

Interview Date: August 19, 2007

Subject: Dr. William Bronston: Staff Physician, Willowbrook State School, trained at School of Medicine, University of Southern California, Pediatric Internship, Children's Hospital Los Angeles, Resident, Menninger's School Psychology and Ward Physician Topeka State Hospital, Physician for the Black Panther Party in New York.

On August 19, 2007, CSEA interviewed Dr. William Bronston, who formerly served as a staff physician at the State operated Willowbrook State School for the Mentally Retarded, located on Staten Island New York, in the late 1960s and early 1970s. The interview chronicles his growing disillusionment with the treatment for the developmentally disabled, then referred to as mentally retarded, in the State's care. The interview exposes his growing agitation with the situation at Willowbrook which culminated with a public expose` of the situation and a battery of lawsuits to force change. Bronston arrived at Willowbrook State School with a history of activism in a multitude of areas including veterans, civil rights, antiwar, social, and professional health care reform. Bronston was in large part responsible for organizing public health workers in Kansas. Bronston's unique recognition efforts in Kansas centered on patient care as well as proper worker representation. Bronston discusses how he helped establish the American Federation of State Municipal County Employees (AFSCME), District Council 50 in Kansas.

Bronston describes how he came to New York State and was followed here by other physicians involved in those union organizing efforts. Bronston discusses his tenure at Willowbrook State School and explains that the lack of community based services and overall disregard for genuine health services represent the era's ignorance about the nature of developmental disabilities. He offers perspective on the horrific, secret government testing on the facility population and the state and administrative subterfuge. Bronston details human abuse and political machinations at Willowbrook through his lens as a physician activist.

Bronston describes his efforts to organize and mobilize the provider and parent community to change and establish more humane care for the developmentally disabled. Bronston recalls how he recruited friend and ally Dr. Michael Wilkins to come to Willowbrook. Bronston lashes out at New York State for its lack of proper training of its employees, and the era's manipulation of employee organizations.

Bronston describes the climate created by NYS and their ability to silence dissent through hostile retribution and the threat of job cuts and termination. Bronston points out that at the time CSEA the employee union, was often either tied to management or manipulated by threats

and other measures from the State at Willowbrook. Bronston describes the events leading up to the firing of Dr. Wilkins and its direct connection to the public expose and the conditions at Willowbrook including a series of local television reports by WABC-TV reporter Geraldo Rivera and the State's response.

Key Words:

ACLU

American Association of State, County and Municipal Employees (AFSCME)

American Medical Association

Benevolent Society

Black Panther Party

Civil Rights Movement

CSEA

Kansas Association of Public Employees

New York State

Union

University of Southern California

Willowbrook State School

Key People:

Bernard Carabello

Bob Felt

Bob Hayes

Burton Blatt

David Clanahan

Dick Cavett

Doug Bicklen

Dr. Michael Wilkins

Dr. Richard Coke

Gene Eisner

Geraldo Rivera

Harold Wolfe

Jack Hammond

Malachi McCourt

Nelson A. Rockefeller

Richard Levy

Senator George McGovern

Stan Hare

Tom Gilhoul

Wolf Wolfinsburger

CSEA INTERVIEW

of

DR. WILLIAM BRONSTON

August 19, 2007

THE INTERVIEWER: Today is Saturday, August the 18th, 2007. We're in New York City and we're speaking with Dr. William Bronston and, Bill, I wonder if you would tell us a little bit about your personal background and how you came to be employed by the Willowbrook State School on Staten Island.

DR. BRONSTON: Well, I'm a physician and I was raised in Los Angeles and trained at the University of Southern California where I got my medical degree and then spent a year doing a pediatric internship at Children's Hospital in Los Angeles, and I was trained and actually mentored by a wonderful fella by the name of Dr. Richard Koch, who was the head of the Child Development Clinic at Children's Hospital in LA and his specialty was working with kids with developmental delay and families with developmental delay for the purpose, almost exclusively, of diverting people from institutionalization in the state of California. He was really the ideological and

professional father of the community-based regional center system in California, which was really the precursor of regional programming to serve families as a whole in a holistic way who had kids with developmental delay, regardless of what the label ultimately turned out to be.

So he and I had known each other for many years. I had come to him as a medical student and he had hired me to be his preceptor, and then supported me in getting into USC Medical School and then supported me becoming an intern at this very elite regional children's hospital in Los Angeles where I spent a year in training.

After that I went to Menninger's (phonetic) School of Psychiatry in order to do my residency which was simultaneously a training program in the private Menninger School and a service program at Topeka State Hospital which was a public mental hospital where I was a ward physician. It was a rather stormy experience. Those were very heady days and there was a lot going on in the Civil Rights movement. The war in

Viet Nam was burbling and all of us were very deeply involved.

I had come to Kansas really after a ferociously complicated history of organizing nationwide a thing called the Student Help Organization. I was interested in putting together all the medical, nursing and dental students in the country interested in universal rightful health care, opposing the war in Viet Nam, changing the personnel patterns of health care delivery and professionalism because there were very few physicians of color, very few women in the United States, and the commodification and commercialization of medicine to me was absolutely odious.

And so I was sort of the leader, the principal national organizer of this group of medical and nursing and dental students aimed at social reform and professional reform and education reform in health care, so when I arrived at Menninger's I was really a veteran organizer and had spent actually two years in Kansas doing

my psychiatric residency and had been fired for Civil Rights activism, expelled from my residency in the middle of the second year for openly and publicly criticizing the American Medical Association as a criminal organization, which I believe is the case.

They essentially are complicit with a situation which is properly defined unredeemable in the United States in terms of health care and then was very involved in the Civil Rights movement and organized a union, American Federation of State, County and Municipal Employee Union, that organized the workers in eastern Kansas in the mental hospitals, which was really the third largest economic entity in the state of Kansas at the time, and sort of went head-to-head with the power structure and as a result, we had a very progressive and significant unique job action in Kansas in 1968 where the workers voted, the union voted.

This new union, in order to obtain union recognition they voted to seize the

hospitals in eastern Kansas as a job action in order to weld themselves to patient care as opposed to walking off the job, which was unheard of, and there was a huge news blackout. Everybody was arrested at the end of the first day. We called it a "Hospital Improvement Action." The struggle went on for about 60 days, and, the object was strategic to get a genuine union recognized in lieu of the Kansas Association of Public Employees, which was a state union, maybe similar to CSEA in the old days, entirely run by the Republican Administration, essentially operating a "plantation" system of service delivery with mostly black and poor white workers in Kansas who had been there for generations with no Civil Rights action since John Brown's day.

And so this whole mobilization of health workers and hospital workers in Kansas which I was responsible in part for putting together was a real transformation and extremely controversial and the antipathy of the state leadership was ferocious. We forced the Governor

to change his position on recognizing public service workers, you know, from "opposed" to saying that it was the highest priority the state had to deal with within six months.

I left Kansas kind of under a cloud of struggle and went to New York. With me came from all over the country a whole phalanx of young physicians who were part of my national organization and we became employed throughout the the city of New York and all the major hospitals, Harlem Hospital, Gouverneur Hospital, Lincoln Hospital, Albert Einstein and all in residency programs. I had already essentially completed my residency although it was interdicted. The struggle at Menninger's was tremendously fierce and the organization in firing me and expelling me withdrew the whole second year of my training, forcing me to repeat my second year in residency.

So when I came to New York I was hot property and had a couple of jobs for a couple of years in two different very interesting

community-based programs: One in a program to support all the kids of color that had been admitted into the City College System in New York because it was a new policy there. The other was to man the National Nutrition Survey as it took its shape in the city of New York under the aegis of Senator McGovern's Agricultural Committee, Federal Agricultural Committee, and when those two years had passed I went to go get a job at Willowbrook because I had been living in Harlem.

I found living in Harlem untenable because of the politics of what was going on at the time. The Black Panther party had been decimated. At the time I was the physician for the Black Panther Party in New York with my cohorts that I had organized and it just became unsafe to be in Harlem.

I moved to Staten Island and met my two colleagues, Mike Wilkins and his colleague, a surgeon by the name of David McClanahan, and we created a kind of a communal living arrangement with our families. There were like

seven families living together in a very beautiful square block old Victorian home. Mike actually lived a little bit away in a small village part of Staten Island, and we began kind of throwing in together and supporting each other with common values, common politics.

We were very progressive and were looking for justice and decency and compassion everywhere.

THE INTERVIEWER: I'm interested that given this kind of this interesting and stormy history when you were hired at Willowbrook was there any issue about your background?

DR. BRONSTON: Not at all. It was interesting. I mean, you know, I knew how to present myself properly and when I came in as a clean, highly-educated, highly-technically competent, well put together guy, and what I knew about Willowbrook -- first of all, I had been trained by the best in the country in terms of developmental disabilities. I mean I knew as much about mental retardation and developmental

disability as any young kid on the block, you know?

And the place was a backwater isolated island that I equated with a facility by the name of Pacific State Hospital in Los Angeles where I had been raised to really revile institutional options as a legitimate way of serving anybody, especially people with mental retardation. I'd been raised in a -- in the most progressive cross-professional culture of service and support for families in the United States by the cutting edge professionals in the field in the United States. I knew all the top leadership in the National Association for Retarded Citizens, all the people from Scandinavia, because our clinic at Children's Hospital, Dick's clinic, Dick Koch's clinic at Children's Hospital, was an absolute showplace for progressive services to families.

So when I was looking for work in a place where nobody would check my references, which was crucial, Willowbrook was perfect. I mean that was what I knew how to do. I knew that

I would have to hold my nose about the institutional model but I figured I needed a job, I knew my stuff, and I would be able to bring my powers for healing and caring there and I went there also because I had been a union organizer, you know, kind of a rump union organizer, not within the normal framework of unions, but I had been responsible for establishing District Council 50 AFSCME in Kansas, which was a brand new structure, and I fought through that struggle to get them recognized as a representative structure in Kansas, which turned that state around within a period of less than six months.

So I had friends, I had knowledge, I needed a job and I had to find a place where they wouldn't check my background because then I wouldn't get hired and Willowbrook was perfect and Hammond, you know, in his whole Plantation "Massa" kind of mentality --

THE INTERVIEWER: (Inaudible)

Director?

DR. BRONSTON: That's right, Jack

Hammond. He just thought I was just the best thing since sliced bread. I was. I was. And I came there ready to serve and to bring my knowledge and then it began.

THE INTERVIEWER: What's your initial reaction when you get there?

DR. BRONSTON: Willowbrook was a unique trauma. I was first assigned to what was called the Children's Buildings. Now understand, Willowbrook's -- this place has been around for about 20, 30 years. Used to be an Italian prisoner of war camp. It's been used for a lot of different things. It was created in the forties. In the fifties it became a full-blown mental retardation, developmental disability kind of a warehouse. It never was anything but.

It's population of incarcerated people exploded within a matter of ten years because there was no community-based services, no alternative. It was either be at home with nothing, you know, where life's hard enough as it is or go to this place and every doctor in the

world would have said, "Go to this place," and to the family, "Have another kid; forget this one."

I mean that's just the way it was, and New York was almost the epitome of that kind of paradigm.

So when I arrived I was struck by the magnitude of the place. I had gone in there to see if I could begin to organize a union and see if I could find friends there, possibly from the Panther Party or whatever, and what happened was that I was confronted with this enormously balkanized physical plant where there was no interconnection between any two of the 60 buildings.

I was put into a building responsible for 200 of the most enormously disabled people I had ever seen in my life in one place, you know, and I had been around. I was the only physician! I had two nurses on the day shift, two workers per ward, maybe three, to handle fifty massively involved people with no media and the records, despite the fact that in some cases the charts were, you know, three, four, five inches thick and maybe had six or seven

volumes since the origination of the entry of that individual, the chart said nothing.

There was no orientation when I came into the building, no doctor told me what had been happening. I didn't know one person from another. I had been in a hospital that had 400 physicians for 150 beds at L. A. Children's Hospital. The greatest, most phenomenal program for servicing children in the world, and then I suddenly am parachuted in to being the only physician for 200 people that were so gravely stricken with something or other that I was just overwhelmed and I thought to myself: How in the world am I ever going to figure out who these people are? I've got to read their charts. They're massive and nobody knows anything and nobody can tell me anything, and the job immediately is: Here, sign this medication order. Sign these tranquilizers, you know?

And then daily things would happen. Lacerations, fractures, incredible diseases. I began to realize this place was absolutely a

public health disaster. I mean it was literally laden endemically and epidemically with the most exotic horrible diseases as a result of I didn't know what.

I mean sort of the going theory was mental retardation, you know, but that -- and it took me a year before I began to see what was there and learning to see what was there was one of the most moving and dramatic experiences of my life. I mean I really began to understand and be humbled by the difference between what you think and what's real, what other people think and what's true.

So I began adjusting sort of innocently in there, trying to figure out what was what, what my responsibilities were. I mean I'm a new employee, you know, and I came there in good faith to serve. Granted I had an ulterior motive, to promote justice and racial quality and democracy and empowerment of the people but, you know, my first responsibility was taking care of this mass of people who were not presented as

people at all.

The nurses stayed in their nursing room, the workers worked on the outside. There wasn't enough clothing. There wasn't enough soap. There wasn't enough food. There was an overabundance of tranquilizing medication and the place was horrendous, the noise and the smell, and this was one of the better buildings. This is what was called the Baby Complex. I was assigned initially to a Building No. 16 when I first came there, and so I worked in Building 16 for six months and what began to happen was -- and I had a very personal relationship with Hammond, very personal relationship. I talked with him all the time because that was part of my act. I had to make sure that I was trusted and that my word was respected, that my judgment was valued and that my work was supported, and it was clear that we had a problem.

And I also had to meet with the other docs. There was about 20, 25 docs assigned throughout the place and I began to realize that

this was not my peer group. These guys were a different breed of cat. Many of them were immigrants. Many of them were docs that couldn't get a job anywhere else. All of them had been there a long time. None of them mingled with the people on the wards, none of them.

I began wearing a white coat to come to work and I was on the ward all the time in the midst of the folks all the time, which was unheard of. The normal procedure of interaction between the physician who was in charge of everything, wrote orders for everything and was ostensibly, you know, in loco parentis, father of the ward, the paternalistic father on the ward, was essentially to come every day, in their sport coats, look at what was happening, get the report from the nurses about what had to be done; have the workers bring the individual in question to be seen, be held, moved around. Never touch them, never get close to them, because they were a diseased, infectious source of hepatitis, of giardia, of every conceivable kind of intestinal

parasite.

And what we began to find out -- well I began to find out little by little -- was this place was a gigantic experimental hideout for the top virologists in the United States, who were using this population as a way of testing out and developing vaccines for hepatitis and German measles that nobody knew what was going on about, and they were just infecting different cohorts of kids. There was all this research going on sub rosa behind the scene funded by the Defense Department.

I mean the truth of the politics, economics and organization of Willowbrook was, I mean, a great story. I mean one of the great stories, I think, one could tell about subterfuge and secrecy and human abuse and greed and power-mongering and mediocrity. It was incredible.

THE INTERVIEWER: There was a certain unwillingness on the part of the public to even want to understand this --

DR. BRONSTON: Absolutely. I mean the public -- this was out of sight, out of mind, and this was, you know, an 80-year agenda that essentially was really engaged with the whole eugenics movement at the beginning of the century. This was a population whose very being was infective to the normal population. There was no alternative to warehousing for anybody with a label and the range of people in the institution ranged from the most profoundly, multiply-involved individual to people absolutely normal who might have been deaf, might have had cerebral palsy and not be able to communicate clearly, you know, and be essentially confined to support their moving and eating and whatever.

It was the only model, it was the only model, and as the need to eliminate deviants from the society increased, and as the scientific capacity increased, and as psychological testing became more and more an industry it became absolutely -- you know, the table was slid like this (indicating down wards), and people just slid into

Willowbrook to the point where when we came, when I came first, they had already closed admissions. The only way to get into Willowbrook was to agree to be a subject in this undefinable viral research that required you to be infected by a potentially lethal disease and then see what would happen.

And talk about informed consent?

Zero! Parents didn't understand it; kids didn't understand it. It was pure blackmail. The only way a desperate parent could get their kid into any kind of help was to sign off into this viral research program and then, of course, you're in a situation that is already overcrowded by triplicate in terms of the amount of people that are there and a situation that is pandemonium. It was total pandemonium. Nobody was in control although there was this facade of control.

And the workers were a half a step above the incarcerated people there. They were also incarcerated. They came in, they were injected into the most inhumane context which had been completely rubber-stamped as legitimate by

the medical model doctors, by the State of New York, by the black Cadillacs of the Commissioner, you know, by the whole Academy. The University structure supported this alternative. All the Chairs of special education in the State of New York absolutely recognized the validity and the purposefulness of the thing and anybody who spoke out against the model was instantly, instantly marginalized from the profession or their career in the Academy or their work in the field and nobody, no real doctor, would ever want to work in a place like this because there was no future for you.

There was no status in this kind of work. This had to be work that was only done, you know, by people who were, you know, who were "angels", you know, who could tolerate this kind of suffering and who were seen like the director, you know, as "a saint", you know, because of his association. And these people became drunk on that egotistical role, the power role that they held, and they believed in their heart of hearts

they were doing their best. They really thought they were doing it right.

THE INTERVIEWER: Let me ask you about the staff and even the medical staff there. Was there any diversity? Were there men, women --

DR. BRONSTON: No women doctors. Men, mostly white men, mostly European white men, you know, Slavic: Germans, Poles.

There was about half a dozen American docs. Myself, I was the youngest. I was like the kid in there in my early thirties. Everybody else was in their sixties and later.

You know, when I first got there about 3000 workers. Within a year we had 2000 workers because of the need for Rockefeller to pull money out of every place he possibly could to build his marble and gold Albany Mall, so we lost a billion dollars in our program in Health and Human Services in the State. That money went straight into brick and mortar in Albany to create his imperial, Capital!

My entry into that place

was like getting onto an airplane that was just about to crash. We were in free fall with two engines knocked out. No jobs were filled and we are talking about having a context of like, 5-1/2 thousand, 6 thousand human beings, you know, concentrated in this terrible environment and workers who had to be -- these 2000 workers that were finally left, remember, are split amongst three shifts so you -- so why don't we divide by three and then you divide by something in the vicinity of, I don't know, 200 or 300 independent wards where they're sitting. Add absenteeism because the job was incredibly stressful, add sickness, you know, because the job -- because of the whatever, so the people there, the people there were really stressed to the max. They were all poor working-class people, mostly people of color: African- American, Puerto Rican, poor white. There was no way to be able to discriminate who was safe to be with and who was a predator, and you're dealing in a context where nobody cared about predators.

Nighttime programs with no supervision, no monitoring, where human abuse was the norm. Exploitation the norm. Theft a -- an adaptation to poverty and a compensatory way of dealing in a situation where there were many justifications for "it's okay to steal sheets, it's okay to steal clothes, it's okay to steal medicines, it's okay to do anything because I'm not getting compensated for what they're puttin' me through."

That may not have been systematized but it was universal, and so people lived in a city that had walls around it in every conceivable real and metaphorical way, trying to survive in a job that was heinous in its very core, essentially tyrannized by the tasks they were expected to do, the desperation of the people in charge of them and the corruption of the people in charge of them, and it had been goin' on a long time.

THE INTERVIEWER: M-m h-m-m.

DR. BRONSTON: And what was behind it was that this whole apparatus was completely

and totally isolated from public policy, and I'll explain that maybe as we go along a little bit further because understanding that is one of the most dramatic and important things in understanding the model and the role that people have to fundamentally change... the human service delivery system in America. It was clear then, clear as a bell.

Every single thing we understood then and everything we talked about then in terms of the role that Willowbrook played as a -- as an example, as an exemplar of the way human services are now multiplied a thousandfold today, because you and I are headed for Willowbrook now in our future. Every one of us, given the way the system is set up now, are headed for a congregate, segregated end-of-life program in an institution for the elderly, every one of us.

We knew that, totally, clearly, made that explicit when we were struggling with the Willowbrook situation, if we didn't break the back of that model created by public policy at the

federal level through Title XIX of Medicare which requires out-of-home placement in order to get subsidies for services, no in-home support existed in federal law. You had to be made a "domestic refugee" in order to get any kind of support and that support then came in this gigantic river of money that gave birth to the entire nursing home industry which did not exist prior to Medicare and Medicaid.

Willowbrook was a nursing home par excellence and every single body in Willowbrook was a source of tax money subsidy like "average daily attendance" in the school system, like ADA money. So all those public workers in there were beneficiaries of a tax "ransom" system predicated on an obligatory hostage situation to keep people in that place drawing federal money. That federal money was a new phenomenon because it had just recently been established in the Nixon Administration. The State of New York was looking to multiply their resources and had to create a system that would essentially bring in as much federal

money as possible in order to subsidize the State program so they could pull their State dollars out somewhere else.

And so this federal money from Medicare became the keystone to the whole strategy of institutional model legitimization and expansion in the state of New York which had no community-based services. Once they created the capital benefits of creating this monstrosity in the state, they had to somehow deal with the consequences of it.

The consequences of it were actually the reason why it should have been done in the first place, taking care of the people,.

They had to hire workers to go in and take care of this population of flotsam and jetsam over whom they had no interest whatsoever, no interest whatsoever. Once the buildings were built and the system established and the economic and commodity-based profits clarified and structured into the situation: massive commerce grew with drugs, sheets and pillowcases, food,

transportation, and all the stuff that kept these isolated citadels of human suffering intact.

Willowbrook was an island like all of the other State institutions in the state of New York that had been created with an internal culture with no access, no windows. No windows to look in, no windows to look out, only steel doors and terrazzo floors and human suffering at a level that is incalculable and a prostitution of every human being that came in there to accept and become complicit in crimes against humanity which were the normal MO. This was framed in the rule books and in the duty statements and in the records which are totally transparent which, of course, only really became properly revealed and translated, under the hand of Federal Court when we finally filed suit against the State for constitutional abrogation in New York.

THE INTERVIEWER: You mentioned earlier that it took you about a year to fully grasp what was happening there. How did you then begin to move towards your efforts for

improvement?

DR. BRONSTON: Well, first of all, what happened was that I was very enamored by the teachers on the ground. I mean they were the only folks that were professional level peers. a very attractive group of about 20, 30 young people who were providing token special education programming on the grounds. They were really upset about the fact that the work that they were doing in order to provide education was completely sabotaged once the individual person, the kid, would go back to the ward because then there was no communication between the teachers and the ward workers in order to keep the behaviors and the learning alive.

And, you know, people need repetition, repetition, repetition, you know, when, you have cognitive or physical problems. So, the teachers in a fit of appropriate indignation submitted a petition to Hammond, to the director, demanding that he insist upon accountability on the part of

the ward workers to follow up and support and become privy to the training that was going on for the students, for the incarcerated, for the residents.

You know, Hammond had seen it all.

He was responsible for it all for years. He knew where the bread was buttered on. It was buttered at the ward level and the teachers' operation was strictly a decal, strictly a patch-on. They threatened to quit if he didn't fix things because they said: You know, we've been doing this now for a year, two years, and it's just not working, and they had gotten their act together.

I warned them. I said, do not, do not drive a wedge between yourself and the ward workers. They are the only protection you have! But, you know, they're middle class, upper middle class kids, you know, wet behind the ears still, think that they're hot stuff, and they just went ahead, and Hammond said to them, "you're all fired," and that was the end of that.

And I thought to myself, "you know,

I'm gonna break this place". This place is inhumane, and I knew it didn't matter how long it took but I was gonna bring them down because the arrogance and the inhumanity was suffocating. It was suffocating, so suffocating that it made the place vulnerable like a huge dinosaur. You know, they were so primitive and so sure of themselves and so flagrant about their abuses that, I mean, I knew from past experience, you build a network of friends, you help people understand what's in their interest, you help show them how they're being abused, and in a situation like this where even the demand for putting soap on the ward was subversive gave me every card I needed to make it happen, except that it was a big damn place and I didn't have a union to work with.

The union situation, which we ought to talk about --

THE INTERVIEWER: M-m h-m-m.

DR. BRONSTON: -- was very, very primitive, and the State had done a brilliant job in warding off any working class organization, any

progressive voice from any source, through fear, intimidation, tyranny, high-handedness and lack of any kind of meaningful conscious training in support for the people that they brought in – in order to handle, you know, the vulgarity of the daily tasks, you know, which were vulgar.

THE INTERVIEWER: Well, let me ask you: Were you aware of CSEA and --

DR. BRONSTON: Sure.

THE INTERVIEWER: -- you're saying that they had --

DR. BRONSTON: You bet.

THE INTERVIEWER: -- no real presence in the workplace?

DR. BRONSTON: Absolutely. I mean, you know, I knew what I was lookin' for. I was lookin' for a free union. I was lookin' for a union that had independence. I had come out of Kansas where I had had experience with a public service union and the fact that the leadership of the union are the administrators. I mean there's no separation between being in charge --

THE INTERVIEWER: M-m h -m-m.

DR. BRONSTON: -- and being in charge of the union and if you've got, you know, job abuses and lack of clear duty statements and lack of clear duty assignments and no efforts at all to oppose speedup, to oppose working out of class. I mean none of that stuff existed. People wouldn't dare even define what was going on. I mean, there was no way to define it in rational terms because the job was insane, what you had to do every minute, every day.

So you had these white, you know, kind of "old boy", "old girl" supervisors. You had a "big nurse" kind of personality who was this -- I mean the chief nurses in the place were really -- one was this very attractive, kind of very refined pacification agent. The other was a dangerous, physically dangerous, dame. And I mean they would come on and it was like something out of Alice in Wonderland. You didn't go against those women. They -- they had absolute power to terminate you in a half a second or throw you into

a pit of work that was inconceivable and intolerable, and so everybody made their peace because there was a secret filled society in a hundred percent of the place. Everybody had to make an adjustment to just survive: To survive disease, to survive low income, to survive the tyranny of irrational requirements, to survive the physical madness, the pandemonium of the place where at any minute, you know, a plastic chair would come flying from nowhere. Shoes would come flying from nowhere. Benches would be thrown over. A person would come flying from nowhere and crash into you, or somebody would come clawing at you or bring feces and slam it into your chest or -- I mean this was -- this was the definition of inhumanity.

So when I came, I saw right away -- I mean it took me a couple of months and get my bearings in this big damn place, a lot of buildings and -- and so the good news was that even though I was just assigned to one building, every week I had to be on duty 24 hours, and so I would be there sleeping at night and, of course,

because the place was totally violent, I would be called, you know, every ten minutes to go deal with a soaring fever of 105, a laceration which I had to suture and deal with the situation, fractures that I had to deal with, somebody found dead on the floor, you know, which usually didn't happen till the morning because if somebody was dead they'd leave 'em there and not report it until the morning shift came on.

I mean the culture of the place was so predictable, little by little I began to understand how it really worked, how an impossible place worked and how nothing was what it looked like, nothing was what it looked like, nothing was what it was called. Everything -- the truth of the matter was something entirely else and it just took time to see it, hear it, figure it out, but the one thing that was fundamental was that I was gonna break the place by being a perfect doctor.

I was gonna be a letter perfect physician. I was not gonna suture without analgesics. I was not gonna suture with

upholstery thread. I wanted plastic surgery fine needles. I was not gonna allow the lack of soap to exist on my ward. I was not gonna allow the lack of sheets in my building. I was not gonna allow rotten food to be served to the people that I was responsible for.

I was gonna respond every single time a worker called me to come. I was gonna be there and I was gonna take care of not only the person, but the workers were as sick as the people living in the place and so they needed taking care of too, and friendships have to be built. Connections have to be built. Trust has to be built. Day after day, week after week, month after month, we became -- and I finally -- after I was there for about six or eight months I knew I needed help.

Mike Wilkins, my colleague, you know, who was part of my group in Staten Island where we were doing union organizing and community organizing work. Our wives were involved. We were really very active, both in Manhattan and

New York proper with the larger political areas and in our own community. I desperately needed help and I begged Mike to please come and work with me there. He had just finished his three-year stint at the U.S. Public Health Hospital, you know, and my God, he came! I just thought, you know, like heaven. I had somebody that I could talk with and work with.

The problem with -- Mike was he was way across the property in another building, locked in his own building, like I was locked in my building.

Let me just go back a minute and just fill in some stories here. What happened was that I had become such an anathema to the Administration by being a 'perfect' doctor in my Building 16, I kept demanding all the basics in order to make sure that my workers were okay and that the people, the children on the ward had some rational identity, that the other doctors... 'cause I would be covering their buildings when they weren't on duty... the doctors were so upset about my relentless practice of medicine that they

insisted that Hammond move me. And, after six months, I was moved from my building and it was a shock. I mean I didn't see it coming.

The doctors organized against me in there. This was before Mike came and Hammond decided I was still salvageable and so he assigned me to a "model" building -- (laughter) -- model building, Building No. 76 which was a preteen and adolescent building in a temporary facility.

The building was part of a federal grant called the Hospital Improvement Program and the institution got a half a million dollars or a million dollars to create these programs for the youngest children where they would super-staff and provide a whole different environment than these big old, stone buildings that were part of Hallhoran, you know, Italian war prisoner camp or whatever they used the old buildings for originally.

And so my building was a star-shaped prefab, you know, kind of like trailers set together with linoleum floors, low ceilings, good

light, lot of windows, and there were five separate units in there and I only had about 125 or 130 kids in the building. I had just come out of a building with 200, you know. Those were a bunch of stone squares that was so regimented that, it was like a Mondrian (phonetic) painting, you know, except there was human death and misery in the middle of all of it.

So this new building, 76, was set up.

I began working in this building with much more intimacy and spent a year there. Again, I was very insistent on being able to provide the best medical care possible.

There was a system in Willowbrook where when a doctor would come to work, the only way you would know what was happening was for the worker, the supervisor or the nurse, to give you a report. So the very first thing we did when we walked in in the morning was sit down and get a report of how many people had fallen dead, how many people had fallen ill, how many people had fallen bloody, how many

people... you know, what was the status of everything?

And the only way that I could manage the situation, because there was no adequate recordkeeping, which I began to implement wherever I went, I would tell the truth. If I went someplace and I saw what was happening, I would write in the record the truth about what was happening. I began to build a record day by day of the true situation with no euphemisms, no covering up. You know, I would lay in legal language saying: This place is killing people. This is where this is coming from. This is what I saw. This is what's happening, as a doctor.

Now, nobody every looked at that, but I just knew it was gonna ultimately become an avalanche, a tsunami, that was gonna be in every building, in every place. Everywhere I went I wrote the truth and what my understanding of the situation was, and then, in order to follow the problem? There was no rational way of following any problem, so if a kid got

sick, you know, I had 120, 200 people, how do I track that person?

If I can't rely upon the nurse, and the nurse is overwhelmed, too, and she's only one shift, then I have to find another way to handle it and so what we were able to do, which was sort of an interesting benefit, was that they had a series of outside consultants that had been coming into the institution in all the medical specialties and I could make referrals. You know... look at this person because of the skin problem. Look at this person because of their heart problem.

Also, I needed to have legitimate diagnostic help because I was dealing in a completely opaque situation where the chart said nothing. The charts were set up -- I mean the charts -- that's a whole other story. So I would call for consultants in every medical specialty which would guarantee me getting a report back from the consultant which would remind me that I had someone that I had to watch.

Then I decided that I was gonna keep absolutely duplicate records. I kept a notebook by ward and by day of who was in treatment, what the diagnosis was, what the status of the problem was and, within one year, I had eradicated all disease, all disease, in my building and I had begun to slide the tranquilizing medication down to probably less than half of what the residents had been put on when I first came here. I had such an intimate point -- I knew every kid.

They were like my children.

I had 120 -- I had a family of 120. I would go home, you know, I had my baby twins at home, but my real family was my 120 children in Building 76 that I knew intimately. I began to know their parents. I began encouraging them to come and talk with me. We began to have building meetings because I knew by then that the union situation was impossible. I knew that already very early on, you know, because of the way in which the workers were organized.

CSEA, I mean your original question which I somehow lost here in the transaction. CSEA played no role in anything clinical, no role in terms of meaningful demands and duties and responsibilities for the workers, no protection for the workers other than the most self-interested and narrow marginal kinds of agendas that would benefit some people who knew how to manipulate the system for their own interests.

The level of corruption was never documented. I never fully documented it but it was so massive, you know, as to sort of be the backdrop and everybody would take what they needed, do what they did, with no documentation, no supervision. Everything just ran, you know, like an automatic motion machine, and what it did was not an issue because the administration only depended upon it being an automatic motion machine. All they needed was to have the money keep coming in and no scandal.

And to have a scandal happen, you

know, you have to walk a whole bunch of blocks to get to the front door to call for help, a whole bunch of blocks metaphorically.

THE INTERVIEWER: In your own way, as you're taking this individual action and, as you say, trying to be a model doctor, you're making a significant improvement, at least in the lives of the clients that you're touching --

DR. BRONSTON: No question about that, but the improvement was a spiritual one. Granted there was some physical aspect to it, but what was clear to me was every day I had to organize. Every day I had to pull people together. Nothing mattered more than building friendships. We had to find a way to empower people to be their best in the face of the opportunity to transform the people in the institution back to real life.

THE INTERVIEWER: I think you mentioned that you brought Michael Wilkins in. Did you find other allies? Did your efforts grow?

DR. BRONSTON: No. It was really

quite remarkable -- well, other allies, yes. Not other doctors. I mean to find a doctor like Michael, you know, there's one in a million, but nobody wanted to come to work at this place. It was a hell hole. It was like asking people to go to work at Attica or something like that. But it was worse than Attica, at a certain level, at a certain level. I mean the death rate was ten times the death rate of New York City, so even though people didn't come in with shotguns and helicopters dropping in the yard during the uprising there, people in Willow Brook were dying just passively because of neglect.

I began building relationships.

First of all, you understand, I had a significant network in the country in terms of the disability field. I can pick up the phone and call anybody and they'll come to help me, to be there with me. The top professionals in the field are sort of my friends, so at a certain point in the equation as we began to build a credible parent base of

interest in their children, we began opening the doors and insisting that they see what's going on with their kids, explaining to them. I can't tell you how many times I sat in my office with a parent just talking to the parent, just being available, the other doctors made themselves totally unavailable.

Parents had never talked with the building doctors. I would sit with parents and they would begin to cry and I would begin to cry because the situation was untenable. It was so moving. The dramas and the tragedies that these families had experienced with their kids and their lives and the way in which they somehow blamed themselves. Everybody was alone, alone, alone in their suffering, in their stories about what they had experienced and watching their child be gradually, you know, kind of reduced to a hamburger because of the physical trauma on the ward.

It was absolutely incredible, and each day I knew that we were gonna win. We were

gonna beat this thing because the feeling was so deep, the parents were so true, and I began to realize that it wasn't the ward workers that were going to be the solution. It was gonna be -- the general public was gonna be, the families, and I began to become very close with the heads of the Benevolent Society and, you know, I was relentless, relentless. I took no prisoners. I saw myself clearly as a guerilla leader in there to put together whatever needed to be done to humanize that place.

And what I really knew, and I knew from California, we had to shut the place down. We had to shut 'em all down. These places were absolutely unscientific, uneconomical, inhumane, socially unredeemable. They were unfixable. They were monstrous, monstrous structures with huge multi-zillion dollar budgets and organizational apparatuses and everybody, you know, sucking blood to survive like this gigantic vampire system from Rockefeller down.

So I began making friends with

parent organizations that had kids in the community that were little. They would never put their kids in the institution if they could help it. We explained to them how the institution was sucking all the resources in the county away from community-based services, away from the school system.

Remember that we now preceded the federal law for Right to Education for All Handicapped Children Act. It wasn't until we had built a base through friendships with the Federal Civil Rights Office, who was always amicus to our suits. We hadn't gotten to the real suit base yet. There were three or four suits in the country that had been filed on an experimental basis to begin to look at right to treatment, right to rehabilitation out there, so what was happening, you know, Willowbrook was all this experiment. I was learning about what I was seeing on the wards and what was going on which was, in itself, one of the most dramatic and moving possible experiences of

recognition of how evil works.

I began to organize parents to begin to educate them and to have major very glamorous events out in the community, essentially with spokespeople from leadership of the special needs community, professional community. Then I found a tremendous ally in an academic by the name of Burt Blatt who was the chairman of the Education Department at Syracuse University.

Burton was a pioneer of the first order in terms of looking at the evils of institutionalization and had issued a photographic book called Christmas in Purgatory which was the first really major visual exposé of the evils of institutional existence. For that he was literally marginalized and expelled and sanctioned by the special education community. He broke ranks. He told the truth and he told it in a very compelling and beautiful way and he was an extraordinary guy.

Under him he had created an

institute at Syracuse University in the Special Ed Department of the Education Department, called The Center for Human Policy. There was this young, wonderful activist by the name of Doug Biklen who contacted me. We set out and got to know each other.

Burton was doing cutting-edge teaching about the need for change, individualization and deinstitutionalization in the academic community, unique in the country. Doug was a fighter and an organizer and was using academic studies and grad students as a way of looking at the abuses going on in institutions.

And then the greatest genius in the field, I mean the leader in the world field, kind of popped up on my radar, a guy by the name of Wolf Wolfensberger, who had come in and was a major professor and teacher in Canada at the National Institutes of Mental Retardation and also had organized the most progressive community-based program in the entire United States in eastern Nebraska, which had been set up entirely on his

model of what needed to happen to create a perfectly progressive and individualized service system serving the most severely involved people with mental retardation and developmental disabilities.

Wolfie was based at Syracuse because Burt had hired him and he set up his own institute parallel to Doug's on "Leadership Training and Change Agency." I went to go hear Wolf and Burt at a professional conference in Pennsylvania and was floored at hearing these magnificent grown-ups talk about in the most articulate way what I had been experiencing but had not really been able to find vocabulary to describe as a system issue.

I then went to a Canadian seminar, a 14-day seminar, two 7-day training sessions in this new approach to human services which really was just using common sense to look at and deal with people with special needs called "Normalization in Human Services", that Wolf invented, really invented, and articulated, and his whole strategy of how to do a qualitative

evaluation of any human service, give it a quantitative score, and be able to see, step by step -- I mean I developed x-ray vision in Wolf's hands to look at what was going on and have a vocabulary to break down, to deconstruct every little aspect of what I was seeing into an understanding of all of the perversions that had become this coral reef, this dead coral reef, of the New York institutional system.

So all of that was going on at the same time.

Just to pick up a piece of the story here, when I was expelled from Building 76. I had parent meetings there and when Hammond came to the parent meetings, the parents began to really press, but what really broke the camel's back was that after I cleaned up the building, after a year of keeping parallel records and being able to track every single kid, every single problem that they were having, and get them to a certain place, it became totally clear to me that the kids were completely organized wrong in the

building and that we couldn't put together a developmental program, an educational program, at the building level 24/7 without regrouping the kids and regrouping the workers in my building, because different workers had different aptitudes and different tolerances and different strengths and it became essential to regroup them. Certain workers had to be with certain kinds of kids for certain kinds of programs.

The other idea was to bring in lots of furniture and media into their living arrangement by going to the city dump and getting stuff, you know, to bring in couches and soft chairs and to begin to humanize the environment and I managed -- I worked assiduously, slowly, with my workers and my nurses to develop a plan and laid out this plan. The charge nurse, my nurse, panicked and the corrupt workers in there who had been really at the core of the worst abuses went to the administration.

Hammond was no longer benevolent and I was removed from Building 76 after working there

a year. I thought I would die. I mean I was so in love with the children. I was so excited and proud about what I had demonstrated, you know? And, of course, I had been laying track all over the institution. Every time I went into any building I would take photographs, I would make records, and the doctors really hated that. They really hated me coming in and contradicting their orders.

I would cut tranquilizers. I would stop things that they were doing that were abusing people. I was adding medicines where they weren't giving enough antibiotics because the level of infectious disease, the level of parasites, the level of bacterial disease in there, I mean -- and then the viral diseases was epidemic, I'm telling you it was a dangerous place to be. It was dangerous. Almost everybody got hepatitis there.

Somehow I didn't. I mean I was in the middle of it. I touched everything; I was everywhere. You know, I was -- I just -- I mean I loved it. You know, I loved going to

work and I loved being in the middle of people. I mean the people were beautiful. (Laughter.) The people in the institution were extraordinary, once you could get them out of the posture of defense that the institution had squeezed them into.

People don't talk. I began to find out what people could do. I mean every shift people would do something different depending upon who was in charge. A kid who would sit and rock or have all these terribly autistic stereotypic behaviors in the day shift would turn out to be the kid that handled all the laundry and served all the food in the afternoon shift and the day shift didn't know it. I mean there was no consistency.

The people in the institution turned out to be the most powerful, the most heroic, the most adaptive, the most capable people in the whole place. The very people that were supposed to be the problem were the solution to the whole institution. They were the fundamental work force in the whole institution. They did all the

cleaning. They did all the food service. They did every...they did all the punishing and policing because what would happen would be if there was somebody acting up that a worker couldn't handle, he or she would get one of the more capable people on the ward to go and kill 'em, I mean, if necessary beat 'em up, destroy 'em, so little by little I began to realize -- I mean there were all sorts of reasons why injuries were happening there.

Injuries were epidemic.

Every day I did four or five major suturing jobs to kinda clean something up and it was a result of the way in which -- a completely understaffed environment was managed adaptively underground by the use of these indentured slaves, slaves. They didn't get any money.

And then, of course, nobody got to go outside ever. Nobody got to go outside. Why? Because if you only had one worker on a ward you couldn't take the people that could go outside outside. You had to have the worker there all the

time, so people were taken care of at the lowest possible common denominator. The most needy person defined the way in which services were provided to all the people on that ward, 50 people at a time.

THE INTERVIEWER: M-m-m.

DR. BRONSTON: When they moved me out of 76 I was moved from an adolescent ward -- remember, my training is in pediatrics -- to an adult womens ward, Building 23, which was a total shit hole, you should excuse the expression, of such squalor you can't imagine. And in addition to that I was responsible for another building, 22, and on three days a week I was responsible for five buildings because of the doctors being off that was the women's block. I was responsible for every adult women that was ambulatory in the institution, a thousand women.

And, you know, they thought -- they thought that they were pitching me into the darkest hole and that I would quit, and I thought

to myself -- (laughter) -- God, did they give me ammunition. They gave me so much ammunition. First of all, it strengthened me hugely to be in the worst working situation. I mean if I could survive that, you know, it still wasn't clear how the struggle was gonna come out. I knew how it was gonna come out, but that's just because I'm, eternally optimistic and every time they drove me deeper and deeper into the bowels of the beast, I learned more and more. I saw more and more and then all these things were going on sort of at the same time.

I guess we need to talk about at some point what happened when Hammond went berserk and fired Mike.

THE INTERVIEWER:

Let me ask you about the firing of Dr. Michael Wilkins, what you remember about that and what were the results of that action.

DR. BRONSTON: That's a great story, Steve, it's a great story what happened with Michael.

First of all, you know, Michael had come in and had been there for about a year and a half, but the problem was that Rockefeller had created a freeze in the budget so nobody could be promoted, nobody could be hired, and even though he had worked there for a long period of time, technically he was still on "probation". When the newspaper articles from the Staten Island Advance began to deal with Willow Brook on the front page, you know, the "good news" from the head of the National Association of Retarded Citizens, the "good news" from Children's Hospital of Los Angeles, I mean the good news from all these visiting experts about what the possible future is and how bad the institution was, because I walked them through it before they had their public meetings. I brought them all clearly, intentionally, to build a base of support in the citizen movement, in the citizen community.

Hammond needed to stop these exposés and he fired Mike because of the articles in the newspaper. He thought Mike was leakin' this stuff to the newspapers and he couldn't get me because I

was already a "permanent" employee. He'd have to bring charges against me. Let me just back up some pieces here.

What happened was when they moved me out of 76, when they moved me out of that children's building, I got the best labor lawyer in town, who was a friend of mine. His firm represented me and filed grievances against the institution for punitive harassing, excessive workload and punishing sanctions against me.

THE INTERVIEWER: Who was the -- what was his name?

DR. BRONSTON: Gene Eisner was my lawyer and Richard Levy his partner. The firm was called Eisner and Levy. Subsequently the lawyers have kinda split up, since then. Richard is now a major labor lawyer and represents 1199 and Gene also is just doing progressive law. They're magnificent lawyers. I mean magnificent lawyers. I mean we went against the best that the State could throw at us, and these guys were always with a

smile on their face. They could take apart the Attorney General, time after time, and certainly take apart Hammond.

We had grievance hearings and the hearings were appealed to the State Commissioner, who finally sided with the institution in terms of my being transferred, but the process of the hearings led to my understanding of the fact that there was no protection for any worker in terms of workload. The institution could ask anybody to do anything and if they didn't do it, fire them. There was no safe work, no definition of what constituted one's duty; the situation developed, as I was moved from 76 with this hearing going on to cover a thousand people, we filed more grievances because I knew that I had to file grievances on the areas where the administration was gonna attack me and try and fire me before they came with their trumped-up charges that I wasn't handling the work, and so I filed grievances saying that the work was excessive, essentially neutralizing their ability to come after me.

That they were harassing me, that they weren't responding to me, and that everything they were doing was as a result of my genuine, truthful critique of the place. So, any attack on me I had my shields up and I had the two best labor lawyers to protect me and they had to do this in public. They couldn't get me like they got Mike.

So this was -- a war, a war going on day in and day out; working on the wards, taking care of stuff. And I said to them: I'm not even gonna give you reports anymore. I'm not gonna give "straightjacket" orders anymore because I can't do it safely. I can't -- unless you give me a rational workload, I will only do what's necessary to protect the life and safety and basic health of the people I'm responsible for and it was out in the open and it was no quarter, no quarter!

I mean I was as confrontative and sharp with them as possible. I would just say to their face, you know, you are grossly in malpractice. You are absolutely a human abuser, you know? I would push

them as hard as I could to get angrier and angrier, and, protect the circle of safety in my work in order to role model for the other workers. They had to see somebody fight back and not get taken out and they had to understand that they could only do so much and one worker on a ward, two workers on a ward, three workers on a ward, was impossible, impossible given what they had to do; let alone getting to develop rehab &, let alone just maintain life.

All this was was just turning the screw by being the best doctor I could possibly be in order to deal with them and then begin to build allies.

One of the sets of allies was the organized parent movement, another was the progressive university movement, another one was the international professional leadership of the mental retardation world out there. I found these great allies who understood without any question the institutions awfulness, the crimes against humanity, and then, because I was meeting with parents, I bumped into the fact that there had been a lot of efforts to try and handle things legally.

I met Bob Felt who was the lawyer for the Staten Island Legal Aid Society, I met Bruce Ennis from the ACLU who had just finished filing and winning an incredible right-to-treatment suit for a mental patient in Florida, one of the first ever. I met Stan Herr who had filed a right-to-education suit in Washington, D.C. I met Tom Gilhool who had filed the incredible anti-institutional lawsuit, the Partlow (phonetic) lawsuit, in Alabama. I mean these incredible, creative, pioneering lawyers were filing public lawsuits for constitutional abrogation, constitutional violation of life, limb, safety, cruelty, due process, right to treatment, right to habilitation. These were breakthrough ideas that were going on.

So, when Michael got fired, Michael had the presence to call Geraldo Rivera up, you know, and that exposé was atomic. It was atomic. When Hammond fired Mike, the Parent Benevolent Society suddenly rose out of its lethargy, rose out of its

role of having to accept, you know, the dregs of benefits for this leader or that leader in order to keep them cooled out, and filed a nonsupport statement against Hammond and went straight to the Commissioner and said: If you don't rehire Mike and Liz, you know, this is what's gonna happen and this is what we want to have happen and they were successful in extracting from the Commissioner, Alan Miller, a commitment to rehire Mike and Liz.

But the same day, the same night that the parents had gone en masse to rehire Mike and Liz, to meet with the top DMH leadership in Albany, Hammond was cooking a conspiracy with all of his allies and supporters, including the FBI, including the local Congressmen, including the State Assemblyman who's the head of the State Banking Committee. When the news came that night from the Commissioner's instructing Hammond to rehire Michael, Hammond and his strategists -- who was a stupid and arrogant man, it was the people around him that

knew what had to done.

They cooked this incredible piece of theater the following morning so that when Mike and head of the Benevolent came in order to deliver the instruction to Hammond to be reinstate Mike and Liz, the secretaries of the administration had called every building and called all the workers out of the buildings in order to protect Hammond on the assumption that Hammond was being held "hostage" and that he was gonna be fired that day and that all the supervisors were gonna be fired the next day and all the workers were gonna be fired the next day. That's what they told -- the administration told. The workers believed CSEA because CSEA was at that meeting in Hammond's house, as was the head of a rump "black nationalist" organization that was part of the whole conspiracy to keep the labor lid on the institution 'cause, you know, if one breaks open, they all break open.

THE INTERVIEWER: So the idea here is that continue the agitation, continue the exposé, and the place will shut down and you'll

all be put out of work.

DR. BRONSTON: Right. And who is it that they target as the source of the problem? The parents, but more importantly it's Mike and me 'cause we're the ones who are the "troublemakers". But, the parents had been framed as the ultimate threat to the worker jobs because the parents had finally, finally got that it didn't have to be this way, between the exposé from Geraldo and -- I mean it just -- the news was out, the word was out, and there were some parents who were real organizers. I mean they were really good.

Malachi McCourt, you know, I mean Malachi was nobody's monkey. I mean he went up against the administration with all of his Irish, flair and flame, and his wife Diana had a little girl in one of the buildings for kids with physical disabilities. They called 'em the "Spastic Buildings" in those days, the back buildings, one-story buildings where the kids just lay around in what they called "cripple carts," you know. I mean it was incredible. I'd

like to show you pictures of them.

So that next day -- I was off duty.

I had -- I was off duty that -- for two or three days, you know, because I'd been on duty the previous night, whatever, and this whole piece of theater happened. Then they called a whole caravan of state buses that morning -- CSEA announced that all the workers were going to Albany to protest Hammond's firing and to block Mike and Liz's rehiring. Now who can get a whole bunch of buses to come to the Administration Building if the administration didn't allow that to happen? So they all went and did that.

So what happens? Nobody's left in the institution and the parents are there because the parents were all part of what was happening to support Mike and Liz's rehiring because they saw that as a key victory. They still didn't get that it was the institution that had to come down. So far it was step by step, step by step.

THE INTERVIEWER: But it almost sounds like from what you're describing that they were starting to grasp this out of the Commissioner's office, but Hammond was --

DR. BRONSTON: Absolutely.

THE INTERVIEWER: -- was working to protect his own --

DR. BRONSTON: Absolutely. But remember that that played right into the higher level agenda, because the higher level agenda here is to not allow this economic gain to be disrupted because the economic gain is what's really behind this whole thing, which we really haven't fully talked about yet. But the institution is there as an orphan. It floats on its own, but remember that it's a "cash cow". It's real function is to bring in federal dollars, and so it has to be a hostage situation at a legitimate level; that is, people have to be there and held there against their will with no legitimately exit, and that's not such an easy job to convince people 'cause you you gotta knock the parents out of their

"parenting role" in order to convince them that (a) it's okay and if they don't do it they're bad parents.

THE INTERVIEWER: So what's some of the aftermath to this? What happens as a result of this protest? Does anything change on the --

DR. BRONSTON: Fast forward, huh?

Well --

THE INTERVIEWER:

I mean even in the immediate term.

DR. BRONSTON: Yeah, yeah. First of all, there's a huge period of about 60 days to 90 days, where -- I mean there's so many irons in the fire. I had gradually built up and moved 10 or 15 different agendas that were all moving out of my control. I'm not in control; all I'm doing is, you know, showing the light and then people in self-interest rise up.

So there was this enormous press coverage. Geraldo and many others came to look at the carnage. Everybody in the world, Federal Congressmen, Senator Javits came. Everybody came because it was the place to be.

It was a place where they could get press coverage to talk about how terrible this situation was and "we're gonna fix it".

What had happened was that since they couldn't get us on the ground at the institution because we had lawyers all around us and everything, they pulled the most amazing conspiracy.

They issued this incredible three-page unsigned allegation of, Mike Wilkins and I, as being Communist conspirators who were plotting to fundamentally poison the water of the county and create an impossible public health crisis by deinstitutionalizing all these people with all these catastrophic tropical diseases in the county and, that we were dyed-in-the-wool Maoists and Communist agitators and, you know, they dropped this thing out into every church in the county through their chaplains, the Catholic priests and the Jewish rabbis who were the institution's clergy.

It was an amazing, brilliant kind of

an effort to try and hit us and we lived in this large wood-frame three-story house and that night I had all the children, all the women, we all slept in the living room because we were in a county with the largest number of Mafia families in the United States. We were in a county, you know, in Staten Island that fundamentally never went with the revolution, during the American Revolution remained a Tory stronghold. It had Nazi organizing offices during the Second World War. This was not a normal piece of America. This was a place that was highly organized around very, very conservative political interests and people and we were in a wood frame big house being called Communists. This was no amateur job. This was a real counter-insurgency hit.

So we called up Malachi McCourt and I said, "Malachi, what can we do about this?" He said I'll get you on the Dick Cavett Show. Within a week we were on the Dick Cavett Show and so Geraldo and Mike and I and one of the people at Willowbrook, a guy with C.P., named Bernard

Carabello and his mom -- Bernard had been in Willow Brook 20 years. He had severe CP but was totally a normal guy. He had been pushed into this incredible place because of his CP and because his family was poor and they couldn't deal with it and he went down the table slide like all the rest of the people went down the table slide. And Diana McCourt, Malachi's wife, was there.

Albany sent down Bob Hayes and their PR guy, a guy named Harold Wolfe, and we were, you know, like -- we were furry, I mean full beard and big hair and Geraldo had a big mustache and we were in soft sweaters and cord coats and Levis and, you know, we were ordinary folk.

The folk they sent down from Albany were in spats, literally spats, black three-piece suits. They looked like undertakers. And, I mean, it was such a remarkable experience because Cavett was hip to the agenda. It was a great piece of theater.

He got what had to be done.

He asked us what the problem was and we told him this place was hell on earth and the things that were going on were absolutely intolerable. Then he went to the bureaucrats, and these men began doing their bureaucratese, their talk about how they were on top of it, they were gonna fix it. You know that things weren't as bad as we said they were, that we were... "look at us", and so forth, and this went on for 20 minutes.

I kept watching my watch to see, my God, we only have a few minutes left of the one hour for this show.

Finally, I just exploded and I cut 'em off and I said, you know, you guys are lying. You're just lying in your teeth to protect yourself. You know how bad the situation is. Look at you. You guys are "undertakers". Look at you. You're "undertakers!" You've been sent here in order to protect death which we document every day 'cause we're the doctors. We're on the inside!

Well, the whole thing

just exploded. We were so credible.

We are so credible. Everything we did was real, genuine, heartfelt. I mean driven by all of our best training, all of our best caring, you know?

It was an amazing show. It really was --

THE INTERVIEWER: And did this turn the tide for you?

DR. BRONSTON: Turned the tide. (Snap of fingers.) Turned the tide. I mean everything changed. So many people saw that show, it was just astounding.

First, Hammond was removed. What became clear to me was that the more we made Willowbrook wrong, the more we would lose this fight because there would have been this enormous commitment to fix what was wrong. If there were earthquake problems they had to fix the buildings. If there were staffing problems they had to hire a million more workers. If there was food problems they had to bring in better food. They had to make Willowbrook okay.

There was no way to make Willowbrook okay. Willowbrook was a concentration camp! It was like trying to make Dachau okay, make Belsen okay, make Auschwitz okay. Let's fix it. Let's put curtains on the wall. Let's put better furniture in there. Nothing changes in the conditions and with no training and with no leadership. I mean you have business as usual except with a facade. So, it became critical to develop a strategic commitment to an affirmative alternative in the community 'cause that's what was missing altogether in New York.

So I organized a meeting at a local monastery in Staten Island where I invited all the top lawyers on the eastern seaboard that had been involved in class action lawsuits, all the top professionals in the country that I could get to come to develop a professional strategy and a plan on conversion from institution to community, and all the organized parent leaders from all across the state of New York to meet to talk about the consumer agenda.

The three cohorts met separately in separate spaces for two days and generated a report which became the action plan of what was to happen. Most importantly, the lawyers that I brought in were the lawyers that were handling every major class action human rights

lawsuit, most of which had bogged down in all sorts of opposition and technical legal blocks and barriers created by the State to somehow defuse and deflect the attacks on what they were doing. There were big organization, including the unions, behind maintaining state institutions because that's where the jobs are, right?

And so what I charged the lawyers with, and I asked Gene to chair the lawyer caucus of the two-day meeting, was to come out of the room with a model federal class action lawsuit against the State of New York that took into consideration all of the setbacks, barriers and problems that had been encountered by Ennis in Florida, by Gilhool and Partlow, by the people in Massachusetts, all of 'em. Burton Blatt was

there, Wolfie was there, Doug Biklen -- I mean it was a full house. There must have been 80, 90 people there. There was at least 25 people in the lawyer group.

And two weeks after the meeting, the federal class action lawsuit was filed against the State of New York. It was a brilliant filing, you know, by this joined effort I had a magnificent kind of inventory and a roster of what needed to be put into place, what professionally had to happen in terms of totally upgrading the field, what had to happen in terms of consumer organization, what had to happen in terms of press and media and public relations, you know, the handling of this whole situation.

It was an amazing meeting, an amazing meeting that fundamentally changed the paradigm away from let's fix Willowbrook to let's create a New York community system.

Meanwhile, Geraldo had sort of been co-opted by the system to run this whole campaign

called "One-to-One" which was just a big circus in order to try and figure out ways of getting public charity support for group home programs, 6, 8, 10, 12 people each; anything was better than 5000! So the whole notion of single person apartments, individual respite care model, never was on the drawing boards. It was all a matter of kinda wiping your behind with wax paper. You just spread the problem thinner but you didn't change anything.

And Geraldo had been told by his bosses: Get out of this. You spent enough time on this. This isn't news anymore. This is not bringin' in advertisers anymore.

And Geraldo came to heel quickly and pretty much let us go. He would not follow the deep story, would not keep the issue clarified, because we had to keep explaining to the public that just because people know that we've got an "Auschwitz" in our midst, you know, doesn't mean that because you don't read anything about it that it's all gone. Because, you'd think that when the news comes out... Oh, we'll fix it right away.

That's not the way it works.

What happens is, you lose the news, you lose the truth, you lose the reality of the situation, so nothing was really happening. More money was being poured in at a totally token level to create cosmetic changes. They were beginning to rotate administrators. They brought in this little bantam cock guy Misorag Ristich who had been expelled from Minnesota for abuses as an administrator and they made him the administrator of Willowbrook, you know?

He brought me into his office one day. We were head-to-head all the time because I had really cranked up memos to them day after day talking about the deficiencies here, the problems there, the needs here and there, and he said to me: How old are you? I said: I'm thirty-two. He says: I'm thirty-four. Look where I am and look where you are, you know? Do you wanna keep this kind of a thing up? And I said to him: Listen to me, Misorag. I said: "The only reason you have your job is because of

me, so you better do the right thing here 'cause you are really expendable. I will take you out so fast you won't know what happened to you. You better do the right thing here."

But he was such an arrogant, arrogant, stupid little man and so he rolled and they brought another guy in and then they brought another guy in and what happened was that the system had been decapitated. They removed Grundberg who was the NY Commissioner of Mental Retardation, who was really, really a dangerous man, really a dangerous man, and they brought in a guy from Pacific State Hospital in New York named Bob Hayes.

THE INTERVIEWER: M-m h-m-m.

We're actually out of time for this segment so this is a good logical break point. Thank you and we'll come back for more.

(Conclusion of interview of William Bronston.)0