**Interview with Leo E. Baldwin CPS Worker 309**

**regarding his CPS service between 1942 and 1946\***

*Leo E. Baldwin entered CPS in September 1942, serving first at CPS Camp No. 21, a Forest Service Camp operated by the Brethren Service Committee at Cascade Locks OR. From there, Leo and a group of COs from Cascade Locks transferred to the state hospital at Ft. Steilacoom to open the CPS unit there. His words follow.*

“At Steilacoom, most of the COs at the hospital worked with food or in food production both on the farm and in the kitchen. Many entered CPS from rural and farming communities. The kitchen needed to service three to four thousand at a time. All the food was cooked in a central kitchen. The men had no recipes to serve that many people. As a result, they wrote and published recipes for mass production. The Army later used this book. The kitchen staff also set up a distribution system, so that they could serve meals at thirty different stations (wards and other locations).”

“Other COs served as attendants in the wards.” Leo so served, but was also asked to serve in a social worker role since he entered CPS having studied sociology and economics. As another example, one fellow Lloyd, who was a pre-med student, assisted in physical health and psychological matters. On those occasions when patients were dismissed, Leo and Lloyd sat in during discharge sessions. Lloyd added his observations about care needed; Leo did the same regarding support within the patient’s social environment.

“Even though the institution was called a hospital, the staff offered almost no medical or psychological help except on the medical ward dedicated to physical illness. Prisoners from state prisoners were sent to that ward when they became ill, so the ward had a mix of patients. Ward attendants worked twelve hour shifts from 6 am to 6 pm four days in a row. Then they might get two days off, or sometimes three. Most of the wards were pretty quiet. Some housed senile, elderly, immobile patients.

Occasionally a patient was discharged, usually to a spouse or parent. I was assigned to accompany the patient to the Tacoma and/or Seattle areas. The patient was being sent back into the same family/social environment that had allowed his mental illness to dominate his life earlier. Recidivism was high since those dismissed had often received nothing but custodial care for years.

I ended up taking a dismissed patient by hand to Tacoma, Seattle or wherever his family lived. My role was to reintroduce him to society, as often the men had been in the institution for years. I looked after physical safety as we used public transportation. I tried to arrive at a meal time so that I could talk over privacy and other amenities that would support the patient. This was always a tension-laden experience. I probably made thirty of those ‘deliveries’. I have no idea of the impact, as this effort was so minimal as a follow-up to years of custodial care.”

Leo reported an incident of physical violence to a patient. “It was well known that the hospital administration practiced nepotism. On a ward with about 70 old, senile men one of the doctors arranged for his sister and her husband to be the ward attendants. The sister appeared interested in money only. The tyrannical and abusive husband had full control of the area. Bill Henderson, a CO who regularly served on the ward, looked out for the patients, watching so that nothing got out of hand. One day, the husband attendant became irritated with a patient who would not eat. He came up on the man from behind, held the patient’s nose so that he would open his mouth, and then stuffed food in his mouth with a spoon. The startled patient bit the man’s hand, drawing blood. Of course the man had to seek medical attention, and Bill had witnessed the incident. Whenever an incident resulted in bleeding, a report had to be filed, and in this case it resulted in the dismissal of the man and his wife. I was then assigned to take care of the ward. Likely the man would not have been fired if one of the COs had not witnessed the incident. After a couple of months, the couple was hired back.

At the hospital, incidents involving ‘career’ ward attendants presented the greatest problems for patients and administration. Because of the labor shortage during the war, hospitals had great difficulty finding good attendants. A pattern emerged where individuals would work on the wards until they were fired for some kind of abusive incident. These people were referred to as ‘old bughousers’. Usually 40-50 years old, they would work as ward attendants in one mental hospital until fired and then move on to the next hospital in Oregon, Idaho, or Washington, working again until fired. They kept rotating around through the various state hospitals.

These ‘bughousers’ were known to express their displeasure with patients who were not eating, who fought, or were not clean by beating them with an old sock stuffed with other socks and wet on the blunt end. This weapon would typically not break the skin, cause bleeding, nor leave severe bruises. Frequently the socks were stored in drawers and handy when needed. Attendants would of course be fired for beating patients.

The ‘bughousers’ also tended to steal equipment, supplies, even mattresses and sell them on the black market. If caught, they would be fired, only to return months later.

As the war continued, COs began to document these incidents and shared them with those coordinating the collection of these reports. After the war, ***Life*** Magazineexposed the inadequate and frequent mistreatment of patients in state hospitals. Ultimately these places were dismantled, depopulated, but that ended up creating another problem—homelessness since these individuals had no place to go”**.**

\*As told to Rosalind E. Andreas in telephone interviews beginning January 31, 2012 with follow-up conversations on February 1, 2 and March 1. Leo, of Whidbey Island, WA, reviewed the interview notes, making edits. Notes finalized April 4, 2012.