

## **Cue. Volume VII, Issue 14 October 7, 1972**

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- 1 Richard Oberts, Administrator
- 1 Devonia Faut, Dietitian
- 1 Virginia Mietzen, Supervisor II
- 1 V. Crane, Supervisor I
- 1 D. Williams, Supervisor I
- 1 V. Miner, Supervisor I
- 1 D. Moore, Supervisor I
- 41 Food Service Workers
- 1 Harvey Frue, Manager II
- 1 A. Helm, Manager I
- 1 B. Bednarek, Manager I
- 1 J. Grunwald, Manager I
- 6 Cook II's
- 3 Food Service Laborers
- 1 C. Pensenstadler, Manager I (Diets)
- 3 Cook II's (Diets)
- 5 Food Service Laborers (Sanitation)
- 2 Bakers
- 2 Meat Cutters

Take 1 Food Service Administrator, add 1 Dietitian and 5 Food Service Supervisors in one large hospital and blend their knowledge and talents so that the food service is operated correctly. After planning meals, ordering food and necessary related items, add 2 meat cutters, 2 bakers, 3 diet cooks and supervisor, 4 food production managers, 6 cooks, 3 food service laborers 5 food service laborers (sanitation). Mix well and blend in thoroughly their time and knowledge along with nutritious food. Then add 41 food service workers full and part time and you have a smooth running food service every patient can be proud to boast about.

After putting all their talents, knowledge, skills, and time together, you will be able to serve an average of 538 patients, 65 staff, and 65 student nurses daily for a total of 645,738 meals per year, which makes it about 591,000 meals for patients, 25,000 for staff, 26,000 for student nurses, 3800 for guests, and 150 for other people.

One must consider also that all the cost for this is guaranteed so that the nutritional requirements of the patients are kept throughout the year and it is this requirement that determines the cost for a fiscal year's supply of food.

For best results, the food items are purchased from the best quality and price source and at times, some meats are gotten from the Prison Farm system along with all dairy products since the creamery was put under the Corrections system in 1967. It is from the creamery that we receive only Grade-A products such as 150 gals of ice cream, 890 lbs of butter, 29,641

# LETTERS to the EDITORS

THE FOLLOWING LETTERS DO NOT NECESSARILY REFLECT THE VIEWS OF EITHER THE CUE OR ITS EDITORIAL STAFF.

TO THE CUE:

I have refrained from writing to the CUE for a long time, because I was well aware that it did not represent a free press in the manner that was set forth in the First Amendment of the United States Constitution, but was rather a well-controlled instrument of the dictatorial form of control that administers this hospital.

I do not blame Chuck Lemieux, for I know this man very well and have worked with him over the years that I have been at this hospital. I was even on the original staff of the paper before it became the CUE. I know as a fact that Chuck has tried to be open and above board in putting out this paper but we must remember that he is part of the staff of this hospital and he will not print anything that will tend to rock the boat. Nor will he print anything that will tend to step on the toes of those that administer this hospital. This has been clear over the years that this paper has been printed and is clearly shown in the editorial concerning liberty printed in issue 11 that came out August 26th. I know that Dave is capable of a much better job than this on a subject that involves all the patients at this hospital. This is clearly shown by the patient's reply in the ISSUES AND ANSWERS section. This letter more than likely will not be printed in the CUE but because of the grave issues of liberty and the need of a truly free press I will make the time to write this article in hopes that it will be printed and better conditions will come forth for the care and treatment of myself and my fellow patients.

First of all I will cover the need for a truly free press at this hospital, one that will print the truth no matter who it may hurt. I feel that if this hospital would have had a free press over the years that I have been here there would be no need for me to write this article at this time nor would the staff of this hospital become what I consider indifferent in the way they care and treat the mental-

ly-ill humans. I repeat, humans that are put under their care. Over the years that I have been involved with mental illness at the Wisconsin State Hospitals I can only say that the program has gone down hill, whereas it should have improved. It has gone down hill because of the upper leadership that controls this hospital, in other words the doctors. I will show this to be true and I will also show why we need a free press and the part that had we had a free press at the time that these things happened so that they could be exposed for what they are in the treatment of the mentally ill and how much harm acts of this nature hamper in the good care of the mentally ill. The staff of this hospital could say that they were truly giving kind and humane care to those under their care, which they cannot say honestly at this time. Had we had a free press at this hospital I would have written articles to the CUE concerning the acts of the hospital staff such as the following:

The manner that the Kempster females are treated by their staff and I place the full blame on the chief of that section of the hospital. A few months ago it got so bad on those wards that I was compelled to write the Governor's office and the Department of Health and Social Services. The staff on those wards were tying the patients down in solitary confinement Indian-style and taking their food away from them. They were also man-handling the patients when it was completely uncalled for. This was being done to punish the patient--an act that violates the Wisconsin State Statutes. We do not question that the hospital staffs have the right to tie a patient down for safety, but when they do this they must record the reason clearly in the charts and it should only be done for the amount of time that the patient is disturbed. At the time of this writing the personnel of the Kempster female service are still treating their patients in such a manner. They had a patient that struck another patient the other day and instead of following the proper procedure for the humane care of the mentally ill and put this patient in cuffs they proceed to tie her down in solitary confinement for two days.

Letter to the Editor continued

Cruel acts of this nature are completely uncalled for in these modern times. The only time that we resort to tying a patient down is when they have proven that they will hurt themselves if allowed to remain up in solitary confinement. And under no other condition. If cruel and sadistic acts of this nature were hunted down and printed in the CUE they would more than likely stop.

The CUE should look into other matters around the hospital and print articles, no matter whose feet they step on. The care of the mentally ill at this hospital could be improved by a grievance committee, represented by one patient from each ward meeting once a month with the Superintendent or Clinical Director. Looking into an appeal procedure for the patients so that they could appeal their case to a neutral board outside the treatment team of the ward. They have these appeal procedures in society and there is no reason that the mental patients cannot have them in the hospital. Writing more articles and checking into how we could get more legal aid for the patients. There should be a thorough and complete article written covering the useless manner in which the social workers are handling their cases. There should be articles written about the little bit the doctors see their patients. There should be articles written concerning the matter that the doctors refuse to take the patient into the treatment program. Remember when the time comes for them to return to society it will be them alone that will carry the ball. If they do not know what is going on they cannot make it. There should be articles written on the way certain doctors handle their patients. If articles were printed in the CUE, for all to see, perhaps they would improve and give better care and treatment to the patients entrusted to their care.

You should write articles concerning the matter that the Superintendent does not make the rounds of all the wards weekly, so that he and the patients could communicate with each other. Then he would know when things are going wrong. He is more concerned at this time in selling the image of the hospital.

Just recently I became very ill and nearly died and no one notified my family. My family became very

disturbed over this and wrote a letter to the Clinical Director concerning this neglect of the hospital staff to notify them. The Clinical Director wrote them a letter telling them that first I had not been very ill, and second, that my doctor was on vacation to cover up this dereliction of duty and law. To state the fact truthfully they had to perform surgery, without anyone's permission to keep me alive and also I was in a coma for three weeks. This clearly shows that he refuses to supervise and correct the staff for which he is being paid to do. It also shows that he will not be truthful about the care and treatment of the patients when inquiries are made, if it would look bad for the hospital.

The CUE should write articles about the unfair way patients are worked around the hospital. They should write about the part that patients are worked more than the employees are, such as in the dining rooms, where they are forced to cover the whole day, whereas the domestics have two shifts, also the part that they have to work six days a week, whereas the domestics only have to work five days a week.

The CUE should write an article about how the doctors of this hospital are over-extending the authority of the laws of Wisconsin and setting conditions on the patient that are not authorized by law. You should write an article demanding the hospital administration to train their doctors and social workers in the laws that they are authorized to function under and how far they can go under the law. Take the case of one doctor that has a mute on the ward. I heard him tell the mute that he could not go out of the hospital until he was able to talk in court. This is not true, because the law allows the judge to appoint a guardian ad litem. In this kind of case the guardian ad litem would do the talking for the mute. He has another case up on the ward concerning a blind patient. This patient has been there for months at a cost to the taxpayer of \$1300.00 a month, whereas he could be cared for in his home community for \$500.00 a month. Acts of this nature take place all the time at this hospital, but could be stopped if we, the patients, had a free press to uncover and print these wrongful acts.

The CUE should write articles on

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## Letter to the Editor continued

how the staff at this hospital refuses to accept the fact that they are dealing with mentally ill humans. I will state only one case at this time that just happened recently. I could state many others. One of the patients on my ward, two east Kempster, was venting himself before the staff and he was using profane words, so they locked him in solitary confinement for two days. The point I want to bring up is the part that the staff members of this hospital refuse to accept the fact that they are dealing with mentally ill persons. No matter how much they annoy the staff members they have no right to take actions of this kind until the patient becomes a danger. But because of the refusal of the staff to let a patient vent himself, because we are mentally ill does not mean that we are stupid and do not know when irrational acts are being committed against them. We, the patients, have to put up with the pent up emotions of the staff members taken out against us day in and day out. Why can't they put up with ours? They are getting paid big salaries to do this.

The CUE should write several articles covering the illegal, unfair and unconstitutional way patients are staffed at this hospital. There is no due process, there is not a written record on what took place. Because of this the patient does not know what is being used against them. They have no way to defend themselves. They have no way to appeal the findings because all there is in the records is the finding. This makes it completely impossible for any form of appeal.

Take my case a year ago. A friend of mine was being held incommunicado by one of the doctors and was unable to file a petition for a sanity hearing in a court of law. So I took it upon myself, which Wisconsin law allows me to do, and filed the required papers. When the doctor found out about this, she went directly to my doctor and complained that I was interfering with her patient's treatment program. Because of the ignorance of these two doctors, I was sent back to Central State Hospital, in violation of Wisconsin state law on the subject. The law is clear that a patient has to be a danger to others, or to property before they can be sent to this hospital. I brought

this matter to the administration's attention, that this doctor and a social worker refused to help her process the required papers for a hearing. The administration did nothing to correct this violation of laws by members of his staff.

Another thing that shows sickness of the CUE is the part that in one of their recent issues they had a cartoon cutting down one of the patients. This patient is having enough problems the way he is being ridden on the ward by staff members without being made a fool in the CUE for everyone to see and make fun of him. If the CUE would direct these cartoons at the acts of the staff, they could be doing more good for the patients. This is what the CUE is for--to help the patients. I could go on some more, but I think I have covered the need of a truly free press at this hospital.

Now let us go into the issue of liberty here at the hospital. They say that liberty is a privilege. Liberty is well-defined in the Constitution of the United States. It is not a gift, as it is used here. It is clearly defined as a right. When one is in the hospital he is only restricted in his right to liberty by his ability to be responsible for himself. Most patients are able to qualify under this standard to full liberty shortly after they come to this hospital. If the court doctors can evaluate a patient in a half hour for the purpose of commitment, there is no reason that the hospital staff cannot evaluate whether a patient can have full liberty in that time. Liberty should be a hospital-wide policy, not a policy controlled by the wards, beyond the part that the ward staff should decide if a patient is responsible. There should be no liberty cards, because they serve no useful purpose, except to insult the intelligence of the patient. I have been here for years and have never been asked for my liberty card out on the grounds. Because of this, I say they should be eliminated. The only thing that a patient should have to do is sign out to where they are going, in case the staff has to get in touch with them.

The greatest offender of a just and constitutionally-proper liberty policy is one doctor who has stated before his patients that he will not allow more than three hours of liberty for Kempster male service—a policy that is violative of the Equal

Protection Clause of the Fourteenth Amendment of the United States Constitution, because the normal policy of the majority of the hospital wards is a patient can work their way to full liberty. To satisfy the demands of the patient's Constitutional right the policy must be equal for all no matter what ward they are on. The thing that gripes this doctor's patients the most is the part that he does not adhere to this policy to the letter, as he stated. The reason I say this is because he has given full liberty to one of the patients. He is not required to go to eat with his group--something that no other patient in the hospital is allowed to do.

Another thing that is unfair is the part that whenever one of the other patients on the ward loses his liberty he has to start all over again with one hour at a time, whereas the above patient gets full liberty right off the bat. The thing that disturbs the rest of the patients on the ward the most is the part that this patient has proven time and again that he is not a responsible person, and yet the doctor gives him full liberty. This is a matter that should be brought to the Superintendent's attention.

Another thing is the part that liberty is too strict. If a patient is a few minutes late, all hell breaks loose and liberty is pulled. But the staff that runs this place can do things any time they want to--early or late of time set by hospital rules. So why be so strict on the patients? Why not be reasonable with them? Or are they trying to show how irrational they are? Society does not require them to conduct themselves this strictly. Then why are we treated so irrationally? Another thing is the degrading practice of head count at every meal in the Kempster male service. This is not required in Sherman Hall for the control of the patients, so I see no reason for the degrading act being done in Kempster. This is an act that is done to convicts; we are not convicts.

We have taken a look at the unfairness of the liberty situation at this time. Patients are forced to work around the hospital, but they are not allowed full liberty. They can go into town alone, but they cannot have full liberty. How can you expect them to take on the responsibilities of society when you refuse to give them responsibility here at the hospital.

Let us have a free press. Let us have a fair and just liberty policy. Let us be treated like human beings. Help us; do not degrade us. Let the staff seek out in themselves a better understanding of their patients. Stop this act of judging without all the facts. And the most important--be kind to the patients, as they are over in Gordon Hall South.

Sid

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You're wrong, Mr. Stamper. As you see your letter was printed, (names withheld) though this does not necessarily mean that our editorial staff allies itself with all of your opinions and accusations. However, we feel that our "Letters to the Editors" should be a vehicle to allow people to express feelings and concerns about the hospital which perhaps can be used by the staff to make constructive changes in hospital policies, if warranted.

Due to the seriousness of your letter, we have taken the liberty to contact those mentioned in the letter and made direct reference to. Following are their comments:

TO THE CUE:

There seems to be a rumor going around the hospital that I was insulted and downgraded through a cartoon that a CUE staff member put together.

Although I feel that it was true about them working me like a dog and I couldn't get a moments rest, I still enjoyed having the cartoon about me. I don't feel it was harmful to me in any way and should the CUE staff be interested in making another cartoon about me, I will again give my permission as I did once before.

I thank the CUE for feeling me usable in their paper.

Ron

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Mr. : I thank you for the compliment that I am able to do a better job in writing editorials for the CUE. But as I was trying to write the editorial requesting more patient liberty, I feel that only one side should have been mentioned and that is the patient's side as the staff doesn't use the liberty privilege. Therefore I



Letter to the Editor continued

only interviewed patients before writing a summation of collective views. Again I thank you for your interest and welcome any further constructive criticism you may have for me.

Dave

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TO THE CUE:

Recently the CUE requested the hospital administration to reply to a particular letter to the Editor prior to its publication. The CUE did this expressing the opinion that they recognized their obligation to patients to provide a medium whereby patients can air their views but also recognize the responsibility that the CUE has to their readers to provide answers and correct inaccuracies which may exist.

In complying with the CUE's request the hospital administration did take into consideration this particular letter to the Editor and involved all appropriate staff in preparing this response.

We assume that the author of the letter had constructive intentions in drafting the document and submitting it for publication. But unfortunately, the end product is destructive because erroneous conclusions and statements are made as a result of half truth reporting. For example, the accusation that a patient was held incommunicado from the Courts and as a result the author of the letter had to initiate petition to the Court for rehearing on behalf of the patient is totally inaccurate. The patient had been advised of her rights by the hospital staff to initiate a petition for rehearing but she declined to do so contented with her treatment program and the efforts of the hospital staff on her behalf. However, in spite of her refusal the author of the letter attempted to initiate a petition against her will which the Attorney General ruled to be invalid. To attempt to answer one by one the many items listed would not be useful because proper clarification would require in many instances a violation of patient confidentiality. It is important, however, to emphasize certain principles of practice that guide treatment philosophy and protect the rights of our patients. For example, as previously illustrated, no patient is held incommunicado from the Courts, attorneys, the Governor or the hospital administration. Patient information PAMPHLET clearly outlines

the rights of the patients and the channels that they are to pursue and ward orientation procedures reinforce the information in the pamphlet. All staff is fully conversant with Wisconsin Statutes as they affect the mentally ill and particularly the right of appeal open to a patient who feels that he is being held at the hospital against his will to the Courts. The hospital staff will do everything in its power to help the patient expedite such a petition if that is the wish of the individual patients. Patients who require legal assistance and can not afford it, are put in contact with legal aid and frequently the hospital transports the patient to that facility in Oshkosh, if necessary. Further, every possible precaution is used to guarantee patients individualized and humane treatment. Through the process of peer review and quality control of work being done at the hospital, such procedures as restraint and seclusion are only used in life threatening situations. They may be used as a part of the treatment program only with the consent of the patient and the patient's legal guardian. Matters of liberty, length and types of industrial therapy assignments, etc. are individualized in each patient's treatment program and are done in conformity with the Federal and State Labor Standard Practices and other guidelines to insure that patients are not abused in the process of their treatment.

The criticism of the CUE is particularly unfair and demonstrates the degree of inaccurate reporting. For years the CUE has been recognized by hospital staff and administration alike to be the true ombudsman of patients. For example, each CUE editorial appropriately and on a routine basis is considered as part of the hospital's Interdisciplinary Committee agenda and through the collaborative efforts of the CUE and the hospital staff through the hospital's Interdisciplinary Committee, many progressive reforms have been instituted in the hospital routine to improve the quality of service to patients and to further the objective of patients being a true collaborator with staff in their treatment programs. This collaborative effort was responsible for reforms relative to patient access to telephones; the evolution of the patient information pamphlet; improved ward orientation procedures for new patients; planning of weekend activities; modifications and adjustments in the hospital menu and general feeding patterns, etc.

Further efforts at patient participation are being evolved both at the

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Letter to the Editor continued

inpatient as well as the outpatient level. It is our hope that the CUE staff will continue to assume the role of ombudsman and all patients be aware of the very responsible and courageous effort being undertaken by the CUE staff.

T.J. Kelley, M.D.  
Clinical Director

Chairman of the Inter-  
disciplinary Committee

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Mr. : Let me first return the compliment. Looking back to when you worked on the CUE, I recall your being an extremely efficient worker with a sincere dedication to improving conditions for your fellow patients. I also remember the time that as a result of vandalism in the CUE office, you retyped a complete issue of the CUE, alone, so that we might meet our deadline.

Secondly, let me restate my role on the CUE. It is presently the same as it was back in 1966, when I initiated the newspaper -- that of an advisor only. However, I must admit that over the years I've had ample opportunity to polish my typing, mimeographing, scoping, proof-reading and assembling techniques, out of necessity.

You noticed I did not include writing or censoring? Simply because I do neither one. Articles which appear in the CUE are written by members of the patient editorial staff. Subject material stems directly from bi-weekly planning sessions held by this group of which I am a voting member. Decisions are made democratically by majority rule. I have one vote, the same as Mr. Patient from 2 East. I express my opinions during these sessions the same as he does. However, my vote means very little if in the minority.

As a matter of fact, I voted not to print your letter...

Chuck Lemieux

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IN CONCLUSION: We believe the CUE is a "free press" however, we also recognize the responsibility that we have to our readers, that being to publish only true and accurate information. And also to correct any misinterpretation which may exist.

We sincerely hope that we have been able to provide you with some of the answers you are searching for. If not, and you wish to further pursue these issues, might we suggest that you do so directly with the individuals involved.

Thank you,  
THE CUE

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TO THE CUE:

I am writing about starting a hobby corner in the CUE. Some of the patients could write about some interesting hobby that they might have. In that way other patients could get ideas that would be of help in improving their own life.

Gary

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TO THE CUE:

Thank you for putting in "Reminisce." I enjoy your poetry. I read it to the other patients on my ward, 3K.

I missed the very fine puzzle you always have.

I enjoy your CUE. Keep up the good work. Suggestion: Why don't you put in a large "Smiley" with "Have a Happy Day." It is a fad.

Norma  
(Miss April)

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#### POLICY ON LETTERS TO THE EDITOR:

Letters to the editor should be limited to 250 words and must be signed with the name of the sender. Unsigned letters will not be published under any circumstances, although names may occasionally be withheld on request if there is sufficient reason.

The CUE reserves the right to edit all letters for length, to correct grammar and spelling or to excise profane or libelous statements.

THE CUE

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# HOPE — OR — HELL

(CONTINUED FROM THE SEPT. 23 ISSUE)

During my two weeks hospitalization I felt total disillusionment. This couldn't be happening to me. Love, hope, trust, effort, principles, and God Himself had let me down. Up until now, I had lived with the magical and compulsive thinking that God helped those who helped themselves and that if I was good, life would be fair to me. Something had gone wrong with the last few years. I felt dead and afraid inside--weighted down with feelings I couldn't understand or even express. To see others happy and lighthearted tormented me. As I walked the hospital corridors I knew I could never be the same person and I doubted that I would ever smile again. What I felt was the bitter end was really the beginning of a long and crooked road back to health and happiness. I know others who have traveled this road will agree with me. As a fever indicates physical malady, my anxiety and somatic symptoms indicated emotional illness. Skilled diagnosis, treatment and time would be the cure.

At the hospital I underwent thorough psychological testing. After reviewing my personality tests and history and ruling out any physical problems, Dr. Hofmann prescribed intensive psycho-therapy. He assigned me to Dr. Kreinheder, a Jungian analyst at his clinic, whom he felt would work best with my type of problem. Dr. Kreinheder was a warm, relaxed man and although it took many sessions before I could get into the sensitive aspects of my problem, I immediately liked him. He was old enough to be my father which was exactly the kind of relationship I needed to develop to become totally well. At my first session he explained psychotherapy is like going to college and majoring in self understanding and everyone could benefit from it--not only the acutely distressed. He explained I must come to understand and replace long-standing negative attitudes with realistic beliefs, creative thoughts and responsible behavior but most of all to develop a sense of trust again. It sounded so simple but old habits and thought patterns take time and conscious effort to change. I doubted I could ever change. How had I gotten into this pit of despair? How could I ever put my life in order again?

The first step was to examine my entire life. To do this Dr. Kreinheder advised me to write an inclusive autobiography starting with my earliest recollection. I thought this was utter nonsense. How could that relieve my anxiety symptoms, I'd sob? How could a doctor be so blind to my dramatic agony?

I thought all the work was supposed to be done by the doctor and I didn't do my share for several months. Instead I pleaded for a more potent tranquilizer. My preoccupation with somatic symptoms was intense and I was a tough nut to crack. I'd get impatient and practically order Dr. Kreinheder to make me change my ways, thinking that by facing situations I feared I would be cured. I'd insist that he be more firm with me. He'd smile and say I was already too hard on myself and that lasting self discipline is never forced but motivated from within. Twice during the first year I stalked out of his office complaining he wasn't doing anything to help me--I doubted his competence and even his ethics. I once went for electro-shock therapy and once for hypnosis. I'd do anything but face what was really wrong. I returned instinctively knowing that only by working with and trusting his judgement could I resolve my conflicts. These other quick routes only temporarily "frosted" my problem and slowed down progress. I was a real rebel but

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this process was necessary for me to grow to individual maturity because I had missed this developmental stage in my youth.

When I became responsive to therapy and finally wrote my autobiography many pieces of my problem fell into place. I was the sixth of nine children born on a farm in the midwest. My father left home when I was seven years old and I grew up with no father image and an immature attitude of men in general. Because we were poor there were many stresses. I often felt shame at not having pretty clothes and being on welfare. I longed for the security of a stable home. I loved my family yet was frustrated and felt helpless and angry with cruel reality. I compensated by becoming shy, serious, efficient. While writing my autobiography I not only unburied the guilt, disappointments, resentments, but brought alive forgotten tender memories of kindnesses, warm friendships, humorous moments, young courage. I alone could know these thoughts and Dr. Kreinheder helped me put them into proper perspective. Slowly I made peace with my past. I no longer needed tranquilizers. They had served their designed purpose in my acute distress. I stopped smoking. My suicidal fears were a symbolic desire to "kill" my emotional pain--not physical death.

In analysis I came to admit that I had often twisted comments as deliberate insults when really my defense mechanisms were at work protecting my weak self-image. I had always felt so inferior and rejected had exaggerated responsibilities. I never dared to assert myself lest I reveal my hidden hostilities and thus destroy my facade of being sweet and calm. In order to feel accepted I needed that self-image, desperately--this conflict was the cause of my anxiety.

I learned that psychotherapy was not lying on a couch but sitting up dealing with painful situations which required effort on the patient's part. My therapy was long, complex, expensive, and progress was slow. Meanwhile life's demands did not stop. Often friends hurt me because they didn't understand what I was going through. Too, I'd disappoint them because I was so withdrawn and fearful. My husband and children needed me yet so often I felt I had nothing to give. I felt confused. After some sessions I would cry so hard I'd leave feeling physically numb. For perhaps a month I would feel optimistic and strong--then despair and panic would pop up, all progress seemed lost yet a reason would always be revealed through analysis.

Dr. Kreinheder suggested I keep a notebook of my dreams which were powerfully disturbing during early therapy. Because of my ultra-conservative attitude I initially rejected this "Black Magic" type of treatment. After my skepticism eased curiosity took over. I had to admit interpreting my dreams gave me the first natural relief of anxiety depressive symptoms. This emotionally controlled catharsis ebbed away my subconscious clinging to physical ailments and helped me to honestly handle emotional pain which had been an acceptable cover for my real problem.

I feel the one most helpful statement Dr. Kreinheder made during therapy was that I could turn everyone of my liabilities into assets. I resisted. I thought he was the one who needed help. You can't make a good pie from rotten apples. But capitalizing on your liabilities can be a powerful motivating force. It builds dignity and humility--changes narrow pride into self respect. It cancels out self pity and that develops endurance and courage.

I came to know and like my inner self--to enjoy my unique personal qualities. Life again became interesting. My depression had left me. Dr. Kreinheder was strongly spiritual in a quiet way and helped me to forgive myself for all my blind mistakes but most of all for hating God.

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Time is no longer my intangible prison of misery but an opportunity to utilize my natural abilities. People are no longer a threat to me--I value old friendships and welcome new ones.

I am back to nursing--part time--with improved skill and a deeper compassion. Each day is a joy with my husband and children. I was fortunate to be treated by Dr. Kreinheder who accepted me as a worthwhile person when I was so broken and emotionally bankrupt. He was gentle yet always professional. He guided me to develop healthy, lifelong attitudes without imposing his own beliefs upon me. Most of all I feel fortunate to have received the necessary strength from God which raised me from the depths of despair. With His help "Hope" has replaced "Hell."

THE END

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(Continued from Page 1)

lbs of milk, 120 lbs cottage cheese, 172 lbs buttermilk, 5031 lbs skim milk, 387 lbs half and half all for an approximate cost of \$3400 per month.

To add variety to the menus, the staff meets on a regular weekly basis where the meals are set up on a 13 week cycle of a 28 day meal pattern. This allows the food service to take into consideration the different seasons of the year so that in Winter they may have more hot dishes and in Summer they may have lighter dishes. The principle meal of the day varies from noon to evening, but usually Sundays, Saturdays, and Holidays see the noon meal as the heaviest. To insure adequate nutrients for the day, the meals are spaced within a 14 hour period from breakfast to supper and no one has to go without food for more than 10 hours or a fairly decent sleeping period. Also during the meetings, the staff discusses honestly and openly situations pertaining to the menus, how the items are received by the patients, how service may be improved; eg. (It has been recommended and introduced to the budget committee for a portable grill and stand so that patients may receive eggs to order sometime during the week.), reviewed by the dietitian so a properly balanced meal is put out, and if there are complaints, remedies to correct adverse situations.

It can be noted that meals are prepared and served so that in case of hot dishes they will be that way when the serveries dispense the meal, but on occasion a meal can be ordered special for an outside picnic, off grounds activity, inside party, or for the work release program in which case the meals will be different from the rest of the hospital population but just as much effort, time, and care will have been spent. Just during the last fiscal year, over 563 parties were given, 3200 off grounds lunches, 7400 work release lunches, 29 special meals were put out along with 132,000 special diets and 240,000 trays.

During the course of a year, thousands of man hours are spent by staff but in addition, patients work approximately 21,000 hours in the kitchen, 92 hours in the bakery, 232 hours in the paring room, and 1400 hours in the Serveries. This makes certain that the old adage "A contented person is a well fed individual." survive the test of time here at the hospital.

EDITOR'S NOTE: Mrs. Devonia Faut has left her position of dietitian and Miss Barbara Ernst will be assuming the duties of dietitian. We thank her for choosing to work here and to wish her the best of luck in her new job.

Dave





### GHETTO LIFE

Loud music  
Broken glass  
No flowers  
Stamped down grass  
Children playing in the street  
Night comes.  
Drunks stagger  
Junkies shoot speed  
Gamblers bet  
Prostitutes seek customers  
Gay boys in a dark park  
Lesbians in competition with the man  
Illicit lovers fight  
A light shower developed  
Night drifts away  
Misty dawn.

Louis

### TRAVELERS' FANCY

To be dancing in the dawn  
On winged feet in front of a marble  
faun  
Caprice unguided flying to a nearby star  
And to other places equally far.

Whirling squirming twirling gyrating  
In close union with twisting travel  
Thrusts the wondering endeavoring soul  
Past time, past space seeking newness.

The human mind abhors a boredom  
It needs an expansion and free  
Unlimited frontier to maintain healthy  
interest,  
Ever stimulus to wonderment.

Whatever else lies in the universe  
That is not the universe as soon as  
found  
Becomes part of the universe, but always  
more  
Is waiting in a universe of infinite  
opportunity.

And it is there for your enjoyment.

James

Are you with me? you ask  
I am until we are mist.  
Mist is a wine filled cask  
Never emptying-love kissed.

Joanie

Come make the fire  
Can't do it alone  
Return to my bed  
Your hearts not stone  
I know you love me  
It's more than what you said  
Because of what we've shared  
I know it can't be dead  
I lost a lot that day  
We peacefully said so long  
So come make the fire  
I can't do it alone.

Joanie

### GIVE IT A TRY

Hello there people and how are you?  
Are you happy or are you blue?  
If you are blue, do this today;  
Go take a shower and wash it away.  
Cast out your sorrow, your hurt and  
your pain,  
Just wash it all off and it goes down  
the drain.  
Fill up your head with thoughts that  
are gay.  
Smile at your neighbor that is the way.  
Have a nice word, show him you care.  
Give it a try, it's something to share.  
People feel happy when nice things are  
said.  
And nice things will go right to their  
head.  
So next time you see someone that's blue,  
Give that one person a smile...will you?

Bill

### "LOVE"

Hundreds of wandering people whose  
curiosity is too strong, pick it up and  
play with it never knowing how strong it  
is. "LOVE"—handle with care.

Mary

### SILENCES

The colors of the butterflies are beautiful  
Sort of like pieces of sanity that  
Falls like the rain  
But after it's over, are as brilliant  
As the colors of a rainbow.  
(Sanity must be two things—colorful and  
silent).

Mary



# HAPPY BIRTHDAY

# CALL WASHINGTON

## WOMEN

Viola	October	6
Verona		7
Rhoda		7
Jo Ann		9
Doris		13
Christine		13
Eunice		15
Beatrice		18
Sandra		23
Carol		24
Virginia		24
Christine		28
Glays		29
Betty		29

## MEN

Roger	October	2
Aloy		2
Alex L.		3
Steven		3
Charles		4
Norbert		5
Forest		6
William		9
William		9
Eugene		9
Michael		10
Robert		10
James		10
Milo		12
Edward		13
John		15
Mark		18
Thomas		19
David		19
Austin		20
Gregory		22
Joseph		22
Doug		23
Charles		24
David		24
Percy		27
Abner		27
Steven		28
Peter		28
Mark		29
Edward		29
Thomas		30
Felix		31
James		31

## BALANCE SHEET (Certified)

Year Ending Dec. 31st d

Pop. of the United States- 185,000,000  
People 65 years or older - 37,000,000

Balance left to do the work 98,000,000  
People 21 years or younger 54,000,000

People left to do the work 44,000,000  
People working for the Gov't 21,000,000

Balance left to do the work 23,000,000  
People in the Armed Service 10,000,000

People left to do the work 13,000,000  
In State and City Offices 12,800,000

Balance left to do the work 200,000  
People in hospitals 126,000

Balance left to do the work 74,000  
People who refuse to work 62,000

Balance left to do the work 12,000  
Persons in jail 11,998

Balance left to do the work 2  
-

TWO? YOU AND I And you'd better get  
a wiggle on. I'm getting damned tired  
of running this country alone.

\* \* \* \* \*

## NO MAN IS AN ISLAND

"If the day and night are such that  
you greet them with joy, and life e-  
mits a fragrance like flowers and  
sweet-scented herbs, is more elastic,  
more starry, more immortal--that is  
your success."

Higher Laws  
Henry David Thoreau

--Submitted by Gary

# What You Should Know

## PATIENT ORIENTATION

### WHAT IS THE ADVANTAGE OF BEING WELL ORIENTED ON ARRIVAL?

A well oriented patient can quickly adjust to the necessary routine established for ward community. Others, less well-oriented do not grasp the many details explained to them and need frequent orientation sessions before becoming aware of the ward routine.

### HOW IS THE STAFF INVOLVED IN THE ORIENTATION OF NEW PATIENTS?

Patience is needed by each staff member in order for a patient to realize the ward procedures. Time and consideration spent in explaining and re-explaining procedures results in a more relaxed patient and assists in his recovery.

### WHAT ARE THE USUAL PROCEDURES NEW PATIENTS SHOULD EXPECT WHEN THEY ARRIVE AT THEIR WARD?

New patients should be given a tour of the ward, showing them the rooms, closets, bathrooms, dayrooms and where they will eat their meals. The schedule for rising and going to bed, smoking rules, coffee privileges, lib rties available to them, time when doors to the building are open and when they are locked should also be explained to them.

### ARE OTHER PATIENTS INVOLVED IN A NEW PATIENT'S ORIENTATION?

A new patient is introduced to other patients to put them at ease in a new environment.

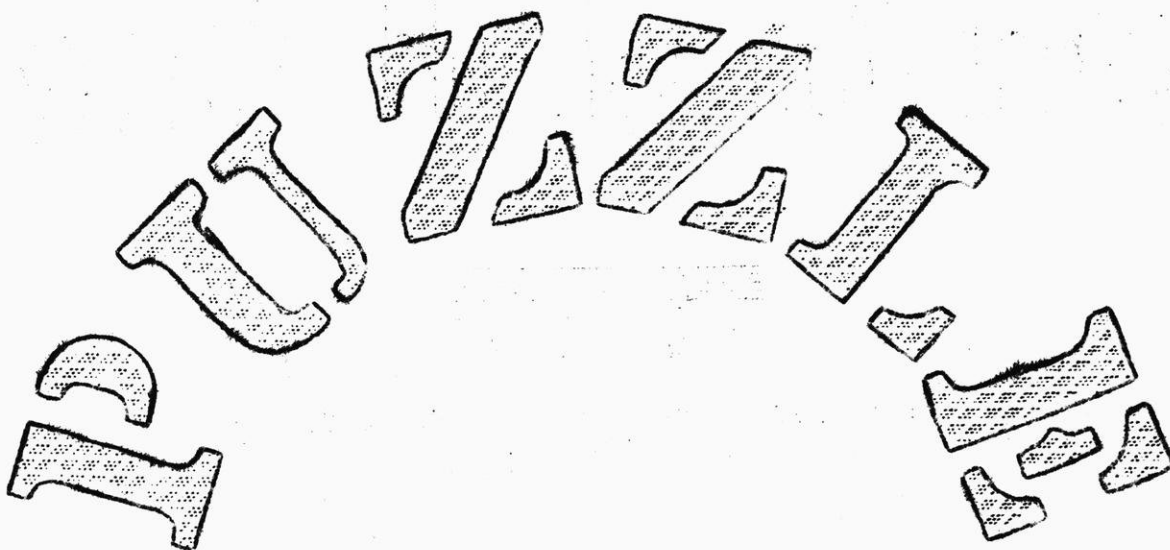
### WHAT IS DONE WITH A NEW PATIENT'S VALUABLES AND CLOTHING?

All personal clothing is sent to a marking room for identification. Valuables are sealed in an envelope and sent to the hospital business office for safe keeping except for rings and watches. If the patient desires to keep these, he must sign a form and assume responsibility for them.

### WHAT ARE THE BENEFITS OF ORIENTATION MEETINGS HELD FOR THE NEW PATIENT?

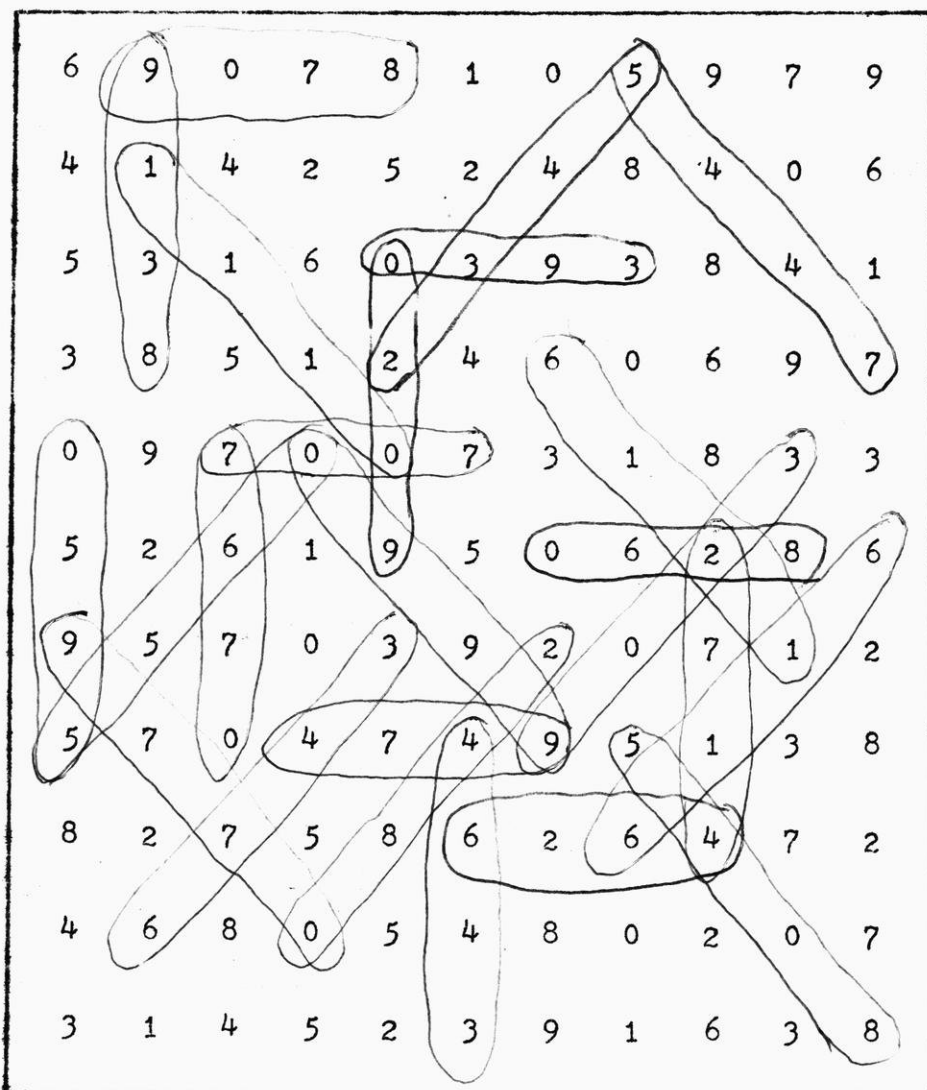
In these meetings, procedures and others matters specific to the ward are explained. The various therapies are described and it is explained to the new patients their attendance will depend upon an order from the doctor. The various departments that will serve them are delineated. These are medical clinics, social service, dental clinic, beauty parlor, barber shop, Fashion Kerner, canteen, library, and volunteer groups. The types and hours of entertainment that is provided for them is also outlined.

During this meeting it is explained that the doctor diet has the amount of liberty afforded to each patient, all home visits, tours away from the hospital, and visits with relatives off the hospital grounds.



### HIDDEN NUMBERS

Solve this as you would a regular Word Search, circling number combinations instead of words in the diagram. Happy hunting!!!!



0209  
2345  
3930  
5447  
6264  
8260

✓ 0999  
✓ 2480  
✓ 4172  
✓ 5560  
✓ 7007  
✓ 9078

✓ 1110  
✓ 3209  
✓ 4643  
✓ 5950  
✓ 7670  
✓ 9138

✓ 1216  
✓ 3476  
✓ 4749  
✓ 6116  
✓ 8045  
9770

# THE WEEK AHEAD

HOSPITAL ACTIVITIES FOR THE WEEK OF OCT. 9 - OCT. 15, 1972

Monday Oct. 9	2:30 - 9:00 am - 4:00 pm	HH Music Rm.	CANTEEN OPEN*
	4:00 pm	HH Barracks	RECORD LISTENING
	6:30 pm	SH Wards	Woodworking
	7:00 pm		Outagamie Red Cross
Tuesday Oct. 10	9:00 am - 4:00 pm		CANTEEN OPEN
	3:45 pm	2-E	Book Cart
	6:30 pm	GHS	Redeemer Lutheran
	7:30 pm	1-W	Jaycettes of Oshkosh
Wednesday Oct. 11	9:00 am - 8:00 pm		CANTEEN OPEN
	1:15 pm	SH 1-2	Appleton Red Cross
	1:30 pm	GHS	Lutheran Ward Service
	2:30 - 4:00 pm	HH Music Rm.	Rev. Winter
	3:45 pm	2-E	RECORD LISTENING
	7:00 pm	Canteen	Book Cart
	7:00 pm	Chapel	SING-A-LONG
			LUTHERAN SERVICE
			Rev. Winter
Thursday Oct. 12	9:00 am - 8:00 pm		CANTEEN OPEN
Friday Oct. 13	9:00 am - 8:00 pm		CANTEEN OPEN
Saturday Oct. 14	10:00 am	GHS	Favorite Hymn Recital
	12:00 am - 8:00 pm		Mr. Korn
	2:30 pm	HHA-3	CANTEEN OPEN
			Women of 1st English
			Lutheran Church
Sunday Oct. 15	8:45 am	Chapel	PROTESTANT SERVICE
	10:00 am	Chapel	Rev. Winter
	12:00 am - 8:00 pm		CATHOLIC MASS
			Fr. Barrett
			CANTEEN OPEN

\*ALL patients may attend activities in CAPITAL LETTERS

PATIENTS LIBRARY, SH Basement: Open 9 - 4 M thru F



Mrs. Julaine Farrow  
Nursing