

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

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Neal Holtan: I'm Neal Holtan and this is the 18th of April, 2014. And we're here as part of the Anoka County Historical Society's oral history project for Anoka State Hospital. Thank you for coming in. I'm talking with Karen Siewert.

Could you tell us a little bit about yourself, where you grew up and went to school?

Karen Siewert: Mm-hmm, sure. I grew up in Bloomington, Minnesota quite near the ballpark there where it was for a while and graduated there. And I always wanted to be in the helping profession; that was my goal. I read about philanthropists and kind of kept that in my head you know, so anyway that's -- I was an only child, that's something else that's different but.

Neal Holtan: So you didn't help a school (ph)?

Karen Siewert: Well after high school, actually before I graduated I was -- on New Year's Eve I was riding in the car with my date on the way home and I heard an advertisement that the state of Minnesota put on the radio. I had never heard it before and if I wouldn't have had that radio on I probably wouldn't be here today. I heard that they had an LPN program and that it was reasonable and affordable and that was one thing that was a problem with me because I didn't have any funding to go to college and yet I wanted to.

So anyway it was something new, it was an LPN program, it was a pilot program for five years and -- and then they said it was reasonable. It was the first program ever in the state that had the psychiatric aspect included in their LPN program. And so -- this was the fifth year I found out that the program had been so of course, we were the last graduating class. So anyway, I completed that and that's been it as far as education except for classes.

Neal Holtan: And where was that?

Karen Siewert: Well it was held at Anoka State Hospital; that was part of the -- that was probably a little over half of the place where we spent our time. The other half at St. John's in St. Paul and that included the medical, the surgical, the OB and the pediatric section. And at the state hospital it included basic nursing where we would learn how to give bed baths, that type of thing in the geriatric section where they have older people who were quite ailing in the state hospital. And then the rest of it was a lot of psychiatric learning and experience with our patients there. And then they might just say that -- what was so nice about it was that they had a big dormitory and it was right on the river. I heard the other gentleman talk about the river. Anyway and it housed nursing from us and the nursing from Gustavus Adolphus I think they had and maybe even rehab department. And so all those people were there learning from the psychiatric patients along with their other things later. But two to a room and it was free.

Neal Holtan: Who were the instructors?

Karen Siewert: Let's see, there was Arlene Dalmond (ph) that was from the state hospital and I think -- I'm not sure if she's still with us or not. And then there were oh golly, Ms. Mathowicz (ph),

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

Ms. Englestet (ph), two of those gals. And then there was Ms. Krueger (ph) that's the ones I can remember.

Neal Holtan: Did they have special areas that they would teach?

Karen Siewert: Yes, yes. Mrs. Dalmond and I think there probably was another person too but I can't think right now, was part of the state hospital. I mean she maybe was like a supervisor and then she also was an instructor. There was always a liaison that would be there and available to help us understand what's going on there. And then the other -- when we went to St. John's we probably had two or three there.

Neal Holtan: And how long was the program?

Karen Siewert: The program was 14 months.

Neal Holtan: And what year did you finish up?

Karen Siewert: I enrolled in September of 1960 and then I finished up in '61, but I'm not sure.

Neal Holtan: You brought in some materials?

Karen Siewert: Well I just brought -- yes I did. I brought this to just show how simple things were back then. When I called and asked for information regarding this, this is what I got. It's just like a copy of you know, mimeograph they used to call it. And it would tell -- it told all the things about the place and all the data.

Neal Holtan: Could you read off the title?

Karen Siewert: Yes, *Handbook for Practical Psychiatric Nursing Students. Anoka State Hospital and it begins September 1960*. And I think it's kind of interesting on one of these -- I don't know where it is right now, but anyway. What it does is the other page tells details and then it's got everything crossed out and not very professionally done but anyway, instead of Anoka State Hospital underneath it says St. Peter, you know like this was all maybe done there once or was going to be done there. But anyway every time the data changes, the price in the beginning was \$170.00. They crossed that out, they lowered it to \$120.00 and quite affordable so that, I just thought "This was for me".

Neal Holtan: For the tuition?

Karen Siewert: For the tuition; yes. And then the other thing that was stated was that if we worked a year at the facility or at one other state hospital in the state that we would get \$25.00 a month to help us have other costs, you know that were incurred while you were there. But they weren't that much, so I decided to do that because I right off decided that this was something that I really could enjoy and I have a heart for.

Neal Holtan: You have some photographs of classes or --

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

Karen Siewert: Well let's see. Okay this is probably -- this is the one that I was talking about. It -- this is kind of hard to see but anyway it talks about a new career opportunity in practical nursing and mental health and that was the -- what was so unusual about this group. And it shows pictures, this is the way our little pinafores looked you know, just like that. We had pinafores and little white shirts and then the caps that the nurses used to wear in the old days. Anyway there's that one and here's our graduating class; this is just a copy of the picture originally. And there were 15 to start off with. One left to get married and the other 14 graduated.

Neal Holtan: So the uniforms were fairly formal then?

Karen Siewert: Yes, yes they were formal and they had to be -- everything there was laundered by the laundry. The laundry was a big part of this facility because they laundered all the patients things, they laundered all of ours and I think the use of hot press type things because they had the wrinkles and what have you but anyway, that's the way it was done. And then let's see, I think that's it for now; yeah.

Neal Holtan: Did you eat with the patients in the dining --

Karen Siewert: You know that's an interesting question because we did not. There are 10 big cottages there and then there's like seven that were involved with patients. Four were female, three were -- yeah, four were female, three were male cottages. And some of the people could go down to a general dining room, but for the most part they brought the meals out to the patients. It depended; I mean I worked on a unit where there was 110 people in there. And they were in the locked unit, all female and so a lot of them couldn't do that but anyway they had like -- they would have a little truck and then they had wheeled in things with the patient's meals, especially the ones that couldn't go anywhere. And then there was a dining room there that we were able to eat and not have to pay any money. I remember one thing and that's homemade bread, I mean they made homemade bread because it was reasonable and there were the skills for that then. And I remember another point that the state hospital patients were afforded half of the amount of money per day or per month than what the prison units were and I just kind of went, "Oh, why would that be?" and I never did get an answer. But that's the way it was, you know? But anyway that was on the grounds. The grounds are huge and they're grassy and a lot of big old trees and park benches and yeah.

Neal Holtan: Did you go directly from being a student to working?

Karen Siewert: Yes I did.

Neal Holtan: And how did that happen and were you recruited?

Karen Siewert: Well I think it was expected; I can't remember but the unit where I worked is the one that had open or wanted me so that's where I went.

Neal Holtan: Okay. And how long did you work?

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

Karen Siewert: I worked almost two years there and I would -- the stipend was for people who would want to work a year at a state facility. I'm the only one that stayed there out of the beginning of 15 and the graduated of 14. There were three others however that went to Rochester as a group sort of, "We can do this; we'll go together and see what it's like there".

Neal Holtan: And what kind of activities as a nurse during each day; can you describe your work day?

Karen Siewert: Okay, yeah when I would be at work. Okay well I soon became the charge person; I don't know how long that took, I don't remember. But I could be the charge nurse on evenings or nights because most of our staff were aides and then there would be like a head nurse which was an RN and possibly another one.

What I found when I started to work is that now I felt like an employee and I realize how bare bones the staffing is, you know when you're a student nurse you'd come in and you're given instructions on what to do or what to attempt to do and you know I would try to relate to people to get them to come out of their shell because very many of them were overdosed with you know, meds. And so that was part of what I felt was very important. I didn't have the time to do that anymore, you know because when you're just short few people. So then I really saw the benefit of what the student nurses had provided for the facility. You could spend two full hours making medications up. I remember that very vividly because that's a long time; it's a long time out of the day and if you were the med nurse for the day, besides doing the foot soaks and attending to other wounds or whatever you would spend two hours per day doing meds and I was trying to think "Why would that be"? Well there's 110 of them and then the other thing is a lot of them tried to hide their meds and go spit them out and they had found that you know, over the years.

And so what we did is they had this pestle thing, like the pestle in the bowl or whatever they call it. But anyway you had to crunch them, ground them up and then we had lots of jelly. We put the jelly in there and mixed it all up. So I mean imagine that and they were placed in wood containers that were made by the hospital; we had a carpenter shop and everything. And then they had their little glass containers and that's why it took so long, but anyway they were just lined up on this cupboard one after another.

Neal Holtan: So were most of the patients taking medications?

Karen Siewert: I would say all of them; I would say all of them.

Neal Holtan: Do you think they were helped by that?

Karen Siewert: You know before I came in the 60's and I'm not sure of the date, the governor had come out and burned all the straight jackets. I think part of the reason why he -- they were able to do that was because they now had two biggies on hand as far as medications, one was Thorazine, one was Mellaril -- those are the two that I remember. And then there were other varying things for whatever their conditions would be besides their mental health that we had like five or six people that had seizures and we would house them and bed them right on the floor with us so we could hear them during the night if they you know, gasp or holler out or we could hear them to go to their

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

aid. So I mean there was some seizure medications, but anyway what I found was that for a lot of them I don't know that it helped them, but it helped them get along in a big facility with 110 people, which is difficult for anybody. But then for you know, if you have a mental illness it's difficult. And so I found a lot of people that would just -- you'd get them all ready, some of them could help themselves get dressed. And then you'd put them in the day room, you know and make sure they get a chair. And then it would only be an hour or so and their heads were dragging and they were asleep; they were very, very drowsy.

So I think, to my estimation I think that's what the side effects are of that Thorazine and it might make them feel better but it's also very, very much of a -- kind of a relaxant drug that makes them sleep. So anyway and that kind of takes away the ability to do very much with them, you know they were -- there were some rehabs available. Myself, I don't remember ever bringing anybody to them but I have heard of other people that we had rehabbed there. So anyway, and then if you had behaviors well then you would go up to the seclusion room and they locked the door and they have a hole in the door about like this, a big wood, heavy door and they have a hole about like that that you could observe the patients to make sure they were safe. And I don't remember how often we would do that as far as the checking on them but that's where we'd bring their meal and then of course, then the doctor would be called by somebody and he would re-evaluate and quite frankly maybe they would get more medication, you know to subdue them more because there weren't a whole lot of medications in those days. No big choices. I mean they've done some good things, a lot of things and then again some of the side effects now for the poor folks aren't that good either. But anyway, that's what I think about the medications.

Neal Holtan: Was there a treatment plan for each patient?

Karen Siewert: Well I remember is that maybe ever couple months that one of the doctors would visit and they just visit a certain number of people because of the huge -- I mean we had 1,100 people there total and so they would come and visit the person and then they would -- if they could be interviewed, he'd interview them or she would interview them. We had men and women doctors. And all the doctors were not psychiatrists; I know the head of the hospital was one. But then the other doctors I think were medical doctors and I know of several of them like, I just read an obituary about one fella that he really went on to work with mental health and well recognized in the papers so I mean he was one of them that did have the psychiatric background. But not necessarily did they have it, but they tried to do what they could do.

Neal Holtan: And what other kinds of treatments were used?

Karen Siewert: Oh yes, well we hadn't thought about this for a while. But we had shock treatment; that was something that I felt compared to nowadays it was done inhumanely. Gosh, I can recall about that. We would -- well okay the people probably that had been in seclusion you know, and if they can't -- because when they gave them the medications and increased it then they would get like anxiety and worse and their tremors and all that; so then they -- that's what they would resort to when other things didn't seem to be working. They would resort to shock treatment and so what we did is we brought them down to an area, I believe it was near like x-ray and lab and it must have been an area where they had other people that were medical and they wouldn't give them any relaxant beforehand. They wouldn't give them a little something, something go to sleep. That's

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

what they do nowadays. But they just started. They put the things all on them and they were aware that this was going to happen and then all of a sudden they had this big jolt and I don't remember if it was once or more than once. But just to watch it was pretty horrifying. I mean of course had a fear of it because other people would talk about it to them and then they had experienced it themselves. So yeah, but in some cases it helped them for a while, I guess it was supposed to take away their memory of whatever was bothering them, you know? And some people heard voices, some people had traumatic experiences and you know all those things maybe. I have no judgment and then the worst -- for the ones that just cannot exist in a situation like that they would do lobotomies. Now I think most of them were done before I came, but I do remember -- I remember one patient who had had one and so I got my impression from her what it did for her.

She was in the -- very intelligent person and she had been in the service and she also was gay and at that time people hardly even knew what that was but that was part of her distress and part of what she was going through and so then that's what they did. They gave her a lobotomy and she had big dents in her head -- I can't remember if they were up here or here. Anyways she had big dents in her head from the surgery and I never saw an improvement in Mary, but of course I didn't know her before she had the lobotomy either. But she wasn't what you'd call intelligent at this time; you know which before I had read in her chart that she had great intelligence. She was one that was in the secluded area with just a cot and a hole to peep through and then of course we'd bring the meals in. She went on to -- there was another woman there that was very, very acting out person and she -- this woman put her finger in the door, in the hole unbeknownst to us of course and then this was right after I'd left and she bit her finger off -- Mary did. So I mean it's like you know that -- that type of thing. That's the biggest thing I remember that as far as behavior that hurt others.

And then they would -- they would -- 110 people around you you would react towards the patients, some of them would and that's some of the things that they went to the seclusion for. Also had sometimes us would be the -- people would be the one that they had conflict with too and they'd try to hit you or something. For the most part -- I mean I don't think that went on a whole bunch but it did some.

Neal Holtan: Do you think there was an expectation that people would get better and be discharged?

Karen Siewert: That's interesting that you would ask that because I've always felt that all the people that were admitted from say 1900 on, they all stayed there, they all died there. Very rarely did they get out because of the stigma and also because of the fact that they didn't have any medications to help them improve. And I've heard from family members because I did a memorial and dedication at the old cemetery and I heard from one family when we had the dedication and then I heard from about four afterwards and they all said the same thing that they were unaware that they even had a great grandmother or a grandma that were in the state hospital. And they had just found out in various ways but this one last lady told me that her dad said, "Well you know she just went there and we never looked back and we never told anybody". So I mean I've heard that several times from the families.

Neal Holtan: Do you think there were people that shouldn't have been there?

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

Karen Siewert: You know I had several people who were, I felt I could talk with them and you know everyday conversation that I felt maybe could exist on the outside. But of course they never got the opportunity. Of those two years and 110 patients when I think back I think maybe I saw four discharged. And of the four they were all young people, so therefore they had a better chance to get out. I think the others had been long forgotten. Very few visitors. I volunteer at the regional treatment center which is the old state hospital now and they have many more visitors now. There's much less stigma, there's still stigma but there's much less than there was in those days. But yeah, I had the feeling like that; yeah. I did.

Neal Holtan: What were the conditions like for the 110 people in one of the cottages?

Karen Siewert: Well it was overcrowded. I'm not sure what they were made to have but I'll tell you it was overcrowded. Where they slept and this is what I always think about is where they slept. Their beds were iron with a thin mattress and they were body to body to body to body in a room that was probably twice as big as this room. You know it was a really big room, I mean imagine trying to sleep with all those people? Some snoring and probably some acting up. I don't know how they survived. They're survivors because they put up with a lot, they really did. And as far as the -- they had no bedside tables. You know when you go to the hospital you at least have a bedside table, right, where you can put your stuff in and then your toiletries? No bedside table. No closet. Nothing. Just bed to bed to bed and there they were.

And then their own clothes, very few of them had their own clothes and we did eventually we had -- what did they call, a clothing room. And people would volunteer from the city to put clothes in there and also the workers would do that too, they would put clothes in there. So some of the younger ones at least you know, that had more feelings about being dressed well or dressed halfway decent, they would get those. They would be able to go down there and choose some, I think there was very few weeks that there was something that would come in that might fit them. That's the other thing, size. We had -- we had like bins with housedresses, in those days a lot of women, especially the older ones were comfortable with house dresses. They just kind of wear like a big long sack so to speak, you know? And then they had to be sized and then we had bras. Women are very many different sizes and sometimes we didn't have the right size. So I mean this is what my memories are. And then when we would have the shower day and every -- I don't know how many days a week we had it but you had to divide it up because there's 110 people. And so -- and there's a few that couldn't shower. It was a room and I think it was a little smaller than this room but it was a big area and they had big shower things that were coming from both ends and that I think was real traumatic. Some people just couldn't tolerate that and you'd have to try to encourage them -- no privacy. Group showering, indignities to stand around nude looking at everybody else.

And then the clothing situation. Then you'd have to while they're showering you'd have to quick try to match up the person to the size and make sure that you could get something for them to wear. I just thought of something I had one difficult time with and then the laundry did their laundry too, the housedresses and at night they would just hospital gowns and maybe the scrub bottoms, something like that. That's what they had.

Neal Holtan: Did they -- you mention one traumatic event of biting off a finger. Were patients dangerous to each other at all?

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

Karen Siewert: Oh yes. Sure, because you know like Mary, I mean she had -- there was not much else you could do with her really except try to continue to medicate. But like she was very sensitive and if people were pacing you know, they were pacers and there were the sitters that just dozed off and on all day and then there was compulsive people that would go in and they'd turn on 10 spigots of water both you know, and this would happen almost daily with Eva. She would jus this long space and then that would -- and then she would stop at one sink and then she would wash her hands just like this, you know. So compulsive obsessive thing that I didn't know that diagnosis -- we have a lot of diagnosis nowadays that we didn't have back then. But I mean that would irritate her; so I mean if things irritated them yeah, they'd haul off and hit the person or if they were too confronted people like the two with the finger incident they would fight quite frequently because they would irritate each other.

Neal Holtan: How about you, yourself were you in danger?

Karen Siewert: You know it's interesting as student nurses when we all came there I didn't start out feeling that way but when we were introduced to them and we started learning about all the things and I think we all had a little bit of fear and some people never got over that of the 15. I would say there's at least five that said, "I never want to see a state hospital again". I mean it -- and I think it was pity also that they felt that was hard to observe because this is not a normal situation. Myself I just saw it as a real work project and I had empathy for them and I was always hoping that there could be more done for them. Well I'm happy to say nowadays that I volunteer at the regional treatment center and there is more done for them, not enough especially as they are discharged. They need better following when they're discharged is what I feel.

Neal Holtan: What do you think it was about you that enabled you to overcome those fears or --

Karen Siewert: I don't know I always try to look and see the good in person's and when I was working with some of them I did see them open up more. I thought this person they say never talks you know and then that would give you a good feeling, you know that you could do something and I just always hoped that we could do more, you know.

Neal Holtan: Could you say more about the doctors that treated the patients?

Karen Siewert: There was Dr. Popovich (ph) from Czechoslovakia, wow I don't know if I can remember any of the names. Well there were -- you know there were several doctors -- there was one doctor that Fareweather (ph) I think was his last name and he wasn't there right when I was. But I was -- I followed along with the hospital even after I left and he started a program that was wonderful and as an auxiliary member now we've started a foundation where we help -- people that help the mentally ill within the community. We were given an endowment from a lady when she died; she donated to six other groups or six groups all together and we were the one, smallest one. And anyway, the Dr. Fareweather he had opened up a group and it's grown throughout the country. I mean that's one good doctor that left there. Another one is Dr. Amplatz (ph) you probably heard of him. He has the Amplatz -- the hospital, his daughter who is a doctor also opened up the children's center and named it after Kurt Amplatz. He was a radiological doctor and my husband happened to a radiological technologist who was out there, that's how I met him and they worked

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

together reading the x-rays and stuff. Then there were surgeons, there were surgeons that were wonderful surgeons at the university and we had a whole surgical area out there and so that's why we had the lab, x-ray, and we had the surgical techs, we had the nurses that worked there and it was just more -- it was different. It was just more -- it was different. I mean we tended to things like that. If they had a gallbladder or if they had swallowed things. My husband had so many pictures that I would look, you put them up to a light and you can see them. I mean all the things that these people would find and they were desperate, they probably didn't want to be here and they would put safety pins, bobby pins and some even would find like sharp things you know. And so there was a lot of that type of thing because then the people get sick and then they'd wonder and then the x-ray would be called in you know, and same with symptoms and gallbladder or whatever. All those things were taken care of there. None of them would ever be done in a regular hospital.

Neal Holtan: Did you work in the surgical -- medical surgical area at all?

Karen Siewert: I didn't, not at the hospital. But when I left after two years of being there I decided that I needed to expand my horizons and do other types of nursing because if I just stayed there then that would be all that I would ever have on my agenda and if I decided to leave then where would my experience be? So anyway I went to North Memorial and at that point I got orthopedic medical and surgical and just a little bit of OB experience. But I didn't here and then I went to -- that was five years and then I went to Mercy because they had started up because that was closer to home because we had moved at that time. So then I took OB, by that time I was getting a little maternal you know and anyway I did 25 years of that.

Neal Holtan: And when did you retire from nursing?

Karen Siewert: I think it was 20 years ago. My husband had many illnesses and he had Polio when he was 18 and that kind of made everything a little bit difficult for his body so anyway he had everything, heart attack, diabetes, bypasses, cancer. And it just -- it didn't work in my plan. I thought you know I need to stop and take care of him full time here until we can get him better; and I'm glad to say that he really hasn't had a big ordeal since except for a pacemaker. So anyway that's why I did that and then I think about six years later they contacted me from the hospital, volunteer coordinator did and then I went on board over there for volunteering. I did a lot to change things and make more -- more things happen for the patients.

Neal Holtan: And is that the auxiliary?

Karen Siewert: Yes, yes.

Neal Holtan: Can you tell us what that organization does or did?

Karen Siewert: Oh sure. Its 36 years old this year so it's been around a long time. Originally -- the mission has always been to be able to raise funds and help the patients in ways that would not otherwise be funded by the state. That was the main vision. And then we got our 501c3 non-profit which kind of changed our mission a little bit so that we could do other things with it. And originally all the people, I think most of the people I should say were workers or former workers that were the only people that really kind of understood or had anything to do with this and so that

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

was their mission. And at this time there are a few people that we have that are still -- they were past employees of the hospital and now though I've been there for 14 years working at the auxiliary and I have included more people, more people from the outside you know? I went to churches and talked about our mission and they would -- like anti-stigma. They would have a group meeting inside and they'd invite me because they heard -- and I'm not a good speaker, it's just that I know the message I guess. So I would say "Okay" and I got two people there. I got a couple of my neighbors and my mother was the first one who worked in the general store. We operated a general store, we operate a snack bar and each of those are open two days a week. The patients love it. I mean they just come down and they buy their hot dog, get coffee or a snack and then we also in the general store, which I started out running, that was what I started out doing. I kind of built it up as I went but we had clothing, we have personal care items so they have choices. They don't have to go with the thing on the wall that doesn't make their hair nice, but it does shower their body, that type of thing. And so that's what I -- and I try to get more and more -- and I'm finding it's a little bit easier now because of the anti-stigma movement.

And when you invite people to come in and see -- I mean I don't -- well I've had one person but otherwise I haven't had anybody say "Oh well I don't think I want to do this" because when you come in and you go to the general store and you see how the patients are reacting and how they're accessing things that they need and even little jewelry, you know we'll get a dollar or two on the jewelry and some of them have funds that come like from Social Security or whatever and so it's not that they don't have any money. But there are some people that don't have any and then we have another special fund for them but yeah, anyway that's it.

Neal Holtan: And what other kinds of projects did the auxiliary do?

Karen Siewert: In the past they did fundraising. They would get together and like people were golfers, they would get paintings to auction off and to make money; they would have a golf tournament. They always sold fruit cake because my husband would bring home fruit cake years and year ago and that was a fundraiser, that was at Christmas every year. And let's see what else did they do? Oh, bake sales and that type of thing. That was mostly what it was back then; that was 36 years ago and up to probably 20 years ago and then we'd change the course. You know you find out that not as many people are baking and you know where do we do this? We have to go downtown to Anoka County, its set up in the hallway. So anyway we decided when the building was new that the regional treatment center is new and we decided, well somehow somebody negotiated to get a so called mall they call it and that's where we have the barbershop and so we -- there is a barber that he just works a few days a week but he comes in and cuts people's hair. And then there's the library is in there, the general store, snack bar where they can get treats and hot dogs and specialty candies that they order. And then there's a community room where they can pick up things like to find out where they might be going next or how the schedule is organized and how that would work for them. That's the fundraising activities and then the fun raising activities that we do as in the fun, not raising but the fun activities we do. We have four big parties a year. And I try to invite all the volunteers.

I was vice president for a while and then I was president for like maybe three or four years and anyway we try and invite all the auxiliary members and we've gotten so we coordinate really well with like rehab and we've got two liaison people. I ask for liaisons because otherwise they didn't

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

know who we were; we didn't know who they were. And you know if you worked together you could do so much more. Well last night we had the seventh visit from the Stray Dogs Band that came and performed for us. And it was wonderful; I think there was at least 100 people, 60 the first time and 40 the next. They did two sets. And they've been seven years now and I announced that and they clapped. The first time that I tried it, after I found the Stray Dogs and they said, "Yes" right away. No -- and after they went the first time they said "These people are much more appreciative than bar people that are sitting around hollering and being loud and drinking beer", you know? They said, "We just love it" so they've come back for seven years.

Neal Holtan: What kind of music do they play?

Karen Siewert: They play a little bit of everything. They play the 60's, 70's, 80's they kind of go up like that and a few of the newer ones. A lot of like Beatles and Eagles that type of thing; they're really popular. The first time that I held this I was hoping that I could get somebody to dance. Well it didn't happen and then the next time around I thought about different procedures that I could maybe try, so I got these lei's and I got straw hats you know, and the first couple that got up to dance would get a prize. Last night we had a much better -- I mean each year it gets better. And they're different people all the time, you know? Some I've noticed -- I bet there were about eight people that kind of revolve that kind of come back because they don't get fully well and they have needs and so they're committed again. But anyway I -- we just had a great time last night. It was just so good. Three guys, the band is and like I said about 100 people and then we just had cookie, coffee and lemonade. And that was good.

Neal Holtan: And how long have you been with the auxiliary?

Karen Siewert: The auxiliary I've been there 14 years and the first few years I was a worker, I was a volunteer. I was there once a week in the store and I had my mom with me first because I mean she really has a heart for these people too, or she did. And so it was she and I first and then I got a couple other people involved that I knew -- like the lab person that used to work there, she "Oh yeah sure" she had come over there. She didn't have any fear you know? She's worked with those people for years and then retired. So that's kind of what I try to do first of all and then now I'm more working like with different groups or people that have never had experience with the belly up and they're getting their eyes opened and every -- most of them really, really like it. So that's great.

And then we do -- three other parties too I forgot to mention. We do the Patriotic party where we have each of the units make a nice poster and then we have somebody come up to explain it and to talk about it and then that gives them an activity and it also gives them something to share with the others, helps them socialize a little bit. Same with the dancing, I mean the music. It's a good socialization piece because ordinarily they're locked into their own units and they can come out certain times of the day and they can make mall walks or if it's nice outside they go outside. We have been working on the fitness center. We've supplied many things for that fitness center. It started back before us. It started with Anne McFarland, she did that. She thought that would be a great thing and it has been. Now it's -- we've got an octane machine that's just awesome, you know and we paid \$4,000.00 for it and I bargained to pay only half. I said, "If the state can come up with half, we'll come up with half". And then that got the elliptic and they've got a whole weight thing.

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

We've gone through three weight things but anyway we have a nice newer one now that's working a little bit better.

Neal Holtan: How do you think the surrounding community views the hospital?

Karen Siewert: Well that's interesting. I had a guy come and I know this is just situations, it's not everybody. But I had a guy come to blow my driveway in the winter once and just happened to say something to him like "Well I have to go now because I volunteer over at the regional treatment center" and he goes "Oh where the crazies are"? You know I mean I've gotten comments like that, which I clearly let them know that that's not appropriate. I mean I didn't really hardly know the guy but I mean I just -- I think that's one way we can help the stigma that people are called names. And there's certainly a lot of them out there.

Well then the last thing that I ever encountered this last summer I was replanting some of the shrubs that had died in our landscaping piece and then I was also putting in some flowers for color and was just about done and there were two boys riding by on their bikes. Well as I was approaching the gate they dropped their bikes and they walked over and they were six, going into seventh grade these two boys were. And that's what our conversation was he said, "Hey lady, do you know anything about this place"? He says, "I hear all those people are ones that committed suicide and then they put them in the graves" and I said, "Oh no, no", 45 minutes later they knew about stigma, what it did and how they could be a good purveyor of another way of looking at these things. I showed them the gravestones; I showed them names, talked about the people that I remembered. I showed them two graves of people that were -- but anyway they were before 1965 because that's when they quit burying them there. But anyway I showed them two people's graves that I knew the people. I remembered them well. I told them a little bit about them. This lady was from Russia, she couldn't speak a word of English, you know "Oh really, with all those people, wow". And then they wanted to know where the oldest one was in the group. So I took them way back to the far edge at the south end, 1900 was the first one that was buried there. And then we talked about the round cement numbers, that's all they had at that time was a number. Now that was all they had when they were buried I should say.

We had a chaplain there and he would come and do the service, we had the carpenters they did the boxes and so that was kind of the procedure. And the few people maybe that knew them, but while I was there I never really heard of those people or a memorial. But like I say a couple years after I left then I see two that are there. Once in a while I bring flowers and put on their graves. And I always greet them as I come in because they're right at the entryway. But anyway it was a moving experience for me and I think a very educational piece for these two boys and I said, "Well I hope now when you talk with your friends or anybody, your parents even". One boy said, "My mom said that that building back over there was used to cook chemicals to make medications for the patients". And I said "Oh gosh no that was like a horticulture building"; so it's like -- when you think about what do people think, I think there's still a lot of under knowledged things out there.

Neal Holtan: Do you think that changed when the new treatment center opened?

Karen Siewert: I think that maybe that it did. I try to tell people that now I think these people have a respectful abode to live in and it's much more comfortable. There's such a big difference. At the

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

cemetery memorial I was able to talk about what it was like then and what it's like now and there's just a big world of difference. There was no respect you know; you had about this much room in between the plots, 110 people in one facility, three floors. So anyway I do believe that that certainly has helped and it's certainly helped them too, the grounds are beautiful. There's like six units all the way around the big circle. In the winter they can walk around, summer they can go out and be in the sunshine, fresh air without having to worry about the railroad tracks or the river or the busy street out there, all these things that a few people did succumb to. I wouldn't say that there was a big number but there was some. Like I say my unit with 110 in cottage seven they were locked and we just were allowed the people that wanted to go down and do -- some of them had a job. One of them I remember made salads, you know for the dietary patients and the help and we didn't all eat together, that is true. We didn't all eat together. We ate at separate times the ones that did go down to the dietary.

But anyway there were several who had jobs that they considered something to look forward to every day. Elba Darby (ph) would get up at 6:00 in the morning, dress and be ready to go and make salads and she loved her -- the chef or whatever, the guy in charge down there and she'd talk about him. It was really something for her to look forward to and she was one that was fairly well, you know and she'd been there for years. And then there was another situation where I remember another job that made difference. A daughter that I met after the dedication, maybe a month later, she read about it in the paper and she called me. We went out to the cemetery and found her dad and she said, "He had troubles all his life off and on" you know he started out up north at some other state hospital. But she said he looked forward to getting up when he went back to Anoka because he took care of the horses. That was his job. And he loved it and then of course at one point they made the decision, the state did that these people were no longer allowed to do that. It might be interpreted as slave labor so to speak or that you're trying to get something out of them. Now that might be true nowadays because they're given a lot more therapy, they have a lot more classes and lot more possibilities to help them and for them to get better. But back then that was probably the only thing that he had to look forward to and she said that it was shortly later that he got real depressed and after that she said she remembers that so clearly because he would kind of brag about how he did such a good job.

Neal Holtan: You have some other materials that you brought in; do you want to share any of that?

Karen Siewert: I don't know; did I show you the nurses? I think I did.

Neal Holtan: I think we did.

Karen Siewert: Okay, that's my graduating class. Yes I did bring in some other things. I don't know how clear this is going to come through but this is you know all the cemetery was was a cyclone fence and nobody could even see what it was, you know and then the gate was kittywhompus (ph). So when the state decided finally to add markers with names and dates on each patient's grave, 400 markers -- I get choked up when I think about it. But anyway they came down the hill and into the cemetery, it was just so moving because they were going to get their markers. So anyway our group, the auxiliary we decided -- we had a fellow who was a judge, who was a lawyer and a judge and he came out to tour the hospital and they had a volunteer coordinator then. She toured him the cemetery and his impression was "This is terrible. There's no recognition,

there's numbers". People would have no idea if they ever wanted to come and search. So he started our funding with I believe it was \$5,000.00 that he gave and he said "If you ever had the opportunity" and she said, "We call every year to the state to see if we can't get the funding for the markers for those patients". But they were more worried about the people -- the people in their line, the kids and the grandkids or whatever having the stigma about having those patients in there who were relatives of those. They were more worried about that then they were worried about them having the proper recognition of who they are and when they were born and when they died and have their full name on there.

That was accomplished by a historical society, Anoka had one person who worked on that a little over a year, his name was Dave Niles and that helped us because when we were told that we could be the next hospital that could have those markers done we had some of that work done. We had book work matching up names, matching up big log books at the hospital. There were several names, some people changed their names. I think maybe the family members they said did. So it was a big project and he spent over a year and then when we came on board we spent 10 months working with this and I went to the city, we fund raised and businesses and we took our \$5,000.00 we had and we had handcrafted -- probably doesn't show up very good. Handcrafted entryway gate at the front, two big panels, all wrought iron and then we had a paver entryway. Somebody pointed out to me look how the entryway is, so anyway we have a beautiful entryway there now of pavers. And then in the middle the person who did the paving they said "How about if you have something an insignia in the middle stating something"? "That's a good idea", he had just learned about it a year before when he went for class. So anyway he said "Figure out what you want and I'll show you what we can do for \$400.00". So "Remembering with dignity", that's what we put there. Its right as you went through the gate, very prominent and it was done -- all this was done barely. The gateway was just -- they were hanging in an hour before the ceremony. But anyway and all these shrubs I had a landscaper who did a good job and gave us the best bid and so we really got a nice, wonderful area there to front it. And now the thing we're working on this year is our -- a sign, we want to have a big sign that we can put on the gate or on the fence and then have that be acknowledged that these are people who were buried here 400 of them without a name or a date. And now they're being respected with what they need and they got it, they're beautiful markers.

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

Karen Siewert: Oh golly, I' have to look at my notes. Oh well okay I'll tell you a couple things that as the auxiliary we've been able to do and here's an article that says the AMRTC auxiliary named for the Human Rights Award. We were honored and I think that was 2009 and we were presented with the award. The award is in our office up there on the wall and then in 2009-2010 we were care 11 recipients and so here's the picture; that's the main workers at the group and I think there were only five of us, yeah there's only five of us here and then we included the lady who nominated us. When they called me I couldn't believe it, I said, "What? You're kidding, nobody knows about us. What is the deal" and they said, "No, you guys are" -- so anyway we were recognized. We have a beautiful bronze plaque that some creator, artist in the area has done for other -- I think he also did Kirby Puckett's bronze down there. And it's got a tree and apples to signify a lot of things, growth, living, importance that things go on and improve. So we were real proud of that.

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

Let me see if there's any other things I was going to say. Oh I brought pictures of the dedication. I mean this just shows how many markers and these markers were not buried in yet, they were just delivered and it was a beautiful fall day when that happened. Oh here's the remembering with dignity insignia too that we have on the pavers. And there's some of our landscaping and then we had a dedication, I think I mentioned that but what we did was we invited the whole community. We had 85 people that showed up. And then here's the stone, some of them were round, some of them are square and then they just have a number. And some of them are gone because the mowers, the upheaval of winter and then the mowers would chop into them. And then so they asked me "Do you want to get rid of these now? Should we get rid of these now that you've got the nice markers" and I said, "No, this is part of the history". This is what makes it special and interesting and that's what you gave them. So anyway. And here's a picture -- here's where they're putting in the gate you know, that was like an hour before the dedication. And then that trip I mentioned where we had one family who did have a grandmother and she brought a picture, found her a week before the dedication and because I really wanted one person advertised in the paper and so anyway she brought a picture of her grandmother, beautiful woman and it was about 8 X 12 I believe, old fashioned gown on her and then formal picture with two of her children. And I just looked at that and I said, "This could have been post partum depression". I mean I guess I've got a lot of experience helping people with that but I mean you know, it could be just that simple and at that time they didn't know what to do and they just stuck her in there because of her behavior, her extreme depression and she said, "My dad went on to marry somebody else" or her grandfather. And then they just dismissed them. So anyway she was able to -- I think this is a picture of the family right here. She and her teenage daughter and her husband came and they actually then were part of putting that marker in for their grandmother's marker. So anyway that was a memorable part of it.

And then we had string players, music came and then we invited David Piper who was the benefactor of the original fun, we invited him to come and he was one of the first ones to bring flowers and put -- every grave had flowers on when we left. And each one of us did our part and we felt very good about doing that so and here's some pictures in the winter. So anyway I don't know if I can think of anything else that I haven't covered, but I mean I felt like I've got a lot to say but hopefully I made it --

Neal Holtan: You did a great job, thank you for sharing your memories.

Karen Siewert: Yes.

Neal Holtan: And for all the good you've done.

Neal Holtan: Oh thank you, thank you. I'm proud of it too and I've learned a lot from all this. I never could say "boo" to anybody you know in front of a group and nobody wanted to do it so you got to do it. Thank you very much.

Neal Holtan: You're welcome.

Karen Siewert: Great.

Karen Siewert
Anoka State Hospital Oral History Project
18 April 2014
[0:59:22]

Neal Holtan: You did a fabulous job.