

Dorothy Berger  
Anoka State Hospital Oral History Project  
11 April 2014  
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[music]

Neal Holtan: Hello.

Dorothy Berger: How are you?

Neal Holtan: I am fine, thanks. I am Neal Holtan; I am here with Dorothy Berger and this is part of the Anoka State Hospital oral history project organized by Anoka County Historical Society. Today is April 11, 2014. Thank you for coming in.

Dorothy Berger: Oh, you are very welcome. It was an interesting ride.

Neal Holtan: Could you tell us about yourself, where you grew up and went to school?

Dorothy Berger: I grew up in New York City, in Astoria, a suburb of New York City. I have a brother, younger, and a sister, younger, both living. Our parents came from Jamaica in the British West Indies. They were British citizens and it took them a long time to let their British citizenship go and become citizens of the United States. At different times, we lived with an aunt in New York City. She had a big apartment and she rented rooms out. Then my mother eventually did that. It was a hard time for people to have no job and at times my father had no job because he left the United States and decided to go back to Kingston and start an automobile business, but the war came and they could not get parts, so that fell through. He came back and he was unemployed for a while. He was an accountant, and later on he got a really good job with Sears Roebuck.

We left New York and moved to Pittsburgh. So that was interesting. I went to the University of Pittsburgh. I got a Bachelors and Masters there. I moved here to Minnesota in 1950 when my husband got a job in the University of Minnesota. He is a psychologist. I was a psychologist at the time, then I became a social worker. I decided I did not like psychology that much. [laughs]

Neal Holtan: What years did you work at Anoka State Hospital?

Dorothy Berger: I quit in 1981 and I had been there 14 years, so I think I started in 1966 after I got out of the School of Social Work.

Neal Holtan: So did you go back to the School of Social Work after already having a Masters?

Dorothy Berger: Well I had a Masters in Pysch, yeah, then I went to the School of Social Work, which I liked better.

Neal Holtan: Was that at the University of Minnesota?

Dorothy Berger: At the University of Minnesota, yes.

Neal Holtan: How did you find out about Anoka State Hospital?

Dorothy Berger: I do not know how I found out about it. Oh, I know, I tried to volunteer there with just the Masters in psychology and they said that they were not; you know the head of social work said they were not interested in somebody who would volunteer. So I said, that is good, I will go to school and you will have to pay me. [laughs]

Neal Holtan: Did you know much about the hospital before you?

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Dorothy Berger: No, I did not as a matter of fact, really.

Neal Holtan: What positions did you hold?

Dorothy Berger: Well I went in as a social worker on one of the wards. After a number of years, after I had been there and we decided we were going to try to do something about getting people places to live and work when they were discharged instead of watching everybody go round and round. Then I had a job as a program director. Those are the only two positions.

Neal Holtan: When you worked here, did you live nearby?

Dorothy Berger: No, I lived in Fridley, where I live now.

Neal Holtan: What kind of orientation did you get when you first came to Anoka State Hospital?

Dorothy Berger: Well the very day I got a note that said, "If you take out one of the charts and you leave it on your desk, you're fired." You know, if you go home and leave it there. [laughs] I thought, that is pretty harsh, but then I thought about. Other people might need the chart and there I am; I have locked it up in a place they cannot get into.

Neal Holtan: Did you have other orientation?

Dorothy Berger: Well, yes, my supervisor Harriet Moon, who was very good. I did not have a whole lot of orientation because I had two degrees so I understood a lot of things that I would have to do. Shirley Lincher [PH] actually helped to educate me about the hospital. She was the secretary of social service. But then we had weekly meetings with our department head and sometimes there were all hospital meetings. Sooner or later, I got used to it. I finally thought it was a wonderful place to be, but I had a number of shocks when I saw the patients taking their teeth out at the table and things like that. Putting the teeth on the table and certain eating habits that I was not used to. But it took me about a week I got used to them, used to the dining room and the fact that people had all these problems.

Neal Holtan: Can you say more about Harriet Moon? What was she like?

Dorothy Berger: She was a black woman, she was married to a minister, she had, I think, an adopted son. She was a very good supervisor. She knew when to interfere, and mostly she did not interfere. If she thought we were doing a good job, she let us be. If she thought we were messing up, she would tell us.

Neal Holtan: How many social workers were there?

Dorothy Berger: Well, I think maybe a dozen or so, most women, a few men, a couple of men.

Neal Holtan: Where you assigned to a specific building?

Dorothy Berger: Yes, I got assigned at first to cottage two. They had at night only one person on duty. That person spent a lot of time running around, upstairs, downstairs. It was really not enough. I mean the clients slept most of the time at night, but sometimes things would happen that were not right and there is only one person running around by himself. So the hospital, to some extent, was understaffed in certain ways, at night especially.

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Neal Holtan: How many people were in each of the cottages?

Dorothy Berger: I hate to say this. I think it was about 80.

Neal Holtan: For just one person to take care of?

Dorothy Berger: Yeah, at night. Even in the day, with the day staff, and we had, you know quite a few people on, it was still a problem, I think.

Neal Holtan: Do you think the cottage plan, as they call it, changed the way you did your work or not?

Dorothy Berger: No, I think the patients changed the way I did my work. I was not used to working with people who had such serious mental illness. I had to learn a lot of things about the clients and their lives and the fact that some of them had families who hated them and did not want them home, ever, ever. You had to learn in here, inside, a different way of dealing with people. These people were really suffering, most of them, some of them were a pain in the neck, but most of them were people who were just suffering.

Neal Holtan: Could you say more about that?

Dorothy Berger: [laughs] I could tell you a lot more about the pain in the neck. There were people who really liked being in the hospital and would always be a perfect patient in the hospital. As soon as she got out, she would do all kinds of horrible hijinks to get back in the hospital. I never could figure out what her game was, why she wanted to do that. But she was just one person, most of the people there were either depressed or likely to be in seclusion because they were acting out in some way. Everybody was on medication; the meds were not all that good in those days. We had a really good doctor who was a marvel at jiggling people's meds around to try to help them.

Neal Holtan: What would a typical day be like for you as a social worker?

Dorothy Berger: When I first started, I worked part time. Harriet Moon, the supervisor of social work had several women who had children and she had a couple of part timers and a lot of full timers. So when I was on part time, I would go in at nine o'clock, but I might leave by three, you know, having finished whatever I was supposed to be finishing that day. So she depended on us being professionals, and for the most part, we were. In other words, we were honest and we tried to put in a day's work, we were not fooling around or anything.

Neal Holtan: Where you assigned particular patients to work on in a given day?

Dorothy Berger: No because you were the social worker for the ward and there was a doctor, and a charge nurse, and a bunch of techs. The doctor I had in the beginning was from Mexico, much impressed with his own capacities. But a very good doctor, I learned a lot from him. But he used to run the ward like an army thing. People would stand by their beds the way soldiers do for check in the morning and so forth. At first that sort of horrified me, but I figured after a while that it had some meaning for the people who were patients.

Neal Holtan: How did that work to include you in the treatment plan?

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Dorothy Berger: Well, I would be trying to figure out ways to get people out of the hospital who were ready to go and find them a place to live and that sort of thing. We were not doing anything about jobs at that time, although occasionally a patient would have a job.

Neal Holtan: Where you involved with the commitment process at all?

Dorothy Berger: No, not really. Commitment in those days was unusual. I mean in the past it had been very sort of scary because people could be committed if some judge raised his hand and said, "Yeah, I think that person should go to Anoka," without any kind of check-up. You know, before I got there, long before. And people were there; there was one woman who had been there since she quit high school, and she was 80. She had been there all those years. Everybody just passed over her. There were not very many people like that. There were maybe 50 patients who were people who would never leave the hospital, but all the other people probably could leave. The feeling at that time about mental illness was that many people could live in the community and the community would supply what was necessary to support them. Ha, ha, that did not happen. They got out all right, but they did not get all the support they needed.

Neal Holtan: What was your thinking or you colleagues thinking about that? About the de-initialization?

Dorothy Berger: We were anxious to help people live in the community, but we found that there were all kinds of difficulties just getting people discharged who had been there for a long time. For instance, we had one man who had a strawberry bed and he would raise the strawberries and sell them downtown in Anoka. He had a little business, and he did not want to leave. There were a number of cases like that, people who did not want to leave for really good reasons. He was one. Then there are people who said, "If you discharge me I'll kill myself," and terrible things like that. One guy actually did do that. He went to a boarding home. We did not believe him; we thought he was just saying that. He went to a boarding home and killed himself. It turned out that the boarding home mother had lost her husband in the same fashion, he killed himself, so she had this double trauma. So we learn things about all kinds of people and that you were not the smartest person in the world.

Neal Holtan: How did you interact with the medical and nursing staff?

Dorothy Berger: Well that was interesting. The medical doctor, Dr. Menon [PH], who was the doctor in cottage two, he was very interesting and he explained things, sometimes he did things that he should not have done. I called him on it once. He wrote a note in a record that was already closed; I mean he had signed off on it. Then he added something in between the lines. I said, "If you do that again, I am going to tell the administrator, you cannot do that." He was putting down that he knew something that he did not know until I told him, so he was not really privy to that information at the time he said he was. I think he should not be doing that, but, you know, I did not see it again. I was not a child; I was in my forties, so I did not sort off put up with doctor crap. [laughs] There was not a lot of that but it was something that I was going to deal with, that is all.

Neal Holtan: Do you think the culture in Minnesota is different from where you grew up?

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Dorothy Berger: Oh yes, Minnesota, I like Minnesota, I think the people are lovely. You know, I grew up in New York; there is a lot of pushing around, [laughs] and people not being nice to one another. Of course there are also friends and things, but it think Minnesota is polite.

Neal Holtan: Do you think that entered into the care of the patients, the culture here?

Dorothy Berger: Well, I do not know, I would supposed so. The other thing is all the patients were Minnesota people, but there were a lot of things that we did not know and medicines were not all that great. The doctors did the best they could with them, but they were not wonderful.

Neal Holtan: Do you remember the names of the common medicines at all?

Dorothy Berger: Oh, yeah, Mellaril, Stelazine, probably several others that I do not remember.

Neal Holtan: Did all the patients get medicine or just certain ones?

Dorothy Berger: Oh, I think most patients did something.

Neal Holtan: Did the patients perceive that they got better on medicine?

Dorothy Berger: Well some of them could give you some information that this was not, did not make them feel as good as the last one that they were on. Some of them did not like the meds they were on, so they would report on that. I think they could tell if they were getting stiff, but occasionally a person would be on meds and someone on staff would keep telling them to keep taking that med and you could see that it was not working, the person was getting stiff and dripping at the mouth. One time I saw this nurse telling this guy, "You gotta keep take it," and I thought, "Gee whiz, look what is happening to the guy, it's crazy." So, you know, eventually the doctor would get a hold of that and take the medication away, but every once in a while, you would find a staff member who just did not have any common sense. It was not often, but it would happen once in a while.

Neal Holtan: Did you have staff meetings?

Dorothy Berger: Oh, yeah. We would have staff meetings every day on the ward, three o'clock the nursing staff. They did not really like me there, necessarily, social worker and all that. But then when I got to be a program director, then, of course, I was at the meetings, but I was in a different cottage by that time. We had been moved around several times. That was the nice thing. The staff was always moving around. They moved the staff and then the patients to one building or another building for who knows what; we never got to figure out what the moves were about. Nobody told us. There was an administrator staff, but they never shared with us low folk, you know, why we were moving. [laughs]

Neal Holtan: And you said you became a supervisor, is that right?

Dorothy Berger: Oh, later, yeah.

Neal Holtan: How did that come about?

Dorothy Berger: Well, that was a long time after I had been there. That was in the late sixties, probably '68. Oh, because we were exploring a program which had been recommended by Dr. Fairweather, William Fairweather [PH], who was a psychologist, who did serious research in

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California with getting people out of the hospital, and getting them a place to live and having them live in a small group and work together. He wrote several books about it. How I got involved with Tasks Unlimited was through Dr. Fairweather. He sent a staff member to visit us. How it came about, there was a letter at social; it came into nursing first, nursing gave the letter to social work, to Mrs. Moon, the head social worker. She gave the letter around to us and I said, "That looks so interesting, but I am too busy."

The letter said that they were going to send a person who was a staff member of Dr. Fairweather's, and who knew that program that had been developed in Portland and California. So I thought it was interesting but I decided I was too busy. Then another ward with psychologist and psychiatrist and whatever on it decided that it would take the visit; they would accept the visit. Two days before the visit the administration called our ward and said, "Those people went on vacation and they forgot about the visitors, would you take it on your ward?" Without asking anybody I said, "Yeah, we'll take it." [laughs]

Neal Holtan: At that time.

Dorothy Berger: So it was sort of an accident that we got into messing around with Dr. Fairweather.

Neal Holtan: Did you know much about it before the visitor came?

Dorothy Berger: No, just what was in the letter, which sounded good. Then of course, the speaker was very good. I guess he was a psychologist also. He spent a couple of days with us and told us about the program. Then he told us the book was out of print and we would not be able to find it. I thought to myself, "Screw you, I'll find it." [laughs] But it was a very good visit, and thereafter, when we started the program we got visits from them and telephone calls and help.

Neal Holtan: You actually started up a program?

Dorothy Berger: Well, yes, I found the book and we also found out that there was a program operating in Arkansas, so we got the hospital to approve several of us going down there and having a look at that program, seeing what they did, and seeing if we could bring it back to Anoka. The hospital was very supportive all the way along, really. Even though a lot of them did not know what they were doing in other ways. [laughs] I mean the administration, but they were supportive of people who were trying to do something different.

Neal Holtan: Could you say more about that program? How was it structured? What did it do?

Dorothy Berger: Oh, yes, the program was very different. You divided, let us say, we had 45 people on the ward by that time. You would divide it up and have staff members assigned to a small group, say 15 people, or something like that. Then that staff would be responsible for helping those people get used to the program. The program was very different from the existing program, which was really just about meds, doctoring, social working stuff. This was about getting people to work together as a group, getting them to learn to accept the fact that they could be evaluated on how they did each week, and that they would get passes for leaving the hospital on visit based on their step levels, in other words, how well they did in the program. At first it was a shock for everybody, but the patients really rather liked it, except at times they felt like they were being overworked, asked to

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do too many things, you know. Once in a while, we would have a complaint like that. It worked quite well, because people began to get some feeling, it is like going in grade school, if you get a B or an A or something, you sort of have some notion of where you sit in that group and how well you are doing. That was helpful for them, I think. Of course, it was not for some people, they had every reason to be annoyed.

Neal Holtan: How do you think it worked?

Dorothy Berger: Oh, I think it worked very well. To some extent, it is still being carried on outside of the hospital in different places.

Neal Holtan: Where you involved in the dissemination of the program outside of Anoka?

Dorothy Berger: Yes, we had visitors who came from different states to look at the program, to study it, and to watch what happened and listen to the staff. There were people who started the same program in several other states, but not as many as we expected. It is amazing how tough it is to change things even if it is something that looks like it is really good. I mean Fairweather had statistics and things to show people, but you know, some places, they do not want to change anything. Let us just keep doing what we are doing even if it is crappy. [laughs]

Neal Holtan: Did you have any connection with the University of Minnesota and that program?

Dorothy Berger: You know I cannot remember whether we did or not. I supposed we did in some ways. I mean the hospital frequently had people placed on wards, but not on our ward. I do not remember that at that time, anyway. Now, afterwards, the program that is in the community, they have connections with the hospital, the University of Minnesota.

Neal Holtan: You are still involved with that?

Dorothy Berger: Yeah, I am still on the board, but, you know, I am going to be 90, and so what I did is I said, "Look, I am only driving if the weather is good, and I am not going to go in the wintertime when there is snow and whatever." So I go to about two meetings a year now, and that is okay; they do not mind.

Neal Holtan: And what organization is that?

Dorothy Berger: Tasks Unlimited.

Neal Holtan: Can you describe that organization?

Dorothy Berger: Well, when we started the program we had to have a name for it when we left the hospital, when the patients left the hospital. So the doctor thought that was a good name, Tasks Unlimited. We worked with the people who were on the board and who were about ready to be discharged, and found them a place to live. We had seven men ready to leave the hospital. They had done well on the program and worked seemed to be very important for men, not so much for the women, but certainly for the men, like you cannot be a man unless you had a job. The first group that we were going to get out of the hospital, there were seven of them, and I had a heck of a time getting a place for them to live because when I said seven men, state hospital, everybody said, "Are you crazy? What?" [laughs]

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So finally, how did we do it? It was by some mad accident; I met a man who had a house for rent. It was a funny accident. I cannot remember what it was, but it was an accidental meeting with him. He had some sympathy for the whole problem of mental illness, so he rented us his house, to the seven people from Anoka State Hospital. Then there was a big blow up on the street. Somebody told where these guys came from, so there was this big blow up and a public meeting. The other social worker who was on the ward, he and I thought we were going to be fired for sure because there was such a big fight about it, and the newspaper and whatever. But, lucky, lucky, the chairman of that group of seven, his mother lived on block, he was a black man and he had been married and had kids, which was sort of unusual. Anyway, his mother was on that block, so she saved our skin. She talked to the other people, explained about her son; they all knew her son, so it was really helpful and we did not get fired. [laughs]

Neal Holtan: Where was the house?

Dorothy Berger: North Minneapolis. A small house, but it was okay, it was good enough with seven. They had a job, it is ridiculous, when I think about it now, we did all these crazy things. We were a little bit crazy. We had a job for them. I think it was 139 dollars a month, they were supposed to clean this church on a regular basis. The church had been a synagogue once, or some ridiculous thing. [laughs] You know, you cannot believe some of these things. Did they really happen or am I making this up? No, I am not making up anything. But they had this little job, it was not enough, you know, to support themselves, but it was something, and it was a community job.

Neal Holtan: How did, where did they get their income otherwise?

Dorothy Berger: Well, a lot of them had social security disability.

Neal Holtan: Okay.

Dorothy Berger: And the hospital, of course, could not give them any money, but the hospital was very supportive in helping us get furniture for the house and that sort of thing. The hospital let us use their cars to do any kind of work we had to do in the community.

Neal Holtan: How long did that go on, that they lived in that house?

Dorothy Berger: I do not know, a long time. I cannot say exactly how long, but then we got other houses. You know, right now we have 18 or 20 different houses scattered all over the place, even in places like Edina now. Edina would never have looked at us, even sniffed at us I think in the beginning. We have learned a few things about how to work with people in the community and we have had good staff members that work in the community, that are not hospital people.

Neal Holtan: What kind of things did you learn?

Dorothy Berger: Well, that you need to be honest and tell them who these people are that are coming into their community, do not fool around with it. But you cannot give them a lot of records or anything like that, but you can tell them in general how people are and they are all on their meds and that the meds are supervised by a member of the group and the psychiatrist. Tasks Unlimited is a community arm of what was Anoka State Hospital's policy about what to do after people get out of the hospital. But Tasks Unlimited is the independent corporation that we formed in 1970.



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Neal Holtan: Does it get financial backing from anyplace?

Dorothy Berger: Oh, yes, from the work that the clients do, that is a big part of it, then also donations from people. Nothing at this point from the hospital, this is like 40 years later, you know. But donations by community member, people, parents, relatives of clients.

Neal Holtan: Where there any negative happenings with this project?

Dorothy Berger: Well, in the beginning, you know, I bought, I bought with the help of staff going and looking. And there were a lot of things that I did not know about a house in those days, and some of the men that worked on the team at the hospital would go and look, or other people that we asked to look at the house and see if it was worthwhile to rent or buy. Then we would buy houses and we had, we were able to buy houses at almost no cost because it would be certain grants from federal mostly, federal government. What was the question?

Neal Holtan: Any negative.

Dorothy Berger: Negative, sure, there was a time, for instance, we had bought really nice houses on the north side of Minneapolis. There was an exiting from north Minneapolis on the part of a lot of Jewish families and the kids went and lived someplace else, then the parents went and lived someplace else. Then there were all these really nice houses for sale without very much. So we bought several houses there, but after a while, it began to change. The population of people in the north side changed and there is danger to the patients, the people who had been the patients and who were working in the community, but they were not used to being roughed up. There was beginning to be a lot of roughness from the community, based on the community that had changed a great deal. So then we started moving out of there and trying to find homes someplace else, but I think we still have one place somewhere there. It is a community that needs a lot of work from the state, I think, to help people stop doing some of the things they are doing. It is sort of scary. At night, I do not go there.

Neal Holtan: When you worked at Anoka, did you live near here, or not?

Dorothy Berger: No, I lived where I live now, in Fridley.

Neal Holtan: Okay.

Dorothy Berger: I know the first day that I went out there, I forget which highway I went out on, but it was new, and I thought to myself, "What if I have a breakdown or something?" There was nobody to call; I did not have a cell phone or anything. I just figured I would have to wait, but nothing happened.

Neal Holtan: Do you have any memories of what people in Anoka or the surrounding area, how they thought about the hospital?

Dorothy Berger: Oh, yeah, I do not think they all liked the hospital too much. A lot of people were nervous. There was one family that lived close by, and the patients were always getting in there and going in and cooking, doing stuff like that. [laughs] They would just go in and if there was something on the stove, they would start stirring it, I do not know. That family did not seem to be

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too worried about it, but it was always happening, so I think that they did not lock their doors or something. Why were the patients getting in that place?

Neal Holtan: How about the businesses? Did the patients go down town and go in the shops?

Dorothy Berger: Yes, they did, and strange things would happen at different times, yeah. There would be a call to the hospital that somebody was doing something he should not be doing or whatever.

Neal Holtan: Where you involved in that process of bringing them back?

Dorothy Berger: Well sometimes, yeah. Other times nursing or other people would go and get them. It depends on what was happening on the ward.

Neal Holtan: Do you think safety was a concern for the staff, for you?

Dorothy Berger: Well it certainly was a concern of ours, the people that were on the staff. I would think that the administration was really stupid at times. Really stupid that they would not realize that some of the patients were really dangerous people, and that you had to be very careful how you talked to them and even sometimes if you were sweat as could be it did not matter. One of our nurses got beaten up by a client that knew her and that no one would have thought would ever do that, and he really half killed her. The administration did not seem to have a lot of care about that either, sometimes peoples relatives would bring in stuff like drugs, or food the person was not supposed to eat because he was diabetic. There were things like that that kept happening. One time a staff member got stabbed. You just, you just cannot make administrations pay attention to what the guys on the line see. It is the same thing in the army. What does a General know about what it is like to take hill 64, or whatever? Nothing, just from his own experience, which is like 20 years before.

Neal Holtan: Did you have any dangers to yourself personally?

Dorothy Berger: Only one person. Somebody that I was working with in individual therapy who did not seem to be the sort of person who would take after you, but one day he took after me and if his father had not been there to stop him something bad would have happened to me. That was sort of a lesson though, because I did think somebody would kill me eventually. I mean, there.

Neal Holtan: So you did psychotherapy also?

Dorothy Berger: Yeah, it did not work very well with most patients. They were too mixed up. But the meds were the important thing; and the meds began to improve as people did, companies did research and so on. And we had good doctors. There were several doctors who had worked Hennepin County General Hospital who had lots of psychiatric experience. They were very good; they were part timers. They worked one fourth time or whatever. The one on our ward, I think he was the one who was going to get himself killed, because he would always start late. He would be racing and he would get tickets, but he was a wonderful doctor. We just loved him. He is the one who thought up the name Tasks Unlimited, Dr. Greenwald, he is dead now many years, died young.

Neal Holtan: So he got speeding tickets coming up here?

Dorothy Berger: He got speeding tickets all the time. [laughs]

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Neal Holtan: Do you think you have seen changes in attitude among the general public toward mentally ill people over time?

Dorothy Berger: Well, yes, I think so. We are not having blow ups every time we decide we need a new lodge someplace. We are not having neighborhood blowouts. For one thing we handle the whole thing better, we do. And I think the public is better. More people realize that some of their relatives are the people that have these problems. But there is still a lot of do not marry them and stuff like that, you know, do not hire them either. Except working in a group is not a problem, but I think the hiring of somebody who is known to have a mental illness on an individual basis is probably shaky.

Neal Holtan: What kind of advice would you have for people advocating for the mentally ill?

Dorothy Berger: You have to have a strong back and a strong will and curiosity about how to change things. And a desire, really, to make a difference, yeah, to make it be different for the people who are having all this trouble.

Neal Holtan: Do you think your years of work at Anoka changed you?

Dorothy Berger: Oh, immensely, yes, immensely. You learned to put up with a lot of weird stuff, [laughs] strange behavior, strange thinking. For instance there is one patient who would come and tell me he had a room up on the third floor of the building, those big old buildings, and he would say to me, "You know, I hear you telling me not to smoke, every night I go to bed and I hear you saying don't smoke." And I said to him, "I don't give a dam whether you smoke or not, just don't smoke in bed." [laughs] There was that sort of interaction. Sometimes it was really funny sometimes, of course, it was sad, because the person was mixed up.

Neal Holtan: So, what have we forgotten to talk about?

Dorothy Berger: Like what? I was not interested in money; I did not care about that particularly. Except to get money for the lodges that we have. Well, you know, I left the hospital, oh, after one dangerous experience with one of the patients I thought to myself, "I think I am getting too old for this, I will get killed." So I got another job without any trouble down in Saint Paul running a halfway house for young people with mental illness. That was a whole different thing. They had not been hospitalized in Anoka for years on end or months on end. They had mostly their community manners back, most of them. A lot of them drove cars if they had any; and even if they did not have them, they had community behaviors still. So they were a different group to work with and the last year that I was there. I raised two sons, I had a house full of boys with only a few women, and they were a lot of fun. It was like a different bunch. They had just as many problems as the people in the hospital, but not having been committed and made to stay with a bunch of people who were sicker than they were, they did better for the most part.

Neal Holtan: And that was in Saint Paul?

Dorothy Berger: That was in Saint Paul.

Neal Holtan: What year was that, do you think?

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Dorothy Berger: I went there in '81 and then I retired from social work in '67, what am I saying, I as there for 11 years, anyway, from '81.

Neal Holtan: What was your role there?

Dorothy Berger: I was the CEO as it were. The one whose desk is right by the entrance and every day at three o'clock or four o'clock whenever you were supposed to go home, because I would work different shifts, everybody would rush in. I had an open door policy, but at three o'clock or four o'clock they would all rush in and say, "What have you been doing all day? I wanted to talk to you and I could not talk to you." Not true at all, you know, just knock on the door, they could come in. So it was a whole different bunch of people.

Neal Holtan: How many people lived there?

Dorothy Berger: Um, gee, twenty something.

Neal Holtan: Was it a house like?

Dorothy Berger: Yeah, it was a house. It was just a house on Hughed [PH] Ave., just not too far from the university. But the patients always had wonderful ideas. They would say, "Dorothy you have a lot of power, why don't you tell the government to stop those lights on Central, they're too fast and we can't get across fast enough." [laughs] There idea of power, always someone who tells them not to eat a lot of candy and stuff like that and to try to eat the vegetable. We had a cook and staff who worked with the clients and one of the things was trying to get them to eat decently and not just eat junk food all the time.

Neal Holtan: Who supported that house?

Dorothy Berger: People Incorporated, which is a nonprofit that has done very well and worked with lots of different problems.

Neal Holtan: Is it still going?

Dorothy Berger: Oh yes, oh yes, doing very well.

Neal Holtan: Did you maintain any contacts with Anoka State Hospital or staff members after you left?

Dorothy Berger: Well, yeah, I guess so. I have one good friend, another social worker that I still see regularly. We had some people come to Hughed house from the State Hospital. Not too many, but a few here and there. Then later on, we had people leave Hughed House and go to Tasks Unlimited and work, about three or four people. One young women, who was a black women, who was really very psychotic who always thought people were stealing her clothes. At Hughed house, she would come to the meeting every morning and say somebody was taking her clothes again. She was really fixed on that. I thought what am I going to do with her, she has this idea and, you know, she went to Tasks Unlimited and she did really quite well for a long time. I do not know what has happened now, but for a while she sort of kept it all together and worked with other people without getting the feeling that they were taking her clothes.

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So the patients were never boring. They were just people with different ideas about what was happening. It was sometimes just interesting, sometimes it was sort of hilarious, you could not help it. I mean you did not laugh, but it still was funny, some of the idea that people had. And there was always people who thought somebody was out to kill them. You always had one person like that, you know, really scared about nothing. There was nobody out there doing anything. So you learned about the things that people can really do to themselves, but they do not realize that they are doing it. The damage they are doing to themselves, like do not smoke and stuff like that.

But it was a wonderful experience, I am sorry I had to leave, but I felt I was getting to old to deal with all these fighters. I must have been in 50 fights. One of them was wonderful. I even told the kids at the School of Social Work about it. I came into the front hall and there was a male staff member being choked by one of the patients. I knew the patient and I knew he would not hurt me, so we managed to shove him into a chair and I sat on his lap. I kept saying, [clapping] "Wake up Edward, wake up, wake up." Finally, he woke up and he stopped doing like he was going to kill a staff member for nothing. But that was funny. I do not know if I would tell the department of human services about what I did, but I have told other people. So there were some interesting things that happened, just happenstance stuff.

Neal Holtan: Any last thoughts here as we wind up the interview?

Dorothy Berger: Well, I think that Anoka has changed a great deal. They have different sort of patients. Only the very sickest people, really, and sometimes somewhat dangerous people get sent there. The vast numbers of people, when I first worked at the hospital there were 800 patients there, and there had been 1200 at one time. I do not know what that must have been like because it was before the days of meds. One of the old nurses told me you could not turn your back on a patient in those days because there were no meds, no nothing and just the mental illness. So, I mean, the hospitals keep changing. Why they are always near railroad tracks and rivers, where people could kill themselves, I do not know, except I think it is cheap land. But you find that throughout the country, they are in bad places for people who are sometimes self-destructive. But I think a lot has changed, I think that too many people are walking the streets of Minneapolis who are mentally ill and picking cigarettes up of the floor and eating out of the garbage and whatever. There is too much of that. I think that the state never did what it said it would do in 1973. It did not do what it said they would do.

Neal Holtan: Yeah.

Dorothy Berger: And they still have not done it. So I think you need to have another young person you is mad about it. The whole thing. Find me one.

Neal Holtan: Well thank you for coming in today and sharing your memories of the hospital and your thoughts.

Dorothy Berger: Well, you know it is true the hospital changes you from one kind of person to another. I mean, not totally, but get a different view of life. Anyway, yes.

Neal Holtan: It was a pleasure.

Dorothy Berger: Pleasure here too.

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Neal Holtan: Thank you. [music]