Michael Resman
Anoka State Hospital Oral History Project
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Neal: Good morning.

Michael: Good morning.

Neal: I am Neal Holtan. It is the 18th of April, 2014, and I am here with Michael Resman. This is part of the Anoka County Historical Society's project on gathering oral history about Anoka State Hospital. Then you for coming in.

Michael: Oh, I am glad to be here.

Neal: Could you tell us about yourself, where you grew up and…

Michael: Well, I was born in Duluth, raised in the Twin Cities, in New Brighton, not too far from here. Went to the University of Minnesota for occupational therapy, and met my wife there. And, we both needed jobs for OTs and there were two jobs for Rochester State Hospital. So, we took those jobs in 1972. She left a couple of years later to go work with the public schools. I stayed at the Rochester State Hospital until 1981, when it closed. And, then I moved to the Rochester public schools after that, and then retired about six years ago now.

Neal: Have you had any jobs after retirement?

Michael: No, I have served as a lay minister, so I am very active in my church and have been writing. I have had five books come out so far, published.

Neal: Well, congratulations.

Michael: Thank you.

Neal: You have one book about the Minnesota state hospitals, I understand.

Michael: Right. One history book, I wrote a nonfiction book, Asylums, Treatment Centers, and Genetic Jails. I also wrote a companion novel, The Mailmen of Elmwood, that tells, as a novel it can tell the story more personally and tells the life stories of the patients I worked with in the State Hospital.

Neal: Could you give a brief history of the Minnesota state hospital system?

Michael: Well, keeping it really brief, the first state hospital in St. Peter opened in the late, in the mid-19th, or the 1860s, for psychiatric patients. And, there are all kinds of pejorative terms, what we consider pejorative terms now used for those patients. Then, the second hospital opened in Rochester and then one in Fergus Falls, all in the 1800s. So, if we look at Minnesota state hospital history in three big chunks, there is the 1800s, and then there is the period from about 1900 to about 1950, and then when psychotropic drugs began to be used in the 1950s, from the 1950s until now is really what I would consider the modern period. Because, there were far more options available,

both to treat patients and how they were treated, where they were treated became much more complex. And, state hospitals began to be closed by the 1970s. So, I look at it in those three sections, and the 1800s were a period of asylums and treatment in state hospitals, and it was really very successful. And, patients were far better because they came from places like poor farms or were just neglected in their communities, and they were far better off in the state hospitals than they had been out. And, many of them, after receiving treatment in the state hospitals in the 1800s were discharged.

And, then we had from the periods of, 1900 and 1950 was a period of eugenics, and we can talk about that more. But, the hospitals really functioned in what I called genetic jails, where they were designed to, if you were committed to the state hospital, you were committed for life. And, it was, a real effort made then, you were not, to avoid procreation, they did not want these defective genetic people having children. So, that was a real thrust of those hospitals. So, it did not matter if you had a temporary condition like post-partum depression, and after six months you were perfectly fine after being in the hospital, you were never going home unless somebody from, typically your family, would sign a bond being responsible for you. So, you were in for life.

Well, then from about the 1950s when the hospitals reformed and modern treatment became available, then things changed and become really complex and varied. So, that is how I look at this kind of a three-phase.

Neal: And, how do you think Anoka fit into that?

Michael: Anoka started in 1900, which was the beginning of then that genetic jail period, and Anoka started as an asylum. By the end of the 1800s, the State of Minnesota had been in the business of taking care of psychiatric patients for over 30 years and it became clear that some patients, although they were discharging many, there were some that were never going to be discharged. So, they wanted an asylum for people who were presumably going to have to stay in the hospital until they died. And, so in late 1800s, the Minnesota legislatures formed a commission to pick a site, and towns at that time fought about who would get the state hospital, because it meant a lot of jobs. Well, this commission chose Hastings as the site. Well, there was a big uproar, because the hospitals at that time, most of them were, St. Peter and Rochester were in the southern part of the state. They wanted another hospital located in the northern part. So, the commission met again and they chose Anoka. Well, Hastings got mad because they lost their asylum and so they went to court and it went to the Minnesota Supreme Court, and the legislature solved it by choosing to build two asylums, one in Anoka, one in Hastings. But, Anoka being designed as an asylum, there was an assumption that these patients who were not going to get better, so there was much less effort put into treating them, because they were defined to be hopeless and therefore less funding provided. So, if you compare Hastings to the other state hospital, actually, it was relatively underfunded, which meant that conditions were worse for patients, they were among the worst at both Hastings and Anoka, far worse, or significantly worse than other state hospitals.

Neal: Were there other differences between Anoka and Hastings and the other hospitals?

Michael: I think that the physical plant ran down more. There were reports, something as basic as sewage, in Hastings sewage was backing up into food storage areas when it rained. And, in

Anoka, in the 1940s, the public health department had to tell people who were cutting ice out in the Rum River, that the ice that they were cutting could not be used for residential purposes because the Anoka State Hospital was discharging sewage right into the river. I thought that was probably a good idea. And, patients were pushing these metal food carts through the tunnels from one building to another, but they were pushing them right past the electrical wires that had the insulation worn off. At Anoka, there were wooden floors that the patients were using, walking in their stocking feet and they were urine-soaked and splintery, and could not be cleaned. So, conditions in some, the physical conditions at Anoka and Hastings were really deplorable.

Neal: What key questions do you think historians should ask about Anoka?

Michael: About Anoka, where did some of the records go? I spent years going through the records, every piece of paper I could find at the Minnesota Historical Society library, but I am sure that I missed a great deal, because the records are scattered here, there and the other place within that collection. And, as well, there are, as far as I can tell, 80% of the records that had to be generated at that hospital are not there. So, I wonder where they went. I wonder where the photographs went. And, the other big piece that is missing is, I have given talks around the state now, about three talks so far, and every time, people come up and talk to me about relatives that they had had. And, typically, it was like an uncle or grandparent, it was quite some time ago, in the state system. So, a big missing piece of the whole story is the impact this had on families. It had a tremendous impact on families. Still it, still has. Because, they remember stories from sadness and disruption that was caused by a hospitalization, and those stories have not been told at all.

Neal: You mentioned your novel, how did you try to reconstruct some of those stories?

Michael: I took the, when I worked in the Rochester State Hospital with, most of my patients were chronic psychiatric patients. They had lived through these 1950s era, and I had patients who had like nickel-size dents in the side of their head from lobotomies. One who walked with a limp, because she had crushed some vertebrae in her back from an ECT treatment. I had a number of patients, and I have talked with speech therapists why this happened, and because the conditions have, do not exist anymore, but these were patients who were exposed to this crazy environment and no hope, because it was clear they were never going to be discharged in their lifetime. They were never going to get out of this. And, so I saw the effects on the human spirit of hopelessness and this craziness. And, I had at least three patients who, their language skills devolved to the point where they only had like two or three phrases, were all that they were able to say. No matter what the circumstance, they would come out, and many of them were curse words, so I will not say them here. But, and that was, one of them was, "Never will." And, he actually was the hero of my novel. That is the only thing this patient could say was, "Never will." He would walk around saying, "Never will, never will, never will." And, so he was showing me his defiance, his individuality, and yet he had deteriorated emotionally, cognitively to the point that is the only thing he had left was this shred of defiance.

I wanted to tell his story, and how can you do that? You cannot do it in a nonfiction piece, except to really briefly mention, and even that was denigrated by the speech therapist I talked about and some experts that said, "This is just a manifestation of his schizophrenia." Well, it did not look like that to me, to this person in front of me, this was not because their brain had deteriorated, this was because

their spirit had deteriorated. So, I could tell the story on a personal basis. I could put those patients in a milieu if I created a world for them and told their story that way. And, they could be people in that story. So, that was the motivation.

Neal: Who was in charge of the state hospitals?

Michael: The state, the hospital superintendent. So, again, and I am not, I do not blame the hospital personnel, including the superintendents, because typically there would be one or two psychiatrists at a facility, and they could have 1500 patients. Right away you see there is a problem, but if one of those two people who was designated to be the superintendent had to deal with stuff like getting the road black-topped, getting the, the cows are ill, and how do we deal with that. And, we need to get more potatoes or sell more potatoes. And, so most of their time for this, one of the two people who could offer treatment was tied up with administrative stuff. There was even in a record that there was a big fight between the state treasurer and one of the superintendents over—I do not remember what the amount was—it was less than a dollar that he had been overpaid for something, and there were letters going back and forth to deal with this overpayment. So, this is what they were tied up with. But, they had to send reports, regular reports up to the state, up to St. Paul, and so that St. Paul knew what was going on, but then in turn, the superintendents would send reports up to St. Paul that were then turned over to the legislature and they would have legislative requests. And, they would talk about these horrendous conditions that the hospital, there were health problems, there were basic safety problems, roofs were leaking. And, begged the legislature for money.

So, ultimately, if you look at, well, who the legislature was responsible for, it was the citizens of Minnesota. So, absolutely, I put the responsibility for the conditions that existed in the state hospitals in the lap of, at that time, and even now, for the care of psychiatric patients in Minnesota, it rests the general public. The other piece, the general public back in those days cannot say they did not know. Because at the State Fair every year, the state hospitals had, each state hospital had a booth and they would sell handwork that patients had made, and they made a significant amount of money for what they were doing, for materials, were generated by these sales. And, they were beautiful. There were things like lace tablecloths, beautiful lace tablecloths. Well, if the public looked at this and said, "Why is this patient, what's this person doing in the state hospital? This, we have locked up somebody like this?" So, the public cannot say they did not realize that there were some strange thing going on. So, that is where I put the responsibility, it is with the public.

Neal: And, in terms of the government, what department was in charge?

Michael: I would have to go back and look. It was called different things at different times. Basically, like public administration kind of thing.

Neal: Could you say more about the transition from that custodial care to more active treatment?

Michael: Well, there were some real heroes to this story, that helped end those bad old days. The Catholic Church was one. The Catholic Church consistently resisted the effort to dehumanize people. They resisted 1901 Minnesota law that forbade people who were insane or imbeciles from marrying if they were under the age of 45, because they did not want those people procreating. They

resisted the involuntary sterilization law that the Minnesota legislature passed in 1925 that said that once you were institutionalize for six months, if you were insane, or if you were committed and people minded, you could be sterilized. And, they wanted to expand that to be able to—some people did—to be able to sterilize anybody without having been committed first, and the Catholic Church fiercely and successfully resisted that effort. So, the Catholic Church was one set of heroes.

The Unitarian Commission of Minneapolis was another, because they authorized and funded a wide-spread inspection of conditions in the Minnesota state hospitals in the mid-1940s. And, then Governor Youngdahl, who was a Republican, was perhaps the biggest change maker in that he became very upset about conditions in state hospitals, and was able to convince the legislature that does not make any sense. If we begin treating people effectively, we can begin discharging them. And, he demanded that, for example, that the use of restraints be stopped, and that resulted in that picture in 1949 at Anoka State Hospital burning restraints at Halloween night. It showed up in *Life Magazine*. And, then a whole bunch of legislative reforms under his leadership that resulted in much better funding and significant changes. And, some of them were recorded well for Anoka, the differences that made in patients' lives and patients' functioning.

There were stories from volunteers who had been coming to Anoka. So, it is first person accounts of volunteers who were kind of independent observers, that patients who had been in restraints for as long as 20 years—now, we have to remember that people were in restraints 23 hours. I mean, all day, every day, 24 hours a day, except for one hour a week when they were taken out en masse to be given a shower. Patients who had been restrained like that for 20 years, after this reform movement under Governor Youngdahl, those same patients then were square dancing, were well-dressed, were talking with volunteers, were talking with each other. And, so instead of being in restraints and screaming and being in absolute misery, these same patients were now enjoying themselves and functional. So, that made a huge difference.

And, then the other thing laid on top of that were the psychotropic drugs that allowed for the first time, because prior to the use of psychotropic drugs, about the only thing that the psychiatrist could hope for was a short-term sedation or calming effect. And, that is, the ECT, the insulin, a lot of those were, their success was measured by if a patient was calmer for a short time. Well, now they could actually change patients' behavior for significant periods of time and bring about significant improvements for those. And, so patients could be more functional for a long time, and that really hastened the transformation.

Neal: Do you think Minnesota was typical among the various states?

Michael: Minnesota was typically a leader all the way through, in that in the 1800s there were innovative treatments being tried, like Fergus Falls was using a homeopathic medicine. St. Peter was using bizarre treatments, like they would put patients in a straw-lined coffin with a grid, a wooden grid over the top and leave them there for a couple of days, and they got calmer. But, they were trying things, and they were discharging many patients, back in the 1800s. Minnesota did things like sterilized a lower number, lower percentage per capita population than did our surrounding states. And, Minnesota is one of the leaders in this trend, this transformation from the custodial care to the effective treatment. Minnesota was one of the leading states. That is one of the

reasons why Governor Youngdahl's picture was in *Life*, was it was part of an article on these wonderful changes that were happening in Minnesota. And, that was in 1949.

Neal: Do you know anything about his motivations, or how did he come to be a champion like that?

Michael: The record, from what I could pick up, the little bit that I could pick up, and it was not very much, it appeared that he was simply a humanitarian. I did not pick up that he had any personal connection with, like a family connection or anything like that.

Neal: And, how do you think attitudes in the general public changed over time?

Michael: Well, this eugenics was horrific in terms of what it did, because, for the first time, you had scientists, and around 1900, if we put ourselves in that timeframe, there were marvelous things that science was providing for society. They were providing radio for the first time, cars, automobiles, telephone. So, science was producing wonderful things for society, and in the field of genetics, it produced eugenics. But, there was this reverence, I think, that went from these other scientific achievements, and, oh, okay, so eugenics must be a good thing then, too. And, there were a former vice president, former president, the AMA, Harvard Medical School, there were all kinds of business leaders that signed on and agreed with eugenic principles.

But, the heart of eugenics said that these defective people should not reproduce. And, the difficult of that was that they said that not only was this person who has been found to be insane or an imbecile should not reproduce, neither should their family members. And, that was the kicker, because then it meant this great shame that was imposed on the family, if you had a family member who was mentally disabled. And, that was the reason, for example, I heard stories—I could not document them—that when the state hospital sent mail to families, they did not include the return address, so that the mailman would not know where that mail had come from. I heard stories that some local papers issued obituaries when somebody was committed to the state hospital. They were not coming home. Again, I could not prove that, but I heard those stories.

But, the other thing the state hospitals did do, is they buried patients under a number for a headstone rather than their name. They did that to avoid embarrassing families. They did not do it because they were so indifferent to the lives of their patients. It was because there was this tremendous shame. I liken it to if you took your family home, remember I said that if you were committed you could only go home if a family member would sign a bond. Well, it was like having a big sign in your front yard saying, "We are defective, don't marry us. Don't have anything to do with us, because we're defective." Well, they would not do that. So, that is why so many patients were left for life, and why they were buried then under that number. It was this eugenics. And, I think that that taint, we have not gotten rid of that taint, yet. It was just a strong ooohh, you know, shaming thing, and tied to something as primitive, as basic to the humans as our genetics. That is going to take a while yet to really get rid of.

Neal: Could you say more about the cemeteries at the state hospitals?

Michael: When patients died, and by the way, at Anoka, they had so many patients that there was one biennium, two-year period, where 200 patients died. The death record shows that, that is two patients a week. So, deaths were common, in part because one of the things that the state hospitals did was they housed senile patients. Patients would be sent there when they became what we call Alzheimer's now. And, so they were elderly. So, they were not just housing people for life, but they also were housing, they were elderly people, who of course died at a pretty high rate. When a patient died, the state hospital would contact the family by collect call, because the state hospital had so little money. If the family would agree to pay the expenses, they would send the body home for burial. But, many families, again, did not want to do that, because now they get this, where has this guy been? Where has Bill be for the last 30 years? Well, Bill has been in the state hospital. No, they do not want to do that. So, they would say, "No, you bury them." So, if the patient had, if they had made the contact, they had a family member, the family member said no, then the state hospital would hire a local minister or priest, the appropriate religion, and they would pay the local funeral director a minimal amount, but it was a reasonable amount to provide a coffin. And, they would have a church service and they would bury the person in the state hospital cemetery under this number.

And, there were some patients however, whose bodies went unclaimed. They did not have family members, and those bodies went to either the University of Minnesota or Mayo Medical School. And, in fact, there were fights between the medical schools about who was stealing bodies from what hospital when they were not supposed to.

So, that is the typical way it worked, and it generally was very respectful, but people now are upset about those numbers. Well, it was not the state hospital, I do not think. From what I can tell, it was not the state hospital's idea to bury them under those numbers.

Neal: Jumping topics a little bit here, could you tell us how you became interested in history?

Michael: I have always had an interest in history, and how things, you know, how does this fit in with what went before. And, somehow I realized that this did not just appear today, that something had to come before this. But, I think in part, it is wanting to tell the story of my patients. And, in looking at and being aware, well, how did this person get like this? How did this happen? What went on for the years before I came to the state hospital? What was going on here?.

What really started, I think, my interest in this state hospital history was I was working at the state hospital, and I was down in the basement of one of the buildings. And, there was this rack, clothing rack of band uniforms, and they were old and obviously had been there for quite a well. And, I asked one of the recreation therapists, "Well, what are these band uniforms doing here?" They said, "Well, in the old days, we used to have a marching band of patients, and during the local parades…" you know, small towns would have local parades for this event and that event. And, the state hospital patient marching band would be in the parade. Well, that just blew my mind that they had patients who were capable of performing in a marching band and yet had not been discharged. And, so I went looking for what in the world was going on. And, I really wanted to answer that question for myself. How could this happen?

And, the other piece is that I really wanted to tell, like I say, the story of my patients. I did not want their lives to be, and all their suffering to be for nothing. I wanted to be able to have something come out of that, something positive come out of all that they had experienced.

Neal: How did you pick up the skills to do the research and work as a historian?

Michael: I do not think I did. I am an amateur historian and I even put in the book that I look forward to people disagreeing with me. I look forward to people saying, "You know, you got it wrong." And, I hope that people go and do more research and dig a lot of these things out. I am not at all saying that I am an expert. I am just an experienced amateur.

Neal: Well, you have several books, that makes you more than an amateur, I would say. What was your biggest challenge, do you think, doing this different kind of work of history?

Michael: Well, for one thing, it was, it changed me. It was traumatizing. I came to think of it as going, I would go up to the history center library and expecting to find the outrage of the day. And, oftentimes, I would. I mean, I would find references to women who had been committed because of the insane idea, I mean they had been committed as insane, so anything they said was obviously crazy, because they are, the judge said they were crazy. And, the only thing that the hospital records said was wrong with these persons, this woman, is that she has the crazy idea that her husband abused her. Well, she has now been committed for life. And, there were references made to these women being sullen and resentful. Well, yeah. But, the state hospital system was actually using, was actually a part of their being abused. And, the sterilization records are heartbreaking. You know, the women sterilized involuntarily, because they had given birth to a handicapped child. Women, a couple, both of whom were defined as defective by an IQ test, by the way, that was invalid. Minnesota used an invalid IQ test that found people to be defective who were not, they were simply below average. But, according to this invalid IQ test, both the husband and wife were defective. Well, guess who got sterilized? Only one of those two and it was invariably the woman. Women who were pulled out of maternity hospitals, so they were unwed mothers who were poor, were sterilized if they flunked this invalid IQ test.

So, it kind of sensitized me to this process. It kind of changed me, it made me, it radicalized me in that sense. So, that part was difficult. And, the other, it is always challenging, I think, for any historian to try to keep some balance, to try to keep a perspective. These were not evil people or this was not, you know, why did this happen? Not just to jump on and say this is terrible, but to look a little more broadly. We talked a little bit about Charles Dight [PH], Dr. Dight, a Minneapolis socialist doctor, who for the best of the intentions was a huge supporter of sterilization. Well, that is a complex subject, because you have got somebody who was trying to prevent suffering, and yet doing it in a way that had some horrible consequences. So, how do we look at him? How do we look at his record? How do I look at his record, because I had to tell the story. And, could I tell it in some kind of a balanced manner then, so that I do not come across as just one-dimensional, the book is not just one-dimensional.

Neal: Could you say more about the archives and the sources that you used?

Michael: I think one of the great treasures of Minnesota is the record at the Minnesota Historical Society Library. There is a tremendous amount of information there. And, I think it could be so instructive for society to take a look at ourselves right now, if we were aware of what we had done in the past. And, to take a thorough look at what happened, how did it happen, why did it happen. I end my nonfiction book with the question, "How will people 100 years from now, as critical as we are of what people 100 years ago were doing to state hospitals patients, how will people 100 years from now look at what we are doing today for people with mental disabilities?" And, I think those people in the future are going to be as critical of us as we are of those folks. So, it is that kind of broadening of perspective that I would hope could be gained from any number of subjects, from that, I think, treasure trove at the Historical Society.

Neal: Any thoughts about Anoka specifically and sources?

Michael: Just that there is so much missing, there is so much missing. That would be, and I wonder where it went, whether it is at the state hospital. Are they in some of those buildings, sitting in a corner? Did they go home with some of the staff when it closed, or when they retired? I do not know. Most of the record is missing.

Neal: You obviously have looked at many of the state hospitals' archival records. Are some more complete than others?

Michael: Anoka's is actually one of the more complete, perhaps because it was close physically to the historical society in St. Paul, perhaps because somebody thought to send the records over at the correct time. I mean, there was requirement, there has been a requirement for a long time in place that when agencies close, they are supposed to send their records to the state historical society, but I can tell you from Rochester's closing that Rochester sent a tiny percentage of its records to the historical society. They are just, I do not know, they are gone.

Neal: You think they were just destroyed?

Michael: Presumably, I would presume, yeah, who wants this stuff. You know, there was big filing cabinets of whatever. And, in some cases, like purchase orders can be, something as simple as that can be very illuminating, to find out that they were buying tobacco cutters so that they could pay off the patients who were working as farm workers. That was their only pay, was tobacco. Well, there is a tobacco cutter there. Well, that confirms that, yeah, that was going on. So, it is that kind of thing that are very instructive. But, they are just gone.

Neal: Why do you think Rochester closed and Anoka stayed open?

Michael: Well, when I was working at Anoka, or at Rochester at that time, the only other hospital that had closed was Hastings. But, it was my feeling that Rochester was located in an enclave, in a county that had a strong Republican representation in the Minnesota legislature. But, the Minnesota legislature at that time, and I believe the governor were Democrats. And, so there was some political, some, you know, one of the hospitals had to close, because the number of patients in the system, there were too many open beds. So, there was a capacity, there was over capacity, we got to close something. And, so I think that was part of the reason. The other part,

ironically, is that Rochester was operating a medical unit for state hospital patients that would be sent to Rochester for surgery and aftercare, and then sent back to their state hospital. And, the Mayo Clinic was providing free medical service for that. But, the surgical, the aftercare and the surgery itself was quite expensive. So, Rochester's patient expensive was higher than other hospitals. Well, it was because they were providing this service.

People do not realize either in the bad old days, and Anoka is one example, that prior to the reform in the 1950s, if you were a psychiatric patient, you did not get any medical care unless your family paid for it. If you needed glasses, too bad. If you had, there was one case where a patient had painful eye cancer, and the staff records show, the medical records show a discussion that, what are we going to do with this patient? Give him pain meds, unless the family is willing to pay for their care and then they would be sent to the University of Minnesota hospital for that cancer treatment and then sent back. But, the family had to pay for that. Well, here was Rochester providing that in-house, later on, this was in the late '60s, but it was expensive. So, they closed Rochester.

Neal: While I am thinking of it, could you hold up your book and show us what it looks like?

Michael: This is the nonfiction one, Asylum, Treatment Centers, and as far as I know, nobody else is calling them genetic jails. But, I come out with some pretty harsh things to say about that, and that is what it certainly seemed to me they were functioning as. And, this is the novel, The Mailmen of Elmwood, and it is a fictional Minnesota state hospital in the 1950s, during the, right at the end of that, to me, those transitions are interesting, where you are switching from, in this case, it was that transition from custodial care to the intrusive treatments and the beginning of the psychotropic meds. It is an interesting time period, where right now we are in a transition that I hope, that is very interesting, into high technology that is changing us tremendously. Society is changing very rapidly right now; we are in this transition. It is going to be interesting for other people to look back and see, whoa, what was going on in the early 2000s?

Neal: Any thoughts about what those issues might be that in the future will be controversial or…

Michael: Well, in terms of technology, I mean, we are getting completely away from state hospitals now. But, young people today are going to be doing jobs, before everybody in this room, all the young people doing this filming, before you retire are going to be doing something that you cannot image. Because, that job, that possibility does not exist right now. So, that pace of change has increased tremendously. I am concerned about, you know, as a pediatric occupational, I am concerned because elementary aged children are playing outside far less than they used to. They are spending far more time with a device, a two-dimensional device, which means that actually their brain is growing, the structure, even the physical structure of their brain is growing differently than it used to. And, they are spending much less time with—I have always said that when you go to school, the most difficult thing to learn is not facts, not information, it is getting along with other people. How do you get along with somebody who you do not like, who you have to work with? How do you do that? Well, if kids are interacting with a device, they are spending less time doing those things. So, I do not know how things are going to turn out, but it is going to be very different.

Neal: Are you aware of any uses of your books, like in schools or courses?

Michael: Not to the best of my knowledge, but there have been, there was one event that was co-sponsored with NAMI [PH] as a fundraiser, and we are attempting to do that as well for Anoka County to work with NAMI to use as a fundraiser. I am going around giving talks and offering to give talks in every county historical society that had a state hospital, as an advocacy effort on my part. And, hoping that people will get upset, that will not like what I have to say about what has, what did happen and will not like what I have to say about what is happening. For example, in Omstead County, two-thirds of the people incarcerated in Omstead County, in the county jail, one-third are mentally ill and an additional third are chemically dependent. This does not make any sense to me. Is this really what we want to do? And, isn't there something we could do better than what we are doing now? So, I am hoping that people get upset and do not like what I have to say.

Neal: Have you done any of those talks yet?

Michael: Yes, I have given several, yep.

Neal: And, any examples of what upset people?

Michael: One of the things I claimed, probably the harshest thing is I state that Minnesota practiced passive euthanasia in the state hospitals, and that they did not kill state hospital patients, but they did not make a big effort to keep them alive, either. They provided very poor medical care, and as I mentioned, with the exception of Cambridge, every state hospital, including and particularly Anoka was adjacent to either a railroad track, a body of water, or in Anoka's case, both. And, they did not fence them off, despite having patients who were confused and depressed and suicidal, they did not fence them off. And, patients did commit suicide on that railroad track and in the river. I visited state hospital, Anoka, only once and talked with the staff there. And, one of the staff had been, it was a recreation therapist actually, had been so traumatized that in that brief afternoon we spent there, he talked about as a young therapist, he had been sent one afternoon with a garbage bag out to collect, help collect parts of a patient who had stood on the railroad tracks. And, so he warned us, if this ever happens in Rochester, which was adjacent to a railroad track and a body of water, hide, make yourself scarce, because you do not want to be part of that process.

So, people do not like hearing that Minnesota practiced passive euthanasia, but it did.

Neal: What other feedback or reactions have you had to your work?

Michael: I have been thanked, and people get, some people at least get and are grateful. And, the other thing that has supported what I have done is that, like I say, every time I give a talk, people come up to me afterwards and they talk about their relatives, and in kind of an emotional tone, that, what happened to their family or their recollections of the family. And, the hurt in the family that occurred because somebody had been institutionalized, and the gaps in the family.

Neal: Any final advice for historians or students interested in the history of Minnesota's state hospitals?

Michael: I really hope that somebody will do that family piece. That is a story that has not been told, the effect that all of this had on families. And, it is going away, it is going away rapidly,

because we, you know, the bad old days ended in the 1950s. Well, that is quite a while ago now. So, the people with firsthand knowledge or who, the next generation down even, their children or nieces and nephews are my age. So, that story, if it is going to be told, has got to be told pretty quick. So, that is one place. The other thing is I would hope somebody would comb through these, the local records and find out, well, what, when we were a state hospital, well, where did those records go? Was there a, Rochester had an informal, one of the staff kind of functioned as historian, well, I know he collected stuff, but where did it go? So, there are trails to follow. I hope somebody does.

Neal: What have we forgotten to talk about?

Michael: I think we pretty well covered it, a pretty thorough interview. I appreciate it. Thank you.

Neal: Well, thank you.

[Music playing]

[End of audio]