Unidentified Male: Good morning.

Neal: Good morning. I'm Neal Holtan. I'm here interviewing Clifford Nelson as part of the Anoka State Hospital Oral History Project. Welcome and thank you for coming in. Could you give us a little background on yourself? The earlier part of your life? How you grew up and went to school?

Cliff: All the way back to February 26, 1930?

Neal: That would be a good start.

Cliff: Born in Willmar, Minnesota. I was the second oldest of a family of seven children. My Dad was a railroader out of Willmar. My Mother passed away when I was a junior in high school, leaving seven children. The youngest was nine months but my Dad took care of every one of us and had people come in to take care of us…a babysitter, housekeeper and all of that. I graduated from Willmar High School in 1948 and was working at a grocery store during high school. I had worked for the *Star Tribune* in an office in Wilber in the junior high school days and I wanted to go to work for the *Star Tribune* circulation, which I did in the fall of '49 and I worked for them until 1956.

I had two years in the service in the Army over in Germany during the Korean War which was a good deal, not having to go to Korea. I had said when I got out of the service I was going to go to the University of Minnesota and I started taking correspondence courses because they had the GI Bill, which was a good one. I got out of service in December of '53, went back to see my former boss at the *Star Tribune* and he said…Well, let's see. Your salary when you left was at this amount and you've got four weeks' vacation. Why don't you go get yourself on the payroll and go get the company car and come back and see is in four weeks? And I said…Well, let me think. He said…Well, maybe I should ask you if you're coming back to work at all. I said…Otto, when I walked in here I wasn't coming back. I was going to go to school but I tell you what…living on such an austere budget in the service I think I'll just wait and start spring quarter at the U. That turned out to be two years and nine months before I went back to school. In the meantime I got married. I met a schoolteacher from Thief River Falls and we got married and moved to Anoka from Thief River Falls and I started the University of Minnesota in September of '56 and graduated in 1960 with a Bachelor in Business Administration. I was looking for either an industrial relations job or accounting or sales and I found two jobs that I was interested in…one in Willmar, Minnesota and one in Illinois. I really didn't want to leave Anoka. My wife was a County Home Agent and she liked her job and we liked Anoka.

Well, the lady upstairs in the duplex who was an Executive Housekeeper at Anoka State Hospital said that the Business Manager was looking for a new Personnel Director and wondered if I wanted to come out for an interview so I went out for an interview and a month later I started as Personnel Director at Anoka State Hospital for two years and then became Business Manager. While going to school at University of Minnesota, because of my grades and what-not, they put me in general college at the University for a year and a half and I found it so simple getting A's and B's and I said…I have to find a job. Well, Anoka State Hospital was looking for male employees because they never really had enough of those and they posted it down at the U. At the end of my freshman year, about six of us went down and applied for a job at Anoka State Hospital and we got the job.

They gave us two weeks training and about after a year and a half it was either drop out of University of Minnesota or quit working because my grades were dropping because the courses were getting tougher so I worked there for a year and a half as a psych aide then went back as Personnel Director for two years and then Business Manager for eight years. I left Anoka State Hospital in 1969 and went to work for Hennepin County Mental Health.

Neal: Thanks. That's a concise summary. We'll take each of those roles that you had here and maybe flesh them out a little bit. I'd like to know if before you started working at Anoka State Hospital did you know much about it? Had you heard about it? Did you have opinions about it?

Cliff: I'd heard about it. In fact, the Historical Society…probably one of the best known persons is Charlie Sell and Charlie and I used to carpool to the University. He was going there at the same time. I remember very clearly that he used to call it the Anoka Asylum because that is what they called it up until the early '50's. Beyond that I didn't know too much about it at that time but he was saying it was the Anoka Asylum because it was a place they put people and they never left.

Neal: Did you live nearby?

Cliff: I lived about a mile and a half from the hospital.

Neal: Focusing on the psychiatric aide role that you briefly had, what kind of duties did that entail?

Cliff: For the year and a half that I worked there, for the first three months I worked in the geriatric ward and this was a ward where they were all senile. They probably had Alzheimer's disease. They had to be taken care of and they had to be changed probably once or twice a night. A lot of them were incontinent and so it was a pretty tough duty. We had people there with dementia, we had people there with Parkinson's and we were really understaffed and it was a lot of work working on the geriatric ward. Then following that three month they assigned me to work on the admissions ward, which was in the Miller Building and people that first came into the hospital had to be admitted into the Miller Building and they were there probably two or three weeks under observation and I worked nights and weekends there. That was one of the concessions that the hospital made for me because going to school full time working nights and weekends and days off during the week…that was making rounds every half an hour. For those that came in after a couple of days we had to take their temperature, pulse and respirations almost every three or four hours so it was a busy schedule.

Neal: Did you ever have to deal with restraints for the patients that were out of control?

Cliff: They had pretty much not allowed restraints and if anybody was to be put into the restraints it took either the Medical Doctor's okay or the Head of Nursing or something but did very, very little of that. The strait jackets went out in the late '40's and so we didn't have any of those but there were some restraints on beds that could be used. Probably in the year I worked in the Miller Building I probably didn't see any more than two people in restraints. They were pretty mellow and

Thorazine was just coming in and it was a pretty good tranquilizer and there wasn't that much that we really needed to restrain people with.

Neal: Did you work with patients directly like their food or meals?

Cliff: On the late shift we didn't have too much meals but we had a central dining room that most of the patients went to. Those that were in the TB ward and the geriatric ward…their meals were sent to the wards but we had a food service building which all the patients that were ambulatory could go up there and eat so we didn't have too much to do with that.

Neal: When you first got to the hospital what kind of orientation did you have? You said it was a week?

Cliff: It may have been a week or it may have been two weeks but they gave us a training. They had a Nursing Education Department that gave the six or seven of us that came from the U…they took us and gave us a kind of a crash course because we were all going to school and we had specific hours that we had to be in class so it was either a week or two. Pretty intensive.

Neal: What kind of topics were covered?

Cliff: The one that stands out most is that they were doing…I can't say a lot of EST (electric shock therapy) but they were doing some and part of the training was to participate when they did the EST. They had the black box and then they had the doctor and they had four aides, two on the arms, two on the legs to hold the person down because the medication that they gave them didn't always control them. It was to keep them from falling off the table. That was something I'll never forget, but that was that. They taught us how to give shots because we gave insulin shots to patients in the morning and so on. It was a pretty good training.

Neal: Was the training pretty much localized to Anoka or were there other State Hospital employees trained as well?

Cliff: For working with the patients?

Neal: Um hm…

Cliff: It was pretty localized just for those that were in the psychiatric aide positions.

Neal: How many psychiatric aides were there?

Cliff: That's a good question [laughter]. We had a total of 450 employees at Anoka State Hospital when I started and we had just about that many when I finished too. I would say there were probably 200 psychiatric aides 1, 2 and 3 and then we had TB psychiatric aides. When I started in '60 there were 1,800 patients and when I left in 1969 there were about 1,200 of them and we still had about the same number of employees. I would say that of all of the positions there were about 200 of them that were psychiatric aides that worked directly on the wards.

Neal: Did you get updates on your training if something new came along?

Cliff: Every so often they would have some special classes and whatnot that we would go to.

Neal: Do you think your training was adequate to the challenge?

Cliff: At the time I had no reason to believe that it wasn't.

Neal: Were there safety concerns for people that held that position?

Cliff: Yes, particularly in the admission building. We had a locked security part of the building…part of the floor. In the Miller Building there were two wings- one for male and one for female admissions and on the ends of each of those two areas was a locked area and within that locked area there were five or six locked doors we could put people in that had nothing in them- no equipment or whatnot. That was a little hairy. Whenever we went back there to give medications to the people on the end that were put back there, there had to be two of us. I remember one time I went in with a tray of meds and I couldn't find the one patient back there that was supposed to be there and I looked through a little door into the bathroom and that upset him very, very much and he came busting out of that door and knocked me down and all the pills scattered all over. It was an area which you were very careful about when you went back into.

Neal: The people that held those positions- did they consider that their careers? Did they work at that for years and years or was there more turnover?

Cliff: There was a lot of turnover but the higher up…the ones that had been there for a while and were psychiatric 2…that was a career for them because there were a large number of people. I wished I could remember the number of males we had in contrast to the number of women. We needed men. Even when I was there as Business Manager but as a psych aid they were short of males. Interesting enough, the psychiatric aides…it was $192 a month what they were making in the 1950's. They came from the northern part, the rural part of Anoka County and that was probably a pretty good salary at the time for them.

Neal: How did you interact with the other medical and nursing personnel?

Cliff: Most of the interaction was there was always two of us on duty in the admissions ward where I worked most of the time. The Charge Nurse would come in at 7:00 and we would have rounds. We had already charted the meds that had been given and whether they slept well. That was the best thing that we could put down- that the person slept all night. We would have rounds with the Charge Nurse who came in at 7:00 and was the day person and we would go over everything that happened during the night.

Neal: How about the physicians? Did you ever interact with them?

Cliff: Not too much. We didn't have that many physicians. When I was there we probably had the equivalent of two full-time psychiatrists and one of them was the Superintendent and that is when I came back as Personnel Director…so we didn't see the physicians too much. That was pretty much the person in charge of the ward.

Neal: How much was electroshock therapy used?

Cliff: It was getting less and less all the time but they were still doing it. I would have no idea how much they did it. One of the things that changed shortly after I came there was that they had to have a Nurse Anesthetist in the room at the time they were doing it. Prior to that, it was just the doctor giving the shot. They gave them Atropine or whatnot to make them feel better.

Neal: Did you have any part in making up the treatment plan or was that a nursing function?

Cliff: No, we were just there to carry out the treatment plan.

Neal: You were assigned to a particular area. Were all these many other psychiatric aide's assigned to specific cottages or areas or wards?

Cliff: Yes. Once you were assigned to a cottage you were pretty much there. The only time you would leave it is if they were short on a particular ward or whatnot but no…once you were assigned to a ward the purpose of that was you got to know the patients and whatnot.

Neal: Can you say more about how you interacted with the patients? Was it difficult or pleasant?

Cliff: I'd say it was fairly good because most of the time I either worked evenings 3-11 or 11-7 and most of the time that I worked was at night so we didn't have much contact with the patients. Our main concern was making rounds and making sure they were sleeping and they were comfortable. Then we had the six bed observation room right off the ward office which was kind of too bad because the lights of the ward office were on and these people were trying to sleep.

Neal: Maybe we could switch over to your role as the Personnel Director. What would you say about that?

Cliff: I thought I was in the right place at the right time because industrial relations was one of the things I was looking at but I hadn't found anything. Then, when the Executive Housekeeper told me the Business Manager was looking for someone I went up for an interview and like I said…a month later I was hired. It was a perfect fit because you could live in Anoka and I knew the State Hospital. The interesting thing about that was that the guy who was Business Manager had been working at the Willmar State Hospital, got a promotion to Business Manager at Anoka and he saw on my resume that I had worked at the Star grocery in Willmar for about three years and this guy was a rough old Norwegian that treated his staff not too well and he wanted to meet somebody that could work for this guy for three years [laughter] so I got an interview on that basis. Anyway, it started out as Personnel Director and I had two staff at the time taking care of the payroll and the time cards and all that. One of the things that I realized right away that anybody who works in a

professional position out there…social worker, psychologist, what have you…administration…it would be to their advantage and to everybody else's if they could spend two weeks working on the ward with the psych aide so that year and a half as a psych aide really gave me a good basis for understanding what it was like for people to work with mentally ill people and that really paid off. So, I was Personnel Director for about two years and then the Business Manager left.

Neal: What classes of employees were you responsible for hiring as Personnel Director?

Cliff: That was all. Everybody from the psych aides on up to the doctors.

Neal: What kind of difficulties did you encounter?

Cliff: I wish I could remember the turnover we had. We had not a bad turnover. Some turnover is always good and I think we were a little higher than we wanted at 25%, but the most difficult positions to fill were psychiatric aides because the salary was incredibly low. It was $192 a month at the end of 1950. Medical staff…a lot of the recruitment for medical staff was done through the central office. They would hear of somebody and they would send them out but we were just drastically short of medical staff. We had, like I said, the equivalent of two full-time psychiatrists and one of them was the Superintendent.

Neal: When you say central office, where is that?

Cliff: There was the Department of Public Welfare at that time in St. Paul and they were responsible for all the seven State Hospitals for mentally ill and two for retarded. In contrast, helping DPW was the Civil Service Department. They tried to do a lot of recruiting also.

Neal: Were the professional salaries the equivalent of other institutions?

Cliff: The Superintendent at the time when I was there as Personnel Director was the highest paid position and he was making $15,000 a year. A lot of the professional staff were subsidized by getting apartments or houses. We had six houses on the grounds which people could live in. The Business Manager lived in them, the Chief Psychologist, one or two of the doctors, the Farm Manager…so there was no rent charged but salaries were not that good back in the early '60's. They gave the Superintendent $15,000 and that had to be a Board Certified Psychiatrist.

Neal: What kind of benefits did people get?

Cliff: Benefits were pretty good. Sick leave and vacation time was pretty good, and the holidays. They got 8, 9, 10 or 11 of them.

Neal: Did you have pensions?

Cliff: They had a pension…Minnesota State retirement, which we had to put in a certain percentage and then they put in certain percentage.

[0:59:27]

Neal: How about the switch to being the Business Manager. How did that happen?

Cliff: What was going on in the State of Minnesota at the time was that all hospitals had to be headed up by a Superintendent who was a Medical Doctor, preferably a psychiatrist and the state legislature says that we want to give these Superintendents…these highly paid doctors $15,000 a year [laughter]- highly paid…out of administration and we want to put them back on the wards so we are going to have what we call a dual administration, which really upset a lot of staff. The Superintendent left because he didn't want to work for an administrator and the administrator had to be a person who had a Master's in Hospital Admission. At Anoka State Hospital in late '62 or early '63 did hire an administrator with a Master's Degree in Hospital Administration and the Superintendent said…Nope, I'm going to go someplace where I can run the hospital my own way. He left and went to Missouri. He took the Head Dietician with him because she didn't want to work for an administrator- she wanted to work for the Superintendent. He took the Director of Nursing…she left and went to Missouri and the Business Manager who hired me said…I'm going to leave and I'm going to go back and get a Master's Degree in Hospital Administration so he left and that vacated the position for me. I applied for it and got it. Eventually he went to New York and worked for a Superintendent so there was a lot of feeling about the dual administration…they felt that a medical staff person should be overall in charge of it. We ended up with Administrator Bruce Fischer who I was reporting to and then we had two or three different Medical Directors while I was there and I am not sure of the exact sequence but I think the first one was a retired General Practitioner from Cokato, Minnesota…Ted Greenfield. He left and we finally got a Psychiatrist from Scotland. He had been working in Canada for a few years and we hired him as the Medical Director and he became the full-time Medical Director and played the role of the Medical Director of the hospital. He eventually left and went to work for Metropolitan Mental Health Center in Minneapolis.

Neal: Was there conflict between the administration and the medical? You mentioned some but…

Cliff: There was before that but…

Neal: Did it continue?

Cliff: No. Not at Anoka because they both understood their roles. Bruce Fisher was going to be the Administrator and Dr. Docherty was going to be the Medical Director.

Neal: The Master's in Public Administration…is that what you said?

Cliff: Master's in Hospital Administration.

Neal: Is that the University of Minnesota's program that produces….

Cliff: They had one of the best programs in the country.

Neal: Did your people come from that program?

Cliff: The Administrator that we hired yes…came from that Minnesota program.

Neal: Anything else about any of the three roles that we've covered?

Cliff: One of the things that was going on that changed the hospital while I was Business Manager was that they called deinstitutionalization. The State Central Office decided they were going to do whatever they can to deinstitutionalize the hospital and we did a lot of things. I mean, patients didn't even have their own toothbrush and comb or toothpaste. They had silver plated mirrors in the bathroom…they wouldn't allow glass. We put in a glass mirror. The bathrooms didn't have partitions on them. Every one of the nine cottages that we used in Anoka had a front apartment on it which staff were living in too so the patients had to use the back door to get into the cottage. We were able to move out everybody…the staff persons that were living in those apartments so they could use the front door on them because there is a porch and all that. We changed things like where the heavy meal used to be at noon we changed that so it is at night and gave them sandwiches at night and just deinstitutionalized the whole thing and it was a state-wide program that really worked.

One of the other things that changed at Anoka while I was there was that we had this big farm…about 600 acre farm. Our catchment area was Stearns, Sherburne and Anoka County which was a rural area. We had a lot of patients that it was good for them to work on the farm. It was good therapy because we had a good Industrial Therapy Program where people would work in housekeeping or laundry and on the farm because about 400 acres of it was pasture and for growing small grains and stuff like that. In about '65, they changed our catchment area from Sherburne and Stearns. We lost those and we took on Hennepin County so we got Hennepin County and Anoka and we just didn't have the patients that working on the farm was good industrial therapy so that was a big change. One of the other things is that before the Superintendent left he applied for Joint Commission on Accreditation and I remember the day he called me into his office and he said…Here- this is yours. Take it and run. The big survey book on Joint Commission. He said…We're going to go after that. Well, we got it. We got Joint Commission Accredited and we were the first and only State Hospital in the United States to get JCA accredited.

Neal: What year was that?

Cliff: That was in about '63 because Doc Peterson left in '63 and we got it in '63.

Neal: What would that entail?

Cliff: This was a survey…the Joint Commission on Accreditation…all community hospitals have to be accredited by them to get reimbursed by insurance companies. They look into everything- the staffing, the facility, what you are doing right and what you're doing wrong. For example, they had a package of things that should be corrected. One of them was that we didn't have a red light on the blood bank that we had for surgery. It didn't have a red light of electricity. The red light didn't come on if the electricity went out on the blood bank. We were also one of the 22 State Hospitals across the country that got into a cost finding program with American Hospital Association where we did all kinds of costing of what our various services included. We had a varied amount of

programs there. We had medical/surgical program that was associated with the University of Minnesota. We had three of their resident surgeons living at Anoka State Hospital. They did all the surgery for Anoka patients but then we also had a transfer program moving patients from Moose Lake and Brainerd down to Anoka and we did all the TB surgery. Any mentally ill person who stated in Minnesota with TB- we had them at our place. We also had what we called the recalcitrant unit. Any Stillwater Prison patients with TB- they were at our place until they got cured from the TB and we did surgery on them so we consequently had all the lab and the x-ray supporting services.

Neal: What kind of surgery was done other than the TB?

Cliff: Some minor surgery. No heart transplants or anything. I know we did hernias and things like that- very, very minor ones. If they were any more serious then they were sent out to a local hospital. I know they did a hernia because I sat in one at one time.

Neal: Were there Medical/Surgical Nurses that were separate from the Psychiatric Nurses?

Cliff: Right. We had the Surgical Nurses and we also had two Nurse Anesthetists that were full time.

Neal: How many surgical nurses do you think were around at any given time?

Cliff: I would guess maybe two or three. I really don't know. I can't remember but it wasn't that many. It was a small staff. We only had one operating suite.

Neal: Was that used every day?

Cliff: It was used quite a bit.

Neal: Was there a convalescent ward where they would go after surgery?

Cliff: There was an after care unit up near the operating room but then we also had one of the floors on one of the cottages that was kind of a sick bay where people, if they were in hospice or something would go- or recovery.

Neal: What about patient consent? Was that a big problem?

Cliff: I wasn't directly involved in that but I'm sure we followed all the protocol because were JCA Accredited and that program was also accredited.

Neal: Did you have contact with the TB unit at all?

Cliff: Only with the supervisors of the unit because I did not go on the ward. You had to be masked and gowned. We had a Dr. Jerome Texter who was the TB surgeon. He, himself, had TB. He had one lung. He lived on the grounds and he was in charge of the whole TB program.

Neal: Do you know when that…probably after you left that it transitioned out?

Cliff: Yes it did. It was after I left. It was in the Burns Building. It had been named after Dr. Burns who had been Superintendent years before and that building has since been gone. What they did with all the patients…I mean, if they got rid of all the TB and whatnot…if they were not mentally ill and they had TB they were up at Ah-Gwah-Ching up at Walker, Minnesota.

Neal: Were there transfers back and forth to that facility?

Cliff: Not that I'm aware of. I suspect if they got diagnosed as mentally ill up at Ah-Gwah-Ching we'd get them. We got them from all the State Hospitals if they had TB and were mentally ill.

Neal: Could you give a little picture of how you would recruit and hire let's say….a psychologist? You mentioned the Central Office would help but whose decision was it to hire or not a certain individual?

Cliff: We had another resource too, not only a Central Office. People that were wanting to move to Minnesota and be a Psychologist at a State Hospital would contact EPW and also we had the Minnesota State Civil Service which did some recruiting. Basically, probably most of the recruitment was done through the Chief Psychologist that we had- Gordy Olson. His word of mouth and his association. I think most jobs are gotten by word of mouth or knowing somebody or whatnot and so the psychologists would pretty much recruit their own. This would apply to the social worker and I think top level nursing also.

Neal: So as the Personnel Director or even the Business Manager did you do the logistics and then the professional staff interacted with the applicants?

Cliff: If there was an applicant or somebody they were interested in I would be involved as the Personnel Director and then directly as the Business Manager to grease the skids to get them in there because my philosophy on administration whether it be Personnel Director or Business Manager is that we are there to help the professional staff do their job better, whether it be nursing, medical, psychologist, social service…

Neal: Nowadays there is so much background checking and that sort of thing. Did you have an equivalent function?

Cliff: Yes we did and that was carried out by maybe several of us- either Civil Service or the Chief Psychologist or the Head of the Nursing Staff. Where I could expedite it I did.

Neal: Do you have any information about…you've mentioned several of the doctors. What kind of backgrounds did they tend to have? Mainly psychiatrists?

Cliff: One of the Medical Directors we had was a psychiatrist. Two of them were psychiatrists- Dr. Schynoll and Dr. Docherty. The rest of them were medical doctors without the psychiatric training

but there were several of them that were foreign graduates and they had to pass a certain test. They were called ECFMD's or something. We had several doctors that had been trained in foreign countries and probably we had three or four of those is all we ever had of the regular non-psychiatrists. Then what we would do…we had a couple of psychiatrists under contract that worked for Hennepin County that would come out specifically for medication management. The doctors or the nurses would line up these particular patients for them to see. They would come in and they would review their cases to see what kind of medication they should be on, if there should be any changes and we only had them for probably each four hours a week. We had one psychiatrist that would come out and do a case study. I'm not so sure that this was a good idea but the psychiatrist would come out there and he would have all of the professional staff- nursing, social workers and whatnot come in and be an audience. He would have this patient up there and he would interview him…get into real personal stuff and I didn't envy that poor patient sitting there because it was really an open thing. That was done maybe once a month. That was a training thing for the staff so there was some benefit to it.

Neal: Could you say something about how people in Anoka viewed the hospital?

Cliff: I think if the hospital had left Anoka the local people probably wouldn't really care. The bulk of the lower paid staff came from northwest from other cities. The professional staff- most of them lived in Minneapolis or the suburbs. Anoka State Hospital really wasn't looked at as a benefit to Anoka…except those in business because economically it was good. An experience I had was in '62, I was on the Anoka Community Hospital Board. We were trying to build a hospital in Anoka and we contacted two or three other hospitals about helping us and the administrator of the hospital that we just hired felt quite strongly that we ought to give some land from Anoka State Hospital to the Community Hospital Board so they could build a hospital there and tie it in with the services and all that kind of business and I felt it out with the board. I was the Executive Vice President of that board and I brought it to one of our meetings and I could not get one person that even wanted to consider connecting the Community Hospital with the State Hospital because there was such a stigmatism tied to it. They liked the economics of it but Anoka didn't really…there were very few of the staff that lived actually in Anoka. Eventually we got Glenwood Hills to help build us a community hospital.

Neal: What were the fears that people had? Or the attitudes?

Cliff: I really don't know for sure. Except when I mentioned Charlie Sell and talking about the Anoka Asylum…they wanted nothing to do with this. This was a bunch of mentally ill people that they just assumed…not in my backyard…kind of an idea. Beyond that I'm not sure why they didn't want to. The reason they turned it down and didn't want to deal with it is that they put Mercy Hospital out there, the new hospital next to the State Hospital…they would look at it as a mental institution because there was a hospital we were working with- Glenwood Hills. It was primarily a Psychiatric Hospital and they were getting over into the medical field…non-psychiatric treatments and they had a tough time doing it because people didn't want to go to a Psychiatric Hospital.

Neal: Where was that hospital?

Cliff: That was Glenwood Hills…Glenwood…Golden Valley. It's still there I think.

Neal: Were you aware of people that volunteered or tried to help with the patients that lived in the community?

Cliff: Yes. One of my areas of responsibility was the volunteer coordinator. This was Claire Shanahan that was there for years and she did a good job on getting volunteers to come in from the community. This was a good bridge there because the American Legion and a lot of church groups would come out and put on programs…put on Bingo and have Christmas presents and put on shows and all that. There was a cadre of Anoka citizens that were involved as volunteers at the hospital and this was good because on weekends, unfortunately, there was no therapy. The recreational therapists and occupation, they didn't work, and so the patients didn't have anything to do on Saturday and Sunday and the volunteers kind of filled in that gap. And then we had a library out there too with a full time librarian so there was that service that the patients could use and the volunteers worked in that.

Neal: Just some maybe wrap-up questions to follow what you've said. Did you continue to work in the mental health field after leaving Anoka?

Cliff: Yes, I did. In March of 1969, the Administrator of our hospital took a job as a Director of Mental Health and Mental Retardation for Hennepin County. They were just starting up a new program and then were spending money on various centers within Hennepin County and they wanted to form a department on that. He got the job and as soon as he got it he said…Why don't you come on down and work for me? I said…That's a new department, that's a new job, you're alone down there. I said…Give it six months and we'll see what it turns out to be. Well, one of the areas of responsibility that he got was Hennepin County Mental Health Center and he said if you come down I'll give you the job as the Administrator for that. Well, I had a couple of years before that gotten involved with the Association of Mental Health Administrators and there was a trend of State Hospitals going out of existence. Not completely, but because of nursing homes and all that and people going there, and a lot of community activity going on- community mental health centers. I saw that as a better opportunity for me to go to work for Hennepin County in a Mental Health Center and so six months later I went to work for them and stayed very much involved with the mental health program. I was active in the Association of Mental Health Administrators, became its President in '77 and I did some teaching at the University of Minnesota to people that were getting their Masters in Mental Health and whatnot. It was an independent study program that the University had and I was teaching financial management. I did consulting for several community mental health centers in the State of Minnesota- Grand Rapids and Willmar. I stayed very much actively in that. And then the Mental Health/Mental Retardation merged with the Community Services Department of Hennepin County so I ended up working as the Administrative Officer for the Department of Community Services which had all the mental health, mental retardation, adult services, child protection, child welfare services and so on.

Neal: Was that before the Crisis Intervention Center at Hennepin County Medical Center?

Cliff: One of the first things that I did when I started in October of ’69 was to set up _____ [00:50:35] budget and staffing for the crisis center at Hennepin County Mental Health Center.

Neal: How did that come about? What was the impetus for starting that?

Cliff: The impetus for that was that the emergency room was handling too many psychiatric patients and they felt they really needed to have a dedicated staff to handling these people that came in and deciding what to do with them and it really was a successful program.

Neal: What year was that?

Cliff: ’69.

Neal: Do you think your experience at Anoka helped you in these expanded roles?

Cliff: Absolutely, yeah. All the way from the psych aide and knowing what it was like working with particular patients, the whole variety of them…and then working at Anoka State Hospital where it was inpatient. We were strictly a place that handled committed patients. We could take voluntary patients if we had the room but we never had the room for voluntary patients so you got to see kind of the picture of what happens to these people. They will probably go to a Community Hospital and they run out of money and then they end up in the state hospital so I got a real good picture of what it was like. Then I was working with other state hospitals doing various things…cost finding and things like that. What has really kind of broadened my horizons was the American Hospital Association got 22 hospitals across the country into a cost finding program where we costed out all of our programs to see how much they cost and so on. We broke down all the costs. We were getting a dollar a day for raw food costs for patients at Anoka State Hospital. That’s 35 cents a meal and an employee benefit that we had…employees could buy that for 35 cents a day. It was a pretty enlightening thing. Then, the costs…nobody paid for their own services at Anoka State Hospital because nobody had insurance at that point and they didn’t have the means.

Neal: When did state or federal funding start to play a role?

Cliff: Medicare came in 1965, which really was a big boon to the state hospitals. Also we could start _____ [00:53:17] Medicare. We ourselves did not get involved with the billing or the collection of that. The Department of Revenue had somebody stationed at each hospital to handle all the ability to pay of the patients and went through their ability to pay and there was hardly anybody, I understand, that could pay for their services and if they did we didn’t know that because we didn’t have access to that information. The counties had to pay $10 a month for every patient that had been committed through their county. I don’t know how much we paid- Hennepin County. When I was working for Hennepin County the bill came across my desk and it was $10 a month for every patient at Anoka. Anoka started to get insurance sometime but it was after Medicare and I’m not sure when. Getting the Joint Commission Accreditation is what helped us to get Medicare and other insurance if there was any.

Neal: Did you have anything to do with the cemetery?

Cliff: Not too much. When we closed the farm we said whatever is going to happen the cemetery is going to have to stay. They fenced it off and they were all marked. I don't know how many there were, if there were 100 or 200. I think it was around 100. There were just little numbers that marked them and so there were records as to who was buried there. Anoka had a volunteer group until the last 10 years probably and they turned that around and they have got name plates for those and the cemetery is still fenced in. We stopped putting people out there…they were still doing it in the '60's when I took over as Business Manager. We had a carpenter shop that would make the coffins and they would have the burial. We always had a Chaplain on the staff that took care of the services and all that. I recall vaguely that most of these people did not even have any living relatives. They were just left alone and so services weren't very common, I'm sure.

Neal: I think we're nearing the end of our time. Is there anything else that you want to add or that we didn't cover?

Cliff: Well, that's 45-years-ago that I was there and we had a lot happening. There are probably many things that I can't even think of. Anoka State Hospital was a good hospital because we were kind of a teaching hospital. We had contracts with two or three nursing schools and we had a two story nursing dorm which was always full with nurses that would come there for their training. We also had OT students that came there for training, some RT students and we were one of the first to ever hire a music therapist to get on the staff. Anoka did quite a bit for the patients. We had an excellent staff. I understand the new one has about…we had 450 employees and 1,800 patients and the new state hospital has about 650 employees and 225 patients but then a lot of them go out into the small state operated programs that they have. It was quite a challenge back then.

Neal: Thank you for this wealth of information about Anoka State Hospital. I think you enlightened us about lots of different aspects of what happened.

Cliff: Good.

Neal: Thank you.

Cliff: You're welcome. It was enjoyable.