

Oral History Interview

Susan Parker, Activity Therapy Director, Northville Psychiatric Hospital (1986-2002)

January 7, 2020

JO- Joe Oldenburg – Northville Township Historic District Commission

SP- Susan Parker

BP- Bob Parker- husband of Sue Parker

DR- Diane Rosone– Northville Township Historic District Commission

FS- Fred Shadko - Northville Township Historic District Commission

JO: We are the Northville Township Historic District Commission. Our charge is to preserve the Township history and structures related to the Township history.

JO: The Township owns the hospital property now.

JO: I recently did a presentation on Northville Psychiatric Hospital and you attended the presentation. Part of the history is the people who worked at the hospital so that's why I had asked if we could interview you.

SP: Have you talked with other former employees?

JO: We have not. One lady that was there, I gave her one of my cards and asked her to send me an email but she did not respond.

SP: Are you interested in talking with more employees?

JO: Oh, yes, definitely.

SP: Northville Psychiatric employees have a Facebook page.

FS: Facebook group, we did not know that.

SP: I can let them know that I did this today and that you want to talk to former employees.

DR: Do you want to just forward me the link?

SP: Well, I need to put the information on myself because it's a closed group.

DR: OK, great.

DR: Yes, and what did you think of the questions that we sent to you?

SP: They're very, very good.

SP: I can respond to most of them in some way, some with more detail than others.

DR: Once we get into the conversation if there's added interest, we may want to ask other questions.

JO: We will get this transcribed and then copies will go to the Northville District Library and to Mill Race Village and it will be available online through the Library.

SP: That's OK.

JO: So where were you born?

SP: I was born and raised in Detroit.

SP: Product of the Detroit Public Schools.

JO: Which high school?

SP: Cody High School. Bob was Cody also!

JO: Where did you complete your degree?

SP: Western Michigan University. And I received a Bachelor of Science degree in occupational therapy.

JO: How did you come to work at Northville Psychiatric?

SP: Well having been born and raised here. Both of us. Our families were located in this general area of the Metro Area of Detroit and when we got married we were living in Saginaw because I had a job there and he was not employed at the time and he got a job down here first in Pontiac but we were moving to Livonia. So we moved back to the area which meant I had to leave my job. I saw an ad in the paper for an occupational therapist at Northville Psychiatric Hospital and I applied and I was hired and so that's how that came to be.

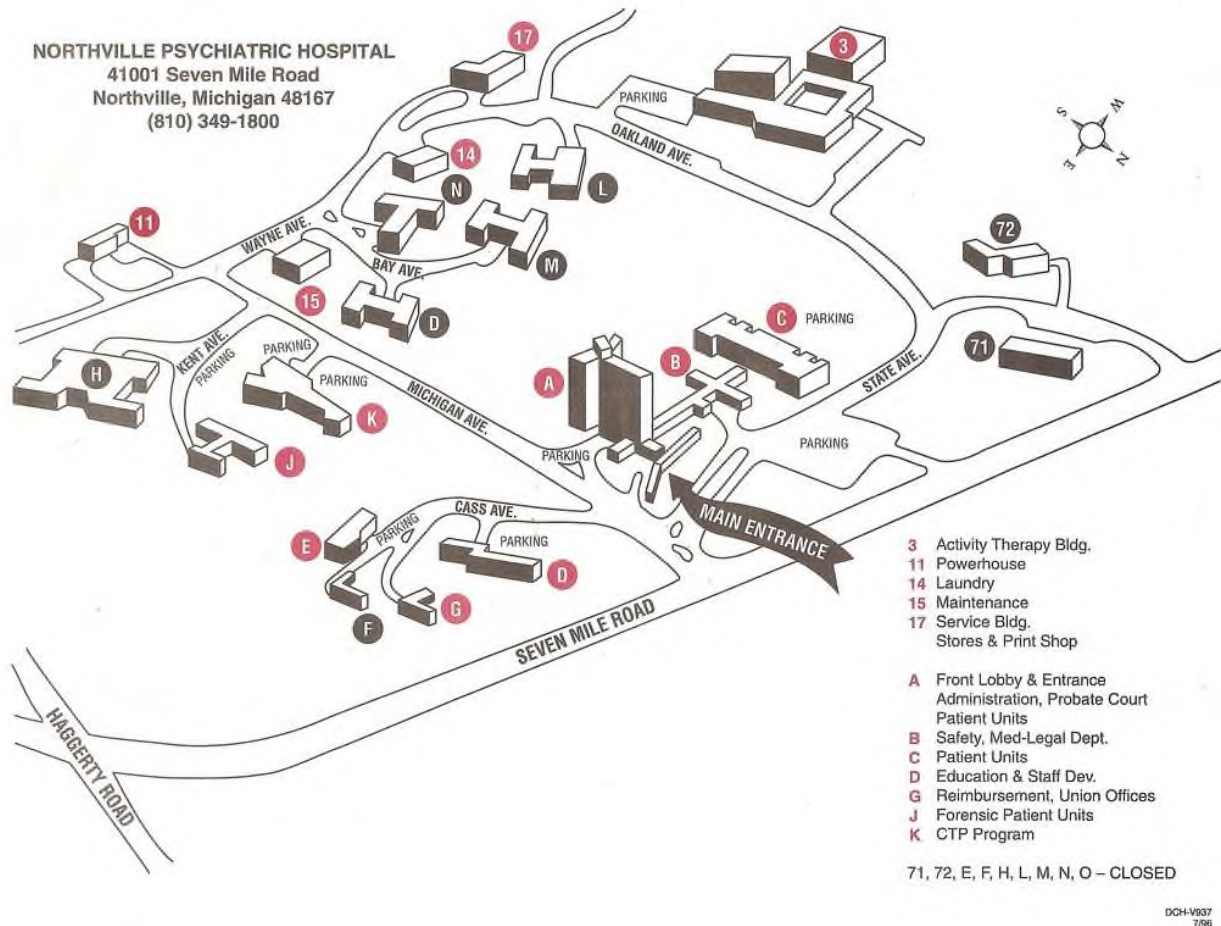
SP: When you were earning your degree in occupational therapy, you had to do clinical placements and I did a three-month clinical placement in a VA Hospital working in the Psychiatric Division. And I really, really liked it. As you talk to people who have worked in mental health, you'll find that they really are devoted to that field because you either really, really like it or it's not your cup of tea and you don't work in it. I just found it much more interesting than working in physical rehabilitation, which was the other main area that my placement was in. When I graduated from college, I had interviewed at Saginaw County Mental Health Board, which is what it was called at that time. I know that all the mental health boards have become authorities and changed names in it. But at the time that's what it was and my first job was working in an adult treatment center for developmentally disabled adults who were residing at Caro Center, which was also a state operated hospital. These were the higher functioning DD adults and they were getting ready to transition into the community. We were preparing them to move out of the hospital into the community and I worked there for about 18 months and then we moved back down to this area. Between my placement and working in Saginaw I had a background in mental health. Although I must say working with the DD population and working with the severe and impaired mentally ill are quite different.

JO: DD population?

SP: Developmentally disabled.

SP: In the older days, it was mentally retarded. And now the vocabulary is changed to DD. In fact, I think it's changed again, but I don't know what that is.

JO: What was your first impression of the facility?



SP: I started December 26, 1976. The grounds were beautiful. The groundskeeper really took pride in the appearance of the hospital and the grounds. I was overwhelmed by the number of buildings that were there. I mean, it was quite a complex and very easy to get lost. And many times employees, you know, they were assigned to a certain building, a certain unit and they might not have reason to be going to the other areas of the of the campus really didn't notice in some places where certain things were because it was so massive.

JO: What was your impression of the staff?

JO: The staff, I think for the most part, were very committed to their jobs and helping the patients that they were working with. I learned very quickly that the nursing staff were vital to the operation of the hospital and as a therapist, I depended on the nursing staff. You learned quickly that you needed to get them on your side because they could make the job a whole lot easier or they could make it a whole lot harder. There were many, many different kinds of staff there. The way the hospital was so widespread and laid out is that you were constantly running into staff from other departments. You had not only the nursing staff on the units, but you had social workers and psychiatrists and psychologists, different levels of nursing staff the RN's, you had the LPNs, and then the most vital in the nursing department where the resident care aides. They were called RCA's and they were the ones that worked very closely

most directly with the patients. If you wanted to know what was happening with the patients, you needed to talk to an RCA because they saw them during the good times and the bad times. They were with them 24 hours a day 7 days a week.

JO: First impression of patients?

SP: Just very sick. What you typically find in the state hospitals are your chronic, severely impaired mentally ill and these are patients that have been in the system for years and years and years and they may go out but they're going to come back in some place either in units in your private hospitals or else to State facilities.

SP: So you got the worst of the worst.

FS: The worst are in prison.



SP: Well, yes, there was a unit, actually two units on the grounds. It was J Building and they had what we called the Forensic Patients and they were the patients who were either Not Guilty by Reason of Insanity or else they were Incompetent to Stand Trial. They had been in the Center for Forensic Psychiatry, which is in Saline, and you'll often hear that when you've got cases that have happened in the news and they're going for psychiatric evaluation. That's where they go and then when they reach a certain level the mental health code for Michigan says that you have to treat individuals within the least restrictive environment and that's highly structured there. And so we would be like a step down. Northville would be. And the patients would stay there until they were ready to go on what they call convalescent status. They wouldn't be discharged from the hospital. They would be out of the hospital on contract back out in the community. In this contract it would specify very specific things that they had to abide by and if they violated any of those Provisions in their contract, they were immediately pulled back into the hospital. So they weren't staying there anymore. They were out in the community. They wouldn't come back at night or anything. It wasn't any kind of go out and come back. It was they were out there. And usually they were long-term care patients. They were what increased the length of stay data for any of the psychiatric hospitals because they're typically there for three years, maybe even longer, before they're able to go before a committee at the Center for Forensic Psychiatry to be evaluated to determine whether they can be placed in the community or whether they need to remain hospitalized.

FS: So it was kind of like parole.

SP: You were still under the jurisdiction of the hospital but you had the freedom to be out in the community living in a group home. The provisions talked about definitely needing to continue with your psychiatric treatment and going to your clinics and therapy sessions and things like that, but that was all based out in the community.

JO: First general impressions of the drug treatment being used?

SP: The hospital when it closed had been in operation for what 51 years and I was there for 26 of them. So it's about half of it and I came in the mid '70s. At that time they were using what they call the first generation antipsychotics. And that had been a major turning point when these different drugs had been developed to help the patients control their behavior. And so most of the treatment was based on drug therapy, psychopharmacology, but there were other treatments that were going on. I mean there were group therapies that were being done by the social worker and the psychologist. The psychiatrist saw the patients individually, not for as long as they would have liked but they did see them on a regular basis. And then you had the occupational therapist, recreational therapist, and for a time there were music therapists also at the hospital and they ran groups with the patients and nursing did groups. They did a lot of things oriented to their daily living skills like making their beds and their grooming and their hygiene different things like that. Dietitians ran groups with certain patients based on what their dietary needs were. So there were other things that supplemented the drug therapies, but by and large the biggest changes in behavior that you were seeing were because of the medications that they were taking.

JO: With the nurses living on site did you interact with them?

SP: I think when I first started there they still had one of the nursing residences up and running and that there were nurses living there, but I don't know if I knew of any that were living there or not. I mean because as far as I saw is that I got to work and there were staff there working and I didn't necessarily know if they were residing on the grounds or not.

FS: Where were you living?

SP: I believe it's called Innsbrook. When I first moved down from Saginaw, that's where we lived and then we bought a condo in Highland Lakes. And then we bought a house in Novi at Nine Mile and Haggerty. I was so spoiled because I always lived so close to work then when the hospital closed I had a rude awakening because then I had to drive a long way to work.

FS: You may be interested to know that they have finally shut down the gun range. One of our fellow Commissioners lives in a line with the gun range. A bullet flew in through his window and into the lobby of his house. That was sufficient finally to close the gun range.

BP: Is that still a state police post?

FS: It is now the crime lab.

JO: Now a progression of the jobs you went through before you became the Activity Therapy Director.

SP: Well, I was hired as an Occupational Therapist and I worked on two units a male and a female unit. That was one of the things that during that span of years, staffing went up and down. When I first

started there were five of us that were hired on the same day. You see they were building up their staffing in the department at that time. The department that I worked in was called Rehabilitation Services and it was comprised only of OTs, RTs, Rec therapists, and music therapists and then gradually over time they merged with a recreation component of the Nursing Department. That's when it became the Activity Therapy department and that was in 1986. But when I first came I was hired as an OT and as I said, I worked on the units and I can remember I was at first much more comfortable working on the female unit. I mean literally when I had to go onto the male unit. I would stand in front of the door. Take a deep breath put my key in the lock and go on in where I didn't do that with the females. But in time, I found that I much preferred working with male patients. In the female patients, females can be vicious. They're jealous. They've got the hormonal thing going on. With the males I always felt that there would be at least one patient that if I got in trouble he would come to my rescue.

DR: So initially when you say you paused at the door it was that because more of like a physical thing like fear of them physically because they were stronger?

SP: I'm not sure. Yeah, I guess that would be it.

DR: Stronger and you kind of realized like you said that one of them would come and have your back?

SP: Yes.

SP: I did have an experience one time. I worked on two units that were in C North. C Building North End.

That's still standing. We had treatment rooms that were on the same floor. Do you know how C building was set up? C Building had a North End and a South End. There were four units upstairs and four units downstairs there were two treatment rooms. And those were the rooms that the OTs or Rec Therapist or Music Therapists used so that you could bring the patient off the unit and treat them. But you were still in very close proximity to the unit if you needed some assistance or if a patient had to go back to the unit or something like that. So it worked really well. Most of the therapists preferred to bring the patients off the unit because first of all there was a higher expectation placed on patients that they were coming off the unit. So they better keep it together or else they won't be going off the unit. And you can also control your environment better. That way there were certain things that I was able to use with the patients that I couldn't bring onto the unit because they were either too big and cumbersome or else I couldn't control the environment enough to ensure the safety of the patients and myself and others that were around.

So I had this situation one time where I had taken a group of male patients off the unit and two patients started escalating. I was trying to diffuse the situation, but it was becoming difficult and I had called the unit and said I needed some help in here. It was getting to a point where they were going to come to blows. It probably was not smart on my part and not the best situation to have going on, but I had to make a choice to turn my back on one of these patients and I selected the patient that I thought would more or less have my back. So I turned my back on him and I was able to get the situation under control when staff came by but yes, you have to make those kinds of decisions and you know your patients. You never have friends with the patients, but you can establish really good solid working relationships with them and that's what you strive to do. Because of this working relationship I had with this one patient I trusted him enough that I was going to turn my back but those are the kinds of decisions that you have to make because you never know when something all of a sudden may happen. The way a patient looks at another patient or what they say to them may just start triggering it.

JO: So then where did you go from there, as far as again progression in your job?

SP: It was decided that the department was larger and that the staff in Rehabilitation Services needed supervision. The Department Director wanted to have area directors because we had staff from the department assigned to the units that were in the outbuildings, like D, E, G, and F and we had staff assigned to the units in A and C Buildings. She asked several staff, and I was one of them, if we were willing to do this. We did not get compensated any differently, and our classification stayed the same. It was kind of an unofficial kind of thing, but she was working on trying to develop the positions so that we would be compensated. I was in that role for a while. And then finally the promotions came through and those of us that had been in those acting positions were promoted to area directors or area supervisors. I think that is what we were called then. I was responsible for the staff that were assigned to the units that were in A Building. So that was my area and we had a treatment area that was on a 4-3 on the fourth floor and it was the short wing on the fourth floor the part that stuck out perpendicular to the back of A Building.

DR: So did you essentially do the same job but had additional responsibility of overseeing and tracking the others or was it a little bit of a step back from what you were doing.?

SP: It was a step back because I was supervising the staff that worked directly with patients so it was getting into more of an administrator. And then, trying to think what happened next. The director of Rehabilitation Services, she had to take an extended medical leave and eventually retired. When she went on leave I was asked to be the acting director. And then once she left, they did a reorganization and that's when they pulled the recreation component of the Nursing Department and combined that with the Rehabilitation Services staff and created the Activity Therapy Department and I was the Acting Director for a period of time. You had to take a civil service test for the various classifications and I took the test for that classification. And once I took that test, and I had passed it, then I was able to interview for the position and I received it. That was in 1986. No, that was later though. I became acting director for the combined Department 1986. I don't remember when I became the director.

JO: What was the age range of the patient's you treated?

SP: It was 18 to either 60 or 65. And then if they were patients that reached whatever that cutoff age was, then they went over to Walter Reuther Psychiatric Hospital because they were the geriatrics.

FS: And where was that?

SP: It was on Merriman and Michigan Avenue.

DR: So at the time that you were there, you never had children under 18?

SP: No, there was a young adult division of Northville. I don't know if you're aware they had one or not. They were young adults. On their 18th birthday if they still required hospitalization they came into the adult section. The young adults were in M, N, O Buildings and they had their own separate program. They did not mingle with the adult patients. They had their own school. It was a whole separate division.



DR: How did they define young adult?

SP: I don't know what the starting age was and I think it also had something to do with diagnosis.

SP: They had their own school. There were different laws that apply to the education of those children because they were school age. It was classified as special education.

FS: Were they south of the main building?

SP: Yes, it's South, to the east you had D, E, F, G and then there is H, I, J, K, L. Yes, they were more towards the back road that came in off of Haggerty.

JO: Did you treat all range of mental illness?

SP: Treated severe and persistent mental illness by and large. The majority of the diagnosis were schizophrenia of some type or else at that time when I first started was manic depressive. Now they call it bipolar. Those are the most severe diagnosis and if you have something less than that, you usually don't end up in a state hospital for treatment and schizophrenia typically starts in the teenage years. That's the onset. Which I think might play into why there was the young adult population that was separate from the Hawthorn population.

JO: So you were in charge of the Recreation Building?



SP: I was. The Recreation Building wasn't part of the Rehab Service Department. I'm not real clear how that happened, it used to be the Northville Residential Training Center. And I'm not quite sure what happened in that building when it was under that label.

JO: So it originally was built and started as part of Northville Recreation?

FS: No, no. It was a residential training center, and I don't know who it was affiliated with. Schoolcraft used the gym but I don't know that they ran the building.

SP: I don't think that they did. It was under the state of Michigan whatever it was and then when that was discontinued I know for a while there were offices for Department of Mental Health located in that building.

JO: I'm a little confused. Do I understand though that originally it was under the State?

SP: Then around 1986 when all this change was going on. It was determined that that facility needed to belong to the patients and that's when I became involved with the building. Because it was part of the activity therapy department. And we ran programming out of there.

JO: Can you describe the situation in the in the 80s? I know the hospital lost its accreditation and then in the 90s the funding was reduced and the patient population declined.

SP: Yes, the hospital lost its accreditation and certification in the early 80s. Which was a devastating blow. In the 90s, funding was reduced but in the '90s, late '80s, '90s, the population did not decrease, it increased when I started there. I can't remember how many patients were residing at the hospital. I think it was between 600 and 800, in '76. We went up as high as 1,200 patients while I was there and that was in the late '80s. Probably in the early '80s around the time we lost our accreditation things were so bad that we did not have enough space in the dorms. There was overcrowding on the units. In fact, we had so many patients that they set up beds for the patients in the gym that was in C Building and so they technically had no room, any kind of privacy, no private space for their own personal belongings. That got us into trouble and we had civil rights violations because of that and that's when the hospital went into a consent decree with the Federal Department of Justice. I don't know if you know any of that history. A very bad time. So I guess it was around 1986 that we went under the consent decree. And it was originally because of very specific things and the overcrowding was one of them and I know lack of treatment was another one, but every time that the judges, not the judges, the federal lawyers would come out for surveys to look around and they were always out there. They would key in on something else, that wasn't part of the original decree, but they said that we were in violation of this or that and that's why it took so long to come out from underneath it but they would come out periodically with their judges from the Justice Department, not judges, lawyers from the Justice Department and, of course, Michigan would have its lawyers from the Attorney General's office and the federal lawyers would bring their expert witnesses and they would come in and question patients and question staff. It was very nerve wracking whenever they were coming out and I can't remember if we had advanced notice. I think we usually had a day's notice that they were coming.

DR: So when you lost your accreditation there were many of the opinion that it was more that you were overpopulated?

SP: I think that was part of it. I think it was more so not necessarily for accreditation. I don't think they were focusing as much on the increase in the census, I think they were looking more at the treatment that the patients were being provided and said it wasn't adequate.

FS: So that would have been an understaffing issue?

SP: It was. Of course, in those early '80s, as positions were vacated for whatever reason, there was a hiring freeze. So we weren't allowed to fill those positions. So you're taking what you have.

JO: Please describe the wind down to closing?

SP: It was a very, very sad time.

SP: When I started back in '76, there were rumors that Northville was going to close. I mean, so we had been living with rumors for years and then it was in November, early November of 2002, the hospital director called the executive staff together one morning and shared the news that she had just gotten off the phone with Lansing and had been informed that the hospital was going to close the following May and we just sat there with our mouths hanging open. I mean, it just knocked the wind out of all of us and she called a hospital-wide meeting in the afternoon to inform the staff of what was happening and the morale at that point just plummeted. There were a lot of anxieties, people didn't know if they were still going to have jobs.

Some staff we're going to be able to be transferred to other hospitals. I was one of the fortunate ones. They had had one of the state big retirement efforts. That happened at the end, December 31st of 2002, and they had announced it and I can't remember what month it was in but people had to file their paperwork and make their intentions known if they were going to fall into this to take the retirement or whether they were going to stay. It was an early retirement of sorts. You didn't have to have the usual age. You didn't have to have the usual number of years of service in order to retire and the cutoff for filing was November 1st or October 31st, and they announced the closing. I think it was November 6th. And I know I had one staff who had just agonized over the decision. Should she retire or should she stay? She had two children that were still in school. One was getting ready to go to college and she decided she should stay. She lost her job because of the closing when she could have retired with more benefits that way.

SP: So I mean there were a lot of stories like that. Other people had young families and they just didn't know-will I be able to go someplace else to work within the state system, you know, a lot of the employees had 15 and 20 years. A lot of the staff in the hospital because they were under union contracts they had bumping rights, meaning if they had more seniority in the state within a classification they could bump somebody out of their position. But who knew where the bump was going to take them? I had a staff person whose bump took her to Caro. She lived in Pontiac and she traveled back and forth. After the hospital closed I had another staff person who lived in Brighton. His bump took him to Kalamazoo and he drove back and forth from Kalamazoo to home every day. And this was the story of what happened with staff and then of course the patients had all kinds of anxieties because "What's going to happen to me?" "Where am I going to go?" "They're going to kick me out on the street." It was very, very tough time as far as the morale was concerned and then it was all so demoralizing because ever since the consent decree in order to be able to get out of it Northville had done so much work in developing new programs to address the needs of specific patient populations. You saw those being dismantled and so this was very emotional.

FS: Did they close other hospitals at the same time?

SP: At the same time, No, but I can't remember how many state hospitals there used to be within the State, a lot, like 11 or 15 or something like that.

JO: Most had been closed in the '90s.

SP: After Northville closed Walter Reuther Hospital became a melting pot. I mean there were staff when Northville closed who had been through two and three closings of hospitals and now they were facing another one. It was really bad.

DR: So, to clarify you were there and then transferred to someplace right?

SP: Because of that big retirement that they had that was my saving grace because both the Director and the Assistant Director of the Activity Therapy Department at Walter Reuther had retired and so they transferred me over there and I left in the middle of February 2003. The last patient I think came out of Northville May 3rd or 2nd something like that. They brought me over there early so I could help expand the department that was there because Walter Reuther received a hundred patients from Northville.

JO: So you went to Reuther when?

SP: February of 2003

JO: And then you retired from there?

JO: I retired from there at the end of June of 2018.

SP: There were about a hundred patients and there were about a hundred staff from Northville that went to Reuther which helped the transition for those patients which went over there. Reuther had been a geriatric facility and now they were getting this influx of patients as young as 18. It was a rude awakening for them because they saw different behaviors than they were accustomed to with their population. So it was helpful that we had some seasoned Northville staff coming over because they could help with the transition of the patients to the new facility and also help the Reuther staff become familiar with the patients that they were receiving.

JO: Did you want to show the pictures now?

FS: Yes, we can go to the pictures.

SP: Sure

FS: I apologize. We have lots of pictures and I don't have all of them with me, including the interior pictures of the recreation building. We had a tour I think it was the year after it closed 2004 or 2005. A woman came down from Lansing and I think she was director of mental health and gave us a tour along with the maintenance superintendent. This is A Building.



FS: Up on the top of the A Building. That was a sun deck.

SP: Right

FS: What was its purpose?

SP: It was an enclosed area. Yeah, that's A Building. It's an enclosed area where the patients who resided on the units in A Building could go up and get some fresh air, you know enclosed area. So it was secure. It was the top of A Building and those are screens there so patients could not get out and jump. And they used that for fresh air.

DR: So that would also be, I'm working ahead, where in another picture I don't know if Fred has the wading pools.

FS: There were two wading pools.

SP: I'm not sure.

FS: There were two plastic wading pools which by the time we got there stuff had blown into them and they had become planters.

SP: Yes.

DR: We didn't know if that was something that was there when you were there or was that somehow magically showed up after it was closed.

SP: I don't think that was there. Are you aware that the hospital had a hearing impaired unit?

FS: No

SP: All psychiatric patients or patients who had mental illness that resided in the state of Michigan that needed to have inpatient psychiatric treatment were referred to that program and it was located on the eighth floor. I'm trying to remember how long it was in existence.

DR: So it was a just designated for psychiatric patients who had were hearing impaired, right?

SP: Right.

BP: Is it true that the top of Northville was the highest point in Wayne County?

FS: Definitely, maybe.

SP: You definitely could see downtown.



BP: Didn't you say you took patients and watched the fireworks from up there?

SP: No, but you could see the fireworks.

FS: Yes, they would have been microscopic. Either that point or where the water tower is on 8 Mile Road. There's an argument over which of those sites is higher and it isn't by much. It's like 10-feet but yes, that was the sun deck.

SP: On a clear day. You could see downtown.

FS: You could see the smoke stacks in Toledo. On a really clear day. I don't know where this is.



SP: I'm wondering if it's the back road.

FS: It could well be. I see a building sticking up here.

SP: It may be the road coming in from Haggerty and you're getting ready to enter into the hospital property proper.

FS: That could be. This is for the recording, I'm just saying this is Photograph 4.



FS: And that of course is looking out the main driveway. I don't remember where this was taken. We were, I'm pretty sure, in the A Building.



SP: Yes, I think it might be the Jewish Chapel.

DR: It kind of looks like a chapel because this looks like some form of Bible and those look like pews.

FS: So there was a Jewish Chapel?

SP: Right, it was right next to the auditorium.

DR: Was it the only Chapel?

SP: No

DR: So, it was specifically designated Jewish? Because further down, I'm sure you saw, we will be asking about denominations. Did they do different denomination type services that you know of?

SP: They had a Protestant service. They had a Catholic service and there was a rabbi that came in and did services.

FS: And this is Photograph 6 were showing. I think we have this pew. I think we rescued it and I think we have it in the barn.

DR: Actually, I think it's in the house.

FS: And when she says the house, the barn, she's talking about Thayer's Park if you're aware of it on Napier?

SP: Oh yes they were talking about that.

DR: We have that, that pew there, stored inside the house.

FS: And it weighed a ton.

SP: Yes, it's probably solid oak.

FS: Probably.

DR: So they did bring in the priests, locally for those denominations, to come and to give services?

SP: Well. Actually, we had two Protestant ministers and they had a contract with the hospital to provide services on Sunday. We had a Catholic priest who was the hospital chaplain, he was a state employee. Then we had the rabbi and I think he was on a contract.



FS: Photograph 9. Michigan Protection and Advocacy Service. Can you tell us what that's about?

SP: They were for patient rights and protection from abuse. They had an office in the hospital. They were not hospital employees. They were state employees and I'm not sure out of what state department. I don't know if it was mental health or community health or if it was another department, but they came and went. They weren't stationed there all the time.

DR: Did they kind of come into play with the court room, courthouse?

SP: Oh, the courthouse no, our consent decree yes. They were involved with that.



FS: This was Picture 12. This is written on the bottom of one of the desks and it is when the furniture was made, so this desk was 1948. It looks like it was Ionia Reformatory.

SP: Yes, as hospitals closed or facilities closed, hospitals had the opportunity to go and get furniture. There was a certain order like when Northville closed, Walter Reuther, because it had gotten so many of the patients had the first opportunity to go in and select equipment, supplies and materials. Then somebody had a second opportunity and so forth and that happened with all the closings. Yes, that's what the desks look like. That is a sad looking room.



That looks like it's the cafeteria, the staff cafeteria.

SP: Is that in A Building? Was that taken in A Building?

FS: This would have been in either A or B, I don't think we ever took pictures in C. This is picture 14.

SP: Yes, this would be the cafeteria. There were all kinds of tables and chairs in there. Against the paneled wall there used to be vending machines. And then there was also a snack bar. This was up about four steps from the main first floor. And just before you went in there, there was a side room and that's where the snack bar was where you could get, hamburgers and hot dogs. They usually had a featured special.

DR: This was just for staff?

SP: Yes. This was just for staff and we also did special events for the staff in there.

FS: That's the snack bar.

SP: That's probably the snack bar.



FS: Photo 15. There is a vent over a big griddle and some big refrigerator looking things.

SP: They had like sandwiches and pop and stuff like that in there. I didn't eat in there very often. I usually brought my lunch.

DR: So they did prepare their food there? They did have kitchen staff? That made the food?

SP: Yes, they were also a contract.

JO: Do you know how many staff were at the hospital?

SP: Oh, my gosh.

JO: I mean roughly. The patient census. Is that something you saw on a regular basis?

SP: Well, I saw the patient census on a regular basis, but I didn't see what staffing numbers were.

DR: So you don't have any idea like ratio-wise?

SP: Oh ratio, it depends on the period of time you're talking about. You know in the lean years with a high population, it was a pretty high staff patient ratio. I mean low. I'm only referring to nursing staff. Depending on the shift, you had different staffing ratios. We staffed more heavily on the day shift. Less on the afternoon and then the least amount on midnight. In the end, well almost in the end, before we got news of the closure, the day shift I think was a one to eight ratio. But another factor in it too is the acuity of the patients, in other words the severity of their behaviors. So, the higher acuity units would be staffed a little bit better.



FS: Photo 16.

SP: That could be one of the outbuilding cafeterias.

DR: So there was probably several cafeterias throughout the facility?

SP: Yes.

FS: And there's a bathroom in the hall.

SP: The C Building had its own cafeteria. It was a very large one because there were eight units there.

DR: So, would that have been a cafeteria for the patient?

SP: That's for the patients.

DR: And did patients typically come to a cafeteria to eat, there wasn't a lot of room servicing?

SP: No, the patients, unless there was a behavioral reason for them to stay on the unit they were encouraged to go off the unit to the cafeteria for their meals. If they were ill, having a bad day, out of some kind of precaution, then they would eat on the unit and the trays would be brought to them and they would eat in the day rooms because there were tables and chairs in there. That was in C Building. In A Building, they had a dining room on each of the floors and they brought the patients off into the dining room.

FS: In every spot.

SP: In the outbuildings. And this looks like it could be an outbuilding. They had a cafeteria for the patients and there were two units in each of the outbuildings and that's where they would go but in all of the units if they couldn't come off they ate in their day room.

FS: This was a cool room of some sort.



FS: This was on a lower level of the A Building. That was some kind of a storage room. This is Picture 18. An old paper dispenser.

SP: Oh, yes.



FS: The pharmacy.

SP: Is that the pharmacy or is that the tube room?

FS: Well, good question. That would be the tube room. Just looks like a bunch of tubes.

SP: Well, the pharmacy I think also had a tube system that was a pneumatic tube system. Yeah, and because the hospital was so large and so spread out, if you needed to get important papers to someplace more quickly and they would do that for the doctor's orders. They would have one in each nursing station and in each of the offices. They had a tube similar to like drive-in banking.

SP: We'd put doctor's orders in the tube and it would automatically go to what we call the tube room and there was an operator in there and it would drop down, he would look to see where it was supposed to go and then he would put it in the tube. It would go to that location.

DR: Looks like it had some kind of color coding to it?

SP: Yes

SP: Oh, I can tell some stuff. That one word says 3M that's A3M. That was one of the units in A Building that was the medical unit.

FS: This is Picture 23.



SP: The A11 that was the unit that was on the first floor in A Building. We can see down—oh--it looks like the yellows were the A Building.

FS: A Building, B Building, C Building

SP: C Building like the C24 North that was one of the units I worked on. That was on the second floor in in C Building North end and it was a female unit, female units were even numbers, male units were odd numbers. So each building had a letter and then there was the floor in a building up to the eighth or seventh and C Building it was just two. C Building was the only one that had a north and a south end. So there was either the S or the N at the end of it and then even or odd number if it was a male or a female unit.

FS: That was Slide 23. I'm reading off the number that's in the upper left hand corner.



SP: That was the manufacturer. Don't know where that is.

FS: Did you ever see that?

SP: No, not in my travels.

FS: This was in the A Building. I don't remember where.

BP: Somebody's private office.



FS: It might have been in the executive offices. This is the spiral staircase in Slide 25.



SP: You can see C11 South the second one down at the bottom that's got the paper on it. That unit was closed.

FS: We're on Slide 26.

SP: The third one from the right on the top you see CC DTF that was Center for Center for Deaf Treatment Services.

FS: So, this was a paper handling system. They didn't send drugs this way.

SP: No, drugs had to be, I believe, they had to be hand delivered and signed off on.

FS: The Gift Shop Slide 28.



SP: That was more towards the end the hospital. There was a decision made to sell some of the items that patients made and they also had other gift shop kinds of things in there and they called it the Treasure Tree.

DR: Where were those funds used for the hospital?

SP: For the patients.



FS: There was a safe in the administration building.

SP: That was where money was kept in the accounting office.

FS: So when a patient came in, was admitted what happened to their belongings? Did they keep their wallet and money?

SP: No. Well, they could keep a certain amount of money. I can't remember what the amount was but we had a property room which is where their excess property went. It was all labeled and inventoried in that their valuables like driver's license or credit cards, that went into the safe and then the patients also were able if they had their own funds, that was they could keep limited amount of funds on their person, but if they had a large amount of money, it was deposited. I think there was a bank that the hospital did banking with I'm not sure on that. But anyways, it was an interest-bearing account that they had their funds deposited into but that I believe was associated with the accounting office.

FS: That circular staircase must have been adjacent to that Vault. That was Slide 33.



SP: The morgue. Yes, I was never down there.



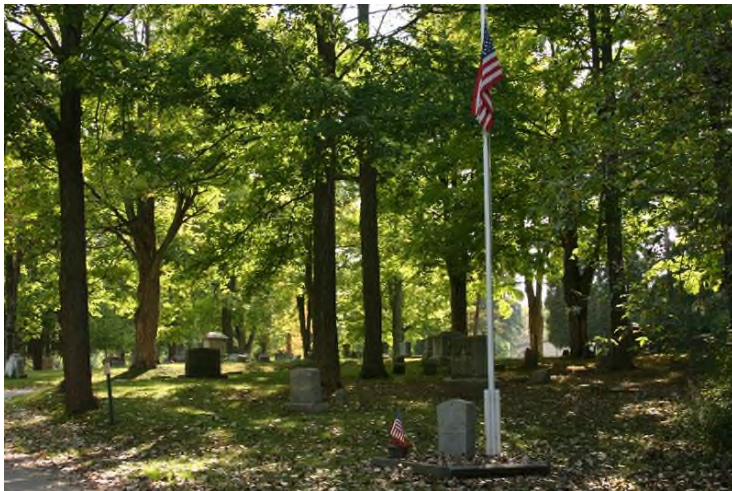
FS: Good. Looked like it was in Slide 38. It looked like there was a lot of instrumentation like the morgue was well equipped. Let me lead into some of which was being cannibalized. If a patient died and the body wasn't claimed if there was nobody I've been told they were buried at Rural Hill Cemetery in Northville.

SP: I don't know. Where is Rural Hill Cemetery?



FS: It's on Seven Mile at the foot of Rogers.

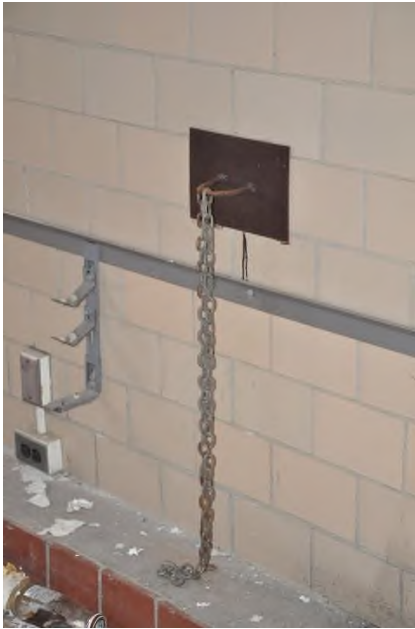
SP: Oh okay.



FS: Beautiful cemetery if you're into cemeteries.

SP: Oh pretty.

FS: This was I hope just to chain up the equipment.

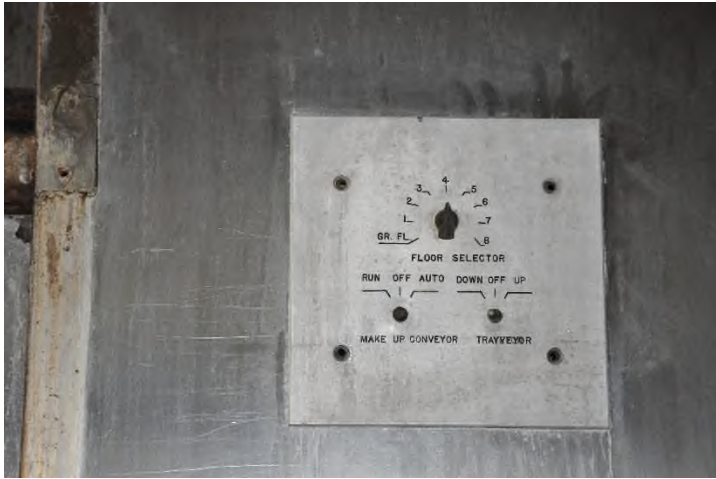


SP: I think so, we didn't chain patients up that way. Patients might be in restraints, but they did not look like that.



FS: This is Slide 42. These were the dumbwaiters in the industrial strength kitchen down in the basement of the A Building.

SP: Northville had its own employees that worked in the kitchen. I mean there was a classification. They were Domestic Service Aides, I think is what the classification was and they cooked all the food for the patients in the kitchen down there and then it was either brought by trays or carts to the cafeterias in the dining rooms.



FS: That was Slide 43.

SP: Is that part of the dumbwaiter system?

FS: Yes

SP: That was how they got the food up in A Building and if there was a power failure then they would do a tray line up the stairs. It's a lot of stairs if you're up on the seventh floor.



FS: Slide 46 some of the industrial cooking equipment.



FS: We got some good basement stuff. The infamous steam tunnels.

SP: Oh yes.

FS: Now they weren't designed for people for travel.

SP: No, they weren't.

FS: Did they ever get used for that, other than illicit kids?

SP: Maintenance would be down there and travel through.

FS: This is Slide 52.

JO: Staff never went in there, they weren't supposed to?

SP: They weren't supposed to go in there. I don't know that they did.

FS: But if the snow was a foot deep?

SP: Yes

JO: You did not use them?



SP: No, I didn't want to do anything with those. It wasn't the tunnel system but it was around the swimming pool in the recreation building. That's where the filters and all that kind of stuff was. I had occasion to go down there a couple of times that was kind of creepy. I mean, it was very crowded because there were pipes that went around the walls of course, you know, you have the cement sides of the pool and then you had the walls for the foundation or whatever. It was very narrow spaces and it was humid and wasn't real pleasant.

FS: We were told on our tour that the state had just redone that pool before it closed. The mechanicals perhaps?

SP: The mechanicals. Well, see the pool had not been used in quite a while and then it was opened and then the laws for operating swimming pools changed along the lines. One of them was that you couldn't have a diving board or diving blocks unless the pool was a certain size and certain depth and that pool had both of them so they had to remove those. Probably, what they were talking about is that one of the laws that had recently changed is that pools had to have two drains our pool had one and the reason the law had been changed is that with just one drain the suction was so great that it could actually keep a person down at the bottom of the pool. If we wanted to continue using the pool they had to go to the expense of putting in a second drain. They did do it.

DR: So it was open for some of the time when you were there. Open, closed and then open again?

SP: Yes.

FS: This was A Building.



SP: Oh, that's Mahogany Row.

FS: Mahogany Row?

SP: Yes. It's where all the big administrative offices were located.



FS: We're on Slide 56. Somebody had stolen the handrail.

SP: Yes.



FS: I'm not sure where that is.

SP: I'm not sure where that was either.



FS: This was walking to the West. There was a railroad track that did come in and they delivered coal from the powerhouse originally and we were told that they also delivered sides of beef to the butcher shop and coolers and I think that was that building. It was built right on the railroad track.

SP: It could be. I know that, that's the back fence.

FS: That was 61. The infamous green fence. This was on Slide 63. This was some kind of a fruit processing machine.



FS: Back in the day a Mrs. Smock, after whom Smock Street is named, owned an apple orchard, which was part of this property and I think they were still harvesting apples.



FS: Printing press Slide 65. Slide 66.



These huge storage facilities this was a flour locker the size of this room.



And these were coolers. You can see the big insulated doors, double doors.



Slide 67. I have no idea what that is.

SP: I don't either.



FS: The restraint chair.

SP: It's a restraint chair, yes it is.

FS: Slide 71. So, we're these in use throughout the facility?

SP: It doesn't look like it was that old or else it was fairly newly upholstered. Yes, it was used throughout the facility. I mean there wasn't a lot of them. We tried not to put patients in restraints. Actually, the preference if they needed to have restricted movement was to put them in a seclusion room, before putting them in restraints, because in the seclusion room at least they could get up and walk around. Whereas in a restraint chair obviously you're there.

FS: You're restrained. We have that chair we kept it. We salvaged it.



SP: Lafayette Clinic.

FS: Lafayette Clinic storage.

SP: We must have, taken a door from Lafayette Clinic when it closed.

FS: Could well be.



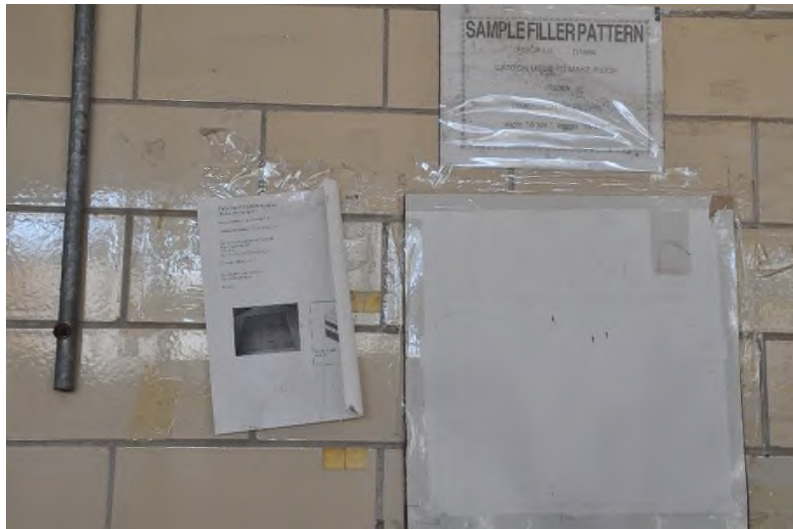
SP: Time clocks.

JO: Did you punch in?

SP: I didn't have to punch in. My staff didn't have to punch in. I don't know if nursing had to or not, maybe early on. I think in the maintenance department they may have used something like that, but I'm not sure.



FS: It's Slide 73. These again were the coolers. Okay, this Slide 78. This is a building, I called it the Industrial Building, and we were told that patients would do piece work in this building.



SP: That was the Work Therapy building, That was part of the AT Department. And yes, there was a contract with a company called SprayCo. They'd do plastic containers and we had a contract with them and we had a contract with Digitron which was a parts supplier for Ford Motor Company. And Digitron, we did parts packaging for them.



FS: So, this was using patients and did the patients get paid?

SP: Yes, they did initially. It was piece work. So, they got paid by the piece and then eventually we switched over and we did minimum wage, piece work. With piece work you have to have a special license and there is a lot of extra paperwork and time studies and it's very complex. And as the rules became more complex we found that it worked better just to pay the minimum wage. They got a paycheck through the state of Michigan. We had to do timesheets on them and they would get a wage statement and money would come in and their checks deposited with the accounting department and then they could put a request in for money release and pull money out.

FS: So this was probably that same building with the packaging area?

SP: Right.



FS: This is Slide 83.

SP: Yes. We had a certain area where they did the receiving and they checked everything in, according to the parts list that came in with them. There were two packaging areas and then shipping. Once it was packaged according to the specifications and palletized then it would wait to be picked up and shipped out.

FS: Did patients volunteer to do this work?

SP: They had to volunteer. Under the Mental Health Code you can't force a patient to work and so it had to be voluntary on their part, but they had to have a doctor's order, in order to work.

FS: Was this a popular thing?

SP: We had a lot of patients there and we could have had more patients in the program. Some of the patients just weren't interested. They didn't want to do a whole lot. They weren't real motivated where others were motivated by the money or some were motivated just by the fact that it gave them something to do.

FS: Boredom.



FS: We're coming to the Activity Center. Slide 85. Fire hydrant.

FS: Then we have pictures of a bunch of the buildings.

SP: Do you have anything in that folder with the Recreation Building?

BP: Yes, I see it in there.

FS: That's just exteriors.

SP: Oh just exteriors.

JO: Where are the interiors?

FS: We have pictures of the pool, the auditorium, and the gym.

BP: You had those at the presentation.

JO: Yes.

BP: Which?

FS: I would be happy to share them with your Facebook group.

SP: OK.

FS: If your folks are interested. I think these are going to be all exterior pictures. This is Bill Sivy's 163. So what I remember is that this is the auditorium.



SP: Right.



FS: Are these offices?

SP: No, they're not offices. They were classrooms.



FS: The gym.

SP: There were stairs at the back of the gym where you could go down to the swimming pool. That's not typically how you went. There were hallways on either side that would take you down to the locker room and the gym. Staff could go through the locker rooms and into the pool.

DR: So when you say classrooms what we're those used for? Were those used for their therapy sessions?

SP: Yes, it was an activities building and so we had a ceramics room. We had a kiln. That was a very popular activity for the patients. We had a music room with musical instruments. There was a large arts and crafts room. There was the bowling alley. Then of course the gym and the swimming pool. There was a large recreation room that had ping pong and pool tables in it.



FS: And did it have like a snack bar?



SP: There was a snack bar in there. My understanding is that at one time it was an operational snack bar that was run by the patients and I think it was staff that could go over there. That was before my time being associated with the building.

DR: So when you're talking about all of these facilities the gym and the swim, bowling and all that. Were these all used in some way or form of therapy or was some of it just for them to merely have something to do. Do you know what I'm saying?

SP: No

DR: Do you know what I'm saying?

BP: Blow off steam.

DR: Yes, right, like keep them busy. Keep them occupied because they lived there.

SP: It was kind of both. During the day, we had a structured program and the patients were referred. We called it the CAT Program, Centralized Activity Therapy, and the patients were referred by their treatment teams and it was part of their treatment plan and there were certain goals. There was a

problem on their plan, that this was the treatment to address that problem or maybe one of several treatments to address the problem, and there was an overall goal that they were working towards and then objectives and we placed them based on that information. An occupational therapist identified the types of groups that they should be assigned to and we had a program in the morning, a morning session, and afternoon session. They had two classes. They either came morning or afternoon. We had two classes in each session with a 15 minute break or 20 minute break in between and they were checked in. If they did not arrive and we had not heard from the unit that they were not coming, the unit was contacted to say John Brown didn't show up. Did you send them so, if they had sent them, they could start looking for them. There were progress notes that were written on them and inserted in their charts and it was a well-received program. Then at night, we had staff on duty and then it was open recreation. Nursing staff could send a group of patients from their unit over there. We had department staff in each room, of the rooms that we had open, not all the rooms were open, but the rooms we had open to more or less conduct, lead the activities that were going on in that room. And then the nursing staff just kind of circulated to keep an eye on patients and step in if there was assistance needed.



FS: What was the theater used for?

SP: Are you talking about the auditorium that was in the Recreation Building?

FS: Yes, in this building.

SP: We did special presentations. We had talent shows that were done in there, we had some talented patients. We also had fashion shows. Staff from throughout the Hospital would bring in clothing and they would conduct a fashion show with the patients. Do you remember when the Detroit Police Department had the band The Blue Pigs?

FS: Yes.

SP: They came several times and we had done it in the auditorium there different times. We also had done I think one of them outside before and for a period of time the Plymouth Theater Guild had their home theater based in the building in that auditorium.

DR: So, it was used a lot for entertainment purposes for the patients and staff?

SP: Yes. That was always interesting when they had a production coming because they had to work around us but we had to work around them too. I mean, we had a program to run but they had performances that were happening over like it might be three sets of weekends or something like that and the bathrooms in the main hall that goes to the auditorium had to be cleaned, but we still had to run our program so we had logistics to work out.

JO: Was the gym ever used for outside programs?

SP: No. Well, not that I'm aware of not during the time that I was responsible for the building.

FS: Marv Gans told us when he was the athletic director at Schoolcraft that they used the gym for basketball games.

SP: Oh. You know the hospital had two gyms, right?

FS: No

SP: Yes, there was this gym, which was a huge gym.

DR: Which was the Recreation Building?

SP: Yes, the Recreation Building and then there was a gym in C Building. C Building had a large recreation area. They had the gym downstairs on the first floor, it was by the cafeteria, and I don't know if you have any shots of C Building or not?

SP: A's the big one and B was next to it.

SP: C's the one, yes, that's the one that's still standing.



SP: Yes, there's a gym in there.

JO: There's a gym in there?

SP: Yes, there's a gym in there. It's a full size gym, and upstairs there was a recreation area that we used with the patients and it had pool tables, ping pong tables, card tables. We did table games and cards with them. We used it as a classroom area.

BP: I have a question for you, these buildings are still standing like the Activities Building?

SP: Is the Activities Building still standing or did they tear it down?

FS: No

SP: It's still there?

FS: We ran out of money to tear it down.

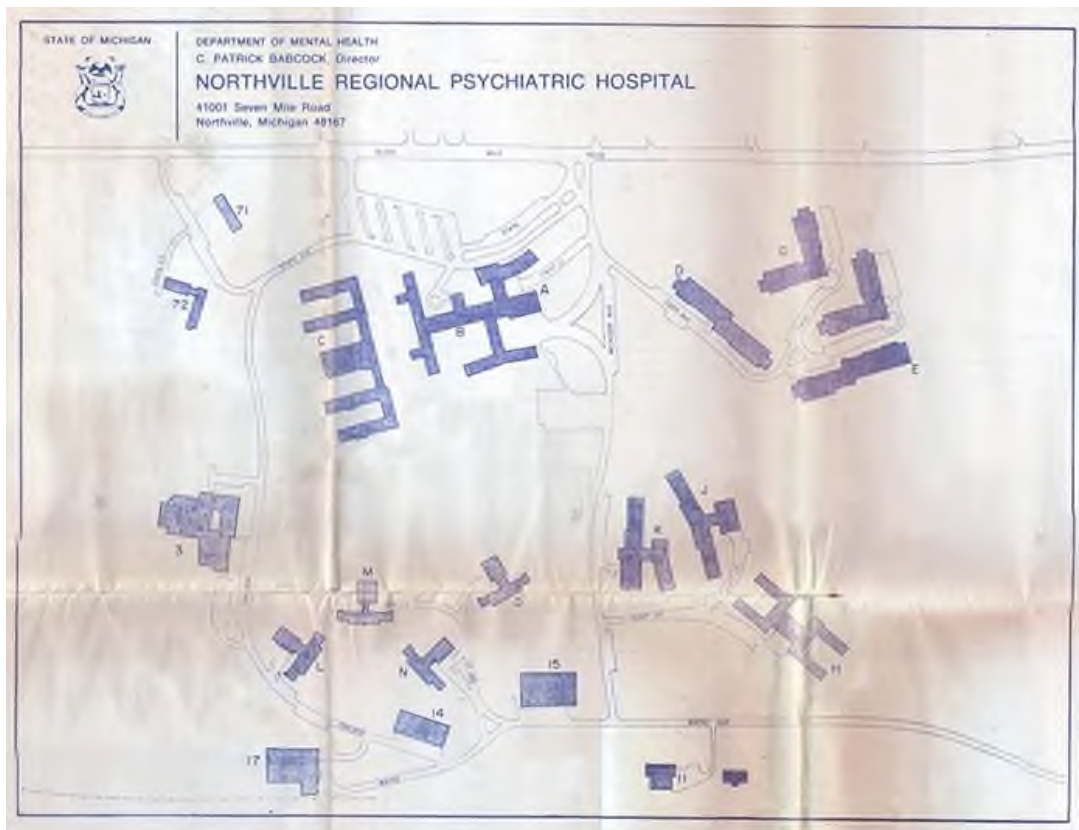
BP: Can you get in it?

FS: No

DR: It's a lot of money to demo these.

SP: Yes, I can imagine.

FS: Here's a map.



SP: OK, I can show you on that.

SP: OK. C Building here this was North, this was South, this area in here the cafeteria was in this front part and the gym was back here.

DR: And then patient rooms? Were they off those wings?

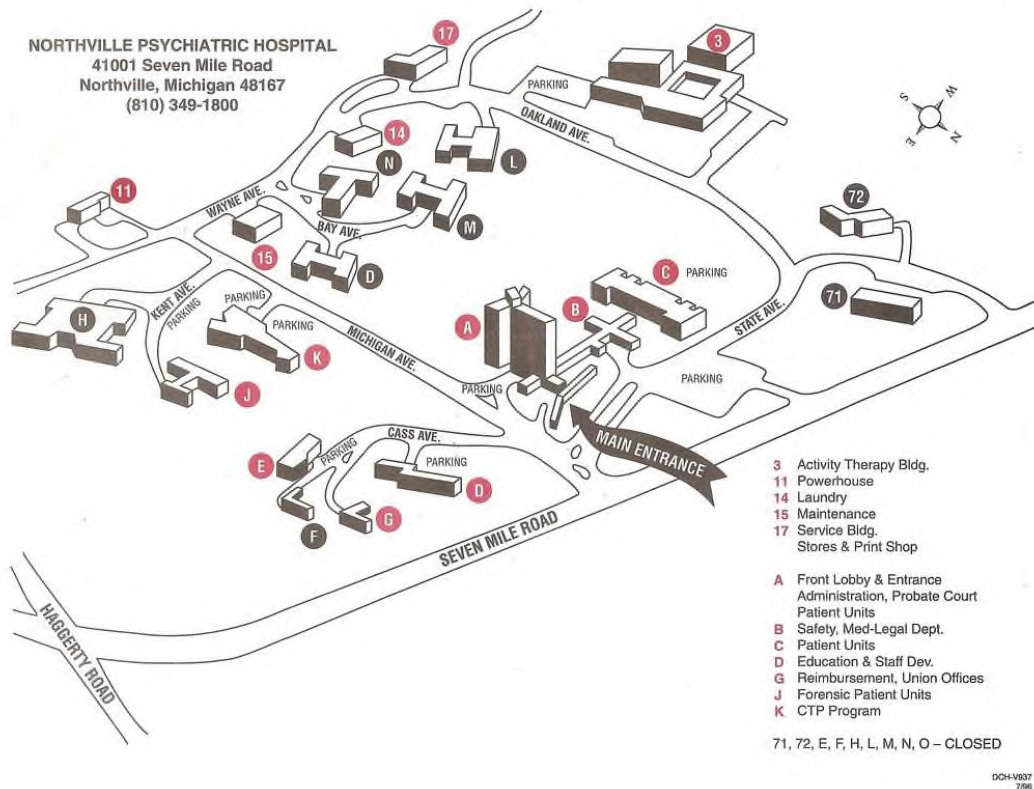
SP: The patient's rooms, Yes.

DR: Were at each end, the wings?

SP: Yes, two up on each of these. I mean one up one down on each of those.

SP: Yes, this is the activity building. It would be this part sticking up, the fat one.

JO: Most people are going to see it as they drive this way. When you're driving you are not going to see the perspective, the really deep part of the building unless you're right over here which you're not generally.



DR: So on this map, Fred, what they took down was A and B?

FS: A and B is what we took down.

DR: That's all that got taken down. So everything else is still standing for the most part.

FS: And those are down also. [D, E, F, and G]



DR: Oh, and those are down.

JO: So this is where the new headquarters are for...?

FS: Right, Cooper Standard.

JO: Is it eleven that are left? Going to be at the end of this year (2020)?

FS: Yes, eleven that are left.

SP: When I was talking about the young adult units.

FS: Yes.

SP: This was M, N and O so you could see they're away.

DR: They were kind of, really, their own little entity although they were part of the property of the Hospital.

FS: Actually, there's a large woods. Forest, here.

SP: Yes, and there was a path that went through there because one of these, I think this one, was the Work Activity Center and there was a door you could come out somewhere and walk through the woods there was a path that went through. It was a very pretty.

FS: It's gorgeous. I have read this was considered to be the front of the A Building because it looked out onto the woods and nature was supposed to help cure patients.

SP: Yes.

FS: When the property was sold to the developer, this is where he started harvesting trees.

SP: No!

JO: Oh, yes.



FS: We have pictures of trunks like this on trucks.

DR: Did you use nature a lot in some of your activities, therapies. Once there was a garden?

SP: There was in fact, I brought some pictures.

[Simultaneous Conversation]

BP: And that's Seven Mile on top, right?

JO: Yes.

BP: OK.

BP: She was on there 26 years and I was on that property twice. And one of the times wasn't to see her.

[Simultaneous Conversation]

DR: So was the garden taken care of by the patients?

SP: Yes

DR: And it was part of a therapeutic type thing for them?

SP: Yes.

DR: So where was the garden? Was it in that central area there?

SP: Well, it was over here.

DR: It was over there?

SP: My office was right here.

SP: My office is still there.

JO: So is this the Recreation Center?

SP: It has a court yard.

DR: The garden was more over here. And the patients did take care of it?

DR: They did use it?

SP: At one time, we had a kitchen and we did cooking groups and we did use produce from our garden.

BP: You say you can't get into those buildings now?

FS: No, that's considered a hazardous site. It's full of asbestos and there is actually a \$400 fine.

BP: So, does Northville own the property? Is it true that when it first closed Pulte bought it?

FS: Schostack did buy it and he's the one that was ripping out the trees and selling the hardwoods and the residents went crazy.

SP: I mean there's trillium in there.

FS: Oh yes, and the residents went crazy and we passed a bond issue raised 21 million dollars and bought most of the property.

BP: Did they have big plans you know I mean houses and apartments?

FS: Yes.

SP: They were just going to pack it in, weren't they?

BP: First thing we said was "Well, they got a hell of a community building right there with the pool and the bowling alley and the gym. "

SP: Would have meant a lot of rehab.

FS: None of which was ADA Compliant but that's a detail. It had no heating system.

SP: That, that building it gave us, it was a pain sometimes. The winters were really rough and we frequently had water main breaks. And if we had no water to the building we couldn't have patients in the building. So it meant that we shifted our programming to those two recreation areas over in C Building, the gym and upstairs. We called it C2O and I don't know why it was called C2O other than it was in C Building. It was the second floor and I don't know what the O stood for. We'd have to move over there. And then there was the day that I came in and we had an area supervisor that was assigned to the building, that means it was her responsibility, and she said Sue we've got water pouring out of the ceiling and they had a busted pipe in the ceiling. When I went over there they finally got the water turned off, but we had a lot of like this.

FS: Did it get on the wood floor?

SP: No, that didn't. It was at the front of the building. So, but that, that's a good picture.



FS: That's a wonderful picture.

SP: I like that picture.

FS: So there's C Building. The A Building facing the woods.

SP: Yes, you can see, well, you can see it coming out of the woods. They would come out the path here and cut across and then it went through and it came out down around here. But with my office over here many times in the nice weather when I had to go over to the activity building I would just walk.

SP: And the deer many mornings you could look out when you come in and the deer were standing there.

FS: So this building is gone. The B Building is gone.

BP: You want that picture Sue?

SP: Can I have that? I mean, can you send me a copy of that?

FS: I'll send to you, see what's up there in the blue?

SP: Yes

BP: Detroit

SP: DUrbex

FS: I think that stands for Urban Explorer.

BP: Where did we spend most of our time there?

SP: Across the street

BP: Across the street at Rocky's

SP: Do we still have more pictures to go through or does that kind of wrap up the pictures?

FS: We're taking your time.

SP: We have all kinds of time, no problem.



SP: I will tell you the day that we drove by there last November, I think it was at the beginning of the month when they really, I mean they were taking the building down, B Building was gone already. I just went, "Oh my gosh," and I had tears in my eyes at that point. Now that's the gym in the activity building.



SP: Yes, if you want to click on some of those pictures I can talk about it.

FS: There's the gym, or the pool. Yes. That's the pool.



DR: So towards the end was that still open or was it closed?

SP: It was open, we had two activity therapy aids ATAs they're para-professionals, and they also were certified lifeguards.

SP: So we could not open up the pool to the patients unless one of them were on duty. When a patient was coming for swimming the first time they had to have a doctor's order and then they would do an evaluation of the patient's swimming abilities to determine whether they had to stay in the shallow end or if they could go into the deep end.

FS: Now this was the old Powerhouse which is gone. It is actually the first thing we took down.



Figure 1 PC: DetUrbEx.com

SP: That's what I thought I had heard.

FS: It was dangerous.

SP: Oh, my gosh, I bet.

DR: So that was in operation, all while you were there?

SP: Oh, yeah, that's what provided our heat.



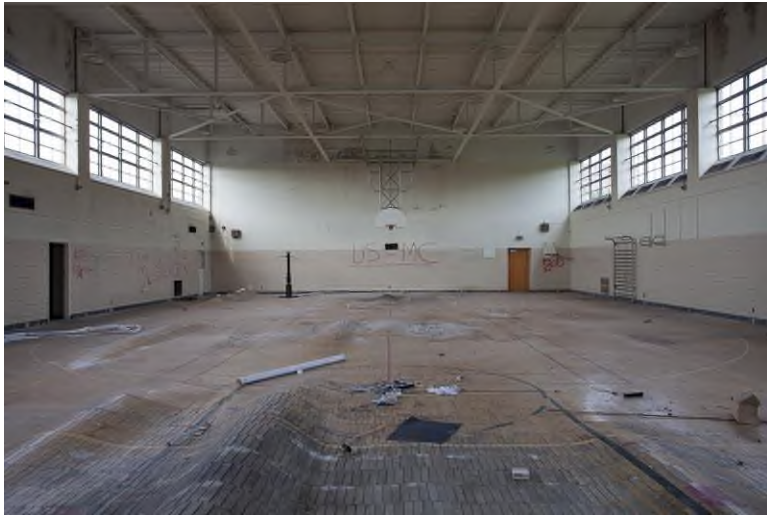
Figure 2 PC: DetUrbEx.com

FS: If this is too distressing (looking at demo pictures) tell me and I'll stop.

SP: No, it's okay. I know the building needed constant maintenance.

SP: I don't know where that is.

JO: Was that the other gym?



SP: That's the other gym. That's in C Building.

FS: I never realized that was there.

SP: I loved that. Well, you can tell there's water leaking.

FS: Unfortunately humping.

SP: Yeah the molehill hills?

SP: The next one I think was the cafeteria. If that's the cafeteria that was in C Building and the gym's on the other side of that wall. Okay. We did dances in that gym.

FS: These photos aren't mine. These are just on the internet.
www.detroiturbex.com/content/healthandsafety/northville/index.html

FS: These are like theater seats.



SP: Yes, they are but I don't think they belong there

FS: Everything's back-to-back. It looks like it moved and moved out. Don't remember the stripe.

JO: Was there a theater in C Building at one point, any kind of a theater?

SP: No just an auditorium. We used that to show movies too.

JO: Okay, so there was an auditorium type that was in Building C?

SP: No, it was in A Building right just before you went through the breezeway to go in to B Building.



JO: So, was this a common room of the time?



SP: Yes

JO: Single bed. Were all the rooms single bedroom?



SP: No. Most of them were four bed dorms.

JO: You used the term “unit”. Did you mean when you said unit you meant a four-bedroom?

SP: No, a unit was the collection of rooms- nursing station and medication rooms, day rooms and things like that and we referred to them as dorms for the bedrooms.



JO: Okay.

FS: So this might have been a four bed.

SP: That looks like it was.

DR: This was a four bedroom. Would they have a bathroom?

SP: It was, you know, community bathrooms.



FS: If a patient needed to go to the bathroom he or she was allowed to go out into the hall?

SP: They weren't restricted from going out in the hall. In fact we encouraged them not to be in their bedrooms and for a period of time the rooms were locked during treatment times, group times so that they could not go in there and instead, yes, they went to treatment.

SP: Points rough shape.



FS: Well, some of the outbuildings were starting to fall apart.

SP: I'm not surprised from the bricks. Yeah. Wall falling off of there.

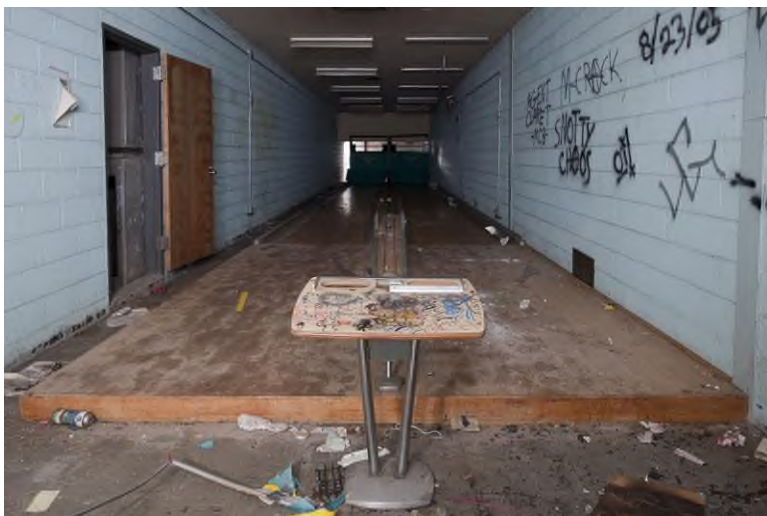
FS: This would have been a manhole I think



FS: This is a basketball court.



SP: The bowling alley. Kind of falling apart.



BP: I had a friend that ran a bowling alley, and I helped him fix the machines.

SP: We had a contract with him so that when it needed major repair, he was a full-blown mechanic. Yes, and he taught one of my staff to do some simple stuff like when the ball got stuck or if the pins wouldn't drop or something like that. The patients loved bowling.

FS: We actually had the bowling ball.



SP: Oh, really?

FS: Yeah, there's some story attached to it. I think it's gone.

FS: There's the return

SP: We taught the patients how to keep score

FS: The auditorium.

SP: Oh, Yes.



JO: This is the auditorium in the Recreation Building?

SP: I'm not sure about that.

FS: Yes, this is because these panels were brick.

SP: Oh, that's right

SP: About 750 seats in the auditorium.

SP: Yes, it was very big.

JO: We had a question about the small theater in A Building.

SP: Okay, but no it was a chapel. There was a chapel in A Building that was right next to the auditorium which is where we would also show movies, we had a big movie screen there.



JO: But there were some things on the walls in the sides of this stage.

SP: Oh

FS: That were spiritual messages, peace, love.

DR: We were wondering did there used to be sculptures there?

SP: I wasn't in the chapel very much

DR: So when we're talking about all of these facilities and things that they had offered would you say up until the end most all of them were still used, they were able to keep those operations going?

SP: They tried to keep it going.

DR: So everything still got pretty much used, the pool, the bowling, everything.

SP: Right. I was gone two months and then it closed.

SP: This is the hall. This was the hall in front of the auditorium looking out into the courtyard of the Recreation Building.



FS: Was there was something special about the Garden in the courtyard?

SP: Well, when the patients had their break in the morning or afternoon session, they were able to go out there.

DR: That's not the garden they took care of as part of their therapy, this was different.

SP: This is what it looked like. And the patients kept it up.

FS: If it's okay with you we would like to copy your photos.

SP: That would be fine. Here's some pictures of the front of the building with the garden.



SP: They had two round circles in front of the building and the patients maintained those.



FS: It looks like there was a picnic table





SP: Yes, in front of the work activities center. It looks like a bus stop. It was a smoking shelter. At one point when the governor put the law in that you couldn't smoke in public buildings. Well, because the hospital was a public building, patients couldn't smoke inside.

FS: That was a real problem

SP: Because patients with mental illness typically smoke a lot and they weren't allowed to smoke inside and then eventually they couldn't smoke outside either. This was in front of the Work Activity Center. They had fixed that up.

SP: These were also in the courtyard.



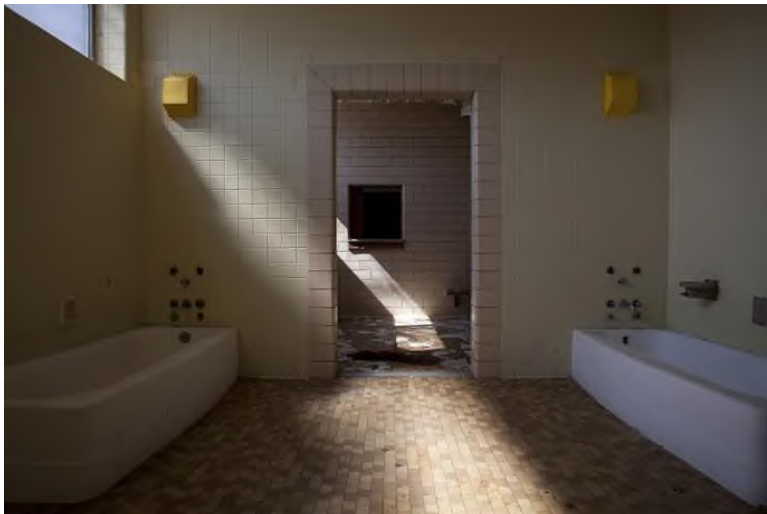
JO: And now the work Activity Center is different than the Activity Building.



SP: Yes. It's a separate building. It was where the warehouse was for the hospital where things came in and yes, they were on the bottom floor and work Activity Center was on the second floor.



FS: These big refrigerator doors were on the lower level. Is this a community bathroom?



SP: Yes, it was. They had a separate room on the unit that had a bathtub or in this case two bathtubs.

FS: When we took our tour through it, I don't think I was hallucinating. I thought I saw a red bathtub. Did you ever see a red bathtub? We're wondering if that has special meaning?

JO: (Looking at SP's photos) Can I make a suggestion to you?

SP: Yes,

JO: You know where they are where and they're from but I would suggest on the back of each one of those you put "NRPH".

SP: Okay. Will do.

FS: This was the court room.



SP: Yes, so the courtroom. The majority of the patients were court committed. There was a court order that they were to receive treatment and at one point, I guess really pretty lengthy period of time, we might have 20 admissions in the course of the day. The patients would come in because they had been petitioned for treatment and then after a brief period of time they would go to Probate Court which was in Detroit. It was quite a chore to be able to get the staffing together to accompany all these patients that were going downtown. So eventually a probate court was set up right in the hospital. It was in B building up on the second floor and one of the Probate Court Judges would come out and preside. And that's how that was handled.



JO: It was more a convenience issue than anything else.

SP: Right and then eventually they no longer had the court there and the patients had to go back to going downtown. But at that time our census was much, much less because when the hospital started closing, I think we were at 250 patients and there were fewer patients that had to be transported. So it was a lot easier.

SP: That used to be the medical records department.



FS: There's the auditorium. And there's the artwork on the wall,

SP: Missing artwork. Yes. I think they were religious symbols. I don't remember sculptures. Yes, and the stained glass windows.



JO: This is the auditorium in B building.



SP: It had a balcony on it that you accessed from the hallway up on the second floor. It had stained glass windows on one side.

[muddled], the stained glass windows. I'm saying that more loudly says, okay. Were in anything else?

DR: Okay, or Chapel glass?

SP: no, no they weren't next to each other. They were on the other side of those blue windows with the chapel.

SP: Okay. And I don't know what that is.



FS: There must have been a chandelier or light fixture of some sort.

SP: I have no idea.



SP: That's one of the courtyards.

FS: The courtyard is in C building.

SP: See the upper part. You see an awning, the green awning. Patients had access to that area with staff supervision.



FS: So that was like a little balcony.

SP: It was pretty nice. We did gardening on it.

SP: The patients again, did that every spring, maintained it.

SP: A lot of good things that happened at that hospital.

FS: These are very good pictures.

FS: Shower. A mural.



SP: It was. I think it was on the fourth or fifth floor one of the short units that came out to the North End angle. We are looking down a hall going to the units Nurse's station



FS: There were walkers, I know, laundry carts, everything

JO: There must have been a “we’ve got to be gone by this date.”

SP: Pretty much

JO: Whatever you took fine, whatever you didn’t, you just walked away from it.

SP: Can you go back to that nursing station picture?



SP: That was in the A Building. That’s how it was on all of the units.

FS: So, a nurse could look up and down the hallway without coming out from behind the counter.

SP: Right. The nursing stations used to be further down. They were small rooms. They were closed and they had screens on them and they were that way throughout the hospital and then in one of the renovations that they did I guess the ... environmental scheme of things they said that it looked more welcoming if it wasn’t closed and so they made the nursing stations larger. In some cases they moved them and they removed all the screens. In A Building you can get into the nursing station, you can see a door there you can get in from the hallway. You could also access the nursing station from the hall that was outside the door that enters into the unit and ... the windows there that are across that was one of the day rooms.

FS: There was a big discussion in all our presentations about fences.

SP: Yes.

FS: They didn't want a fence.

SP: No, because it wasn't a prison

FS: It wasn't a prison and eventually they put in the living fence.

SP: Yes. I think there was some legislator's idea. Living fence where half the bushes died. Now I have to say that in the later years just before the hospital was torn down it worked. I mean, you couldn't see, nobody could cut through there, but they were rosebushes. Yes, half of them died the first year.

FS: So let me ask my Rocky's question. It was probably Charlie's Northville at the time. Urban Legend: a patient walked away, walked across the street was standing in front of the door of Rocky's (restaurant), an African American person here and a car pulled up with a couple, elderly couple in a Cadillac and the guy got out looked over at the African-American person handed him the keys. Said 'park the car'. Have you ever heard that story?

SP: No, I haven't but you know what, that could be true.

DR: So did patients wander off at the rate that they came in?

SP: I saw some numbers and I thought that was kind of high but yes patients did walk away. I mean they weren't in prison and there were no fences. Yes, you know again the mental health code said that you treat them in the least restrictive environment and the same thing happened when you were inside a facility. If you could handle the responsibility of increased freedom you had what we called activity cards, and we had a system. There were different colors and they allowed you a certain degree of movement on the property. If you went to programs you'd get a certain color card, it allowed you to get from your unit to the program area with staff supervision. If you could handle more responsibility, then you got the card to go from the unit to the program area and back without supervision and if you could handle even more responsibility, we had certain periods of time during the day where you could go off the unit. We weren't scheduled for programming at that time. You could be on the grounds. So as long as you stayed out of the restricted areas, that was okay and that sometimes was where people took liberties. Or there were always, you know, not always, but every once in a while, a patient who saw an opportunity to run and they did.

DR: We got a runner

SP: We got a runner exactly.

FS: One of my friends was the third or fourth house in the new subdivision behind the hospital and one of his neighbors came home from work one day and the front door was ajar. She didn't think anything of it and she went upstairs to her bedroom and there stood this man wearing her underwear.

SP: Oh good.

FS: So she said you never saw me go down a flight of stairs so fast.

SP: Yes, I'm sure.

BP: Did the governor live behind the hospital?

SP: Governor Granholm.

FS: She lived off Haggerty south of Six Mile between Five and Six. If you know where Cantoro's is Cantoro Market.

BP: Yes, I do.

FS: It's kind of across Haggerty from that, West.

FS: That was the reception desk for visitors.



SP: Right. When I first started working there. We had a switchboard. That's how you got all your calls and the switchboard operator was back there.

DR: We had a picture of a building that said admissions on it.

SP: No, that was in a different area. This is just the lobby.

FS: Yes, there was admissions in the B Building.



DR: So when they'd be court ordered to come to the facility they would show up at that admissions building and that's where they would be processed in a kind of central unit?

SP: We didn't have a court order at that time. They had to be petitioned into a hospital and a petition could be written by a family member and then I think after that we had to have a second petition that was by a mental health professional- could be a social worker or psychologist. I do remember when I first started working there we had direct admissions that came in, you know, somebody off the street could just come in the door.

DR: If they voluntarily wanted and felt they needed it?

SP: Right but later there was a gatekeeper and somebody else made the decision to send them. So we knew in advance that we had admissions coming in but they went to that admissions area. They came in with their paperwork. It was reviewed and then they were seen by a psychiatrist for a brief mental status and then they were admitted. They also had a physical exam done there and in most cases they were showered, before they went up to their unit.

DR: Then at some point they had their court appearance, which was right there on the grounds.

BP: Here's a question for you. When they start taking the main building down. Was it because of the asbestos? Why didn't they implode it?

FS: We couldn't, it was too well-built. We went through a couple of cycles. First was, can we save this building and make it into lofts.

BP: Well that would be cool. Like Traverse City, right?

FS: Yes, of course this building had no character. There was going to be too much work to get plumbing run and what have you and they said the building is full of asbestos. So we can't do that. So we're going to have to tear it down. And I said, you know, are you going to implode it. What are you going to do? They chopped holes in the walls and in fact this was also a bomb shelter, built as a nuclear bomb shelter.

SP: Yes. We had all kinds of rations down in the basement for a period of time.

FS: Well now, that's a picture I haven't seen before. The way they built it, they said well, we're going to have to chew it down which is what they did. So what's it going to cost us? It cost five million dollars to take down A and B. Then the state sold us the old women's prison at Five Mile and Scott back for a dollar if we used it for a public purpose and it was right when Wayne County was starting to have problems with their failed jail downtown. What are we going to do? And some people said well, there's a perfectly good empty jail sitting out here in Northville make that the new Wayne County Jail and we had a contractor on site and had it torn down in 90 days. There is no way that was going to be the Wayne County Jail.

FS: So we sold that property. We got five million dollars, the state got three or four million and we used it for this demolition. That was the deal we had with the state. So they started taking it apart and guess what some genius has mixed asbestos into the mortar holding all the bricks together for insulation. They loved asbestos back in the 40s. They had to evacuate the whole building.

FS: So they wrapped the entire building in plastic. Literally.

SP: I didn't see that

FS: Then took it apart brick by brick. That was another three and a half million dollars. It took eight and a half million dollars to take down A and B and we just couldn't take down C and we still have a lot of buildings left.

SP: Yes, when's C Building coming down?

SP: I want to see that. I spent all my life, my work life there.

BP: It's part of your life. Do you have any personnel or anybody that is interested in buying the rest of the property?

FS: The property is owned by the township and the language in the bond with which we bought the property says it shall be used for passive recreation. It's going to be a park.

SP: There's a bit I think that's been approved, right?

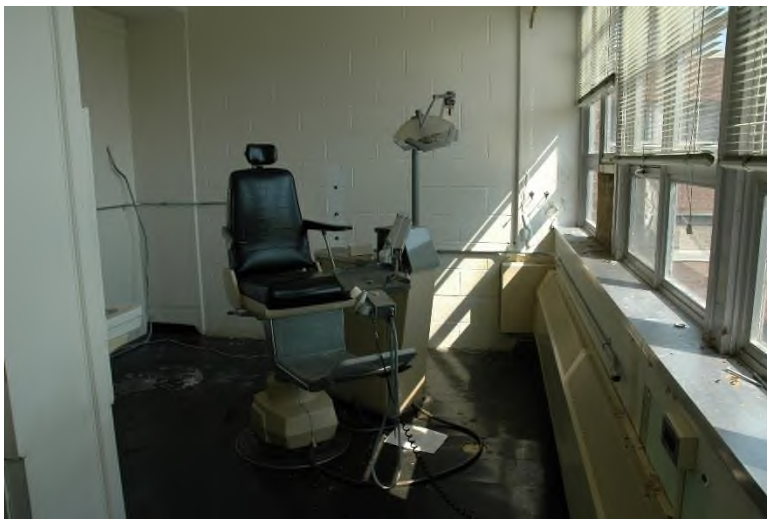
FS: Yes, plans have been approved.

JO: Yes, we have a plan. It's a 30 to 50 year plan over time. That's the one I showed at the end of the presentation in October 2019.

FS: So we're building a path a walking path in the woods that are off to the left here toward Haggerty and somebody said well, we've got a good name for that path. The "psychopath."

SP: I don't think so.

DR: There was a dentist chair. Hairdressers and dentists were brought in for convenience purposes to provide care to patients.



SP: There was a dentist. I believe he was an employee of the hospital. So yes, it was a dental office. Patients received dental exams as part of the admission. Well, not immediately but they did get a dental exam and he did fillings and teeth extractions and things like that. We had a beauty shop and a barbershop that was part of the activity therapy department. Also, we had hairdressers, barbers and cosmetologists licensed that were on staff. They were part of the employees.

FS: There was a post office.



SP: Yes. There was a post office and that's where either mail going from one section of the hospital to another, whether it's from a department to a unit or to another department or community notices was sent. It was brought down there and then every day staff from the units would go down and pick it up and outgoing. I mean outgoing mail could go out through there that patients had sent out or mail that they were receiving came in there. And then it was put in the unit mailboxes and someone would pick it up.

DR: I think it could have been its own little standalone community if it had some shopping. It was really a full little community all and of itself. Have you ever seen anything like it before or after? It was truly a standout?

SP: I would say yes, it was its own community. No, there wasn't shopping. We did do outings with patients and took them shopping and that but yeah, I would say we were our own little community and I mean the fact that it's been closed now for what, 17 years ago and there's a Facebook page with former employees on there - we still feel close-knit and there are some reunions that happen with different groups. Nursing is a big one that do reunions at different points in time. They meet at a restaurant or they go out to Hines Park or something like that. So we were family

FS: there were a lot of people that worked there.

SP: Yes,

DR: It was better than today. In terms of it being its own community. In terms of treatment and how they're handled treatment versus today.

SP: I think it depends on where you look. I mean State hospitals are totally different than a little psychiatric unit in a private Hospital. Those tend to be short term. They come in for you know maybe three or four to five days to get on medications, they're stabilized and they go out. The type of population that you have in a state hospital is more chronic long-term mental health issues and it takes longer to stabilize it and then you've got to have the right kind of environment in the community to send them back to. And that's where Michigan really lags when we've said that for a long, long time. There are mental health clinics out there and that's fine. But so many of the patients need some kind of structure to their day and there aren't a lot of day treatment programs to provide that.

DR: So Northville psychiatric hospital if they would have been more feasible and could have kept it running would have provided that.

SP: I think it was a big mistake and that's not because I worked there. But I think just looking at the services that are available in Michigan those with mental illness that there is a place for facilities like that. Not everybody with; unless they have very specific support systems out in the community can survive out there and that's what we try to do in the remaining... I mean, there's hardly any remaining ones. There's Walter Reuther [Michigan Avenue and Merriman] and there's Caro Center [in the Thumb], which now is adult mental illness and you've got Kalamazoo. That's it folks.



FS: and Hawthorn [on Haggerty across from Schoolcraft College]



SP: Yes. Yes. Well Hawthorn caters just to the children's population. But as long as adults, that's it.

DR: And it sounds like you had said the grounds were, when you worked there, beautiful.

SP: They were beautiful.

DR: Would you say up until closing? I mean because we see these pictures and it looks terrific but when you left...

SP: It was still in good shape

DR: Still in good repair. Yes, and I think I already know the answer to this based on using the pictures, but had you never gone back to see it after it closed?

SP: I got to go back after it has been closed for I think it was in like November of 2003. I went back with my supervisor at Walter Reuther to look at equipment and supplies that we might be able to bring and of course it didn't look like that, but I've gone on Facebook different times YouTube and. Yeah there's all kinds of scenes. First of all just the deterioration of the facility itself because of age and then secondly what people had done to it was sickening, just sickening that, and then when I came along Seven Mile and saw *that* happening that was just very depressing, but we all wondered when it was going to happen because it was so long that the hospital has been closed, since there's still many people that think they closed down the wrong hospital. That there were good things that were happening out there, I won't deny that there were bad things that happened there and that there was mismanagement at different times in that but I would say in the 10 years, 12 years prior to it closing, there were a lot of good things happening there.

SP: I brought a couple other things just to show you what we had done. We had door decorating contests where the patients decorated the outside doors to their units and we would have judging based certain criteria. We did track and field events outside. We did a very elaborate patient Fair. This was done in the back of the Breezeway between B and C building. We built a gold mine and the patients went in there and if they found a gold nugget they were able to go to the General Store and trade them in for little token gifts.

JO: As far as scanning these how can we do that and get them back to you?

DR: Do you trust us with them?

SP: I trust you with them. I have pictures with staff in there too. I don't know. Do you want those or not?

FS: Sure, we don't want patients.

SP: No there's no patients because we were not allowed to do that.

BP: I know you want the history of the building and are you going to have a display of stuff? You've got something like an archive.

DR: Not for right now. We are just collecting, archiving ideas and storing them

JO: Because we don't have a museum situation where we can really put a display up.

BP: Like I said, you have that chair and you said you have the big name sign.



DR: We did, we don't have it anymore

SP: Oh, okay.

FS: I'd like to copy them all.

SP: Okay,

DR: We're going to take those too.

FS: Yes, we will get them back to you and I will give you some of our pictures and videos.

SP: I brought a little bit of Show and Tell. A mug, there's our logo and the name, the hospital had three different names in its history. It started out as Northville State Hospital, which it was when I started working there and then I can't remember when the name changed but then it was Northville Regional Psychiatric Hospital and then at some point they dropped the Regional and was just Northville State, I mean North Psychiatric Hospital.

JO: When it closed. It was just Northville Psychiatric Hospital.

FS: Had the sign been changed?

SP: Yes. It happens. Every time there was a name change the sign got changed. Then my business card from there. And then we had a very active Employee Appreciation Committee to help with staff morale and they did fundraisers and they just did things to help the staff show their pride. So they had a number of shirt sales and so we could buy shirts and then they would designate Show Your Spirit Day and you would wear your shirt.

JO: That was in 2002.

SP: Yeah, this was for the 50th Anniversary. We had a big party for the 50th Anniversary. It was a beautiful day. It was outside we had entertainment and it was for the patients and the staff

FS: You know, when the director came down from Lansing to give us our little tour. I came away with the sense that the staff cared very much for the patients.

SP: Yes, they did, they did. I mean staff would bring in their clothing that they were going to discard and give it to the patients because some patients came in with nothing and although the hospital would give them clothing...

FS: Which is pretty basic.

SP: It was pretty basic. Yes, I told you that we had had a celebration of sorts to commemorate when we got out from underneath the consent decree. And this was the program that we had and our speakers. and then we, yeah, you can copy that if you'd like and then for our anniversary, the celebration. They did a commemoration of dedicated services and it doesn't have all the staff of the hospital but it has a lot of them broken down by units and departments.

JO: I'm going to bring this back to you. Okay, would you mind give me your address so I can do that?

DR: If you're interested. We send out notices of presentations and things like that. Events that we have and you'll get things that you're probably not interested in but you'll get information. Someone shared at this presentation and things like that...

SP: Yeah, that would be great.