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The Washington Post

April 16, 1987, Thursday, Final Edition

SECTION: METRO; PAGE D1

LENGTH: 1900 words

HEADLINE: Problems Chronic at Md. Center for Retarded

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BODY:

When David Hughes, 22, arrived at the Great Oaks Center near Silver Spring last August, he brought with him the hard-won accomplishments from six years of special schooling in Connecticut.

Hughes, whose retardation, weak vision and deafness resulted from his mother's bout with rubella during her pregnancy, could understand 82 gestures of sign language and could express more than 20 signs. He loved to clamor for his favorite food, hot dogs.

But after eight months at Great Oaks, Hughes has lost most of his ability to communicate, said Stanley Herr, a law professor at the University of Maryland at Baltimore, who represents 30 clients at the center.

"When no one's interacting with him, he's like a human pretzel," Herr said. "David is an emblematic case of Great Oaks' failure."

In many ways, the experiences of clients such as Hughes at Great Oaks epitomize the difficulties inherent in providing care for the profoundly mentally retarded.

In appearance, the 150-acre facility straddling the Montgomery and Prince George's county line defies the stereotype of the forbidding government-run institution. But its problems -- including perpetual understaffing, poor employe morale and frequent allegations of patient neglect and abuse -- have kept the facility in an unfavorable spotlight for much of its 17 years.

The U.S. Justice Department is now investigating complaints of abuse at Great Oaks and other violations of the rights of its residents. Since the passage of the Civil Rights of Institutionalized Persons Act in 1980, Justice has undertaken 86 of these probes in the nation's jails, prisons, psychiatric units and mental retardation facilities.

The federal scrutiny comes at a time when Great Oaks, the second largest of Maryland's eight homes for the mentally retarded, has made notable improvements in staffing and management under a new take-charge administration, according to state officials and advocates for the mentally handicapped.

"It shows just how bad the average is," said Herr.

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How bad is Great Oaks? How good is Great Oaks? There are no pat answers.

Because the story of Great Oaks is one of conflicting images. It is a story of parents who applaud the care their children receive and parents who say they fear for their children there. It is a story of employes who genuinely care for the clients, bringing them presents and taking them home for weekend visits, and employes who can't be bothered with changing a diaper because it might interrupt their television viewing.

But most of all, it is a story about the helpless, a story of people who are so severely disabled that the goal in life for many is a simple matter of holding up the head without support.

If Great Oaks had gone according to the original plan for the facility, David Hughes would not have ended up there. He would have been too old.

Initially, Great Oaks was built to serve 200 mildly retarded children and adolescents. The center quickly became filled, however, with severely handicapped patients of all ages who were transferred from the state's older, overcrowded institutions.

Today, Great Oaks has 383 residents, the majority from Prince George's and Montgomery counties. Only 17 of them are below the age of 12. Only 46 are teen-agers. The oldest resident is over 70.

Their handicaps are severe: 269 of the residents cannot express their needs; 248 cannot dress without help; 219 are not toilet trained; 130 cannot walk.

Many also have serious, potentially harmful behavior problems. A young man suddenly turns violent and begins screaming and striking the nearest person. An elderly woman ambles through the halls, stuffing trash in her mouth. A young girl will thrust her head into a toilet bowl unless she is carefully watched.

Great Oaks' staff of 619 includes special education teachers, psychologists, activities therapists and about 290 direct-care workers. The direct-care workers, who dress, feed, lift, diaper and generally tend the patients, draw an annual salary of \$ 10,000 to \$ 15,000 -- a fact that makes for difficult recruiting in the competitive metropolitan Washington job market, center officials said.

"I would go absolutely out of my mind if I had that job," said Monroe Karasik, former head of the Maryland Association for the Mentally Retarded. "The stress on those poor devils who take care of the clients is unbelievable."

"We have the hardest job in the place," said a direct-care worker who did not want to be named. "We have all the burden and all the blame."

Employes talk long and intensely about burnout, inadequate training, the mounting paperwork, the open hostilities. The absentee rate is high, center officials said, and the annual employe turnover rate is about 30 percent.

In October 1985, the facility's top administrators, who had headed the center since it opened, were relieved of their duties after a state review found "a significant long-term employe management problem."

The following January, Dr. Marvin Malcotti left the larger Rosewood facility near Baltimore to become director of Great Oaks. Malcotti's no-nonsense leadership style was a sharp contrast to the easygoing demeanor of his predecessor, Clifford Lockyer, and has further upset some employes.

One of Malcotti's first acts was to enforce a mandatory overtime policy requiring direct-care workers to stay and work an extra shift with only hours' notice, or face reprimands and suspensions without pay.

According to federal guidelines, the ratio of direct-care workers to patients must be 1 to 8 on the morning and evening shifts, and 1 to 16 on the night shift. If the facility is caught falling below these levels, however, it could lose

the \$ 8 million in federal funds it receives each year, or about half of its \$ 16 million budget.

Workers complain, however, that they are sometimes asked twice a week to work extra shifts, are given suspensions if they refuse, and yet have to wait weeks to be paid for overtime that they do work.

"Morale is at an all-time low," said Gwynne Kostin of the American Federation of State, County and Municipal Employees Council 92, the union that represents the workers. "On an employe's 14th or 15th hour on the job, what kind of care do the kids get?"

Malcotti, while admitting that the practice has caused "a tremendous uproar," said that similar facilities began using the overtime policy a decade ago. The center has just received a special allotment from the Maryland General Assembly -- \$ 130,000 through July 1, \$ 650,000 for the next fiscal year -- for 50 extra direct-care workers. But the overtime policy isn't likely to be eliminated.

"That's one more thing the staff has to get used to," Malcotti said. "They want to work when they damn well please. I realize they may have kids at home to take care of, but I've got 383 here who also need care and treatment.

"I'm not a low-key administrator," he said about the employe complaints. "I attract this stuff like a magnet. It was chaos around this place. The party's over."

Alice Martinez of Greenbelt remains convinced that poor supervision contributed to the death of her daughter Alicia, 18, in October.

Alicia, who had the abilities of a 1-year-old, died after squeezing her head between the metal rails of a bed in her cottage. The state medical examiner ruled that her death was the result of a seizure.

"I have a tremendous amount of guilt because I had funny feelings and I didn't push them," said Martinez, who works for the American College of Psychiatry. "I'd go to pick her up and they'd have to go looking for her. Her diapers would be soiled for a long time. She was always getting into little places."

Two months before Alicia died, Martinez said she noticed her daughter trying to squeeze her head between the metals bars of a bed, and urged workers to replace the beds. "They said, 'Don't worry, we'll watch her,' " Martinez said.

Malcotti said that not more than 10 minutes passed between the time Alicia Martinez disappeared and the time she was found. "Yes, it was a tragic death," he said. "I don't mean to minimize things, but accidents happen . . . It was not the usual screw-up at Great Oaks, so to speak."

The case of Alicia Martinez has become one of the unfortunate episodes that haunts the facility. There are others: In 1984, a severely retarded woman became pregnant after she was raped while under care at Great Oaks and the Maryland School for the Blind. The U.S. Supreme Court ruled after her case received national attention that she could receive an abortion.

In January 1986, a severely retarded teen-ager who had a tendency to stuff foreign objects into his mouth, died after suffering a seizure. A physician's vinyl examination glove was found lodged in his larynx.

In July, a 28-year-old Great Oaks employe was charged with second-degree rape in an attack on a 38-year-old resident who had the mental ability of a 6-year-old.

But state mental retardation officials say that of the eight facilities operated by Maryland, Great Oaks does not have more than its share of such cases, only more than its share of publicity.

Parents who are grateful for what Great Oaks has done for them and their children say they, too, believe it has sometimes been viewed unfairly.

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"We find the staff very caring," said Syd Kasper of Silver Spring, whose son Arthur, 37, has lived at Great Oaks for 15 years. "They understand and humor him. When he first came, he had the habit of throwing things -- he'd throw his shoes on the roof. Now he's all calmed down and we feel he's happy."

Grace Berman of Bethesda, whose 45-year-old daughter Linda has been at Great Oaks a decade, publishes a bimonthly newsletter on center activities called The Little Acorn.

"My standard is, I go to pick her up every week and she looks happy and comfortable and there are no bruises," Berman said. "Her clothes may be all mixed up, but . . . I'm afraid she's never going to go to Wellesley."

It is a bright spring morning at Great Oaks. The geriatric patients, 14 of them, are taking the sun. In the greenhouse, several young men are repotting plants. In the work activities center, the highest functioning residents are putting together washers and nails, a contract job for which they are paid 53 cents a pound.

Malcotti and other center officials, who are launched on a campaign to "humanize" the facility, say they are optimistic about its future. Within the next three years, they hope to reduce the resident population to about 240, a move that should ease many of the staffing problems. Last year, 100 Great Oaks residents were transferred into community-based homes or other facilities.

In a classroom bright with Easter Bunny cutouts and other decorations, therapist Pat Bouthner paused while reading a book to a resident lying in a beanbag chair.

"When I first got in the field, I didn't want the profoundly retarded," she said. "I came here and I immediately went, 'Uh-oh.'"

"But look at Gwen here. You wouldn't think she has much going for her, but if you go 'goochy' to her, she'll smile. She also hums 'Amazing Grace' along with a guitar. She goes home with me for weekend visits.

"And Mark here," Bouthner said, pointing to a young man napping on a bed. "Mark vomits 14 times a day. A year ago, we were asking ourselves, 'What are we going to do with Mark?' But the other day, Mark smiled his first smile."

GRAPHIC: PHOTO, JANET CARBONE, AN ACTIVITY THERAPIST AT GREAT OAKS CENTER, HELPS A GIRL WITH LEARNING TOOLS. THE 17-YEAR-OLD STATE CENTER NEAR SILVER SPRING CARES FOR 383 RETARDED RESIDENTS. JAMES A. PARCELL; PHOTO, DIRECT-CARE WORKERS TAKE GREAT OAKS RESIDENTS, SOME OF WHOM CANNOT WALK, FOR AN OUTING ON A NICE SUNNY DAY. JAMES A. PARCELL; MAP, 150-ACRE GREAT OAKS CENTER LOCATION, BRAD WYE