

For the Record

Statement from Eva Moore to Program Review and Investigations Committee
Public Hearing February 22, 2012

My first experience of STS was in 1967. The “boys” would have these parties where all of the moms would make food. Victor’s mom would always make big trays of meatballs and spaghetti. Every year the people waited for that.

The parents accepted all that they saw at those events, the unintelligible talking, the nose picking, the talking to walls, the display of their key or their toy to everyone, the rocking, the singing. You might find one of the with severe OCD opening and closing your car door 20 times.

Many of them could not go outside by themselves because they would be hit by a car. That is one reason that Southbury was such a sanctuary, its own little private community. Everyone, the staff, the councilors, the medical staff, the parents, knew to drive carefully. The right of way was the residents.

These “boys” were all grown men, but their social, mental, cognitive skills results can be 1.8 years to 5 years old. They are tested and rated by professionals for their yearly reviews. It is difficult for the lay person to see a grown man and understand that one is looking at a 3-year old child inside of a 55-year old body.

And just like 3 year olds, they fight over food, they fight over toys, games and bicycles, they steal people’s clothes and hide them, they wear other people’s clothes that are maybe 3 sizes too big, they will show you their penis if it hurts, in front of everyone. This type of behavior, in the “real world”, would certainly cause some of these mentally handicapped men to be beaten by those who do not understand.

Their emotions are like that of small children. Imagine a family of small children, with caretakers who are consistently there, throughout the years, dealing with holidays, special Olympics, parents, therapists, the community, who know their favorite food, their idiosyncrasies, what sets them off, what calms them down, when to give medication. We are talking about families that are more consistent and longer-lasting than most families. No one leaves to go to college or to get married.

Victor Wall, my uncle, was in cottage 25 for all of the years I was growing up. All those years, through high school, college, a marriage, a divorce, and all those years one thing remained the same, I watched the same group of men in their family, in their comfort zone, all carefully and skillfully handled by the loving staff. When he moved to Cottage 27, it felt to all of us like we were at a funeral.

I remember when my grandmother would tell us that “one of the kid’s mom died”, and that person had no one to visit him anymore. The rest of the parents might buy him a gift at Christmas, trying to fill the empty hole of the last person who cared.

So this was the most dreaded thing in the lives of the old windows, that they would die before their sons. Leaving them alone in the world, for many of them do not understand what death is, they just feel abandoned. Some of them understand the concept of “they are in a better place now, where there is no more pain”. You cannot imagine the heart wrenching pain of this same group of men, together for 50 years, come to a funeral of one of their group, huddled in the back of the church like a football team, shaking and crying, and some yelling, some spinning in circles, some talking to walls.

I know a lot of workers in these “homes” that you want to disperse the STS community into. The turnover rate is quiet high, thus losing the sense of family, and thus having them loose their minds even more, to hoot like a monkey down the street, etc. Most of these health care workers do not know what they are dealing with.

If you cannot relate to what I am saying, go watch the film “Rainman”, starring Dustin Hoffman and Tom Cruise. When he was put into a suit and told not to talk so much, he looked ok. But when he was unable to get some of his Kmart underwear he went crazy. Go watch the movie if you have not done so yet, or why don’t you all watch the movie together at the start of your meeting, to give you a feel for what you are dealing with, to give yourselves and introduction to one of the types of mental illness of which we speak.

Perhaps you will find that you really have no idea what you are dealing with, especially those of you who have earned college degrees but only have experience in academia or conference rooms, never actually in the field.

Please imagine, if you can, if one of them “gets out” out of the building and into the street of some city, not knowing how to cross the street, not knowing what death or sex means, perhaps one of them is 6’3”, and puts a strong grip on a strange women’s arms, a grip that she cannot let go of, how would passersby react? Most likely to beat him, or call the police, when all he really wanted was to look at her shiny bracelet, or ask her every five minutes like a parrot “What time is it?” This type of person is a target for beating, ridiculing, forced into accessory to robbery, and a target of sexual abuse.

So go visit that which you want to transform into your idea of success, go visit STS, perhaps you will have the frightening experience of being cornered by 3 of them, like in a zombie movie, wanting to pet your hair, hold onto your arm, talk into your face while spitting. Then you may realize that moving them into a more mainstream situation is not really feasible.

Have you been to San Francisco? There are a lot of beggars on the street, people kicking them while saying “Get a job!” under their breath. The person that they are kicking is not always a

drunk bum, but a person with mental illness, who got lost out of one of these homes, or perhaps a veteran with brain trauma.

SOLUTIONS

Some of you in these decision making meetings are only interested in the bottom line, and that is cutting costs to the state. Studying the human factor by reading emotional letters may not be an efficient use of your time.

That means alternatives need to be assessed, and that should be done with people who are in the know, like the people who work with the mentally handicapped population every day. I am sure a needs analysis and brain-storming session could produce a win-win situation for everyone.

Here are some suggestions:

- If the grounds of STS are too big and too expensive, one idea is to have a gated scaled-down model of the cluster of homes, such as in a senior-living gated community with the pool and clubhouse.
- Another idea is to move them all into one corner of the property in Southbury, and allow the other buildings to be rented to doctors, or university research students.
- Another idea is to fill the unused homes with veterans with Post Traumatic Stress Disorder and/or head injuries, with their residence and care paid for by the federal government's veteran's affairs budget.
- Another idea is to promote the school to continue as it is, growing it into a world-class facility for the mentally retarded, even as training ground for university students, accepting new clients, some of who have families who will pay, helping to offset expenses to the state. Such a place will be sought out by parents from other states.

Whatever its fate, it would be a very sad day indeed to see the clients removed and the property sold to developers, developers who may even be friends of those of you who make decisions. Will there be any moral accountability to the fate of this property?

One more thing - in this world of political correctness, the word "retarded" has been softened to "mentally handicapped", mentally challenged, special needs person, all to cover up the real word.

Webster's Dictionary defines "retarded" as "slow or limited in intellectual or emotional development or academic progress". To retard, to slow or limit. Their brains have been slowed; *they have not developed fully intellectually or emotionally.* These are people whose brains

stopped developing at age 1 to 7, and are stuck inside of an adult body. Please consider this fact in your decision making process.

Regards,

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