

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

[Drum music 00:00:00 to 00:00:35]

Neal Holtan: Good morning.

Russ Farrell: Good morning to you.

Neal Holtan: I'm Neal Holtan. I'll be uh, asking you questions this morning for the Anoka uh, Historical Society doing it's uh, oral history project on Anoka State Hospital. This is the 11<sup>th</sup> of April, 2014 and I'm interviewing uh, Mr. Russ Farrell. Thank you for coming in.

Russ Farrell: Glad to be here.

Neal Holtan: So could you tell us a little bit about yourself, where you grew up and went to school?

Russ Farrell: Sure. I uh, grew up all over the country. My father was a traveling salesman. We lived in uh, New Hampshire, Massachusetts uh, Albuquerque, New Mexico. I finished my high school years in Goffstown, New Hampshire. Uh, went to work in the mills and I had to – I didn't get a scholarship. I was approved for the NROTC, but never got appointed by the government – by the – the senator from New Hampshire. Uh, went to work in the mills there. The mills back in the late '40's and early '50's were being wooed by the southern states with no taxes, and so the mills in New Hampshire closed and moved south. So then I moved out to Minnesota and not having finished the Bachelorette degree, I got a job as a psychiatric aide at the Anoka State Hospital in August of 1958. Uh, that's where I met my wife to be, and we were married in 1960. Uh, my career at the Anoka State Hospital went from psychiatric aide for about three and a half years to what they call an industrial therapist, which was a person who helped patients get positions within the hospital industries inside the hospital uh, at no salary. Uh, and then uh, I finished my degree – my undergraduate degree in 1958 and became a vocational consul helping patients to obtain positions in the industry; you name it within the Twin Cities area. Uh, then uh, I went on to get my Masters and then – Oh, and then I became the business manager of the State Hospital in 1969 and stayed there for two years. And uh, then went on to get my Master's degree and went to work at the University of Minnesota. So that's about it, and then I retired in 1987.

Neal Holtan: We'll talk a little bit later about what you did at the University, but first maybe we could focus on Anoka and your years there. How did you hear – How did you hear about Anoka?

Russ Farrell: Uh, I had come out here at the suggestion of a friend of mine back in New Hampshire who had come out here and gotten a job with uh, Honeywell. And so I came out and I was rooming with him for a few days and went to Honeywell and they said, "No, you haven't finished your degree so we don't have any positions open for you." And then I looked in the paper and saw that Anoka State Hospital was looking for aides. So I took a bus out to take a look at it and uh, I took their test of whatever kind it was uh, and was immediately referred to the director of nursing who hired me the same day. So that was my entry into not only mental health but the full health field, because Anoka at that time uh, had a medical/surgical ward. Uh, they did all of the – a lot of surgery – all of the surgery of patients in any state hospital was referred to Anoka. In fact John Megerian and – and Dick Marco were – supervised the training program for residents from the

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

University. And uh, they also had a tuberculosis section, which encompassed not only people who just came down with tuberculosis, but recalcitrants who refused treatment.

And uh, so then I started as a psychiatric aide and received a very fine education. At that time in 1958 at a three-month training program for new psychiatric aides, you worked too but you were being in training for three months. It was a great training program. I got to really appreciate some of the uh, things that happen to people who became misfortunate and were diagnosed with either schizophrenia or manic depression, or in some cases a – a psychopathic personality. Uh, then I got to work -- went to work on a ward after I got my three-months training done. Uh, it – it originally was uh, one of the part of the buildings around the circle of the hospital. Originally it was established for about sixty patients, and when I went to work there there were a hundred and ten. So the hospital was very overcrowded. And that's why I really uh, got into the uh, good part of my training. There was still uh, even though I'd finished the basic training I was really learning more about mental illness. And at that time uh, Smith, Kline & French was a large distributor of uh, Thorazine and Mellaril and other drugs for – for patients. Uh, I started a – a remotivation training program, and I was selected to head up the Remotivation Training Program. And that involved getting a group of seven or eight patients together and trying to get them to focus on the real world rather than their mental problems.

And I worked with that for a year or two and then the superintendent had me do a demonstration of the Remotivation Project. Donald Peterson, who was a psychiatrist uh, and the superintendent uh, I did a presentation for him and about uh, two months after that I was asked to join the uh, Re – Rehabilitation Department as an industrial therapist. And that was getting patients jobs within hospital industries. All this time I was going to school nights, and finally with uh, help from the Department of Public Welfare, I finished my uh, undergraduate degree in Business Administration with a minor – with a minor in Psychology. And then I became – I took the test and became a – a vocational counselor. That was a very rewarding – That was a very rewarding year and a half as a vocational counselor, because I was helping people to get good jobs in the – in the community. And I had the – I had the good fortune uh, to fly to the uh, Minneapolis Junior Chamber of Congress during that time and explain what I was doing and explain what – what kind of positions we were looking for. And a lot of them uh, followed up with me. So I was able to get a lot of good placements uh, in the Twin Cities area. And then uh, I think the person that you had interviewed previously, Cliff Nelson uh, was business – who was then the business manager left to go to work for Hennepin County and he recommended me to take his place before I became the business manager in uh, October of 1969. And I stayed at that position and enjoyed it very much uh, until I left to go to the University.

Neal Holtan: What year did you get your undergraduate degree?

Russ Farrell: 1968.

Neal Holtan: Okay.

Russ Farrell: I was 38-years-old. It was a – a – a long – a long haul, but I made it finally.

Neal Holtan: And was that from the University?

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

Russ Farrell: That was from the – the University Counsel School. It wasn't called a Counsel School at that time. It was the School of Business, Bachelors of Science in Business.

Neal Holtan: And they had courses that you could take in the evenings?

Russ Farrell: They had a – Yes, they did. In fact when I first started at the State Hospital in 1958 I signed up for – I had two years at the University of New Hampshire. And uh – And then I – I took night courses up until 1967 when uh, a fellow who was the head of rehab for the state uh, got a scholarship for me and a – and a stipend. So I – Then – Then I finished up seventy-two credits in one year and got my degree then, a full-time student and part-time working at the hospital.

Neal Holtan: Could you describe what an um, psychiatric aide does?

Russ Farrell: Uh, it's a lot different today than it was then at that time. Uh, psychiatric aides did a whole wide variety of – of things that is helping patients who needed dressing, helping patients who needed showering or bathing. Uh, starting subcutaneous injections in their legs if no one else was available and they were running out of fluids. Uh, they had a medical, as I said, a medical/surgical ward, and that's where I started my work first uh; helping with the – the electric shock treatments, holding patients so they wouldn't fall off the table when they had the shock. Uh, to taking them to uh, jobs in the – in the – within the hospital setting. Of course that included a large hospital farm, dietary department, maintenance department, housekeeping department, and so a whole variety of things as a psychiatric aide.

Neal Holtan: And how many days a week did you work?

Russ Farrell: Oh, forty hours a week. We had – We usually had every third weekend off.

Neal Holtan: Uh, do you think your training was sufficient to do the job?

Russ Farrell: Oh, I think the – the training uh, that I received, as I mentioned earlier, the three months at the outset, they had a nursing education department staff by three Masters-prepared nurses. And I think the training that I received from them was very, very good.

Neal Holtan: And what kind of components did it have?

Russ Farrell: Uh, medical and mostly psychiatric. Uh, a lot of just really being uh, teaching you to be very understanding of the dignity of each individual that you worked with so that you wouldn't just walk into a ward and say, "Oh, these are a bunch of crazy people." You'd say, "These are a bunch of people who have had difficulty in their lives, and that's why they're here." And you'd treat them as an individual. You would never treat them as a group of mentally ill people. And that was a good part of the training.

Neal Holtan: Did all the aides get that same training?

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

Russ Farrell: All of them that went to work from 19 I think 57 through about 19 I don't know, 61 or 62 when they – they had to cut back, and so they didn't have the staff to do the training as well as they had.

Neal Holtan: Did you interact with the medical staff, the nursing staff?

Russ Farrell: Oh yes. Yes. Yeah, each – each – each unit that I was assigned to had a RN as the head. Uh, the medical staff I got very well acquainted with. Uh, most of the psychiatrists there were very, very open to the discussion of problems uh, quite a few of them that I remember well to this day.

Neal Holtan: Um, was there an intake unit for new – new patients?

Russ Farrell: Yes. There was a – There were ten cottages in the main circle of the hospital and an administration building and an auditorium. And then there was what was known as the Miller Building, which was named after a psychiatrist who had been there. Uh, and that was the intake unit. There was a men's and women's section to that.

Neal Holtan: And did you ever work in there?

Russ Farrell: Yes, I worked down there. Uh, You – I – You usually got transferred every three to four or five months to another unit if you hadn't had experience in that unit. And my – my first one was with the medical/surgical so that I could learn the physical needs. The second one was in the – the uh, admissions unit in the Miller Building. And then my third one was in one of the cottages where the – where long-term patients were housed.

Neal Holtan: In the uh, medical/surgical were you – what did you do there?

Russ Farrell: I worked as an assistant to the head nurse. Uh, she did – she did all of the injections, but I did start subcutaneous uh, injections in people's legs when they needed fluids. Uh, I tended to their personal needs. I helped with uh, autopsies. Uh, I did whatever the nurse needed my – my assistance for. But mostly it was a lot of helping people with – to eat, because a lot of them were uh, had pretty major surgery.

Neal Holtan: Did they do any tuberculosis surgery?

Russ Farrell: Oh, I – I did work on the recalcitrant unit uh, following my time at the admissions and the medical/surgical unit. Uh, they had just formed a recalcitrant unit in the – in the tuberculosis building. That's when tuberculosis was still quite prevalent in – among state hospital patients. But they had the recalcitrant unit for people who refused treatment, and I worked up there for about uh, six months.

Neal Holtan: And um, what year was that?

Russ Farrell: That was about 1960, right around there. Yeah, I started to work with rehab in '61.

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

Neal Holtan: So recalcitrant . . .

Russ Farrell: Meant that they refused – they refused treatment. If you were on the streets and you came down with TB or if you were just an individual who came down with TB and you said, “I don’t want to go to a sanitarium,” they’d put you out in the recalcitrant unit.

Neal Holtan: And were they committed there?

Russ Farrell: They were committed. Yes.

Neal Holtan: How long did they stay there?

Russ Farrell: Until their TB was in remission.

Neal Holtan: Were TB drugs available?

Russ Farrell: Oh yeah. They had tons of TB drugs there. We had one physician, Jerome Texter, who was just strictly dealt with tuberculosis patients.

Neal Holtan: Uh, what do you think conditions were like for the – the patients?

Russ Farrell: Oh, it was crowded. It was crowded. And they -- they relied upon – a lot upon the aides to give them a lot of help. Uh, but the – the bedding was not good. You know, a hundred and ten patients in a cottage that was built for sixty, that’s – you know how crowded it was. And they all had to sleep there. There was a day room and a – a dining room in the basement – in the basement where they all ate. Uh, and food was transported by carts from the main dining area to the ward where they were fed in the basement of the building. And there was a – a group shower. It was not an individual shower. It was a – It was a big, large shower as big as this room, and it was about six or seven facets up above to shower people as a group, which was not too nice either. But that’s what they had to do.

Neal Holtan: And how about the food, was that . . .

Russ Farrell: The food was not bad at all. They – They really got pretty good food. They usually had roast beef uh, three or four times a week. Uh, they had uh, eggs all prepared and then sent over in hot carts to the – to the wards. So the food was pretty good. They did very well when you think of uh, the amount they were allowed for a patient. They were allowed something around fifty cents per day for a patient to buy food, for the raw food.

Neal Holtan: Did the prepared food go through the tunnels?

Russ Farrell: Yeah, through the tunnels. Yeah.

Neal Holtan: And did some patients go through the . . .

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

Russ Farrell: Oh, some patients went through the main dining, sure, if they were – if they were in good contact and were continent and were able to walk through the dining room. They – a lot of patients went to the main dining room.

Neal Holtan: So did your work at Anoka figure into your coursework at the U?

Russ Farrell: Uh, it didn't when I was pushing to get my – get from industrial therapy. This is after I went – was a psyche aide, I became an industrial therapist. And then I was pushing to become a vocational counselor, so yeah, I took a lot of psychology courses at the U to meet the – meet the standards for being a vocational counselor.

Neal Holtan: Well, let's switch to that topic then. Could you describe what – how you transitioned and what you did?

Russ Farrell: Well, I was an industrial therapist and maybe I mentioned that a – a fellow who was the head of rehab for the state down in St. Paul got me a scholarship and a stipend to go to school full-time in 1967. And uh, so when I finished that I just transitioned from industrial therapist to a vocational counselor all within the same department of rehabilitation. Uh, and because I had uh, no problem in contacting employers and working with employers to get patients positions, whatever they might be, I immediately went to that phase of rehab. Some other counselors would get into basic training or getting – just made you go out and live. But mine was specifically to get them jobs back then; I think it was from 1968 until the fall of '69.

Neal Holtan: And what – what kinds of jobs did you find for them?

Russ Farrell: Oh, a – a lot of department stores were looking for good help. I got people – A lot of women I got very good jobs in good stores downtown. Powers, when Powers was in Minneapolis. They were a good employer. I got a lot of them jobs at uh, motels. No, hotels. The Normandy Hotel was a very good employer. A pickle company, have you ever heard of Max's Pickles?

Neal Holtan: Uh-uhn.

Russ Farrell: Uh, they were in – in north Minneapolis. They were – They were an employer. So I had a wide variety. And – And that was a lot of help because I – when I was finishing up my Bachelor's degree, I took a course in – in – in advanced psychology and a student sat next to me whose husband was a JC, and that's how I got to talking with JC's and explaining what I was doing as a vocational counselor. And that opened a few doors too. So there was a lot – there was a whole variety, but uh, mostly store uh, department stores uh, hotels, and places like the pickle factory.

Neal Holtan: And did they do well in those jobs?

Russ Farrell: Most did – Most did well. I – I – I didn't discharge them from my responsibility until they had at least been on a job three months. And a part of my responsibility was to go down to the place of employment and talk to them and the employer to see if things were working out well.

Neal Holtan: Was this all coordinated with the other parts of the treatment plan?

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

Russ Farrell: Oh yes. Yes. You had to have a specific referral before they would – before I could step in. A psychiatrist had to make a referral to me and say, “This patient is – I think this patient may go out and restart working,” and they’d go out and starting working and commute to the hospital too if they could. But it was always on referral.

Neal Holtan: Did all of the state hospitals have similar services?

Russ Farrell: Uh, all of the state hospitals had at least some vocational rehabilitation. All of them didn’t have a specific placement officer like I had, like my job was. Uh, they would – but they had the department of vocational rehabilitation which was separate in the state from the state hospital system. All of them had access to that, all the state hospitals, Fergus Falls, Hastings uh, St. Peter.

Neal Holtan: Was that a – a separate department?

Russ Farrell: A separate – separate department of the state. The Department of Vocational Rehabilitation was separate. Uh, when I was there it was the uh – the Department of Public Welfare. But the Department of vocational Rehabilitation was separate from the Department of Public Welfare. But they worked together.

Neal Holtan: And do you think that worked out pretty well?

Russ Farrell: As far as I was concerned it was working out pretty good.

Neal Holtan: Um, did you have any clients that were um, alcohol or drug?

Russ Farrell: I think I had a few, but most of them that were referred to me, that wasn’t the major problem. The hospital didn’t start uh, a drug treatment program until I was Business Manager. And then they received a federal grant to start an addiction program. In fact my wife uh, became the Assistant Director of Nursing for that program. And they – they – then they had two separate wards just for addicted people, addicted patients.

Neal Holtan: How did you – What kind of a sales pitch did you have for the perspective employers? Was that a hard sell?

Russ Farrell: No it was a very honest open sell, “I’m here because I’ve been working with patients at the state hospital for many years, and I’m now trying to help them get started and work, employment. I’m not going to refer anyone through you for employment who was overtly schizophrenic or overtly psychopathic. I am going to refer you people who will be ready to go to work.” That would be my – my pitch, and uh, many of them who I had – they were just – they were very happy at that point in time. I don’t know what – I forget what the economy was like in the – in the ‘60’s, but uh, at that in time they were – a lot of them were very open to hiring people who had had mental health – health problems.

Neal Holtan: Did you try to match them up with their hometowns at all?

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

Russ Farrell: Uh, I didn't go beyond the Twin Cities. In fact at that time now, this was in the '60's, Anoka only served Minneapolis and St. Paul. They didn't serve -- Hastings had its own state hospital. St. Peter had not only the security hospital, but a regular hospital. Rochester had a hospital, Fergus Falls, Brainard. Uh, so I really just worked with the Twin Cities. I didn't make referrals out beyond the Twin Cities.

Neal Holtan: And then when you took on the Business Manager role, how did that transition happen?

Russ Farrell: Well it happened because of this fellow that you interviewed before, Cliff Nelson. He and I had been friends for quite a while, but also he knew I had just the year before finished my Bachelor's degree in business with a minor in psychology. Uh, he recommended me through the then administrator uh, and the medical director for his position. And so I interviewed with the -- the medical director who was at the time also the head of medical services for the state, David Vale. Do you remember that name?

Neal Holtan: Uh-huh. I do.

Russ Farrell: Yeah. And uh, he was the medical director -- acting medical director for Anoka, Jack Malben, who was the administrator of the Hastings State Hospital, was asked to take over Anoka also. And so Jack and Dave Vale and Cliff and I met and talked about what -- what the needs were and what -- what I could possibly do to fit in as the business manager. So we -- we worked on a -- a trial run of two months where I still did vocational placements, and worked as the business manager. And when Cliff left I just took over as the business manager.

Neal Holtan: And . . .

Russ Farrell: And that was a -- it was a good transition, because I knew everybody. I'd worked there for so long. I knew -- I knew the department heads and uh, they knew me.

Neal Holtan: And the year again was?

Russ Farrell: 1969.

Neal Holtan: Okay.

Russ Farrell: At that time the hospital's population had dropped from about fourteen hundred down to about seven hundred. So you could -- already the transitions were taking place because uh, the Fairweather Program was going. Uh, a lot of the other programs in the city -- in the community were working quite well.

Neal Holtan: Could you say more about the Fairweather Program?

Russ Farrell: The Fairweather Program was started in, and I think you're going to interview Dorothy Berger uh, started by Dorothy Berger, who was a social worker at the time I was business manager. She -- She came on and she had some connections with the Fairweather people for starting



Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

group homes. And they've – She just got it going. Uh, they were – patients at that time, this is now 1969 uh, would go out as a group, not individually. They wouldn't send one person here and one person there. It would go as a group of six or seven to a home. And the home would have a – a counselor that could be there to help them. And they would live there and hopefully work from there also. And that was a part of the Fairweather uh, philosophy at these. They'd send people out as a group who have known each other at the hospital setting; they'll work much nicer at a group setting in a home than sending them out individually. And I found this to be true after I went to work at the University.

Neal Holtan: And what – what kind of challenges came up as the business manager?

Russ Farrell: Oh, mostly it was uh, budgetary things. Uh, we were still under a very small uh, ration of dollars per day per patient for food. And the uh – the maintenance department was always in trouble because we had our own power plant and we had to buy fuel to run the power plant. And so if the price of fuel went up like this and the Department of Welfare didn't have any extra money, we just had to transfer money from one – one sock to another sock to keep the power plant going, and the same is true for dietary. If they started to run short, we had to scrape up money from maybe the housekeeping department or maybe laundry. I think we finally did uh, transfer our whole laundry program to Cambridge, because it was – we found it would be more economical for us to haul the laundry up one day and bring it back the next than to have our own laundry room.

Neal Holtan: And how about the farm? Was that still running?

Russ Farrell: The farm – The farm uh, closed uh, while I was business manager. Uh, it was a – a lot of patients really missed that, because it was a good-sized farm. It stretched from the State Hospital grounds all the way out to where the Anoka High School is today. That was the farm, big farm. And it closed during that time. Yes.

Neal Holtan: And what was the reason it closed?

Russ Farrell: Well uh, David Vale didn't like patients working. He – It was one thing he thought was not very good. Did you ever meet David Vale?

Neal Holtan: I didn't. No.

Russ Farrell: He passed away quite a few years ago. They named a building after him at the State Hospital, Vale Building. Uh, he – there's -- one thing he wanted to get rid first was the farm. And then uh, that was the – that was the big one in his mind.

Neal Holtan: And did everyone agree with that or not?

Russ Farrell: Oh, I think we were – we were mixed – we had mixed feelings. We had mixed feelings, because we thought that a lot of the -- at that time uh, when it was being closed a lot of the people – men that came there were farmers. Not a lot, but quite a few.

Neal Holtan: Uh-huh.

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

Russ Farrell: And so to go to work on the farm was just so natural for them. And so a lot of us had mixed feelings – misgivings about that closing.

Neal Holtan: So Vale's concern was coerced labor or what?

Russ Farrell: People – People were working in unpleasant conditions, shoveling manure on the farm, etc.

Neal Holtan: And how did the um – the food situation change?

Russ Farrell: Oh, the food situation really didn't change a lot. But they did start increasing the allotment uh, the second year that I was business manager. Uh, I went down and made a presentation through the uh, the House Budget Committee, and went into great detail about the food budget and uh, the representative, Linda, I can't remember her last name, she was very empathetic and she – she pushed to get the food budget increased, and got it increased.

Neal Holtan: Is that Linda Berkland?

Russ Farrell: That's right. That's it. That's who it was. Yeah.

Neal Holtan: And so you – how often did you go and testify at the Capital?

Russ Farrell: Oh, once or twice a year we presented our budget and then probably come back for – for the questioning. Uh, one year we had to do it jointly with John Megerian at the U, because it was – it was – it included the budget for the training program, for the surgical training program, which he was still running out there. That ended about a year after I left though. They stopped it.

Neal Holtan: And was that surgical residents that would come out for patients?

Russ Farrell: Oh yeah. It was usually third-year residents in surgery who were pretty well-trained. And they were well-supervised, because uh, Dick Varcas, do you know Dick Varcas?

Neal Holtan: I met him.

Russ Farrell: Met him. Yeah, he – he'd come out there for supervision.

Neal Holtan: Uh-huh. Um, could you say something about going back to graduate school and how that all happened?

Russ Farrell: Well I was – I was – I was the business manager in – starting in '69, and in 1970 the administrator who was joint with Hastings, Jack Melbourne, left to join the Universities program in Hospital Administration as he got a grant to start a mental health administration training program, Master's degree training program. And he got down there, he'd been there about six months and he called me up and said, "I think you should get your Master's degree in Hospital Administration." I said, "Why? I've got a good job here. I love the job here. It's -- All the people I know and they're

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

all nice people.” And he said, “I think you could do better.” And so I uh, thought about it a long time, I had a lot of hard conversations with my wife. And uh, finally did apply and I was accepted. So uh, I started that in '71. I finished up three years later and I went to work. It was a – It was a good move.

Neal Holtan: Was that full-time student?

Russ Farrell: Yeah, I was a full-time student.

Neal Holtan: Did they give you any assistance?

Russ Farrell: Yeah, they – I got a stipend too. I didn't uh, get my tuition, but I got a stipend. Yeah.

Neal Holtan: And how did your earlier career at Anoka figure into your graduate school?

Russ Farrell: Oh, immensely. Immensely. My training – My training and the time as – and the time as business manager really helped a lot while I was there. I had been through uh, all those nasty statistics courses in the business school, so when – when \_\_\_\_\_ [00:35:39] started to teach me statistics in the Master's Program I was very comfortable. So the – the previous training, as well as my experience as business manager, fit very well. So when I went on my first uh, administrative residency with the Metropolitan Medical Center, which has now folded into Hennepin County Medical Center uh, just worked out wonderfully.

Neal Holtan: And so you had an internship at MMC?

Russ Farrell: Yeah, at MMC. Yeah. Frank Waldo was the head of the – the place then. A psychiatrist I used to work with at the hospital was there, John Dockery, he was at the MMC also.

Neal Holtan: What kind of project did you do for MMC?

Russ Farrell: Oh, a variety of things. Uh, I did a study on uh, the cost of sick leave to hospitals. Uh, I was responsible for setting up the bar for every medical staff meeting. And – And – And working within departments too, working within the radiology department. Not doing radiology, but finding out exactly what happened, how patients were referred to them, a – a whole variety of things.

Neal Holtan: How long had MMC been in existence?

Russ Farrell: MMC has a joint with St. Barnabus and Swedish hospitals. Uh, it had been only MMC for about a year when I went there. In fact, the former Swedish administrator, Les Johnson, was the assistant administrator of that. He – That was the top job, and Frank Waldo was the head at St. Barnabus and I think they must have had a few more bucks than Swedish. And so Frank Waldo became the CEO and Les Johnson became the assistant. It was just about a year or so. And then of course they were all – they were then at that time also working – I did some work on, there was a joint effort between Hennepin County uh, Stan Cowles was a mover on this with that one uh, to form a – a mid-hospital between the two. And it was going to be jointly administered by MMC and

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

Hennepin County. And that never came about, because MMC became Hennepin County. Those are the kinds of things I did work on.

Neal Holtan: Um, how did the St. Barnabus and Swedish merger go?

Russ Farrell: Uh, I wasn't a part of that. That happened the year before I got there. I think it was uh, some bitterness. Uh, a friend of mine was – who hired me at Anoka back in 1958 was the Director of Nursing at – at Swedish, Edith Wenhart. And she said it was going tough because Les Johnson was getting – She was a friend of ours because we had an island on Rainy Lake and they had the next door island. Anyway, that's a long – that's way aside. Uh, but she just would share with me all the goings on as they were working towards this merger. She thought Les was getting the rough end – the rough end of things.

Neal Holtan: Are you aware of the history museums that they have at Hennepin County Medical Center?

Russ Farrell: Oh, I've – I haven't been through them. No, I haven't.

Neal Holtan: There's – They have a separate one for St. Barnabus and the old MMC.

Russ Farrell: Oh do they?

Neal Holtan: And Hennepin County Medical Center. So the split still exists.

Russ Farrell: [Laughs]. Well when you – when you went to have surgery there, they would always say, "Do you want to go east or west?" East being uh, St. Barnabus, and west being Swedish.

Neal Holtan: Um, then what happened to your career after you got out of grad school?

Russ Farrell: Well, I uh – I started to work uh, as administrator, they called it "Mental Health Coordinator" for the Department of Psychiatry and the administrator for this kook clinic in south Minneapolis, which at that time was funded about half by the U and half by the Minneapolis Department of Health. And so I did that for one year and then uh, I was – they called that outreach because it was away from the campus. And as a part of the condition for the University receiving their Phillips-Wangensteen Building, was that they establish more training outside for medical students and other students, nursing students, pharmacy students. And so Lyle French thought I would be good to work with another fellow who was interested in outreach. He was the head of neurology at the time, Joseph Resch. Did you ever know him?

Neal Holtan: No.

Russ Farrell: He was the head of neurology. So he and I got together and started working. And uh, we'd make trips upstate to see what we could do about getting CNE brought out of state and also to work with rural hospitals and whatever their needs might be. And it just kind of – that kind of became uh, a big part of my work.

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

Neal Holtan: Can you say more about Dr. French?

Russ Farrell: Dr. French was in my mind, the epitome of an administrator. Uh, he was – Dr. French as you know is a – is head of neurosurgery when he was picked by Malcom Moose to be the head, the very first head of Health Sciences as a group, which was bringing through the other medicine, nursing, pharmacy, dentistry, and medicine as a group. He did it wonderfully, because a lot of them didn't want to be put in a group with others, especially the School of Nursing didn't especially, think it was great to be brought in with the Medical School in a group. Uh, but he did a great job of putting it together. He was – He was the kind of administrator who was uh, he didn't lay – he didn't keep his hands on things. He gave you enough project to do. He'd say, "Russ, I want you to do this project. You do it the way you think you can, and just tell me when it's done. In the meantime, don't report to me." But he – And he was also very personable and very rewarding too.

Neal Holtan: So you worked for him directly?

Russ Farrell: I worked for Lyle French from 1974 until he retired in 1992 – in 1982, eight years.

Neal Holtan: And how did you get recruited for that?

Russ Farrell: Uh, his son was in my same class at uh, the program in hospital administration, Fred French. And uh, Lyle, he had been talking about this need to get outreach put together and Fred said to him, "Why don't you talk to Russ Farrell." That's how it happened.

Neal Holtan: Uh-huh.

Russ Farrell: I was in the right place at the right time.

Neal Holtan: And in that role were you able to be an advocate for mentally ill people?

Russ Farrell: Uh, yes to a – to a degree, but not anything like when I was at – at the State Hospital. No, most hospitals – most rural hospitals had very little mental health programs. But I – But I – I never lost my feelings about mental health. I uh, was sorry some days when I would uh, walk into a drug store and see a couple of ex-patients sitting there having coffee and I'd ask them how things were going and they'd say, "This is where we have to spend our day now that we've been deinstitutionalized. No job, just out sitting in a Walgreens café having coffee." So I have – I kept my – my mental set was always with mental health, even though I was now more into the bigger world of health, the John Megerian world of health.

Neal Holtan: Did you maintain any formal connections with Anoka?

Russ Farrell: With Anoka State Hospital?

Neal Holtan: Uh-huh.

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

Russ Farrell: Oh yes. Yes. I maintained a lot of friends and Bruce who I also think you may have interviewed with he and I shared a friendship – have been friends for fifty years. Uh, Anne McFarland who was the Director of Nursing and I were good friends for many, many years.

Neal Holtan: Do you still interact with them?

Russ Farrell: Uh, a – a few of them, but not as much because of my – my physical limitations now have made things different. I have – I am – I am now living in an assisted care facility myself. So I don't – I don't have this mobility – the mobility that I had.

Neal Holtan: Did you mention you have uh, monthly lunches?

Russ Farrell: Uh, with the – with the secretaries. Bernice Ward, who was my secretary when I was business manager, secretary for the Department of Nursing, and the secretary for the personnel department, they invited me to join them because they were getting together and they said, "We'd like to have you join us." So one of them comes out and picks me up and brings me to the lunches. So I still – still have a lot of discussions about the good old days.

Neal Holtan: And what – what do you talk about?

Russ Farrell: Oh, everything. Our families mostly, but the good old days at the State Hospital and when so and so was uh, Medical Director and when so and so was administrator.

Neal Holtan: Were you there for the famous bonfire, the burning of the straightjackets?

Russ Farrell: No, that was prior to me.

Neal Holtan: That was in the '40's.

Russ Farrell: That was – That was Young – Young.

Neal Holtan: Yeah, Youngdahl

Russ Farrell: Youngdahl was governor.

Neal Holtan: You're right. It was much earlier.

Russ Farrell: Yeah, that was before my time.

Neal Holtan: Was it still remembered or talked about?

Russ Farrell: Uh, not that much, no. It really wasn't. They certainly still used when I first went to work there – they certainly still used seclusion very often.

Neal Holtan: Yeah. Uh, what have we forgotten to talk about that you think is important?

Russ Farrell  
Anoka State Hospital Oral History Project  
11 April 2014  
[0:47:46]

Russ Farrell: I uh – I can't – I really think we've covered as much as I can possibly cover with my fading – my fading, aging brain. But it's been very much – I've enjoyed it very much.

Neal Holtan: Oh, thank you. You did a great job.

Russ Farrell: Well thank you for having me here. I enjoyed it.

Neal Holtan: Thanks for coming in.

Russ Farrell: Okay. Hope you all have a – I hope you have a good day.

Neal Holtan: Thank you.

[Drum music 00:47:25 to 00:47:46]