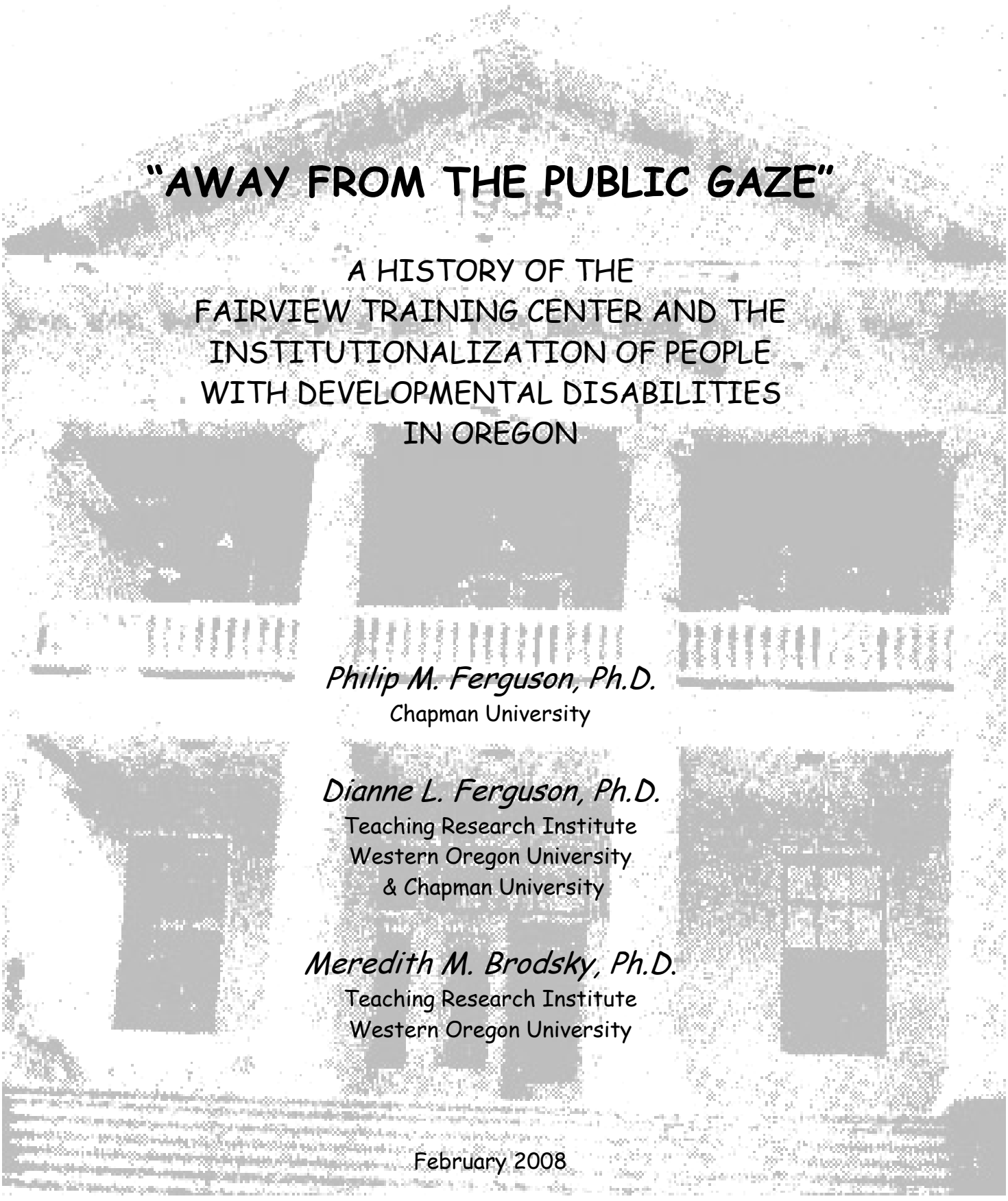

"AWAY FROM THE PUBLIC GAZE"

A HISTORY OF THE FAIRVIEW TRAINING CENTER AND THE INSTITUTIONALIZATION OF PEOPLE WITH DEVELOPMENTAL DISABILITIES IN OREGON

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TABLE OF CONTENTS

INTRODUCTION

Why a history of the Fairview Training Center? Closed now for 8 years, it was not the first such institution to open or the last to close. Even at its peak population, it was not the biggest. As those who lived there know only too well, it definitely was not the best, but as others who lived elsewhere can also testify, it certainly was not the worst. As institutions go for people with developmental disabilities, the Fairview Training Center does not immediately stand out as a unique story that demands telling. Even within the state of Oregon, there were earlier and bigger and (many would say) more notorious institutions (e.g., Oregon State Hospital and Dammasch). There are numerous other histories of institutions that have already been written.[1] There are remaining institutions with residents who need immediate attention. So, why is it important to preserve the story of the Fairview Training Center and those who lived and worked there during its 92 years of existence?

Of course, the story is important to the thousands of people most closely affected. During its existence almost 10000 people lived all or part of their lives at Fairview. All of them had families or friends of one type or another who were affected indirectly by that experience. For them alone, it is useful to document Fairview's history. While Fairview may not emerge at the top of any national list of historically important institutions, it was of indisputable, life-changing importance to those who personally encountered it. Thousands of people also worked (and, for many years, also lived) there as well, and for many of them Fairview remains an indelible part of their memories and experience. If for no other reason, then, the history of Fairview should be preserved because it is an essential part of the life story of thousands of Oregonians.

However, at another level, it is the very 'ordinariness' of Fairview that makes its history important, not so much for those who knew it well, but for those future generations who will never have to know it at all. If there can be such a thing, the Fairview Training Center could be called a 'typical' institution for people with developmental disabilities. We have just left a century that saw the unimaginable growth (and subsequent decline) of institutions like Fairview in every state in the country. We have just begun a century that may very well see the last one close down. For most of the 20th century, Fairview exhibited all of the practices and policies that have gradually led society to move away from such models of large congregate care. For that very reason, the life cycle of the Fairview Training Center is a valuable tale to tell. As a society, we are now embarked on a slow but steady movement of people from such institutions

to a variety of smaller, community-based residential arrangements. From a high of almost 200,000 people (in 1969), we are now down to fewer than 40,000 people remaining in state institutions for individuals with intellectual disabilities[2]. The national average for the last few years has been for that number to drop by over 3% each year[3]. By 2006, almost 300,000 individuals with intellectual and developmental disabilities were living in non-family residential settings of 6 or fewer residents.[4] For reasons both noble and pragmatic, in response to disability advocacy, litigation and cost-benefit analyses, this trend seems likely to continue.

The last ditch efforts of some to continue the existence of institutions appear to be on the wrong side of history. The only remaining question seems to be when, not whether, the last one will close. It is simply too clear to too many that the social experiment called institutionalization has not worked, can not be fixed, and – most importantly – is not necessary to support the lives of people with intellectual disabilities and their families. Fairview's story then must be told for those who were there, for those who will never have to be and for policy makers and others who, for whatever reasons, might be inclined to reverse the trend to support people in their home communities.

A few brief words about the organization and sources for this document should be said. Much of the "official story" of Fairview is based on the Biennial Reports of the Superintendent to the Oregon Board of Control (and from there to the legislature). When quoting from these reports in the chapters that follow, the abbreviation "BR" will be used, along with the year of the report, for a given citation. Additional information was found in various reports, surveys, and planning documents that were often produced at the behest of legislative committees. The unofficial story relies on the comments of residents and their family members. In the later chapters, especially Chapters 5 and 6, we draw heavily from numerous interviews that we conducted with both former residents and former employees. For the early decades we rely mainly on family correspondence that was contained in a random selection of case files that we reviewed.

The early part of this work, especially arranging and conducting the oral history interviews, was supported in part by a grant from the Oregon Department of Human Services. We would like to thank the state for its generosity and patience. The Fairview History Committee, led by Bill Lynch of the Oregon Council on Developmental Disabilities, was supportive in the early years of this project, and also very patient as the completion date kept getting pushed back. Special thanks go to Pat Davis

for helping us review some of the historical material, and to Jon Cooper for arranging tours of Fairview and access to various buildings that would have been otherwise unavailable. Rick Blumberg was instrumental in collecting some of the early oral histories, and in managing other parts of the data collection efforts. Nadia Sampson and Audrey Desjarlais were enormously helpful in transcribing the oral history interviews. Srikala Naraian was very helpful in reviewing and organizing some of the historical documents. Finally, our deepest thanks go to all who so generously shared their stories about their time at Fairview. This report is dedicated to them.

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[1] A very partial list of such histories would include the following: Philip M. Ferguson, *Abandoned to Their Fate: Social Policy and Practice toward Severely Retarded People in America, 1820-1920* (Philadelphia: Temple University Press, 1994); Gerald Grob, *The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920* (Chapel Hill, NC: University of North Carolina Press, 1966); David J. Rothman & Sheila M.Rothman, *The Willowbrook Wars* (New York: Harper and Row, 1984); and James W. Trent, Jr., *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1994).

[2] One reliable survey put the number of institutional residents as of June 30, 2006 at 38,216, representing an 80% drop since 1966. See Robert Prouty, Kathryn Coucouvanis, and K. Charlie Lakin, "State Institution Populations in 2006 Less than 80% of 40 Years Earlier: "Real Dollar" per Person Costs More than 10 Times Greater," *Intellectual and Developmental Disabilities, 45* (April, 2007), 143-145.

[3] Prouty, Coucouvanis, and Lakin, *ibid.*, p. 143.

[4] Robert Prouty, K. Charlie Lakin, and Kathryn Coucouvanis, "In 2006, Fewer Than 30% of Persons Receiving Out-of-Family Residential Supports Lived in Homes of More Than Six Residents," *Intellectual and Developmental Disabilities, 45* (August, 2007), p. 289-292. There are also around 30,000 individuals living in private institutions and a little more than 56,000 living in large (7-15 persons) group homes.

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CHAPTER ONE

A SEARCH FOR 'SUNNY AND SECLUDED SLOPES': PLANNING FOR THE INSTITUTION

The formal record tells us that Fairview Training Center – the "State Institution for Feeble-Minded" was the official name specified in the authorizing legislation – received its first resident on November 30, 1908. However, the story actually begins somewhat earlier and the context is important. In many ways, Oregon recapitulated the history of institutions that had played out earlier in the states in the Northeast and Midwest. Institutions for other segments of the disabled population came first (the Oregon State Insane Asylum – later the Oregon State Hospital – opened in 1882), along with special residential schools for the "the blind" and "the deaf." The country's first public institution specifically targeting the feeble-minded[1] population had opened in Massachusetts some 60 years earlier under the auspices of the educator and social activist, Samuel Gridley Howe. In the descriptions of these early institutions, there was a strong optimism – characteristic of reformers such as Howe -- that with new instructional techniques and "scientific" methods, "even" feeble-minded and idiotic children could be educated to become productive citizens.[2] The institutions themselves were called "schools" and the focus was on the education of children rather than the custody of adults. However, as had been true of the insane asylums that preceded them, the professional optimism surrounding these so-called "idiot asylums" soon diminished and the role of the institutions increasingly came to be seen as protective of society as much as therapeutic for the individual. For more and more of those admitted to these facilities, the prospect was one of permanent custody rather than temporary remediation.

The pressure to place ever-larger numbers of individuals in these facilities continued to grow. This pressure came not only from a growing fear that leaving such individuals at large in the community contributed to a whole spectrum of social problems (disease, crime, prostitution, poverty, moral decay, etc.), but also from those in charge of county almshouses, poor farms, and state insane asylums, who complained that their proper work was hampered by having to care for the feeble-minded and epileptic mixed in with their primary population.

By 1908 there were 33 so-called institutions for the feeble-minded in 22 different states. Over 17,000 people were housed in these specialized institutions, yet most institutional professionals warned that

this represented only some 10% of the total feeble-minded population. With a growing wave of immigration from Southern Europe and Asia, and a steady migration from the farm to the city, the perceived fear of many leaders in society was that the strength of American culture was being dangerously diluted by the proliferation of the incompetent, the immoral, and the unproductive.

The "Official" Story

In Oregon, the atmosphere reflected the national obsessions. The same year that saw the first compulsory sterilization law passed in Indiana also saw similar legislation proposed in the Oregon legislature.[3] In 1906, the Salem newspaper (*The Oregon Statesman*) editorialized in support of a bill proposed in Iowa that year that would have allowed the state not only to sterilize "defectives," but "the authority of the law to put them out of the world after they are born."[4] The proposed legislation never passed in Iowa, but the Oregon editorial found it to be

> *the first and most radical demonstration, in a legal way, of the theory that it is expedient, socially, and industrially, to destroy idiotic and helplessly deformed children, at birth, and malady-stricken adults and incurables later in life, that has never been broached in this country, and its progress will be watched with tremendous interest all over the country. . . The fact that the abnormal children are to be skillfully disposed of with the consent of the parents, and the adults with their own consent, or in default of this with that of the nearest of kin, puts the bill on a footing of rational consideration it might lack under less thoughtful provisions*[5]

It was in this national and state atmosphere that in 1905, the Oregon legislature commissioned a study of the cost and feasibility of creating "a proper building or buildings for the care of the feeble-minded and epileptic children of the State."[6] This 'Building Commission' (consisting of the Governor, the Secretary of State, and the State Treasurer), in turn authorized the superintendent of the School for the Blind (G. W. Jones) to visit other institutions around the country and submit a report on the size, cost, and organization of creating such a facility in Oregon. (The commission reports with pleasure that Mr. Jones charged only the cost of his travel to some 14 institutions in 9 states over several weeks, for a total expense of $219.44.)

Jones' "Report of Agent" is a fascinating summary of the current thinking about the 'menace of the feeble-minded' and how it applied to the people of Oregon. The report begins by showing how the optimism and educational focus of an earlier generation of institutional leaders had become tempered and ceremonial. While the official rhetoric of instruction was still there, the underlying message was also clear: "The aim of the institution for feeble-minded is educational: it is primarily a school, the home and hospital features are mere adjuncts to the central purpose. But it must not be understood that any amount of education and training can restore an abnormal mind."[7] A few pages later, Jones acknowledges the more fundamental purpose of such an institution.

> *But there is another reason [beyond the right to an education] why the feeble-minded should be cared for that outweighs all others in importance to the State. The effect of the mingling of the feeble-minded with society is a most baneful evil. The States are just beginning to realize that this is the source of much of the pauperism, feeble-mindedness, insanity, and crime.*[8]

The report proceeds to give examples of such 'baneful' influence from across the State of Oregon. In what can only be described as a classic illustration of blaming the victim, Jones tells of a county where a young woman alleged that a young man had assaulted her.

> *The case brought out that she was feeble-minded, that she had been the victim of a number of men and boys among whom was her own father. It was also shown that she was suffering from a loathsome disease that resulted from an immoral life. Such an irresponsible girl in a community is the cause of many boys being led into viscious (sic) habits that they would not otherwise have formed.*[9]

There was an effort to follow the recommendations of this report by the next legislature, and in February 1907, the bill creating the "State Institution for Feeble-Minded" became law. In design and location, the Board of Trustees (Governor, Secretary of State, Treasurer) remained faithful to the Jones Report: a 'cottage plan' was used for buildings where relatively small (Jones suggested 60-80 beds) dormitories would allow the separation of inmates by level of disability. "It is not right to bring the high grade imbecile child into close contact with one of low grade. All

agree that the cottage system is the best adapted for an institution of this character, as it affords the best means for classification."[10]

However, when it came to other matters of money and location, the recommendations proved harder to accommodate. The Report strongly recommended that the State try to locate the new institution in "a secluded valley, upon whose sunny slopes these simple people might dwell away from the public gaze." However, this apparently created some legal concerns. The need to be "away from the public gaze" seemed at odds with the clause of the state's constitution that all institutions be located "at the seat of government." An opinion was obtained from the Attorney General with admirable skill at semantic convolutions, allowing the Commissioners to report that the language left ample room for interpretation:

> *In his opinion to the Board [the Attorney General] advises that the word "at" in the provision which reads 'located at the seat of government," means "at or near," depending upon the circumstances. That is, if the Board can not get within a short distance of the seat of government a place adapted to the uses and needs of a n institution for feeble-minded, they would have a right to go further away, or if the price of a suitable place near by should be unreasonable and exorbitant, or if it could not be secured for any good reason, then it could be located farther out, but that everything being equal, it should be located at the place nearest to Salem.* [11]

In a choice that seems driven by price as much as considerations of 'sunny slopes' and seclusion, the final properties chosen were about two and one half miles south of the State Capitol and one and a half miles from the end of the Salem street car line. The 670 acres of land purchased from several local farm families (at a somewhat higher price than hoped) was smaller than the 1000 acres recommended to the legislature as necessary to take care of the feeble-minded population of the state. The official prediction was that within two decades of opening, the institution would have "at least one thousand inmates"[12] (the prediction proved accurate) and the report to the Building Commissioners determined that the experience of other states recommended a provision of at least one acre per inmate. As with earlier institutions – and specifically authorized by the legislature -- inmates from the State Penitentiary provided much of the labor in clearing the land, laying the sewers, building the buildings of the new facility.

In September of 1908, H. E. Bickers, the first superintendent of Fairview, reported with "much pleasure" to the legislature about the progress being made to opening the institution. Bickers supervised 20 inmates sent over from the State Penitentiary who apparently did most of the construction work. The initial construction consisted of a combination administration and girls' dormitory building (what came to be known as La Breton) and a Boys Dorm (no longer standing), along with a power house and laundry. In what became a tradition in the biennial reports, this first report -- before a single admission -- complains of overcrowding and the long waiting list for placement:

> *In view of the fact that the two dormitories now constructed have only a joint capacity of 125 pupils, and that the applications for admission received up to date, together with the number of candidates for admission already in sight, will aggregate from 250 to 300 individual . . . the heavy appropriations asked for below appear to be absolutely necessary . . . to enable the institution to fulfill the demands likely to be made upon it in the immediate future.*[13]

Bickers got his additional appropriation and by the end of 1910, two more cottages had been constructed along with other improvements to roads and out buildings. His 2nd Biennial Report asks for another two cottages. The attending physician (W. C. Smith) describes the purposeful design of these cottages:

> *The buildings are so constructed as to be light and sanitary and each one housing comparatively few, gives the institution more of a home-like appearance than is found in the other institutions of our State. Each building is provided with sleeping porches having an area equivalent to the inner sleeping apartments and all bed-ridden patients are placed outside every day the weather will permit.*[14]

That is the "official story." It is recorded in the Biennial Reports to the legislature and other documents, providing us with a valuable record of at least the public concerns and considerations of the early leaders of the Institution for the Feeble-Minded. While the careful historian must always read such reports with an eye toward the intended audience (in this case a legislature with control of the institution's budget) and other contextual features, the words of these administrators are there to be interpreted. It is their voice that is the easiest to hear a century later.

The "Unofficial" Story

What of those for whom the institution was intended to serve or confine? What can we say of those first residents at Fairview or their families? Where did they come from? What were their feelings about the new institution, with its 'home like appearance' and sleeping porches? As is often the case, trying to tell the story from the "bottom up" as well as the "top down" is problematic. The further back in time we go, the harder it becomes to recapture this additional perspective about what life was like for those who lived at the institution. The inmates and their families did not write reports to the legislature. It is important, nonetheless, to try and gain what insight we can about this perspective. The surviving case files for these earliest residents provide at least some rudimentary information.

We do not know how Jack Broderick felt about his new institutional home. Jack Broderick had the historical distinction of being the first person admitted to the Oregon State Institution for Feeble-Minded on November 30, 1908. We know that he had just turned 9 years old a few weeks earlier. We know that he was part of a group of almost 40 people who were transferred to Fairview from the Oregon State Insane Asylum. Apparently, the primary qualification for being selected for transfer was to be identified as 'epileptic,' although there were other diagnoses as well.[15] (About 130 of the 180 people admitted in the first two years of Fairview's existence were transfers from the Oregon State Hospital.) Although Jack had apparently had seizures when he was two years old, the admission form said that no other "peculiarities" had been noticed at home. Indeed, the doctor completing the form suggests that the concoctions given to the young boy to ameliorate the seizures ("bromides and such stuff also osteopathy") were responsible for the residual impairment: "The medicine paralyzed his mind apparently."[16]

Item 29 from his admission form reports that Jack could catch and throw a ball. That same form says he "laughs more than he cries," and was "frank" in his actions rather than "sly." He was said to be "just learning to say what he wants but with distressing slowness." When asked about a capacity for work, the doctor filling out the admission form was optimistic:

> *He is continually sawing and splitting wood cutting sticks and boards . . can work the nails out of all the boards in the place and drive them in again, sleeps with his hammer and saw. Though he*

has no ideas of lengths or [a] square. Never hurts himself or anyone else. Never cracks his fingers.

Finally, we know that Jack lived at the new institution for another 18 years (almost to the day), dying on November 8, 1926 at the age of 27. The cause of death was listed simply as "epilepsy." The letter to Jack's parent was brief: "Mrs. Broderick – Jack died this morning. Wire disposition of the body."

By the time of Jack's death in 1926, the Institution for Feeble-Minded had grown to be the second largest institution in the state, with a population of just over 900. The budget had grown to a biennial appropriation of over $360,000 (not including capital expenditures for new construction). The number of employees had more than doubled in size from under 50 to 102. From the original two main buildings, there were now 11 residential cottages or an administration building and dining hall. A sterilization law had been enacted and was in active implementation. Indeed, the superintendent credits the law with allowing the institution to discharge over 100 sterilized inmates who otherwise would have remained at Fairview. The state of Oregon was well on its way with its century-long social experiment called institutionalization. Over 9,700 more people would follow Jack Broderick through the doors of Fairview.

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[1] The official terminology for referring to people with intellectual and other disabilities has obviously changed over the years. Some of the terms that were in common usage in earlier eras are now rejected as offensive and demeaning (e.g., feeble-minded, idiotic, insane, mental defective). However, it is important to the accuracy of the history of Fairview to understand how the approved labels and language have evolved over time. So, throughout the text we will regularly use terms that were in current usage at the time under discussion.

[2] It should be noted that there were limits to this optimism from the start, although many historians have failed to mention it. Howe, Hervey B. Wilbur, even Edouard Seguin himself, hoped to exclude those children with the most severe intellectual disabilities from their new "experimental schools." For more on this see the discussion of this early optimism in Philip M. Ferguson, *Abandoned to Their Fate: Social Policy and Practice Toward Severely Retarded People in America, 1820-1920* (pp. 50-60), Philadelphia, PA: Temple University Press, 1994.

[3] Mark. A. Largent, "'The Greatest Curse of the Race': Eugenic Sterilization in Oregon, 1909-1983." *Oregon Historical Quarterly*, 103(2) (June, 2002), p. 195

[4] Cited in Oregon Advocacy Center brief, *Oregon Association for Retarded Citizens v. State of Oregon* 1988, p. 17

[5] *Ibid.,* p. 18

[6] *Report of the Board of Building Commissioners of the State of Oregon Relative to the Location and Establishment of an Institution for Feeble-Minded and Epileptic Persons,* December 28, 1906, p. 3.

[7] G. W. Jones, "Report of Agent," in *Report, ibid* .(pp. 19-50), p. 19.

[8] Jones, p. 23.

[9] Jones, p. 24

[10] Jones, p. 44. This organizational decision is an example of how Oregon's relatively late start (in terms of national history) in institution building allowed it to skip some of the professional debates about how best to design and arrange institutions that occurred throughout the last half of the 19th century among superintendents and other social policy advocates. On the one hand were those who believed that separate asylums should be created for the incurable and the treatable. So, for example, New York State created separate asylums for "unteachable idiots" and epileptic, while trying to maintain its asylum at Syracuse as an educational institution for children and young adults with milder, remediable levels of intellectual disability. Most states, however, followed the practice of Pennsylvania whereby each institution housed all levels of feeble-minded, but separated them by levels into separate cottages or wards. Usually, those judged to be the most disabled were housed in cottages toward the back of the campus, leading to the later reference to the "back wards" as the places where the most abusive and neglectful institutional practices took place.

[11] *Report*, p. 6

[12] *Report*, p. 5

[13] BR, 1908, p. 7

[14] BR, 1910, p. 9

[15] For example, physical disabilities also seemed to qualify a person for the transfer from the state hospital. The second person admitted to Fairview was a 32 year old man described as having "imbecilic features," "cerebral palsy," and someone who walked poorly and had "contractures." This so-called imbecile, however, also was a person who "reads books and papers, counts, multiplies, divides, etc., and plays harmonica." At his death in 1936, this man had a final note entered into his file: "a deserted baby" who "led a blighted life."

[16] All of the information about Jack Broderick (a pseudonym) comes from his Case File, #001.

CHAPTER TWO

THE EARLY YEARS OF EXPANSION AND CONTROL 1908-1938

The special federal census of state institutions for feeble-minded and epileptic persons in 1936 reported a patient population of almost 107,000 in approximately 80 public institutions (with another 14,401 listed as on 'parole or otherwise absent').[1] Consistently throughout the 1920s and 1930s, between 45% and 50% of those admitted each year were identified as "morons," the highest functioning level of feeblemindedness. Over 10,000 new admissions were being institutionalized annually.

Despite this growth, the official warnings of 'mental defectives' running amok in communities grew even more common. In 1928, the U.S. Supreme Court had ruled the practice of compulsory sterilization to be constitutional with the famous *Buck v. Bell* case. Although prevalence estimates differed, most experts of the time agreed that no more than 10% of the mentally defective children and adults were institutionalized. Especially in the first three decades of the new century, the push for institutional expansion and more aggressive commitment policies was widespread.[2] By 1938, the country was deeply embedded in the Great Depression, had growing concerns about events abroad and, mainly for economic reasons, the institutional expansion had slowed to a crawl. The Progressive Era was a fading memory for most of the country. For many people with intellectual disabilities, however, the transition must have been imperceptible. The push, as one writer put it, for 'segregation or surgery' had been unrelenting from the start of the century.[2]

In Oregon, the process reflected the national trend. As already mentioned, Fairview grew rapidly in its first two decades, both in its physical plant and in the number of people admitted to the facility. In the original 'Building Commission" report for Fairview, the prediction was that within 20 years, the population would reach 1000. The actual total in 1928 was 839 (with an additional 111 individuals listed as "escaped and on vacations"). Still, the first two decades of existence for the institution had been ones of dramatic expansion. That expansion would slow but continue throughout the 1930s with the population reaching 1,090 in 1938 (960 of whom were actually living at the institution). Throughout the first three decades of its existence Fairview and the Eastern Oregon State Hospital in Pendleton would vie for status as the second largest institution in the state. By 1938, 13 "dormitories" or cottages had been built along with various other buildings for the farm, school and other operations of the institution.

Perhaps most importantly, after years of requests in the biennial reports, a small hospital was finally opened on the grounds in 1933.

Administration and Organization

After going through 3 changes in administration in the first 7 years, the leadership stabilized in 1915 with J. N. Smith serving as superintendent until 1930 and R. D. Byrd following him for another 8 years. However, the biggest administrative change during these early years was probably the creation in 1913 of a state Board of Control governing all 10 institutions (along with oversight of the Capitol and Supreme Court Buildings). This single Board of Control replaced the individual Boards of Trustees that had previously managed the institutions, each reporting directly to the legislature. The membership of this new Board of Control was mandated by law to consist of the Governor, the Secretary of State and the State Treasurer. The Board also hired a secretary at $2400/year, almost the same as the salary for the superintendent at Fairview ($2500/yr.).

While most states had by this time created similar agencies for oversight of institutions (usually called Boards of Charities and Corrections – the change in title to Board of Control is perhaps suggestive of the change in policy about the social rationale for these facilities), the consolidation of power in the hands of the executive branch is dramatic. All contracts and purchases were now under the authority of the Board of Control. Where previously superintendents made budgetary appeals directly to the legislature, all appropriation requests were now funneled through the Board of Control within its single biennial report. Furthermore, the authorizing legislation specifically invested the new Board with the power to make by-laws for the institutions, appoint the superintendents, determine the salaries of all employees and remove any official whenever “the public service requires.”

In 1917, the admission/commitment process for Fairview was made much more coercive and permanent, although the lower age limit was left at 5. Under the new legislation,

> The county judge may upon the application in writing of any citizen, cause an alleged feeble-minded person to be brought before him and an examining board consisting of two competent physicians or psychologists. If, in the opinion of the board and the judge, the person is feebleminded, the judge must make an order

> committing the person to the institution. (1917 Or Laws 739, ch. 354).[4]

Even with this loss of autonomy, the superintendents at Fairview during these early decades still succeeded in gaining support for a fairly rapid expansion in both population and physical plant. Somewhat surprisingly, however, by the end of the 1920s, the population of Fairview stabilized for a number of years. Indeed after reaching a peak population of 950 in September, 1928, the population actually declined for several years. Not until 1934 was the 1000 mark passed.

The two superintendents during this time (J.N. Smith and R. D. Byrd) gave several reasons for the stabilization in the population. First, Superintendent Smith was clear that the aggressive implementation of the state's sterilization law had been a major factor.

> Had it not been for the operation of the sterilization law, it would have been impossible to keep our population below 1000. Of the total number paroled 113 were sterilized and would not have been released had it not been for the sterilization. The sterilization act has saved the state at least $25,000 during the biennium. The sterilization act has had its effect felt outside the institution more than was expected. The Child Welfare Commission and other authorities have informed us that the number of unmarried mothers in institutions in Portland has fallen at least 50%, and that the decrease is largely the result of our sterilization law.[5]

However, there may have been other factors as well. First, a law was implemented in the 1930s whereby families of the "insane, feeble-minded, or tubercular" were required to contribute to the cost of care whenever they were deemed capable of paying. Superintendent Byrd speculated that at least some families were less likely to have their children admitted because of this new policy.

A second factor also grew in importance. As early as 1910, the Biennial Reports included references to having some inmates on "parole." In the early years, though, these seem to be mostly provisional returns of individuals to the care of family members. Moreover, the success rate seemed pretty low: in the 3rd Biennial Report 39 of 51 individuals sent home on parole returned to the institution. However, following a practice already in use at many institutions in the East and Midwest, Fairview

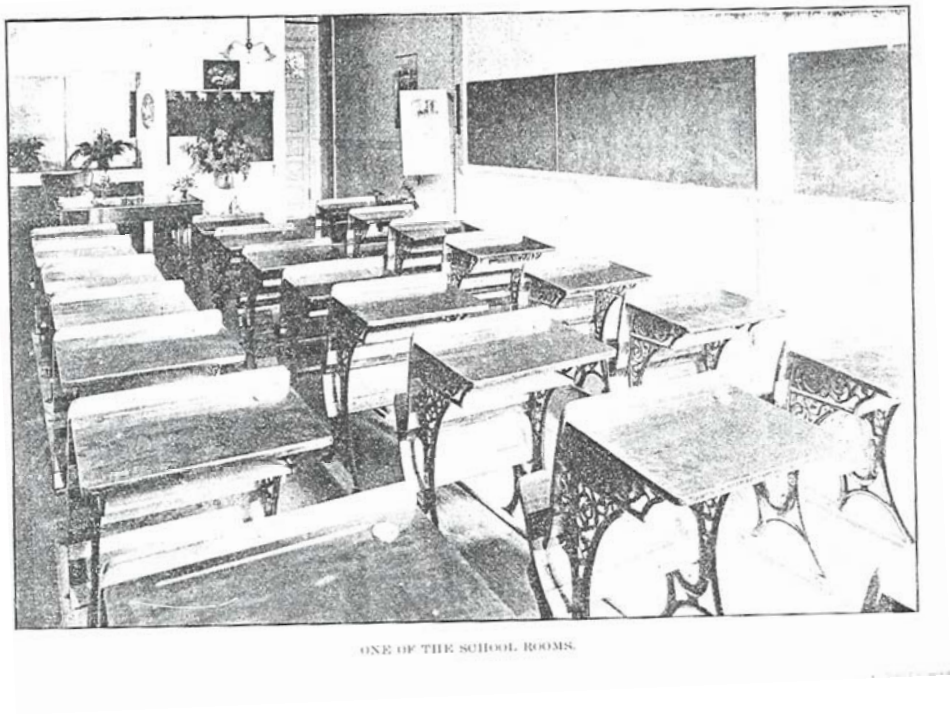
formalized the "parole" system in 1931 with the appointment of a parole officer. The concept of supervised community placements, overseen by what were, in essence, the first generation of professional social workers, ran through all of the state operated institutions and is one of the significant developments in human services to come out of the Progressive era. In some ways, the "paroles" were just extensions of an earlier practice of allowing residents to return to their homes either for temporary "vacations" or for more open-ended stays at the request of parents or other family members. These "home" paroles were now joined with "industrial" paroles. In these situations, women were placed in homes as "domestics" and men were placed with farm families. The entire process was contingent, with the supervisor able to pull the residents back to the institution at any time. While parolees were paid small amounts for their work, this money went directly to the institution where individual accounts were kept. The parole officer would then disburse funds from the appropriate account to the parolee, providing another mechanism for control and supervision. Indeed, the administration was eager to assure the legislature that Fairview maintained extensive control over the residents who were chosen to participate in these early versions of community placement:

> Supervision required is far more detailed than with the normal boy or girl (*sic*). The parole officer supervises purchase of clothing, dental and medical care, adjusts behavior difficulties and supervises recreation. Frequency of calls on the part of the parole officer varies with the adjustment and stability of the boy or girl. Salaries are determined by the capabilities of the patient and his experience. . . . Selection for parole is made by individual consideration.[6]

Education

The early descriptions of the school program provide an insight into how the institution followed the path of most other "state schools" in the eastern and midwestern states. Initially, the program seems similar to public schools generally, if not continuing to secondary levels of curriculum. Of the 231 people committed to the institution in its first two years of operation, 98 were under 21 at the time of admission. Apparently 23 of these were judged to be so severely disabled as to be assigned to the "custodial division," leaving some 75 students who participated in the school. Maude Stewart, the first principal of the Fairview school program wrote enthusiastically about the schools' classes and the accomplishments of the students. "[W]hile we recognize the fact that for many of the feeble-mined (*sic*) we can give nothing but a good home, we never lose

sight of the fact that we are a *school* and that first and foremost stands the idea of *training*.[7]



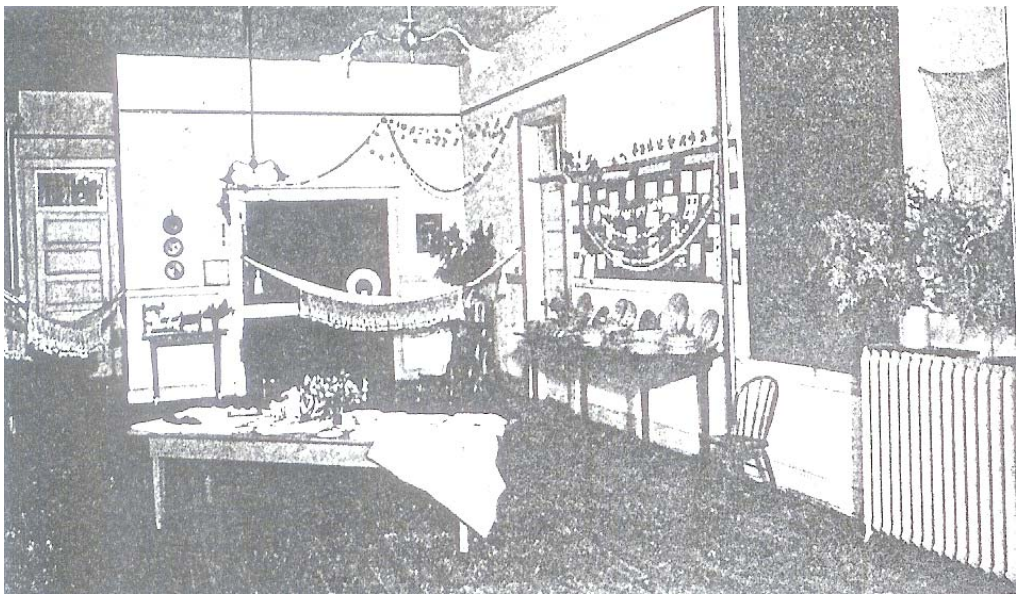
ONE OF THE SCHOOL ROOMS.

Using photographs as evidence, the classrooms did, indeed, *look* like many public school classrooms of the era: a large room lined with chalk boards, with 25 to 30 wooden school desks arranged in neat rows, with a teacher's desk at the front of the class. The school was organized into three classes: kindergarten, primary and intermediate. Class time lasted no more than 3 hours per day, however, this time apparently included instruction in reading, math, "physiology" (i.e., personal hygiene and nutrition).

> The literary work is made as practical as possible. We aim to give a child the ability to read books and papers for his own pleasure, to write and compose his own letters, to tell time and direction, and to know a little practical number work."[8]

The remainder of the schedule was given over to industrial training for older students, music, gymnastics, and other physical activities. Principal Stewart reports that the students enjoyed singing most of all but the teachers were careful to avoid too much exposure to syncopation: "We find they learn good music as readily as the rag-time, catchy airs; so our songs are well-selected and surprise the ordinary visitor."[9] The superintendent proudly described the operettas performed for visitors by

the students. From the beginning, the students' handiwork (basketry, darning, weaving, sewing, making pillow lace) was put on annual display at the State Fair, where it "received much attention . . . , and much to our gratification we carried away a number of blue ribbons."[10]



Even in midst of this initial active instruction and academic curriculum, however, the early signs of pessimism are also present: "We are becoming more and more convinced that to spend years teaching a child reading, writing and numbers, is not only foolish but a waste of time and money."[11] The shift in tone can also be seen in the new legal language creating the State Board of Control. In a subtle change of wording the purpose of the State Institution for Feeble-Minded is now said to be:

> For the care and training of such feeble-minded, idiotic, epileptic and defective persons as have been or may hereafter be committed to its custody. Said institution shall be *quasi-educational* [emphasis added] in its nature . . . The superintendent shall be a well-educated physician."[12]

The difference can also be seen by comparing this mandate with that of Deaf and Blind Schools. The language for these two schools held that they were to be used as a "free training school" for blind or deaf persons, for 1) no more than 10 years; or 2) has ceased to make progress; or 3) is dropped 'for cause'. "It shall be the duty of the superintendent of said school to see that *each person enrolled* is given reasonable instruction

in the subjects taught at the school."[13] The language for Fairview is much more permissive about the educational program. At Fairview, it

> shall be the duty of the superintendent to appoint such officers, teachers and other employes (sic) as are necessary to instruct such defective persons, *as in the judgment of the superintendent should receive instruction* [emphasis added].

Over the next two decades, those early hints of limitation and lowered expectations came to override the early optimism. Perhaps the most obvious evidence of the shift is that the reports from the school principal that were part of the early biennial reports to the legislature disappear entirely by the end of the first decade. Indeed the entire reports became little more than a few paragraphs by the superintendent accompanying the various tables for budget expenditures, admissions and discharges, and farm production. The change in emphasis is succinctly presented in a promotional document published in 1929, describing Fairview and its programs for the general public and the families of potential residents. For such a document, where the goal was clearly to present the institution in the most favorable light, the characterization of the school program is striking:

> Not a lot can be said for our educational department, due largely to the fact that we scarcely have adequate room or material with which to work. The feeble-minded child, however, can never become independently self-supporting, and a vast sum of money and a great deal of time can be expended to no benefit in an endeavor to educate.[14]

By 1933, in a special report of a committee created by the previous legislature to conduct a review of Fairview (and the other state facilities), the assumptions of ineducability were framed even more bluntly. While praising the financial management of the institution and the "apparent happiness and contentment of the inmates," the report describes the school facilities as "extremely inadequate and unsanitary." More importantly, the low functioning of the vast majority of inmates was seen as threatening to make the entire school program irrelevant. Summarizing the responses of Supt. Byrd to a committee questionnaire, the report concludes that:

> Out of approximately one thousand inmates, seventy are of sufficiently high grade to be educated and trained to assume useful places in society, and to become partially or wholly self-

> supporting, with a certain amount of supervision. . . . The remainder are custodial cases that must always require constant supervision within the institution.[15]

Making the Case for Sterilization

No stronger evidence can be found for the evolution of social policy and public perception toward people with intellectual disabilities in these first decades of Fairview's existence than the convoluted history of attempts to enact a sterilization law in Oregon. As early as the third Biennial Report (The story has been ably told elsewhere but can be summarized here.[16]) After several failed attempts, Oregon's first compulsory sterilization law was passed in 1913 and signed into law by Governor Oswald West. The legislation required superintendents to submit files of patients who met the criteria to the Oregon State Board of Health. This Board, in turn, was given the power to order the sterilization of those individuals.[17] Interestingly, however, active opposition to the legislation emerged, organized by the "Oregon Anti-Sterilization League" and a referendum to repeal the legislation went to the voters in November of that year. Despite aggressive editorial support by the main state newspapers (*The Oregonian* and *The Journal*), the sterilization law lost the referendum by a rather comfortable 56%-44% vote.

The pro-sterilization forces did not give up, however. Certainly, the administration at Fairview and the officers of the Board of Control lobbied the legislature to recognize the "scientific" evidence of the heredity of feeble-mindedness which meant that it was a social problem that institutionalization and sterilization could solve.

> *Two or three scientific facts relative to feeble-mindedness have been positively established. One is that 70 to 80 per cent of those suffering from this defect is caused by heredity; the second, that many a girl thus afflicted easily becomes a prey to the evil designs of vicious men, and the third, that in smaller communities and in rural districts particularly, normal, pure-minded girls are insecure when feeble-minded boys are not under proper surveillance. This last fact is beginning to loom so large that parents and others deeply concerned with the social morals are writing to members of the Board and to the superintendent of the institution requesting that a commitment law be passed, and that adequate additions to the present plant be made so that the State can take care of every feeble-minded person within its boundaries who is in any way a menace to its best interests*"[18]

In 1917, a modified bill was again passed by the legislature and signed into law. This time, the legislation created a separate Board of Eugenics. Superintendents, who also sat on the Board of Eugenics, referred names for consideration to the Board. "If in the opinion of the board any person may produce children with an inherited tendency to feeblemindedness or epilepsy, and there is no probability that the physical or mental condition of the person may be improved, a sterilization operation may be ordered to be performed by the superintendent of the institution.[19] In this instance, opposition to the sterilization did not materialize[20] and the law was in effect until 1921.

Despite the existence of a sterilization law, and the rapidly growing institution, the 1920s still saw the concern grow within the state that the threat of those who remained at large posed both economic and moral dangers. From a public policy perspective the specific diagnosis was not as important as the drain of dependency. In a special survey of communities conducted in 1920 by the University of Oregon and the United States Public Health Services, over 55,000 individuals were "discovered" throughout the state (with the help of a "vast army" of voluntary assistants) who were said to have mental or physical defects of some type, or to be somehow delinquent and dependent. Added to the 10,000 defectives and delinquents "maintained" in the state's public and private institutions, this meant that some 85% of the "socially inadequate" population was still "at large". The public policy emergency was clear:

> *As fast as any of these inadequate social types appear upon public records, whether in the community, church, school, court, hospital, institution, prison or poor farm, let an accurate mental, physical and economic diagnosis be made, and the case legally disposed of upon the basis of what the actual fundamental causes of the delinquency or dependency may be.*
>
> *Segregate the unfit. Treat the sick. Rehabilitate the handicapped. Educate and train the neglected and ignorant. Protect . . . normal citizens from the inadequacy of the subnormal by adequate statutes which are enforced . . . . Let the home, the church, the bench, the school, the physician, the store, the shop, the farm, the village, the city, the state, unite in a great campaign of eliminating the cause of sorrow, sickness, inadequacy, delinquency and dependency.*[21]

In 1921, a district court in Marion County ruled the sterilization law unconstitutional because of the burden on the inmate to initiate court proceedings to have the sterilization order overturned. In 1923, a third law was passed and signed into law once again by Governor Walter Pierce. The key change was to make the sterilization procedure superficially voluntary. That is, the new law specified that inmates "would be sterilized only if they consented or if a court determined that they should be forcibly sterilized[22] Equally important, however, the new law also extended the power of the Eugenics Board to sterilize even those feeble-minded people living in the community.[23]

The Superintendents at Fairview enthusiastically adopted this new legislation, and throughout the remainder of the 1920s proclaimed their sterilization numbers as evidence of the law's effectiveness. Some 273 people were sterilized at Fairview between 1924 and 1930, for an average of over 45 surgeries per year. By 1936, a general (i.e. including other institutions) total of 957 people had been sterilized, giving Oregon the 6th greatest number of all states.[24] At least for Fairview, almost every biennium saw at least two thirds of the procedures done on women. Table 1 shows the sterilization procedures reported by Fairview superintendents for the years 1922 through 1940. The numbers follow the two-year cycle of reporting to the Board of Control.

STERILIZATIONS PERFORMED ON RESIDENTS AT FAIRVIEW, 1922—1940

DATE	MALE	FEMALE	TOTAL
1922-1924	NA	NA	81
1924-1926	NA	NA	113
1926-1928	NA	NA	NA
1928-1930	25	54	79
1930-1932			
1932-1934	15	55	70
1934-1936	*	*	82
1936-1938	22	54	76
1938-1940	35	65	100
TOTALS	(97)	(228)	(601)

Source: Biennial Reports to State Board of Control

By the end of the 1930s the nation and the state were still reeling from the economic depression and increasingly focused on events in Europe and Asia. The period of rapid expansion in the 1920s had been replaced by controlled budgets, slow growth if any, and little new construction. Sterilization and parole allowed the overall population of those committed to Fairview to increase gradually without greatly expanding the number of people actually living on the grounds.[25] Increasingly, the tone of official reports lost whatever remnants of optimism and educational purpose had been detectable before. Instead, there was a sense of 'hunkering down', consolidating control, and protecting the public. The threat from abroad now overwhelmed the threat from within.

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[1] U.S. Bureau of the Census (1932). *Feeble-Minded and epileptics in state institutions, 1935.* Washington, D.C.: U.S Government Printing Office, p.2. Although there were also over 65 private institutions reported at this time, they were almost all relatively small. According to the census bureau numbers, over 95% of institutional population was housed in public institutions.

[2] Institutions were not the only place where these efforts to segregate were occurring. Separate schools and classrooms for "backward learners" and mental defectives were also springing up in cities across the country as part of an emerging special education system. See Edward Hoffman, "The American Public School and the Deviant Child: the Origins of Their Involvement," *Journal of Special Education, 9* (Fall, 1975), pp. 415-423; and Marvin Lazerson, "The Origins of Special Education," in Jay G. Chambers and W. T. Hartman (eds.), *Special Education Policies: Their History, Implementation and Finance,* (pp. 15-47). Philadelphia: Temple University Press, 1983. The newly translated Binet Intelligence test was being rapidly adopted both by school districts and institutional officials as an efficient sorting tool by which even the most mildly disabled individuals could be identified with the newly created label of "moron." There are many histories of eugenics era, but two well written reviews that focus on the Carrie Buck and the *Buck v. Bell* decision are: Stephen Jay Gould, "Carrie Buck's Daughter," *Natural History, 93*(7) (July, 1984), pp. 14-19; and Paul A. Lombardo, "Carrie Buck's Pedigree." *Journal of Clinical and Laboratory Medicine,* (2001), *138*, pp. 278-282.

[3]Peter L. Tyor, "Segregation of Surgery: The Mentally Retarded in America" (Ph. D. Dissertation, Northwestern University, 1972).

[4]Samuel W. Hamilton and Roy Haber. *Summaries of State Laws Relating to the Feebleminded and the Epileptic.* (New York: National Committee for Mental Hygiene, 1917).

[5] 7th BR, p. 90

[6] 10th BR, p. 46. Over the years, the parole system at Fairview became a fascinating and troubling mixture of institutional control and community freedom. On the one hand, for many of the higher functioning residents at Fairview, the parole system was the process through which they returned to the community and gradually gained their discharge. They would receive support from families and employers, while earning at least some income and developing the social and vocational skills needed to become independent. On the other hand, for many Fairview residents, parole became a tool of

continued government control and exploitation. For many residents, "consent" to sterilization was a requirement if they hoped to be "chosen" for parole. Over the years, at least some of the placements were little more than convenient sources of cheap labor for operators of nursing homes, farms, and other employment sites. If the individuals complained too loudly about their exploitative working and living conditions, then the parole could always be revoked, with other residents sent to replace them.

[7] 2nd BRt, 1911, p. 13. Italics in original.

[8] 3rd BR, p. 13

[9] 2nd BR, p. 14

[10] 3rd BR, p. 14

[11] 3rd BR, pp. 12-13

[12] 3rd BR, p. 10

[13] 3rd BR, p. 12

[14] *State Institution for Feeble-Minded: General Information,* pp. 7-8. Salem, 1929.

[15] *Legislative Report* (1933, p. 9). However, just one year later, in the biennial report, Supt. Byrd reported that 130 "patients" had been placed on parole with families in the community.

[16] Largent, *op cit.* Curiously, given the excellent overall quality of the review, Largent is vague about Fairview's existence as a separate institution where sterilizations occurred, or at least he considers it to have been an annex of the Oregon State Hospital: "Individuals with mental or physical retardation or mental illness were generally housed in the state hospital in Salem or in the Eastern Oregon State Hospital in Pendleton." (p. 203). In fact, between 1923 and 1930 over twice as many people were sterilized at Fairview (273) as at the State Hospital (135). By 1940, over 600 people had been sterilized at Fairview, compared to just over 500 at OSH.

[17] Largent, *op cit.,* p. 197

[18] 2nd Biennial Report, Oregon Board of Control, 1917, p. 27

[19] Hamilton & Haber, *op cit.,* p. 179

[20] Largent speculates that the public and the media may just have been distracted by the advent of World War I.

[21] Chester L. Carlisle, "Nature and Extent of Social Inadequacy in Oregon," (p. 8), *The University of Oregon Extension Monitor,* (April/May, 1921), *4/5, 8.*

[22] Largent, p. 201. Even this putative requirement for consent was removed by subsequent legislation in the 1930s – following the *Buck v. Bell* Supreme Court decision ruling such compusion constitutional. However, it seems from examing the case files that Fairview administrators usually sought the signed consent of either the inmate or a parent.

[23] 1923 Oregon Laws, Ch. 198

[24] *Oregon Journal* (March 22, 1936), Section 4, p. 8)

[25] It is interesting to speculate how the parole program was affected by the economics of the depression. In eastern institutions, the depression had the effect of undermining the fairly extensive programs of community placements. In a time when jobs of any kind were scarce, moving feeble-minded people into the community as domestics or farm hands or industrial workers was simply seen as increased and unwelcome competition. However, whether the system in Oregon would have been bigger had it not been for the depression is hard to know.

CHAPTER THREE

NEGOTIATING CUSTODY AND CARE: EARLY FAMILY- PROFESSIONAL INTERACTIONS AT FAIRVIEW

One of the common justifications for the creation and expansion of specialized institutions such as Fairview, the Oregon State Hospital, the State Schools for the Blind and the Deaf, the Industrial School for Girls and so on, was that families were demanding such facilities for the care and support of their loved ones. The case files bear this out to some degree. Many of the files have correspondence from parents or other family members thanking the superintendent for taking care of their loved ones when they had no where else to turn. However, at the same time, there were also repeated warnings from administrators and other public officials that too many of these defective and dangerous people remained at large. The same legislative committee that bemoaned the fact that only 70 out of 1000 inmates at Fairview in the early 1930s were able to benefit from schooling, viewed this trend as evidence of the continued threat posed to communities by the higher functioning feeble-minded boys and girls still at large.

> *The institution is dealing almost entirely with the low grade type who require custodial care mainly. It is not meeting the problem of the high grade morons, who are without proper training and supervision in our communities all over the state, and who form the group of problem cases which ultimately come to our courts and social agencies and to the State Training Schools.*[1]

It is in this context that the committee recommended that the legislature change the name of the institution to "eliminate the suggestion of feeble-mindedness or disability of any kind, and that a committee be appointed to choose a suitable name."[2] The name change happened in the next legislature and following the recommendation of the committee made no reference to feeble-mindedness or disability. In 1933, the State Institution for Feeble-Minded became the Oregon Fairview Home. Although not stated explicitly, it seems reasonably clear that at least one rationale for the name change was to make commitment more palatable to family members of the "high grade morons" that were seen as such a threat.

The expansion of involuntary commitment procedures provides additional evidence that officials felt there was at least some family resistance to institutionalization of their children. Regardless of what prompted a family to apply for admission of a child to Fairview in the earliest years of its existence, these "voluntary" admissions also allowed them to remove the child when they wished as well.[3] The inmates at Fairview were seldom from wealthy families during these early years, and for at least some of these it seems as though Fairview was viewed not so much as an institution as it was a residential school with summers and holidays off. The Superintendent complained of the practice in 1916:

> *As it is now, we have practically no law on the subject. Children are brought to the institution at the will of the parent or guardian and taken away at their pleasure, and received again, often in the case of girls, after having an illegitimate child to be an additional burden to the State.*[4]

The suggestion arises, then, that the portrayal of families as unequivocally calling for the chance to place their children in specialized institutions should be replaced by a more complex and varied account. Using examples from case files of early residents, the correspondence between families and Fairview superintendents provides some insight into how the purpose and function of the institution were frequent topics of negotiation. The official chronology of policies and programs, new buildings and old concerns, is fleshed out in the specifics of personal examples: a request for parents to send money for clothes; a thank you for kindness received; illnesses and accidents documented and discussed; a family struggles with a decision and asks for advice. All of it seems immediately understandable despite the passage of time. The records remind us that behind all the changes in terminology, documentation, bureaucracy, and policy, Fairview was a place where people lived their lives with mixtures of happiness and sorrow, enrichment and deprivation. Especially for the early decades, by reading the correspondence exchanged between family members and the superintendent, a series of individual stories emerge that provide an often richer and certainly more detailed narrative.

Getting In

In response to this early concern, the commitment law was changed so that any citizen could initiate the process to have someone committed to Fairview.[5] As mentioned, in the first few years of Fairview's existence, individuals could be admitted to Fairview by the

family applying directly to the superintendent through commitment procedures by county officials where the person lived. The admission forms are perhaps surprisingly detailed, with separate documents to be completed by family members, physicians, and county judges. The items on the form show the same tension between custodial and curative perspectives that emerge in the language of the early biennial reports. Much of the information is clearly developmental in nature and in some ways the admission form resembles an early developmental screening tool.[6] Can the person tie shoes; play a musical instrument; read; write, count? Other questions relate to behavior and offer some curious extremes for parents to consider: Is he "excitable or apathetic"? Is she "obstinate or passionate"? Is she "shy" or "frank" in her actions? There are also questions that betray the continuing obsession with any signs of sexual activity: Does she masturbate, or engage in other "vulgar" activity? Finally, there are the questions that show the concern with heredity and eugenics, asking about any history of feeble-mindedness on either side of the family along with nativity of both parents.

Perhaps most revealing, however, is the question about why the parents wanted to have their children admitted to Fairview. Here it is the answers that show how at least some families regarded Fairview as an alternative educational placement; a residential school where the child could gain some intensive tutoring and then return to the local school district. One completed form shows this perception well. In response to the form's question: "What are your reasons for desiring to place applicant in this institution?" the father replies: "To see if she can be started in her books."

However, the economics of dependency were clearly not always the only or even the primary source of a family's concern for their child's care. It should not surprise us that, rich or poor, parents often struggled with their decision to institutionalize their children. In an era when travel to and from Salem was often lengthy and arduous for the families of inmates, before phones were common in every home, the letters to and from the institution would be the only way for parents to hear of their child's well-being. One mother's letter in 1913 shows the wrenching emotion of having sent her twin sons to Fairview some two weeks earlier:

> *Would you please let me know how my little boys are? Is Frank well and contented? Or does he seem to miss me? Does Lee take any interest in his surroundings? I do so hope they are well and happy. Please tell me just what you think of them.*

It was very hard to send them away but Mr. and Mrs. H. gave such good reports of your home that I am trying to be contented. I hope to hear from you soon. (Case Files)

As with all such letters in this era, the superintendent responded personally to the parent's concerns with words of reassurance, but also with a tone of bureaucracy that seems not to acknowledge the anguish in the original letter. The reply in full read:

Dear Madam;
Your sons are well and contented. They have been here such a short time that we have had no chance to study them yet. Will let you know should either one of them get sick. Please enclose addressed stamped envelope when writing for information.

Less than one month later, Frank was dead. The superintendent wrote the mother again: "Frank died this morning at 10:50. Please let us know what disposition you wish of the remains. I sent it to Lehman and Clough undertakers."[7]

More than one parent wrote the superintendent with expressions similar to the following mother, with misgivings about sending their child to the institution even after the process had begun:

March 11, 1924
Sir:
The only reason I want too (sic) send [my son] to the State School is for the schooling and now will soon be the close of the school term I would rather wait until fall term but by so doing will he loose (sic) his chance and have to be committed again. He does not want to go back/ he goes into a perfect nervous frenzy. I don't know how I am going to prevail on him without force and that puts him into such a terrible nervous state.

The superintendent's response to the mother's concern was probably not very comforting. The language is interesting in that in this case, the superintendent does not instruct the parent to bring the child back by the agreed upon date, but threatens not to readmit the boy should the mother keep the child at home.

March 14, 1924
Dear Madam:
In regard to [your son], you can do as you choose, but we can not keep his place open for him, and by next fall we can not be assured that there will be room to admit him. As you say, however, the school term will soon be finished and it might be advisable to wait.
Sincerely yours,

Getting Out

The law gave the superintendent of Fairview total control over discharge of an individual as an "unfit subject" for the institution. However, even for temporary trips home ('vacations') or more extended releases to the family's care (home paroles) the superintendent retained significant control. Families were required to sign "permits of responsibility" from the superintendent before taking a son or daughter home for a vacation, with a date of return specified. The language clearly indicated that these "vacations" were totally at the discretion of the superintendent and subject to revocation at any time. Finally, in cases where families requested extended or permanent release, they were now required to post surety bonds of $1000 or more, the money to be forfeited should the person become a burden to the state once again. Since many families could not afford to post such an amount, the absence of the bond became a common reason listed in letters to the families denying permission for the resident to leave the institution.

Still, if it was hard for some families to send their children to Fairview, it was even harder for many of them to leave them there. Certainly, in some cases this concern seems to emerge only when help is needed on the farm or to help care for an ill parent. In other cases, the pleas seem heartfelt and tormented. The file for one resident identifies the mother as "retarded" in later reports, but for 10 years following her son's admission to Fairview she was able to write repeatedly to the superintendent asking for his release:

Now Dr., please stop and think one minute. Doesn't a mother's love go to (sic) deep for her children to be separated from them the way I have from Albert. Now please let us hear a kind answer as soon as you can for Dr if I had only made a visit to the institution

first, I do not think I would have been willing to place him there. Please let us know right away what we can do.

The superintendent consistently responded to this mother's repeated requests with a requirement that the family post the $1000.00 bond before they could take the boy home even for a short vacation. By this time the law allowed the superintendent to use his own discretion as to who should leave and for how long. In this case, the superintendent remained unmoved even after years of pleas from the mother:

You live close enough to the institution that is possible (sic) for you to visit Albert here occasionally, and I would prefer that you see him here rather than to release him indefinitely. The boy needs institutional care, and it is far better that he remain here. (5/7/1930)

In other situations, the superintendent responded to family requests for release of a relative by deferring the decision to the county officials involved in the original commitment. The following exchange between parent and superintendent is typical:

May, 1925
Dear Sir,
When will school be out? We would like to bring our son home for a while during vacation. Please answer soon and advise us.

****
Reply: May 9, 1925
School will close about the middle of June. The County court must be willing [for] the boy to go home for a vacation before I could give my consent, as he is being furnished by the county.

In many cases, rather than a focus on where the best care could be provided, a mixture of rampant immorality and economic dependency seems to be at the heart of much of the official concern with discharging or even paroling inmates back to the care of their families. There was a fear that entire families or at least the feeble-minded individual would become financial burdens of the county or the state welfare systems. In one such case, twin sisters had been admitted to Fairview when they were 12 years old under pressure on the family from the Board of Welfare. The father writes later that year asking to have them released back to the family's custody ("We do not [want?] them to stay thaire eny (*sic*) longer

than we can take them."). From the superintendent's reply, the father's letter was apparently followed by a visit to Fairview where discussion about leaving the state occurred. The superintendent replies on June 23, 1927:

> *Dear Sir,*
> *Since you were here Saturday I have discussed with members of the Board [of Welfare] your taking Blanche and Hazel out of the State. It was decided that if you will take them out of Oregon and keep them out we will be willing to let them go.*
> *When you come for them it will be necessary for you to sign a permit, and it is understood that should you come back the girls will have to be sterilized.*
> *Yours very truly,*

For some families, getting their relative "out" of Fairview was simply a logical conclusion to what they believed (or desperately hoped) to be the likely outcome to getting in to Fairview in the first place. For these families, a "cure" or at least dramatic improvement was a reasonable expectation for their child after some definite period of care at the institution. The superintendent tried to be equally clear that such optimism was unfounded and that the feeble-mindedness was permanent. Even after the commitment procedure had changed, allowing for involuntary commitments and requiring court procedures for everyone, the image of Fairview as primarily an educational option for children who were not succeeding in public schools apparently continued to be held by some families who applied for admission of their children.

Getting Cut

Perhaps the most poignant and troubling subject in the correspondence of this era was that of sterilization and the attitudes of families about giving permission for the surgery. In many cases, of course, there is no surviving correspondence to read. Where correspondence does survive, however, there are several patterns that emerge.

In some cases, it seems clear that the request for the sterilization itself was initiated by the families. For some poor parents, the fear of a daughter (this pattern seems to have occurred most often with daughters) having a child seemed ample justification to have the state perform the operation. Indeed, for these parents, Fairview seems to have functioned as a kind of inexpensive health care plan. The child would be admitted, the

surgery performed at no cost to the family, then the family would push to have the person released back to their care. Of course, it is hard to know how this belief was formed and what sequence of conversations with municipal and county officials had preceded this approach.

As we have seen, another common pattern seen in the correspondence is where the superintendent uses the consent for the sterilization procedure as the "price" of discharge back to the family. In many of these cases, the "consent" of the families to the surgery seems ambivalent at best. One mother described such feelings in a letter to the superintendent:

> *June 15, 1931*
> *Those papers [i.e. the consent form] came to me a few days ago and I sined (sic) them and sent them back. And will you please see that my daughter is took good care of in that awful operation. If she should die I don't know if I could stand it for I would feel like it was my fault for giving my consent to have her operated on.*

The superintendent's reply came a little over a month later: "Hazel is well over her operation and may go home anytime you can arrange to come for her."

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[1] *Legislative Report, ibid*., p. 11

[2] *ibid.,* p. 11

[3] The terminology here can be confusing because there was a legal distinction between being "committed" to Fairview and being "admitted. If the case went through the county court, then the person was first committed to Fairview by the county judge. This approved the person as someone suitable for the institution, "certifying" him or her as, indeed, feeble-minded. The actual move to Fairview was when the person was "admitted" and the timing was left to the discretion of the superintendent. So the wait list reported by the superintendents in their reports was simply the number of people committed but not admitted to the institution. However, families could also apply directly to the superintendent to have their son or daughter admitted, without going through the county court.

[4] 5th BR, 1917, p. 171

[5] The wording of the new law was amazingly broad: "Any county judge shall, upon the application of *any citizen* in writing, setting forth that any person not more than 45 years of age is feeble-minded or who, by reason of feeble-mindedness, is criminally inclined, or is unsafe to be at large, or may procreate children, cause such person to be brought before him at such time and place as he may direct; . . . and if [two or more physicians or psychologists]shall certify that said person is feeble-minded, such judge, if

in his opinion said person is feeble-minded, shall commit said person to the institution for the feeble-minded for indeterminate detention." (Section 67-1702, Oregon Code, 1930)

[6] Complete copies of the admission and certification of feeble-mindedness forms (for this period) are included as attachments at the end of this report.

[7] The surviving twin boy lived at Fairview for another 50 years. However, it was only upon his death that a sister writes lamenting the fact that she just found out she even had a brother living there. Apparently the parents had never told the other children of the twins' existence and the institution had not explored for possible relatives after the parents' death, until the last twin passed away.

CHAPTER FOUR

FROM HOME TO HOSPITAL: A CHANGING ROLE FOR FAIRVIEW, 1940 -- 1970

Between 1940 and 1970, several significant shifts of focus can be detected in the official records of Fairview and the Division of Mental Health – which was created in 1961. At the beginning of these three decades, just as with the Great Depression of the previous decade, national events overwhelmed the evolution of programs and facilities at Fairview. However, soon after the end of WWII, a number of shifts began that continued throughout the remainder of the era. First, there was a shift of focus as to the typical individual being admitted to and maintained at Fairview. Second, Fairview's perceived role within the state's system of mental health care and public education changed, both in its internal operations and in its unique status as the only state institution for people with developmental disabilities. Finally, the 1960s saw in Oregon – and the country – an unmistakable shift in rhetoric and public policy to emphasize maintaining people within their home communities rather than segregating them in large institutions. In many ways, by 1970 one can see the beginning of a process that would play out over the next 30 years, ending with the closure in 2000.

The War Years

Throughout the years of World War II, the biennial reports of the superintendent (Miller) admitted that finding and keeping staff at the institution was difficult. Despite complaints of crowded and dilapidated conditions in some of the cottages, Miller's calls for new buildings and better working conditions for employees went largely unheeded by the legislature. The slow institutional growth of the 1930s continued until after the war had ended. Between 1928 and 1944, the resident population at Fairview grew by just under 200 people (950 to 1149), for an average annual increase of only 12.5 per year. Expenditures showed even less growth on a per capita basis (even without adjusting for inflation and deflation of the dollar) with monthly costs actually declining from a high of $20.55/resident in 1912 to $18.55/resident in 1944. A short 6 years later, that monthly rate had ballooned over 330% to $61.60/resident and essentially doubled yet again by 1960 to just less than $120/month. In his report for the biennium ending in 1946, the new superintendent (Irvin Hill) described the preceding years as ones of inattention to the physical plant with resulting overcrowding and understaffing:

> *The building program has been almost completely halted for several years, particularly during World War II. It has been fifteen years since the last building was constructed for the housing of patients. In the meantime the number of patients who are actually in residence has increased over 200, which is the equivalent to the population of at least two more buildings.*[1]

Despite this overcrowding in the residential cottages, Hill's first request was for separate employee living quarters to be built on campus. "It is felt that the employees could render more efficient service if they were able to retire while off duty to pleasant quarters away from the scene of their work".[2] If the residents themselves could not be allowed to leave the scene of their unpleasant overcrowding, then at least the employees might escape to more "pleasant quarters."

Beyond the polite discourse of these official reports, the description of the decline of Fairview during the 1940s is presented in much starker terms. In a series of articles that is self-described as an "exposé of conditions in state institutions," a reporter for a Salem newspaper painted a much grimmer description:

> *Fairview's antiquated structures are bulging with patients and staff personnel, all jammed together. Each of the 12 cottages was designed for 75, must accommodate 100.*
>
> *Fairview's septic tank sewage disposal system is disgraceful, polluting the entire community and drawing wrathful reports from the state board of health . . .*
>
> *Its wood-burning boilers are archaic; its kitchen equipment is inadequate and unsanitary, its bowl-and-spoon, everything-in-one-container dining room service would cause a riot at state prison . .*
>
> *Dr. Hill and his staff know all of this. They frankly admit it.*[3]

From Home to Hospital: A Shift in Profile

Beginning the late 1940s and gaining momentum throughout the 1950s, the internal operations of Fairview underwent a gradual but unmistakable change. The different dimensions of this change are all effectively captured in one superficial but symbolic change. In 1966, the

legislature changed the name of the institution from the Fairview Home to the Fairview Hospital and Training Center.[4] Contained within that name change were references to several ways in which both the residential profile and institutional mission had shifted.

From the first years of Fairview's existence, an emphasis had been placed on admitting individuals with milder levels of intellectual disability. Often this population was portrayed in negative terms of social menace and economic drain: the need was to remove such individuals for the protection *of* the community. At other times, the population was characterized in more positive language as full of potential and remediation once under the careful guidance of the institutional professionals: the need was to remove such individuals temporarily for their protection *from* the community. Even the eugenic procedures of sterilization had both elements of negative prevention and control and 'positive' protection (from exploitation) and "release" from the burdens of parenthood.[5] Certainly, there was always an acknowledged responsibility to accept those who were deemed beyond help, too severely disabled to for remediation of any kind, but this was always seen as a necessary but secondary function.

Even as late as 1946, Superintendent Hill was repeating this portrayal of the residents and the mission at Fairview:

> *[T]he Oregon Fairview Home has two important functions to the citizens of this state. The first is to train those persons placed in its charge to the limit of their learning ability, so that they may go forth as useful members of society, and the second is to provide custodial care for those who are unable to care for themselves even after a training period. Approximately 75 per cent of all admissions fall into the first group. These children are given academic education to the extent of their ability, trained in some useful occupation, rendered incapable of reproducing, and either returned to their homes or placed out under the supervision of this institution.*[6]

However, just two decades later, the current Superintendent (Pomeroy) was portraying the Fairview population in very different percentages.

> *Fairview Hospital's primary goal is the development of each retardate to his fullest potential. For those residents capable of eventual return to the community (approximately one out of eleven), it is the Hospital's responsibility to provide those services which will rehabilitate them with maximum effectiveness in the shortest period of time.*[7]

This perceived change in the type of resident had its mirror image in what might be called the medicalization of the internal operations at the institution. After the stagnation of the 1940s, there was a dramatic expansion in the number and prominence of the non-educational therapies and specializations. During these years, the superintendents proudly reported on the creation or expansion of separate departments in Occupational Therapy, Physical Therapy, Psychology, Social Work, and Recreation. A special "research" program was initiated that was administered by the medical personnel assigned to the hospital. In the late 1950s, two large units (Patterson and Martin) were built specifically to house residents with more severe and multiple disabilities. With the opening of the Columbia Park Hospital and Training Center, many higher functioning elderly residents were transferred from Fairview, leaving behind a population that was becoming younger but more disabled. By 1966, a "new" Benson unit was added with a wing largely devoted to physical therapy services.

The classification schemes used to label and categorize the residents became more standardized and elaborate with all residents being labeled according to the newly available AAMD (now AAIDD[8]) classification schemes. Increasingly, then, during this period, Fairview became more and more a place of treatment and custodial care than for education and vocational rehabilitation. Even the employees at the time bear out this lack of attention to vocational training. One employee is quoted in *The Fairview Memory Book* as saying that "There was no organized vocational training when I arrived in 1958". In the same publication, another vocational services supervisor remembers that even by 1975 "the majority of people did not work. We had only a few jobs available. If people didn't qualify or didn't want to do them, they stayed home."[9]

From Hub to Spoke: A Shift in the Bureaucracy

Not only did the focus of Fairview's internal operations shift during the post-war decades. There was also a gradual but undeniable

shift in external focus. By the mid-1960s, it was clear that Fairview was no longer the hub, but only one of many spokes of statewide mental health and education systems. By the end of the 1960s, the State Board of Control went out of existence with its consolidated supervision of state institutions. Instead, the executive branch emphasized its human service departments, organized into programmatic and service areas that we are more familiar with today. A Department of Mental Health became the central coordinator of all services to individuals (not including special education) with developmental disabilities, whether in Fairview or in the community. As a reflection of this bureaucratic shift, throughout the 1950s and 1960s the Biennial Reports for Fairview become more and more perfunctory and brief in their documentation. The bureaucratic center had clearly moved to a non-institution based mental health system.

A second major development affecting this external shift was the gradual creation and expansion of a special education system in Oregon in the 1950s. As a pilot program in 1953, five special classes were established across the state, specifically aimed at serving "mentally retarded children." The programs were deemed successful and a system of state reimbursement was enacted for districts that created such self-contained classrooms. By 1958, almost 40 such classes existed in some 14 districts throughout the state.[10]

A special committee reported to the legislature in 1958 that it was both possible and important to reduce the state's reliance on institutions such as Fairview. Indeed, the committee saw the pressure on Fairview to grow to be driven by families who saw a paucity of suitable services for their family members available in their local communities. A striking justification for expanding community programs, then, was to force "lazy" families to accept the responsibility to care for their own, rather than pass them to larger and larger "Fairviews." The rationale for community services as more humane, effective, and cost efficient was one that would only become more prominent in the remaining decades of the century.

> *Until local services are created to facilitate retention of retarded and disturbed in home communities, with families, local hospitals, home or centers, pressure will continue for added institutional beds. If communities and families are allowed to continue to slough responsibility this pressure may well lead to construction of unnecessarily large "Fairviews". . . . It is now possible to predict that better functioning child services, in closer contact with schools, courts, health services and families will favorably affect occurrence of emotional disturbance and retardation arising from*

> *family and community inadequacies. . . . They will also facilitate return to the community from institutions. Need for long-term institutionalization will be measurably reduced. End result will be less new and costly construction and a more humane program producing a better future for this State and its less fortunate members.*[11]

By the 1960s, there were enough agencies and divisions involved in serving children and adults with mental retardation that a special "Interagency Committee on Mental Retardation" was established to identify planning and coordination goals across all parts of government. Superintendent Pomeroy represented Fairview, but additional participants from the Divisions Mental Health, Vocational Rehabilitation, Crippled Children and Bureau of Labor presented the needs of their own agencies for serving people with mental retardation and their families. Fairview had – for years – been the only game in town when it came to a state response to people with developmental disabilities. Now it was only one location on an increasingly complicated flow chart of formal services.

In describing the need for an improved state plan for coordinating services, even Superintendent Pomeroy seems to have accepted this new role for Fairview as one of many programs:

> *An effective plan for providing a comprehensive and diversified state-wide program of services for the retarded and their families will necessarily involve communication, cooperation and coordination of many public and private agencies and interested individuals.*[12]

At the same time that this bureaucratic displacement was occurring, however, Fairview continued to grow as the institutional gateway and permanent home to over 2000 individuals (the peak of over 2700 was reached in 1962)[13]. As mentioned earlier, the establishment of Columbia Park Hospital in 1959 (formerly a state operated Tuberculosis Hospital) allowed hundreds of older Fairview residents to be moved. Similarly, a few years later the gradual transformation of Eastern Oregon State Hospital into a residential facility for people with mental retardation also helped to slow the growth of Fairview while simultaneously reducing the waiting list for institutional placement.[14] Fairview, however, remained the single entry point for persons from the community.

From Preferred Choice to Last Resort: A Shift in Philosophy and Policy

A final shift during this era is perhaps the most telling. Not only did the changes occur in how Fairview operated internally and externally, there was a dramatic change in tone in the 1960s about how society should think about people with developmental disabilities. Two reports from the mid-1960s summarize the shift in philosophy in the state. To read them today, these documents still sound amazingly current and surprisingly progressive in their call for a commitment to community inclusion and participation. One of the documents includes what must be one of the earliest uses of the "people first" terminology, some 6 years before the first national People First chapter was started in Oregon in 1974.[15] If one changed some of the terminology (and raised the "95%" figure at the end), the following passage could have been written in 2007 as well as 1968:

> *There are mentally handicapped people living in every community of our state. With a degree of special help from the community at key times in their lives they can lead useful lives as workers, neighbors, and friends. Without such help, the alternative is to remove all handicapped from our midst, gather them together, and keep them, often for the rest of their lives. In dollars, help in the community costs one-third the cost of institutional care.*
>
> *The mentally handicapped people are people first and handicapped secondly. Ninety-five percent of these handicapped people have personalities that are best developed in the give and take of daily life with the average public.*[16]

The change in tone in the documents of this decade can also be extended to the attitude of how parents and family members responded to services. In the 1958 "Interim Committee" report cited earlier, community services were put forth as one way to keep parents from "sloughing" off responsibility for their children onto the state. By 1968, the official portrayal of the challenges faced by parents had changed. The recommendations for a broad array of community services are seen as clear conclusions of basic human rights.

> *The concepts inherent in the following recommendation are not untested or revolutionary. They are founded on a common sense belief that retarded people can be treated with dignity and respect*

> *and remain in our communities as productive citizens. . . . Parents of retarded sons and daughters are frustrated. They find assistance offered in the community but always of a particular kind or a limited duration. We seem to have an abundant supply of people trained to inform parents that indeed they do have a retarded child. But we rarely have anyone trained or able to work directly with retarded people. We have agencies that could include retarded people in services offered to the general public, but because of lack of understanding, lack of leadership and sometimes statutory definition or program, fail to assist these handicapped people. Parents are usually referred to someone else time after time.*[17]

By the end of the 1960s, for people outside of the institution, Fairview had become a place to be avoided instead of valued. Around the country, exposés of the 'back wards' were appearing in the mass media. Politicians were making tours and promising reforms. In just over 60 years, Fairview had gone from a position at the center of the state's mental health policy to what many in the mental health field saw as an albatross around the neck of the community based reformers. While still viewed as a functional necessity, institutions like Fairview were now increasingly buried in a bureaucracy that wanted to emphasize community services. For their part, Fairview's administrators responded to this changed role with their own shift in emphasis and perspective. Throughout the decade of the 1960s, the gaze of those in charge of Fairview increasingly turned inward. Where previous generations of superintendents had actively promoted their facility as the solution to any number of social problems and family dilemmas, there were now few attempts to place Fairview at the forefront of policy debates and community reforms. Instead, one finds an almost solemn acquiescence to Fairview's slip from prominence combined with a defensiveness with maintaining what had already been created. The administration of Fairview replaced external social reform with an internal emphasis on the medical specialization of its mission for permanent care of a population that was thought to be largely beyond remediation if not treatment.

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[1] 20th BR, 1946, p. 74

[2] *Ibid.*

[3] Tom Humphrey, "Oregon's Negligence a Shocking Story," *Oregon Journal* (February 13, 1947).

[4] The names of the other two institutions for individuals with developmental disabilities that had opened by then were also changed in a similar way, with Columbia Park and Eastern Oregon being given the "Hospital and Training Center" formulation.

[5] A copy of the Sterilization Order Form from this era is included in the attachments.

[6] 20th BR, 1946, p. 74, emphasis added

[7] 31st BR, 1968, p. 165, emphasis added.

[8] American Association on Intellectual and Developmental Disabilities

[9] See Mac Prichard, ed., *The Fairview Memory Book*, (*Salem*: Oregon Department of Human Services, 2000), p. 5.

[10] Of course, as with most other states, children with more severe intellectual disabilities were specifically excluded from these classes. The recommendation of the legislative committee that reviewed these programs in 1958 was to continue this exclusion:

> The "trainable" child is . . . incapable of learning what is commonly held to be those learnings which the public school is responsible to teach. Therefore, it is the judgment of the majority of the Committee that the training of the "trainable" is not the responsibility of the public school and that his training can better be provided by institutions and agencies other than the public schools. (p. 33)

The committee does go on to say that even though such children are not suitable for public school, they do not necessarily "require" institutionalization. In what can be characterized as an early (and admittedly misguided) version of what is now called the "social" model of disability, the Committee talks about how the social context determines how disabled a person really is. A number of factors should be considered:

> The ability of the community to tolerate deviants is an important factor. The complexity of life in which the individual finds himself is another. For example, an extremely retarded individual can often make a satisfactory adjustment to a simple, rural and agrarian environment. "Trainable" and "educable", as terms, are significant and useful in thinking about mental retardation only to the extent that such other factors are taken into account when using them to describe individuals. (p. 33)

See, "Report of the Legislative Interim committee on Mental Retardation and Emotional Disturbance," Submitted to the 50th Legislative Assembly of the State of Oregon (Salem, October 25, 1958).

[11] *Ibid*., pp. 12-13.

[12] Oregon Inter-Agency Committee on Mental Retardation, "Plans for Planning for the Mentally Retarded in Oregon," (February, 1964), not paginated. Available in Oregon State Library.

[13] Population numbers for Fairview (and other institutions) vary depending on what one is counting. With Fairview, there are numbers for the "average daily population" during a given biennium, the number of people physically present at Fairview on a given day at the end of a biennium, or the total number of people "on the books" as at Fairview, including those who might actually be "on parole," "vacation," or "escaped." For this last number the peak figure for Fairview is closer to 3000 (2928).

[14] This strategy of converting existing institutions to serving new populations also circumvented the pesky constitutional provision still in force at this time that all new institutions be located in the Salem area.

[15] See accounts of this early history of People First in Oregon in Jean Edwards, "We Are People First," (Portland, OR: Ednick, Inc., 1982); and Robert Perske, "Self-Advocates on the Move," in Gunnar Dybwad and Hank Bersani, Jr (eds.), *New Voices: Self-Advocacy by People with Disabilities*, (Cambridge, MA: Brookline Books, 1996), pp. 18-34.

[16] Governor's Committee on Mental Retardation, "A Rationale for Services to the Mentally Retarded in Oregon," (Salem: Mental Health Division, June 1968), p. 1.

[17] Governor's Committee on Mental Retardation, "A Proposal for Services to the Mentally Retarded in Oregon, (Salem, Mental Health Division, June 1968), p. 1. Emphasis in original.

CHAPTER FIVE

VOICES OF A PAST: THE UNOFFICIAL STORY CONTINUED

Neither the official story of Fairview nor the unofficial story revealed by letters, case files, and other documents fully captures the lived experience of the residents. Of course not all residents had the same or even similar experiences. From the 1950s through the 1970s, as we noted earlier, the population of Fairview began to shift toward those with more significant and severe intellectual and other disabilities and many of these individuals are not able to directly describe and reflect on their experiences. In interviews conducted for this history, 20 individuals born between 1934 and 1967, who spent from as few as 4 years to as many as 45 years living at Fairview, described their experiences that spanned three decades of life at Fairview. Many were in their 50s or older when we talked with them, so like all of us, their memories for specific dates were sometimes hazy. Still, all shared very clear descriptions of life at Fairview from their own experiences.

As the following quotations illustrate, these experiences differed:

- I don't have any least favorite about it. Everything was okay when I was there.
- There are some bad points and some good points about Fairview.
- I was handicapped, but it made me sicker to be there. It was like a prison. Handcuff. Shut door.
- I didn't like it there. People mean.
- It was a good place, you know, but most people liked it. Most people didn't. Most people got different opinions on it.

Everyone we talked to expressed some ambivalence about his or her time at Fairview and quite a few were very clear that they had not liked their experience. One man elaborated the "good points" as "you've got a roof over you head, a meal to eat, a bed to sleep." "Bad points" varied from person to person, but perhaps the most philosophical reflection came from the same man who elaborated the good points and bad points:

Fairview was a good place. I know it's called an institution. It's not our fault, we were put there . . .because our parents didn't take

care of [us] and they didn't have no choice. . . so that means the choice we got – we have to live with it, deal with it if you're going to survive – gonna make it out. . . .We made it. We are here. We're still alive. We talk about it today.

The Fairview Round of Life

In 1961, the sociologist Irving Goffman[1] offered a definition of a "total institution" as any situation when "a group of individuals, cut off from the wider society for an appropriate period of time, together lead an enclosed, formally administered round of life" Much of what our respondents had to share with us about their lives at Fairview echoes this definition. Consider this account of a typical day.

*The attendants woke everybody up at 5:30 in the morning. [Others said 6:00, but all agreed on **early**] And if you didn't get up, they would give you a spanking, they will. I put my clothes on. I went up to the boy's dining room and eat at 6:00 in the morning. At 6:30 I worked in the pantry by the boys' and girls' dining room. Monday through Friday, I worked from 6:30 to 8:00. At 9:00, the boss [would] tell me to go back to the cottage. And then come 8:30, about 50 boys had to stand in line and we go to school by two. We'd get out at 11:30 and go to the boys' dining room and eat from 11:30 to 12:00. Then we'd go back to the cottage and get ready to go back to school from 12:30 to 3:30. Then at 4:30 we'd go back to the boys dining room and then I would work from 5:00 to 7:30. On school nights we went to bed at 8:00 at night. Then on Friday and Saturday nights we'd go to bed at 9:00 at night. But everybody would get up at 5:30 **every** morning."*

Everyone we talked to remembered school and work as the twin activities of daily life. For those that stayed in Fairview until they aged out of school, work -- which sometimes included multiple jobs -- consumed more of the schedule.

Residents were assigned to cottages that were rigidly segregated by sex. The only time men and boys might see women and girls was sometimes going to and from meals and "if you go outside in the playground, we could seem them across in another playground." As they got older, dating was not officially allowed – "no, we didn't have no choice." – but more than one clever resident found "ways to sneak around." They would "go into the kitchen and steal food out of the

kitchen." Or the boys would find way to sneak over to the girls' cottages. We heard from several that some figured out how to use the maintenance tunnels that connected buildings at Fairview to sneak out and get to friends in other cottages. Like all young people, the goal was not to "mess up", but to bend the rules, or escape them when possible to spend time with friends.

Some of those friendships made at Fairview lasted. One couple that later married – after trying to "elope" by escaping from Fairview only to be found by the police and brought back[2] – described their first meeting:

> *I was on one cottage as a little toddler and she was on another cottage. She was sitting by a fence and she had a bag full of candy on her lap and I reached my little hand to her and I got a piece of candy. So that's how I met her. Do you want to add something onto that?*
>
> *Yeah. We'd been going together for a long time before we got married.*

Many who lived together in Fairview during this period still see each other, have gotten married, or live together. As one person explained, "Tony[3] means the world to me, like Peter does. I don't know what I'd do with out Peter and Tony in my life." These long ago forged friendships have endured for many and continue to provide them with the comfort of shared experience and memories, though not all friendships had the same happy endings. One man wanted most to "let everyone know that I met true friends for 40 wonderful years now." Another man explained that "I made a lot of friends in there" but "I lost one friend. And me and him used to do almost everything together." When asked what happened, he explained that he "passed away" from seizures:

> *He had them [seizures] when he was in there. I knew when he was going into 'em, when he was going to have 'em. He was in the same group home as I was and the paramedics and the cops and everybody asked the staff about how often does he have them and they said "I don't know, ask the guy sitting at the table." That was me. I said I know when he's going into them. I know how long he goes into 'em. And he had one he couldn't come out of.*

Lack of Privacy and Autonomy

For everyone, living at Fairview was about "a lot of people. They got big rooms and lots of beds in there." Although the numbers varied over the period of time our respondents lived there, cottages could have as many as 40 residents living in shared space. There was "no privacy. You had to go to the bathroom to get some privacy." One person said that because his bed was by a window, he "went to the bathroom to change" and that everyone "wanted privacy". The communal nature of so many people in relatively small spaces sometimes led to fears and vulnerability beyond lack of privacy:

> *I was fighting to stick up for myself. Okay, now take this for an example. You're laying in bed. There's a divider like a wall where someone could get up and look over. If someone did get up there they could pounce on you down below. So, you gotta fight to stick up for your rights. If you don't, they're going to walk all over you.*

Fear was a strong part of memories. Frank reported that "being around people all the damn day – I was so damn scared all the time. I didn't know what to do, which way to turn." Some reported being bullied in some of the cottages – "sometimes kids would kick on you." Or sometimes "when you come into the dining room and they want to trade for pancakes for milk. But I didn't like that." The same man that worried about being "pounced on" when sleeping complained about the public nature of the shower routine:

> *Every time a kid takes a shower, again there's no privacy. Mrs. Williams is sitting in a chair watching all of the boys strip naked. No privacy. . .if you happen to drop a bar of soap, you gotta scoot your back towards the wall and get your bar of soap. Yeah, just like prison.*

Several mentioned being "embarrassed" by the shower routine: "they used to make us sit naked in line, they did. On bath day. I don't think that was right." For one man the lack of privacy and autonomy felt like incarceration:

> *The best way I can put it, it was like being in prison. [Tell me about that. How?] Cause you had guards all the time around you.*

When you walked around the grounds you never dared walk by yourself. You had somebody with you all the time. When you went on bus rides to the Fair or down to the coast, it didn't make no difference where it was, you had somebody with you every day. Anywhere. Anyplace. You had a staff person. Work. Walking around the grounds, telling you a certain time to be back. When to be back. What time to be back. When we went to the dining hall at night, you had somebody watching you all the time. The bus to go home, you had somebody watching you get on the bus.

Over time, routines changed and although not everyone we interviewed had the same memories of some details, the rules and the lack of privacy emerged frequently in these accounts. One woman complained that they were only allowed to take showers at night. And others described suddenly being moved to a new cottage with no warning or explanation. Folks typically reported living in many different cottages, sometimes as many as 5 or 6. A move came suddenly – "They move you. They pack our clothes and take us over there [to the new cottage]". Everyone who talked about the sudden moves talked about them as a surprise. They thought the moves sometimes had to do with their age. Others seemed to describe being moved to cottages from a perspective that it meant more autonomy, with permission, for example, to cook for themselves instead of eating in the dining rooms.

Not having to eat in the dining room seemed to be a real perk as most of the people we talked with reported not liking the food – "It wasn't good. People got sick." Some apparently didn't like the food so much they threw it against the wall, but that came with consequences: "Wall. Bounce back. All that meat. Soup like water. Punish you if you didn't eat it. Go in the little room again." Another respondent put it succinctly: "Too much grease. It wasn't good." One of the more poignant expressions of the lack of autonomy came from a man who explained that "you couldn't have what you wanted. It's my birthday. You can walk in the store, buy what you want to buy. Right?" But not at Fairview.

Rules and Punishments

The picture our respondents drew of life at Fairview was one of control, rules, and congregate living. Many chafed under the rules and found ways to

sneak off my cottage any time I wanted to. And in our minds, it's the right thing to do. Sometimes we ask, they say no. Most of the time we're going to do it. They don't like it. That's too bad.

As you might expect accounts of rules, breaking rules, and suffering consequences was a big part of the stories we heard about life at Fairview. We all tell these kinds of stories of our past with relish, often because we turn out to be the "heroes" either by overcoming the challenge or simply enduring and surviving.

All our respondents talked about "spankings" for various infractions. Sometimes everyone in a cottage received this form of corporal punishment. Some reported staff spanking with their hands, others with "cow whips or razor straps. ("And it stings really bad") "They used their shoes to spank us also. They used to take their shoes off and spank us with that too, they did." You could get spanked for "talking in line" and for turning the TV off when a staff person wanted to watch it. And sometimes "he would make you face the wall and you had to stay that way for awhile."

"They were strict at Fairview" was the general consensus. Several felt that "we were treated wrong by the staff. You got beat up, yelled at. They put us in closets." In fact, several individuals talked to us about how "if we didn't do what we were told to do they'd put us in a lock up or something". Other described it as a "little room" like a bathroom with bars on the window.

Sometimes the "being mean" seemed unrelated to breaking rules, but was their experience of staff working with them, or supposedly helping them as in this woman's account of her experience with staff helping her shower and wash her hair:

They put your head underneath the water, and then they'd wash your hair for you and practically drown you underneath the sink when they washed your hair and they turned the cold water on you in the shower.

Being put in a cold bath for "messing my pants" was another example or having to do baths with water hot enough to scald – "If you don't behave yourself, they'd get you with the scalding hot water." Or

being strapped down, shackled, or put in strait jackets. Some described having bags put over their heads and one man remembered being put in a laundry bag and hung from a pipe. Kevin described being frightened by staff who threatened to put him in a vat of acid. He went on to say,

> *Yeah. Just like prison. . . I was constantly fighting. I got thrown in lock up. I was fighting these people off and I got full restraints. I got the wet sheet when they strap you down to the bed they put it across you and it's wet. It's very uncomfortable.*

Betty described haircut day as a punishment. One man reported that residents that were found kissing we made to kneel down and kiss the table as punishment,

> *I had a beautiful set of hair. I combed it up into a French roll. I had a little spit curl right here (pointing). You know what that is dontcha? I was sitting room down? and they called me to sit down and I like to run away and they said, "here's your punishment." Zip. There went my hair.*

One man talked about "these great, big, huge blocks, about like so (gestures) and that baby was heavy. They had a deal going into the neck, like a little eye where they could strap you to it and put a padlock on. There was a rag on the bottom of it." Residents would be made to push the block as a form of punishment. A former staff person we interviewed described the "punishment block" a bit more.

> *Actually it was kind of a big, about a 60 or 70 pound block and they had to push it up and down the hall. Some of them had handcuffs – you'd literally get handcuffed to this thing and have to push it back and forth up and down the hall. If you didn't do it, they'd beat you while you were doing it or put you in time out and beat you in time out. When I first went to Fairview as a graduate student in 1980 we saw that punishment block and they told us that it was for the people they couldn't find anything else for them to do. And they would just keep them on this punishment block.*

Sheila talked about how "we had punish blocks, too, on the girls cottage." She goes on to explain,

They did lots of things to girls. . . Well, they did more to the men, the boys I mean, than to the girls. I think us girls were scared. You know, we were frightened and scared. If we say something, they would yell on you and we'd get, you know in trouble. . . Yeah. If we say anything, we would be in trouble. If we said something we would be punished for it and they would tell us, "Don't say nothing to anybody about this."

School and Work

School was remembered as a good experience for the people we interviewed. "It was fun" and "At least we'd get off the cottage for awhile" seemed to be the most common assessment. "The teacher treated us much better" was one reason, but also because they went on trips (to Portland, The Dalles, McMinnville, Salem) learned to read and write, and participated in band and choir. There was also P.E., volleyball, "and in winter time we'd play basketball." "They had me do arithmetic, and spelling and reading." But some reported that "they kicked me out of school" though they couldn't recall the reason.

School ended for most of those we talked to while they were still living at Fairview and, then work became the center of their daily routine. There were chores and jobs and it was sometimes difficult to distinguish them in our conversations. Certainly, "Make beds. Only one way to make beds. If a quarter didn't bounce, she'd rip it off and make you do it over," could be a chore or a job. Like the tradition of most similar congregate care institutions, the residents did many of the jobs that kept the institution functioning. As one man explained,

We [took] care of Fairview. All they [staff] did, they just sat around don't do nothing. As you got older – we were the ones that took over the jobs. We're the ones that did all the work.

When Fairview was still called the Fairview Home, before it was renamed the Fairview Hospital and Training Center, Tony remembered working at the cottage farm where groups of residents would "pick strawberries, beans, and pick potatoes." Others would work in the gardens – "go on rounds on the grounds and check the beds. . . water them and turn on the sprinklers. Sometimes we'd pull them up and plant some more."

Work fell into two broad categories: caring for and maintaining Fairview and caring for less able residents. Although our respondents talked eagerly about these jobs, they rarely talked about either liking them or not liking them. Work was simply a fact of life at Fairview. Most residents had a number of different jobs over their tenure:

- They put me in one cottage in the basement in the coal room.
- I used to work in the canteen and then I used to work in the dining room serving customers when they came in for meals. Then I used to work in the workshop out there.
- I worked in the boiler room, the laundry room and in the orchard. I went out to pick up potatoes and carrots and all that stuff. Big boiler room, burn sawdust and then had to take the ashes out and dump them.
- I worked in a workshop up there and I made palettes and stuff. Tony worked at the dairy and milked cows,
- Doing custodial work down at the main office. Running the buffer, mopping the floors, cleaning the sinks. Just about anything they had to do around there.
- The chicken house. Number one, you feed the chickens. Number two, you clean up the chicken mess. See, they make a big mess every day. Number three, you take a basket and you get all the eggs. And you take that in the house and you wash all the eggs in hot water. Then you put the eggs into a cage, some type of cage or something to take down to the main kitchen. Oh, I didn't like it at first, but I did like it as time goes by. I also worked at the laundry.

Keeping Fairview running or "doing all the work" was one type of job. Caring for other residents was the other type. Both men and women were assigned to these jobs, but, at least for our respondents, they seemed to fall a bit more often to the women. Several talked abut working with residents with physical disabilities in the "department called hydro" where some residents received physical therapy. "You had to sit by the tank and watch the patients and make sure they didn't slide into the water. If they did then you had to pull them up." One man talked about how much he enjoyed watching his wife take care of the babies, and helping. "My wife loves tiny babies, she does. I remember walking those little babies out there in Fairview, I did."

Albert reported working on a cottage where he would "feed some people and made beds. Then I went to Coulter delivering charts." But for some, the assignment of caring for less able residents was not a good one:

> *I think they were water heads [a slang term for individuals with hydrocephalus]. I would work on that. That cottage was Snell. I bathed them and changed their diapers. They had clothes everywhere. They didn't take care of them very good. It was terrible. It made me kind of sick. In fact, you know, I didn't really want to be there. It was really bad.*

We asked if they got paid for their work and most said "no", or "they didn't pay us nothing." Some pointed out that "you get your haircut free. You get to live in the cottage free too. You get the food free too" which was a way to understand working for your keep. However, some of the individuals who entered Fairview later reported that they were paid, after a fashion:

> *You get paid and you put your money at the office. [It was like a bank?] Right. Then they got this thing – you go to the barber shop and they cut hair and then you go up there and get the stuff you want to get at the canteen. They give you a card or something and they punch it.*

One individual who was among the youngest we interviewed reported that they were paid with a check and "I went off the grounds to cash it."

Going off grounds was a privilege that more able and well behaved residents enjoyed, but as one person put it, you "gotta earn it." Living in cottages that permitted more autonomy, like cooking for yourself, or getting to go to the canteen, were other privileges that had to be earned. Residents were allowed to go into town to movies on some occasions and as part of school went on a variety of field trips, but for most these had to be "escorted." As one woman explained, "We needed sponsors to take us out. We needed to sign all this crap."

The pattern was that after a resident "was there for a long time" they might be able to leave Fairview unaccompanied, but they had to be

back by 5:00. Ralph explained, "You could sign a blue piece of paper; then there's a pink piece. The proctor'd keep the blue paper, you keep the pink paper. You'd tell them how long you'd be gone then what time you going to be back."

"Nathan and I took the bus to downtown Salem and we went to movies together. They gave you a pass". At this point in our interview Peter showed us his pass that he had saved for years. It was old, wrinkled and pink, but you could still read: "Fairview Community Pass. Peter Wilson". When we asked why he had saved it, his reply captures the experience of living at Fairview – a place that is "mean", "embarrassing", where you get spanked and punished, learn to read and write, and have some fun.

Well, I wanted to save this in case someone wanted to ask me about my home.

Families

A couple of our respondents reported regular visits from family. "They let me go every weekend to visit my family. My dad and mom lived right down the way from Fairview." And Peter's dad visited him regularly: "On Sunday my Dad would come and see me every single week. And my Dad [would] take me home for Christmas, Easter, and sometimes I'd go home for one whole week." But for most there were no visits and a family was only the brothers and sisters that also lived at Fairview, though often "they were on a different cottage" so the only time you might see your sibling was at school. Parents divorced or were struggling with their own challenges, like "my mother was in the State hospital in Salem, Oregon. She came out to visit my brother and I. She did a couple of times, she did."

Getting In and Getting Out (Again)

As described in Chapter 3, arriving at, and leaving, Fairview were critical times for both families and residents. In the early years, the case files held the handwritten letters poignantly showing families wrestling with the emotions of having a son or daughter either being sent to Fairview or being discharged. Decades later, the memories of our respondents also focused on the same episodes. As with the parents of an earlier generation, our respondents described a process that often seemed vaguely imposed on them by the powers that be.

The life at Fairview described by our respondents was a given because people were sent there. It was involuntary, not a choice. All tried to make the best they could of the experience. There seemed to be two patterns in how our respondents came to be at Fairview. Several recalled going as young children for school or "training;" "I went to Fairview because my brother was there already going to school . . . and I wanted to be with my brother." A few went to Fairview as even younger children, but more found themselves entering Fairview and young teenagers, often after encounters with courts and judges.

> *Well, somebody accused me of trespassing and harassment, which I didn't do, and so the judge gave me a choice of spending my time in jail or going to Fairview, so I said, "Okay, I'll go to Fairview."*

Others reported trouble with "sex", "getting arrested by the police and handcuffed" and having a judge send them to Fairview. Still others told of spending time in foster homes – "then I burned the barn down" and "they didn't send me to a judge, they just sent me to Fairview." Getting into trouble was part of the recollections of several of the men we interviewed including one who remembered the final event occurring when he was living with his "grandma. I hit my grandmother in the face and, my grandpa called the police and the police took me to jail for a little while until they got me to Fairview". This man may have actually been in Fairview before this incident as he refers to "going back to Fairview" after having lived in a group home which may have been an early community placement. But after "getting into trouble" in the group home and the unsuccessful experience living with grandparents, the return to Fairview lasted longer. At least two others we spoke to experienced leaving Fairview only to run into some kind of difficulty in the community and being sent back. A third reported that his "worst memory" of Fairview was "when they were trying to send me back to Fairview because I wasn't working fast enough [at my job] in Prineville."

One woman struggled with school remembering that the teacher described her as "so retarded she can't keep up with the other children," until she remembered being told that "you can't come back to school no more." After several unsuccessful foster home placements, she finally ended up in Fairview when she was 12 years old. Sometimes family exigencies resulted in being sent to Fairview:

My dad couldn't take care of me because my mother died. I had my sister and a brother – the 3 of us and he couldn't take care of us. My Aunt took care of me for awhile and she's the one that finally put me there.

Difficult home situations, which sometimes included abuse or neglect, figured in the lives of some of the residents we interviewed and often served as one of the reasons they ended up going to Fairview. One man felt that had his family been able to provide better care and "work with me," he might not have gone to Fairview:

A lot of people tell me that my parents should have been locked up instead of me. I should have been in a foster home. I should have been adopted out if they didn't want me.

Leaving Fairview was a bit hazier for some of our respondents, in part because they were only minimally involved in the process. Like arriving at Fairview and living there following rules and having things simply happen to you, leaving was just one more event that others controlled. Several remembered meetings.

What they do, they ask at the office meeting. [They] get together and talk about [things]. Then they pull this record out, the record I have, and they say "Is this person ready to get out? Where're we going to put him? We're going to put him out in the community to try him out for a 6 month trial basis to see how it goes.

Others just remembered someone coming up to them and saying "you getting out."

"We'd get packed up, we move, we move and then try it for six months to a year. If we do good, we just continue." Some were told they were leaving because they'd been "prepared" by learning, for example, to work in the laundry. Others thought they were allowed to leave because they'd made "progress." Most were worried about having to go back "I didn't have to go, well I went back at first, then my boss wanted me back so I got to go back." A few had family members who advocated for the move, but for most the event of leaving was like most other parts of the experience – someone else decided and it happened. And for some there were strings attached. Here are two accounts:

They said, "sign these papers and you can get out in the community." We didn't know how to read and write. They didn't tell us what these papers were. Do you know that those papers took us right to the sterilization table? They tied me and I came untied. But the thing is I feel pain every once in awhile. My wife got cut the wrong way. She feels heavy scar tissue pain. And I wake up in a cold sweat, like from battle fatigue. I wasn't in the armed forces, but you might as well say when you're out in Fairview, it's the same thing.

And this:

Well, they asked me to sign some papers for [being] sterilized and I said no, I ain't going to sign it. I'm going to get out without being sterilized. And they told me, they threatened me, they said you'll never get out of Fairview until you have it done. Yes. I had to be sterilized. I went through the surgery. I did it just to get my ass out of there. Excuse me.

No one we talked to was sad about leaving Fairview. Most reported, in one way or another, "We were happy" and "it felt good." When asked, all said they preferred living in the community "cuz you get more freedom."

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[1] Irving Goffman, *Asylums.* (New York: Doubleday, 1961), p xii

[2] There is more than a little irony here, of course. (it should be noted that the official traditional term for residents leaving institutions like Fairview without permission (i. e., running away) was "elopment."

[3] All actual names used are pseudonyms in order to protect respondents' privacy.

CHAPTER SIX

WORKING AT FAIRVIEW: THE EMPLOYEES' VOICE

If living at Fairview was about trying to find yourself in a sea of people, then working there was also a lot about scale and numbers. In the 1960s, Fairview was at its largest, with almost 3000 residents. By 1978 that number had declined to 1500. In the mid 1980s there was an ebb and flow to the resident and staffing ratios as placements declined. There was increased movement from Fairview to the community, and staffing increased as a result of federal concerns for safety and rights. In 1987 when discussions and plans to finally close Fairview were gaining depth and prominence, the number of residents reached 600. Even as residents moved out, new staff were hired, with the total number nearly doubling in the 1980s.

The employee experience of entering, living, working at, and leaving Fairview was quite different from the experience of being a resident. While residents experienced a formally administered round of life, staff – especially when speaking of the early days – described a sense of community and family. We talked to 8 former Fairview employees and two community advocates who worked closely with many of those who left Fairview. The former staff we interviewed began working at Fairview between 1950 and 1986 and some remained until Fairview closed in 2000. Together, this group offers a picture of what it was like to work at Fairview over a 30 year span.

The Fairview "Family"

In contrast to what most residents told us, life at Fairview for staff – at least through the 1960s and most of the 1970s – was very much one of family and community. Many people who came to work at Fairview stayed for many years; some rising through the ranks to become administrators of one kind or another, including superintendent. Quite a few staff lived on grounds – a practice that extended back to Fairview's beginning in 1908. One former employee talked about hiring people to work in the "shop" who said they needed a temporary job. "I'm between jobs. I'm just gonna work here until I can find something decent to do. Invariably every one of them that I hired stayed until they retired."

The staff originally lived in the upstairs with the clients living downstairs. And then as Fairview become quite a bit bigger, the

staff lived in the "apartments" as it was called . . . and the doctors lived up on the hill in the houses there.

Two people we talked to remembered living at Fairview as children because their parents worked there – "we lived in those houses [because] my parents were both physicians and so we lived up on the hill." In fact, whole families lived and worked at Fairview often for their whole working lives.

Like the guy that was directing [the] housekeeping department – his brother worked in the laundry, his wife worked in food service, his father had worked in support services here, his son worked in direct care.

One person we interviewed who remembered growing up at Fairview -- first when she lived in one of the "houses on the hill" and later when she would accompany her mother to work at the hospital -- described the staff sense of "family" at Fairview this way:

It was considered way out in the country, there was very little built around it at that time. And it was truly its own community. Uh, the grounds were farmed. We had people that were far more able there at that time, and quite a few more people, too, and so the people that lived there, if they were able, helped care for some that were less able and they worked the grounds as farmers. We had cattle and there was a small dairy farm, and hogs and large fields of wheat growing and these were all farmed.

Another former employee also talked about the laundry and the greenhouses "where they used to grow the flowers and give them to the offices and cottages" to which his wife, also a former employee added, "I think they took some of the laundry [from] the penitentiary too." "They had a chicken farm where we had our own chickens. There was a garden for our own produce. It was just like any farm except on a large scale."

In many ways, Fairview was nearly self-sufficient in these days and served as a resource for other nearby state facilities like the penitentiary, the Oregon State Hospital, the TB hospital (now Corban College) and Hillcrest School (for girls between 12 and 21 years old). Even the Fairview physical plant "supplied the steam and warmth to all

the buildings at Fairview, plus Hillcrest." The hospital, in particular, served not only Fairview but often some of these other state-operated facilities. As one former employee remembered, "Oh, we had a great hospital. When I first went to work there we took care of the ladies from the penitentiary when they were pregnant and had their babies. We delivered the babies there at the hospital." Hillcrest was another nearby facility that sent its residents to the Fairview Infirmary. It was:

> *very practical because we had x-ray and lab services and so they could come in and do that and get some of their emergency suturing and that type of thing there and it was very practical although we stopped doing that towards the end.*

The hospital provided health care for the residents and the on grounds staff as well who, when "you burnt your finger you could see the doctor."

> *There were two operating rooms and they did all of their own sterilization of supplies and packaging of instruments and had an amazing collection of that. And we actually took care of all of our own "codes" [emergency incidents] until I think 1985, because I certainly got in on a few of those. We didn't call 911. We just took care of it.*

Of course, supplies were not the only thing being sterilized: "They took care of whatever surgery was required in their patients. Appendectomies, laparotomies for taking out ovaries of young girls. . . but then they did a lot of surgery to prevent pregnancy."

Challenges of Scale

Having many people in one place, however, created other kinds of problems and needs. Feeding some 3000 people a day was a major undertaking for example. Of course, the gardens and animals provided a lot of the basic food, but preparing and serving food at that scale might have resulted in the institutional cuisine some of the residents remembered. One of the former employees described the

> *two dining rooms. An upper dining room where the employees [ate] and the residents, or patients as they were called at one time,*

were fed at the lower level dining room and everybody ate family style.

One of the residents we interviewed reported that when she worked in the dining room, she got to eat the employees' food, but when she didn't work in the dining room she ate the patients' food and it was "the terriblest chicken and terriblest gravy that I ever ate. It was powdered potatoes. . . and the pudding tastes so terrible it made me throw up." This same resident also reported the "tin trays and tin plates and all this and tin silverware. Then after they remodeled Fairview, they had plastic bowls and plastic cups and plastic dishes and trays." A former employee remembered food being delivered to the cottages with non-ambulatory residents in "Aladdin trays". Clearly, there was no fine china, or even ordinary plates and glassware in the food service at Fairview as one of the last administrators described when comparing life at Fairview to life in the community for one former resident:

We have a lady who was living in her own apartment – had a little bedroom, a little bathroom and a separate closet area that was basically what she had at Fairview. Because of how it worked at Fairview with people in and . . .a lack of privacy she couldn't have her things out and she was always competing with everybody in these apartments for attention. . . because that's what fit in that world. You go into her place now and you see china. . . It is sorta like she is finally in a situation outside of Fairview where she is actually allowed to be a woman. Got to have all her stuff out. We never had china at Fairview. Not unless you were really stupid cause it would be gone in no time and it might well be a Frisbee at you. Out where she is living right now, she's got a beautiful place.

The sheer scale of the numbers of people living together also led another former employee to do research. As a doctor, he had a strong interest in epidemics and how to manage them in large groups of people. His research initially found that "out of 3000 patients roughly 750 of them were being currently treated for active tuberculosis or had old healed tuberculosis." He went on to isolate those individuals who had been "newly infected… at the hospital or transferring them to the TB hospital" and gradually eliminating TB at Fairview. His work testing the livestock and finding evidence of live TB virus led eventually to destruction of the herd, even though later they discovered that the positive test was really a result of bacteria in the soil. The chickens were next and the combination of suspected TB and other fiscal forces that were questioning the feasibility of maintaining the livestock part of the Cottage Farm led to

dismantling this part of Fairview's operation. For one former employee this decision was shortsighted since "they didn't look at the positive parts of these farms where it could be something for the "kids" to do. They enjoyed every minute of it that they could get out in the orchard and dairy and work."

Fairview was also, according to a former doctor we interviewed, "a hotbed of epidemic hepatitis" and later he explored managing "two drawn out epidemics of meningococcal disease involving a total of 18 resident cases. For unknown reasons, this problem was largely centered in Snell Cottage. . . 18 resident cases and, as I recall, there was something like 5 deaths."

While infections can happen in any setting, whenever people are congregated together, these viruses can spread quickly. In Fairview the risks that such infections would become epidemics that could result in resident death were much greater.

Staff, Residents, and the Salem Community

Staff remembered the residents as part of "the Fairview family." Children of staff visited their parents at work and as one long time employee remembered,

> *It was a family when we worked there. We played with the kids like they were our own. . . we had a lot of fun. They enjoyed coming down to the shop. They didn't necessarily do anything except what they actually could do, but they were treated like part of the family and they appreciated that.*

Staff talked about taking the "kids home for weekends and they would rake leaves and eat with us and just be part of our family." Residents were "kids" to staff for many years. "I say 'kids' because that's what we called them at that time. It didn't matter what their age was, they were kids to us and they were our kids." There were nearly 3000 "kids" at Fairview in the 1960s, ranging in age from babies to Larry Peters, who "was the oldest Down Syndrome gentleman in Oregon. He got to be 81."

Fairview was its own community, largely isolated – even hidden – from the rest of Salem, with one particular exception. Nearly everyone we interviewed remembered the 4th of July parade tradition. During other holidays some residents would go home to their own families and many staff would take time off to be with more extended family members, but the 4th of July "was a big deal." Here are two accounts.

> *Fairview was accepted by the community positively at that time because we had a parade every 4th of July. A competition with who could put out the best float and it was really something that the kids looked forward to because they got a 4th of July picnic and then we used to fundraise the donations from the community every year, the fireworks on the field there and we had a regular traffic jam.*
>
> *Many people would come to the 4th of July parades at Fairview and there would be cars parked all up and down Strong Road to see . . . and a lot of community people would be in the parade. It was very much an involvement. The folks that owned old antique cars would come, the 4H people would come with their horses. Each cottage. . . would have their own float and these were very elaborate. . . and very creative.*

Another former employee remembered the mother of one of the direct care staff making "costumes like birds" for the residents to wear. "It was very exciting and then in the evening when it got dark they'd set off fireworks." At least until a grass fire ended that part of the celebration. As time passed to the 1970s and 1980s, the larger community stopped attending the 4th of July parade, but it continued up until Fairview closed.

Another, somewhat smaller, link with the community came from the early 1960s when an influx of funding allowed the building of a new multipurpose building that included a gym and swimming pool that was sometimes open to the larger community. Despite these exceptions, however, Fairview largely remained its own separate community. This relative isolation began to change in the mid-1970s.

The Changing Culture of Fairview

In the mid 1970s according to one person we interviewed, "Fairview fell on a cycle of trouble". Efforts to improve matters first led to a new superintendent and administratively dividing "the campus into

three smaller institutions. . . and on top of this were some fundamental services. . . food services, the plant, laundry and all that sort of thing." Staff that had been living in the newly renovated houses on the hill were required by administration to pay a market-based rent or move off campus. As staff moved, some of these former staff residences were refitted as group home training sites as part of a new commitment to prepare residents for community living began. One of the first ways this occurred was as a result of a change in the definition of what was then termed "mental retardation" by the American Association on Mental Deficiency (now AAIDD). This change resulted in some individuals no longer qualifying to reside at Fairview. The administration made the decision to comply to whatever extent possible. It may mean that we won't be releasing them immediately, but they will be on a plan for release and there were not all that many actually. There was about 35 that were considered inappropriate placements.

As some individuals began to leave Fairview, however, the state decided to close Columbia Park, one of the other two institutions for people with intellectual disabilities and transfer them to Fairview. Staff worked hard to minimize "transfer trauma" for the new residents. Indeed, the merger went so smoothly that discussion began about closing the other facility in eastern Oregon. So even as some residents left for community options, the population at Fairview continued to grow.

As we described earlier in Chapter 4, by the 1970s a new era of thinking about individuals with developmental disabilities was emerging. This new thinking urged decreasing placements in large congregate institutions and the development of community group homes and sheltered workshops as preferred alternatives for living and working. The Kennedy administration had fostered a new openness and visibility for the possibilities of supporting people with developmental disabilities in their families and communities. A more positive public image began to develop about what people with all types of disabilities could accomplish. At the same time, educators, service providers, and advocates were finding in Benjt Nirge's and Wolf Wolfensberger's "principle of normalization" a new and better paradigm for thinking about the lives of adults with developmental disabilities. The principle of normalization advocated community integration with options for individuals to live in neighborhood homes, work in a variety paid jobs in community settings, and make their own choices about how to spend social and recreation time.

Public acceptance, and funding, began to grow for children with disabilities to live with their families and attend their neighborhood schools rather than being removed and isolated from families and community life. The 1990, the *Oregon Long Range Plan for Developmental Disabilities* [1] admitted that

> *Prior to the advent of community services in the late 1960s and early 1970s, for many individuals with disabilities, there was no real resource outside their own families except for Fairview.*

But during the 1970s and early 1980s fewer children, youth and adults were being placed at Fairview as community options began to grow. Things were changing, as one woman somewhat wistfully recalled, returning to work at Fairview in the early 1980s after living on the grounds as a young child:

> *Coming back and working there – but I'd been there all along really. Every time I went and visited my mother I'd go along with her on call and see people. But when I first lived at Fairview, it seemed more of a home. There was less restrictions as far as federal guidelines and people seemed to relate a little more naturally. There wasn't a lot of guidelines on how to relate to people and so I'm sure there were some things that happened that weren't necessarily that good. . .*

Lack of guidance, even if it did permit people to "relate a little more naturally," also provided staff with the freedom to do "things that happened that weren't necessarily that good." There were episodic efforts to curb inappropriate staff treatment of residents. For example, a former administrator reported that

> *One day I walked around and picked up all the physical restraints around campus. It wasn't a phase down job. It's gonna end. And how do I know it's gonna end? 'Cause I knew everybody out there. Every manager out there is gonna keep his one strap back, because of a time when you just have to have it. And those times when you just have to have it occur more often . . . at night or on the weekend with a shortage of staff. . . I made them a bad promise, which is if they are needed we'll return 'em selectively. Once they were gone, they never wanted them back.*

More than a decade later another administrator reported something quite similar, but with a different outcome. By this time chemical restraints were more of an issue than physical ones.

> *One of the things we decided to do was get rid, entirely, except for pure health and safety stuff, every restraint in every way. So we'd go out and train people on how to deal with issues that they ran into with people living there that weren't power struggles. It didn't work. Still had people using timeout rooms and all that stuff just as much as they did before and the only way that this was really going to work was to make it inconvenient, difficult for staff. So it went from you could go and lock somebody in the timeout room and then go do your own thing to you would have to take the person to the timeout room and stand outside the door the whole time to make sure they were safe and then you had to go through a process of recording how much you did this. . . That reduced it substantially, but it didn't get rid of it.*
>
> *We did a similar kind of thing around psychotropics. None of this you can just walk in and, "you seem hyper today so I'm going to give you a shot of thorazine". A huge documentation, you had to have expanded Individual Diagnostic Team meetings every time you did that kind of thing and after it happened certain number of times, even another group of people had to meet all together. We just about "meetinged" that one to death. It became such a hassle, especially for the physicians who were ordering it to deal with it, plus we brought in other psychiatrists with a more modern drug orientation.*

In May 1983, the US Attorney General notified Oregon's Governor and the Superintendent of Fairview that the U.S. Department of Justice was initiating an investigation of alleged unlawful conditions at Fairview based on the Civil Rights of Institutionalized Persons Act (CRIPA). Their concerns included a belief that residents were being subjected to deplorable conditions, were being deprived of basic civil rights under the constitution and were denied an appropriate education under the Education for all Handicapped Children Act (P.L. 94-142).

In 1985, advocates from the Association for Retarded Citizens – Oregon (now The ARC of Oregon), the Oregon Advocacy Center, and several families of Fairview residents prepared litigation against the State over Fairview's conditions. By 1986 they had filed a civil rights lawsuit through the U.S. Department of Justice (DOJ) claiming that Fairview was

failing to provide adequate training, medical care and education for residents; failing to protect residents from health and safety hazards and failing to provide enough sufficiently trained staff members for its residents. At about the same time, the Health Care Financing Administration (HCFA) conducted a two-week investigative site visit at Fairview. The federal team found that the center was incapable of providing even minimal care -- describing deficiencies in a 96 page document -- and decertified the institution in April 1987. The decertification blocked the flow of federal Medicaid funds, which amounted to 60% of Fairview's budget. Eight million dollars were withheld for 14 weeks until the state approved new services. Fairview was recertified after the state agreed to make improvements by June 30, 1989. In the same period, new 1986 Medicaid regulations required better staffing ratios and the buildings and grounds had to meet new accessibility standards. In the words of one employee: *"It was a hectic time."*

Not surprisingly, the actions of the DOJ "had a real impact on the staff. . . didn't do much for morale." One former employee reported that "what did help improve morale at that time was figuring out ways to beat them at their own game and we had some scandalous schemes worked out!" Federal inspectors and others involved would often make visits on evenings and weekends when they had reason to believe that cottages would be short staffed. Staff soon organized a 'call ahead' warning system so that key administrators were called when inspectors arrived on grounds, while staff "stalled" until they could arrive. As inspectors traveled from cottage to cottage this "early warning system" would activate to call ahead to where they were going next. Staff struggled to understand the changes, referring to the time when "the government started taking over with their heavy hand." This employee went on to describe:

> *A friend of mine was in charge of a cottage for years and years before the government got interested, but all of a sudden it was reported that she was abusive to the kids. . . it got to the point that if someone was going to dive out a window and you had to reach out and grab them and hold them tight enough to prevent them from [falling], you were in deep doo doo because you created a blue spot on their arm. There's not too much defense against that especially if they are going to be hard nosed about their rules and regulations.*

Staff reported that "one thing that was hard on Fairview was the publicity that we got in the papers. People would read that, but they wouldn't come

out there and see what was actually going on." "All the public knew was that they were getting beat on out there. Abused."

Some staff came to see the purpose of the scrutiny as seeking "to destroy Fairview" and lines became drawn between the advocates for downsizing, or even closure of the institution, and the defenders who believed that the goal

> *was not to destroy it and not to close it down—I opposed it then and I oppose it now – but to make it better and to have it serve its proper role and it's my opinion that to create a very strong community program you needed a very good backup system and in this case [it] was Fairview.*

After Governor Neal Goldschmidt toured the institution with the HCFA regulators, he said he was appalled by the living conditions and promised reforms.

> *It has long been a deeply held belief in this state that society has an obligation to help those who are least able to help themselves. We will not shirk that obligation. We will reaffirm the promise John Kennedy made to those with developmental disabilities more than two decades ago, that although they may have been the victims of fate they shall not be the victims of neglect.*

As a result of HCFA actions, the Oregon legislature spent over $30 million to fix multiple problems and regain federal funds. "We knew what the citations were" so the administration sought to respond. Many of the citations had to do with lack of staffing and this led to a situation where "you didn't have enough staff to maximize the freedom of the people who lived there by providing them with training because there just wasn't enough." Consequently, staff was doubled over a short period of time in 1987 – resulting in more than two staff per resident. By the end of 1987 new admissions were halted and the population began to drop substantially with the placement of more than 200 residents into community group homes throughout Oregon. Some people voiced the opinion that part of the strategy of those wishing to downsize or close Fairview was to raise the costs:

> *the way you get rid of the institution is you jack the price up so much that anybody in their right mind would say it's too expensive. When you do that primarily through staff – if doubling the staff is good, [then] triple. . . . at the same time presenting data showing the huge waiting lists and [funding] was all being eaten up by this one archaic facility called Fairview.*

Adding a lot of new staff created some problems as well because in order to hire a large number of people quickly, you cannot demand much in the way of training or experience. As one former employee reported, "the interview goes something like, 'Do you walk? Do you talk? Do you breathe? You're hired for direct care." For employees already at Fairview the culture began to change immediately with the new staff:

> *Many of the people who worked there – their parents had worked there before them and their children worked there after them and we were insular. Many people had gone to work there right out of high school and that was the only job they'd known and when we got the federal mandates . . . we ended up hiring so many more staff. In some ways it was very good because there was more staff, and Lord knows there was enough work, but it also brought in a lot of people that had never been around that environment and they had to be taught a lot of things that the rest of us had grown up seeing and knowing.*

Fairview became "an absolutely impossible place to work" according to one former employee who "just marvel[ed] at the steadfastness and 'sticktotiveness' and the affection which was what held the employees there."

Despite the immense amount of funding and new staff pouring into the institution, within 16 months HCFA again threatened decertification and withholding of federal funds, even though the deficits had been reduced to a ten-page list. Oregon Human Resources administrators speculated that HCFA was taking into consideration the pending USDOJ lawsuit which was scheduled to trial in October 1988. One employee spoke of it in terms of being constantly under attack: "there was always incoming. And the positive part of that was that it really pulled people together."

Prior to these events in the late 1980s "there wasn't really a focus to do a lot of treatment" at Fairview, but "after 1987, once the dust sort of settled from adding all those staff and firing a whole bunch of people who didn't cut it. . . there got to be some stability." During this period the long time employees sought a strategy that might preserve Fairview. The strategy that emerged focused on the hope that: "Would they close an organization that is building something?" and Project Possible was born. The plan was:

> *We were talking about a facility where parents could go visit their children quasi-privately . . . it took us 3 years to raise the money. Donkey softball games. The staff was developing things. There was a weight loss contest and we had all the typical running events. But the theory was if we're building something like that and [it] is successful, doesn't that show stability?*

"Project Possible" eventually resulted in a new building called the Possible Building. The project helped to focus staff and rebuild morale, but in the end, as one former employee reflected

> *I think the legislature let us build that as kind of a joke. They couldn't see where it could possibly happen and I think according to the architects in those days it would run close to $300,000. We raised the funds and we built it. It was [all] volunteer help except for the raising of the beams where we had to get equipment to do that.*

In the end, however, the pending lawsuits, continued threats to federal funding and the expense of keeping a small population housed in a large and declining facility created the perfect storm for permanent closure. The financial problems created by decertification and the pending lawsuits also brought professionals, advocates and family members together for future planning for both Fairview and community services. A centerpiece of the Fairview Community Plan (1990) was to move 300 Fairview residents into newly developed community programs.

In December, 1988 HCFA agreed to a comprehensive plan of reduction and improvement. The agreement was signed on December 21, 1988 by the entire Oregon congressional delegation. (Mark Hatfield, Bob Packwood, Les AuCoin, Ron Wyden, Bob Smith, Denny Smith, Peter DeFazio) and by Feb. 1989, the state had settled the DOJ lawsuit through

a consent decree. In September 1990 Oregon's long range plan for individuals with disabilities, described in the Interim Report to the Emergency Board, stated that the population would be reduced to 800 by 1989 and 500 the following years. In the end, it simply became too expensive to simulate a real work environment and provide a decent quality of life in an old institution – the cost of serving a single resident had grown from $60,000 to over $212,000 per year.

In 1996 the State developed a long term plan for developmental disabilities services that phased out the institution by 2000. As the state steadily reduced Fairview's population, the number of group homes expanded dramatically. In 1985 there were 86 community homes for 900 individuals, by 2000 there were 533 community homes for more than 2,780 individuals.

The Closing

The process of closing Fairview was difficult. As one former administrator reflected,

> *It is going to be painful for everybody. Even people that think it is the very best thing that can happen. It is still going to be painful for them to deal with all the change and to figure out some way in the whole process of getting the outcome they want and still treating everybody well.*

The process was further complicated by the fact that many years at Fairview had not really prepared residents for living in the community. "All the treatment programs were oriented to [creating] the best institutional person you could."

> *You could look like hell and eat at Fairview, but you couldn't go into a restaurant that way. You could walk all over campus without learning how to cross streets. There were all kinds of behaviors that were okay at Fairview that weren't okay in the community and no where had anyone tried to build a concerted placement process for everyone at Fairview. They tried using smaller houses to get people used to it, but I don't think that really did anything.*

Another issue was maintaining enough staff to provide the needed services and supports to residents as both residents and staff left. The plan was to make sure that everybody with the most intensive needs left first because

> *there was too much risk . . . for people who were medically fragile . . . and without proper care some of those people would die. . . if Fairview didn't place them before doctors and nurses and physical therapists left, they would die first. . . And people with behavioral issues that weren't going into state-operated homes were next and then people with behavioral issues that were going into state-operated homes were last. That way we could have a solid core of already hired employees.*

There was a commitment to moving residents back to their home communities near family members. But reconnecting residents with families proved to be very difficult. Some families were told decades earlier not to visit their relatives in Fairview because it was bad for them. Many family ties were cut in this way and reconnecting families became a major goal of the closure effort.

> *I had a number of people who contacted folks who had never--they had either gotten a message from relatives--a gentleman up in Portland whose sister--they and their mother came to visit very early on when he was little--and clearly told by a nurse, you really upset him when you come. You really should not come again. I don't want you to come back here again. It is really disturbing him. All he does is start to hurt himself when you come. He's just a vegetable anyway, was the term and so they never came and the sister's assumption all these years, was that he's just a vegetable and he wouldn't know.*

For anyone in Oregon who was at all close to the process of closing Fairview and the shift to community programs, it was clear that the process was not without problems and bad press. Over the last two years of Fairview's existence, not only were some 300 residents moved to the community, but nearly 1400 employees had to find new jobs.[2] The unions fought the deinstitutionalization plans, some families felt their family members would be safer at Fairview and some community members resisted the development of group home in their neighborhoods.[3] Human Resources administrators had to deal with rampant staff turnover (up to 85% per year), concerns about staff competence, lack of quality assurance systems and very high case management loads, as well as several deaths

from neglect or incompetence in community settings.[4] However, the last two residents left Fairview on Thursday, February 24. A handful of staff remained for a few more weeks to move furniture and secure the now-empty buildings. Fairview Training Center officially closed its doors on March 1, 2000[5].

Walter Feist was not the last resident to leave Fairview, but only four remained behind for a few days after he left. Like Jack Broderick, Fairview's first admission some 92 years earlier (see Chapter One), Mr. Feist had come to Fairview when he was 9 years old. When he left Fairview, Mr. Feist had spent 33 years as a resident there. After some early misgivings about his move, Feist reportedly was happy to make the transition to a group home closer to his family.[6] From Jack Broderick to Walter Feist, over 9,700 people were admitted to the Fairview Training Center. Each of them had stories of their own, and most will never be known to those beyond their immediate families. The collective story of Fairview, however, is one that should never be forgotten.

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[1] Agosta, J., Keating, T., Deane, K., Ashbaugh, J., & Bradley, V. (1990). *Oregon Long Range Plan for Developmental Disability Services: Commitment to Community*. Salem, OR: Oregon Mental Health and Developmental Disability Services Division.

[2] Sarah Shipley, "Career Change." *Salem Statesman Journal*, March 14, 2000, p. 6A.

[3] Alan Gustafson, "Brothers Go Without Therapy." *Salem Statesman Journal*, March 13, 2000, p. 6A.

[4] A review of this post-Fairview history was published in *The Oregonian* newspaper in the fall of 2007: Michelle Roberts, "Asylum's gone, but not abuse." *The Oregonian*, November 4, 2007.

[5] Alan Gustafson, "Last Two Residents Leave Sprawling Facility." *Salem Stateman Journal*, February 25, 2000, p. 1A

[6] Sarah Hunsberger, "Fairview Resident Moves On." *Salem Statesman Journal*, February 18, 2000, p. 1A (Walter Feist died almost one year to the day after his move from Fairview, on February 10, 2001. *Statesman Journal*, February 13, 2001, p. 6C).

EPILOGUE

A NEW USE FOR THE "SUNNY SLOPES": PLANNING FOR THE FUTURE OF THE FAIRVIEW BUILDINGS AND GROUNDS

Even before the last residents and staff departed the institution in February of 2000, the Fairview Training Center property was being sought by potential developers. In February 1997 the Department of Administrative Services (DAS) was directed to sell the property to the highest bidder with money from the sale to be placed in a trust account for Oregonians with developmental disabilities. The property had an estimated value of 11 million dollars and DAS was in a unique position of selling one of the Oregon's premier pieces of real estate inside an urban growth boundary.

The property included 275 acres with 57 buildings in various states of disrepair, with many beyond salvage, others in need of extensive restoration and several with historic significance. The "sunny and secluded slopes" that had attracted state legislators to the original property in 1907 remained, but what had been the outskirts of Salem in 1907 was now in the heart of the city. The grounds were now ideally located for developers, positioned close to downtown Salem and to I-5 with views of the Cascade Mountains in the distance.

Two groups with differing agendas competed to purchase the property. One group was interested in a business park, while another group had hopes of establishing a mix of housing, stores, businesses and green spaces to meet community needs and model environmental sustainability.

Members of the second group included representatives from the Salem chapter of the American Institute of Architecture, the Willamette University Public Policy Research Center and the Friends of Marion County as well as grassroots advocates for sustainable living. This group had a desire to go beyond issues of economic viability to explore a new and unique community concept that incorporated environmental, social and structural systems. They set out to develop a national example of sustainability, land use planning and protection. The group evolved as the Sustainable Fairview Association (SFA) with a mission to make this community vision happen. In 2001 facing an eleventh hour deadline,

Governor John Kitzhaber (1995-2003), approved extension of the bidding process allowing SFA time to raise sufficient capital to make a $15 million bid which was accepted as the winning proposal by DAS. A small group of community activists had edged out the proposal by local developer, Chuck Sides, and won exclusive rights to negotiate with the state for the property. It was to their advantage that the group's vision was in harmony with Kitzhaber's emphasis on sustainability, alternative energy, recycling and "green" building technology.

Immediately after completing the purchase agreement SFA worked with the City of Salem to create a unique new zoning category for the property and developed a master plan that included redevelopment of the site into a mixed use, residential neighborhood with parks, schools, open space greenways, bike trails, civic institutions, work places and shops. The plan is to restore several of the historic buildings as part of a village center as well as areas committed to a "deep and abiding respect for the environment." With organic community gardens and "green" buildings, the planners dreamed of becoming a model urban neighborhood with a strong sense of values, place and community driven by a sustainable infrastructure that encouraged people to live, work and recreate in their immediate environment

.

By the end of 2007, the future for the buildings and grounds at Fairview was still uncertain. Developers of one small portion of the property – the 32 acre Pringle Creek Community – were proceeding with construction of ecologically sustainable housing. This sub-division won a national award as the greenest project in the U.S.[1] Development of the rest of the property was delayed by the bankruptcy of PJM Fairview and the return of 240 acres to the creditors, including Sustainable Fairview. One of the managing members of Sustainable Fairview, Sam Hall, still held forth the vision of building on the heritage of Fairview with an ecologically responsible mix of housing, shops, and green space. "We are excited to be back in control of the majority of the Fairview property, and we look forward to working to assure that this beautiful site realizes its potential.[2]and a group of devoted individuals and committed developers were moving forward "to build on the heritage of Fairview with the creation of innovative housing and jobs that support the environment and the community."

[1] Michael Rose, "Sustainable Fairview Still Eyes Development." *Salem Statesman Journal*, December 22, 2007, p. 1A

[2] Michael Rose, "Fairview's Developer Loses His Chance." *Salem Statesman Journal*, December 14, 2007, p. 1A

APPENDICES

Appendix A - Admission Form

Although the handwritten remarks are not readable, we thought the questions would give the reader a sense of the priorities during this period of admissions.

APPLICATION FOR ADMISSION

OREGON STATE INSTITUTION FOR FEEBLE-MINDED

No.

1 Give name in full of candidate for admission

2 Give date of birth.

3 Where was he born?

4 Where now living? P O address County

5 How long have parents resided in Oregon?

6 Has he lived with h parents all this time?

7 When did he become a resident of Oregon? 1894

8 When did he become a resident of the county?

9 Has he been peculiar from birth?

10 When and in what manner was any peculiarity first noticed?

GENERAL HISTORY

11 Does he see well?

12 Does he hear well?

13 What is the color of the eyes? of the hair?

14 Is he right or left handed?

15 Is their any peculiarity in the size or shape of the head?

16 Is he of average size for h age?

17 Describe any peculiarity of features

18 Describe any bodily deformity

19 Is the mouth open or well shut?

LOCOMOTION AND CO ORDINATION

20 Does he walk? When did he begin?

21 Describe any peculiarities about the walk or gait

22 Does he go up and down stairs properly?

23 Describe any odd movements of the face or limbs

24 Has he ever had chorea (St Vitus) dance?

25 Is there now, or has there ever been any paralysis in h case? Describe fully

26 Does he use knife, fork and spoon properly at the table?

27 Does he dress and undress self? How thoroughly?

28 Does he wash self?

29 Can he catch a ball? Throw a ball?

30 Can he tie a shoe-string?

SPEECH

31 Does he talk? at what age did he begin?

32 Describe fully any peculiarities of speech. Rambling

33 Does he understand language? A command?

SENSORY AND MENTAL CHARACTERISTIC

34 Is he as sensitive to pain as other children?

35 Is he excitable or apathetic? Inclined to be restless?

36 Does he laugh or cry without cause?

37 Is he obstinate and passionate? Noisy?

38 Is he sly or frank in h actions?

39 Is he trustful and truthful?

40 Is he neat about h dress?

41 Is he destructive to clothing, furniture or toys?

42 Is he affectionate? Love children? Love animals?

Which animals?

43 What is h power of attention? Can he look steadily?

44 What is h power of observation? Illustrate

45 What is h power of memory? Illustrate

46 What is h power of imitation? Illustrate

47 Is he indolent or active? Fond of play? What kinds?

MENTAL ACQUIREMENTS

48 Has he ever been to school? For how long?

With what result?

49 Does he read words by sight? How many?

50 Can he count? How many?

51 Can he add? Subtract? Multiply? Divide?

52 Can he write h name? How much more?

53 Can he draw? Example

54 Does he recognize colors by sight? Which by name?

55 Does he know form? (Understand the meaning of the words "round," "square," etc.)

56 Can he play on any musical instrument and what? To what extent?

INDUSTRIAL ACQUIREMENTS

57 Is he fond of employment or averse to it? What kinds?

58 Can he do errands? To what extent?

59 Can he do housework? To what extent?

60 Can he handle tools? What can he make?

61 To what extent does he assist in other ways?

62 Is he clumsy or skillful?

63 To what extent do you consider h capable of a useful occupation?

64 Upon what do you base your judgment of this?

DEPORTMENT HABITS ETC

65 Is he attentive to the calls of nature? Soil or wet day clothing? Soil or wet bed?

66 Is he dangerous with fire?

67 Is he heedless of danger? Has he suicidal inclination?

68 Does he ever try to run or stray away from home?

69 Does he masturbate? Any other inclinations to be vulgar?

70 Is he profane?

71 Does he use tobacco opium or liquor?

72 Will he steal?

PHYSIOLOGICAL AND CLINICAL HISTORY

73 Are h teeth perfect? Masticate food well?

74 Ever complain of toothache?

75 Is there any special preference for food?

76 Is there any special aversion to food?

77 Does he sleep well?

78 Has he ever been vaccinated? When? By whom?

79 Has he ever had measles? hen?

80 Has he ever had whooping cough? When?

81 Has he ever had scarlet fever? When?

82 Has he ever had diphtheria? When?

83 Has he ever had cerebro-spinal meningitis? When?

84 Has he ever had brain disease? Describe fully

85 Has he ever had any other sickness? Describe fully

86 Has he ever had sore eyes? What kind? When?

87 Has he ever been treated for disease of the eye or ear? Describe fully

88 Has he ever been treated for any skin or scalp disease? Describe fully

89 Has he ever had fits, convuls or spasms? (If so, answer questions under next heading)

EPILEPTIC HISTORY ETC

(If the candidate has never been subject to fits, convulsions or spasms, this history may be omitted.)

90 When did he have the first convulsion? How long did it last?

91 Was he unconscious?

92 Was a physician called? What did he say of it?

93 What was the supposed cause of this attack?

94 What has been the history of the convulsion since?

95 State the frequency and character of the convulsions now?

96 Do the convulsions occur in the day or night or both?

97 Does he feel any warning before an attack? Describe the warning

98 What treatment has been used and with what results?

99 What has been the effect of the convulsions upon the mind?

100 State anything of interest concerning these attacks, their cause or history.

MISCELLANEOUS

101 Does he ever attend church? What denomination?

If not, to what church do the parents belong?

102 What do you consider is the cause of h condition? State fully.

103 What means of correction are, or have been, used for h and results?

104 What do you expect from a course of training?

105 What is the name and address of the family physician?

106 What are the names of the parents?

Their address?

107 Are the parents able to advance $40 per annum for clothing, transportation, etc

108 Name of person filing this blank.

Address Date

109 If the applicant should be admitted, to whom should any correspondence regarding the case be addressed?

110 Relation of correspondent to candidate

Postoffice

County

State

Nearest telegraph office

Nearest express office and company

Approved January 27- 1909

Leone R. Webster.

County Judge.

Appendix B - Sterilization Form

STATE BOARD OF EUGENICS, OREGON

January 13 (Date), 1942

In the Matter of Examination of M

reported as Feeble-minded

At a meeting of the Board duly and regularly held in the city of Salem, Oregon, on the 13th day of January, 1942, at 10:00 o'clock A. M. of said day, the following members thereof being present in person, viz.: Drs. H. E. Irvine, C. E. Hunt, Wende Hutchens, Thompson Coberth, T. D. Robertson, Frederick D. Stricker and Mr. A. E. Berman

constituting the State Board of Health, also

Superintendent of the Oregon State Hospital,

Superintendent of the Eastern Oregon State Hospital,

H. G. Miller Superintendent of the Fairview Home, and

Superintendent of the Oregon State Penitentiary,

all of the aforementioned officers constituting the State Board of Eugenics, there came on regularly for hearing and investigation the report of H. G. Miller physician or superintendent of Oregon Fairview Home heretofore filed herein, in the case of the above named M reported as Feeble-minded; and thereupon, in pursuance of the provisions of Sections 127-801-811, Oregon Compiled Laws Annotated, the Board proceeded to examine into the innate traits, the mental and physical condition, the personal record and the family traits and history of said: M A

In the course of said investigation the following named witnesses attended the hearing voluntarily or in obedience to subpoenas issued by the Board, and testified under oath concerning the condition of the person under examination:

H. G. Miller physician or superintendent of Oregon Fairview Home submitted to the Board his written report upon said patient, which said report, marked exhibit A, is hereby annexed and made a part of the proceedings, the same having been duly verified by the oath of this said superintendent.

E 2 Page 1

Upon completion of said investigation, the Board carefully considered all of the testimony adduced at the hearing and having fully inquired into the condition of the said William Walter and being now fully advised in the premises, finds the facts herein to be as follows:

FINDINGS

(1) That the said W. A is a Male (Sex) person of the age of 27 years, race White, weight ..., height ..., single or married Single and is now an inmate of Oregon Fairview Home, having been committed on the 23th day of February, 1926.

(2) That the said W. A is Feeble-minded and by reason thereof is likely to become a menace to society.

That the condition of the said ... is such that procreation by the said W. A is likely to or could produce a child or children having an inherited tendency to Feeble-mindedness (Use statutory term describing condition) and who would probably become a social menace or ward of the state.

As conclusions from the foregoing facts, the Board finds and determines that there is no probability that the hereinbefore described condition of the said W. A will improve to such an extent as to avoid the consequences mentioned in the preceding findings, and therefore that it is necessary and proper that a surgical operation be performed upon the said W. A as follows: Vasectomy the said type of sterilization being deemed by the Board as best suited to the condition of the said W. A and most likely to produce the beneficial results specified in Section 127-803, Oregon Compiled Laws Annotated.

Dated this 13th day of January, 19 42

M E Downing
President State Board of Eugenics

Frederick L Steiwer
Secretary State Board of Eugenics

Form E 2

STATE PRINTING DEPT

STATE BOARD OF EUGENICS

ORDER

In The Matter of the Examination of W

Pursuant to the findings and conclusions of the State Board of Eugenics, formulated after examination of the above named individual on the 13th day of January, 1942, a written record of which is filed herein, it is ORDERED by the Board, and the Board does hereby recommend, that, in conformance with the provisions of Section 127-805, Oregon Compiled Laws Annotated, a surgical operation be performed on the said:

W W A as follows: Vasectomy

The recommended operation for sterilization is deemed by the Board as best suited to the condition of the above named person and most likely to produce the beneficial results specified in the statute.

It is further ordered by the Board that if the said W W A shall consent in writing to said operation, the same shall be performed by, or under the direction of the superintendent of Oregon Fairview Home in which institution said person is now confined

*

Provided, however, that if the patient so desires, the said operation shall be performed by a physician selected by himself, if such physician is, in the judgment of the State Board of Eugenics, competent to perform the same.

It is further ordered that a copy of the above mentioned findings and conclusions and a copy of this Order shall be furnished forthwith to the Superintendent of Oregon Fairview Home, who reported said case, and a like copy be served forthwith upon the said W W A †

Dated this 13th day of January, 1942

M. L. Terman
President State Board of Eugenics

Frederick L. Stuart
Secretary, State Board of Eugenics

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* If the person investigated is not an inmate of any of the state institutions mentioned in the act, the order should read: "If the said ..... shall consent in writing to said operation, and not being an inmate of any of the state institutions mentioned in said Section 127-806, Oregon Compiled Laws Annotated said operation shall be performed by or under the direction of the State Health Officer.

† If the person to be operated on be insane, or feeble-minded, a copy of the order must be served upon his or her legal guardian, and if such person have no legal guardian, then upon his or her nearest kin, or personal friend, within the state of Oregon, then upon the custodian guardian of such insane person. Section 127-804, O. C. L. A.

Form E 3 STATE PRINTING DEPT

Front cover: A close up of Labreton, built in 1908, the first building at Fairview

An aerial view of the Fairview Campus around 1960