

Legislative History for Connecticut Act

HB 5459 PA 306 1974

Corrections, Wilfred & Humane Inst: 95-116

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CORREC-
TIONS,
WELFARE &
HUMANE
INST.

1974

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mfh 1:30 P. M.
March 7, 1974

PRESIDING CHAIRMEN: Senator Samuel B. Hellier
Representative Sarah F. Curtis

MEMBERS PRESENT: Senator A. Ciarlone
Representatives Flynn, Morton,
Savage, Berry and Shea

The first part of the tape did not record.

The tape begins with the second testimony of Representative Thomas Sweeney.

REP. SWEENEY: ...planned on escaping from the hospital. He had planned on kidnapping an aide. He had planned on killing the aide and taking his car. It was well thought out, well planned. He had a razor blade knife hidden in the men's room in the ceiling.

That was just one case with this particular fellow. There was another case where he had planned it with two other patients in the same ward, and they decided that they weren't going to go along with it and they turned this fellow in, and he was sent back to the prison. So, to sum this up, there are an awful lot of things that the Norwich Hospital is doing that is right in rehabilitating people that have a mental problem. But I think when it comes to court referred patients, they do not have the proper security measures at the hospital to take care of them. They did have them at one time when the Salmon Building was functioning. But of course that closed down in 1971 and these court referred patients that are sent to the hospital by the courts for an evaluation are on the ward with other people that are there for a drinking problem or a drug problem, or who are chronically ill, or are there for a rest, and it isn't fair to those patients, number one, to have these police holds there.

It isn't fair to the employees that they have to spend all of their time day and night watching these police holds. They have not been trained in the proper security measures, that people that work in the correctional centers and the people that work in the security center in Middletown have been trained in. And last but not least, it is not fair to the communities who are subject and have been in the past, because of numerous fears, because of these people walking away, whether it be quietly or whether it be violently. Just a couple of weeks ago they had two that escaped from there. They kidnapped a young man down in Ledyard. They tied him up and drove him and truck to Hartford and threw him out of the truck. Fortunately they were apprehended in a couple of days. But these are some of the things that we have been going through in Southeast Connecticut since the Salmon Building is closed. So just summing

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this up with the passage of Bill 5459, I think that we can eliminate an awful lot of these problems and I thank you for the opportunity to present to the Committee this testimony today. Thank you.

SEN. HELLIER: Just one quick question. Are you advocating the reopening of the Salmon Building?

REP. SWEENEY: No, I'm not.

SEN. HELLIER: Just wanted to be sure.

REP. SWEENEY: No, we have a new building similar or ...function the way the Stanley Building is functioning in Middletown.

SEN. HELLIER: Anybody else have an questions? Do you have a question you would like to ask?

REP. FLYNN: My name is Representative Leo Flynn from the forty-seventh district - Norwich. I am in favor of Bill 5457, and 5459. I think these Bills will help to correct some of the conditions at the hospital, mental hospitals. It would reduce the risk of serious injure or death to patients and staff members, and people that live in the community surrounding the hospital. I think these Bills are very good Bills, and I think if we could pass these Bills, it would help a whole lot in alleviating all this trouble we have at these hospitals right now. This is all I've got to say, because I think Representative Sweeney really came out with how conditions are at these hospitals

REP. STOBBER: I am Representative Stober of the forty-second district Ledyard and Groton. I have a question. The two Bills address themselves to two different sections of the statute. Do they accomplish essentially the same thing from the standpoint?

SEN. HELLIER: They accomplish the same thing, but one is for the accused and one is for somebody who has been convicted....

REP. STOBBER: My quick reading of these and studying, I would like to support 5459, as being the Bill that would most appropriately correct the situation. I will not belabor the particular problems that are involved that living in Ledyard and representing Ledyard. The people are concerned. There have been numerous occasions in the past of this occurring, that Representative Sweeney has outlined. I would like to support wholeheartedly 5459. Thank you.

SEN. HELLIER: Thank you very much. Are there any other Legislators here who would like to speak. Mr. Shepard, would you care to speak?

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MR. SHEPHERD: My name is Ernest Shepherd, Commissioner of Mental Health appearing to comment favorably on both 5457 and 5459. As legislation which addresses itself to a very difficult problem that the Department of Mental Health has had as one of its responsibilities for many years and has constantly sought ways to respond to the advocacy of the elected representatives and seators as they were concerned about their communities and equally concerned about the future of the hospitals and the people who work in the hospitals.

I should like to sat that on 5457, Mr. Chairman, this makes specific in the statute, a practice that is now carried out by the Department. Whenever an inmate becomes mentally ill to the degree that he needs special care, the statute makes it possible for the transfer of that person, particularly to the Whiting Forensic Institute which is the security treatment centers name. This makes clear and mandatory the conditions under which the transfer is to occur, and what will be the conditions if the transfer cannot occur. And we would welcome this as a statement of a practice and that the definition to guide this practice in the future the Whiting Forensic Institute is now opening its fourth ward by the end of this month out of the six, and by the end of June will have opened up its diagnostic unit as another step in alleviating, and I will say something more than alleviating, it will provide many kinds of services that have now not been as available to the courts and to the persons who are under charges, as they have been restricted somewhat in the past.

We anticipate this as an action through this Bill which would further guide the use of the Institute as it becomes available to the Department of Corrections and to the courts in the State. It should be pointed out though, that the statute which is being amended puts certain restraints on the Whiting Forensic Institute. It has one hundred and fifty beds. It can only accept people under certain conditions, whereas some of the acts that we are seeking to have amended through 5459 are much broader. So may I comment on 5459.

SEN. HELLIER: Yes Miss Curtis.

REP. CURTIS: You say this is being carried out at the present time....5457. Is this then a regulation?

MR. SHEPHERD: This is by policy and regulation in the Department. When the -- correction now has an option. They may ask us to take the transfer of the person as a patient in one of the state hospitals or Whiting, and we have tried to set with them the degree of dangerousness of the person and then try to place the person appropriately. If the person appears to be mentallly ill but not dangerous, he might very well go to the state hospital of his region of residence, or he might go to Whiting if he appears to be a person of high risk. We move by judgment among ourselves on this but the intent is that people will be transferred very quickly

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under these conditions but it is by practice. This in effect, states by statute what is now the policy of the department.

SPEAKER: You said you were going to open the fourth of six wards
...

MR. SHEPHERD: By the end of the month, the fourth ward of twenty-five beds will be opened as back up, as we call it, to the state hospitals. Under the present arrangement patients that are identified to be of high risk and need maximum security and yet are in the state hospitals by court order, as the present statute requires, they can be transferred by superintendent's transfer into the Whiting if there is a bed. Now this means that more beds will be available and more transfers can be worked out from time to time.

SPEAKER: What is the schedule to open the last two?

MR. SHEPHERD: By the end of June.

SEN. HELLIER: So we have all the wards in operation by the end of June and the diagnostic....as well.

MR. SHEPHERD: And we propose to officially certify that it is open and then stand back for the court's rush. The courts are very eager to have this and we said no, we can't have it until we are sure we have the manpower and the ways to operate this in accordance with the statute. And we hope to officially certify it to the Secretary of State as open by the end of June.

5459 is another measure which we have sought, and may I express my appreciation to the Chairperson, to the Committee, Mr. Flynn and Mr. Sweeney and other people who have been concerned about this and other representatives on behalf of their communities. They have consistently given the Department support on this and this particular measure has been, what should I call - in incubation for twenty-four months and we hope this time it gets passed. And it is the proposal that there be a mobile psychiatric team that will evaluate persons at the point that they are in the correctional system or in the courts pending trial or during arraignment. It is pretty clear to us that the use of the hospitals, principally by the circuit courts of the State, is heavily carried on because of the courts need for certain kinds of professional and technical assistance in determination of cases. And that the hospitals are the places to which they can now readily turn for this and more the statute which you have given us from times past to operate under states that the people who come under the 5440 Act, must come to a state hospital. I do not have any option on this except by way of transfer after the person is placed, but they must go. So there is the mobile team which can make a diagnostic evaluation right at the point where the person may be before they have been hospitalized and we have an impression that

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this could reduce the number of people going through the hospitals by as great as thirty-five to forty percent.

The other thing that the Bill as an amendment allows is the commitment of the person to the Commissioner of Mental Health rather than to the state hospital. We have an undue concentration of people at Norwich. Norwich is the hospital that is the most heavily used and in contrast to our other hospitals where there are people of the same kind of legal status cared for and Norwich handles perhaps twice as many people in the course of the year. By commitment to the Commissioner, it will permit us to move people around without having an undue concentration of persons of whatever legal status at any one point at any one time. And this is the flexibility that we have not had. And therefore we are under some degree of constraint by virtue of our own legal obligations to perform services.

SEN. HELLIER: Question - not heard.

MR. SHEPHERD: No, Mr. Sweeney mentioned the two young men who escaped from Norwich who were drug patients under court order and who had been sent there with the explicit instruction of the judge and we had very little choice in this matter. But now a commitment of this kind will permit our moving people around rather freely and we have that with respect to another class of commitments for drugs and as you know, we have decided to close out the drug program at Norwich in the interest of concentrating it at one point. That is there because the Commissioner has the authority to do that. And that's what we have as effective function or responsibility of 5459.

REP. CURTIS: I have two questions - line 103 - if commitment to such a facility becomes necessary, a state policeman shall be provided to guard such accused person after commitment to such an institution.

MR. SHEPHERD: Thank you, I wanted to indicate that I do not think this is necessary.

REP. CURTIS: I was wondering about that.

MR. SHEPHERD: I would say that this would be an unjustified use of this particular kind of control and with the other kinds of measures that we have under consideration that this would not appear to be required in any circumstance. We have, at all points, had very fine response by the local and state police and in fact, part of the standing procedures now is to signal as quickly as they can, or as quickly as they know about it - AWOL patient - to the police of course. And the police have been very responsive in every instance.

REP. CURTIS: And my other question is. Do you have any idea of the

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cost of the team?

MR. SHEPHERD: Yes the cost of the team will be in the neighborhood of one hundred thousand dollars. We are assured, as far as we can be, of a grant from the Committee on Criminal Administration which will be of assistance in setting up the team and we have-the Department itself will have to produce some forty thousand dollars as new money to add to the grant for the first year.

SEN. HELLIER: So what you are saying that an appropriation of forty, forty-five thousand dollars is required.....

MR. SHEPHERD: This is our financial estimate at this time.

SEN. HELLIER:eighty-five thousand.....

MR. SHEPARD: We had talked eighty-five thousand because we didn't have a prospect of a grant. The grant will be coming as a demonstration from the Committee on Criminal Administration. And the Judicial Department has indicated its interest in this also as the statute provides for a psychiatrist to be retained by the courts and in fact, as we move further into this we may very well discover that some of the examinations can be handled very readily through the courts by private psychiatrists if there are budgetary provisions in the Judicial Department's Budget. But I have not yet discussed this directly with them.

No, this was not in the budget as recommended. Well very good. Well may I say further that the understanding or the interpretation of the situation that the Department finds itself in--this past year, we have, through the sections of the statutes that require commitment in cases of criminal determination - we've had, this past year, over two thousand of these cases through the hospitals. This year we expect in the neighborhood of twenty-four hundred but the ones that particularly appear to be at question are the ones that relate to sections 53A-47, it has to do with acquittal by reason of insanity, or 5440 that is the one that reflects the largest numbers of people and then what we call the corrections transfer under section 17-194A. It is interesting to us though, as we try to meet the needs of the courts, we try to relate and contain and care for the court cases, as we try to have the right kind of staff, properly trained and reimbursed and in the right ward working with people. And as we keep in mind the concerns and particularly the security and safety of the community that we are at times, in every case, walking a razor's edge and we have at times, very much decided in favor of one or the other as best we can and human judgment does enter into the determination of each case.

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The superintendents of the large hospitals met with Doctor Johnson and me to again review the situation, to review their services and to see what they thought ought to be done. Doctor Miller is here if questions could be directed to him. Doctor Martin could not come this afternoon because he is meeting with a regional HEW officer about psychiatric services at Norwich in the town of Norwich. But Doctor Miller is here and Doctor Zeichner are here to speak if questions are raised with them.

REP. CURTIS: Question cannot be heard.

COMM. SHEPARD: No, I think this permits that if a requirement of a policeman should be provided to guard such an accused person, we would see the requirement as very proper. Now if there is an intent here to have a definition, a trained staff or facilities to accommodate such a person then we are in the area of judgment again and I hope that the department can respond with judgment which are appropriate to the four responsibilities we have--the Community, the Staff, the Patient and the Hospital. Incidentally, may I say something, the accidents which have occurred and injuries which are reported, and the Department requires the reporting of injuries, there is no greater percentage of injuries among our staff who manage the court cases as there are with the people who work with the general patient population.

I really think this is true--that if there are injuries throughout a hospital as you are dealing with psychiatrically ill people who are unpredictable, and every hospital has to take this into account. But the hospital has to constantly keep itself in balance as to whether its a hospital or whether its a correctional center, or whether it is to be emphasizing security as over and against treatment and hopefully the recovery of the patient. And this of course will always give us problems, always give us some kind of difficulties in our patient that leave the campuses and go into the communities, some of whom may be at risk and others will not be at all.

We are therefore confronted with the management responsibility of a general population that has risks, and if people want to work in this field as those of us who selected to do it, wish to, then I think we have to be conscious of these kinds of responsibilities. Therefore, we hope that the two proposed Acts will receive favorable consideration as measures that will assist us in very definite ways to provide better services, better control to all the concerned people.

SEN. HELLIER: Thank you Commissioner. Anybody else have a question? Rep. Sweeney spoke earlier, put some things on the record and also in writing. I'd like to give you a copy of thisprovided to us--allegations--and I thought you might wish to commentIf you decide you do want to comment

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COMM. SHEPARD: Yes thank you, I would like to. I happened to be out of the room the brief time while Representative Sweeney was speaking.....

SEN. HELLIER: ...we don't give just one side

COMM. SHEPARD: Thank you, I am pleased to have a copy to which we will respond.

SEN. EHLIER: Doctor Miller, as Superintendent of a hospital, would you you like to comment?

DOCTOR MILLER:particularly since the Commissioner has already done his commenting. But on the other hand I feel that if you have questions, I may have some unique qualifications to answer them in that--(a) yes I am on the line--(b) I have done a good deal of forensic work and have probably testified in a thousand cases of the nature of the ones discussed here. And by the same token I think that Mrs. Curtis can validate the fact that over the last five years, with the patient population which includes these 5440 cases, and by the same token, a number of persons sent to us as not guilty by reason of insanity.

We have had I think, three incidences in the area in the last five years which were of an unpleasant nature and no one of them was caused by a person who was in a court related category. We have, I would say, in the course of the average month at least thirty persons who will leave the hospital in effect, without having given us notice and a substantial number of these instances, we do notify the local and state police, not because we feel that these persons are necessarily a danger to themselves or to others, rather because they have been sent to us as probated patients, and therefore we have the duty to contain them.

However, of this entire group, as Commissioner Shepard has already stated, I would say quite definitely, that they give us more or less trouble than the average patient who is not court related, and that those few persons who do produce this difficulty are easily seen in advance more frequently than not, in any event. And where there is the potential for a security problem, if you would, or of a source of potential, then we immediately arrange for a transfer to the security treatment center, the Whiting Forensic Institute, and although on one or two occasions there have been minimal delays while they have been making room for them. we have, at no time, since that place has been open, had any difficulty in affecting the necessary transfers, when we felt that the transfers were necessary.

Further, we have no particular difficulties with the local board, or for that matter with the two jails which are in

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our area, and the principal problem that these cases provide me administratively in terms of my pleasure at hearing these bills endorsed is the fact that they tie up a good deal of my staff time.

Now contrary to what I heard testified to earlier about these persons in the hospital being dispersed through the hospital generally, it has been my experience that if they are not dispersed generally, they then set up reverberating circuits which do set each other off, and by the same token the aide staff which has to contain a group of what are at least purportedly criminals if not already proven criminals, then he is placed in a certain dehumanized relationship to the patients which is certainly anti-therapeutic.

But when these patients are dispersed through the wards, then as I said earlier, we have no difficulty with them. Further, being a firm believer in civil rights I feel that the civil rights of these persons would be transgressed against if assuming they were to commit some illegal act while in the hospital and they were considered by the doctors to be tried for such an offence, I would not withhold from them the opportunity to have to face the consequences of their act, which to me is a very therapeutic aspect of the business. So that, again getting back to the original subject, I know I digress, I'm all for these bills, mostly because my doctors won't have to run to court all the time to testify, and by the same token the aides won't have to utilize special surveillance on occasion in relation to some of the patients which take their time away from other patients.

If you have any questions further than that, I will be glad to answer them.

SPEAKER: Question about a bill - not clear.

DOCTOR MILLER: I'm not even sure there was such a one but certainly not through me..... (At this point talking is done away from the microphone)

If such a setup was mandated and if it was given me to supervise, I would supervise it. I would prefer not to have to. Since there is an adequate institution in Middletown at this time. I've had complete cooperation from the Security Treatment Center, and for that matter from the courts and correctional institutions.

SPEAKER: Question about security.

DOCTOR MILLER: Oh quite the contrary, I would say we have no more security in our wards than one might expect in a general hospital in many senses. We have a relatively open hospital though there are many locked wards. But anyone with a hairpin or a beer can opener could certainly leave. However we don't feel that they should be in a position to do this without our having some intimation of their intention in advance. But,

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we are not a jail, we are a hospital.

SPEAKER: Cannot be heard.

DOCTOR MILLER: I can see this in a security hospital, but not otherwise. Well we do have closed wards, and in some closed wards there is close supervision, and in some instances it is required of it that we provide supervision one to one. That's true, but on the other hand in terms of the actual boards, or gates or locks we don't have those. We simply have human supervision.

SEN. HELLIER: Allright, does anyone have a question of Doctor Miller? Doctor Zeichner would you like....you are on the receiving end of all these people.....Maybe you would like to speak.

DOCTOR ZEICHNER: Thank you. I would like to support Mr. Shepard's statement, certainly, I think that the two girls in question do provide a tightening up of the loose ends that have to do with the.....population.....

I would like to comment on this question of security. Rep. Flynn asked whether there is security in the hospital. I think the greatest security in the hospitals resides in the staff. The way the staff relates to the patient. I think where there are good treatment programs and where there are adequate resources to address themselves to the needs of the patient, what can speak of a much more meaningful kind of security than locked and barred and steel doors.

SEN. HELLIER: Anybody else have any questions?

(talking away from the microphone)

DOCTOR ZEICHNER: I think part of the answer would lie in the special group of people who either end up in the correctional system, and certain people who find their way in hospitals through civil commitment, who are particularly difficult to manage, who present a high degree of risk in terms of escape or danger to others. For these people a special facility does seem to be desirable. The next question is how many such people there are. The original survey that was done before the Whiting Forensic Institute orI believe identified approximately some six hundred persons who might require some special services throughout the year. It was known even at that time that there were a large number of people who were being referred to the Department of Mental Health for a variety of sentences. A person on pre-trial status and some persons on convicted status who did not fit into this special category. Persons who were regarded as especially dangerous or a high degree of risk. This number continues -it is pretty much intact, so that even if the Whiting Forensic Institute were in full operation.....soon, and if it were serving approximately six-hundred or so persons that were projected a year

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I think there would continue to be a certain number of people who don't belong in a maximum security setting, who can benefit from the programs that are available in any other hospital.

I think that the two bills are very specific. Some of the practices which have been developed, which we do try to follow, they spell them out in a very direct manner. They do tighten up some of the practices. They do increase some of the authority granted to the Commissioner of Mental Health and I think in those respects those are two desirable bills.

REP. FLYNN: Not heard.

SPEAKER: What happens at two o'clock in the morning when two police officers bring a fellow in in shackles and chains, takes them off and walks out of the building and leaves that patient with one aid and a nurse? How are their laws and training going to restrain him that they never saw before in their life?

SPEAKER: You don't have to answer the question.

SEN. HELLIER: Reverend David Cannon.

REV. CANNON: I am the Reverend David Cannon speaking for the Mental Health Association of Connecticut. In general we support the raised Committee Bill 5459, and the concept of Bill 5457. I would like to speak primarily to raised Committee Bill 5459. Because it provides for the prompt psychiatric evaluation of any person accused of a crime, but not yet committed to a correctional institution. At the same time commitment would be to the facility which has the appropriate trained staff to provide care and treatment for the mentally. Nevertheless we question several components of the bill in a kind way, I hope.

First the Bill states that the accused is to be committed to the Commissioner of Mental Health. It then states that the accused, during the fifteen day evaluation period, will remain in the custody of the Commissioner of Correction. We would just like to raise the question -- wouldn't it avoid the possibility of conflict of jurisdiction to have the original commitment to the Commissioner of Correction.

Second, if during the fifteen day evaluation period, the accused needs special medical care, the Commissioner of Correction may commit him to the Whiting Forensic Institute or to a State hospital for mental illness. We recommend that the clinical team described in the Bill makes the determination as to where the individual should be sent to receive the best treatment.

And third, under Section 4-E, line 100.

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SEN. HELLIER: Excuse me, I am still on the second one. Can you give me the line number. I want to make sure.....

REV. CANNON: Allright, it begins on roughly line 30, well the correction line 30, the amendment. We are referring to what begins with line 30.

The second point, if during the fifteen day evaluation period, the accused needs special medical care, the Commissioner of Correction may commit him to the Whiting Forensic Institute or to a State hospital for mental illness. We recommend that the clinical team described in this Bill makes the determination as to where the individual should be sent to receive the best treatment.

And the third point under Section 4-E, of the Bill....The Commissioner of Mental Health may not commit any violent or desperate accused person to a State Mental Institution without proper safeguard. Yet within the fifteen day evaluation period, commitment to a State mental hospital may be made by the Commissioner without any apparent exception. We believe that that needs clarification or at least consistency.

And finally we urge greater utilization of the Whiting Forensic Institute for a totally different reason. In January the Appropriations Committee had a meeting with the Department of Mental Health heard the example of a patient who had been at Connecticut Valley Hospital for twenty years. Transferred to the then Security Training Center for eighteen months of intensive treatment, he was later released, and for eighteen months has been a functioning member of the community. And we believe that that example cited speaks for itself.

Thank you.

SEN. HELLIER: Speaking away from the microphone and cannot be heard.

REV. CANNON: Mr. Hellier, with those minor points that we've raised, I think that the Bill is a good Bill, and I think that it provides for the kind of use that Whiting, that we are concerned about, the Mental Health Association and the Community in which I live, which is adjacent to the hospital. The primary concern is the treatment of the mentally ill, whether they be an accused offender and adjudicated offender or a member of the general hospital population. We are concerned about three things. In spite of what the newspapers may say treatment is our concern and I believe that the creation of the Whiting Forensic Institute and what it is capable of doing would do a great deal to solve what is a very difficult situation, and I believe the language of the Bill is appropriate, that the structure between raised Committee Bill 5457 and 5459, really meet the needs that you have heard described here this afternoon. And we support those Bills.

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SEN. HELLIER: Do you have your comments in writing, I hope.

REV. CANNON: Yes and I will leave them.

REP. CURTIS: Cannot be heard.

REV. CANNON: Well we should be consistent. Our primary thing is that the psychiatric team should make this determination, and then in further language of the Bill, in one case we limit the Commissioner of Mental Health, but we don't limit the Commissioner of Correction, so we should at least make that consistent.

SEN. HELLIER: I agree with what you said, as long as we have a member of the psychiatric team there, But I wonder what would happen if all of a sudden the person required special treatment or special handling and the psychiatric team was in Greenwich instead of in Norwich, or if somebody goes to the hospital, let's say, in Brooklyn.....What do we do then.....so it would have to be as determined by the clinical team or in the event of.....by the Commissioner of Correction I suppose, is that correct?

REV. CANNON: Yes, I think the Bill provides for that. We would just hope you would take a closer look at it before the form of this Bill is finalized. Make sure that we have covered the avenue and that we are consistent. That is why we raised this point.....May I also give testimony from my other half?

I was asked to speak by the Preston Board of Education at the request of the present Board of Education Officers, and they submit the following testimony.

We support raised Committee Bill 5457 and raised Committee Bill 5457 as compatible bills because they would alleviate the threat to the community immediately concerned with the Norwich Hospital. Especially as the potential danger would affect our school children. In the past several years potentially violent and desperate accused offender have escaped from the hospital into the community at large. The community has been varied but united around one central fact, concern. We are concerned about the safety of our children. We are concerned about the safety of our school system and we are concerned about the patients at the Norwich Hospital. Attached to this testimony is a picture from the Norwich Bulletin depicting two armed citizens who had been out seeking fugitives from the Norwich Hospital. This hardly appropriate, either legally or treatment for the mentally ill, but the fears are real. We would hope that the raised Committed Bill 5459, and 5457, would prevent such an occurrence by evaluating the accused offender before he reaches Norwich Hospital and would

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direct that person to a facility which has the appropriate staff, which has the appropriate equipment and security to provide care and treatment and recreation for the benefit of the mentally offender and ultimately the benefit of the community. Thank you.

SEN. HELLIER: Mrs. John Stewart?

MRS. JOHN STEWART: I am Mrs. John Stewart, I live in Preston about one-quarter mile south of the Norwich Hospital. My husband and I run a flower shop in Preston and on this particular day, I believe it was a Monday around ten -- ten-thirty, I was along in the shop. My husband had gone to Norwich with a three year old for some business reason, I don't remember what. But I heard State Police Car sirens, six or eight of them going up toward Norwich, and thought to myself, there must have been an accident up the road and my husband was in Norwich coming that same direction, so I was a little concerned there. Also we had a dead-line to meet of about twelve o'clock, so I went from our shop about one-hundred feet in back of the greenhouse, sent over into that area to see if my husband was back with our son, because quite often he will the vehicles in the back yard. And as I, I had already gotten to the greenhouse, I was on my way back and something caught in the corner of my eye. Naturally I thought it was my husband and I turned around and this person started chasing me, so I ran of course but didn't get very far, and he eventually caught up with me. He said he didn't want to hurt me, but he had a knife and he might have to hurt me. So I looked up into his face, kind of frightened, and I took a good look at him. He was tall and had dark hair, and I thought to myself, you must be Steven McDonald, he was being sought by the State Police in two or three states at the time and it was in our papers. We were aware he was loose and somewhere.

Then I looked up and thought, well, you must be the McDonald boy and this is it. He, we both went into a house which was empty at the time next door. He was most interested of course in getting away and he wanted a drink of water. After he had gotten a cold drink of water, I could see he was wet and he had been in the woods or somewhere. He decided that he was going to take me, he wanted to get away from that area, and I said fine, there is a car in the backyard and I pointed out the window. The keys are in it, dash, just go. And no, he insisted I had to go with him, so I thought, well, I'd better do as he says. In the meantime I had heard my husband come into the backyardvan which is a truck and it has our Stewart's Flowers written on three sides of it, a great big white van and I heard him come in and walk, you know, not twenty feet away from me and go over to the flower shop. The doors were all locked, I thought I better not, there was no way I could get in touch with him, so I thought well just go along with this guy. So we went out into the back yard

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and he spied the van and he said, oh, that is what we are going to take and I said, fine, because it is all nicely lettered, it is big and you can see it a mile away. So I drove and he crouched in the front seat on the floor next to me, and as we started out the driveway, the hospital is north of our property - he insisted on going south. I said to go north but he wanted to go south. So I said O. K., we stopped at the end of the driveway to go out in the traffic, and I saw a black car waiting to come into our driveway. It was unmarked. There was no state police hat, uniform insignia. I thought well I could jump out and take a chance that its a State Trooper or it might be just a salesman coming into the greenhouse to talk to my husband. So I elected to drive and I drove south on route 12, down toward Groton, New London. And I had told this person that we needed gas; I had only a credit card that is all and that we would have to get gas, and there was a gas station across the street from our property and I thought, good, I'll drive in there and jump out, but he insisted on going farther away.

So we turned out onto route 12, which is the main highway and I knew my husband was back in the shop and I could see him to the left and I stuck my hand out the window and pointed to the back of the van, thinking that you know, you might catch something. My shirt was ripped and my smock in it was flapping. So anyway, I continued down the road. We stopped and got gas, about five miles down the road. I had a credit card so I had to go to a certain station, and I thought that the regular attendant might recognize me and he might, in washing the window, see something strange. Well it was a part time man and he didn't know me and my friend inspected the signing of the slip so I couldn't put anything on it. So we got gas and I thought certainly, by this time, my husband knew something was not right and he would have reported it and how far can you get in a white van with your business letters on it.

So we got down to Groton, we crossed the bridge that goes over to New London and we headed for New Haven, and I didn't see a State Trooper or apoliceman all the way, and I drove with my eyes on the rear view more than ahead. Anyway, my passenger and I, he finally got in the seat, we talked, we had the radio going quietly and I thought, this is good. He will relax a bit. We both calmed down and I thought certainly before we get too far someone will pick us up, and it wasn't maybe fifteen miles away from home, I was finally stopped by a State Trooper who was coming from Westbrook, Connecticut, coming up the hospital area and he was late to work, got a late call and he spotted me going this way and he doubled around and showed his gun and that was it. My passenger said I better pull over, which I did. I got back to the Groton Barracks and they told me there were four patients out. They thought I had two or three of them, I guess. I had one.

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SEN. HELLIER: There isn't any question in my mind but that you are in favor of these two Bills.

MRS. STEWART: Yes, we live--our property borders Norwich Hospital Property which is all woods. Our house is situated one thousand feet back from route 12. We have four school age children and they have to walk everyday, this long driveway which and part of the time, I can't see them and its woods. And I think occasionally I.....cibcerbed,

SEN. HELLIER: Well Mrs. Stewart, I thank you for coming up to testify and I am certainly sorry you had to go through what you did to make the point that will hopefully convince others to.....legislation. We will do everything we can to make it happen. Thank you for coming.

Doctor Browning?

DOC. BROWNING: I am Doctor S. Pierce Browning, III, M. D. I live in Norwich and am a specialist in orthopedic surgery, certified by the American Board of Orthopedic Surgery. I am on the staff of the William W. Backus Hospital as Attending Physician and I am Consultant to Norwich Hospital, Uncas on the Thames Hospital and Day Kimball Hospital and also on the Staff of Newington Childrens' Hospital.

My purpose here today is to assure you that injuries to personnel indeed exist, and on the disparity of the injuries that occur in the three institutions within this geographic area where state employees are employed. Actually, there are more. But we have a triangle consisting of Montville, which is a State Prison, we have Uncas-on-the-Thames which is a hospital dedicated to the care of patients and we have Norwich Hospital across the river.

During my eleven years of practice in Norwich, I have not seen a single injury occur to personnel from the Montville Correction Institute. I was interested that Tom Sweeney was able to document only five such in a period of the last decade. I do see injuries to patients at Uncas-on-Thames Hospital. These are characteristic of hospital injuries which also occur at other hospitals. There primarily associated with the patient lifting injuries. Usually they are a strained back or in one case a disc which occur when a personnel are handling a heavy patient. In addition we have had injuries that occur to the ground and maintenance staff which do and can occur in any field. I also see injuries that arise from the State Highway Department and on occasion from other agencies of the State when they are employees.

After the Salmon Building was closed in 1971, you look at Representative Sweeney's statement. You will note that the number of injuries reported took an immense upward fling from the state hospitals to the point where we are talking of over four-hundred injuries in a period of a year, or an average of more than one a day. There is, to my knowledge,

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no other enterprise in the area of Norwich that reports this number of injuries to its employees. None. Maybe Electric Boat with eighteen thousand employees can possibly give it some competition. But as far as the incidents of injury, this is without question in the Norwich area, immense. And I think that I would like to speak for this. Now, I would like also to point out in your list that I had never seen a psychiatrist injured in a State Hospital. I have never seen a nurse, at a supervisory level or higher, injured by someone. When you look at the names on those lists, you are looking at Ward Aides, and you will notice that it runs heavily into the female side because the poor girls are light, they run between ninety and one hundred and thirty pounds, and they are ill-equipped physically to deal with the assaultive patient.

Now, this problem, the Commissioner has indicated is not easy. It has always been with us to some extent or another, but recently it has become a real problem and I am the guy who gets the broom and the dust pan to clean up the mess afterward. And it isn't pleasant. Now, it is my feeling that these two Bills before you will do immense good in several ways. First, they will provide for adequate evaluation of the individual before he is turned loose in the center in a hospital. Many times these people arrive; the personnel has no idea of what they are dealing with or how to handle it. This provides for an evaluation before they get there.

Secondly, with the commitments that you have, you are diluting the therapeutic abilities of the hospitals to deal with the people who are there in need of treatment. If you have someone, say, a man in a depression, say he is over sixty-five, he has lost his wife whom he has been married to for many years and he is so depressed that he has to be treated. This is an individual whom you have to commit because we have no other choice than Norwich in our area. We have no private psychiatric facilities. So that we should not dilute the care that these people need.

Well, you talk the cost of the team. I feel that you can decrease some of these injuries that you are well paid for the cost of this team. The net is figured at forty thousand. We have injuries that run into the six figures. The cost to the community runs well into the six figures. They don't appear as a charged item on the Department of Mental Health. No injury--all injuries funnel through the State's Attorney's Office. All payments are made out of the office of the Attorney General, so that the individual department does not get charged in its operating budget for the cost of this injury.

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So, now, I have to agree with Representative Flynn and Representative Sweeney that there comes a time when you have to balance the safety of the people who work there and the safety of the community that surrounds this hospital, against some of the things that you would like to do therapeutically. We know that if we go to the iron bars like they have at Montville, that the accident injury rate drops to one every two years. To the people that search this is not a very therapeutic situation. It wasn't intended to be over in Montville, but it points out the fact that there is a need, and there are in these institutions certain long term patients that are going to be there for a long, long time essentially forever who are known to have violent outbursts.

They may be quiet for a year or two year but they are known. These people deserve a little more watch and control than being dispersed to the.....Now, this price gets paid in blood. It doesn't have the lovely fantastic things that we used to get out of the textile industries where the carding machine would come in and it would look like somebody ran a hand through a meat grinder. But it does cost, and when you look at those big list that came from the Attorney General, I want you to think that these are people. It is just not a little name.

One, I had no problem in assembling these charts from my own office files this morning. It took one of my girls less than ten minutes to pull these. The first one is an aide by the name of J. H., injured on Lodge West Three on March 28, 1973. She has a damaged shoulder. My report to the Attorney General's Office on February 7, 1974, I state that this will result in permanent disability. She may require eventual surgery. The end of that may not come for six to ten years. We have another one injured in Lodge West Three. This is E. L. He lost, as a result of being assaulted by a patient, on 12/12/73,...he was totally disabled and unfit for duty through 2/4/74, during which the State of Connecticut paid his wages. He also has a condition that may require eventual surgery and I will assign permanent disability to this man's arm, at some point. You can estimate twenty percent. This man is a long time employee of the State over most of twenty years.

This is another one L. M., inLodge, East Three. This is an individual who was not injured by a police hold. You are right, these people are injured by other long term inmates. The event occurred on 4/11/73 - he returned to work 6/4/73. Almost two months out of commission. J. P., injured twice-- original injury on 10/22/71, when at two o'clock in the morning, a patient assaulted her, threw her against the wall in the toilet. The left sternoclavicular joint was dislocated. This has been treated. It was aggravated again by a second assault. This is another one that is relatively stable but eventually will require the assignment of Form 42 for permanent

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disability. C. J., patient injured twice--this one was injured by a patient who was on a police hold on February 7, 1972. The patient was on police hold and verbally threatened prior to this. This patient's neck has been injured twice. At the time she was working at the Norwich Hospital. She was going to night school to learn how to be a hairdresser. As soon as she learned enough, I told her to stay out of the Norwich Hospital permanently. I cannot turn this patient back into a dangerous situation. Some day, I will assign a Form 42, for her.

Are you familiar with what a Form 42 is. This one, you can see the size of the chart, its bigger than the Norwich and New London phone books put together. This is a patient who worked for the State of Connecticut for many years. She was injured three times in the course of her employment. This goes way back into 1967, it is not a present case, but I brought it up because the most significant thing about this is that this woman is totally and permanently disabled because of her injuries that she received from assaults by patients. In 1970, I sent her to the State Retirement Board for permanent retirement which they approved. She was injured first in 1967. At that time the patient was a known long term patient. It was not a police hold. She sustained severe injury to her neck. That time she gradually improved. She sustained two other injuries by two other patients over a period of time. Then in December 10, 1970, after the third one injury, I wrote to Morgan Martin and I said that ----- or earlier in February of 70, I had written Morgan Martin a letter which was sent Registered Mail in which I told him that if she was injured again by an assaultive patient, this was going to be the end of her working career.

Then I saw her on December 8, then I wrote him on December 10, She had been assaulted again on September 24, 197...

SEN. HELLIER: What has that got to do with the present situation (or words to that effect) (interrupted testimony)

DOC. BROWNING: It has to do with the fact merely that when people come up to you and say, there isn't a threat, for instance. That this is an example.

SEN. HELLIER: I think you have made your point as far as people in mental hospitals, of the injured in the line of duty. This Committee has been advised to....so that point has been made.

DOC. BROWNING: Then there is one other point from this chart which is a letter signed to me by Luigi Saraceno on December 23, 1970, which is that there are no areas at the hospital where she would be free from possible injury. So this.....Saraceno, Assistant Superintendent. So this is my plea? that you should look after these people and on a continuing basis, not just now and not just these bills, but on a long term basis. These

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are the people who work for the State of Connecticut. They work hard and they have a most difficult problem.

SEN. HELLIER: May I ask you a couple of questions? It might help us a little bit.

What percentage of the injuries that you treat -- what percentage is disabled?

DOC. BROWNING: Almost all of the ones I treat cost more than a week in time for the simple reason that the filter system is that these people are seen first by the physicians at the hospital and if it is not a serious injury, they manage it, they return the employee to work. So that by definition practically, if I see them, it is a serious injury.

SEN. HELLIER: Alright, how many did you have last year?

DOC. BROWNING: I didn't count my file, I would assume that at least four to five.

SEN. HELLIER: Four to five last year?

DOC. BROWNING: Yes, because the majority are seen by Doctor Edgar. I don't see the majority.

SEN. HELLIER: How would you say the injury rate at Norwich, which I believe is your.....would compare with other mental hospitals either in the state, if you have that data, or in the country.

SEN. HELLIER: I think of a mental hospital as being a particular kind of hospital, such as heavy industry, if you have industry or...do you think the Norwich Hospital has an injury rate higher, lower, the same or do you know, of the hospitals in the state or the country?

DOC. BROWNING: I have the impression that compared to other hospitals that I had some contact with, which is not large, that we are not seeing this strain of injury. The best thing I can give you is that during my training in St. Louis, I ran the orthopedic service at City Hospital and across the street from us was Malcolm Bliss Psychopathic Institute, and that it was relatively rare for us to see an injured employee from the Malcolm Bliss.

SEN. HELLIER: Well, you are talking four or five in a years time. I think it would do well for us to find out from other hospitals. Do you have access to that information?

DOC. BROWNING: I do not. I think that it should be a worthwhile thing for this Committee to retain as an accident for hospitals.

SEN. HELLIER:rate of disabling accidents in state or mental hospitals as opposed to.....

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DOC. BROWNING: It should be in times of days lost.

SEN HELLIER: Would you expect a higher incidence of injury at a mental hospital than say ainstitution or a general hospital or Uncas-on-the-Thames?

DOC. BROWNING: I expect a certain increase yes.

SEN. HELLIER: You would expect a higher incidence then.

DOC. BROWNING: yes.

SEN. HELLIER: Solely because of the nature of the.....

DOC. BROWNING: Yes.

SEN. HELLIER: Thank you for coming up Doctor.

People have signed up to speak-- would anybody else here like to speak to 5457 or 5459, at this time?

Well the Hearing is closed on those two Bills. We do have one other Bill that somebody might speak to and that is 5460.

Fine, I'd be disappointed if we didn't have one testimony.

MR. DORIN POLVANI: I am Dorin Polvani. I am Deputy Commissioner of Corrections.

SEN. HELLIER: I didn't see you come in or I would have had you speak earlier.

DEPTY. COMM. POLVANI: It is quite alright, I was interested in the other. We ask that the present furlough statute be modified to allow the out of state visits. Geographically, our State Prison is closer to Massachusetts, than it is to most anywhere in Connecticut. During the course of a years time, we have many situations where out of state people are precluded attending such things as funerals, emergency type family problems. A Connecticut resident is allowed the furlough; an out of state person is not allowed. The Attorney General tells us that there is some question with the present language of the statute as to whether or not we could allow out of state furloughs. The language that we have inserted is to give us that prerogative by statute. We would feel that probably that fifty-two hundred people a year would benefit from this process which would help to equalize opportunities for inmates within the institutions. We would urge that you insert our new language and make our problem something less. We don't see anyNow the same restrictions would apply across the board, whether it be inside or outside the state.

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SEN. HELLIER: Would you have reciprocity with other states?

DEPTY COMM. POLVANI: This language would give us that reciprocity. The big question now is whether we would have reciprocity if we had the language allowing for that by our statutes. We feel that the other states would then have to honor our statute, the reciprocity business.

SEN. HELLIER: Any questions?
Sounds like a humane Bill.
Anything further. I declare the Hearing closed.

Closed at 3:00 P. M.

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SENATE

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THE CHAIR:

C.G.C.

Is there any objection? Hearing none, so ordered.

THE CLERK:

Page 5 of the Calendar, Calendar No. 655, File 500, Substitute for House Bill No. 5565. AN ACT CONCERNING MILEAGE REIMBURSEMENTS FOR STATE EMPLOYEES. Favorable report of the Committee on Appropriations.

THE CHAIR:

Senator Lenge

SENATOR LENGE:

Mr. President, I move acceptance and passage.

THE CHAIR:

Will you remark?

SENATOR LENGE:

Mr. President, this bill would provide for an increase of two cents a mile from ten cents to twelve cents for reimbursement to state employees, legislators, and certain legislative staff in the use of their cars on state business. The bill is effective on passage except for legislators and staff the effective date is January 8, 1975. The sum of \$100,000 is provided to cover the cost of this bill and it is in the budget. I move if there is no objection, that it be placed on the Consent Calendar.

THE CHAIR:

Is there any objection? Hearing none, so ordered.

THE CLERK:

On Page 5 of the Calendar, Calendar No. 657, File No. 445, Substitute for House Bill No. 5459. AN ACT CONCERNING CUSTODY,

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HB-5459

TREATMENT AND REFERRAL OF ACCUSED PERSONS WHO APPEAR TO BE INSANE C.G.C.

OR MENTALLY ILL. (As amended by House Amendment Schedule A).

Favorable report of the Committee on Appropriations.

THE CHAIR:

Senator Lenge

SENATOR LENGE:

Mr. President, I move acceptance and passage.

THE CHAIR:

Will you remark?

SENATOR LENGE:

Mr. President, this bill provides for a mobile, clinical team consisting of a psychiatrist, a clinical psychologist, and a psychiatric social worker who are to examine persons who are accused of crimes in cases where mental incompetence may be involved. This will provide for a more rapid evaluation of mental competence than currently is the case under Section 5450 of the General Statutes in which a judge who questions the mental competence of an accused person, must hold a hearing and appoint two psychologists to conduct screening and evaluation. The fiscal impact is \$100,000, \$40,000 from the general fund and \$60,000 from the federal law enforcement assistance administration.

If there is no objection, I would ask that this be placed on the Consent Calendar.

THE CHAIR:

Senator Hellier.

SENATOR HELLIER:

I certainly don't have any objection Mr. President, on the

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contrary I want to rise in support of the bill. This bill was developed in the Corrections, Welfare, and Humane Institutions Committee. It is one of two bills which I believe together provide the greatest possible care for the mentally ill who are involved with the criminal world or mentally ill world as far as they're either being convicted or accused. These two bills though will provide protection as far as those who have been committed to a mental hospital this ruling team of psychiatrists for example in this bill will allow them to be examined in a correctional institution or if they require special diagnosis or special treatment sent to Whitting(?) Institute. The Whitting Institute has provided the means for us to take care of a situation which could not be allowed to exist any longer and that was the care of mentally ill people who potentially dangerous in our mental hospitals without adequate care.

I find that this bill and the other one are going to be great protection, better care of our mentally ill people and together I think is a very positive package for this year's session.
Thank you Mr. President.

THE CHAIR:

Motion is to the Consent Calendar. Is there an objection?
Hearing none, so ordered.

THE CLERK:

658, File No.s 443, & 595, Substitute for House Bill No. 5103.
AN ACT CONCERNING THE RIGHTS AND OBLIGATIONS OF MOBILE HOME PARK OWNERS AND RESIDENTS. (As amended by House Amendment Schedule A)

Favorable report of the Committee on General Law.

C.G.C.

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THE CLERK:

Returning to Page 6 of your Calendar, top of the page
Calendar No. 561, File 445, Substitute House Bill 5459, An
Act Concerning Custody, Treatment and Referral of Accused
Persons Who Appear to be Insane or Mentally Ill. Favorable
Report of the Committee on Appropriations.

THE SPEAKER:

The gracious lady from Newtown.

REP. CURTIS(106th):

Mr. Speaker, I move the Joint Committee's Favorable
Report and passage of the bill.

THE SPEAKER:

Will you remark on acceptance and passage.

REP. CURTIS:

Yes, Mr. Speaker. The Clerk has an amendment.

THE SPEAKER:

The Clerk please call House A.

THE CLERK:

House Amendment Schedule A, LCO No. 1995. At line

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153, delete Section 6 in its entirety.

THE SPEAKER:

Lady from the 106th.

REP. CURTIS(106th):

Mr. Speaker, this amendment removes the date for the effective date and leaves it up to October 1st. The Commissioner of Mental Health felt that if we had a July date on the bill it did not give enough time for him to put this into operation. I move the adoption of the amendment.

THE SPEAKER:

Will you remark further on the adoption of House A. If not, all those in favor of adoption indicate by saying "aye". Those opposed. The amendment's ADOPTED. The Chair will rule the amendment technical. Does the lady wish to comment on acceptance and passage of the bill as amended.

REP. CURTIS:

Yes, Mr. Speaker. I think, Mr. Speaker, this is a very forward piece of legislation. It's to provide a clinical team for a psychiatrist to examine accused per-

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sons as to their mental state and to further provide procedures for their disposition. This team of psychiatrists will go around to the various courts, review the condition of the accused person, report back within fifteen days. And at the end of the time they will remain in the custody of the Department of the Commissioner of Corrections and then at that time they will be put in Whiting Forensic Institution or else into a state hospital with proper care and custody. I think it's a very fine bill and I think it should pass. Thank you.

THE SPEAKER:

Will you remark further on acceptance and passage. If not, if all members would take their seats. The Clerk announce an immediate roll call. The lady from the 106th.

REP. CURTIS:

Mr. Speaker, I forgot probably the most important thing is that there is an appropriation of forty thousand dollars to get this team working. Thank you.

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THE SPEAKER:

Will you remark further on adoption of the bill as amended. If not, if the members would take their seats. The question is on acceptance and passage of Substitute for House Bill 5459 as amended by House Amendment Schedule A. The machine will be opened. Has everyone voted. The machine will be closed and the Clerk please take a tally. The gentleman from the 21st in the affirmative. Gentleman from the 68th in the affirmative.

THE CLERK:

Total Number Voting.....	126
Necessary for Passage.....	64
Those Voting Yea.....	126
Those Voting Nay.....	0
Absent and Not Voting.....	25

THE SPEAKER:

The Joint Committee's Favorable Report is accepted and the bill is PASSED.

THE CLERK:

Page 8 of your Calendar, Calendar No. 617, File 345, Substitute Senate Bill 258, An Act Concerning Repairs of