



Winfield State Hospital. (Right) Physical therapy staff work with residents during the 1980s to develop motor skills





The Long Road Toward “The Right Thing to Do”

The Troubled History of Winfield State Hospital

by Frederick D. Seaton

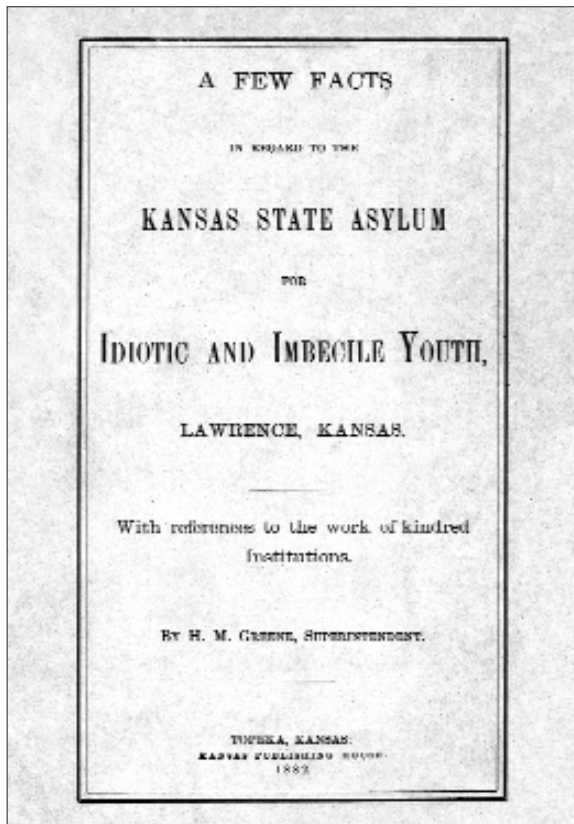
The story of Winfield State Hospital is a story of an institution that, almost from its beginning, was at odds with leadership in the state capital. Early on the institution drifted from its original mission, and it eventually found itself out of favor with its own community.

During its 116-year history the hospital was battered by waves of conflicting ideas about the treatment of the developmentally disabled and by partisan politics, which determined its governance for more than sixty years. Winfield’s population peaked following World War II, after which downsizing began, leaving a core popu-

lation of the most severely mentally and physically disabled in Kansas’s care. In the end, individuals committed to the civil rights of the mentally handicapped persuaded policymakers to open the doors of the institution and, in a

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The entity that became Winfield State Hospital opened in Lawrence in 1881 as the Kansas State Asylum for the Education of Idiotic and Imbecile Youth, for children age fifteen and younger.

uniquely “Winfield way,” return the residents to the community. As costs rise and memories fade, however, their fate remains less than certain.

The entity that became Winfield State Hospital opened in Lawrence in 1881 as the Kansas State Asylum for the Education of Idiotic and Imbecile Youth, for children age fifteen and younger. In an impassioned speech before the Kansas House of Representatives, Representative James F. Legate persuaded his colleagues to reverse themselves on their previous opposition to the asylum and pass a bill authorizing it. Legate called on the house to keep pace with neighboring states and adopt a Christian attitude toward “feeble-minded” children. He considered those children to be victims of the hardships suffered by Kansas mothers during the Civil War. Paraphrasing Jesus Christ, Legate said, “Inasmuch as you did it not to one of the least of these, you did it not to me.” Already approved by the senate, the bill appropriated \$16,080 for thirty students. The asylum opened in temporary quarters on September 1, 1881, in the old North College Hall on the University of

Kansas campus, with the Reverend Henry M. Greene, a United Brethren minister and former state senator from Douglas County, as its first superintendent.¹

Early on, the staff came under pressure to accept severely mentally handicapped children. Greene urged the name of the institution be changed to the Kansas Institution for the Education of the Feeble-Minded. This effort failed, and it signaled Greene’s frustrated desire to make the institution one for the mildly retarded and not a place where families left children considered uneducable.

Also in the early 1880s a movement for retreat to the countryside swept the field of mental disabilities. In 1885 a legislative committee supported Greene’s recommendation that more land and buildings be provided in a setting away from urban activity. It happened that both the University of Kansas and the Indian Training School at Lawrence (later Haskell Indian Nations University) also needed money at that time. In the bargaining that ensued, outstate lawmakers led by the Cowley County delegation wrested the asylum from Lawrence and secured its relocation to Winfield. Among the leaders of this effort were E. P. Greer, editor of the *Winfield Daily Courier*, and William P. Hackney, an attorney locally known for apprehending a band of horse thieves. Both were serving in the house of representatives. Land at Winfield was to be provided free to the state, and the legislature appropriated twenty-five thousand dollars for buildings. On March 22, 1887, the Kansas State Asylum for Idiotic and Imbecile Youth with thirty-one pupils was moved to new quarters on the north edge of Winfield.²

At its new location the young asylum evolved into “a society unto itself,” raising its own vegetables, meat, and grain; supplying its own water; and putting out its own fires. Greene resigned as superintendent in June 1888, citing the decision of the board of trustees to admit a large number of “low grade pupils.”³ Dr. C. K. Wiles succeeded Greene, and then, on July 1, 1893,

1. Dean T. Collins, “Children of Sorrow, A History of the Mentally Retarded in Kansas,” (manuscript, Menninger School of Psychiatry, Topeka), reprinted in *Bulletin of the History of Medicine* 39 (January–February 1965): 53–55; biographical sketch of Legate, who settled in Lawrence in 1854, in David E. Ballard, “The First State Legislature, 1861,” *Kansas Historical Collections, 1907–1908* 10 (1908): 250; D. W. Wilder, *Annals of Kansas* (Topeka: Kansas Publishing House, 1886), 948; William E. Connelley, *History of Kansas State and People* (Chicago: American Historical Society, 1928), 2: 1128.

2. Collins, “Children of Sorrow,” 58; Connelley, *History of Kansas State and People*, 1128.

3. Collins, “Children of Sorrow,” 59, 62. According to Collins, “six years after his ‘resignation,’” the Winfield newspapers reported Greene was fired for introducing dancing, but this appears to have been more rumor than fact.

the People's Party governor, Lorenzo D. Lewelling, named as superintendent Dr. F. Hoyt Pilcher, a physician who had been practicing in the nearby town of New Salem. Influenced by the eugenics movement, which sought medical improvement of the population, Pilcher, himself a Populist, introduced castration as a way to prevent masturbation. Pilcherization aroused a furor in Winfield. "What reason Dr. Pilcher can have for these wholesale mutilations is a mystery to all with whom we have talked," wrote editor Greer, a Republican and fervent anti-Populist. "The principle underlying the management of all public charities is that the most humane methods only should be employed."⁴

Nevertheless, by the 1910s, during the latter part of the Progressive era, sterilization became a common method for controlling the behavior of the mentally handicapped. Kansas was among the leaders in sterilization of individuals in state institutions, legalizing this practice in 1913. Both the mentally ill and the mentally retarded were subjected to sterilization, which persisted in Kansas into the early 1950s. Kansas is reported to have sterilized 2,851 patients, including 779 who were classified as "feeble-minded."⁵

The client population at Winfield grew steadily. In 1900 it was 173, and in 1910 it was 419. By 1916 it had risen to 589. This growth outpaced the expansion of professional staff, which in 1908 numbered five.⁶ Following the discovery that epileptics could be medically treated, the State Hospital for Epileptics was established at Parsons in 1903. It was 1923, however, before any significant number of clients was transferred to Parsons from Winfield. The name of the Winfield institution was changed in 1909 to the State Home for the Feeble-Minded, recognizing that it provided custodial care for a large number of clients. The age limit of fifteen finally was removed from the statutes.⁷

In the years leading up to World War I the idea took hold that the state was responsible for those who mentally could not care for themselves. As its client population expanded, the Winfield state home's purpose changed. According to "the Supreme Court decision in the Belle Abbott

4. *Winfield Daily Courier*, August 24, 1894; Kansas Asylum for Idiotic and Imbecile Youth at Winfield, *Seventh Biennial Report* (Topeka: Hamilton Printing Co., 1894), 3, 7-8.

5. Dwayne L. Oglesby, "What Has Happened to Kansas Sterilization Laws?" *University of Kansas Law Review* 2 (December 1953), 175-76; Kansas *Laws* (1913), ch. 305. A fine study of Iowa's experience is Amy Vogel, "Regulating Degeneracy: Eugenic Sterilization in Iowa, 1911-1977," *Annals of Iowa* 54 (Winter 1995): 119-43.

6. "History of Winfield State Hospital and Training Center," (manuscript, Cowley County Historical Society, Winfield, Kans.), table 1; see also Collins, "Children of Sorrow," appendix, table 1, in unpublished version of the manuscript.

7. Collins, "Children of Sorrow," 63.

The Topeka Lance.

Saturday, Sept. 1, 1894

MUTILATION

By the Wholesale Practiced at the Asylum.

Eleven of the Unfortunate Children Victims of the Knife.

The Populist Idea of "Reform" Fully Developed. Castration a Great Saving of Expense for Attendants

When Superintendent F. Hoyt Pilcher introduced castration at the state hospital, the policy aroused furor in the Winfield community.

Case," reported psychiatry student Dean T. Collins, "although the institution was founded in the belief that the unfortunates committed to its care would generally be capable of receiving instruction, experience has proved the contrary . . . out of about one hundred employees now engaged only two are teachers."⁸

8. Quotation in *ibid.*; see also Kansas State School for Feeble-Minded Youth, *Fourteenth Biennial Report* (Topeka: State Printing Office, 1908), 3-5.

As tests came into use for classifying the mentally deficient, pessimism grew about many clients' prospects for learning. The administration at Winfield tried to lower parents' expectations. In 1915 the superintendent wrote to a mother who had asked if her son was getting any better: "It is very probable that you may never expect any change in his mental attitude. The boy will never be well and I am sorry that you have been misinformed as to the purpose of our institution."⁹

In 1917 the legislature established the State Board of Administration and placed under its authority all state institutions for mental disability, education, and corrections. The governor was an ex-officio member, assuring political control. This marked the beginning of a period during which the institution at Winfield was governed as if it were an industry—or a reformatory. Obviously influenced by advocates of eugenics, a commission in 1919 cited the "menace to society" presented by the "feeble-minded," and complained, as if it were an acknowledged fact, that many criminals came from their ranks. The commission recommended separating clients according to their behavior and changing the name of the institution to the State Training School, which occurred in 1920.¹⁰

In that year the superintendents' biennial reports began to emphasize agricultural productivity. Male clients were employed on the farm, in the gardens, kitchen, laundry, and bakery. Women worked in the dining room and on looms and knitting machines. Superintendent Wylie W. Cook, who favored discipline, ended the practice of paroling women in 1922. The institution experienced a brief period of reform under Superintendent C. M. Drennan, who was appointed in mid-1923 by Democratic governor Jonathan M. Davis. With help from the psychology department at Kansas State Teachers College of Emporia, Drennan sought to make the school "more livable, more Christian, more efficient, more economical, more modern, more scientific, more sanitary, more human."¹¹

In 1924 the Republicans reclaimed the governorship, and on April 1, 1925, Cook returned as superintendent.

Life at the state school reverted to its previous routine. The client population grew steadily. After a lull, the practice of sterilization again flourished during the 1930s. Although closer screening led to the release of some clients, and some took jobs in the Winfield community, the institution lost nearly all its earlier emphasis on education. A temporary commission visited the school in 1933 and reported finding it "a custodial institution for the helpless." The same commission found formal schooling provided on a half-time basis for forty of the one thousand clients. Twice Cook was succeeded by his steward, L. C. Tune, who maintained the emphasis on discipline, cost-cutting, and farm productivity.¹²

During the years of World War II Winfield hosted Army Air Corps flight trainees at nearby Strother Field. Like many similar institutions, the state school at Winfield grew into a warehouse. The population at the school reached 1,245 in 1942.¹³ In the years following the war no annual reports were filed with the new State Board of Social Welfare, created to improve inadequate county social services. The zeal of the first superintendent at Winfield, H. M. Greene, for educating the clients had given way to an acceptance of fatherly, custodial care.

In 1948 a series of articles on conditions in Kansas state hospitals by Robert Fisher of the *Topeka Daily Capital* and Charles Graham of the *Kansas City Star* initiated a revolution in Winfield and other like institutions. This revolution followed the post-World War II intervention by doctors Will and Karl Menninger, who introduced into Topeka State Hospital for the mentally ill a successful "brains before bricks" campaign that emphasized treatment over physical facilities. In the January 8, 1949, edition of the *Star*, Graham wrote of Superintendent Tune: "He tries to keep his children happy even though he has only 82 cents a day to spend for the care of each." Graham reported finding no signs of abusive treatment among the 1,380 "inmates" at Winfield, but the state's new Division of Institutional Management was less satisfied with Tune's performance. Over his objections, the division added a clinical psychologist and a cosmetologist, as well as direc-

9. Quotation in Collins, "Children of Sorrow," 64.

10. "The Menace of the Feeble-minded," in *The Kallikaks of Kansas. Report of the Commission on Provision for the Feeble-Minded, January 1, 1919* (Topeka: Kansas State Printing Plant, 1919), 9; State Home for the Feeble-Minded, *Nineteenth Biennial Report* (Topeka: Kansas State Printing Plant, 1918), 12–13; State Training School, Winfield, *Twentieth Biennial Report* (Topeka: Kansas State Printing Plant, 1920), 7–8.

11. State Training School, Winfield, *Twenty-second Biennial Report* (Topeka: Kansas State Printing Plant, 1924), 3, 5; Collins "Children of Sorrow," 66.

12. Kansas State Public Welfare Temporary Commission, *Report, January 15, 1933* (Topeka: Myers-Lyle-Myers, 1933), 127; Collins, "Children of Sorrow," 68–69; State Training School, Winfield, *Twenty-ninth Biennial Report* (Topeka: Kansas State Printing Plant, 1938).

13. "History of Winfield State Hospital and Training Center," table 1; see also Collins, "Children of Sorrow," appendix.

tors of art, music, and recreation, to the Winfield facility. Then, in May 1951, it dismissed Tune.¹⁴

Dr. William H. Wood, a third-year resident from the Menninger School of Psychiatry at Topeka State Hospital, was appointed acting superintendent. Although an April 1950 inspection report by the State Board of Health found that physical punishment was rarely, if ever, used, Wood found black jacks, handcuffs, leg irons, whips, and thumb screws inside the Winfield facility. Staff members had made requests for the extraction of all a client's teeth to prevent him or her from biting other clients. More capable clients took refuge in corners of barns and huts on the grounds. Unanswered correspondence dating to six years previous was discovered in Tune's office, along with twenty-one unprocessed applications for admission.¹⁵

This sudden turn of events upset many employees and townspeople. This would not be the last time tension arose in the community of Winfield between those who advocated new ways at the state school and those who defended the old ones. The Wood report brought a director of nursing, eighteen registered nurses, and a new superintendent: John B. Smith was appointed to that position on August 8, 1951.¹⁶

A new age at the Winfield institution opened under Smith, who believed "everyone is entitled to grow to the extent of his capacities." Smith toured the wards and instructed the staff to begin working with every client who could stand on his or her own feet. Occupational and industrial therapy thrived. Smith fostered art therapy, directed by painter Sue Jean Covacevic of Winfield; music therapy, directed by Margaret Edens of Winfield; and most notably, a pioneering department of physical therapy, overseen by Harvard-educated therapist Tres Kill, also of Winfield. This renaissance in the clients' quality of life won over much of the Winfield community. Dr. Cecil Snyder, scion of Winfield's Snyder Clinic, which was gaining national recognition, became the state hospital's medical director.¹⁷

14. Charles W. Graham, "On 82 Cents a Day Each, the 180 Children at Winfield Fare Well," *Kansas City Times*, January 8, 1949; Collins, "Children of Sorrow," 70.

15. Kansas State Board of Health, "Report of Inspection, State Training School, Winfield, Kansas, April 6, 1950" (Library and Archives Division, Kansas State Historical Society, typescript), 3; William M. Wood, "Report on the Winfield Training School," Division of Institutional Management, Historical File, 1949-1983, Department of Social and Rehabilitation Services, Library and Archives Division, Kansas State Historical Society; Collins, "Children of Sorrow," 70.

16. Collins, "Children of Sorrow," 70; State Training School, Winfield, *Thirty-sixth Biennial Report* (Topeka: State Printer, 1953), 4-7.

17. Judy Welch, "Bird struggles for rights of handicapped," *Winfield Daily Courier*, February 24, 1996; Tres Kill, interview by author, 1985.

Winfield Director Is Ousted

Training School Head Suspended as Inquiry Goes On

Governor Arn directed immediate suspension Thursday afternoon of Supt. L. C. Tune, long-time head of the Winfield state training school on charges of "gross maladministration and irregularities."

Frank Long, director of the State Welfare department, and special investigator from the attorney general's office and the state auditor's department, took immediate charge of the institution. Dr. Tune was directed to leave at once the administration building and property of the state, taking only his personal effects.

Details of the irregularities with which the superintendent will be charged were not immediately available. The governor's an-

ouncement on a question as to whether officials and employees other than the superintendent are involved in alleged irregularities.

"That's a matter we are investigating and concerning which I can have no comment at this time," the governor said.

* * *

IT WAS INDICATED that the "maladministration and irregularities" included removal of property and provisions from state buildings.

"Shortages at the institution have seemingly covered a long period," the governor said in response to questions. "We will have to go back into the records to learn when irregularities began and who may be involved."

Tune had made no statement at mid-afternoon. Apparently he had no warning his suspension was imminent. In early April the governor sent a special investigator to Winfield to seek evidence. Arn declined to state whether the incognito investigator was in service as an employee or worked from outside the hospital grounds.

A check of invoices including physical properties of the hospital, supplies and equipment as well as funds of the institution will be made immediately.

* * *

WILSON, the probable acting superintendent, and Harold Hughes, assistant attorney general, accompanied Director Long to Winfield. An assistant state accountant will be placed in charge of books and records of the institution. The state officials are directed by the

An inquiry into allegations of mismanagement at the Winfield facility resulted in the dismissal of director L. C. Tune in May 1951. The above article appeared in the May 17, 1951, issue of the Topeka State Journal.

But like many other revolutions, the one at Winfield soon went awry. Overcrowding went unabated, and the staff continued providing custodial care rather than teaching self-sufficiency. Smith complained about lax admissions practices. "Custom and usage has resulted in the tacit adoption of a standard of eligibility which could be expressed rather accurately in the words those handicapped persons not eligible for admission to other state institutions are eligible for admission here," observed Superintendent Smith.¹⁸ The hospital for epileptics at Parsons became the Parsons State Training School in 1953, and 107 "educable" children were transferred there from Winfield. Leaving severely handicapped children and young adults at Winfield resulted in further pressure on the staff, ac-

18. State Training School, Winfield, *Thirty-sixth Biennial Report*, 6.

Mother Hubbard Problems Haunt Children School

Crowding Hampers Efforts to Train Winfield Inmates

(Editor's note: This is the third of a series of articles on Kansas state hospitals. In view of the approaching vote on a constitutional amendment for a state hospital building fund, attention has been focused on the condition of state hospital buildings.)

By BURT HOFFMAN

Condition of buildings at the Topeka and Osawatimie State hospitals had shocked me. The State Training School for the Mentally Retarded at Winfield was no worse but hurt more.

The training school was originally at Lawrence. It was moved to Winfield in 1885. Like the Osawatimie hospital, it is atop a hill. Some buildings are old but most are in good condition. The State Board of Social Welfare has been attempting for the last two years to make the school more than a

just begun to wake up to the needs of their state institutions and there was much to catch up.

* * *
FIRST STEPS are being taken under leadership of Col. John Smith, retired Army officer who is superintendent.

Colonel Smith, who has a keen interest in his 1,400 charges, pointed out the school had been set up to take care of retarded children who were not able to learn in regular schools.

In practice, over a period of years, the school had become a place for those who could not be sent elsewhere. With no rehabilitation program until recently, few could be discharged. For years the institution has been crowded. Some children have been on its waiting list for years.

The new hospital building has been in use less than a year. It is up-to-date, fireproof, with shiny wards and new equipment. I was impressed—until I saw the kids.

They were crowded as closely as beds could be placed. Some held out their arms for a hug, others smiled. One or two called out,

"What can I do?" Colonel Smith asked. "I'm like Mother Hubbard. I have so many children I don't know what else to do with what little space I have. Even with this brand-new building we're overcrowded by several hundred."

* * *
COLONEL SMITH led me to the other five buildings. I was im-

A new era of treatment, care, and therapy began under Superintendent John B. Smith, but soon this administration fell victim to the hospital's problems, particularly overcrowding. In the above article from the October 15, 1952, Topeka State Journal, Dr. Smith stated that the hospital was "overcrowded by several hundred."

ording to Smith, and reduced time for training, recreation, and the arts.¹⁹

The successes of the Menninger brothers during the 1950s persuaded lawmakers that all state hospitals should have a psychiatrist at the helm. This change was not welcomed by the community of Winfield, however, and the brief tenure of Dr. Christian Kole, 1960–1962, was marked by firings, low staff morale, and trauma in the town. "We had numerous meetings with the legislators down there," said Duane "Pete" McGill, former speaker of the Kansas House of Representatives, who came from Winfield. Although a certain distance between the town and the school existed before Kole arrived, McGill said, "there was quite a change in the attitude of the community toward Winfield State Hospital" as a result of Kole's tenure.²⁰ In his defense,

Kole wrote to Representative Bill Fribley that the conditions he found at the hospital were "woeful." Kole was innovative and downsized the hospital's population by placing individuals in jobs, boardinghouses, and nursing homes. He complained he was ostracized by the community and victimized by McGill and the local newspaper editor. Governor John Anderson named Dr. Dean Collins, a staff psychiatrist, to replace Kole, but citizen support in Winfield for the state home never fully recovered.²¹

Winfield's business community was quite conservative, and unionization of the hospital work force in the mid-1970s further divided the hospital and the town. The situation was not relieved by downsizing the client population and the accompanying improvement in staff/client ratios, brought about by Democratic governor Robert Docking of Arkansas City, Winfield's neighbor in Cowley County. "They used to have 1,200 patients and 600 staff out there," said Bill Taylor, managing editor of the *Winfield Courier*. "Now they've got the reverse." It was a waste of taxpayers' money, he believed.²²

Kansas joined the federal Medicaid program in 1965, and a new superintendent, Robert Dean, presided over the transition at Winfield. Downsizing the hospital's population accelerated under his boss, Robert Harder, secretary of the Department of Social and Rehabilitation Services (SRS), 1974–1987. Harder was a former Democratic legislator who served as secretary of SRS under four governors, and he was proud the population at state hospitals fell from five thousand to fifteen hundred on his watch.²³ A school for children opened at Winfield with advanced physical therapy programs. The staff worked to provide prostheses and other aids, including specialized wheelchairs, for the relief of the many severely physically handicapped clients. In 1984 Dean oversaw the opening of a new habilitation center with apartment-type living quarters. Michael Dey, Ph.D. and former elementary school principal, followed Dean as superintendent. Dey sought to meet Medicaid standards and improve the relationship with the community, but he was caught in a maelstrom of abuse allegations in 1987 and was fired. He sued the state and settled for an undisclosed amount.²⁴

In its 116-year history, since its doors first opened in Lawrence, the Winfield State Hospital had accumulated

21. Christian Kole to Bill Fribley, November 7, 1961, Division of Institutional Management, Kansas Department of Social and Rehabilitation Services, Library and Archives Division, Kansas State Historical Society.

22. *Winfield Daily Courier*, November 8, 2001.

23. Robert Harder, interview by author, January 9, 1998.

24. *Winfield Daily Courier*, June 27, 2002.

19. *Ibid.*, *Thirty-seventh Biennial Report* (Topeka: State Printer, 1955), 7.

20. Duane "Pete" McGill, interview by author, December 8, 2003.

more than its share of turmoil, and the abuse uncovered during Dey's tenure exacerbated those troubles. It was in this circumstance that lawmakers in Topeka warmed to the idea of closing a state hospital.

While lawmakers debated the issue, Kansas families continued to grapple with the daily realities of mental retardation. For example, in 1980 when Ryan Foster was born, he looked normal. His hair was dark, then turned sandy-red like his mother's. Ryan's early development was slow, but his parents, John and Sarah Foster, believed with therapy he would be fine. After six months, however, Ryan was diagnosed with congenital fibre-type disproportion, which meant his muscles were not filling out normally. Later a doctor named Ryan's condition muscular dystrophy. Ryan was mentally retarded. "His brain just never developed," said his father.²⁵

The Fosters lived in the countryside near the small town of Douglass, about twenty miles south of Wichita. They cared for Ryan at home until he was nine years old and then placed him in the state hospital and training center in nearby Winfield. "It was the hardest thing I have ever done in my life," said Sarah Foster.²⁶

In February 1987 fourteen employees at Winfield State Hospital were fired and thirteen suspended after persistent abuse of clients by staff was uncovered on a men's ward. Three employees were charged with battery or mistreatment of a confined person, and one went to trial. Although no one was convicted, the hospital was decertified and the case caught the attention of the U.S. Department of Justice. The Fosters always were concerned about abuse because Ryan could not speak for himself. But they saw this situation as isolated and did not consider removing Ryan from the hospital. Ryan's parents took confidence from their positive experiences with his direct care staff, and his mother said, "I have to have faith in other people."²⁷

For years the Winfield State Hospital had enjoyed kid-glove treatment by the State Department of Health. Like other such institutions, the one at Winfield regularly received extra time to correct deficiencies. This kind of treatment continued after the state joined the Medicaid program, but Congress finally developed standards for institutions in the early 1980s and created the federal Health Care Financing Administration (HCFA) to enact them. Applying the standards at Winfield was a challenge

for SRS, which had long had difficulties managing the institution in a small town of 11,500 some 150 miles from the state capital.²⁸

Hundreds of miles to the east, a parent of a Down syndrome son, U.S. Senator Lowell Weicker of Connecticut, was appalled by conditions he saw at Southbury Training School in his home state. Early in 1985 Senator Weicker sent members of his staff to visit thirty-one facilities in twelve states. One staffer, Michael Morris, recalled a trip to the Fort Logan Mental Health Center in Colorado. "We saw toilets without seats and stalls without doors," Morris said. "We began to call into question whether institutions were appropriate places for people to live." As chairman of a subcommittee of the Senate Committee on Labor, Health, Human Services and Education, Weicker convened hearings in April 1985 to air his findings and focus HCFA's attention on them. HCFA responded to Weicker's hearings by hiring forty-five new field staff and conducting its own look-behind surveys.²⁹ In the summer of 1987 a team of HCFA surveyors made a sweep north from Texas and found themselves in Winfield, Kansas.

The campus of the Winfield State Hospital and Training Center in 1987 housed 467 clients cared for by a staff of 936, making it the second largest employer in the county after the former Gott Manufacturing Company, now Rubbermaid. Among the clients were the most profoundly mentally disabled and physically handicapped individuals in the state's care. Of the eighty-eight clients who remained in the hospital until near its closure, fifty-one were unable to walk, forty-three had major seizure disorders, and thirty-four had no vision. Multistory buildings of brick and native limestone built near the turn of the twentieth century dominated the campus, although most of the clients actually lived in the residential section of the modern habilitation center.³⁰

28. The Health Care Financing Administration became the Center for Medicare and Medicaid Services in 2002.

29. Michael Morris, interview by author, June, 1998; "Examining the issues related to the care and treatment of the nation's institutionalized mentally disabled persons," *Joint Hearings of the Subcommittee on the Handicapped of the Committee on Labor and Human Resources and the Subcommittee on Labor, Health and Human Services, Education and Related Agencies of the Committee on Appropriations*, 99th Cong., 1st sess., April 1-3, 1985, pt. 2, introduction.

30. James W. Conroy, *Report to the Kansas Council on Developmental Disabilities and the Legislative Coordinating Council* (N.p.: Center for Outcome Analysis, December 1998), 10. Local people referred to the campus as the "third hill," because it had grown up on a prairie rise several miles north of the heights from which Southwestern College, a four-year school related to the Methodist Church, overlooked the Walnut River valley. The "first" hill was a lesser one where John Peter Baden, a remarkably successful Lutheran merchant, helped build an observatory on East Ninth Avenue in the early 1890s.

25. *Ibid.*, November 8, 2001.

26. Sarah Foster, interview by author, March 10, 2001. Ryan Foster was admitted to the Winfield State Hospital in August 1989.

27. *Ibid.*; *Winfield Daily Courier*, August 24, 1987.



By 1987 the clients of Winfield State Hospital were among the most profoundly mentally disabled and physically handicapped individuals in the state's care.

tutions dropped from 149,681 to 77,618, according to David Braddock and a team of researchers at the University of Illinois at Chicago. In 1984 Braddock counted twenty-four hospital closures in twelve states; by 1988 a study showed forty-four closures in twenty states.³³ Kansas stood apart from this trend. None of its four state hospitals for the developmentally disabled had been closed.

But this situation was about to change. Responding to legislative demand stirred by parent advocates, Governor Hayden set in motion a reform of the state's mental health system designed to strengthen community care. Enacted in 1990, mental health reform adopted a managed care approach with community programs as gatekeepers. Incentives for the reduction of hospital bed use and an increase in funding strengthened community services. This pattern later was adopted to reform services for the developmentally disabled. As Neodesha Republican representative Rochelle Chronister, who became secretary of SRS in 1995, put it, "Mental health reform drove the MR (mental retardation) changes in Kansas."³⁴

John and Sarah Foster simply did not believe Ryan could survive outside a hospital. Even the most progressive parents in Kansas were divided about whether such care was possible, and whether a hospital eventually should be closed to help bring it about.³⁵ The community programs worked as a group to end hospital admissions. "We've got the front door closed," said Yo Bestian, a lobbyist for the programs' trade association, "Now all we have to do is close the back door." The association, then called the Kansas Association of Rehabilitation Facilities (KARF), never explicitly supported closure. Executive di-

The HCFA survey surfaced startling problems at Winfield. One member of the team, former newspaperman Jim Rice, fed information from the survey to Jim Cross, a *Wichita Eagle* reporter. Cross wrote stories that left the 105-year-old institution looking like Bedlam. Shortcomings found by HCFA ranged from lukewarm food to overuse of tranquilizers and inadequate medical support. The facility also showed dramatic deficiencies in hygiene, health care, and clients' freedom of movement. Kansas Republican governor Mike Hayden instructed SRS to hire eighty-five new employees for Winfield, tapping the state's unused Medicaid money. The doors of Winfield State Hospital stayed open, but its image was badly tarred.³¹

Nevertheless, the Fosters remained committed to their son's new home. They took heart in the stronger staffing and "felt like they were better able to take care of the kids." John Foster knew firsthand the hospital was not the "God-awful place they said it was."³²

By the 1980s, however, the national trend away from large institutions had gained momentum. Between 1977 and 1988 the number of individuals in state-operated insti-

31. Jim Rice, interview by author, February 6, 1987; *Wichita Eagle*, May 10, 1986, February 23, 1987; see also Dave Ranney, "Government Reports Detail Abuses at Winfield Hospital," *Hutchinson News*, February 25, 1987.

32. John Foster and Sarah Foster, interview by author, July 6, 2000.

33. David Braddock et al., eds., *The State of the States in Developmental Disabilities*, 4th ed. (Washington, D.C.: American Association of Mental Retardation, 1995), 6.

34. Rochelle Chronister, interview by author, Topeka, January 8, 1998. Topeka State Hospital served individuals with severe mental illnesses, which are usually cyclical and not readily apparent to the average person. The developmentally disabled suffer mental retardation and often physical handicaps. These disabilities are usually apparent to the average person.

35. Rud Turnbull, interview by author, June 9, 1998.

rector Tom Laing did not recall the organization ever took a position on whether to close a hospital and was certain KARF never weighed in on which one to close.³⁶

The governmental process that led to the closure of Winfield State Hospital began in earnest in 1991 when an interim legislative task force suggested the state's three remaining institutions for the developmentally disabled eventually be consolidated into two. Bob Day, superintendent of Kansas Neurological Institute (KNI) in Topeka, called together an *ad hoc* committee for SRS. At this time, KNI was Winfield's chief rival as a candidate for closure. Day chaired the meetings of the committee, whose membership included Darvin Hurst, the new director of developmental disabilities at SRS. Al Nemeč, Hayden's commissioner of mental health and retardation, had hired Hurst, who came from North Dakota and was labeled by many a "closer" because of his part in closing an institution in that state. Lillian Rezak, the mother of a Winfield client, was one of several parent members of the committee. "It was apparent they were going to close some place," said Rezak. "It was gonna be Winfield, you felt like."³⁷

The committee did not reach consensus on a closure and reported this to SRS. But the committee's deliberations began a process of studies, hearings, and committee and consultants' reports that finally led to Winfield's demise. The census at all three state hospitals for the developmentally disabled had declined from 1,325 to 1,050 between 1982 and 1991, contributing to the case for at least one closure. But the ideas that finally drove closure came to Kansas with Medicaid and were brought by activists with clear visions, such as Hurst and Day, who declared, "I look forward to the day when it will be possible to close my own institution."³⁸

Individuals who led federally supported programs for the developmentally disabled also advocated those ideas. This vanguard of state civil rights activists included Jane Rhys, executive director of the Kansas Council on Developmental Disabilities; Wayne Sailor, director of the University Affiliated Program at the University of Kansas; and Jim Germer, director of Kansas Advocacy and Protection Services (KAPS). The federal Developmental Disabilities Assistance and Bill of Rights Act authorized all three programs, and all were funded by federal grants.³⁹

36. Yo Bestian, interview by author, February 15, 1994; Tom Laing to author, March 22, 2001.

37. Lillian Rezak, interview by author, January 8, 2001.

38. Bob Day, interview by author, March 31, 2003.

39. Kansas, SRS, Developmental Disabilities Network, a planning document for the closure process affecting Winfield State Hospital, February 13, 1995.

The University Affiliated Program (UAP) was one of fifty-three in the continental United States that provide research and technical assistance to policymakers. The Kansas UAP operates a field program at Parsons State Hospital. Rhys's developmental disabilities council, the lobbying and public education entity, worked out of an office at SRS in Topeka and comprised professionals, parents, and advocates. KAPS's mission was to protect clients' civil rights. These three programs formed a "Developmental Disabilities Network" to effect change in the state's services. Individuals such as Rhys, Sailor, and Germer and their counterparts in other state capitals, and in Washington, D.C., might be labeled American social service intellectuals. They were activist, educated people who used ideas to change public policy from within the system and were committed to the civil rights of the mentally disabled. Their idealism drove them, and policymakers relied on them. More than any other group, these individuals brought to Kansas the movement that closed Winfield State Hospital.

In 1989 Governor Hayden and Nemeč closed Norton State Hospital, an institution for about two hundred developmentally disabled individuals near Hayden's northwestern Kansas hometown of Atwood. Unfortunately, some of Norton's clients were inappropriately placed and others simply disappeared from the state's radar screen.⁴⁰ In spite of its flaws, the Norton closure broke the mold of Kansas's historic dependence on institutions, and more change was in the offing.

In June 1992 a study by consultants Robert Gettings and Lyn Rucker found SRS's plans for closing another hospital "well thought out and defensible."⁴¹ This finding clarified the less definitive result of Day's committee. With this kind of ammunition, SRS launched a full-scale effort to close a hospital in the summer of 1992 and recommended Winfield State Hospital be chosen. In response to SRS's recommendation, Representative Chronister, then chairwoman of the House Appropriations Committee, charged a subcommittee with studying the matter and advising whether a hospital should be closed, and which one. Jim Lowther, a studious GOP lawmaker from Emporia, chaired the subcommittee. The silent war between the state agency

40. *Winfield Daily Courier*, November 8, 2001.

41. Lyn Rucker and Robert M. Gettings, *The Consolidation of Mental Retardation Institutional Operations in the State of Kansas: A Review and Commentary* (Washington, D.C.: National Association of State Mental Retardation Program Directors, 1992), 7.

Hospital's status said uncertain

By Jim Cross
Staff Writer

Wrestling with lethargy among its staff, the state's largest hospital for the mentally retarded probably won't pass if a federal inspection takes place next month, a state mental-retardation expert predicted Monday.

A team of experts hired by the state visited Winfield State Hospital and Training Center late last month to conduct a mock inspection. State officials decided not to make public the details of that exercise.

Bob Day, a program director at Parsons State Hospital, was a member of that team, which visited Winfield on March 30 and 31.

"I DON'T think we expect them to pass active treatment," Day said. "They have made a lot of progress. But, in the short time left, we didn't think they would make it."

Hospital officials, however, still are hopeful that the federal government won't cut off the \$8.8 million Winfield receives each year in Medicaid funds. They think HCFA will continue paying Medicaid as long as the hospital is making substantial improvements.

"It's going to be nip and tuck," said Tony Lybarger, hospital superintendent. "But there are a variety of levels of compliance, and I think our institution will be such that the HCFA surveyors can ethically say we're in substantial compliance."

Federal investigations of mental hospitals during the 1980s brought into question the conditions and funding at Winfield, as this article from the Wichita Eagle-Beacon reported in April 1988.

and Winfield broke into the open in February 1993 when Senator Dick Rock of Arkansas City used his considerable courtroom lawyer's skills at a hearing of Lowther's subcommittee to argue that Winfield was being "Topeka-ed." Rock contended SRS and supporters of KNI were conspiring to target Winfield for closure, and two SRS employees, Day and Hurst, had "cooked the study" to help Topeka.⁴²

The Lowther subcommittee rejected SRS's advice and recommended instead that KNI be closed. The full committee adopted this report, with Chronister voting yes, but the proposal died on the way to the house floor.⁴³ Few were really ready to close KNI. The social service agency was

defeated and embarrassed, but not discouraged. The idea of closing Winfield had been aired, and the leading committee in the Kansas house had focused on how the job might be accomplished.

Following the 1994 elections the leadership for the second effort to close a hospital for the developmentally disabled came from a new conservative group among house Republicans. In his capacity as speaker of the house, Tim Shallenburger, a Baxter Springs Republican, asked one of Chronister's close allies, Representative Jo Ann Pottorff of Wichita, to chair a special committee to draft a reform bill for developmental disabilities. The aim was to establish a managed care system like the one set up by mental health reform, using existing community programs as gatekeepers.

Pottorff invited advocates, including Rhys, to write the early drafts. "We scrunched all these people in my office, and we started talking about what we wanted to see in a developmental disabilities reform bill," Rhys said. "Jo Ann Pottorff was wonderful. She let all of us sit in there and write the bill. . . . We wrote it word for word."⁴⁴

Shallenburger and his new conservative colleagues deserve credit for the outcome of the process they pushed. But, according to Harder, the 1994 elections contributed to Winfield's demise mainly in terms of atmospherics. Nemec agreed. On the other hand, Senator Greta Goodwin, the Winfield Democrat who stepped up from a house seat to succeed Rock, found the new atmosphere stifling. Before the 1995 session Goodwin's appeal to keep her city's hospital open was rebuffed by members of both parties at a caucus of the large Sedgwick County delegation in Wichita. The tide was moving, and Winfield's defenders were left drifting.⁴⁵

As Winfield, Topeka, and Parsons lobbied to save their hospitals, so did Larned in the west and Osawatimie in the east, near Kansas City, both sites of mental hospitals. Uncertainty lingered while spending at institutions continued to grow, especially at Winfield.⁴⁶ The *coup de grace* came just before the 1995 legislative session when Rhys took Sailor and Germer to visit Senator Dave Kerr, a Hutchinson Republican, and other members of the powerful Ways and Means Committee of the senate.

Kerr could not recall names, but said he was especially impressed with one of his visitors—either Sailor or Germer.

44. Jane Rhys, interview by author, August 10, 1998.

45. Al Nemeck, interview by author, February 2, 1998; Greta Goodwin, interview by author, January 5, 1995.

46. "Winfield State Hospital and Training Center," *Governor's Budget Report, 1995*, vol. 2 (Topeka: Kansas Division of the Budget, 1994), 638-39.

42. *Topeka Capital-Journal*, February 20, 1993.

43. See Kansas Legislature, *House Actions Report*, May 23, 1994, 46, on disposition of house bill 2532.

Along with the federal pressure, Kerr said, and comments from parents who wanted more funds for community services, “it was more of the academic types” that moved him to a decision. Kerr said of his visitor, “I guess I was struck by how convinced he was. He was so convinced it would work.”⁴⁷ Moved by the conviction of his academic visitor, Kerr helped persuade his colleagues on the Ways and Means Committee that the state should consider closing two hospitals, one for the mentally ill and one for the developmentally disabled. Chronister carried this idea to the house floor in a resolution calling for a base-closure type commission. With quiet encouragement from Republican governor Bill Graves, both houses passed the resolution and the fate of Winfield State Hospital was sealed.⁴⁸

The leading candidate for closure among institutions for the mentally ill was Topeka State Hospital. Winfield’s rival for closure in the field of developmental disabilities was KNI in Topeka. As Rock understood, there was almost no chance the commission would recommend closing two institutions in the same community.

The closure commission, chaired by Robert Creighton, a slight, savvy lawyer from Atwood, held hearings in all three hospital communities, and commission members toured each facility. These hearings drew fewer than 500 in Winfield, a sign that the 750 hospital employees there had about given up hope of saving their jobs. In contrast more than 1,000 turned out in Parsons. Commissioner Kerry Patrick, a new conservative Republican and former legislator from Leawood—Shallenburger’s appointee—pressed the numbers case relentlessly against Winfield, arguing diminished client numbers made a closure imperative. At the last moment, after initially voting to close KNI, Lilian Peters, a nurse from Newton, switched her position and voted to close Winfield. Her vote made the difference. The date was October 26, 1995.⁴⁹

Peters’s change of heart followed stories by reporters Dave Ranney of the *Wichita Eagle* and John Hanna of the Associated Press suggesting the initial decision might not stand. Regulars in Topeka, Ranney and Hanna seemed to know something others did not—that Winfield was caught up in a national deinstitutionalization movement that was not going to be denied.⁵⁰

In an interview in March 2001, Peters repeated her earlier statement that no one had influenced her to change her mind overnight. After rereading testimony by Chronister and others, Peters said, “It occurred to me that by closing KNI and keeping Winfield open, I would be contributing to an obsolete treatment approach for our most vulnerable citizens.” She did not see how Topeka could absorb “this big glut of unemployed people, and special needs people, if two hospitals closed.”⁵¹ Peters’s words echoed Michael Morris’s observations that large institutions were not appropriate places for people to live. Neither Peters nor Morris, nor the movement to close Winfield, made an exception for the profoundly disabled and medically fragile.

Winfield supporters were stunned by Peters’s reversal. “I was relieved when they said it wouldn’t be Winfield,” said Sarah Foster. “The next thing I knew they changed everything.” A band of Winfield boosters returned home and began to get ready for whatever came next. They knew the fight to save their hospital was over. On February 21, 1996, the house voted 45–69 against a token measure to overturn the commission’s recommendation. The closure of Topeka and Winfield State Hospitals was authorized for December 31, 1997, and the Winfield facility finally closed its doors in March 1998.⁵²

Taking a page out of an earlier report by Faye Tayyem, an economist at Kansas State University, a majority of the parents and guardians of the now-former Winfield clients chose to place their loved ones in community programs in the Winfield area. Today three new community-based programs serve more than 250 clients in Cowley County, more than 100 of whom originally came from Winfield State Hospital. Thirty former Winfield State Hospital clients also have been served in the nearby town of El Dorado.⁵³

The largest of these programs is Creative Community Living (CCL), a local, parent-led nonprofit organization. Martin Luther Homes, now Mosaic, an Omaha-based, Lutheran charitable group active in ten states, cares for forty individuals. Res-Care, a for-profit organization based in Louisville, Kentucky, took clients as the hospital’s services began to close down, and it continues to serve about sixty, using the local name Southwinds. All these programs

47. Dave Kerr, interview by author, June 12, 1999.

48. See Kansas Legislature, *Omnibus Appropriations Bill*, Senate Bills and Resolutions, House Sub. for Senate Bill 385, adopted April 29, 1995.

49. *Wichita Eagle*, October 27, 1995.

50. *Ibid.*, October 26, 1995; *Iola Register*, October 26, 1995.

51. *Winfield Daily Courier*, October 27, 1995.

52. *Topeka Capital-Journal*, February 23, 1996.

53. Attrition continues to reduce the number of former Winfield State Hospital clients in the Winfield area since the hospital’s closure. The death rate in the community is 2–3 percent annually, about the same as it was in the hospital. Social and Rehabilitation Services to author, June 21, 2000.



When Winfield State Hospital finally closed its doors in March 1998, many of its clients were placed in community programs in the Winfield area. Creative Community Living, the largest of the community programs, built seven four-person duplexes in residential areas of Winfield and nearby Arkansas City. Shown here are Creative Community Living client Michael Bird and his mother, Sharon.

operate homes scattered in residential neighborhoods, where their acceptance generally has been good.⁵⁴

When he saw the end approaching, Rock found a miracle man in Michael Strouse. A Ph.D. in human development from the University of Kansas, Strouse directed Community Living Opportunities, a residential program for higher functioning individuals in Lawrence and suburban Kansas City. A tireless Winfield leader in the transition to the community was Sharon Bird, whose adult son Michael had been diagnosed as microcephalic (abnormally small head) and was a client in the hospital for thirteen years. Bird was president of the Winfield parents group, and Michael's father, Alvin Bird, D.O., was the hospital's last medical director. With a small group of parents, guardians, and area leaders, including Judy Welch, Sharon Bird led the creation of a new community program with Strouse at its helm.⁵⁵

Strouse helped Bird and her cohorts open five homes for groups of four to six individuals in El Dorado. CCL built seven four-person duplexes suitable for double overnight staffing in residential areas of Winfield and Arkansas City. All had elaborate fire and security protec-

tion and provided twenty-four-hour nursing care. As Strouse and his architect, Kurt Von Achen, understood, this was what parents wanted. Ron Hammock, CCL's first full-time executive director, said while some wanted former hospital clients to be on the cutting edge of a movement, parents and guardians just wanted them to be safe and have a good quality of life.⁵⁶

Chronister and her director of developmental disabilities, Hugh Sage, encouraged this approach without really saying so publicly, with obvious, if quiet, approval from the moderate Bill Graves. Letters, brochures, and a series of provider fairs offered other options that some parents and guardians found preferable. Chronister called the closure "a model" and said contacts around the country told her Kansas might be the only state that adopted a policy of parent choice and stuck with it.⁵⁷

James Conroy, a consultant whose specialty was behavior evaluation in the field of developmental disabilities, came to Winfield less than a year after the closure at the invitation of Rhys's council and the Legislative Coordinating Council, which acts for the legislature between sessions. In his report dated December 1998, Conroy admitted he was taken aback by what he found. "In our years of studying institutional changes and deinstitutionalization," he wrote, "this is the first time we have seen such a small town absorb so many people with developmental disabilities into its own housing market." Using standard methods, Conroy and his team found eighty-eight clients at Creative Community Living had made progress in self-sufficiency compared with their time in the hospital. "Choice-making" was up 50 percent. Quality of life ratings were up, and the use of psychotropic medications was down from eighteen people to six. More outings and day programming were available to clients. "Clearly, the overwhelming pattern of these quality-of-life outcomes is positive," Conroy wrote. "There can be little doubt that, on the average, the Winfield movers are considerably 'better off' in their new community homes. . . . The Kansas experience of the closure of Win-

54. *Winfield Daily Courier*, February 24, 1996. Creative Community Living employs 300. The three new programs employ 530 in Cowley and Butler Counties, about 75 percent of employment at Winfield State Hospital in 1985 although at lower wages.

55. Creative Community Living opened its first home in El Dorado in December 1996. See *Winfield Daily Courier*, December 14, 1996.

56. *Ibid.*, November 8, 2001.

57. Chronister interview.

field has been far more successful than this consulting team predicted. There is good reason for Kansas stakeholders to be gratified."⁵⁸

Conroy's report was not all positive. He also found parents who saw CCL as a "mini-institution." But partly as a result of his report, there was a new public awareness of the needs of clients like those who lived at Winfield State Hospital. "We have to be honest with ourselves and others," wrote Rud Turnbull, director of the Bush Center for Children and Disabilities at the University of Kansas, and his wife, Ann, parents of a mildly mentally disabled son.

Some people with disabilities are very much like "the rest of us," but a few people with disabilities are very much unlike "the rest of us." In our zeal, we have sometimes denied the existence of some truly challenging disabilities and shaded over the particular and exceptional supports they need. Our job, of course, is to be faithful to all of our proteges; fidelity to them and to our predecessors require no less.⁵⁹

Winfield State Hospital's tarnished history had left the institution vulnerable in a climate of change. Looking back, Chronister mused the old buildings at Winfield had as much as anything to do with its demise.⁶⁰ From its earliest days, the "state school" suffered from an uncertain mission, a troubled relationship with the state and the community, and as time went on, overcrowding due to almost nonexistent admission policies. Both the birth and the death of the institution at Winfield took place in the context of regional, political struggles. In between were only brief opportunities for genuine, long-term change. When the deinstitutionalization movement that followed World War II finally came to Kansas, the Winfield State Hospital eventually fell of its own weight.

It was the network of intellectual activists, not SRS, the parents, nor the public that carried the closure movement to Kansas and persuaded policymakers to act. It was neither politics nor economics that closed Winfield State Hospital. It was the idea, established by the courts and enshrined as national policy under eight presidents, that the


58. James W. Conroy, *Outcomes of the Closure of Winfield State Hospital, Final Report* (N.p.: Center for Outcome Analysis, December 1998), 10.

59. H. Rutherford Turnbull and Ann P. Turnbull, "Winning the War, But Not Yet the Peace," *American Association on Mental Retardation Newsletter* 14 (November 1, 2001): 6.

60. Chronister interview.

developmentally disabled had civil rights and that those rights should be protected. Combined with the idea of normalization and the discoveries that behavioral treatment could be effective, this powerful concept became "the right thing to do."⁶¹

Strouse carried his approach to Tennessee, where a series of lawsuits and political missteps left disabled individuals and their parents, and guardians in limbo, according to Ralph Kennedy of Tennessee Family Solutions in Nashville. Kennedy and a Memphis group led by Dick Johnson, West Tennessee Family Solutions, visited Winfield in 2000. "It was invaluable for us," Kennedy said. "Creative Community Living of south-central Kansas rose like a phoenix from the ashes of [this] institutional closure. . . . I am so grateful for the example of CCL."⁶² A group from the San Francisco Bay area in California, concerned about clients at the Agnew Development Center, visited CCL in 2002. Strouse is working with that group as well. The "Winfield solution" continues to attract the interest of hard-pressed communities with institutions for the severely developmentally disabled and physically handicapped.

An important question is whether the ideals of normalization and protection of clients' civil rights can drive up the quality of community services as effectively as they have driven down the number of hospital beds. From 1994 to 1999 total state and federal funds spent in Kansas for the developmentally disabled increased from \$130 million to \$215 million, as a result of an explosion in the use of home and community-based service waivers.⁶³ The burden is still on the social service intellectuals, academics, and professionals who carried these ideals to Kansas. Unless they can persuade policymakers that services of the highest quality should be supported and sustained in the community, this social service reform could dissipate into a series of bad stories about the suffering of clients and the anger of taxpayers unwilling to cope. 

61. Tim Hoyt, *The Right Thing To Do* (Topeka: Kansas Council on Developmental Disabilities, 1998). For more on these ideas, see H. Rutherford Turnbull and Ann P. Turnbull, *Free Appropriate Public Education: The Law and Children with Disabilities*, 5th ed. (Denver: Love Publishing Co., 1998), 7–21; Wolf Wolfensberger et al., *The Principle of Normalization in Human Services* (Toronto, Ontario: National Institute of Mental Retardation, 1972); Thomas Thompson and John Grabowski, eds., *The Behavior Modification of the Mentally Retarded* (New York: Oxford University Press, 1972).

62. Ralph Kennedy, interview by author, March 27, 2001.

63. Medicaid, which pays for most services to the developmentally disabled, is made up of 40 percent state funds.