification of the role of Boards of Visitors, and enhanced powers to the Commissioner of Mental Hygiene over licensing of psychologists were among the statutory changes recommended and subsequently enacted.

The Commission’s report paid particular attention to the problems of staffing that had grown from the Depression through the war, especially in medical and professional staff. It proposed a reclassification of ward

personnel, establishment of schools for practical nursing, increased dietetic personnel, and modernizing titles and pay in the institutions.

Fault Lines

The Moreland Act Commission's findings were dramatic, its indictments of past administrations and practices were damning, and its recommendations for reform were bold.

The recommendations, Governor Dewey's aggressive reorganization of the Department of Mental Hygiene, a large state budget surplus, and a revitalized department's plans for postwar construction and new programs all seemed to signal success in the new direction Commissioner MacCurdy predicted. However, the fundamental fault lines below the surface of this postwar enthusiasm remained.

Severe overcrowding was the most prominent feature of the state's institutions, and budget surpluses could not be spent for expanded and new civilian facilities during the war. Not only was new construction out of the question, the deferral of maintenance on existing facilities was a looming problem. No new construction in the pipeline and bold plans for postwar construction programs masked the fact that any renewed expansion would have to be from a standing start.

Admissions had been deferred, but a greater proportion of the individuals on the books of the state schools were living in the institutions proper. In the immediate postwar *Annual Reports*, the return of Willowbrook from the army as a solution to overcrowding took on mythical proportions, but the return would not address the demographic realities apparent from the department's own statistics. They showed that the admission of children under the age of five had been well underway at least four years before Commissioner MacCurdy's formal announcement of the change in policy. The full impact of caring for severely disabled infants was masked by the loss of staff to the armed services, the closing of colonies, and the wartime moratorium on construction. The kinds of services required by this new population, the staffing, and the configuration of the facilities was still not apparent. Moreover, the admission of infants was an early and subtle indication of enormous changes in society and social policy that would have substantial long-term consequences for the state's institutions.

The Moreland Act Commission report, the governor's budget messages, and the department's *Annual Reports* looked to the end of the war as bringing a return of employees to the institutions. They would be lured back by higher pay, promotion opportunities, more education and training, and the other reforms proposed and enacted during the early years of the Dewey adminis-

tration. In the meantime, admittedly less capable employees were working alongside the more capable residents providing custodial care to a younger and more disabled population increasingly concentrated in the institutions as colonies closed and the numbers in Family and Convalescent Care stagnated. By 1945, the percentage of those on the books and living in the institution had risen to over 80 percent, and this was before Commissioner MacCurdy made the formal announcement that the state would admit infants.

The Moreland Act Commission report also carried important and complex messages about the responsibilities of families and the state in caring for children with disabilities. State government was taking a new view of families, couching its role in terms of relieving families of the burden of caring for a disabled child who would be “harmful to and disruptive of normal family life.” The admission of individuals from less economically dependent families and the relatively constant and low capacity of private schools in the state were subtle signs of a shift from serving the poor and indigent to serving a more middle-class clientele and a signal of the state’s role in positive social and family policy.

The Moreland Act Commission’s report also contained traditional conservative messages of personal responsibility, especially in its treatment of families’ obligations to pay their fair share for the care of their relatives in the institutions. A strong theme in the report was government’s expanded role in education and training and medical research that would lay the bases for new and positive approaches to people with mental disabilities. But the report also advocated “triaging” (perhaps with the war experience in mind) education services for disabled children by segregating those “helpless and unteachable” from those “capable of rehabilitation.”

The darker features of services for people with developmental disabilities were overshadowed by the confidence with which the state faced the postwar world. Radical changes, new and dynamic programs, reform, and the promises of education and science were eagerly anticipated, but the fault lines in institution capacity, resident characteristics, staffing, and expectations about the roles and responsibilities of families and state in the care of people with disabilities lay beneath this enthusiasm.