CSEA HISTORY PROJECT

PAUL CASTELLANI INTERVIEW

March 7, 2006

INTERVIEWER: On the record. This is March the 7th, Tuesday, March the 7th, 2006, and we're speaking today with Paul Castellani who had a long career in New York State government, primarily with the Office of Mental Retardation & Developmental Disabilities. He's also a professor at the Rockefeller Institute and the author of a book called "From Snake Pits to Cash Cows." It's a history of the mental hygiene system in New York State going back to the 1930s.

Paul, thank you for joining us.

MR. CASTELLANI: It's a pleasure being here, Steve.

INTERVIEWER: Let me begin first off by asking a little bit about your recollections of CSEA. When do you first remember becoming aware of an organization called CSEA?

MR. CASTELLANI: When I came to work for State government. I came to Albany July 1st, 1966 to work for Comptroller Arthur Levitt to help him prepare for a Constitutional Convention, so CSEA had an interest in what was going to come out of that Constitutional

Convention. We were preparing position papers for the Comptroller as he began to think about what role the Convention would have.

So CSEA, as really the only significant union at that time, was on his mind and as a State employee I became immediately aware of CSEA. Dr. Wenzel was someone who was well-known; played an active role. So it was something as a new State employee I was very much aware of.

INTERVIEWER: I wonder if you would just briefly give us a little bit of a thumbnail of your employment history with the State.

MR. CASTELLANI: Well, as I said, I came from graduate school for one year to help Comptroller Levitt prepare for the upcoming Constitutional Convention. As you may remember, Nelson Rockefeller had prepared for the Convention expecting that he and the Republicans would control the Convention.

But with the Johnson landslide in 1964, which also translated into the Democratic majorities in the Assembly and the Senate in 1964 in New York State, the simultaneous

election of Constitutional Convention delegates made the Convention Democratically controlled and really did not undertake the large-scale reorganization of government that Rockefeller and his chief aide, Ronan, had anticipated.

So although we had prepared these papers and they served as a good history for the Comptroller's Office and helped the Comptroller in a number of other ways, when that role finished at the end of 1966-67, the prospect of going back as an instructor of political science or wherever I might go back into the academic world compared to staying in what was then a very largely growing opportunities within State government and the Rockefeller expansion, I went off to the then Department of Mental Hygiene.

I worked for a while in the budget office there. A couple of years I did research administration, and after that I ended up going into full-time research, becoming ultimately the Director of Research for the Office of Mental Retardation when the Department of Mental Hygiene split in 1978.

And in the last three or four -- three

years of working for the State, up until 2000 I was Director of Upstate Operations for OMRDD, in charge of sort of the day-to-day operations under Deputy Commissioner for the developmental centers and community services throughout New York outside the New York City metropolitan area.

INTERVIEWER: Now, when we talk about the history of the mental hygiene system in New York State, I think we were talking about mental health area and the mental retardation area --

MR. CASTELLANI: Right.

INTERVIEWER: Obviously it's a big canvas, but I wonder if you could give us a little bit of the background. I understand that the Office of Mental Hygiene or the Department of Mental Hygiene really came into being with Al Smith's reorganization --

MR. CASTELLANI: Right.

INTERVIEWER: -- of the Executive Branch of State government in the late 1920s. What was the scope and approach of the Department in those early years?

MR. CASTELLANI: Well, one of the

things that was -- I think stood out in the 1930s after the reorganization was the transfer of the responsibility for the care of people to the State, wholly to the State. That began in the late 1800s what with the building of institutions such as Wassaic and Letchworth, the closing of municipal hospitals.

Though I think the last large municipal hospital in New York City on Randall's Island was the end of municipal care for -- significant municipal care for people with mental retardation and developmental disabilities, and so you had the -- sort of the setting in place of the State institution system in the 1930s, which was a growth in State care. We think of the Depression as a time of economic distress and it indeed was but the State institution system was expanding quite rapidly up until that time.

Then we come into the 1940s with the war and we go through another significant change. We lose tremendous amounts of people from the staffs of these institutions.

INTERVIEWER: Largely because of the

war.

MR. CASTELLANI: Largely because of the war. The men go off to the war or to better-paying war industry jobs. The women also do that. We have the eight-hour day comes into effect which affects the amount of work that the employees can do. We have more of the -- more well-abled residents performing a lot of the work that had almost -- formerly been done by employees, closing of colonies where we had some of these more capable individuals working outside of the institutions coming back in to take up some of the jobs of employees.

INTERVIEWER: Not to digress too much --

MR. CASTELLANI: No, please.

INTERVIEWER: -- but you just used the term colony. What was a "colony"?

MR. CASTELLANI: Well, it was a very innovative kind of a program. It was most notably used by Dr. Bernstein who was the superintendent, as they called the directors at that time, the superintendent at Rome.

And he had a program in which he took

individuals, generally men but there were some women, and moved them out of the institutions to smaller programs and facilities around the state. They had farm colonies, they had forestry colonies, there were some industrial colonies. Some women were in colonies that were doing domestic work, so it was a combination of an off-campus program -- it was relatively small -- that was mirroring in many ways or presaging in many ways the deinstitutionalization we didn't see until the 1970s and the 1980s.

Surely some of these people were exploited to an extent. They were farm workers, some of them worked as domestics, but it was a relatively progressive, innovative program at the time and it suffered from the war. There were other factors that closed the colonies but in the book that I wrote I think I pointed out at one time at the peak of the colonies, I think that there were only about 70 percent of all the people who were on the books were actually in the institutions. Thirty percent of them were out working in home care and in colonies and other kinds of off-campus out-of-institution

situations.

It was relatively a progressive notion. It surprised me when I went back and did the research for the book.

INTERVIEWER: Let me just go back to the thirties even and the rise of the institutional care. Was part of the issue -- because it seems that most of these institutions were outside of the New York City metropolitan area. Was part of that the stigma of mental illness, that basically there was a desire on the part of the policy makers to move individuals with mental illness away from the general population?

MR. CASTELLANI: I think that was a large part of it. The other part of it, of course, was just the simple size of these institutions. I remember as a young State employee going to visit some of these small cities.

In New York City you had on Rand...I'm sorry, on Wards Island, the Cribbey, Dunlap and the Myer buildings which were then called Manhattan Psychiatric Hospital. As you went out

to the North Shore of Long Island with Central Islip and Pilgrim and Harlem Valley, these were small cities housing 12-, 13-, 14,000 individuals, so that it was the sheer size of the facilities at the time that were just not able to be accommodated within New York City.

And indeed the only institution for mental retardation, those people with mental retardation, was Willowbrook. It was built on Staten Island which, of course as you know, was a relatively unpopulated part of New York City and that was taken over by the Army at the beginning of World War II.

INTERVIEWER: Now, who was staffing these hospitals?

MR. CASTELLANI: Well, these hospitals were family affairs in many ways. I call them flat pyramids, I guess. You had a relatively handful of physician/administrators. Doctors, physicians ran the facilities, so you would typically have a director and a couple of deputy directors and a chief of nursing and a chief of social work and one or two or three -- it was a relatively small number of high level

professionals. And then hundreds and hundreds, indeed some places thousands of people who were called attendants, locksmiths, food service workers, groundsmen, safety officers.

Good paying comparatively in some parts of the state. They were jobs that were handed down almost. You would often see whole families working in a facility in places around the state such as Craig Colony that comes to mind or Newark or rural institutions. It was regarded as a good job.

If you had a job -- public employment was something that was highly prized. You had a -- not a very good pay but you had a secure pay. You had a pension. You had some degree of health insurance, so it was something that was prized.

INTERVIEWER: I would imagine it was also very hard work. I know when CSEA looks at its history one of the things that we take a lot of pride in in the 1930s was ending the 72-hour work week for the institutional workers.

MR. CASTELLANI: But it was and it changed in many ways. I mean in the 1930s the

institutions were characterized by what I call comparatively able individuals. The State law prohibited the institutionalization of children under five years old. It was very unusual to have young people, children, in these institutions.

So if you looked at the landscape of institutions in the late thirties, in the late 1930s, you would see young adults, men primarily, comparatively able, so -- and some of these were individuals who were called defective delinquents, so it was -- if you look at what we call now the secure facilities, many of these individuals were in the institutions in the 1930s on the mental retardation side.

On the mental health side of institutions, again something that surprised me because they were our nursing homes before Medicaid in the 1960s that created the nursing home industry, if you were old, a little forgetful and no one wanted or could care for you, you went to a State psychiatric center, so that by the 1950s, for example, I've seen credible estimates that over 65 percent of all

of the individuals that were in the State mental hospitals were old. That was their primary disability. Forgetful, they had what was called senile dementia.

So you began to see some differences in the way in which these institutions -- the history of these institutions and who was in them, certainly with the mental retardation facilities during and after the war when you began to have the severely disabled infants characterizing the population.

INTERVIEWER: Were the institutions self-sufficient? Were they basically communities that were farming and growing their own food and basically taking care of themselves?

MR. CASTELLANI: Absolutely, Steve. These were almost self-contained cities. They had bakeries and farms, as you said, with something -- because they were largely rural, they had morgues and cemeteries. One lived in the institutions and died in the institutions and remained there.

Sometimes even though they were a

major source of employment in very rural areas, and people knew of their existence, they were something that people in the community really weren't integrated with, so places -- they tended to be more rural. Places like Rome, for example, comes to mind. Craig Colony, Sunmount, places of that sort.

INTERVIEWER: Now in your book you talk about the 1940s being a time when mental hygiene policy became somewhat politicized in New York State. I wonder if you would talk a little bit about that and how it in particular was driven by Thomas Dewey.

MR. CASTELLANI: Right. Dewey was running as a reformer. He had been a district attorney, another crusading district attorney. He had lost the presidential nomination --

MALE VOICE: Hold it. I'm sorry.

MR. CASTELLANI: No, that's okay.

MALE VOICE: We'll start again.

MR. CASTELLANI: Okay.

MALE VOICE: We're rolling.

MR. CASTELLANI: Dewey became Governor on a platform of reform. He said that the long-

standing Democrat controlled State House with Herbert Lehman had ossified. I can't remember the exact term but that was the notion and the mental hygiene system provided Dewey with one of his first and biggest opportunities to show himself as a reformer and that was in both the mental retardation and the mental health side.

On the mental health side we had an outbreak of amoebic dysentery at Credemore State Hospital. This is a malady, a disease, that's basically as a result of lack of cleanliness, hygiene and can go through a population rather quickly and it caused some deaths, and an investigation into this by a Moreland Act Commission found that the administration at Credemore had been remiss in the way in which they addressed this problem.

And Dewey seized on that and fired the director, brought in a new administration in the Department of Mental Hygiene and showed that he was going to take charge of the situation in State government by his actions there in the mental health system.

On the mental retardation side there

was a controversy around overcrowding at one of the premier institutions supposedly at Letchworth, and the director had let it be known to the newspapers that a hundred people were sleeping on mattresses in the hallway. After some intense discussions with the Governor's Office they decided that maybe 50 people were sleeping in the hallway and then after more discussions with the Governor's Office it was decided that no one was sleeping on mattresses in the hallway.

But it became a political issue and it played into some of the legislative and gubernatorial campaign in the 1948 election in New York State, so it moved to the forefront by a set of opportunities for Dewey to show his leadership, his aggressive reorganization and reforming zeal that he wanted to be noted for.

INTERVIEWER: So then we move on to the 1950s. What were some of the significant trends of the 1950s?

MR. CASTELLANI: Well, I think that the significant trends of the 1950s certainly was the care for people with mental retardation,

beginning really in the 1940s, with a series of factors that come into play.

You have what were called the miracle drugs that came out of the war experience that allow the survivability of disabled infants who might have otherwise died. That turns the mental retardation facilities from caring for mental...for relatively able-bodied adults into institutions caring for severely disabled children and infants, so you begin to see rather than farms and bakeries and young adults and middle-aged adults on these campuses, you see ranks and ranks of infant infirmary cribs.

You have severe overcrowding because of the lack of construction that began during and after World War II. Willowbrook was supposed to address overcrowding in the mental retardation system. The Army appropriated Willowbrook as soon as it opened in 1942 and didn't give it back to the State in full until about 1952.

And that with the lack of construction in other parts of the State contributed to substantial overcrowding. That became the major

issue during the 1940s and well into the 1950s. Every facility that was built was immediately filled from the long waiting lists, but the State never caught up. Both on the mental side with psychiatric hospitals as well as on the mental retardation side with people with mental retardation, overcrowding became the primary issue through the 1950s and it became to a certain extent a political issue in some parts of the State.

INTERVIEWER: Now in your book you talk about the mental retardation system basically being institutionally based and the concept was that they were creating schools. They were schools for the mentally retarded --

MR. CASTELLANI: M-m h-m-m.

INTERVIEWER: -- but there was also a trend with an organization called the Association for Retarded Children --

MR. CASTELLANI: M-m h-m-m.

INTERVIEWER: -- that was very much interested in providing services in the community but that was much -- very much at odds with the State policy.

MR. CASTELLANI: The ARC, Association for Retarded Children, beginning back in 1946-1947, was at odds with the State right from the start. It was comprised of parents who wanted to keep their children at home and the State in the Education Law and in the Mental Hygiene Law was an adversary, even though the rhetoric -- the State was proud of its Community Mental Health Services Act in 1954, which I call the rhetoric, but the reality was the State was opposing the parent groups for almost all of their existence up until at least the 1970s, in the mid 1970s.

This played out in terms of access of children with disabilities to local schools, education formula funding, provision of money to the services in these schools. The State was funneling its money through the counties and the counties were very much oriented towards the mental health system and the people with mental retardation, justifiably when you look at the numbers, were getting a miniscule proportion of the funds that were supposed to be provided to them for any kinds of clinical services or

educational services or services that would support the families, so they were really working on their own for most of the 1940s and 1950s.

INTERVIEWER: This is kind of an interesting sidelight in your book about the executive director of the ARC actually becoming the Counsel to a legislative commission that was writing reports and recommendations on the system but those recommendations were largely not followed by State policy.

MR. CASTELLANI: That's right. Gerald -- Jerry Weingold -- Joseph Jerry Weingold was a legendary figure in his field. He was -- if not the first, I think the second president of the ARC and played an extraordinarily important role in leading that organization politically.

And he was a very astute political operative and he linked up with Senator Conklin who had a developmentally disabled child and at the time there was a legislative vehicle called a joint legislative committee and Jerry Weingold was appointed Counsel to the joint legislative committee and so the ARC sort of had a

governmental home with Conklin's JLC and they did, as you said, write reports and sort of goad and needle and prod the State Administration from that platform and it was an important legitimacy for them to have a JLC, a joint legislative commission or committee, report pointing out the failings of the State Department of Mental Hygiene.

INTERVIEWER: Now, at that time, too, on the mental health side we see the advent of psychotropic drugs --

MR. CASTELLANI: Right.

INTERVIEWER: Deinstitutionalization moving forward, I think, kind of the high water mark for the institutions was in the late fifties and then they began emptying them out as the sixties began.

MR. CASTELLANI: That's right, Steve. I think it was just about 100,000 people were in, I think, about 35 State psychiatric centers at the time. I don't want to get too much into inside baseball but there was, I think, around the notion of deinstitutionalization, there were a substantial number of people who were -- who

would go into an institution.

They would be severely mentally ill, they would move back out of that institution. A lot of the deinstitutionalization through the 1960s was twofold. One is this elderly population was dying, so it wasn't as though tens of thousands of people were moving out of those institutions. They were dying in those institutions and with the advent of Medicaid and the growth of the nursing home industry subsidized by Medicaid those older individuals were no longer going into the institutions.

It wasn't a substantial problem that began to occur where the psychotropic drugs and people moving out of the institutions into the community but not getting a sufficient amount of aftercare services and creating homeless problems. So-called single-occupancy hotels in Manhattan became a controversial problem at that time as well, but you're absolutely correct. It was those psychotropic drugs that were significant in allowing substantial numbers of people to live in community settings.

INTERVIEWER: But one of the things

that you had noted to a little bit earlier, too, was that in many of these institutions a lot of the higher-functioning individuals were actually pressed into service, so I would imagine that in some ways there was a work force issue that if you were starting to deinstitutionalize individuals who were actually providing some services that you were going to have a lot higher labor costs as a result of that.

MR. CASTELLANI: Absolutely, Steve, and one saw that in many of the internal reports throughout the whole history of institutions, both in mental health and -- the residents were providing a lot of services. I remember as a young staffer going to visit most of these institutions and being surprised to see them as caddies and grounds keepers at the institution golf courses.

Psychiatric centers had golf courses. They would be working in the homes of the staff. Many of these individuals who worked at those institutions at the time were housed in staff housing on the grounds and residents were pressed into service as housekeepers and maids

and cleaners and a variety of these others, so that was an internal force working against deinstitutionalization for sure.

INTERVIEWER: I wonder if you could talk a little bit -- we're talking about this from sort of a public policy --

MR. CASTELLANI: M-m h-m-m.

INTERVIEWER: -- perspective but, you know, you kind of alluded to it with the ARCs being more patient advocates. How did the patient advocacy movement really evolve and how did that then begin to affect the public policy?

MR. CASTELLANI: Well, that's -- it's an interesting New York story in many respects and I've been in maybe 35 other states looking at their systems of services.

The ARC began, as you pointed out, as a group of people who were keeping their children at home and looking for community services, but very quickly they began to organize around the institutions and bring in the various institution parents groups into their organization. They were based in a -- on a county basis so you had then -- and now you

have a county-by-county chapter basis.

Organizationally it's actually one large umbrella organization and all the various chapters are subsidiaries of that, so organizationally it's a very powerful organization and it also in -- not contradiction to this national policy but at odds to some extent with the national policy, it also began to provide services.

The national ARC always wanted it to be an advocacy organization and said if we got into providing services we're gonna have -- sort of have a dual role that's going to somehow confuse our focus, but the New York ARC said the State is not providing services and we need to provide services ourselves, and so they began to operate largely workshops, and they would fund them through some federal funding, some self-funding, some pilot program funding.

They were funded catch as catch can around the State and so their advocacy, they became the primary advocate but they're also providing services as well, so it was an interesting combination of its role.

INTERVIEWER: What about the employee organizations like CSEA. Did you see them taking any kind of advocacy role on behalf of the clients?

MR. CASTELLANI: Well, it happened in some very interesting and subtle ways. Of course, I think that CSEA has always had a progressive role in public policy in this and other arenas, but as the institutions changed, and they changed with federal funding, we went from these large custodial institutions where you had the handful of physician administrators and ranks of hundreds of attendants and food service workers.

The federal funding that began to come into the institutions in the 1960s required the changing of these to what effectively were nursing homes, large nursing homes. They were called intermediate care facilities for the mentally retarded and this required active treatment and that changed the nature of the roles that people were expected to play in those institutions in order to keep the federal funding. It changed the nature of employees'

relationship with the people in those institutions.

And certainly as deinstitutionalization progressed, employees were working much more closely with individuals out in community settings and it changed in very important and subtle ways the nature of the relationship of the employees with the individuals that we were serving at the time.

The union, of course, had a number of positions on a variety of pay and benefit and work force kinds of things and they came into play in some interesting ways as we created more community settings and began to close the facilities as we kind of went from institution jobs to community jobs and the transition was often difficult in some places.

INTERVIEWER: Do you want to jump into a discussion about Willowbrook and the Willowbrook consent decrees? I don't know if you just want to take a break before --

MR. CASTELLANI: Sure.

INTERVIEWER: -- we start there?

You've referenced the Willowbrook

School at several points and I think to anybody who knows even a little bit about the history of the mental hygiene system in New York State, Willowbrook is kind of an infamous word.

MR. CASTELLANI: M-m h-m-m.

INTERVIEWER: I wonder if you would talk a little bit about why it became infamous and how that came about.

MR. CASTELLANI: I've called and others have called Willowbrook as the sort of focus and fulcrum of policy in this whole arena.

If I might just take a moment, Willowbrook, as I think I said a few minutes ago, was supposedly the solution for overcrowding. It was the only facility for people with mental retardation in New York City and it was built in Staten Island. It was to house 5000 individuals and immediately upon opening the State -- I'm sorry, the federal government took it over for the war effort and renamed it Holloran General Hospital, Army Hospital, and never gave it back to the State until 1952 and contributed significantly to the overcrowding.

So Willowbrook right from the beginning was a political hot potato. It was a contentious issue through the forties and into the 1950s and it became the embodiment of everything that went wrong through the 1950s in overcrowding and lack of appropriate attention to the care of individuals in these facilities.

It was built for a population that the State expected to be there in the 1930s and the 1940s but it -- that was a largely adult, relatively capable population. It became characterized by ranks of infant cribs with severely disabled small children, so all of this contributed to what became the infamous Willowbrook situation.

And here a number of things come into play. You have in the mid-19...or early 1970s the State fiscal crises become significant. You have the first layoffs of State employees since the 1930s. You have a young entrepreneurial reporter by the name of Giraldo Rivera working for one of the local New York City TV stations. You have employees within the institution who are appalled by the conditions that they're

working in.

And sort of confluence of circumstances and events lead to the exposes at Willowbrook that got on national television so Willowbrook becomes a symbol of poor care for individuals with mental retardation.

INTERVIEWER: Well, this was kind of a little bit of an aside. Obviously for an organization like CSEA representing the employees there's a certain indictment because of the poor --

MR. CASTELLANI: M-m h-m-m.

INTERVIEWER: -- conditions there, but I think it's also important to note that to a large extent Giraldo Rivera gained access to the facility because the employees brought him in.

MR. CASTELLANI: It was, indeed, literally in the dead of night the employees let Giraldo and his camera crew in a back door and escorted him around to show him the appalling conditions that were existing there because of largely understaffing, lack of attention to these kinds of problems. It was not a new problem. It was something that the State had

seen time and time again. There had been reports going well back into the 1940s that pointed out the appalling conditions there and at other facilities, so it wasn't something that the State could say, Oh, we've never heard of this and this is something that is new to us. It was just something that got national attention, certainly statewide and then national attention.

INTERVIEWER: So when it gets national attention what results from it are literally scores of lawsuits about the conditions. How does that evolve and end up?

MR. CASTELLANI: Well, it comes about again with these things, as you look into them a little bit more closely in some sort of peculiar and often elliptical kinds of ways. There was a lawsuit that was being brought in the state of Alabama and the case was called Wyatt v Stickney and it was brought by an offshoot of the American Civil Liberties Union called the Mental Health Law Project.

And we in New York and other northern and so-called progressive states would look at

these terrible conditions in Alabama where this Federal District Court there said that these conditions were inappropriate in the extreme for people with mental disabilities and the state was mandated to give these individuals their federal civil rights to treatment and outlined a variety of very specific things that it required the state to do.

But very quickly the Mental Health Law Project looked at other opportunities and Willowbrook was one and so New York State found itself sued and a case which was originally, I think, Joseph L. Parisi, et al v New York State, it ultimately became ARC, the Association for Retarded Citizens, or at that time the Association for Retarded Children v Rockefeller.

The ARC was brought in perhaps a little, some would say, reluctantly. They were an adversary with the State in some respects but they were also getting some State money for their workshops. They were not sure that they wanted to be in on it, but they were prodded to become a lead plaintiff.

And the expectation, as I understood

it at the time, because the Commissioner of Mental Hygiene at the time said publicly that we expected to put up a defenseless defense. This was a progressive approach by plaintiffs and advocates to rectify conditions in this institution and we in the Department are sort of gonna put up a defenseless defense.

But if anyone who has ever worked around or near Nelson A. Rockefeller would understand that here was one of the most -- certainly the most powerful man in New York and one of the most powerful men in the United States being sued by one Joseph L. Parisi, a 35-year-old severely disabled person saying, You, the Governor of the state of New York, are denying me my constitutional rights and making me live in these appalling conditions.

Rockefeller did not put up a defenseless defense. In fact, his Attorney General at the time was Louis Lefkowitz who was not only the Attorney General but was also Rockefeller's friend, confidant and political mentor and the State dug its heels in and opposed the ARC suit, so we began in 1972 with

the plaintiffs, ARC, suing the State and the State mounting a fairly aggressive defense of its position for at least the next three years.

INTERVIEWER: Of course, part of the context here, too, is that Rockefeller had just come off the Attica uprising --

MR. CASTELLANI: That's right.

INTERVIEWER: -- and certainly it was on the defensive about a number of areas of policy.

MR. CASTELLANI: Rockefeller was on the defensive there. He was being challenged in many respects by Mayor Lindsey in New York City for control of the New York City -- for the New York State leadership. He always had presidential ambitions. You had a -- a number of things that made it -- that led to Rockefeller really not caving in to the plaintiffs on this case.

INTERVIEWER: So the lawsuits drag on for several years and by this time in the mid-seventies Hugh Carey is the Governor. How does he confront this issue?

MR. CASTELLANI: Well, one of the lead

players in the ARC was a man by the name of Thomas Coughlin, a former State trooper who had a disabled daughter. He became the executive director of the Jefferson County ARC and a leader of the parent organizations and he becomes involved with the Carey campaign.

Carey finds him; they seek each other out. He is advising Carey and Carey raised the ARC-Rockefeller suit, the Willowbrook case, as a campaign issue. Not a major one, but certainly one that was on the radar screen and Carey wins in 1974, defeating then Governor Malcolm Wilson because Rockefeller had gone off to be Vice President. And one of the conditions indeed was, for that support, was that the State would sign a Consent Decree. They would settle the case with the Plaintiffs.

Also involved there was the implicit agreement that the State would break up the Department of Mental Hygiene into the constituent components and create a separate Office of Mental Retardation. With the Consent Decree, though, to stay on that point, that was really a political settlement.

The State with Carey, not only was allied with the plaintiffs, but also just wanted to settle this case. He wanted it behind him. He wanted the Willowbrook behind him. It was a legacy of the Rockefeller Administration and he said, We're gonna enter into a Consent Decree, and the plaintiffs, the ARC, at the time also was willing to come into partnership with the State as well -- rather than being in an adversarial position.

INTERVIEWER: So what is the sum and substance of the Consent Decree?

MR. CASTELLANI: Well, it's a large and complicated document that outlines a variety of conditions that the State should meet. Some of these are very specific. They go back to -- in many ways, the case law comes out of law that applies rights to prisoners. It's individuals will have their clothing, fresh clothing, every day. They will have so many hot meals every day. They will have so many hours of recreation. Very, very specific kinds of standards and guidelines that the State has got to meet within institutions.

And the Consent Decree also says that the State will provide alternatives to institutionalization, so the courts act now as one important prod or goad for not only improving the institutions but also providing community alternatives to institutionalization.

INTERVIEWER: But these are specific agreements relative to the individuals with mental retardation.

MR. CASTELLANI: For all of the individuals that were in the Willowbrook class, and the class was defined as the number of individuals or those individuals who were at Willowbrook when the Court took the case and held them to be the class, so one of the problems with the State's case was that they had this -- they had this Willowbrook class of 5000-some-odd individuals who were now in effect wards of the Court and another 20,000 or so individuals were also under the care of the Department of Mental Hygiene.

What Coughlin did as Commissioner, the first -- actually in 1975 he was appointed Deputy Commissioner for Mental Retardation under

the then still umbrella Department of Mental Hygiene, but he fairly soon into his administration began to apply the guidelines and standards of the Willowbrook Consent Decree to virtually everybody under the care of the Department at that time.

So, again, I think a very progressive approach that he took, and it was also a smart management approach because it became increasingly difficult to sort of manage a large system of services having 5000 people that have these sorts of guidelines and standards that have to be met and another 15- or 20,000 people under different standards and guidelines.

INTERVIEWER: Now the Carey Administration then takes the concept of the Willowbrook Decree and takes it a step further with something that's called the Morgado Memorandum. I wonder if you'd talk about how that came into play, what role CSEA, to your knowledge, played in the Morgado Memorandum and what it meant.

MR. CASTELLANI: Well, Steve, I'm smiling because very time I try to explain this

I think of myself as juggling four balls in the air, so let's see if I can do this and not trip over my shoelaces. In order to understand the Morgado Memorandum you have to sort of keep four balls in the air, if you will. Let's see if I can do this right.

One, you had Willowbrook. About 150 individuals from Willowbrook, because of the court orders and other federal funding requirements, move out of Willowbrook into this dilapidated New York City abandoned hospital called Gouvernor and the parents there become very active and aggressive vis-a-vis the State because of the poor conditions in Gouvernor. Indeed, the New York City Fire Department wants to close it down, so we have active parents at Gouvernor looking for alternatives to the poor care there.

You have the Mental Retardation Institute in Valhalla as a part of the New York Medical College at Westchester fundamentally bankrupt, owing money to the State through the Urban Development Corporation, so that's ball number two, if you will.

The third ball is that the Archdiocese of New York has historically wanted to have a medical school and also has a hospital with space called the Flower Fifth Avenue Hospital.

And the fourth ball, if you will, is the controversy that is arising with the unions and Carey around the whole layoffs and freezes that arise out of the severe fiscal crises the State is undergoing throughout the whole 1970s.

State employees are, on the one hand, seeing deinstitutionalization occur, going out into what are then private organizations. Now the Associations for Retarded Citizens have gone into partnership with the State as a part of the Willowbrook and ICF, the intermediate care facility, the federally-funded mandates, and are providing services.

But many of these are very embryonic organizations and State employees are actually moving out of the institutions and going to work in private organizations. That's under what we call shared staffing, but there were scores, sometimes hundreds of State employees out working in these ARCs under these so-called

shared staffing arrangements.

So they're out there providing services in the community in private organizations and looking at the Governor and they're saying, We supported you and we're increasingly looking at cutbacks and freezes and we're bearing the brunt of the fiscal crisis, and the public is more and more concerned about SROs and homelessness. And CSEA says that we're less than enthusiastic about supporting you, Governor Carey, in the 1978 re-election.

So, if I've kept three or four of those balls in the air, what happens is that the State of New York, the masterful political operative Robert Morgado says that --

INTERVIEWER: Who is Carey's Chief --

MR. CASTELLANI: Carey's Chief of Staff.

INTERVIEWER: -- of Staff.

MR. CASTELLANI: -- says that -- well, let's see if I can get this straight. The Archdiocese of New York buys and takes over the New York Medical College and Mental Retardation Institute so it now has its medical college that

it wants and it agrees with the parents at Gouvernor to move those individuals from Gouvernor into the Archdiocese Flower Fifth Avenue Hospital, but in order to pay for the cost of assuming the debts at Valhalla at the Mental Retardation New York Medical College, the State agrees with the federal government to provide a reimbursement rate at well over $250 a day, which was far in excess of what anyone was getting for reimbursement.

The public employees look at this and say, We're suffering the brunt of fiscal cutbacks and you've just provided this very lucrative agreement to the Archdiocese of New York to give them a medical school and provide these services in Flower Fifth Avenue Hospital and we're going to oppose you in re-election. We're going to raise this issue and just scream bloody murder.

And what the Morgado Memorandum does in the arcane language of bureaucracies in effect says to the State employees that we will formalize the use of State employees in community facilities, and this was a landmark

decision or action, if you will, because as I've studied these programs in many, many other states, you had the long-standing conflict and clash between public employees and the State as institutions closed and were, in effect, privatized what services were then provided by private organizations.

But the Morgado Memorandum said, in effect, and it uses the term "parity," is that the State is going to provide services in the community through the vehicle of private organizations, primarily the parent-operated ARCs and UCPs and through State-operated programs, State-operated community residences and State-operated day treatment programs using public employees.

Now it was an easy agreement to make in some respects because the private agencies were not really able to keep up with the pace of deinstitutionalization that was anticipated by the Court and by the federal government, so that the State really needed the public employees to meet those targets because they were not only out there providing services in the private

agencies but in order to meet the increasing numbers of people coming out we really needed the State-operated facilities.

So in a very short period of time in the mid-1970s, the State of New York entered into, in effect, three historic agreements: One with the federal government that they would use federal funding to provide the basis of services in the community --

INTERVIEWER: For the mentally retarded.

MR. CASTELLANI: -- for the mentally retarded. Not only would the federal government be subsidizing through federal reimbursement the institutions, they would also pay for 50 percent of the cost of community services, and that was a very important thing that the State negotiated with the federal government.

The second thing was that they would nego...they would provide services with the formerly adversarial private organizations, the ARCs and UCPs. They would now become partners in services and we would also have a partnership with State employees in providing community

services.

So from that point on, which I have always regarded as sort of a set of historic decisions, you really settled a labor peace in some large way. You no longer have -- I mean there's always a -- the push and pull among important players like this but you really -- you moved forward from the mid- to late 1970s with the State and the federal government, the State and the private agencies, the State and the public employees, all moving in the same direction and providing community services.

And the Morgado Memorandum was the formal sort of agreement that embodied that in 1978.

INTERVIEWER: Now as long as I've been involved with CSEA, which is now over 20 years, there was another piece of the Morgado Memorandum that we've always looked to as being significant and I think it has become -- it became a bone of contention, certainly, in the 1980s and that was that the Carey Administration also was extending their approach of a cooperative public-private partnership in a

balanced system to the mental health system as well as just the individuals covered under the Willowbrook Consent Decree.

MR. CASTELLANI: M-m h-m-m. Well, in the late 1970s, as you mentioned earlier, you begin to see a significant divergence. Mental Health System goes down one path and the Mental Retardation System goes down another.

And I think the key to that is that in the Mental Retardation side, developmental disabilities, you had this existing framework of providers, the ARCs. You had 50-some-odd chapters and then the United Cerebral Palsy, the UCPs had a number of chapters, and then you brought in a number of large independent agencies, the Young Adult Institute comes to mind, so you had this organizational framework which the State could rely on to provide services in partnership with the public employees.

On the Mental Health side you didn't have that, that framework. You had services being provided in private, nonprofit and some municipal hospitals but you had no significant

network of private providers that were going to be delivering services. Also the characteristics of the populations they were serving were less stable, if you will. Those were people who might need services for some period of time and then they wouldn't need services for another period of time.

People with developmental disabilities typically, certainly those most severely affected, need services all the time for the rest of their lives and so organizations can easily -- more easily predict what they need to provide.

The mental health side has always struggled with the lack of this sort of provider organizations in the community and how they're gonna provide a guarantee for services for public employees in this kind of context.

INTERVIEWER: Seems like there are also, though, two other factors that come into play with that; one being that with the Willowbrook Consent Decrees you had very clearly established legal precedent whereas on the mental health side you didn't have quite the

same consistent legal precedent. And the other factor that you mentioned was that the State had entered into an agreement with the federal government to provide funding for the Mental Retardation System that was not available for the Mental Health System.

MR. CASTELLANI: Absolutely, Steve. I think you hit on a crucial point. The Courts act as a goad, as a prod, as a general framework, where Courts have very little ability to actually implement their decisions, and so one can always look at the strictures and guidelines and standards that the Court laid down and the Willowbrook is a basis, one basis.

But the State by the 1970s was now getting hundreds of millions of dollars in federal reimbursement through the ICF program and so that program, the Intermediate Care Facilities program, which was funding both the institutions and the community services, that New York was maximizing Medicaid, as the term goes, Medicaiding things as the verb went.

The federal government was very concerned that New York was spending a lot of

its federal money and those ICF requirements were very stringent as well, so the federal government was very aggressive in making sure that the State was following the standards or it would disallow tens of millions of dollars in federal reimbursement if they weren't meeting those standards.

So the Mental Retardation side of the whole picture, if you will, was faced with both the Court orders and the ICF program really constraining, driving, forcing and focusing the way in which services were delivered. Very little of that occurred on the Mental Health side and so you'd get the kinds of problems you allude to.

INTERVIEWER: And in the late 1970s, if I'm not mistaken, there was a division between the creation of the Office of Mental Retardation and the Office of Mental Health, so basically it was no longer one Office of Mental Hygiene. There were two separate agencies now administering programs.

MR. CASTELLANI: Absolutely, Steve. That was a longstanding demand on the part of

the ARC, had gone back for at least ten or more years, and when Coughlin came in as the Deputy Director of the Department of Mental Hygiene under Carey, that portion of the Department of Mental Hygiene began to operate as a semi-autonomous and then autonomous organization and then the formal break with the Department occurred in 1978, but even before then it was operating almost as a separate department.

Certainly after 1978 you have the Department of Mental Hygiene now and the Office of Mental Retardation, the Office of Mental Health and the Office of Alcoholism and Substance Abuse, really going off in three distinct directions.

INTERVIEWER: So let's talk about the real trend of deinstitutionalization in the mental retardation field in the 1980s. What do you remember about that time? How did it actually move forward in terms of closing the institutions and moving into community settings and having a balanced system between the public and private sector?

MR. CASTELLANI: That was a very

interesting and exciting time in many ways. You had a substantial amount of federal money now coming into the system so the State was able to do it with a great deal of fiscal stability, much more so than in the 1970s.

You had an organizational choice that Coughlin made. He established a great deal of authority out at the local level. He created some strong regional offices. They were called developmental disability services organizations. At one time there were 20 of them. He gave the directors out there a great deal of -- a great deal of authority to make decisions about not only the institution but the community services; not only the State but as well as the private agencies that were providing services.

You had a change in the way in which services were being delivered because of the Court cases and because of the demand of the federal reimbursement system. The nature of services were changing. People were much more involved in less than institutional settings. You had a lot more opportunities for employees. They were no longer just relegated to being a

develop...an attendant, but even nonprofessional employees had a variety of different opportunities that were available to them, had many more women coming into the work force as you had the baby boom generation coming out of college and working.

So you were developing a lot of community programs and, well, there were a lot of stories about "not in my back yard," and many of these were in Long Island and New York metropolitan area. In the Upstate communities many of these institution -- deinstitutionalized programs, community programs I think to put it a little bit more elegantly, were welcomed.

At the same time that this was going on you had the decline of the smokestack industries in Upstate New York and so as you moved in a day treatment center and a couple of community group homes into a community you created a not insignificant economic impact in very many small towns and rural communities across Upstate New York.

These were difficult to do in New York City, which has always been a very difficult

place in which to develop services for people, especially those that are in wheelchairs and have severe disabilities, so many -- much of the development did occur.

It occurred rapidly. It was relatively successful. People gained a lot of experience, but as we got into the 1980s we were still dealing with 20 large institutions. The Governor said he was gonna close Willowbrook and then the State of New York, Department -- Office of Mental Retardation said it would close six more developmental centers, which was a fairly broad-based aggressive policy compared to what was going on in other states.

And it raised a number of interesting or forced issues. Some of them are -- I don't know whether they're amusing or not. I'll tell you at least one perhaps and you can see whether you've heard it before.

The Governor, when we were gonna close Willowbrook, was very close -- Governor Cuomo was very close to the unions and he instituted a policy on closure that was called a no-layoff policy. That's what it was called. It would be

very hard to find any document that said "no layoff," but you may be much more knowledgeable and should be more knowledgeable about what the actual document said, but it was gonna guarantee or assure employees that they would find alternate opportunities.

And when we were closing Willowbrook, first the Governor was paying a lot of attention and he wanted to make sure we solved the work force issue as well as alternative use issues and health care and Ford Motor Company had closed a plant at Mahwah, New Jersey and there was an individual there, and I can't remember her name right now and it may occur to me later, she was hired by Ford to help their employees get other jobs and she was very successful and we learned of that and hired her at Willowbrook.

She got employees GEDs who didn't have them, drivers' licenses, organized bus trips to take them around to different facilities; not only ours, but mental health and other public facilities to see whether they wanted jobs -- job fairs at these different facilities, just a crackerjack, and solved for us, the agency, the

problem that the Governor was very interested in.

Make sure the employee unions were happy, that they were being adequately taken care of and getting alternate jobs. She was so successful we moved her to the next closure site which was Westchester which was in the middle of a booming service economy at the time, a lot of other State facilities, and she got all of our key staff jobs in other facilities.

She was like the sorcerer's apprentice. We had to say stop, stop, we're going out of certification. We're losing our key employees here and you're getting them jobs in other places, so we learned what worked well in one place had to be tempered somewhat in another place as we began to deal with work force issues.

INTERVIEWER: Do you remember resistance from CSEA on the closings?

MR. CASTELLANI: There was a -- there was resistance. There was a couple of instances and some of it was rhetoric and some of it was reality. Rome comes to mind as one instance.

We had a facility there that at one time housed 5000 people, was down to about 200, and it was slated to be closed. And the staff out there, the executive staff, had worked out what was called a reconfiguration plan and the union got on board and things were going along fairly well and then the Governor announced closure, and even though we were going to assure people jobs in the community, the word "closure," everyone just backed off all the agreements and we had to spend a lot of time out there talking about the opportunities that were gonna occur for people.

Indeed, they did get -- at least everyone got a job and most people got a better job, but --

INTERVIEWER: The idea being the closures didn't mean that they were going to be without a job.

MR. CASTELLANI: Right.

INTERVIEWER: It meant that you were going to close the institutional facility, move into the community --

MR. CASTELLANI: Right.

INTERVIEWER: -- and people would have

opportunities to, in some cases, even get promotions with the -- by the work that they were doing.

MR. CASTELLANI: Right, and so it was hard to, you know, remind people -- it wasn't without dislocation. People had gone to work at this place for 10, 15, 20 years and to say, well, you're gonna have a job but it's gonna be 20 miles away, was not always something that everyone welcomed.

We were also building a lot of prisons at the time and we built one on the campus of Rome so the State was also able to assure a lot of public employees that there would be opportunities within the prison but there were also dislocations.

You had what we would call institution titles. People would be food service workers or groundsmen or jobs that would be CSEA title positions, for example, more typical in the CSEA, and those people would have a great deal of seniority.

And so translating that seniority into a community facility often became difficult

because they would say, well, I've got 20 years of seniority and I want to work five days a week, Monday through Friday, from nine to five, and sort of bump someone who may have had less seniority working in the community so it was very --

INTERVIEWER: That being that -- the difference being that in an institution you might have had several hundred workers whereas in a group home you might have only 15 to 20.

MR. CASTELLANI: That's exactly right. So a lot of that created situations that had to be managed. Sometimes they were more difficult to manage, but overall it was a relatively successful closure of six facilities in a relatively small period of time with very limited labor stress I think.

INTERVIEWER: It's an interesting perspective. Probably you saw it, I would imagine, as a State manager, that you would deal with CSEA on a statewide basis. You might come to an agreement about the policy, but then at that grassroots work site level you actually had to implement it. Did that ever become an issue?

MR. CASTELLANI: It became an issue almost every place we worked. What worked well in one place didn't work as well in other places. It changed over time. Certainly the pay of a -- even a moderately well-paying job in some of the rural Upstate counties goes a lot longer than -- a lot farther than the pay in New York City, New York City metropolitan area, so you had more difficulty around those kinds of issues.

People were more satisfied with changes there than they would be in some other parts of the state. Problems might arise over health care or maintenance or different kinds of issues would be managed in different kinds of places.

And as I said, as we moved forward in closure, the State's fiscal surpluses turned more towards deficits and we were less able to pay bonuses and create a lot more well-paying positions than we might have liked. It had to be managed separately as we went along in each of the different facilities.

INTERVIEWER: Now, you write in your

book that when George Pataki becomes the Governor of New York State there's a change in policy in terms of the approach to closure. I wonder if you would talk a little bit about how that evolved and what the result was.

MR. CASTELLANI: Well, the Governor had decided to close Willowbrook and then in 1987 six other facilities, and this all went well.

INTERVIEWER: This was under Cuomo.

MR. CASTELLANI: Governor Cuomo, yes. And as the momentum moved forward with the closure of six facilities, people began to say we should close all institutions and that became a policy that emerged out of the field in many respects, and in 1991 you had an extraordinary consensus among all the unions, CSEA, PEF, Council 50, all the family support organizations, the providers, and certainly the State on a policy to close all institutions by 2000.

It seemed as though everything was moving in that direction but a number of other factors began to emerge. Closure began to slow.

The economy began to go into recession. The State had less fiscal resources. There was a greater concern about the public safety. You began to have individuals, whether they were in our system or other systems, that were engaged in criminal acts. People began to say maybe we don't want to move everybody right out in your neighborhood.

We ran into difficulties around alternate use. Beginning in the Rockefeller Administration we bonded facilities for 40 years and then we rebonded them and rebonded them and we really didn't think about it a lot except when we wanted to sell off these facilities to private organizations, after we turned the ones we could into prisons, we began to see that bonding constraints required because they were nontaxable bonds -- began to create problems in getting rid of these facilities.

A whole number of things were beginning to slow the enthusiasm for closing all institutions. Some of the traditional providers were saying maybe closure wasn't going to solve all their problems and continued growth of their

facilities.

The unions were concerned about high-risk individuals who were in the criminal justice system that they were caring for as we began to pay more attention to secure facilities and regional behavior treatment units.

So when the -- Governor Pataki was elected unexpectedly in 1992, he initially said that we were going to review the closure policy. Some people heard moratorium, some people heard review; again, one of these things you can go back and actually find it in documents or press releases, but in effect put a hold on closure.

There was a growth in the secure facilities emerging. There was also an address to the issue of the waiting list that came out of another court case called the Olmstead case, that there were thousands of people on a waiting list that had not been adequately given services.

And so when the Governor announced that the closure, in effect, wasn't going to go forward by 2000 there was an unsurprising lack of complaint among virtually all of the players,

so that through the 1990s, after a couple of initial skirmishes around will we close or won't we close here at O. D. Heck, for example, which is still open here in Schenectady, New York, the State really downsized to a population which is largely made up of three groups of individuals: the frail elderly, those who present some risk of inappropriate behavior in the community, and those who are involved in the criminal justice system.

So that the State, in effect, runs nursing homes, mini prisons if you will, and sort of secure facilities for individuals who might be at risk, and those seem to have a great deal of political support across the spectrum and --

INTERVIEWER: In more of an institutional setting.

MR. CASTELLANI: In an institutional setting. Now we're -- I think the State is now probably running about five of these facilities for about less than 2000 individuals, so if one puts it in the historical context of running 20 institutions for 27,000 people and no

alternatives, some would say these are relatively well-run institutions that probably -- most assuredly do not have the characteristics of the appalling conditions of Willowbrook in the 1960s and 1970s and so there really is relatively little controversy about the State operating these facilities as they are today.

INTERVIEWER: You talk in the book about a concept that, I guess, the Pataki Administration used of -- or a phrase that says we're ending institutions as we know them.

MR. CASTELLANI: That's right. I think that was the way in which they characterized the kind of facilities that are -- that I described. I mean if one goes back and says we started to close institutions because of the appalling conditions at these huge places like Willowbrook and Letchworth and Rome and other places where thousands of individuals were living in conditions that were despicable, we now have what I think advocates and families and policy makers and all the players think are well-run facilities for individuals who seem to

be appropriately placed.

Not all agree, but I -- one does not see a broad advocacy community demanding the closure of these facilities. You find the unions, as you well know, are supportive of what are better paying positions although they're dangerous jobs working -- because you are dealing with individuals who have behaviors that can be -- can be dangerous to the workers, but I think there's a consensus that this is a policy that's well supported.

INTERVIEWER: The -- I think by and large many people would agree that New York's system of care for the mentally retarded is a model for the nation. Would you say this is the Golden Age of mental retardation services in New York?

MR. CASTELLANI: I'm not sure I'd characterize it in those terms, Steve. As I said, over the years in various projects that I've done, I've been in many, many other states (I think maybe 30 or so) and talked to colleagues around and visited scores and scores of facilities.

There's a surprising variation. I think that New York provides a high quality and a high level of services throughout the State, so that if you have a child with a disability or a family member with a disability, a developmental disability, you can be reasonably assured of getting good State-provided or State-funded services either in an ARC, a private agency or a State-operated program. Whether you live in Cheektowaga or Montauk, you're gonna get good services.

You go to many other states, Wisconsin comes to mind, for example again, or a relatively well-to-do progressive state, you get wide variations. If you live in Madison you get good services. A hundred miles away you don't get good services. Other states that are comparable to New York use large nursing home chains. They've had problems with those, sort of multi-state for-profit providers. There's been a problem in other states, so that I could go across the country and say, well, this particular program is a model and that particular state has done some things that are

progressive.

But I could say -- and I don't have an immediate family member with a developmental disability, but if I had a family member, a child, a grandchild, a brother or sister with a developmental disability, I think I'd rather have that child in New York State than any other state in the nation. I would not say I wish I lived in Madison, Wisconsin or I wish I lived in Pennsylvania or even California. I think you get a very, very high quality of substantial services.

Advocates might say these tend to be more institutionalized. Even in the community they tend to be more routine. We have a long way to go in making services available on a more individualized basis for those individuals who might benefit from those, and I think there's a case to be made for that. But you get a lot of services and you get good services. They may not necessarily be exactly the kind of services you want, but you probably won't go without services in New York.

INTERVIEWER: As we wrap up, let me

ask you what are some of the memorable CSEA characters that you've encountered in your career?

MR. CASTELLANI: I remember Dan Donohue and the closure era. He played a very active and very vocal role in the formation of the policy around the late 1980s. It was -- as I suggested with the issues around Willowbrook, he had the Governor's ear. He had to pay a lot of attention to what we were doing around work force issues; not just the CSEA but the whole State work force.

So as I think back on that era, which was certainly one of the most interesting and exciting eras in which I was involved and he was someone I -- he certainly stands out as someone who you remember.

Many of the local leaders. Unfortunately I can't remember all of their names, but the closure and deinstitutionalization involved so many committees, so many meetings. The State was very, very aggressive in making sure that no one was surprised by what we were doing. They

formed committees upon committees upon committees to make sure that the unions were involved and local union representatives knew what was going on.

There were many of those meetings, what they say in the diplomatic corps, frank and candid discussions. A chair or two might have been tipped over from time to time. A coffee cup might have gotten spilled. But the directions from Albany were certainly don't walk out of the room unless, you know, unless you -- please understand what all the problems are.

You might not necessarily solve them all because I think, beginning with Coughlin, I won't characterize this as the Golden Era, but I think that there was an attention to the notion of the work force as being absolutely essential to what it is -- to what OMRDD was going to be doing.

So Theodore Wenzel I remember as a young man, me as a young man. He was an important player. People were sorting out what did this Taylor Law mean and what was CSEA's role going to be and Ted Wenzel was someone who

was a very, very important player in the 19... certainly as I remember in the 1960s into the 1970s.

So those were two individuals that I remember particularly and then, as I say, scores and scores of folks who I sat around the table with in many, many meetings around the state, hashing out issues that were -- ranged from the ridiculous to the sublime but ones that had to be sorted out as people -- you're dealing with people's jobs, people's lives, people caring for very vulnerable and important people in their lives, and so these were things that people cared about deeply and one can see it in all those cases.

INTERVIEWER: I've asked this question of everybody we've interviewed. Why do you think CSEA has been around for close to a hundred years?

MR. CASTELLANI: My goodness. Seems like I've been around for close to a hundred years sometimes. I think -- I think that when you look at public service in New York -- as I say, I came to work for the State of New York in

1966 for one year and I stayed in public service for thirty-five years and I travel a bit around the world, my wife and I, and I'm often asked, you know, when I enter a country what's your profession? And I always say, "I'm a civil servant, a public servant."

And that's something that I take and always have taken very much to heart and it's something that I've always thought about with the people that I work with for thirty-five years. It wasn't something that was unique to me, and I felt that when I came to work for the State for one year and stayed for thirty-five years, is because public employment has been an important part of my life.

I think that New York has had a long and rich history of public service and public services and over the years there have been times that I and my colleagues have stood on the Capitol steps with -- shaking our fists at the Governor's Office but I think over the years it's been a satisfying career.

And I think why CSEA has been around for a hundred years is because, you know, it

embodies that. I think people who are public servants, not just State workers, I think that you see that. You certainly see it in the field that I worked in serving the State's most vulnerable population.

These people didn't just come to punch a clock. They came to provide a public service and a proud tradition; one that I'll still say when I go to some country. I'm a New York State public servant and I think that's the important part of what CSEA is all about.

INTERVIEWER: Let me ask you just one more question because you kind of raised something that jogs it for me. The terminology, you talk about the State's most vulnerable citizens. The terminology has changed over the years and I think obviously there's an attempt to be more sensitive --

MR. CASTELLANI: M-m h-m-m.

INTERVIEWER: -- in the terms that we use and even to the extent that the term "mental retardation" is not used as much any more and we kind of went through --

MR. CASTELLANI: M-m-m.

INTERVIEWER: -- a variety of terms and talking about those for a while it was people with mental retardation --

MR. CASTELLANI: M-m h-m-m.

INTERVIEWER: -- kind of developmental disabilities came in. Then we heard them talked about as consumers and I think today they refer to them as individuals.

MR. CASTELLANI: I think that sometimes it can trip you -- trip your tongue and try to figure out exactly who are we talking about, but I think as you look back, back in the old annual reports when you looked at the idiots and morons and imbeciles, I know we kind of recoil at those terms now, but they were routinely used in the State.

So I think it's an understanding of the notion that each of us is a person, is an individual, and we have certain characteristics. Some of us with mental retardation, some of us with different kinds of developmental disabilities, so even though the language can change, the language sometimes can be awkward, I think it moves in the right direction.

I think now we'd be talking about people with developmental disabilities, consumers, individuals. I think that's the terms we'd use now rather than the mentally retarded or the developmental disabled, a class of individuals that -- so I think it's a good thing overall.

INTERVIEWER: Well, Paul, this has been a great pleasure and very, very informative and we thank you for taking the time.

MR. CASTELLANI: Steve, it's an opportunity for me and thank you for letting me think about old things that I haven't thought about for years and share some of these experiences with you and your colleagues in CSEA. Thank you for inviting me.

INTERVIEWER: Thank you.

(Conclusion of interview of Paul Castellani.)