

Dr. Ron Kyllonen
Anoka State Hospital Oral History Project
2 May 2014
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Neal Holtan: Good morning.

Dr. Ron Kyllonen: Good morning.

Neal Holtan: I'm Neal Holtan. This is the 2nd of May, 2014 and we're here as part of the Anoka County Historical Society's Oral History Project for Anoka State Hospital, and I'm talking with Dr. Ronald Kyllonen. Thank you for coming in.

Dr. Ron Kyllonen: Oh, you're welcome.

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

Dr. Ron Kyllonen: I was born in Duluth. I grew up there, went to UMD and then went to med school in Minneapolis, and my residency was there, with my last year of residency in Connecticut.

Neal Holtan: Okay. And your residency was in what specialty?

Dr. Ron Kyllonen: Child psychiatry.

Neal Holtan: Okay. How did you choose that?

Dr. Ron Kyllonen: It was by default. I was first going to go into pediatrics and then when I did my internship at Minneapolis General, I found out so many of the pediatricians were really not happy with their specialty. So I had been, in my junior year, one of the staff in the Psychiatry Department had encouraged me to take a psych residency. And so I called him up and said is the offer still open and so first with general psychiatry, and then I shifted to child psychiatry.

Neal Holtan: And could you put some dates on those? Medical school graduation?

Dr. Ron Kyllonen: Medical school, 1957, and then in '62, I had a brief career as a professor at Madison, Wisconsin. And then I came to Anoka in '64.

Neal Holtan: And was that your first professional position?

Dr. Ron Kyllonen: Well, the Madison one was. I was an Assistant Professor there.

Neal Holtan: And in the Psychiatry Department?

Dr. Ron Kyllonen: Yes.

Neal Holtan: And what led you to come back to Anoka?

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Dr. Ron Kyllonen: Well, we wanted to move back to the Twin Cities area and it seemed a little scary to go into private practice. It was a salaried spot and I thought I could sort of latch onto that for a few years and then move from there.

Neal Holtan: So that was 1964?

Dr. Ron Kyllonen: Yes.

Neal Holtan: And how long did you stay at Anoka?

Dr. Ron Kyllonen: Eight years. I was going to stay two and I stayed eight.

Neal Holtan: Prior to working at Anoka, did you know anything about the place?

Dr. Ron Kyllonen: Not really.

Neal Holtan: And how did you come to find out about it?

Dr. Ron Kyllonen: When we were exploring moving here, I started asking around and I know somebody told me verbally that the hospital had gotten a NIH grant to start the adolescent program. And so here was grant money and a program there, and so we could just start up.

Neal Holtan: Okay, well, we'll talk about some of the patients a little bit later.

Dr. Ron Kyllonen: Okay.

Neal Holtan: But could you describe what your duties were as a physician here?

Dr. Ron Kyllonen: Well, I essentially ran the adolescent unit and was the physician in charge and worked with the team there.

Neal Holtan: Was that a new program?

Dr. Ron Kyllonen: Yes, it started with the NIH grant, yeah.

Neal Holtan: And how long did that funding run?

Dr. Ron Kyllonen: It was only for two years, but it got us going.

Neal Holtan: Was that the intention? That it was to do a start-up? Was the funding intended to do that?

Dr. Ron Kyllonen: Yes. The grant money had already been obtained when I came here, and so that it was just like open and ready to go.

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Neal Holtan: And did you start the program?

Dr. Ron Kyllonen: Yes.

Neal Holtan: Could you describe how you did that?

Dr. Ron Kyllonen: I had half a day to train staff and we started up. Cause I first worked for a few months in the general hospital and solicited some people to, are you willing to come to the adolescent program. But our in-service training was a half a day.

Neal Holtan: Did people feel ready?

Dr. Ron Kyllonen: Probably not, but we went anyway.

Neal Holtan: And how long did this start-up phase last before you were kind of in a normal mode?

Dr. Ron Kyllonen: We just went.

Neal Holtan: Okay. And how did you relate to the other medical staff?

Dr. Ron Kyllonen: Well, we had regular staff meetings. I was the Secretary of the medical staff, which I think, that is the most powerful position in an organization, cause you get to keep the notes.

Neal Holtan: And how many physicians were here?

Dr. Ron Kyllonen: I think about six or eight.

Neal Holtan: And did everyone have different roles and specialties?

Dr. Ron Kyllonen: I think everybody else was general psychiatry.

Neal Holtan: Okay. Were there any general practitioners or surgeons?

Dr. Ron Kyllonen: There was one retired general practitioner, who had one of the cottages. Very competent fellow, by the way.

Neal Holtan: And was there a physician assigned to each of the cottages?

Dr. Ron Kyllonen: Yes.

Neal Holtan: And what would their daily work consist of?

Dr. Ron Kyllonen: They would see patients, run the team meeting, and generally a kind of overall supervisory position.

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Neal Holtan: And what were some of the challenges of that?

Dr. Ron Kyllonen: Well, the huge number of patients that were here when I came, the numbers were well over 1,000. And they were just packed in. The bunks and the dorms were three high. They also had one of the most efficient ways to get people showered. There was this, you went in one door, took off all your clothes, went down this shower stall with sprinkler heads, and at the other end you got a pile of, you got a towel and some clean clothes. So they could do the whole job very efficiently. And that kept the cost way down.

Neal Holtan: How often did the patients shower?

Dr. Ron Kyllonen: I don't know.

Neal Holtan: How about their other conditions? Do you think the food, was that adequate?

Dr. Ron Kyllonen: Well, I think there was enough of it, but, you know, when you're cooking for a large, large group, it's assembly line stuff.

Neal Holtan: Um, were any trainees assigned to you, like interns or medical students?

Dr. Ron Kyllonen: No.

Neal Holtan: Now turning to the patients themselves. Could you describe some of the diagnostic categories?

Dr. Ron Kyllonen: I would say by far and away the majority were behavior disorders. Kids who were acting up and may not have made it in other programs. And so they came to Anoka. We tried real hard to make as much of a family atmosphere as possible. Possibly I think I may have been swayed by that old movie, *Goodbye, Mr. Chips*. [Laughing] We tried to have, we had like an annual party commemorating when we opened. We would shut the unit down for a couple of weeks and everybody went up to camp on Mille Lacs Lake. And so, you know, we tried to give a home like atmosphere.

Neal Holtan: And what kind of treatments did you have?

Dr. Ron Kyllonen: It was mostly talking therapy. We had very little, I had very little use of medication. I always had been a little skeptical about that.

Neal Holtan: And if you did use medications, do you remember what they were?

Dr. Ron Kyllonen: Well, we had Thorazine, Mellaril, um, Prolixin. But we didn't, very little use of the major psychotropics. And we didn't use any of the antidepressants.

Neal Holtan: Is Prolixin the injectable one?

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Dr. Ron Kyllonen: It can be. It's either oral or injectable, yeah.

Neal Holtan: What percent of the patients in the adolescent unit were on medication do you think?

Dr. Ron Kyllonen: Probably only five percent.

Neal Holtan: And how did the treatments work? Were they successful?

Dr. Ron Kyllonen: Well, I think we had several, some of our alumni were attorneys in town. One fellow went off to medical school. One fellow is still working at General Hospital as an orderly. Very, very valued employee. He was an interesting boy, because in the fall at 15 he was reading at a third grade level. And we finally worked out an arrangement where we were in charge and he accepted it. By March, he was reading on the eighth grade level. So we had our own on-ground school there.

Neal Holtan: Okay. And was there any coercion at all or just, you used rewards? How did you change behavior?

Dr. Ron Kyllonen: [Laughing] I don't know. I think I tried to present them with a strong central figure that was kind of in charge. And I think the turning, it was early in the career there. One evening three of the, and they were pretty big kids, decided they were going to barricade themselves in their room and see if they could set up a ruckus. And the police or fire department were called. And they called me and I got there. And someone said how about, can we use tear gas? And I said, oh sure, I guess. Well they threw in a canister in that room, which is apparently enough for an entire apartment building, and it peeled the paint off the walls and the place reeked tear gas for weeks after that. But what I did then the next morning, was I packed up all three of them, shipped them down to the security hospital, and didn't let them come back until they were accepting that life. And from then on, things were pretty good.

Neal Holtan: Did you set up the treatment plans for the patients?

Dr. Ron Kyllonen: In combination with the staff, yeah.

Neal Holtan: And how did that work?

Dr. Ron Kyllonen: Well, we had a team meeting. We had a morning meeting every morning. And then we would discuss what was going on. And we had OT and physical therapy.

Neal Holtan: And nursing?

Dr. Ron Kyllonen: Yeah, nursing, yeah.

Neal Holtan: What did those treatment plans look like? I mean, were they written up that people could review?

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Dr. Ron Kyllonen: Nowhere near as sophisticated as has evolved over the last couple of decades, but there was sort of a working understanding of what we were dealing with and how. It was, everybody, the idea was to get a relationship going with the various staff people.

Neal Holtan: And how did the patients react to these plans? Did they know that there was a treatment plan for them?

Dr. Ron Kyllonen: Oh I'm sure. We also had a weekly afternoon staffing in which we would review one patient at a time in greater depth and we had all the staff and the patient there. And we would discuss how things were going.

Neal Holtan: And how did the patients react to that?

Dr. Ron Kyllonen: Oh, I think sometimes they didn't like the focus, but on the other hand, they were the center of attention.

Neal Holtan: Were there any disagreements or disputes about patient care?

Dr. Ron Kyllonen: Possibly, but I was kind of arbitrary if not dictatorial.

Neal Holtan: [Laughing] How did you relate to the other professional people, like the occupational therapists?

Dr. Ron Kyllonen: Oh, I thought we got along real well.

Neal Holtan: And did you come up with joint plans to treat different patients with special?

Dr. Ron Kyllonen: I think it was basically up to like an occupational therapy for a fellow name Spence. They were there for an assigned time and he worked out with them what he wanted to do. I didn't tell him what to do.

Neal Holtan: Technically, I think they need orders from the doctor to treat the patients.

Dr. Ron Kyllonen: I'm not, well, we just sort of like had the program and that was understood that everybody would be part of it.

Neal Holtan: Now could you talk about how these young people got to Anoka?

Dr. Ron Kyllonen: Everybody was a voluntary patient. When I came here, the attitude on the part of the psychiatrists in Minneapolis was they would hospitalize the kids until their insurance ran out. And then because it was very easy to commit people, they would then have them committed and they would be driven up here and dumped. And I didn't accept that. I said if you do that, they'll be patients of the general population and we won't accept them into the program until we meet with the family. We insisted that the family had to work with a unit social worker.

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Neal Holtan: And did that go over well with your colleagues that were trying to send patients up here?

Dr. Ron Kyllonen: [Laughing] I never found out.

Neal Holtan: So did you...

Dr. Ron Kyllonen: Probably not. Because this made life a little more difficult for them.

Neal Holtan: And did you talk with them about the care that the patients had already received?

Dr. Ron Kyllonen: No.

Neal Holtan: And how about diagnostic procedures? Did you use any testing or?

Dr. Ron Kyllonen: Yeah, we had an on unit psychologist. In fact, two of them for a while.

Neal Holtan: And what would that entail?

Dr. Ron Kyllonen: They'd get an IQ test to begin with. Then they had MMPI and, if necessary, Rorschach and other psychological testing. But that was up to the discretion of the psychologist, as to what they wanted to do.

Neal Holtan: And so everyone got diagnoses?

Dr. Ron Kyllonen: Yes.

Neal Holtan: What was the most common? You said behavioral disorders but...

Dr. Ron Kyllonen: I guess Mood-Disorder of Adolescence or Conduct Disorder.

Neal Holtan: Was that a standard diagnosis at that time?

Dr. Ron Kyllonen: Well it was right out of the DSM.

Neal Holtan: Okay.

Dr. Ron Kyllonen: I think it was DSM-2 at that time, yeah.

Neal Holtan: And what kind of criteria would be involved in getting that diagnosis?

Dr. Ron Kyllonen: Well, the DMS manual did sketch out a description of the various types of diagnoses. So it was a question of sort of fitting them in.

Neal Holtan: Did you have any patients that were not behavioral disorder?

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Dr. Ron Kyllonen: There were not many, a few. A few that had Schizophrenia.

Neal Holtan: And how did the patients get along with each other?

Dr. Ron Kyllonen: I would, well, there were clicks and there was a hierarchy of who was... Every life group, you get a hierarchy of status within the group.

Neal Holtan: And how big was the group?

Dr. Ron Kyllonen: Probably between 30 and 40. And we started with a boys unit and then after that had been on for a year or two, we then added a girls adolescent unit.

Neal Holtan: And did they have interactions?

Dr. Ron Kyllonen: Oh yeah, they were in school and everything together, yeah.

Neal Holtan: What would you say was the biggest challenge in working with those patients?

Dr. Ron Kyllonen: The community of Anoka. There was a tremendous animosity and maybe fear. And one of the employees on grounds had a husband who was in the police department. And so every rumor, and there were lots of rumors, it would instantly find its way into the town of Anoka. And so.

Neal Holtan: And you think the general population of Anoka was afraid of the patients?

Dr. Ron Kyllonen: Somewhere.

Neal Holtan: And could they come and go, the patients?

Dr. Ron Kyllonen: Mm hm. Yup. We were not a locked unit. And we had maybe two went to high school in the Anoka High School building.

Neal Holtan: Hm. Were there any incidents at all with your patients going into town?

Dr. Ron Kyllonen: I remember one that never quite happened. For some reason, there was this, there was going to be this rumble. And there was a line of about eight guys from Anoka marching two by two down the sidewalk. They were going to head their way into town. And I heard about it. And so I got in my car and I pulled up and a little fast so that I had to slam on the brakes and squeal to a halt. And without saying a word, I opened the back door and all eight piled in the back seat and I turned around and came back and that was the end of that one.

Neal Holtan: Were there safety concerns for the staff or the patients?

Dr. Ron Kyllonen: Not really.

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Neal Holtan: Any fighting or physical interaction?

Dr. Ron Kyllonen: Oh, occasionally, but it wasn't. One day in particular, this one young man, he was not going to school and he was calmly playing pool and was just defying everybody. And so I said we're going to have to take charge of him. Well, I couldn't get anybody to cooperate with me. So I went up to Jeff, who was playing pool. He was taller than I was. And I said, Jeff, I'm putting you in the quiet room. He said you and who else? I said no, just me. And everybody in the staff was watching. And I put him in the quiet room and he came in and sat on the floor and he burst into tears and says I don't want it this way. He ended up running a gas station in Minneapolis.

Neal Holtan: Hm. How long did the patients stay?

Dr. Ron Kyllonen: Some seemed like they stayed forever, but it was generally up to two years.

Neal Holtan: And what kind of criteria did you have for discharging?

Dr. Ron Kyllonen: Well, they had to be doing well in school. There had to be a plan for them. [Coughing] Excuse me. We had to also have things worked out – where are they going to live, you know, what city or with the family.

Neal Holtan: And how involved were the families?

Dr. Ron Kyllonen: Well, as I said, we had a unit social worker who met with practically everybody on a regular basis. Probably once every one or two weeks.

Neal Holtan: And were the families generally supportive?

Dr. Ron Kyllonen: Well, maybe we had to coerce them a little, because we weren't going to take their kid unless they were cooperating and be part of the program.

Neal Holtan: And what was the age range of the patients that you had?

Dr. Ron Kyllonen: Oh, as young as 12, 13, up to 16, 17.

Neal Holtan: And do you remember any examples of behaviors that really led to them being committed? Was it criminal activity or disruption?

Dr. Ron Kyllonen: Oh there was, yes, some were referred by juvenile court. There was fighting. Not making it in other programs. Like we got several patients from Biernan [PH] Ranch that weren't doing well. And so we said well, we'll give it a try.

Neal Holtan: And what do you think was different with the Anoka treatment that worked where other places may not have been successful?

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Dr. Ron Kyllonen: I really don't know. I could...

Neal Holtan: Okay. You've given several examples of people that went on to be quite successful. Could you tell when they were here that that would happen? Could you predict?

Dr. Ron Kyllonen: I don't think we even had worked out any criteria for how could you make a prediction like that.

Neal Holtan: Mm hm. Did you just have a sense of it?

Dr. Ron Kyllonen: Yeah. The see it in advance.

Neal Holtan: [Laughing] Did you interact with anyone in the other state hospitals? Peers?

Dr. Ron Kyllonen: Oh we'd have occasional meetings and there was a fellow down at the main office who was like our consultant. And I met with him on a regular basis.

Neal Holtan: In St. Paul?

Dr. Ron Kyllonen: Well, we'd generally meet for lunch somewhere between.

Neal Holtan: And what kinds of topics did you cover?

Dr. Ron Kyllonen: Oh, I think it covered the whole range from politics to uh... And then I used to meet with the overall director, but with him I discovered what happened is, sometimes you'd meet with him and agree on one thing, and then a month later he'd say, don't you remember we talked about this and we're going to do this or that. So then what I started doing from then on was, every time I met with him, I dictated a memo of what our meeting was about, what we decided, and sent him a copy. So he couldn't, he couldn't bamboozle us after that.

Neal Holtan: And what part of the government was he in?

Dr. Ron Kyllonen: He was the Medical Director of the Department of Welfare.

Neal Holtan: Okay. And a physician or no?

Dr. Ron Kyllonen: Yeah.

Neal Holtan: And what kind of specialty?

Dr. Ron Kyllonen: Psychiatry.

Neal Holtan: Uh, were you part of organized medicine at all?

Dr. Ron Kyllonen: No, did I ever join the AMA? No.

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Neal Holtan: And how about the Anoka County group?

Dr. Ron Kyllonen: Not Anoka County but Hennepin County Medical Society.

Neal Holtan: Um, how do you think the general physician population viewed Anoka State Hospital?

Dr. Ron Kyllonen: I really don't know.

Neal Holtan: They were willing to refer their patients?

Dr. Ron Kyllonen: Well, they had to send them someplace. But basically, the general hospital was kind of a large, basically holding tank. And when you have 1,600 patients, that's... I was Acting Medical Director at Anoka for, on two or three occasions, and I can remember dictating. One fellow retired and his closet in his office had a stack of about 200 charts that he had not finished up and we were going to get reviewed by the Accreditation Committee. And I can remember dictating charts of someone who came into the hospital at age 18 and was now retiring from the hospital because they were eligible for Medicare and could go to a nursing home. Spent their whole lives here.

Neal Holtan: Were there a lot of those or?

Dr. Ron Kyllonen: Quite a few. Cause see, the hospital operated completely self, it was a very inexpensive operation. They raised all their own vegetables. They had a huge dairy herd. In fact, the dairy herd thing I think is funny. The farmer legislators criticized the hospital for how poorly they were running their barns. So then they made a decided effort to improve the quality of the herds. And then the hospital was making surplus milk, which they were selling on the market. So by the time I came, the dairy herd had been shut down. But they grew potatoes and rutabagas and had brick cellars.

Neal Holtan: Did you ever function as like a legal expert in any?

Dr. Ron Kyllonen: Oh, I've testified in a few cases, yeah.

Neal Holtan: In what kind of examples?

Dr. Ron Kyllonen: Well, there was one fellow that, he was probably a kind of a borderline manic, who was aggressive and had done some small robberies. And I remember I testified on whether he was, cause he was faking being crazy, and whether this was real or not. And he got sent off to jail and when he came back, he stalked me for about two or three years. Calling in the middle of the night saying you can run but you can't hide. And finally, and this was when I lived in Golden Valley, he got exasperated with me and he would never tell me his name. He said, well, you know, who was he. He wouldn't say. And he got, so he went and called the cops. He was going to report

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me. And a Sergeant spent a couple of hours with him on the phone in the middle of the night and got his name and address. And he also had threatened the judge, too, so the judges don't like that.

Neal Holtan: And what finally happened?

Dr. Ron Kyllonen: He settled down because I never heard from him since.

Neal Holtan: When you were working at Anoka State Hospital, did you live nearby?

Dr. Ron Kyllonen: We lived mostly down in Hopkins, and then we sold that house and with not another one lined up, we spent three months living in one of the staff houses that was about to be torn down. There was a row of staff houses on the Anoka end of town. We lived there for three months.

Neal Holtan: But you never really lived in Anoka?

Dr. Ron Kyllonen: No.

Neal Holtan: Okay. What, how long did you stay at Anoka State Hospital?

Dr. Ron Kyllonen: About eight years.

Neal Holtan: And after leaving, what did you do?

Dr. Ron Kyllonen: I went into private practice in Minneapolis.

Neal Holtan: And how long did you do that?

Dr. Ron Kyllonen: [Laughing] It seems like forever. I was solo for a long time and then I joined the Minneapolis Psychiatric Institute and spent the last about six years at that. And that was out of Northwestern Hospital.

Neal Holtan: Was your work similar to what you had been doing at Anoka?

Dr. Ron Kyllonen: It was more typically a private practice inpatient/outpatient short-term focus treatment.

Neal Holtan: Do you, what do you think over time people's attitudes have been toward mentally ill people?

Dr. Ron Kyllonen: I think it's been pretty stable. There's probably a mixture of not understanding, fear and avoidance, and maybe a lot of folklore.

Neal Holtan: Did you every interact with advocates for the mentally ill?

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Dr. Ron Kyllonen: Yes, I was, oh, I spent quite a few years on the Steering Committee for the Minnesota... It's a citizen group that...

Neal Holtan: Is it NAMI?

Dr. Ron Kyllonen: No. I don't remember the... but, yeah, I spent quite a few years at that.

Neal Holtan: And what would you contribute to those groups?

Dr. Ron Kyllonen: We just, general discussion of advocacy and programs and what we could do from a PR standpoint.

Neal Holtan: And what kind of advice would you give them now?

Dr. Ron Kyllonen: Keep doing it.

Neal Holtan: [Laughing] Okay. Anything come to mind that we haven't covered?

Dr. Ron Kyllonen: No. I haven't been taking notes so I...

Neal Holtan: Just one other question about your time at Minneapolis General Hospital. What was that training?

Dr. Ron Kyllonen: That was back in the days when we had internships and it was a rotating general internship. And now, you know, with the ambulances, you have these well-trained paramedics. We medical students didn't even know how to thread a needle and we were the ambulance crew. [Laughing]

Neal Holtan: [Laughing]

Dr. Ron Kyllonen: And I can remember my very first ambulance run there was on a Sunday morning. And we had an address in North Minneapolis. And if you would have asked me my name on the way there, I could not have told you my name. And I arrived at this house and there were people outside and there were police. And everybody was pointing and I dashed up. We carried a bag. I had forceps, I had Morphine, we had everything. A little portable hospital right with us. And I rushed upstairs and went in the room and immediately I relaxed. Because I could tell the woman was dead and there was nothing I could do. [Laughing] So I was saved by the bell. But that was a hairy time.

Neal Holtan: And that was the old hospital on...

Dr. Ron Kyllonen: In Minneapolis.

Neal Holtan: Fifth and Courtland.

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Dr. Ron Kyllonen: Yeah. We had big Cadillac ambulances.

Neal Holtan: And was there an emergency room?

Dr. Ron Kyllonen: Oh yes. Very busy.

Neal Holtan: And were you on various rotations?

Dr. Ron Kyllonen: Yes. Every possible.

Neal Holtan: Okay. And what was the psychiatry part?

Dr. Ron Kyllonen: It was an annex building separate from the hospital and there was a locked and an open unit. And three units in all over in there, yeah.

Neal Holtan: Was that Annex Four, do you remember the?

Dr. Ron Kyllonen: I don't remember which floor it was but it was the annex building that it was in.

Neal Holtan: And do you think that was a good preparation for what happened later?

Dr. Ron Kyllonen: I think so. When I, if I ever reminisce, there are things I can flash back on that, uh, you know, arriving in. By the time you're there for a while, then you're a little more confident. And we really were faced with some real crucial decisions.

Neal Holtan: So it toughened you up, huh?

Dr. Ron Kyllonen: I think it wised me up. [Laughing]

Neal Holtan: [Laughing] A better word.

Dr. Ron Kyllonen: Yeah. Like, one that sticks soundly in my mind is, it would be like two or three in the morning, and this apartment in South Minneapolis and this 15 year old girl was laying on the floor in a pool of blood. She had delivered an infant and I cut the cord and was concerned about her bleeding. So I started massaging the uterus and I took the infant, wrapped it in a towel, and stuck it in my coat pocket. I thought it wasn't alive. And when I got back and was writing up a note, I looked and here, it's moving. So, you know, it was quite premature. So I rushed it off to the premature nursery and it lived about three or four days. But I clearly think that I would not, that woman would have died. So we had a couple of times where we actually did something useful.

Neal Holtan: What was the most dramatic thing that happened during your time at Anoka State Hospital?

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Dr. Ron Kyllonen: One of our young, who still calls me periodically, in the middle of the night had climbed the water tower and he was up there and he had a rifle with him. And someone said I think you better come out here. And I came out and the Anoka Police had a sharpshooter. They were ready to shoot him down. And I said no, I'll go up and get him. And I brought him down, and we were about six or eight feet off the ground and the Police Department dashes out with their guns. Don't move. And I said, no, you get out of here. I said I'd bring him down. So then they called the Police Chief himself and the Police Chief came into the building and he said, why don't you have him step outside and we'll jump him. And I said no. Well, he has to go to jail. And I said, okay, I'll bring him. What time do you want him in jail? And the Police Department was really furious. [Laughing] That I was now billed as a totally uncooperative type. But I delivered him to jail at 8:00 o'clock and he appeared in court by 10:30 and was sentenced to two weeks in jail. Talk about justice being swift. And he still chuckles about this water tower incidence.

Neal Holtan: Can you say more about how you have maintained contact with former patients?

Dr. Ron Kyllonen: There's a few I exchanged emails with. Like when Larry came up. He's visited, he's stopped in a couple of times to visit. And occasionally some will call.

Neal Holtan: And how do they view their time at Anoka or their treatment?

Dr. Ron Kyllonen: I think pretty positively.

Neal Holtan: Any other connections with Anoka State Hospital?

Dr. Ron Kyllonen: No.

Neal Holtan: How many people do you stay in contact with all together would you say?

Dr. Ron Kyllonen: Oh, it's probably no more than eight or ten.

Neal Holtan: And they're from your time at Anoka State?

Dr. Ron Kyllonen: Yeah.

Neal Holtan: So they're getting to be older now?

Dr. Ron Kyllonen: Yeah. [Laughing] They don't look like kids anymore.

Neal Holtan: [Laughing] Okay. I think that's about all the questions that come to mind. Any final thoughts?

Dr. Ron Kyllonen: No.

Neal Holtan: Well thank you so much for coming all the way from Duluth.

Dr. Ron Kyllonen
Anoka State Hospital Oral History Project
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Dr. Ron Kyllonen: My pleasure.

Neal Holtan: And sharing your memories. Thanks for all your years of service.

Dr. Ron Kyllonen: Mm hm.