**VERMONT STATE HOSPITAL TIMELINE**

1779: Vermont State Legislature approved “An Act for relieving and ordering Idiots; impotent, distracted and idle Persons.”

1834: Vermont Asylum for the Insane founded in Brattleboro (funded partly by $10,000 bequest of Anna Marsh, to be used for the creation of an institute for the humane treatment of insanity)

1888: Dr. Donald Grout of Stowe introduced a bill in the Vermont Legislature “to provide for the care, custody, and treatment of the insane criminals of the state.”

1889: Gov. William P. Dillingham, a Waterbury resident, recommended the state open an asylum in his hometown.

1891: Twenty-five male patients from the Vermont Asylum in Brattleboro (now the Brattleboro Retreat) traveled by train to the newly opened Vermont State Asylum for the Insane in Waterbury. William E. Sylvester, M.D., became superintendent.

1892: William Giddings, M.D., became superintendent.

1898: Name changed to the Vermont State Hospital for the Insane.

1899: Mercello Hutchinson, M.D., became superintendent. His administration was plagued by scandal, leading to his ouster in 1905.

1905: Don D. Grout, M.D., became superintendent.

1908: Dr. E.A. Stanley joined the medical staff.

1912: Construction completed for 12 south to house the “criminal insane.”

1917: Watson L. Wasson, M.D. became superintendent. DR. James O’Neil joined the medical staff.

1918: Dr. Wasson and many patients died in the Spanish influenza epidemic.

1919: E.A. Stanley, M.D. became superintendent.

1920: Patient count up to 733. Industrial Therapy began as a systematic program.

1926: The census was 841 patients, 193 employees.

1927: Flooding ravaged the state, especially in Waterbury. The Legislature, in special session, approved millions to repair the hospital.

1933: Hospital employees took a 20% wage cut.

1936: Patient population reached 1,035. James O’Neil, M.D. became superintendent.

1938: Patient census was 1,091.

1940: An insulin therapy unit was started for women patients who were in camisoles and tied to benches most of the day.

1942: On July 4, an inmate set fire to the dairy ban.

1944: Dr. O’Neil resigned as superintendent in the midst of controversy; Rupert A. Chittick, M.D., became superintendent.

1945: Electroshock treatment first used at the Waterbury hospital. Malaria fever was used to treat syphilitic infection of the brain.

1948: Patient count up to 1,179. The first psychologist was employed, Donald M. Elred, Ph.D.

1949: The last malarial fever treatment for syphilitic patients was given because Penicillin was effective and had become available.

Early 1950s: The Hospital endured considerable public scrutiny and criticism in the press.

1952: Upon request, the American Psychiatric Association inspected the hospital and found that it had 473 beds over its rated capacity. An insulin treatment unit was re-established for female patients who were unresponsive to ECT.

1954: Ataratic drug treatment began with clorpromazine (Thorazine) and reserpine.

Television sets were introduced into the wards.

1956: New developments in patient care meant lobotomy and insulin comas were no longer used, and electroshock was reduced.

Montpelier Rehabilitation House opened at 7 Paul St.

1957: Attendants were changed from a 60 hour work week to a 40 hour week and a third shift was created.

William N. Deane, Ph.D. admitted himself to VSH as a voluntary patient for seven days to experience what it was like to live on a ward.

1958: Burlington Rehabilitation House opened on Pearl Street. A Recreation Department was established.

1961: Patients receiving electroshock therapy are first given muscle relaxants to reduce the risk of broken bones.

*The Vermont Story,* by R.A. Chittick, G.W. Brooks, F.S. Urons, and W.N. Deane was published.

1963: The Department of Mental Health was created by the Legislature.

The federal Community Mental Health Centers Act was passed.

Children’s ward opened on 6 North.

1965: The hospital first received federal accreditation, making it eligible for funding through the new Medicare and Medicaid programs for older and poorer Americans, respectively.

1966: Fair Labor Standards Act passed, requiring patient labor to be paid.

1970s to ’80s: New developments in patient care — and court rulings against warehousing mental patients — meant the state started to move patients out of the hospital into other programs. Several state offices started to move into the Waterbury complex.

1985-86: State officials planned to close the hospital for good. The hospital was ruled ineligible for Medicare funding, because the building is inadequate.

1987: Improvements were made, and the hospital was recertified.

1988: Patient total was 150.

1990s to 2000s: Patient total dwindled to about 50, but a replacement for the hospital was delayed.

2003: Two patients committed suicide, and federal officials denied Medicare and Medicaid funding for the hospital, costing Vermont $10 million or more per year in federal aid. The U.S. Department of Justice called conditions at the hospital “prison-like.”

2006: The U.S. Department of Justice reached a settlement with the hospital, laying out conditions that need to be met.

2010: The Hospital failed to qualify for federal funds, even after $2.2 million worth of renovations.

2011: Shumlin administration proposed a 40- to 50-bed state hospital near Central Vermont Medical Center in Berlin at a cost of $50 million to $60 million.

August 2011: Tropical Storm Irene flooded Waterbury; staff members and 51 patients were evacuated; the patients were placed at facilities scattered around the state.

October 2011: Gov. Shumlin announced the state hospital would not return to Waterbury. Instead, patients would be split between in-home care and secure residential programs elsewhere in the state.