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Tom Weaver interview for the Lest We Forget Collection of Oral Histories

Tom Weaver

Jeff Moyer

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WRIGHT STATE UNIVERSITY
Lest We Forget Interview Project

Interview date: May 23, 2003

Interviewer: Jeff Moyer

Interviewee: Tom Weaver

Jeff Moyer: It was hydrotherapy you said?

Tom Weaver: It was actually Athens Mental Health Center.

JM: But do you know whether they found you at Orient? I think there was some discussion...Brenda might have said that--

TW: Oh, she said that uh...yeah did she mention that they would uh use water uh to the temp-- they controlled the temperature of the showers as a means to uh reward or--

JM: So that um came up yesterday in um Bob's...uh he talked about the attendant controlling the temperature of the water and scalding...or you know by (unintelligible)

TW: Mmhmm.

JM: Well, let's...I--I think we're um...we'll talk about your professional background. What you saw.

TW: Ok. Yeah, that would probably be a good way to just kinda uh give me uh experience that I started into.

JM: And what you work on...the stories that you have about people who (unintelligible).

TW: Ok.

JM: You know about what you know about the...anything--anything to share about the conditions of Orient.

TW: Right. Right. Sounds good.

JM: Good.

Mark Lyons: I'm ready anytime.

JM: You ready, Judy?

Judy Leasure: I'm ready.

JM: Ok. Then this is tape six. Ok. This is uh tape #6, the Lest We Forget series and I am interviewing...I'm sorry Tom, what's your last name?

TW: Tom Weaver.

JM: Tom Weaver.

TW: Mmhmm.

JM: And what's your title, Tom?

TW: I'm the Executive Director of Choices and Community Living.

JM: How long have you been in the field of um working with people with disabilities?

TW: Oh...well that goes back a ways. I actually started uh working with people with disabilities back in 1975, when I was coming out of school, graduate school down in Athens, Ohio. Ohio University where I'd studied Psychology and Counseling uh through the programs there. And I was coming out, just finishing the program and I needed a--what I thought was gonna be a summer job--and I got a job working in a sheltered workshop up in Athens at that time. Um...which then, rather than turning into just a summer job, turned into a three or four year experience where I worked in a sheltered workshop. Uh and kinda grew, because that was at the same time--'75 seemed to be a real pivotal time for a lot of things happening in the MRDD field in Ohio. And workshops especially were starting to really grow and get a lot more rules and regulations and knowing how to support people in those kind of environments.

JM: When you were in your professional training did you have any interaction with the institutional world?

TW: Uh...yes, yes um...

JM: And by the way--I'll just interrupt--my questions won't be used. So if I ask you a question, answer it so that it's a piece unto itself without my question being heard.

TW: Ok. Well when I was doing my training at uh the university when I was learning about psychology, one of the things that we did was spend some time--at the time it was still an active institution on--in Athens, Ohio--the...I think it was just Athens Mental Health Center or...I'm not exactly sure what the name of it was. But we would do some uh work with the people who were living there or if you would, institutionalized uh...and one of the things they did which struck me very strongly at the time was talk about the therapies and they referred back to the time where they did hydrotherapy. And then took us through the basement of this institution and they showed the areas where they would put people and uh I guess with hoses, would actually spray, kinda high pressured or forceful, very cold water onto the patients. Uh the idea being that the

shock of this cold water would bring them out of uh the mental health situation that they were involved with. Usually, I think it was used with people who were depressed and that was a means they used to uh try to get a handle on the depression. Later, I think they went to electroshock or chemical shock to accomplish the same things. I think it was even insulin shock that they would use to--to do some of that. But, I remember that being uh you know pretty uh inspiring--or not inspiring, but it was pretty, kind of a shock to me to think that you know they would use those kind of therapies on people.

Uh, of course later on I had an opportunity to work in an institution. I was in uh California. Uh this was actually 1985 and I had an opportunity to work at Sonoma Developmental Center for about uh a 10 or 11th month period. And when I went there they said well where would you like to work? Because there at that time there were 3600 people living in this large institutional setting and they had a wide variety of people that lived there. And--and I wanted to work with people who uh had a lot of needs. I was used to working with people who uh were fairly verbal and fairly competent. So I wanted to work with behaviorally challenged people. And they gave me uh this place to work which was called Judah. It was a locked unit uh if you would. It was a home, but it--we called them units. And what it was--was a building sittin' out pretty much by its self that looked like an X. And at each wing of the X were where the 12 people lived in each wing. Um...and then the nurses' station or the staff station was right in the middle.

And I remember coming into that setting, because for the three or four years prior to that, I'd been working in residential in Athens, Ohio. And in that residential setting I was actually assisting people moving from Gallipolis into the community. And we were helping people get apartments and get homes where there would be like two or three people living together, sometimes five or six. But it was very homelike and it was very...you know we--we did a lot of--of work to individualize it and have people be involved with choices. Where they wanted to live, who they wanted to live with and--and really kind of person-centered, in terms of how we were doing things. And coming from that and into this setting out in Sonoma where we were--you know accept 48 people living together in this large conglomeracy setting. It was a huge shock to me.

Um...so as I got into it uh you know we spent most of our days just kinda hanging out with people, not doing a lot. Uh...we'd go for a walk out into the fields and uh to the soccer fields or just through the woods. Uh maybe spend a little time in a--in a classroom uh putting blocks together or something. It was very...just time consuming things. You know we spent our days trying to make-up ways to spend time. Which I thought was kinda--very different too, because back in--in the other residential field that I'd been in before--my previous life there--uh we were actively involved in assisting people learn things that they wanted to learn. Uh rather that be learning how to cook or learning how to do their banking or uh sometimes it was just you know learning how to be with our friends down the street or something.

So, um out in--back in, California where uh I'm getting to know people, and what a shock because the people who lived there, like I said they were very behaviorally challenged...and one of my first training sessions was how to physically work with somebody if they were aggressive. And--and what I was taught was to how to grab a person by their ankle or by their hand and their arms and--and we had to be four of us, and we would grab a person--four staff, you'd wait till the

fourth staff person got there, so that you could have a person on each arm and leg and then you'd end up hauling the person back to their room and taking these soft ties, which were cloth ties and put around their arms and puttin' 'em down on the bed so they'd be tied up, spread-eagle like that, um...and they'd be there. That was part of the behavioral...programming, was to get people to learn, like if their behavior was bad, this was gonna happen to 'em.

Uh and of course I was thinking at the time well I don't think somebody is gettin' it here. Because it's obvious that a lot of times the people are sittin' around, bored out of their minds and so what better way to get four people to come and hang out with you for a while than to do something disruptive that you knew was probably going to get you hauled off to your bed and tied down. But, during that period of time you would have the reinforcement of all that emotion and the four people around you. And--and I saw it as a rewarding thing rather than a negative rewarding. It was a positive rewarding and--and of course it just perpetuated the whole cycle.

Uh, but there was this one fella, Charlie who I really kinda enjoyed a lot. Charlie was kinda a short fella and not--not very large but he just--you could tell that he had a very strong personality. He--he--Charlie had this little twinkle in his eye. Uh...and he would smile and the mischief just kinda boiled out of him. And he of course would be one of the fellas that probably, at least on a daily basis, we'd have to take Charlie and--and tie him into his bed because of something he did. And he especially would be uh very disruptive at meal times. We would--usually that one wing would go to the cafeteria and there would be uh 10 or 12 of us eating all at once. Uh...but Charlie--when Charlie went, he did get into the cafeteria with the rest of the people but Charlie was assigned to a table off by himself. Usually in a corner, and one staff person had to be there with Charlie, 'cause Charlie would enjoy going and grabbing other people's food or just causing chaos. And of course he'd be smiling the whole time while he was doing it. (laughs) And then we would end up grabbing Charlie and hauling him off to his room and the whole cycle would continue. Well--

Mark Lyons: Excuse me Tom. Could you just turn your body in your chair? Yeah just like that.

TW: Oh, ok.

ML: Thank you very much.

TW: Um...so after working with Charlie and working in a situation for about four months, it must have been about uh May or so, uh...the folks came and said, you know we're going to do our annual trip to Bodega Bay. There's a real nice restaurant there-- I've been to this restaurant before actually. My wife and I 'cause we were uh you know starting to get around the countryside--and we're gonna take uh uh whole bunch of people. We're going to get on the bus and go out and visit this nice restaurant. And I thought, oh neat. We're going to go out and actually do something in the community and do some things.

Um...and so we were going down through the list of people who we thought could do that, and Charlie's name ended up being on that list. And they told me, Tom you're gonna be the fellow that's gonna be working with Charlie. Now, I was thinking oh yeah right. I'm the new guy. They're gonna pull my leg and I'm gonna work with Charlie. Like we're gonna take Charlie out

in the community because of his behaviors. That's all I'd seen Charlie, was his behaviors in the community. And they said, no no no. Charlie's really good when he goes out in the community. And again I thought they were spoofing me.

But the day comes when we're going out and we're gettin' on the bus and I'm assigned to Charlie. And I'm really very concerned because I'm thinking, I have never seen Charlie use a utensil to begin with. Uh...he's never had the opportunity to use glassware. It's always been plastic. Something that can't be uh harmful to himself or somebody else. And I'm thinking, we're gonna go into a real restaurant where there's glass and there's utensils and there's plates and there's other people around, and I'm convinced in my mind that Charlie and I are gonna be rolling around on the floor in a very short order. Uh me trying to control him from uh, uh either hurtin' himself or hurtin' somebody else.

But it--I saw a change come over Charlie as we get on the bus. He knew he was going out. Uh...he was dressed up nicer than usual and he sat very calm through the bus ride. We get off at the restaurant. He walks in, he sits down at the table along with many other people in a very kind of confining space. Uh, you know as you would when you're sitting at a restaurant. You have a lot of people there. And he sat very quietly the whole time. Just grinning ear from ear. The food was served. I saw him actually grab a utensil and try to feed himself with it. Which, you know I assisted a little bit with 'cause he wasn't very skilled at that.

And then finally the light bulb went off in my head, is that...obviously Charlie can do so much more if the expectations are presented to him to live a certain kind of way. And he was very good for that whole time. We get back to the institution and the next day it's the same things over again. You know, Charlie's...you know throwing food or actin' up and we're grabbing him and we're tying him down. And it just...that--I just thought that was..pretty high level...high paid people working there and you know I wasn't that much more gifted than the rest of 'em, and I could see through this. And it was just very obvious to me that if we had Charlie living in a place where he could have those skills all the time he wouldn't be like that. But, because of his environment there on the Judah ward, where there were 40--8 other people and where he wasn't challenged in his daily life to...to do much uh this is what he did...to entertain himself. And entertain all of us.

JM: Now, what I'd like you to do is to tell that story in three or four sentences.

TW: Hah!

JM: This is being--it's a wonderful story but it's I--I--there's no way that can be edited. So, uh the guy named Charlie would act out constantly on the ward. You'd have to tie him down. You took him into the community and he was a perfect gentleman in the restaurant because he was normalizing and people were treating him with respect. And he acted appropriately. That--that kind of synopsis.

TW: Right, ok. Well as I was working there on Judah, uh there was one fella, Charlie who uh was always creating a lot of turmoil and--and confusion, and chaos for himself and for the rest of us. And...uh it seemed to me that he was doing it because he was bored and he needed a way to--

to get some attention to himself. So one day we decided that we were going to go out into the community and we're gonna take Charlie with us. Um...I thought that was an inappropriate decision on people's parts because Charlie wouldn't be successful in the community and we would have uh some real trouble to deal with. But I was wrong because we get Charlie out there and we get into the restaurant setting uh and Charlie was a perfect gentleman. Sat there very quietly, used his knife and fork, and used a--drank from his glass and you could tell from his demeanor--his grin that he was so pleased to be out and to doing things that would uh do what was expected of him. Which was the societal rules of having a good time and not uh being disruptive. And it just seemed pretty obvious to me that this is more of what we should be trying to do. Rather than uh having so many people live together in a setting and setting up expectations for them to get their attention and through disruptive ways.

JM: Ok. What about the--the other people you've worked with over the years? You've been in the field many years and you've seen the transition from institutional life being the norm to community living. What stories have you heard from families or have you known about directly?

TW: Yeah.

JM: What happened to people in institutions?

TW: Well, um...people in institutions seem to be a lot more nervous...uh than the folks that um come from family homes. They uh don't seem to be as trusting, from what I can experience. I've experienced. Um...I guess I would like to tell another story if I could about a fella that we helped who I almost sent to an institution. Uh...this was a fella who was behaviorally challenged living in a group home with eight people and he was very protective of his space. And he didn't want to live with other people. He kept telling us he wanted his own apartment. But we weren't sure that he could live by himself in his own apartment because he didn't seem to have the skills, or show that good judgment in his behavior.

Uh...but when he had hurt himself, hurt other people and the doctors, in order to control his behaviors, had medicated him so heavily that he was actually falling down and hurting himself, uh we and the team decided why don't we give him a chance? Let's listen to him, get his own apartment, wrap some services around him and see if it will work. Because the only other solution we had was an institution where they could actually control his behaviors in that kind of environment. So we got him an apartment, we wrapped some staff around him. We provided staff to be there with him 24 hours a day for four months or so. And then we backed people out as he learned skills.

And that was about seven or eight years ago and this fella now is a member of a nearby church. Goes to church, um he lives successfully by himself, hasn't had any more episodes--real serious episodes of violence, uh...or--or hurting somebody else. Occasionally he'll get angry and he's lost a few jobs because he doesn't get along uh...doesn't take good direction from his boss. But, he's been successful. And I reflect back on that you know that we were at that crossroad where we could have either gone down a place where he would have been drugged and probably learned some very negative behaviors, or we went this other path where he learned some skills to

live successfully in the community. And--and right now he's living, I think, a very meaningful life. Uh...and I think he would say that too. In terms of uh how he's getting along with people.

TW: Um...

JM: What stories have you heard and--and please be succinct. And also when you speak--you know when you're talking--the person that's listening to this, you're gonna have to convince--you're gonna--I mean that what you say is gonna have to make--create an annotated shift within them.

TW: Mmhmm.

JM: So speak with--not--not me, not a believer. But speak to someone with passion that's gonna change someone's mind.

TW: Ok.

JM: What was it like for people in these situations, what--what stories have you heard about abuse?

TW: Well, uh I can tell you uh an abuse that I seen when I worked out there. Uh we had a person tied in a chair, full pointed in a chair like this. His legs tied to the bottom and his arms tied like this.

JM: Kinda pulled back.

TW: Well, tied to the arms..like this and this was another means that uh we used to control behavior uh when the person would get uh violent or--or disruptive. Um...and the--the staff was uh assisting and tying him up uh got hurt a little bit, I think. Like maybe this fella might have hit him with his head and he was angry uh at that situation. So, uh when he didn't think anyone was looking, uh he pushed him up to the water fountain, pushed his head under the water fountain and then turned the water on him and to kinda let him sit there for a while and let the water run on his head uh and probably had I not showed up, you know how long that would have gone on. Uh...but uh that was one that I've seen. I've seen people you know have some marks--burn marks on 'em look like they could have been caused by a cigarette. Uh...it was hard to actually see it. You didn't--you didn't see--observe the staff person doing it but how else could uh that have occurred. Uh and that was used--I know that staff would talk about that sometimes in terms of...uh getting even with somebody or doin' somethin'. Mmm.

Mark Lyons: Jeff, just in general, could you repeat that part about the gentleman being tied up? And say while he was still tied up he was pushed up to the uh water fountain.

TW: Uh ok.

ML: Just start from there.

TW: Ok so we had him tied up in his chair and while he was still tied to the chair, the staff person pushed the chair up to the water fountain, shoved his head under the water fountain and turned the water on him. Uh...to humiliate him and kinda get even with him for him struggling so hard to be tied up.

JM: Was the water going in his face?

TW: It was going on the back of his head 'cause he's pushing his head under the water and turning it on. Uh...you know, had I not you know, showed up and turned the corner and come into that area he--he might have continued doing it uh for some time. I remember even going and reporting that at that time and--and the staff uh the supervisors uh you know like well, did this really happen? You know explain this in detail. Uh...and kinda questioned me with uh the idea being are you sure you want to make this report? (laughs) And I was like, yeah. I'm pretty sure. I saw it happen.

You know, the message I got from them was like, if you're stepping forward, you're gonna do this, you're gonna put me in a quandary where I have to act on it. And I think their idea was like, don't make me act. Don't make me do somethin'. Uh...which I...again I'd come from an atmosphere where we didn't tolerate. You know, abuse in a--in a-- settings out in the communities was just something that you didn't see. Because you're working with fewer people. You're working with people in their own homes and that just kinda sets up an atmosphere of respect and dignity. Uh when you're working with so many people in larger settings, I think there's more of a tendency to lose that individuality that--that sense of this is a specific person you're working with. Maybe not.

JM: We can edit out the maybe not?

Mark Lyons: Absolutely.

TW: (laughs)

JM: (laughs)

TW: (laughs) Yes, sorry.

JM: Were you--were you uh active in the closing of Orient and moving people back in to the community?

TW: No, actually when I came here to Dayton and started working with Choices um...the people that our agency was working with who had come from Orient were already there. That I got in on the--the final wind of that so I wasn't involved with that. But I was involved in Athens, Ohio with people moving out of Gallipolis and into the settings down there. Uh...at that time it seem--it was-- most of the people who were coming out of the institution were the folks who probably by their own statements...were resisting the movement out of the institution. And the people that I remember working with uh...some of 'em wanted to come out and were very glad to come out and finally get their own apartments. They were people who were more capable. Uh, they had

the skills and abilities to move right out of the institution and into an apartment. Uh...where we didn't provide ongoing services and--and help to 'em. We were there uh I mean at least 24 hours or 7 days a week, we were there once a day to assist and helping with cooking and uh medications and things like that. But these were very capable people. Uh some of them were angry at having to leave uh Gallipolis because they'd been there since they were little children. And now they were into their 40s. Uh and they had become...part of the institution themselves in terms of their responsibilities so they were actually part of the team. They had grown into where they were taking care of...uh maybe some of the gardening that was going on or some of the things that were there. They were jobs. There are jobs, so in a sense they were being laid off and forced to move out and they--they didn't like that. Even though they were people with disabilities uh they moved out into the apartments.

The one fellow I know, was a very committed person to working. And--and uh he got out. We got him an apartment and it wasn't too long before we got him a restaurant--a job at a restaurant. And he became a stellar employee of that restaurant. Uh...was there every day, 7:00...uh I think he worked back in the--the kitchen area. Uh, and I remember the employer coming to me several times and just thanking me for introducing him to this fellow because this was a college setting where the person who ran the restaurant was used to working with college students uh...who were transient and probably were just using the job as a means to make a little money on the side for them. But for uh Bob, this was a commitment. He wanted this job more than anything and uh he worked long, he worked hard uh and it was--he did a wonderful job. He--he was very committed to it and uh the person who owned the restaurant became very committed to Bob too.

JM: Back to the people that you said expressed anger about uh having to be moved from the institution. Can you--did you experience...did you watch them over time? Did those feelings change?

TW: Oh yeah.

JM: And again using full sentences as if I'm not--the question isn't there.

TW: Right. Well Bob's a good example of a person who didn't want to move out initially and expressed a lot of frustration and anger uh...but when he got out and having gotten this job then, where he is so successful, where he learned that being out didn't mean you had to be isolated, but that you could develop friends with the people you work with, uh friends with your neighbor who lives across the street and develop those relationships. Uh...he had a whole different perspective about how he could live. Uh...and I think that um, you know he was extremely thankful and it did develop a very different idea about his years at Gallipolis. And--and uh his approach to that.

Uh...I--we didn't have a lot of long discussions about it but I do know that in the later years that I knew him, he referred back to "those years" at Gallipolis not so warmly uh and in terms of remembering some things. Uh...he was fortunate in that he was able to maintain a lifelong friendship with one of the people he grew up with there. And they both moved out of Gallipolis Institution and into the Athens area and got apartments close to each other and remained lifelong friends. Through all that time. And that was very important to him.

JM: Did you have much contact with the parents of people who are now living in the community that had been in the institution?

TW: I can't say that I really have. Uh...no. Um...I can't think of one, actually. The parents. Uh most of the people I know who spent time in institutions, uh the families have not been around too much at all. Maybe I take that back. I guess I do know one fella, but his relationship with his father has been kinda tangential at best. He--he makes an attempt to maintain his relationship with his dad but uh his dad has been a little bit aloof, I think. At maintaining that relationship.

Mark Lyons: Could you repeat that last line?

TW: His dad has been a little bit aloof.

ML: (unintelligible)

TW: Oh, I'm sorry (laughs). His dad has been a little bit aloof and uh not working real hard at maintaining his relationship with him. And I think that's--it's a little bit hurtful I think to 'em. He um 'cause he wants to have a strong relationship with his family. Over the years that's grown stronger. I believe that um...when he first came back we had to work at building and encouraging the relationships and over the years we've been able to step away from that and I think his relationship with his dad and his brothers has grown stronger and they've stepped in a lot more so to support him and help him uh getting the things he needs or wants uh than there ever was there before.

JM: Anything else?

TW: Can't really think of anything uh...

JM: Got your list? You checked off your list?

TW: Yeah. I went through the list. (laughs) Uh...

JM: Well if you think of something we can pick it up after lunch.

TW: Yeah. Ok.

JM: Good. Thank you Tom.

TW: Alright.

JM: So I saw cigarettes--in the institution I saw them have some cigarette burns and staff talked about getting even with clients. That, just that--

Judy Leasure: Hold it Jeff. (unintelligible)

JM: I'm just trying...I want to get that...it's critical...

TW: Ok.

(technical difficulties)

JL: Ok. Thank you.

TW: Ok. Working at that unit was...so different than my previous experiences working with people with uh developmental disabilities that uh you know we spent a great deal of our time actually being physically involved and--and keeping people from--from hurting themselves or hurting others. And so the staff had kinda a mentality of uh wanting to get to the spot. You know, you'd be at the far end of a unit and if you heard noise at the other end you'd immediately run and jump because you knew it was gonna take four or five people to uh help a person uh get some dude and uh you'd--may end up taking four people to tie 'em up or something like that. Restrain 'em.

Uh and a lot of times staff would get hurt in the process. Staff would be because people were filled with adrenaline and being engaged with people. Uh and--and stuff would get hurt and a lot of the people that I worked with were not...what I would say, lifelong people working there. They'd only been working there for a year or two. They were looking at this as a job. Kinda filling a space in their life. And--and when we would be taking breaks or something like that, they would be talking about, oh he really hurt me or I'll get him, you know. I'll wait till uh the next time we get him. And sometimes I would see uh some evidence uh where a person had been hurt but uh you know again it was never real clear how it happened but there--there you know I know that it's--sometimes they would talk about using cigarettes to you know, to burn a person and to get even with 'em. And uh it was--it was pretty scary. You know I knew right at that spot that this was stuff that I had to be very careful with and--and keep an eye for.

JM: Now boil it down. You saw--did you ever see the cigarette burn?

TW: I would see people sometimes with burn marks on 'em. Uh...I didn't see anybody put a cigarette out on 'em but I was--

JM: You saw it? Just--I--say I did see--I saw cigarette burns on people and I would hear staff talking about getting even with them. When they were thrashing around. Being restrained. Just something--one sentence. Boom. And passionate. This is--you're convincing me as a legislator. I'm considering defunding community living. It's cheaper to put people in institutions. That's the--the new thing they're talking. It's cheaper. Uh I'm going to listen to this and I--that may be the one thing that turns me on this. I want you to deliver that with passion and you might not have seen it but you saw the burns and you heard people talking about getting even. Convince me.

TW: Mmhmm.

JM: Put your--put your gut in this. In one succinct sentence.

TW: Uh...In working with people where you had to...Ok I'm gonna try and get this straight in my head. (laughs)

JM: Yeah start over.

Mark: Take your time.

JM: Start out with the burn. You saw burns. You saw cigarette burns on people. And you would hear people talk about getting even because they might have gotten in--well restraining someone they might have gotten bumped or thrashed. But--but the first thing is you saw cigarette burns and you heard the staff talk about getting even.

TW: Mmhmm.

JM: I mean that--that in itself is enough.

TW: Right.

JM: But you know the getting even because and the course of four persons straight, someone might have gotten you know, bumped.

TW: Right.

JM: Where the person was thrashing.

TW: Mmhmm.

JM: Just begin with the burdens and--and really crank up your...this--about your belief here.

TW: Ok. Uh...sometimes you would see some bumps or bruises or burns on people and you would wonder uh how did that happen because there is no--you know it could have happened during while we were trying to restrain him or whatever, but I could wonder if maybe a staff person had caused this in an attempt to get even with the person because, you know it was very involved. And people would sometimes talk about getting even. Uh with that person because they were struggling and so hard to be restrained. Uh and I wondered. I wondered if that had been caused by a staff person getting even with them.

JM: What kind of burns?

TW: Well it could have been a cigarette burn. It could have been a rug burn. It could have been a--a bruise of you know...not real sure what it, you know, what it was. But it looked like a cigarette burn. I'm not real sure what a cigarette burn looks like.

Mark Lyons: Jeff, can I try something?

JM: Yeah.

ML: Uh would it be fair to say, I saw cigarette burns that--which were evidence of staff retaliations?

TW: Well, I guess where I'm going with this is I can't say, I don't feel comfortable in actually going that far--

Mark: I don't want you to say that if that's the case.

TW: Yeah.

Mark: But I'm sure that's...

TW: Yeah. Right. It was--I think what I said before was...

Mark: What you're comfortable with?

TW: Yeah, yeah.

JM: Thank you.

Judy Leasure: Well, could you tighten it up a little bit, Tom? Um...

ML: We can do that in editing.

JL: Well, no. I--I'm looking at the different phrasing and it's um I saw rou--bruises--

JM: And burns.

JL: And I saw burns. Cigarette burns.

ML: As opposed to...I see.

JL: Yeah. As opposed to you would see--

ML: or one would see.

TW: Oh ok.

JL: Um...you know own it.

TW: Ok ok.

JL: If that was--and then everything else you--you know your tone and the--I couldn't help but think.

TW: Yeah. Right. Ok. I saw some bumps and I saw some bruises and I saw some cigarette burns on clients sometimes. And I couldn't help but wonder was this caused by somebody--a staff who was getting even with the person and uh because of the struggle or because of their getting hurt as they were trying to deal with the person.

JM: I heard them say, I'm gonna get even.

TW: Because I heard talk--staff talk sometimes that I'm gonna get even. You know this guy he really struggled, he'd hurt me a little bit. I'll get him. Uh...yeah.

JM: Good. Thanks.