

Speech by Robert Morgan
Attorney General
Dedication of two buildings
at Cherry Hospital
June 18, 1972

Shortly after leaving the Governor's Office, Terry Sanford set about explaining the progress that the State of North Carolina made in the area of public education during his administration. He did so in a book titled "But What About The People", borrowing, of course, a phrase from a poem by Carl Sandburg.

I was thumbing through that book the other night and I was struck by the words of the ^{first} sentence of the preface. Governor Sanford started his explanation of "What About the People" by saying, "This is the story of an American State not content with the quality and extent of the education available to its children."

It occurred to me that we might sum up the present crisis in mental health by a similar statement. We might say that the mental hospital controversy of this year is the story of an American state - North Carolina - which was not content with the quality and extent of the care and treatment available for its mentally ill.

But we should go further and say that we not only were not content but that we also were determined to make sure that the quality and extent of such care and treatment be improved. And that is what we are about here today. That is what we were about a few months ago when we dedicated a new facility at John Umstead. And certainly this is what we will be about when the General Assembly comes to town in January.

We are going to have better mental hospitals in this State - I am committed to achieving this goal and I know you are too. We are going to improve our system of mental hospitals in this State and the story of our discontent is going to end with a chapter noting the progress made and the plans laid for continuing steps forward. I am that much of an optimist.

I am enough of a realist, however, to know that this story cannot be written overnight. But I believe if we develop a sense of mission about the work we are doing and the advancements we hope to make that it will become contagious and public support will come. I believe that with inspired leadership we can progress so fast that the ink will hardly have time to dry on one page before we will be ready to write another.

If we inform the people of North Carolina about the problems we face in providing care and treatment for the mentally

ill and the mentally retarded, they can come to understand the dimensions of the problem and the need for immediate action. It is, in fact, our duty to inform the people and I believe we have made a good start. My primary concern now is that we not allow the public interest, which has been kindled, to die before we insure that the quality and extent of services has been broadened to meet all the needs of our people.

The people must come to understand, as John F. Kennedy did in 1963, when he made this statement, that "[m]ental illness and mental retardation are among our most critical health problems. They occur more frequently, affect more people, require more prolonged treatment, cause more suffering by the families of the afflicted, waste more of our human resources, and constitute more financial drain upon both the public treasury and the personal finances of the individual families than any other single condition."

It is unfortunate that this same statement could have been made in February of 1972, nearly ten years later, and been applicable. I do not want for one moment to overlook the progress we have made but I do say we should have done more. We must do more for we are still in a crisis!

But we can record today as a day of progress, for we are here to dedicate two new facilities - two big steps forward - and I thank you for letting me share in this achievement.

I thank you because today gives me hope; and I will be honest with you, ladies and gentlemen, lately I have tended to lose hope and become discouraged with the progress of our State in this area. I have felt that we, as a society, have not given our full resources and abilities to solving this problem. I believe we can do more; that we must do more.

This new Therapeutic Center will give what I like to call "lifemanship" to those who are treated here - an opportunity to enter into and be a part of things that are available to those whose world is not so restricted. Too often institutions, by their very nature, set up structured environments in which the citizen members are forced into ^{standardized} modes of conduct. The idea of many institutions is to sandpaper the rough edges off the individual so that everyone eventually will react the same, look the same, and, hopefully, grow to want what everyone else wants. This idea of such a mold is abhorrent to me and certainly is not conducive to treatment of highly individualized mental disorders. While the activities in this Center cannot present the same challenge as if they were performed under other circumstances, at least they will give our people here an opportunity to be individuals - to participate as they are ^{of participating} capable/and want to participate.

And I am very hopeful about the Woodard Building, devoted to a group that needs very special attention, not only here but throughout our society.

We are just beginning to recognize the problems that our elderly citizens face, but, unfortunately, we are inclined toward the concept that aging is a disease and not a stage of life - that we can treat them collectively, not as individuals. With Centers such as this one, we can attack the problem of whether our citizens are losing "lifepower" or "willpower".

Frankly, I like the idea of a geriatric center because it indicates that to some small degree we are abandoning the unit concept. I am glad, for I have never been convinced that it enhanced the treatment or care of patients in our hospitals. It is my personal opinion that any advantages derived from the unit concept - if in fact there are any - are in the area of administration and not treatment.

I believe the people of this State are demanding that care and treatment be given top priority and I urge those in a position to do so to study carefully the history of the unit concept in North Carolina and determine on the basis of what has occurred during the past few years whether it should be retained. I doubt that our experience here will justify its continuation and I hope that mental health professionals will have the courage to admit this if careful study shows it has not been successful in providing individualized treatment for our people.

Let's look for just a moment at the phrase "individualized treatment". This is what the Federal Court in Montgomery, Alabama, referred to time and time again in a recent Interim Emergency Order handed down in that State by which the Federal Courts took almost complete control of the State's mental hospital system.

I am reminded that when we began our campaign to improve our school system in the early 1960's, we talked of "quality education". I remember that the one prime ingredient of quality education was individualized instruction.

Likewise, we cannot hope to have quality treatment and care for the mentally ill unless we have individualized treatment and care. The completion of these two facilities moves us toward that kind of individual attention. I hope we will continue to make progress in this same direction. However, it is obvious that individual treatment requires sufficient personnel, more personnel than we presently have, and this must be a primary goal also.

The Attorney General of Alabama briefed us at a recent meeting of the Southeastern Attorneys General on the details of the Alabama case. I quote from the Attorney General:

"The Court said that in matters presented to this Court there seem to be three fundamental conditions for adequate and effective treatment programs in

public institutions. These three fundamental conditions are: (1) A humane psychological and physical environment; (2) qualified staff in numbers sufficient to administer adequate treatment; and (3) individualized treatment plans."

The Attorney General went on to say, "We felt that the basic rule of the Court upon which all its conclusions rested was the concept that an individual who is involuntarily committed for treatment has a constitutional right to receive such individual treatment that will give him a realistic opportunity to be cured or to improve his mental condition."

And I believe that every citizen in the State of North Carolina would agree with the holding of this Court.

As the case in Alabama progressed in Court, the Attorney General there said that he had never seen such a public reaction; that every newspaper in the State ran articles daily about the situation. I suspect that it was the first time the public ever really had details of inadequate patient care.

He also went on to warn those of us in other states not to be complacent. He said that in preparing the case, he visited mental institutions around the country; some were better than those in Alabama, some were worse. But nearly all

lacked the three fundamental conditions for adequate and effective treatment programs.

My interest in the care of mentally ill goes back further than just this discussion. My interest goes back to when I first began to seek election to a Statewide political office when I cited the need for better mental health as one of our most pressing problems. It goes back to the time that I visited a young doctor in one of our mental institutions to consult about a client of mine, and it was 98 degrees that afternoon. He had one small electric fan, and this is the office where he tried to treat patients. Yet, when I rode downtown after the interview, I looked at our State Office Buildings and from window after window there jutted an air-conditioning unit!

I wonder about our values and whether we actually have given the people a choice. Choice is what it boils down to when the Legislature meets and gets down to the difficult

task of appropriating money to needs. The people need to know the choices they have when their tax dollars are being appropriated so they can, in loud and clear voices, state their preference to their duly elected representatives. They need more than statistics - they need actual illustrations and clear language which show clearly what is required to provide quality services.

You know, we Americans are great for quoting statistics. We read that 500 people are committed to our mental institutions in a certain period; our ratio is five doctors to so many patients; there is one attendant to "X" number of patients. We pass this over because we really don't know what is the proper doctor-patient-attendant ratio. Did the 500 committed further crowd already cramped space? Five doctors sounds good, but are three of those doctors doctors that were brought out of retirement because of the shortage of physicians? This was the case in Alabama.

It is unfortunate that public controversy was necessary to place the spotlight on mental health needs in North Carolina. However, we should never for a moment think that such controversy has no constructive value. It does, and I believe you already have begun to see that this particular one is going to move the mental health system forward in this State.

At one point I even stated that I hoped the controversy would continue, not because of a love for conflict but because it appeared that for the first time the issues were being aired and the public informed.

Without doubt, this controversy does offer a tremendous opportunity - an opportunity to take stock of things as they are and to muster support for improvements. But it will be a tragedy if we allow public interest to subside without having used it as a positive force for progress. I do not believe we will allow that to happen in this State.