

Report to the
Washington State
Legislature

Lakeland Village

Preservation of
Records and
Artifacts

Pursuant to SSB 6125 (2024)



WASHINGTON
Secretary of State
Washington State Archives

September 2025

Contributors to this report

Washington State Archives

Per [RCW 40.14](#), the Washington State Archives is charged with providing for the proper retention and disposition of government records, and preserving and making records designated as archival available to the public. Archivists employed by the Archives are trained to appraise, organize, describe, preserve and provide access to paper documents, audio/visual mediums such as photographs and films, and electronic records.

To respond to the requirements outlined in Section 2 of the session law, the Archives hired a Project Archivist to work on site at Lakeland Village to complete a spreadsheet inventory. In addition to listing the types and dates of records, the inventory also included notes on condition and the data necessary to calculate costs and timelines for transporting, cataloging, preserving, digitizing, and microfilming the material.

Archives' work on the inventory began in November 2024, immediately following the execution of a data-sharing agreement with DSHS. Pursuant to the agreement, Archivists examined the records only to the extent necessary to complete the inventory. Records of active residents were not reviewed. Boxes of records were sampled to estimate page counts for digitization and microfilming costs. Working drafts of the inventory were shared with the UW team and DSHS throughout the process and the inventory was completed in May 2025. The inventory served as the foundation for the preservation plan and the recommendations included in this report.



University of Washington

The UW team is comprised of faculty and graduate students with expertise in disability studies, history, and archival studies. To respond to the session law, the team's skills were called upon to assist the Archives in proposing a preservation plan that shares the state's disability history and "provides for working directly with those with lived experience with the goal of better outcomes for those individuals with intellectual and developmental disabilities." The strengths of the UW Team were relied upon to respond to Sec. 2(3) which called for, "future plans for public access for historical and educational purposes."

The UW team's first visit to Lakeland Village was on October 7, 2024, to meet the Superintendent and tour the facilities. No records were reviewed until a business associate's agreement, and a data sharing agreement could be executed with DSHS. Those agreements were finalized March 12, 2025. On March 17, the UW team visited Lakeland Village to review records and again on April 23 and June 17. Each visit lasted 2 to 3 working days. During these visits, the UW team was allowed to conduct a minimal review of the documents for the purpose of determining potential historical or educational use. Following these procedures, the team sampled records from across all storage locations at Lakeland Village. The team only reviewed records physically located at Lakeland Village with the exception of some materials found in the State Archives. The UW team focused on records that had historical and educational usefulness but were past their retention date and would typically be destroyed. For a fuller account of UW's work, see their commentary on *Role and methods* in Appendix B.

The UW team opted to submit a separate report.

Washington State Department of Social and Health Services

DSHS is charged with delivering a variety of social services, employment supports, safety programs, and court-ordered behavioral health care. This work includes operating Lakeland Village Residential Habilitation Center, a 24-hour facility that provides all facets of training, education and healthcare for approximately 145 individuals with intellectual and developmental disabilities. The facility's purpose is to provide appropriate comprehensive, functional assessments, individualized plans of care, quality services that meet individual needs, honor human and legal rights, and promote independence and self-management in personalized home-like environments. To support the requirements of *Lakeland Village—Preservation of Records and Artifacts* (2024 Wash. Laws, Ch. 134), DSHS executed agreements with the Archives and UW team and provided access to the Lakeland Village records and artifacts in their custody, to the extent allowable by law.

Washington State Department of Archaeology and Historic Preservation

DAHP is an independent agency that supports and advocates for the preservation of Washington's irreplaceable historic and cultural resources, such significant buildings, structures, sites, objects and districts. Representatives from DAHP did not attend planning meetings, visit Lakeland Village, provide opinions or guidance in response to the law, or assist in the preparation of this report.

Table of Contents

Introduction	1
Executive Summary.....	2
Brief Responses to Preservation Plan Requirements	4
Management of State Agency Records Overview	6
A Brief History of Lakeland Village	7
The Records of Lakeland Village	8
Records and artifacts included in the scope of the session law.....	8
Condition of records and artifacts	10
Level of preservation required.....	10
Preservation Plan	11
Additional Preservation Options and Estimated Costs	13
Patient Privacy Codified in the Washington Uniform Health Care Information Act	15
Restricted information within Lakeland Village administrative records	15
RCW 40.14.030: Transfer to State Archives... Public Disclosure.....	16
Lakeland Village Resident Case Records	17
Research potential and current provisions for accessing resident case records	17
UW recommends state preserve residents case records 1892 to 1975.....	19
Washington State Archives' concerns related to ongoing resources required permanently preserve medical records of individuals	21
UW's proposal for repatriating resident case records	22
UW's recommendation for roundtable discussions.....	23
Plans for Education and Public Access	24
Archives' proposal for oral history project.....	24
UW's reservations about an oral history project.....	24
Conclusion.....	26
Appendices	
Archives Appendix	A1
UW Appendices	A2-A51

Introduction

Lakeland Village—Preservation of Records and Artifacts ([2024 Wash. Laws, Ch. 134](#)), directed the Washington State Archives (Archives) to create a preservation plan for the records and artifacts at Lakeland Village Residential Habilitation Center in consultation with the University of Washington (UW), the Department of Archaeology and Historic Preservation (DAHP), and the current custodian of the records—the Department of Social and Health Services (DSHS). The preservation plan was to identify all the records and artifacts that are available and at risk of destruction, assess the condition of the material and level of preservation required, outline steps to preserve records, include costs and a timeline for transporting, cataloging, digitizing and microfilming the records, and plans for public access.

This preservation plan and accompanying report were prepared by the Archives. Over the last year, representatives from the Archives, DSHS and UW met regularly to share perspectives on archives and records management, disability history in Washington State, and the privacy rights of the individuals included in the Lakeland Village records. The Archives is thankful for the collaboration between agencies and appreciates the knowledge and insight provided by everyone that contributed toward the completion of this report.

Any determinations on Lakeland Village records must be made with the understanding that archival decisions made today impact the future, with long-lasting or even eternal consequences. While there are areas of alignment between the Archives, DSHS and the UW team related to preserving Lakeland Village records, there remains substantive disagreement on the disposition of resident case records. UW has proposed designating a subset of these records archival, which is in conflict with the approved DSHS Records Retention Schedule and contrary to the Archives' appraisal of the records.

Ultimately, the state archivist is charged with preserving the state's records of enduring value. The core mission of the Archives is to collect and preserve the state's archival public records, and provide the broadest possible access, while protecting individual privacy and restricting legally exempt information. The Archives' contributions to this report are based on our expertise in developing a representative and inclusive collection, our mandate to preserve the state's history for all Washingtonians and balancing limited state resources with the financial costs of everlasting preservation. Our work is grounded in law, our published policies on collection development and appraisal, expertise preserving government archives, the archival profession's code of ethics, best practices in the archives field, and experience supporting researchers utilizing our collection.

The UW team included representation from the Institute on Human Development and Disability, the Disability Studies Program and the Information School. To accurately represent UW's perspectives, contributions they shared with the Archives are preserved as appendices. Portions of UW's text have been excerpted throughout this report, particularly where it relates to Lakeland Village resident case records. In the spirit of collaboration, the Archives has utilized our working knowledge of federal and state law and our deep understanding of the approved processes for managing Washington government records to provide potential pathways to achieve UW's recommendations, including where we fundamentally disagree. The UW team opted to submit a separate report.

Executive Summary

- **Over 40% of the Lakeland Village records ready for disposition are already designated for permanent preservation in the Washington State Archives.** The Archives, DSHS and UW all agree that these administrative records, which include limited information about individual Lakeland Village residents, should be transferred to the Archives in alignment with the approved DSHS and State General Government Records Retention Schedules. The Archives has long-established procedures for transferring, transporting, cataloging, preserving and providing access to records in our collection. The section *Preservation Plan*, beginning on page 11, details these standard processes and those that fall outside of the Archives' routine operations due to cost.
 - To respond to UW's comments on accessing the restricted information that is sometimes contained within the administrative Lakeland Village records designated for permanent preservation, the Archives has included a summary of RCW 40.14.030, and a draft amendment to automatically sunset the protection of confidential information in records held by the Archives after 75 years. See *Restricted information within Lakeland Village administrative records* on page 15.
- **Lakeland Village resident case records are currently designated non-archival in the approved DSHS Records Retention Schedule and presently subject to perpetual restrictions contained within the Washington Uniform Health Care Information Act (UHCIA).** These files track all services provided for an individual resident prior to and during institutionalization. The Archives does not preserve the medical records of any individuals treated in any state facilities. See *Lakeland Village Resident Case Records* beginning on page 17 for UW's recommendation to require the permanent preservation of these records from 1892 to 1975, and the Archives comments on the potential privacy and financial costs of going outside the State's already approved processes for managing these records.
 - UHCIA (RCW 70.02) includes processes for residents, families and descendants of residents to request case records from DSHS, and it provides for an institutional review board to consider the disclosure of resident case records for research purposes.
 - Rather than requiring the state to permanently preserve this fragment of records, the Archives suggests a longer retention period be proposed to DSHS, and that UW work with DSHS and the legislature to identify a different legal pathway to open this subset of records for specific research interests.

Executive Summary, continued

- **UW recommends roundtable discussions with Lakeland Village stakeholders including researchers, educators, lawmakers, family members, and disability community advocates for the purposes of facilitating active participation in decisions about Lakeland Village records that are currently designated non-archival, including resident case records. The Archives recommends these discussions also include records officers, privacy officers and assistant attorney generals that represent DSHS and UW Medicine to share their expertise on federal and state laws that apply to Lakeland Village records.**
 - If a community discussion facilitation project is funded, the Archives recommends no Lakeland Village records be destroyed until the recommendations from those discussions, and legal analysis, are considered by the legislature.
- To address the law's call to educate Washingtonians about Lakeland Village and to respond to UW's comments on the shortcomings of *The Division of Developmental Disabilities Centennial Oral History Project* (1991), the Archives proposes Legacy Washington manage a new project to capture the lived experiences of those that have worked and lived at the facility. For more information, including UW's reservations about such a project, see *Plans for Education and Public Access* on page 24.



Lakeland Village, ca. 1955, Institutions Department, Administration, Central Files on State Institutions, Washington State Archives.

Brief Responses to Preservation Plan Requirements

Section 2 of *Lakeland Village—Preservation of Records and Artifacts* (2024 Wash. Laws, Ch. 134, § 2) delineated several elements to be included in this report. While specific details are contained in succeeding sections, the following is a concise summary in response to the outlined requirements:

Identify all the records and artifacts that are available and at risk of destruction

- There are approximately 2,500 cubic feet (c.f.) of paper and audio/visual Lakeland Village Records stored at the facility and at the State Records Center. (A typical banker's box holds approximately one cubic foot of records.) This body of records includes:
 - 1,900 c.f. of records that DSHS is required to manage until minimum retention periods are met
 - 600 c.f. of records that have met retention and are ready for disposition including:
 - 350 c.f. of records eligible for destruction, and
 - 250 c.f. of records designated for permanent preservation in the Archives.
- There are approximately 40 c.f. of artifacts located at Lakeland Village.

Assess the condition of the records and artifacts and level of preservation required...

- Records and artifacts were found to be in stable condition, with none requiring major intervention or remediation for preservation.
- Any observed deterioration was consistent with their age.

Outline the steps that will be taken to preserve the records and artifacts

- **1,900 c.f. of Lakeland Village records that have yet to fulfill their minimum retention periods will be transported from Medical Lake to the State Records Center in Tumwater. DSHS will continue to manage access to these records until they meet retention and are ready for disposition.**
- **250 c.f. of Lakeland Village records that are designated archival, and have met retention, will be permanently preserved at the State Archives branch in Olympia. Archival records transferred to the Archives are cataloged and stored following the Archives' established processes to ensure preservation and facilitate public access.**
- **Alternative perspectives for managing the 350 c.f. of records eligible for destruction are detailed in the report, primarily in the section *Lakeland Village Resident Case Records* beginning on page 17.**
- **All artifacts will remain at Lakeland Village and remain in the custody of DSHS (the Archives does not collect or preserve artifacts).**

The plan must also include how the records will be catalogued, digitized, and transferred to archival microfilm for long-term access...and an overall timeline and budget for the work

- A selection of photos documenting the history of the facility will be digitized, cataloged and published on the Washington State Digital Archives website to increase discoverability of the Lakeland Village records transferred to the Archives. No supplemental funding is required to fulfill this work, which can be completed within one year after DSHS transfers the photographs.
- \$14,500 is requested to digitize and index the Lakeland Village Master Patient Index for staff use (as it contains information restricted by federal and state law). This project will improve DSHS' and Archives' ability to respond to inquiries and prevent damage to the originals from unnecessary handling. This work can be completed by the Archives' Imaging Services division within six months.
- Wholesale digitizing to archival standards, microfilming and indexing the Lakeland Village records is not recommended. Cost estimates to complete this work came back at \$5,425,000:
 - \$525,000 to digitize and microfilm the 250 c.f. of records that have met retention and are ready to be transferred to the Archives
 - \$900,000 to digitize and microfilm the 350 c.f. of records eligible for destruction
 - \$4,000,000 to digitize and microfilm the 1,900 c.f. of records that have yet to fulfill their minimum retention periods.



Administration Building, Lakeland Village, ca. 1955, Institutions Department, Administration, Central Files on State Institutions, Washington State Archives.

Management of State Agency Records Overview

Retention and disposition of state agency records are governed by [records retention schedules](#). Retention schedules are developed by the creating agency with advice and feedback from the Washington State Archives and are approved by the State Records Committee. Retention schedules dictate how long an agency must retain a certain type of record, and what should be done (disposition) with the record once it has met its retention period. Agencies can only destroy or transfer records in accordance with an approved records retention schedule.

In alignment with the [Washington State Archives Policy Statement on Archival Appraisal](#), and based on a review of the record by archivists, the Archives assigns one of three archival designations to each records series (category of records) within retention schedules: Archival (Permanent Retention), Archival (Appraisal Required) or Non-Archival.

If a records series is designated as Archival (Permanent) or Archival (Appraisal Required), the Washington State Archives has determined that these types of records have (or may have) enduring historical and/or practical value to the public.

Records designated as non-archival do not possess sufficient historical value to be preserved in the State Archives. Some non-archival records, like resident case records, have longer retention periods to ensure they are available to the agency, the individuals that received care, and their authorized representatives for the duration of their potential business or personal need. Additionally, in recognition that not everything can be preserved in perpetuity, care has been taken to delineate routine records from significant records in retention schedules.

State agencies are responsible for applying the approved records retention schedules to manage their records. The Archives is not a regulatory body and is not responsible for supervising, checking or enforcing an agency's use of retention schedules. Records created by an agency are in the legal custody of that agency until the point of transfer to the Archives, or they are destroyed.

The Archives provides advice to help agencies manage their active records and has worked with agencies to identify the records that warrant permanent preservation in the archives. The Archives may provide recommendations to state agencies, but ultimately, it is the agencies themselves that are the subject matter experts on the content, function, business and regulatory needs of their records.

Agencies must retain records for *at least* the minimum retention requirements specified in the approved retention schedules. Washington State Archives strongly recommends that agencies transfer/destroy records at the end of minimum retention period in accordance with their respective archival designations for the efficient and effective use of agency resources.

A Brief History of Lakeland Village

The roots of Lakeland Village extend back to the Washington School for Defective Youth in Vancouver. The school opened in 1892 and served blind and deaf students, as well as “feeble-minded” youth from around the state. In response to the school’s growing population, the 1905 legislature funded a State Institution for the Feeble Minded to be located in Medical Lake. When it opened in 1906, many of its first residents were transferred from Vancouver. By 1908, it was already overcrowded, housing 160 residents with a 60-person long waiting list. Following legislative approval to purchase additional property and fund construction, the State Custodial School opened in 1917. It was renamed the Eastern State Custodial School in 1939, and then again in 1947, as Lakeland Village. At its peak, there were 1,600 residents at Lakeland Village. By the 1970s, the population began to decline as Lakeland Village began implementing individualized plans to support residents' capacity for independent living.

Managed by DSHS since the agency’s inception in 1970, the previous state offices charged with overseeing Lakeland Village were: the State Board of Control (up to 1921), Department of Business Control (1921-1935), the Department of Finance, Budget and Business (1935-1947), the Department of Public Institutions (1947-1955), and the Department of Institutions (1955-1970). UW has provided more *History of Lakeland Village* in Appendix C.



Bus, Lakeland Village, ca. 1955, Institutions Department, Administration, Central Files on State Institutions, Washington State Archives.

The Records of Lakeland Village

As Washington's oldest and longest-operating public institution built expressly for individuals with intellectual and developmental disabilities (IDD), the records of Lakeland Village may offer researchers and educators a case study in how cultural understandings of disability and systematic approaches to public assistance have changed over time. They include administrative records related to the management and operations of the facility, and resident case records documenting the care of individuals. The Lakeland Village records provide one example of how services for people with IDD have changed over time and potentially provide Washington residents and policymakers with context for current political discussions about services for people with IDD in Washington state today. Though these records often reflect the biases and outdated views of their time, they remain one of the primary sources of information about the lives of the disabled Washington State residents who lived there. UW provided the following points to help frame their arguments on the importance of the Lakeland Village records and their full commentary on the *Significance of the Lakeland Village Records* is included in Appendix D.

- Intellectual and developmental disability (IDD) is a cultural construct that has changed over time. The stigma of intellectual and developmental disability has been used to justify existing social hierarchies in United States history.
- Understandings of IDD have intersected with conceptions of class, race, ethnicity, gender, sexuality, and other types of disability.
- People who were classified as intellectually or developmentally disabled (IDD) within Lakeland Village include individuals who would be considered intellectually or developmentally disabled today, and also include other groups of vulnerable Washingtonians (e.g., poor people, gender- and sexually-nonconforming people, people of color, and members of Indigenous nations).
- There is a broad coalition of researchers to whom the Lakeland Village records are significant, including disability studies scholars, historians of medicine, and researchers who study gender, race, and other communities.

Records and artifacts included in the scope of the session law (2,540 c.f.)

There are approximately 2,500 cubic feet (c.f.) of paper and audio/visual Lakeland Village Records stored on site at the facility and at the State Records Center that fall within the scope of the session law. This body of records is comprised of records DSHS will continue to manage until the end of their prescribed retention periods and records that have met retention and are ready for disposition.

Records DSHS is required to manage until retention periods are met (1,900 c.f.)

Nearly 80% of the Lakeland Village records included in the scope of the law have not met retention. This includes case records for approximately 1,550 residents discharged between 1976 and 2025.

Records ready for preservation in the Archives (250 c.f.)

Administrative records designated as Archival (Permanent) and Archival (Appraisal Required) in the DSHS and State Government General records retention schedules, and have met retention, account for 10% of the records included in the scope of the law. Dating from 1892

to 2019, these records substantially document the establishment, development and history of Lakeland Village and are eligible for immediate transfer to the Archives. While records requiring appraisal are examined more closely to ensure they possess enduring value, nearly all of the records with this designation observed at Lakeland Village fit the criteria for permanent preservation in the Archives.

Consisting of admission and discharge registers, administrative correspondence, reports, core policies and procedures, strategic plans, subject files, studies, publications, photographs, scrapbooks and films; these records will complement the 4,200 c.f. of administrative records from Lakeland Village and other facilities previously transferred to the Archives by DSHS and its predecessor agencies.

Records designated non-archival and eligible for destruction (350 c.f.)

Lakeland Village records that are eligible for destruction include approximately 6,200 Lakeland Village resident case records dating from 1892 to 1975. Per the approved [DSHS Records Retention Schedule](#), these 130 c.f. of records are designated non-archival and have a retention period of 50 years following the death or discharge of the resident. See *Lakeland Village Resident Case Records* beginning on page 17 for UW's recommendation to require their permanent preservation, and the Archives comments on the potential privacy and financial costs of departing from the State's already approved processes for managing these records.

The earliest resident case records rarely contain more than the forms required for admittance. Later case records from this time period are more likely to also contain photographs, vital records, court records, familial and professional correspondence, financial information, and medical records. Few of these resident case files extend beyond a single folder of records per resident.

There are also family support and respite files dating back to 1982. These records contain minimal information about individuals admitted to Lakeland Village for short-term stays, often to provide breaks in caregiving responsibilities for their families. Per the approved DSHS retention schedule, these records are designated non-archival and have a retention of 7 years.

The remaining records that are eligible for destruction consist of routine financial, audit, training, scheduling, shift change documentation, manuals, policies and inventories. Many of these records are categorized as non-archival in retention schedules, as opposed to their significant counterparts (such as policies that are core to the mission of the agency) that are designated as archival. Dating from 1907 to 2025, these records have retention periods between 30 days and 15 years.

Artifacts (40 c.f.)

While artifacts fall outside the collection scope of the Archives, historic objects directly connected to the lives of residents were also inventoried to fulfill the requirements of the session law. These include approximately 40 c.f. of resident uniforms, costumes, musical instruments, artwork and crafts, purchased diagnostic and testing materials, and medical devices.

Condition of records and artifacts

Records storage at both Lakeland Village and the State Records Center is secure with stable environmental conditions. No Lakeland Village records or artifacts requiring major intervention or remediation were observed.

The vast majority of the historic Lakeland Village records are textual documents made of paper. Photographs, negatives, slides, films, radiographs, scrapbooks, films, VHS tapes, CDs and floppy disks were also inventoried.

Before the passage of the session law, most records and artifacts were stored in the former auditorium located on the third floor of the facility's original administration building. Over the last year, many of the records were packed into sturdy boxes, and all the records were moved onto wire shelving in unused, lockable classrooms in a newer, air-conditioned wing of the facility. While the records had been stored for decades in a drafty space lacking temperature or humidity controls, only a handful of records with any water, insect or rodent damage were observed. The Lakeland Village records DSHS is storing at the State Record Center in Tumwater were also found to be in good stable condition.

Staples, paper clips, and other fasteners were noted to be rusting, especially in the oldest documents, as is to be expected considering the age of the records. While the rusted metal components have discolored the paper, they pose no safety or preservation concerns, and the informational content of the records was observed to be intact.

While the parties that contributed to this report lack the professional expertise truly required to assess or preserve artifacts, the three-dimensional objects inventoried appeared to be in stable condition. Any observed deterioration was consistent with their age.

Level of preservation required

Consistent temperatures and humidity are required to ensure long-term preservation of records and artifacts by slowing deterioration. Minimizing exposure to light and rehousing in acid-free boxes, folders and sleeves further increases the longevity of records and artifacts.

The lifespan of good-quality paper stored in proper environmental conditions can extend to hundreds of years. The quality and type of film and prints, in addition to different processing methods used, impact the lifespan of photographic records but stored properly, these records can also be reasonably expected to last beyond a century.

Magnetic media, including VHS tapes, CDs, and floppy disks, degrades over time and each time the media is accessed. While the data may be recoverable, preserving magnetic media can be challenging due to general decay and the presence of obsolete or proprietary file formats.

While not required, digitization at archival preservation standards creates a lossless copy that, managed properly, safeguards the information from environmental degradation and potential disasters. Digitization also protects originals from damage caused by handling and increases accessibility for research, educational and other purposes.

For additional commentary from UW on the *Condition of records and artifacts and preservation required*, see Appendix F.

Preservation Plan

The Archives' preservation plan follows the approved DSHS and State Governmental General records retention schedules. The Archives, UW and DSHS are all in agreement that Lakeland Village records that are designated archival and have met retention should be transferred to the State Archives branch in Olympia following established processes to ensure preservation and wider access. All records transferred to the Archives are cataloged and made available to researchers to the extent allowed by law.

To ensure long-term preservation by slowing deterioration, the Archives maintains temperatures of 60 degrees, 40% relative humidity, minimizes light exposure, and manages air quality in collection areas. Photographs, negatives, scrapbooks and films in the Archives are stored in the coolest areas of the collection stacks, and cold storage as necessary, to slow down the degradation of the film emulsion. Digital data loggers monitor conditions in the Archives and deviations from optimal temperature and humidity are promptly addressed.

Additional processing, including rehousing the records in specialty containers, digitization and microfilming, are not standard Archives preservation processes due to cost and therefore require supplemental funding (see *Additional Preservation Options and Estimated Costs* on page 13).

The Archives, DSHS and UW all agree that the Lakeland Village records that have not met retention should be moved to the State Records Center in Tumwater for continued management by DSHS. Moving these records from Medical Lake to Tumwater for the remainder of their retention frees up space at Lakeland Village and minimizes the chances of unintentional records loss due to wildfires or other disasters. All records sent to the Records Center remain in the legal custody of the originating agency. Access to any records moved to the State Records Center is limited exclusively to the discretion of the originating agencies' records staff.

To ensure preservation of the artifacts, the Archives recommends that DSHS consult with the Washington State Historical Society for specific recommendations.

Transferring and transporting records to the Archives

There are 250 c.f. of Lakeland Village records eligible for immediate transfer to the Archives.

The standard procedure for the transfer of state records begins with the agency records officer contacting the Archives. A pickup is scheduled to collect records that have met retention and are designated as archival, and transfer of custody documentation is completed. Agencies are provided with robust records boxes to minimize any damage to the records transferred.

All Lakeland Village records transferred from Medical Lake to Olympia will be securely packed onto pallets and transported by Archives staff, in Archives' vehicles. Staff assisting with the transfer of records to the Archives will ensure the records are in boxes suitable for transporting the records on Archives' trucks. Staff will also wear masks as needed during this process to protect themselves from dust, other allergens and potential contaminants.

There is no additional cost to transport or transfer archival records.

Cataloging records transferred to the Archives

All records accessioned into the Archives are cataloged at the series level using the widely accepted *Describing Archives: A Content Standard* (DACS) and Dublin Core metadata standards for describing archives. This includes the creator of the records and the date ranges covered by the records. The Archives' catalog is available to the public for browsing and keyword searching. As part of the transfer paperwork, the creating agency also creates a box content list which acts as a table of contents for the records. All transfer paperwork is open to researchers. More detailed box content lists improve discovery of the records. Staff archivists, the transferring agencies, and researchers use the catalog records and box content lists to identify records transferred to the Washington State Archives that are relevant to inquiries.

To improve discovery of records that are frequently requested, the Archives creates folder-level inventories as staffing levels and workload allow. These inventories are used by staff archivists in the course of responding to inquiries and shared with researchers to the extent allowable under federal and state privacy law.

There is no additional cost to add catalog entries for records transferred to the records.

Access to records transferred to the Archives

All public records transferred to the custody of the Archives are open to inspection and examination by the public unless specifically prohibited by law. The wide variety of researchers that make use of the Archives collection for historical and educational purposes include government officials, lawyers, historians, students, genealogists, the public and others interested in Washington's government, its people and the events that have shaped its history.

Materials in the Archives' collections are available to all researchers on equal terms of access; the Archives does not grant privileged or exclusive use to any person or group.

Researchers work with staff archivists to review box content lists and finding aids to identify records relevant to their inquiries. Records are retrieved and delivered to the Reading Room, where researchers are monitored to ensure records are not damaged.

There is no charge to request and to view records in the Archives. Researchers can scan or photograph records in the Reading Room in Olympia at no cost. For researchers that are unable to visit the Archives, staff archivists can scan a limited number of records to fulfill specific requests (the charge rarely exceeds \$30). Large digitization orders are charged at cost and fulfilled by the Imaging Services division in the Archives.

Additional Preservation Options and Estimated Costs

Processing the 250 c.f. of Lakeland Village records ready for transfer to the Archives, including rehousing the records in specialty containers, digitization and microfilming, are not standard Archives preservation processes due to staffing and cost and therefore require supplemental funding. Many of UW's recommendations related to describing and weeding the administrative records could be addressed during processing. These recommendations are included within Appendix E and Appendix H.

Processing records

Archival processing includes the physical and intellectual organization of records, identifying duplicates, rehousing records into acid free folders and boxes, and the creation of a published finding aid. Processing, especially with a finding aid, provides more descriptive information than cataloging alone and, as a result, improves researchers' access to a collection.

Additionally, the finding aid often includes a detailed history of the creators of the records and important context to help users understand the provenance, scope and content of the records. As finding aids are published, they can serve as widely accessible reference documents on the history of Washington. The finding aid is an appropriate place to acknowledge the role of Lakeland Village staff and residents in the creation of the records. It can also underscore the relationship to, and existence of records previously transferred to the Archives by DSHS, and the predecessor agencies charged with overseeing the facility.

The proposed finding aid for the Lakeland Village records would increase visibility of the records and include: a written disability history in the state; a detailed history of Lakeland Village including its relationship to its parent agencies and other state institutions; a timeline and focused summaries of key events that impacted residents, staff or the state; lists and biographical information of superintendents and staff as available; reproductions of foundational or notable documents and images; and citations for additional resources with hyperlinks when practical. Some of the content UW produced responding to the law, and included in the appendices of this report, could be incorporated and credited in a finding aid.

The Archives lost all processing archivists during the 2008-2009 financial downturn. Since then, no archival finding aids have been created, and the time and labor to do so falls outside current staffing levels.

Archival processing also reduces the physical footprint of records through organization, consolidation, and the elimination of duplicates and misfiled non-archival records. While publications generally fall outside the collection scope of the Archives, copies located in the Lakeland Village records that bear handwritten annotations or other distinctive markings made by users would be retained. Records discarded during processing could be described at the series level, with dates and extent, in the finding aid. Rehousing records into acid-free preservation during processing increases the records' potential lifespan, especially photographic records.

While the Archives does not recommend extensive processing of the Lakeland Village records, if processing is mandated, additional funding would be required to process the 250 c.f. of Lakeland Village records that are ready to be transferred to the Archives. The estimated cost for the annual salary and benefits for a project archivist is \$96,000 and the estimated cost of acid-free boxes, folders, and photo, slide and negative sleeves specified for long-term preservation of 250 c.f. of records is \$10,000.

Digitizing, microfilming and indexing records

When selecting records for digitization, the Archives considers their research and historic significance, how frequently they're accessed by researchers, the condition of the records, and access restrictions. Even for highly used collections, such as vital records (certificates for birth, death, marriage, etc.), digitizing from the originals is often cost prohibitive.

Wholesale digitizing, microfilming and indexing the Lakeland Village records is not recommended due to both cost and privacy concerns. Archives and UW recommend that with the exception of a selection of photographs for online publication and the master patient index for staff use, the Archives' standard practice of digitizing unrestricted records at the request of researchers be followed.

To increase discovery of the Lakeland Village records transferred to the Archives, the UW team recommends that a curated collection of images be digitized, indexed and published on the Washington State Digital Archives. The images, selected from scrapbooks, photograph prints and negatives, fall under the archival series *History of Agency* in the State General Records Retention Schedule. Images fitting this description document daily life at Lakeland Village. While the images may include the faces of residents at facilities, they are not considered part of individuals' medical treatment records and are unrestricted. Additionally, individuals were rarely identified in the images, precluding the addition of names to the digitized records' metadata. The digitization, indexing and publishing of 100 images to the Washington State Digital Archives can be achieved with current staffing levels and requires no supplemental funding.

To improve DSHS' and Archives' ability to respond to inquiries regarding residents of Lakeland Village, UW has also recommended that the master patient index be digitized and indexed. This record, which dates back to 1892 and is designated as archival in the DSHS retention schedule, contains restricted information. While it is not suitable for publication on the Digital Archives, an electronically searchable index would be more efficient for staff to reference and would prevent damage to the original from unnecessary handling. The estimated cost to digitize and index the individuals included in the record is \$14,500.

Security microfilm is increasingly only created from digital copies of records. As any Lakeland Village archival records that are digitized to preservation standards will be added to the Archives' digital repository and backed up to the cloud and tape, generating an additional backup on microfilm is not recommended.

Significant funding is required for any large-scale digitizing, microfilming and indexing of Lakeland Village records. The estimate to digitize and microfilm the 250 c.f. of records ready to transfer to the Archives is \$525,000. The estimate to digitize all the Lakeland Village records included in the scope of the session law is \$5,425,000.

Patient privacy codified in the Washington Uniform Health Care Information Act

The Washington Uniform Health Care Information Act (UHCIA), codified as [RCW 70.02](#), controls the access, use, and disclosure of health care information. While the federal Health Insurance Portability and Accountability Act (HIPAA) limits public access to medical documents for fifty years after an individual's death, because UHCIA provides individuals greater privacy protection of their health information than HIPAA, state law is not preempted (45 CFR §160.203(b)).

Per RCW 70.02.010(34), "Patient" means an individual who receives or has received health care. The term includes a deceased individual who has received health care." Under RCW 70.02.140, the privacy rights of a deceased patient pass (1) to the personal representative, and then indefinitely (2) to "persons who would have been authorized to make health care decisions for the deceased patient when the patient was living."

Restricted information within Lakeland Village administrative records

While the Archives does not collect patient files or resident case records from any state institution, the Archives does hold administrative records of state hospitals and institutions. These administrative records include limited personal and health information about former patients and residents. In the case of Lakeland Village, these administrative records, such as registers, movement logs, patient indexes, meeting minutes, newsletters, photographs, and films acknowledge individuals' status as a resident and may contain diagnoses and a handful of biographical details.

The Archives primarily relies on agency records officers to identify restricted material in records and cite relevant statute, such as RCW 70.02. Notices regarding any applicable restrictions are included in the transfer of custody agreement, the boxes holding the records, and the Archives catalog. Additionally, staff archivists are aware of common restrictions in records, including records transferred by DSHS. Restricted information in any records transferred to the Archives is withheld or redacted as required by federal and state statutes.

The Archives has sought legal advice from our assistant attorney general on how to balance the privacy restrictions provided by UHCIA with our mission to provide access to the state's public records designated for permanent preservation. The Archives affirms the administrative records of state institutions, particularly patient registers and indices, provide an efficient means of researching key details about an individual's placement in a state facility and offer an accessible format for examining both individual histories and broader historical trends in state services, resident demographics, and medical diagnoses. By their nature, administrative records rarely focus on a single individual's treatment, however, references to residents are found throughout them.

To follow the UHCIA, staff archivists must review many institutional records before providing access—often page by page. In the case of registers, a single page contains limited health information about dozens of individuals, staff meeting minutes may include mentions of multiple residents. Providing broad access to these records requires verifying an individual is deceased or making sound judgments on the likelihood individuals are deceased and the likelihood of the existence of a personal representative, while also weighing whether the "disclosure of information about the person would be highly offensive to a reasonable person" and that information is of legitimate concern to the public (RCW 42.56).

RCW 40.14.030: Transfer to State Archives...Public Disclosure

In their commentary, UW shared that Lakeland Village records offer researchers and educators information on how cultural understandings of disability and systematic approaches to public assistance have changed over time. The UW team contends that indefinite legal restrictions to these records impedes access and risks erasing these Washingtonians' lives from the historical record, but not all contributors to this report agree. For UW's full commentary on access considerations, see Appendix G.

[RCW 40.14.030](#) presently allows for the Archives, *with the concurrence of the originating jurisdiction*, to lift any remaining restrictions in records 75 years after the date of the record's creation. In many cases, much of the limited information contained in the administrative records of state facilities is available in other records, such as Washington State death certificates (open after 25 years) and the federal census (open after 72 years).

The Archives suggests a defined end date for restrictions better facilitates public access, while still limiting disclosure of the minimal personal and health information contained within DSHS administrative records for a reasonable and defensible period of time. In the case of Lakeland Village, DSHS may opt to exercise this provision, or legal analysis could determine if an amendment to RCW 40.14.030 to automatically open records in the Archives after 75 years overrides the disclosure provisions of UHCIA. Draft language for such an amendment is included in Appendix A.



Lakeland Village Resident Case Records

Approximately 80% of all the Lakeland Village records included in the scope of the session law are resident case records. Lakeland Village resident case records are currently designated non-archival in the approved DSHS retention schedule and presently subject to perpetual restrictions per UHCIA. Changing their status to archival and opening these medical records for research requires action outside the purview of the Archives.

UW's description of the Lakeland Village resident case records notes that these files track all services provided for an individual resident prior to and during institutionalization. They include documentation of residents' birthplace, parentage, and family history; demographic information such as age, race, and religion; and information about the resident's physical and mental health condition which was gathered during the resident's admission. These files typically include the results of psychological and intelligence tests; medical procedure logs; school reports; and documentation of residential and work assignments. Many also include correspondence written by residents' parents, guardians, and other caretakers; Lakeland Village administrators and staff; social workers and other representatives of the state; and sometimes even the residents themselves. These files also include records of residents' extracurricular activities and assessments of their performance; reports on their relationships with staff and other residents; lists of belongings; records of transportation to and from Lakeland Village, including attempts at escapes; and disciplinary actions. Some also include social workers' reports on individuals placed on leave, death certificates, and discharge papers. Occasionally, they may also include a modern Disclosure to Descendants form, PHI Disclosure Accounting Log or Request for Records, which indicate that these residents' descendants have sought and received information about these members of their family (as currently provided for in UHCIA).

The Archives recognizes the inclusion of "an unknown number of medical records" in the law and public commentary at legislative committee hearings focused on individual residents' case records. However, in consultation with the creating agencies, all individuals' patient files and resident case files are designated non-archival in all state and local retention schedules. While many government records are highly significant at the time of their creation and throughout their use as active records, archival records must hold lasting historical value that endures for centuries. This necessitates making difficult and objective appraisal decisions based on the anticipated permanent need for the information they contain. In acknowledgement of the personal importance of the information in medical files, they have long retention periods and processes in place for family members to receive access. The Archives asserts that resident case records do not warrant permanent preservation.

Research potential and current provisions for accessing resident case records

The research potential of records is a consideration in assigning designations and dispositions in retention schedules. During the appraisal process, it is possible to consider the kinds and extent of current research use to try and make inferences about future. UW's recommendations for changing the designation for Lakeland Village resident case records, 1892 to 1975, include their comments on the research and educational value of these files for a variety of users. UW notes these stakeholders include residents, loved ones and descendants, past and present institutional staff and administrators, present day disability communities and individuals with lived experience, disability advocacy groups, historians, researchers and educators.

Access for residents and their families

The provision for families to request copies of their ancestors' medical records is currently provided for in UHCIA (RCW 70.02). Access to the Lakeland Village records included in the scope of the law has been exclusively managed by DSHS (and the agency's predecessors). Last year, DSHS received only 13 requests for Lakeland Village records—with seven of those specifically for resident case records. If there is a need to access resident case records beyond the minimum 50 years that they are retained following the death or discharge of an individual, the retention period can be increased.

A change to a retention period can be driven by law or by DSHS submitting a proposal for review by the State Records Committee. Examples of non-archival records documenting an individuals' interaction with state government with lengthy retention periods include DSHS mental health case records (75 years), official student records (100 years) and retirement verification (60 years). These retention periods fulfill the business function of the record without requiring permanent preservation in the Archives.

Access for research

The Archives recognizes that there is interest in resident case records, particularly for those studying disability history. Sending the records to the Archives is not the only or most effective way to satisfy that interest, especially because access to resident case records in the Archives would still be governed by UHCIA. Opening the confidential information contained in Lakeland Village resident case records for historical research requires an amendment to the Revised Code of Washington or a legislative mandate.

Despite existing restrictions, there currently is a process to support research in the medical records of individuals in RCW 70.02.210. This statute allows a *health care facility* to disclose a patient's health information for research purposes, in consultation with an institutional review board. Per the statute, the research need must be of "sufficient importance to outweigh the intrusion into the privacy of the patient."

While some resident case records dating from the 1892 to 1975 period may serve as a contemporary resource for guidance on disability issues, the Archives argues this potential diminishes over time. If there is a need to access these records for developing policy for an extended timeframe, a longer retention period can be proposed to DSHS.

As we do not collect individuals' patient or resident files created by any state or local agency, the Archives does not have staff familiar with navigating federal and state health privacy laws that govern access. The Archives review of the resident case files found the bulk of the records document the minutiae of ongoing medical care that is deeply sensitive and personal. While the Archives has included draft text for a potential amendment to automatically open records in the Archives after 75 years, legal analysis is needed to determine if such an amendment would override UHCIA.

UW recommends state preserve resident case records 1892 to 1975

UW recommends the state preserve in perpetuity the Lakeland Village resident case records dating from 1892 to 1975. As recognized in the language of the session law, the more than half-century of Lakeland Village medical records that DSHS did not destroy when they met retention are “crucial to understanding our past treatment of individuals with intellectual and developmental disabilities and to shaping our future.”

UW has described this set of records as unmatched to any other archival collection in terms of the unique descriptive richness and chronological comprehensiveness in documenting the experiences of individual residents. The Archives agrees with UW’s assertion that administrative records and individual records are not interchangeable, however, the Archives does not agree resident case records should be archived. The resident case records from 1892 to 1975 have met their minimum retention and, per the approved DSHS retention schedule, are eligible for destruction.

UW stresses the full historical and educational value of the Lakeland Village records includes information about the daily life of residents of the institution. They argue that while administrative records reflect the stories of authorities, individual-level records can tell stories about Lakeland residents with lived experiences of disability as managed by state institutions. This work places value on individual-level sources to reconstruct and learn from the historical experiences of disabled people.

The UW team provided extensive context and recommendations on the Lakeland Village resident case records. The Archives has summarized and excerpted portions from their commentary in an attempt to detail the differences of opinion on the appraisal of these records. For the legislature to fully review and consider UW’s appraisal of the records’ significance and their recommendations for their permanent preservation, their full written commentary is included in the following appendices:

C: History of Lakeland Village

D: Significance of Lakeland Village Records

E: Recommendations for Lakeland Village Records

J: Relevance for Historical Research and Education

The recommendations the Archives originally received from UW isolated the 1892 to 1949 resident case records for permanent preservation. UW’s survey of the Lakeland Village records noted that the resident case records from this timeframe document important transformations in systematic approaches to state-operated care for intellectually and developmentally disabled. In particular, they shared that resident case records from the late 1920s through the 1940s document state-sponsored sterilization through findings and orders of the Institutional Board of Health and consent forms signed by administrators, doctors, and relatives of residents related to the procedure, indicating a troubling aspect of institutional practices during that era. They also reported that many people’s lives, and major shifts in biomedical, sociocultural, and political practices, are represented in these early records. The letters, postcards, and other personal correspondence included in the resident case records were identified as especially significant, serving as rare examples of Lakeland Village residents articulating their experiences in their own words.

As archival appraisal requires informed judgments, knowledge of researchers’ interests, recognition of resource considerations, and a willingness to acknowledge and understand comments and suggestions from diverse customer perspectives, the Archives outlined one

possible pathway to achieve UW's recommendation for the legislature to consider. As UW's description of the 1892 to 1949 records specifically noted sterilization, and there are multiple references to sterilization at Lakeland Village in the contextual documentation provided by UW, the Archives identified a previous update to another agency's retention schedule that created a process to provide for the permanent preservation of a narrowly defined category of records.

While the Archives affirms all patient files and resident case records are non-archival, there is precedent for creating a new DAN (disposition authority number) in a records retention schedule to carve out historically significant records from an otherwise non-archival record series. While not a direct comparison, in 2021, the Archives and the Department of Corrections identified records associated with medical practices that were later outlawed nationally. Due to the legal implications and precedent-setting nature of the records, the Archives determined that records created by the Department of Institutions relating *specifically* to these practices could be considered archival, particularly when included in reporting or other administrative files. This led to the creation of two DANs, 23-04-69691 Department of Institutions Patient Treatment Files – *Historically Significant*, and 23-04-69692 Department of Institutions Patient Treatment Files – *Routine*, to help navigate retention and archiving of significant records from a defined timeframe. It is important to note, however, that even these Department of Corrections files did not contain individuals' medical treatment files.

UW has since extended the date range of their proposal to permanently preserve resident case records up to 1975 as UW affirms these records also document major shifts in biomedical, sociocultural, and political practices. UW reports this includes the use of tranquilizing drugs and parole systems at Lakeland Village. They also include some of the most important events in disability history: deinstitutionalization, the independent living movement, and the Disability Rights movement. In particular, UW describes the value of the records from 1950 to 1975 in documenting important transformations in systematic approaches to state-operated care for intellectually and developmentally disabled people, such as the elimination of involuntary commitments and the establishment of the first publicly funded group homes in the nation. UW asserts that excluding these records from archival status compromises the law's mandate to preserve "historical records and artifacts is crucial to understanding our past treatment of individuals with intellectual and developmental disabilities." UW also emphasizes their recommendations pertaining to Lakeland Village Resident Case Records (RCRs) reflect the exceptional status of the collection and should not be conflated with the reclassification of all medical records.

The Washington State Archives' concerns related to ongoing resources required to permanently preserve medical records of individuals

UW emphasizes their recommendations only pertain to Lakeland Village records and should not be misinterpreted as a call to reclassify all medical records statewide. However, the Archives argues the justification provided by UW for permanently preserving Lakeland Village residents records—to document changes in treatment over time at the individual level and to keep the records in perpetuity in case a future descendant is interested in that care—applies to case records created by other DSHS Residential Habilitation Centers, all DSHS facilities, and every other state facility that provides medical treatment. Further, as demonstrated in the resident case records from 1892 to 1975, the care of disabled individuals is constantly evolving. UW's recommendations focus on the importance of the resident case records for disability history research from one distinct time period, yet resident case records dating from 1976 far into the future will inevitably also document "major shifts in biomedical, social, and political practices" and "important events in disability history."

The Archives cautions against the precedent of permitting *anyone* to dictate the archival designation of a select subset of records through circumventing existing processes and law, while potentially overriding the legal protections of thousands of former Lakeland Village residents whose voices were not included in the decision. Allowing this process creates a precedent for individuals or organizations to dictate the content of the Archives collection and forces the state to allocate the financial resources necessary to fulfill their custom recommendations forever. It also provides a template for others to legislate for the *exclusion* of records they find disagreeable from archival preservation, thus erasing the associated information from the historical record and further compromising the Archives' impartiality.

As the Archives contends UW's recommendations for preserving resident case records can easily apply to other time periods and state facilities, the total volume of patient files must be considered. This is in part due to UW's request that the report "recognize the historical significance of all [Lakeland Village] resident case records." While UW's current proposal applies to only 130 c.f. of records, the later Lakeland Village resident case records included in the scope of the law occupy 1,840 c.f. of shelf space. This expansion reflects the shift to individualized care plans and changes in record keeping practices between 1976 and 2025.

There are another 35,000 c.f. of similar case records stored at the State Records Center in Tumwater that also document changes over time to individuals' medical treatment at state hospitals and facilities managed by DSHS, Veterans Affairs and the Department of Corrections. There are undoubtedly thousands more cubic feet of records stored in those agencies' own facilities, in addition to the extensive electronic medical files that are being created today.

The entirety of the Washington State Archives' collection of state records measures 100,000 c.f. and encompasses records from the territorial period to present. Preserving individuals' medical records and managing access to those records per the protections provided for in UHCIA, would be a fundamental shift in the Archives' purpose. Within a few decades, medical records would easily outsize the rest of the Archives collection, including all land, court, executive and legislative records, and would necessitate a new building with vastly increased storage capacity. Navigating access to these records would require hiring records analysts and privacy officers that possess expertise in federal and state laws governing disclosure.

UW's proposal for repatriating resident case records

In addition to recommending the permanent archiving of all resident case records, UW also recommends actively seeking consent from Lakeland Village residents and their loved ones to return, destroy or transfer resident case record to the Archives, as a valuable way to mitigate concerns expressed about privacy, transparency and exclusionary decision making.

While these concerns may seem to be potentially in conflict with each other, UW's recommendation is intended to foreground the preferences of the individuals documented within the records. UW recommends that DSHS and the Archives actively seek input and consent from Lakeland Village residents and their families in considerations of how their own resident case records be managed. In recommending that active consent be sought from residents and their families about how to manage their resident case records, which provide documentation of their information and experiences, UW intends to prioritize the agency of disabled individuals in contributing to decision-making processes that directly affect them. UW also makes this recommendation in response to expressed concerns about privacy, transparency, and logistics.

In a best-case scenario, UW recommends that Lakeland Village residents and their families be given the chance to decide if they would prefer that their specific resident case records be sent to them; preserved in the Archives under appropriate access restrictions; or discarded. While UW recognizes current law only allows for residents and personal representatives to receive copies of their medical records, UW recommends that original non-medical records (e.g., photographs, correspondence, etc.) be returned whenever a resident and/or their relatives requests them. UW notes that if this process is not feasible, Lakeland Village residents and their families should be invited to actively participate in roundtable discussions alongside other stakeholders about how these materials might be managed in the near and distant future.

UW considers this recommendation to support individuals' rights to make decisions about their records and artifacts to be in line with UCHIA, HIPAA and NAGRPA (Native American Graves Protection and Repatriation Act). The Archives contends NAGRPA does not appear to apply to the resident case records or administrative records of Lakeland Village, however, no contributors to this report possess legal expertise related to the law. For UW's recommendation on accessioning and repatriation, see Appendix I.

To offer original records to residents and their families, the Archives assumes an amendment to the Revised Code of Washington is necessary as current law does not allow state agencies to give away records as an alternative to destruction ([RCW 40.14.070\(3\)](#)). The Archives also notes there are currently 6,200 resident case records ready for disposition. Managing the logistics of contacting these former residents, their families or descendants, and recording their decisions requires significant staff resources. Further, while an individual's consent to transfer their record to the Archives may include opening it for research, UW's recommendation does not address what the outcome should be for the records if the resident, family or descendants don't respond or cannot be located. UW's primary recommendation of permanently archiving all case files would indicate that, in these instances, the case files would be permanently archived without the individuals' consent or input.

UW's recommendation for roundtable discussions

UW recommends that roundtable discussions be held for the purposes of facilitating active participation from stakeholders in the decisions made about the Lakeland Village Records. UW's full discussion on user groups and the potential uses of Lakeland Village records is included in Appendix K. UW finds that such a process is consistent with efforts across the country to preserve state institution histories by seeking input from disabled people themselves about how to manage the ways in which they are represented in archival collections; other stakeholders, such as researchers, educators, lawmakers, family members, and disability community advocates should also be included in these roundtable discussions. UW recommends that insights and perspectives shared during these roundtable discussions be used to inform decisions about:

- Whether or not WSA, or another repository, should accession certain non-archival materials from the records uncovered at Lakeland Village, including but not limited to Resident Case Records and Family Support/Respite files;
- Which non-archival record types and documents may potentially have long-term historical value (the recommendations within this report, including UW's recommendations for appraisal as presented in Appendix E, could be used as a starting point for these particular discussions);
- The potential introduction of legislation which may be useful in supporting stakeholders' expressed preferences for the long-term management of the records uncovered at Lakeland Village;
- The logistics of establishing access restrictions which may be placed on particular series of records within the Lakeland Village Records once they are accessioned;
- Other considerations or concerns brought forward by stakeholders.

This focused engagement is intended to capture each group's needs, interests, concerns, and ideas to better inform provisions for accessing medical information in Lakeland Village records. Such a group could also explore UW's suggestion to give the resident case records created by DSHS to the individuals and their families.

The Archives recommends that if these discussions are funded that they also include records officers, privacy officers and assistant attorney generals that represent DSHS and, possibly UW Medicine, to share their expertise on federal and state laws that apply to Lakeland Village records and provide advice to achieve any recommendations produced by the roundtables.

Plans for Education and Public Access

Lakeland Village records transferred to the Archives will be open to inspection and examination unless prohibited by law. Every year thousands of researchers access records in the Archives' collections to fulfill specific information needs, including legislative, policy, and genealogy research, and to create scholarly works, magazine and newspaper articles, podcasts, exhibits, reports and websites. The Archives supports researchers' use, interpretation and contextualization of all records in the collection by providing the broadest possible access, while preserving individual privacy and protecting exempt information.

The discussions proposed by UW may elicit ideas for specific educational initiatives for increasing the visibility of the records that are beyond the presently funded capacity of the Archives. These forums will also include opportunities for all stakeholders to share their opinions on publishing and exhibiting Lakeland Village records and artifacts. For a summary of UW's institutional *Preservation Projects Across the United States* prepared by UW, see Appendix K.

Archives' proposal for oral history project

UW has noted that researchers studying disability history are looking beyond the building and management of institutions to written sources and oral histories that reveal patient and staff experiences. *The Division of Developmental Disabilities Centennial Oral History Project* chronicled the history of developmental disabilities services, from territorial days to its publication in 1991. Oral histories were recorded with individuals whose careers had addressed issues associated with intellectual and developmental disabilities, and archival research was conducted to publish a chronological event timeline that served as a research tool for field interviews. UW recognized that while the project provided invaluable information on the history of the treatment of developmental disabilities in Washington state; the experiences, opinions, and expertise of individuals with developmental disabilities were not included. Moreover, the UW team pointed out that the majority of individuals interviewed describe experiences at Rainer School, rather than stories of Lakeland Village.

In response, the Archives recommends a new project devoted to interviewing current or former staff and residents as an option for capturing and preserving the lived experiences of Lakeland Village that can be achieved within the confines of current law. To publicize this history and encourage its use in education, the recordings, transcriptions of interviews and accompanying publications supporting the project could be shared in the Washington State Digital Archives. The administrative Lakeland Village records that are ready to transfer to the Archives can be used for preparatory research, and those interviewed can request their resident case records or the resident case records of their family member if needed, as currently provided for in RCW 70.02.

If the legislature were to fund such an initiative, it could possibly be coordinated through Legacy Washington, a division within the Archives. Per RCW 43.07.363, Legacy Washington is a program to record and document oral histories of current and former members and staff of the Washington state executive and judicial branches, the state's congressional delegation, and *other citizens who have participated in the political history of Washington state*. If the Archives were chosen to coordinate the project, non-permanent project staff within Legacy Washington would be required to fulfill the work.

UW's reservations about an oral history project

While UW agrees conducting oral histories is a valuable initiative for the near future, UW does not support the immediate funding of a Legacy Washington (Archives) project. Instead, they

recommend any funding should adhere to the mandate to “preserve records and artifacts regarding the historical treatment of people with intellectual and developmental disabilities in Washington state.” Additionally, UW notes:

If Legacy Washington (Archives) does proceed with oral histories, we recommend prioritizing funds for collaboration with present-day disability communities. Building these connections will ensure that individuals with IDD, including former Lakeland residents, are engaged not just as historical subjects, but as primary stakeholders in the preservation and sharing of their history. These efforts are essential steps toward fostering long-term trust and reciprocal relationships between state agencies and Lakeland residents, which are vital for the success of any oral history project.

We are eager for future opportunities that allow archivists and historians to conduct oral history research, incorporating the perspectives of a broad range of stakeholders in Lakeland Village’s history and future. The timing of interviews with some of these stakeholders, who are now older adults, may be urgent. We are open to supporting efforts to secure funding for such research from both state and external sources.

We argue that the success of any oral history project will depend on access to existing individual-level historical records, such as resident case records, which contain information about the experiences of Lakeland residents, particularly those dating post-1949. Individual-level records are crucial and cannot be replaced by oral history interviews. In fact, the destruction of these records would hinder future researchers' ability to conduct meaningful oral interviews with former Lakeland residents, as quality oral histories rely on archival records for context and accuracy.

For example, a complete archival research dossier was created to facilitate interviews for an oral history project conducted between 1988 and 1991. However, lacking access to individual-level records, the dossier relied solely on administrative reports from the facility held at the Archives. Consequently, it failed to provide deep insights into the experiences of individuals with intellectual and developmental disabilities (IDD) in Washington state. The preservation of resident case records post-1949, with significant pruning as recommended by the UW team, will be crucial for the success of a proposed oral history project documenting the experiences of Lakeland survivors.

Conclusion

- Archives, UW and DSHS are all in agreement that the 250 c.f. of Lakeland Village records that are already designated archival in the approved retention schedules, and have met retention, should be transferred to the State Archives branch in Olympia, WA for permanent preservation.
 - To improve staff access and prevent damage to the original, \$14,500 is requested to digitize the Master Patient Index, which dates back to 1892.
- Archives, UW and DSHS are all in agreement that the 1,900 c.f. of Lakeland Village records DSHS is required to manage until they meet retention, should be sent from Medical Lake to the State Records Center in Tumwater, WA and DSHS will continue to manage access to the records (per standard procedure).
- Disagreement persists between the Archives, DSHS and UW on the remaining 350 c.f. of records included in the scope of the law, which includes resident case records from 1892 to 1975.
 - Archives and DSHS recommend these records, like all medical records managed by state and local government agencies, should be treated according to the approved records retention schedules and destroyed when that minimum retention is fulfilled.
 - UW argues the resident case records, especially 1892 to 1975, should be permanently preserved by the Archives. They also suggest exploring the concept of repatriation, and legal analysis to determine if NAGPRA applies to the Lakeland Village resident case records.
 - The Archives suggests carving out a subset of these records as archival sets precedent for all medical records managed by state agencies, requires removing privacy protections from the UHCIA to open them for research, and notes current law already allows families and descendants to access these records, and provides provisions for broad research into medical files (in consultation with an institutional review board).
 - Rather than requiring the state to permanently preserve this fragment of records, the Archives suggests a longer retention period be proposed to DSHS, and that UW work with DSHS and or the legislature to identify a different legal pathway to open this subset of records for specific research interests.
- In response to the impasse on resident case records, and to support stakeholders' contributing to the decision-making process, UW has proposed a series of roundtable discussions to expand the discourse on managing these records. If the legislature funds such an initiative, the Archives recommends no Lakeland Village records be destroyed until any recommendations from the roundtables, and accompanying legal analysis, are considered by the legislature.
- While there is shared interest in an oral history initiative to capture the lived experiences of Lakeland Village, UW argues funding should be prioritized for the preservation of the records (and artifacts). Hiring project staff for Legacy Washington, a division within the Archives, may be an option to manage and coordinate a Lakeland Village Oral History Project, and the resulting material could be hosted on the Washington State Digital Archives.

Appendix A:

Archives: Potential amendment to RCW 40.14.030

Transfer to state archives—Certified copies, cost—Public disclosure.

In 2003, the legislature considered a proposal to automatically open records in the Archives after 75 years. The provision was amended to require the concurrence of the originating agency. The legislative history of House Bill 1153 (2003) is available [online](#). The proposed text below is intended to sunset restrictions in records in the Archives, however, legal analysis is needed to determine if such an amendment would override the rigorous protections of the Washington Uniform Health Care Information Act (UHCIA).

AN ACT Relating to the confidential nature of public records transferred to the state archives; and amending RCW 40.14.030.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Sec. 1. RCW 40.14.030 and 1957 c 246 s are each amended to read as follows:

(1) All public records, not required in the current operation of the office where they are made or kept, and all records of every agency, commission, committee, or any other activity of state government which may be abolished or discontinued, shall be transferred to the state archives so that the valuable historical records of the state may be centralized, made more widely available, and insured permanent preservation: PROVIDED, That this section shall have no application to public records approved for destruction under the subsequent provisions of this chapter.

When so transferred, copies of the public records concerned shall be made and certified by the archivist, which certification shall have the same force and effect as though made by the officer originally in charge of them. Fees may be charged to cover the cost of reproduction. In turning over the archives of his office, the officer in charge thereof, or his successor, thereby loses none of his rights of access to them, without charge, whenever necessary.

(2) Records that are confidential, privileged, or exempt from public disclosure under state or federal law while in the possession of the originating agency, commission, board, committee, or other entity of state or local government retain their confidential, privileged, or exempt status after transfer to the state archives unless the archivist, with the concurrence of the originating jurisdiction, determines that the records must be made accessible to the public according to proper and reasonable rules adopted by the secretary of state, ~~in which case the records may be open to inspection and available for copying after the expiration of seventy five years from creation of the record. If the originating jurisdiction is no longer in existence, the archivist shall make the determination of availability according to such rules. If, while in the possession of the originating agency, commission, board, committee, or other entity, any record is determined to be confidential, privileged, or exempt from public disclosure under state or federal law for a period of less than seventy five years, then the record, with the concurrence of the originating jurisdiction, must be made accessible to the public upon the expiration of the shorter period of time according to proper and reasonable rules adopted by the secretary of state.~~ After the expiration of seventy-five years from creation of the record, any restricted record that is transferred to archives under this chapter is open to inspection and available for copying.

The following appendices were written by members of the UW Team working on *Lakeland Village—Preservation of Records and Artifacts* (2024 Wash. Laws, Chapter 134).

Appendix B

UW: Role and Methods

The University of Washington (UW) team is comprised of faculty and graduate students with expertise in disability studies, history, and archival studies. Under SSB 6125, the UW team was directed to work with Washington State Archives and the Department of Social and Health Services “to create a preservation plan that details how the records and artifacts will be catalogued and preserved for the purpose of sharing this important history with all Washingtonians and that moving forward the state intends to work directly with those with lived experience to shape future policies and enhance service delivery with the goal of better outcomes for those individuals with intellectual and developmental disabilities.”

The role of the UW was clarified through several early meetings involving discussions with DSHS and Archives staff. A general agreement was reached that UW’s primary role would be focused on Sec 2(3), that states “The plan described in this section must also include future plans for public access for historical and educational purpose.”

The UW team made a preliminary visit to Lakeland Village on October 7th to meet the Superintendent and tour the facilities. However, because the Lakeland Village records include protected health information (PHI), UW needed to develop a business associate’s agreement (BAA) and data sharing agreement (DSA) with DSHS to view the Lakeland Village records. Those agreements were finalized March 12th, 2025. On March 17th, the UW team visited Lakeland Village and began to review records. The team visited two additional times on April 23rd and June 17th. Each visit lasted 2-3 working days. During these visits, the UW team was allowed to conduct a minimal review of the documents for the purpose of determining potential historical or educational use. Specifically, for the review of confidential patient records, the team was allowed to review records to:

- Assess the categories and types of information recorded in the patient record,
- Identify changes over time to the documentation in patient records, such as changes in the forms used or types of information included.

The UW team was cautioned that minimal review should not involve a page-by-page examination of the sampled patient records, or the recording in notes or other form of personally identifiable information.

Following these procedures, the team sampled records from across all storage locations at Lakeland Village. The team only reviewed records physically located at Lakeland Village with the exception of some materials found in the State Archives.

Records were sampled using the following approach:

- The team used the inventory developed by the Washington State Archives to guide the sampling plan.
- Records were surveyed across 5-year periods and document types.
- Within those two categories, a representative sample of documents were reviewed across the time period and the document types. When documents within a box or

series were found to be generally homogeneous, fewer documents were reviewed within the series. When documents were heterogeneous, the team increased the number of documents reviewed to obtain the information necessary to determine historical or educational use. Records were reviewed until they were found to have reached saturation (i.e., until no novel changes in document form and type were found) and the categories and types of information found within the records were identified.

- In time periods where the documents' form and/or type changed significantly (e.g., new forms were introduced, and different records were being collected), the team reviewed more records to determine when that change happened at a more granular level.

Each team member took qualitative notes about the categories of records identified and initial thoughts about the potential historical and educational uses of the records. In a series of team meetings after the site visits were completed, the team discussed perspectives on the value and usefulness of each records type and reached agreement on recommendations for records retention. The UW team focused on records that had historical and educational usefulness but were past their retention date and would typically be destroyed. The team's recommendations are discussed later in this report.

Methods for Review of Lakeland Village Records and Artifacts

Faculty and graduate students from the University of Washington (UW) and staff from the Washington State Archives (WSA) were tasked with reviewing the records and artifacts discovered at Lakeland Village. The WSA conducted a complete inventory of the records, classifying them by record type based on Washington State retention schedules. The UW conducted a review of a sample of the records to support the development of "plans for public access for historical and educational purposes" (SSB 6125). The data sharing agreement negotiated with DSHS defined the scope of the review and the restrictions on use of confidential information contained within the records for the purposes of developing recommendations for appraisal and long-term historical preservation. UW was allowed to conduct a minimal review that did not involve a page-by-page examination of sampled records, nor the recording in notes or other form of personally identifiable information. The review was conducted in the Lakeland Village records rooms, and all records remained in those rooms. Standard practices regarding protected health information (PHI) were followed. The results of this review are summarized below.

In addition to the records uncovered at Lakeland Village, the UW team also surveyed artifacts currently stored onsite. These materials fall outside the purview of Washington State Archives, which does not typically collect or store three-dimensional objects. The artifacts consist of athletic uniforms, band instruments and related objects, decorations and props for celebrations and performances such as plays, medical devices, audio-visual devices such as film projectors, and other miscellaneous items.

Appendix C

UW: History of Lakeland Village

Lakeland Village is a public residential institution for individuals with intellectual and developmental disabilities (IDD) in Washington State. The institution now known as Lakeland Village has been referred to by various names, including the School for Defective Youth (1886-1913), the Institution for Feeble Minded (1905-1917), the Custodial School (1917-1937), and the Eastern State Custodial School (1937-1947). In June of 1947, the name was changed to Lakeland Village.

Changing Conceptions of People with Intellectual and Developmental Disabilities (IDD)

To understand the history of Lakeland Village, you need to know that intellectual and developmental disabilities (IDD) is a cultural construct whose meanings have changed over time.^[1] Its meaning has been shaped by shifting social contexts, political choices, and the actions of scientific and state authorities, disability advocates, families, and disabled people themselves.^[2] Conceptualizations of IDD have also historically intersected with ideas of class, gender, sexuality, and race.^[3]

The concept of “idiocy” emerged in 19th-century Europe as a disorder of the senses. By the 1840s, American social reformers and state officials recast idiocy as a moral and economic flaw requiring educational intervention. After the Civil War, it became increasingly viewed as a disease requiring medical expertise.^[4] Rapid shifts in late-19th-century American social and economic life led to the creation of the idea of “normal” and definitions of other bodies, minds, and behaviors as deviant or defective and therefore not deserving of rights.^[5]

Responsibility for groups of poor, disabled populations had shifted during the 19th century from local communities to the state, as official responses to “deviance” became standardized in sites such as asylums, prisons, reformatories, and almshouses.^[6] Institutions for the care, training, and confinement of “feeble minded” people were modeled after the “lunatic asylum” starting in the mid-19th century, and they proliferated throughout North America during the early 20th century under evolving names such as “idiot asylums” and “custodial schools.”^[7]

The term “feble-mindedness” came into use in the American context along with the development of scientific tools such as the Stanford-Binet intelligence test, which further fractured it into sub-classifications such as “moron” and “imbecile” that were often embedded in hierarchical understandings of class, race, and sexuality.^[8] While our present-day understandings equate the idea of “feeble minded” with disabilities, historians argue that the term was more synonymous with “socially inadequate” and referred to a broader variety of people.^[9] Therefore, the history of institutions such as Lakeland Village has significance that includes but is not limited to the history of individuals with intellectual and developmental disabilities.

School for Defective Youth (1886-1905)

In 1886, the Washington territorial governor authorized the creation of the first school for “deaf, mute, blind, and feeble-minded youth” to be built in Vancouver, Washington.^[10] In 1892, the state allocated funds for the School for Defective Youth to construct a building to separate the “feeble-minded” students from the blind and deaf students.^[11] Throughout this decade, the “feeble minded” department increasingly functioned as an independent school.

"feeble minded" children were transported across the state to the new institution in Medical Lake, and the Vancouver institution was renamed the State School for the Deaf and Blind.^[13]

State Institution for Feeble Minded (1905-1917)

In 1905, the Washington State legislature allocated funds to establish a new "State Institution for Feeble Minded," dedicated to "providing care and protection" for "every child and youth residing within this State, under the age of twenty-one years who by reason of defective intellect are rendered unable to acquire an education in the common schools, and epileptics of the same age."^[14] Medical Lake in Spokane County was selected as the site because the city had a reputation as a health destination with proximity to rail lines, and Eastern State Hospital for the Insane was already located there. The hospital superintendent was initially designated to supervise the new institution.^[15]

The original building for the feeble minded was built near the hospital and designed to accommodate 120 youths. New buildings were constructed in 1911 to alleviate overcrowding and enable separating boys from girls and the "custodial class" of residents from "those who could be improved."^[16] Between 1913 and 1917, "feeble minded" male residents of the institution labored on the construction of a new, eleven-building campus on a nearby tract of farmland.^[17]

The so-called "institutionalization solution" was imagined to be a permanent preventative measure against the threat of hereditary cognitive disability.^[18] The segregation of Washington residents with disabilities from society corresponded with the growth of the eugenics movement in the early 20th-century United States. Moral panics cast "feeble minded" people as a social menace who needed to be removed from American society and prevented from reproducing. Superintendent Dr. Sam C. Woodruff petitioned the Washington legislature to expand the age limit of the Institution for Feeble Minded to include adults over 21,^[*] to prevent them from "sowing the seeds of race degeneracy."^[19] His advocacy legalized a system of involuntary confinement of individuals and prevented families from removing residents from the Institution for Feeble Minded without a court order.^[20]

The State Custodial School (1917-1930s)

The 1917 Washington State Legislature changed the institution's name to "The State Custodial School."^[21] This name change did not reflect a substantial shift in its educational operations.^[22] Between 1910 and 1923, the residential population of the Custodial School increased by 405%, reportedly the highest rate of increase of any institution of its kind in the United States.^[23] In 1924, buildings originally designed for 750 residents were housing 840 residents. In his 1924 Biennial Report, the superintendent described caring for contagious diseases and epidemics in overcrowded ward buildings as undesirable and inhumane, and beseeched lawmakers for funds to construct a dedicated hospital.^[24]

During this era, eugenic logic characterized understandings of disability and policies for the treatment of those committed to the State Custodial School. As early as 1910, Woodruff had explicitly advocated for the compulsory sterilization of residents.^[25] This practice was later legalized by the "Prevention of Procreation" Act, which created categories of Washington residents within public institutions who could be legally sterilized without their consent.^[26] Targeted people encompassed those who were physically disabled ("epileptics"), identified as "the feeble minded," repeatedly incarcerated ("habitual criminals"), and whose practices of labor and sexuality failed to conform to cultural norms ("sexual perverts" and "moral

degenerates").^[27] Washington was one of 30 US states to adopt compulsory sterilization laws that led to approximately 60,000 sterilizations from 1907 to the 1970s, including 685 residents of Washington who were in the state's custodial schools and mental hospitals.^[28]

Children's Benevolent League and a Second Custodial School (1935-1937)

Beginning in 1935, parents and relatives of individuals in the State Custodial School began to organize local meetings for sending gifts and providing parental peer support.^[29] On April 15, 1936, they established the Children's Benevolent League (CBL) of Washington, the nation's first statewide grassroots advocacy organization dedicated to supporting children and adults with developmental disabilities and their families.^[30] One year later, activists and policymakers in the CBL successfully advocated for the state to establish a second Custodial School. In 1937, the "Western State Custodial School" in Buckley, Washington, was established to serve counties west of the Cascade Mountains.^[31] Subsequently, the Medical Lake facility was renamed the "Eastern State Custodial School."^[32]

Lakeland Village and Midcentury Institutionalization (1940s-1950s)

By the middle of the 20th century, mental "retardation" and "defect" began to replace earlier language, and a more standardized classification scheme was introduced.^[33] As institutions' previous role of containing "the menace of the feebleminded" shifted, parents of all social classes—influenced by doctors and wider social pressure—increasingly came to view residential institutions as the best option for caring for their children with disabilities.^[34] The average population in state-operated institutions continued to rise throughout the 1940s and 1950s, and several high-profile exposés revealed inhumane living and working conditions among residents and staff.^[35]

In 1947, the Washington state Eastern State Custodial School underwent another renaming as "Lakeland Village."^[36] This shift in title reflected evolving attitudes toward institutional care and the gradual introduction of rehabilitation programs such as psychotherapy in the mid-1950s.^[37] Tranquilizing drugs were also introduced in the mid-1950s to replace physical restraints.^[38] A process of "experimental leave (parole)" was established, which Superintendent L. F. Mason described in 1950 as a form of vocational training within the institution — domestic labor for girls and agricultural labor for boys — followed by a supervised work placement with a host family.^[39] By 1952, experimental leave had been incorporated into Lakeland Village's formal "release and placement procedure," overseen by a dedicated Social Service Department that determined residents' eligibility and supervised their behavior through direct correspondence, routine home visits, and reports from host families, county welfare departments, and private social agencies.^[40]

Advocacy and litigation by state lawmakers and groups generated reforms to state institutions for individuals with disabilities. The Washington CBL was renamed the Washington Association for Retarded Children (later renamed The Arc of Washington), and it joined with five other groups to form the National Association for Retarded Children (later renamed The Arc) to promote and protect the rights of people with intellectual and developmental disabilities in 1950.^[41] In 1957, Washington eliminated involuntary (criminal) commitments to state residential schools, and in 1958, the state held the nation's first conference on the "Rights of the Retarded."

Deinstitutionalization and Self-Advocacy (1960s-1970s)

The 1960s and 1970s were a period marked by deinstitutionalization and the independent living movement.^[43] For Americans with intellectual and developmental disabilities, deinstitutionalization began around 1969.^[44] Between 1967 and 1988, the number of people residing in large public institutions across the United States dropped by half, from just over 193,000 people to approximately 91,000 people.^[45] However, policies to support people with IDD living in home communities struggled to succeed, as most people with IDD remained housed in large facilities with over 16 beds, such as nursing homes, operated by private and for-profit companies.^[46]

Washington was the first state in the nation to establish group homes for individuals with developmental disabilities in 1969.^[47] Capped at twenty people or fewer, group homes offered former residents of institutions like Lakeland Village the support of a residential facility within a home-like environment that used pre-existing community resources to enable individual autonomy. In 1974, a Case Services program was established to replace the institution as a point of entry for individuals seeking developmental disability services in Washington state.^[48] This marked the turn from policies of institutionalization towards those of community integration. In 1977, the central office of the Division of Developmental Disabilities operated 52 group homes serving 700 residents.^[49]

Grassroots advocacy by families of Washington children with intellectual and developmental disabilities and their allies drove court rulings and laws for mainstreaming disabled children in public schools. In 1971, The Arc of Washington along with leadership by four Seattle mothers of disabled children and two University of Washington law students successfully advocated for the passage of a state education law that mandated the integration of children with disabilities into the public school system.^[50] This Washington law became the model for the landmark passage of the federal Individuals with Disabilities Education Act of 1975.^[51]

Individuals with IDD expressed autonomy and demanded self-determination through increased membership in local and statewide self-advocacy groups such as People First throughout the 1970s.^[52] In 1974, the United States held its first inaugural People First convention of the self-advocacy movement in Oregon, and in 1984, Washington hosted the first international convention of the movement.^[53]

By the 1970s, Lakeland Village began to shift from priorities of “commitment, custody, and care” to “planning, programming, and placement,” by implementing individualized plans honoring residents' civil rights and supporting residents' capacity for independent living.^[54] Modernization efforts included new rehabilitation programs, residential units, and training facilities.^[55]

Contemporary Movements and Challenges

In the late twentieth century, social and scientific shifts reimagined cognitive capacity as a point along a spectrum. In 1973, the criterion for IDD was changed from one to two standard deviations below the I.Q. norm.^[56] Present-day frameworks define intellectual and developmental disabilities (IDD) as a variety of functional and behavioral differences that originate before the age of 22 and generate significant limitations for individuals.^[57] Today, the American Association on Intellectual and Developmental Disabilities states that the diagnosis requires both intellectual deficits and adaptive functioning deficits in either conceptual, social, or practical domains.

Since the late 20th century, Disability Rights activists have challenged the medicalized view of mental disability, by highlighting its socially constructed nature and asserting it as a meaningful social and political identity.^[59] The concept of intellectual and developmental disabilities remains in flux today, as the present-day Disability Justice and neurodiversity movements continue to reshape popular and scientific understandings of the nature and role of cognitive difference in American society.^[60]

Deinstitutionalization and independent living movements represent one of the most dramatic social transformations of the second half of the twentieth century. They contributed to the landmark passage of the Americans with Disabilities Act in 1990, which affirmed and protected the constitutional rights of people with disabilities.^[61] The most recent decades have seen ongoing closures of many of the large state-operated institutions.^[62] Still, many families, lawmakers, and members of the public express ongoing concerns about community living and the provision of services for individuals with disabilities.^[63] One of the most pressing struggles of the Disability Rights movement today is the enduring relationship between disability and economic vulnerability.^[64]

At Lakeland Village, challenges related to oversight and care standards persisted throughout the late-20th century. Scrutiny over allegations of neglect and abuse continued into the early-21st century, as reports highlighted issues such as the misuse of restraints, inadequate staffing, and failures in medical and rehabilitative care.^[65] Despite these challenges, Lakeland Village has remained a critical facility in Washington's care system, evolving in response to changing societal values and policy reforms.^[66]

Today, Lakeland Village's complex legacy is intertwined with Washington's broader history of institutional care, reflecting both the progress and shortcomings in addressing the needs of individuals with disabilities. In 2024, the state passed legislation to preserve the institution's historical records, ensuring that its complex history remains accessible for future generations.^[67]

Appendix A1: Lakeland Superintendents

Name	Start Date	End Date	Tenure Length
James Watson	12/8/1892	6/1/1905	12 Years, 5 Months
Thomas P. Clarke	6/1/1905	5/10/1906	0 Years, 11 Months
W.H. Anderson	5/10/1906	8/1/1907	1 Years, 2 Months
Dr. Jesse R. Pritchard	8/1/1907	12/15/1907	0 Years, 4 Months
Samuel C. Woodruff	12/16/1907	12/31/1919	12 Years, 0 Months
Lilburn Merrill, M.D.	12/1/1920	12/31/1922	2 Years, 0 Months
E.G. Bixler	1/1/1923	5/23/1926	3 Years, 4 Months
Waldo F. Smith	5/24/1926	12/31/1933	7 Years, 7 Months
Charles A. Parker	1/1/1934	2/28/1940	6 Years, 1 Months
Leslie F. Mason	3/1/1940	12/9/1964	24 Years, 9 Months
Waldo Jackson	12/1/1964	7/1/1965	0 Years, 7 Months
Elvern Garber	7/1/1965	3/1/1968	2 Years, 8 Months
Leonard Long	1/1/1968	9/1/1968	0 Years, 8 Months
David Rosen	8/15/1968	8/13/1971	2 Years, 11 Months
Waldo Jackson	8/1/1971	4/1/1972	0 Years, 8 Months
Dr. G. Newton Buker	5/1/1972	7/31/1981	9 Years, 2 Months
Jim Dormaier	4/20/1981	11/30/1981	0 Years, 7 Months
Susan McKeehan	11/30/1981	2/2/1986	4 Years, 2 Months
Dr. G. Newton Buker	11/1/1986	11/1/1990	4 Years, 0 Months
Al Kertes	1/1/1989	11/1/1990	1 Years, 10 Months
Dennis Nelson	11/19/1990	1/28/1991	0 Years, 2 Months
Jim Dormaier	1/22/1991	2/28/1993	2 Years, 1 Months
Sandy Kertes	3/1/1993	6/1/1998	5 Years, 3 Months
Al Kertes	6/1/1998	9/30/2001	3 Years, 3 Months
Terry Madsen	9/16/2001	7/31/2005	3 Years, 10 Months
Kathy Montaque	8/1/2005	1/1/2009	3 Years, 5 Months
Diane Kilgore	2009	2013	4 Years
Tony DiBartolo	2013	2018	5 Years
Sharlene Gentry	2018	2019	1 Years
Connie Lambert-Eckel	2019	2022	3 Years
Timothy Gerlitz	2/7/2022	7/1/2025	Ongoing

Appendix A2: Fiscal Governing Agency

Years	State Department	Office, Division, or Bureau	Description
1871-1897	Governor-Appointed Boards of Trustees		The governor exercises direct supervision over state institutions through local Boards of Trustees. For example, the School for Defective Youth was established in 1886 with a five-member board of appointed trustees.
1897-1901	State Board of Audit and Control		In 1897, a centralized State Board of Audit and Control was established, superseding and replacing local boards of trustees.
1901-1921	State Board of Control		On April 1, 1901, the State Board of Control was created, succeeding and replacing the Board of Audit and Control.
1921-1935	Department of Business Control		On February 9, 1921, Washington Governor Louis F. Hart signed a new state Administrative Code, reducing the number of state agencies from 75 to 10 and creating the Department of Business Control as a state agency, succeeding and replacing the Board of Control and numerous other boards and commissions.
1935-1947	Department of Finance, Budget and Business	Division of Public Institutions	In 1935, the Department of Finance, Budget, and Business was established with five primary divisions: Banking, Budget, Purchasing, Savings and Loan Associations, and Public Institutions.
1947-1955	Department of Public Institutions	Division of Institutions	In 1947, the Department of Public Institutions was created, succeeding and replacing the Department of Finance, Budget, and Business.
1955-1971	Department of Institutions	Division of Children and Youth Services, the Mentally Handicapped	In 1955, Governor Langlie used his authority to separate and establish the Department of Institutions from the existing Department of Public Institutions. The Department of Institutions was tasked with overseeing the governance of state institutions. It was composed of the following divisions: Mental Health, Adult Corrections, Veteran Homes, and Children and Youth Services. Services for individuals with developmental disabilities fell under the jurisdiction of the Division of Children and Youth Services.
		Division of Children and Youth Services, Bureau for Handicapped Children	In 1957, the "Mentally Handicapped" became the Bureau for Handicapped Children, followed by the Division for Handicapped Children, and finally the Office for Handicapped Children.
		Division of Children and Youth Services, Division for Handicapped Children	Missing date
		Division of Children and Youth Services, Office for Handicapped Children	Missing date
1971-Present	Department of Social and Health Services	Office of Developmental Disabilities	In 1970, Governor Daniel J. Evans consolidated the Department of Institutions, Department of Public Assistance & Vocational Rehabilitation, and other related departments into the Washington State Department of Social and Health Services (DSHS). Services for individuals with developmental disabilities were placed under the jurisdiction of the Office of Developmental Disabilities.
		Bureau of Developmental Disabilities	In 1975, the Office of Developmental Disabilities is elevated to the status of the Bureau of Developmental Disabilities.
		Division of Developmental Disabilities	In 1978, the Bureau of Developmental Disabilities is elevated to the status of the Division of Developmental Disabilities.

[*] There is strong evidence that Washingtonians over the age of 21 were residents of the institution before 1913, despite laws to the contrary. A 1912 report on Washington state institutions noted that "several inmates who have reached the age limit [were] being cared for in the institution," because "freedom would be so obviously unjust both to the child and to society." May Goldsmith and Anna Reed, *Report of conditions in the state institutions of Washington together with recommendations for needed changes in administration and legislation* (Olympia Wash, 1912), 46.

[1] James W. Trent, *Inventing the Feeble Mind: A History of Intellectual Disability in the United States*, [Second edition]. (Oxford University Press, 2017), 2; See also Allison Carey, *On the Margins of Citizenship: Intellectual Disability and Civil Rights in Twentieth-Century America*, 1st ed., Disability in the Modern World (Temple University Press, 2009), https://orbiscascade-washington.primo.exlibrisgroup.com/permalink/01ALLIANCE_UW/1juclfo/alma99161795557001452; Gerald O'Brien, *Framing the Moron: The Social Construction of Feeble-Mindedness in the American Eugenic Era*, Disability History (Manchester University Press, 2013).

[2] Trent, *Inventing the Feeble Mind*, 2.

[3] Douglas Baynton, "Disability and the Justification of Inequality in American History," in *The New Disability History: American Perspectives*, ed. Paul Longmore and Lauri Umansky (NYU Press, 2001); Dorothy E. Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*, First Vintage books edition. (Vintage Books, 1999); Susan Burch, *Committed: Remembering Native Kinship in and beyond Institutions* (University of North Carolina Press, 2021), https://www.jstor.org/stable/10.5149/9781469663364_burch; Jenifer L. Barclay, *The Mark of Slavery: Disability, Race, and Gender in Antebellum America*, 1st ed., Disability Histories (University of Illinois Press, 2021), <https://doi.org/10.5406/j.ctv1k03s94>; Sarah A. Whitt, *Bad Medicine: Settler Colonialism and the Institutionalization of American Indians* (Duke University Press, 2025); Michael Rembis, *Defining Deviance Sex, Science, and Delinquent Girls, 1890-1960* (University of Illinois Press, 2011); Miroslava Chávez-García, *States of Delinquency: Race and Science in the Making of California's Juvenile Justice System*, 1st ed., vol. 35, American Crossroads (University of California Press, 2012); Jess Whatcott, *Menace to the Future: A Disability and Queer History of Carceral Eugenics* (Duke University Press, 2024); Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*, 2nd ed. (2015).

[4] Trent, *Inventing the Feeble Mind*, 38.

[5] Baynton, "Disability and the Justification of Inequality in American History," 35–37.

[6] Trent, *Inventing the Feeble Mind*, 39; Sarah Rose, *No Right to Be Idle: The Invention of Disability, 1840s–1930s* (University of Chapel Hill, 2017), 280.

[7] Trent, *Inventing the Feeble Mind*, 36.

[8] Trent, *Inventing the Feeble Mind*, 17.

[9][9] Katrina Nancy Jirik, "American Institutions for the Feeble-Minded, 1876-1916" (Dissertation, University of Minnesota, 2019), 1, <https://www.proquest.com/dissertations-theses/american-institutions-feeble-minded-1876-1916/docview/2276837651/se-2?accountid=14784>.

[10] Act to Establish a School for the Deaf, Mute, Blind and Feeble-Minded Youth of Washington Territory, Laws of Washington Territory 136 (1886).; Brecheen, *Washington State Developmental Disabilities Services History*, 3–4.

[11] Brecheen, *Washington State Developmental Disabilities Services History*, 8–9.

[12] Brecheen, *Washington State Developmental Disabilities Services History*, 10–12.

[13] Brecheen, *Washington State Developmental Disabilities Services History*, 11–13.

[14] Act Providing for Care and Protection of Defective and Feeble Minded Youth, RCW § Chapter 70 (1905).

[15] Brecheen, *Washington State Developmental Disabilities Services History*, 15.

[16] *Third Biennial Report of the State Board of Control for the Term Beginning Oct. 1, 1904 and Ending Sept. 30, 1906* (Olympia Washington, 1906), 127; *Fourth Biennial Report of the State Board of Control for the Term Beginning Oct. 1, 1906 and Ending Sept. 30, 1908* (Olympia Wash, 1908), 98.

- [17] *Seventh Biennial Report of the State Board of Control for the Term Beginning Oct. 1, 1912 and Ending Sept. 30, 1914* (Olympia Wash, 1914), 102–5; Brecheen, *Washington State Developmental Disabilities Services History*, 18, 22.
- [18]
- [19] *Seventh Biennial Report of the State Board of Control for the Term Beginning Oct. 1, 1912 and Ending Sept. 30, 1914*, 150–51; Brecheen, *Washington State Developmental Disabilities Services History*, 22.
- [20] Before this change, “feeble minded” youth were primarily admitted to the institution based on an application by individual families and through recommendations by the county superintendents of schools rather than through the courts. Act Relating to the State Institution for Feeble Minded, RCW § Chapter 173 (1913).; Brecheen, *Washington State Developmental Disabilities Services History*, 22.
- [21] Act Changing the Name of “The State Institution for Feeble-minded” to “The State Custodial School,” RCW § Chapter 64 (1917).
- [22] Superintendent E. G. Bixler complained in 1924, “The word ‘school’ attached to the Institution is misleading to the great majority of people. Eighty percent of the unfortunates [sic] confined here will remain throughout their life time...Their retention here is purely custodial and not for educational purposes. A better name, we believe, would be ‘State Custodial Home.’” The Board did not adopt Bixler’s recommendations. *Third Biennial Report of the Department of Public Institutions for the Term Beginning October 1, 1950 and Ending September 30, 1952* (Olympia, 1952), 84.
- [23] Brecheen, *Washington State Developmental Disabilities Services History*, 31; *DPI Biannual Report 1950-1952*, 81.
- [24] *DPI Biannual Report 1950-1952*, 81.
- [25] *SBOC Report 1906-1908*, 36; Brecheen, *Washington State Developmental Disabilities Services History*, 15–16.
- [26] Prevention of Procreation Act, RCW § Chapter 53 (1921).
- [27] Prevention of Procreation Act.
- [28] Lutz Kaelber, “Washington Eugenics,” Eugenics: Compulsory Sterilization in 50 American States, accessed May 29, 2024, <https://www.uvm.edu/~lkaelber/eugenics/WA/WA.html>; For the history of sterilization in Washington state, see UW Disability Studies Program, “Eugenics and Disability: History and Legacy in Washington,” Symposium, UW Tower Auditorium, Seattle WA, October 9, 2009, <https://disabilitystudies.washington.edu/symposium-program>; See also Jill Nagy Anderson, “Better Living Through Sterilization! The Delinquent and the Imbecile in Washington State, 1909-1942” (Undergraduate Thesis, University of New Mexico, 2010); Louis Musso, “Less Children from the Unfit: Eugenic Sterilization in Washington State 1909-1980” (Graduate research essay [unpublished], Central Washington University, 1993).
- [29] Brecheen, *Washington State Developmental Disabilities Services History*, 36–37.
- [30] Larry A. Jones, *Doing Disability Justice: 75 Years of Family Advocacy* (Lulu Press, Inc., 2010), 11; *Our History – The Arc Washington*, n.d., <https://arcwa.org/our-history/>.
- [31] Act Establishing the Western State Custodial School, RCW § Chapter 10 (1937).
- [32] Act Changing the Name of “The State Custodial School” to “The Eastern State Custodial School,” RCW § Chapter 62 (1939).
- [33] Brecheen, *Washington State Developmental Disabilities Services History*, 36; Philip M Ferguson et al., “Away from the Public Gaze” *A History of the Fairview Training Center and the Institutionalization of People with Developmental Disabilities in Oregon* (The Teaching Research Institute, Western Oregon University, 2008), 40, www.tr.wou.edu.
- [34] Trent, *Inventing the Feeble Mind*, 266.
- [35] Dennis B. Downey et al., *Pennhurst and the Struggle for Disability Rights* (The Pennsylvania State University Press, 2020).
- [36] Act Changing the Names of Custodial Schools, RCW § Chapter 157 (1947).
- [37] Brecheen, *Washington State Developmental Disabilities Services History*, 45.

- [38] Brecheen, *Washington State Developmental Disabilities Services History*, 57; For historical relationships between of the increased use of psychiatric medication and deinstitutionalization, see David L. Braddock and Susan L. Parish, "An Institutional History of Disability," in *Handbook of Disability Studies* (SAGE Publications, 2001), 45.
- [39] *Second Biennial Report of the Department of Public Institutions for the Term Beginning October 1, 1948 and Ending September 30, 1950* (Olympia, 1950), 105–6.
- [40] *DPI Biannual Report 1950-1952*, 63–64.
- [41] *Our History – The Arc Washington*; Jones, *Doing Disability Justice: 75 Years of Family Advocacy*, xx.
- [42] R. Van Hinkle, R. Van Hinkle, *Division of Children and Youth Services Pioneer*, with Sharon Boehm, Oral History Transcript (Washington State Division of Developmental Disabilities Centennial Oral History Project, 1991), 40–41; Brecheen, *Washington State Developmental Disabilities Services History*, 47.
- [43] Braddock and Parish, "An Institutional History of Disability," 48.
- [44] Downey et al., *Pennhurst and the Struggle for Disability Rights*, 7.
- [45] In 1967, there were 193,188 people residing in large public institutions across the US; by 1988, that population dropped to 91,440. Trent, *Inventing the Feeble Mind*, 264.
- [46] Trent, *Inventing the Feeble Mind*, 264; Bill Sallquist, "Legal Efforts Urged to Prevent Transfers.," *Spokane Daily Chronicle* (Spokane, WA), December 6, 1979.
- [47] Brecheen, *Washington State Developmental Disabilities Services History*, 74.
- [48] Brecheen, *Washington State Developmental Disabilities Services History*, 85.
- [49] Brecheen, *Washington State Developmental Disabilities Services History*, 74.
- [50] Educational Opportunities for Handicapped Children, RCW § Chapter 65 (1971).; Brecheen, *Washington State Developmental Disabilities Services History*, 83; Susan Schwartzberg, *Becoming Citizens: Family Life and the Politics of Disability* (University of Washington Press, 2005).
- [51] Jones, *Doing Disability Justice: 75 Years of Family Advocacy*, 163-166; Braddock and Parish, "An Institutional History of Disability," 46; Stephanie Lee and Marna Miller, *Children And Adults With Developmental Disabilities: Services In Washington, Research Evidence*, Document No. 09-10-3901 (Washington State Institute for Public Policy, 2009), 4, https://www.wsipp.wa.gov/ReportFile/1054/Wsipp_Children-and-Adults-With-Developmental-Disabilities-Services-in-Washington-Research-Evidence_Full-Report.pdf.
- [52] Braddock and Parish, "An Institutional History of Disability," 49.
- [53] Jones, *Doing Disability Justice: 75 Years of Family Advocacy*, 7; *History of People First | The Arc of the Mid Ohio Valley*, n.d., accessed August 6, 2025, <https://thearcmov.org/history-of-people-first/>.
- [54] [s.n.], "For Retarded People: Lakeland Village Alters Priorities.," *The Spokesman-Review* (Spokane, WA), June 6, 1973.
- [55] Brecheen, *Washington State Developmental Disabilities Services History*, 92; Cheryl Ernst, "At Lakeland Village Governor Dedicates Units.," *The Spokesman-Review* (Spokane, WA), June 10, 1979; Bill Sallquist, "Treatment Changing.," *Spokane Daily Chronicle* (Spokane, WA), April 21, 1976.
- [56] Trent, *Inventing the Feeble Mind*, 270.
- [57] American Association on Intellectual and Developmental Disabilities (AAIDD), "Defining Criteria for Intellectual Disability," AAIDD, accessed August 6, 2025, <https://www.aaidd.org/intellectual-disability/definition>.
- [58] American Association on Intellectual and Developmental Disabilities (AAIDD), "Defining Criteria for Intellectual Disability."
- [59] Simi Linton, *Claiming Disability: Knowledge and Identity*, 1st ed., vol. 14, Cultural Front (NYU Press, 1998); Sins Invalid, *Skin, Tooth, and Bone: The Basis of Movement Is Our People, A Disability Justice Primer*, Second Edition (Sins Invalid, 2019); Eli Clare, *Brilliant Imperfection: Grappling with Cure* (Duke University Press, 2017); Robert McRuer, *Crip Theory: Cultural Signs of Queerness and Disability*, 1st ed., with Michael Berube, vol. 9, Cultural Front Series (NYU Press, 2006); Alison Kafer, *Feminist, Queer, Crip* (Indiana University Press, 2013).
- [60] Sins Invalid, *Skin, Tooth, and Bone*.

- [61] Downey et al., *Pennhurst and the Struggle for Disability Rights*, 224.
- [62] Downey et al., *Pennhurst and the Struggle for Disability Rights*, 147.
- [63] For example, Susannah Frame and KING 5 News (KING), "Wash. Decades behind in Serving Developmentally Disabled.," *KING 5 News (KING)*, November 4, 2015, <https://www.king5.com/article/news/investigations/wash-decades-behind-in-serving-developmentally-disabled/281-48265785>; Bonnie Sullivan, "Letters: Lakeland Mischaracterized.," *The Spokesman-Review* (Spokane, WA), August 6, 2017, www.proquest.com; Joseph O'Sullivan, "After Years of Problems at Washington's Facilities for Developmentally Disabled People, Lawmakers Seek Changes.," *The Seattle Times* (Seattle, WA), February 8, 2021, www.proquest.com.
- [64] Braddock and Parish, "An Institutional History of Disability," 53.
- [65] Richard Ripley, "\$600,000 Modifications Ordered at Lakeland Village," *Spokane Chronicle* (Spokane, WA), June 13, 1985; Kevin Graman, "Lakeland Village Staff Rally," *The Spokesman-Review* (Spokane, WA), October 20, 2009; Jodi Rose, "Feds Cite 40,000 Violations in Spokane's Lakeland Village," Disability Rights Washington, November 21, 2013, <https://homepagedisabilityrightswashington.wpcomstaging.com/feds-cite-40000-violations-spokanes-lakeland-village/>; Disability Rights Washington, *No Excuses: Shining a Light on Abuse and Neglect of People with Developmental Disabilities in Washington's Institutions*. (2017), <https://disabilityrightswa.org/reports/no-excuses/>; Jim Camden, "Lakeland Village Fails Federal Review; 10 Days to Submit Plan.," *The Spokesman-Review* (Spokane, WA), September 17, 2019, <https://www.proquest.com/historical-newspapers/september-17-2019-page-ss2-2/docview/2308097489/se-2>.
- [66] Lee and Miller, *Children and Adults with Developmental Disabilities: Services in Washington, Research Evidence*.
- [67] "SB 6125 - 2023-24 Preserving Records and Artifacts Regarding the Historical Treatment of People with Intellectual and Developmental Disabilities in Washington State," Washington State Legislature, accessed May 29, 2024, <https://app.leg.wa.gov/billssummary/?BillNumber=6125&Year=2024&Initiative=false>.

UW: Significance of the Lakeland Village Records

Lakeland Village is the first and longest-operating public institution for individuals with intellectual and developmental disabilities (IDD) in the state of Washington.^[i] The history of Lakeland Village is important because it reflects how the state has cared for different groups in need of public assistance over the past century, and how that system has been experienced by individuals classified as disabled and their families. Knowledge about this history can give the general public, disability communities, advocates, and policymakers crucial context for current political discussions about the future of services for people with IDD in Washington state.

Like many state-run institutions, Lakeland Village kept extensive and detailed records about its operations and the individuals entrusted to its care. These primary source documents—meaning the original records created at the time—are essential for confronting and understanding the complex history of disability in our state and across the United States. Though these records often reflect the biases and outdated views of their time, they remain one of the few existing sources of information about the disabled Washington State residents who lived there. For many of the individuals who were formerly committed to Lakeland Village, their families, and their descendants, these documents may be the only available traces of a loved one's life inside the institution, thereby providing insight into personal history and genealogy.

The Lakeland Village Records collection offers a richer account of the lived experience of disability than does the top-down view contained within governmental reports and scientific publications. Researchers and educators will benefit from access to the information these materials hold about how cultural understandings of disability and systematic approaches to public assistance have changed over time. Across the nation, there is a growing movement among legislators, advocacy groups, archivists, historians, and administrators to uncover and preserve more of the documents, artifacts, and sites associated with mental hospitals and state schools for people with psychiatric and cognitive disabilities.^[ii] A recent survey found that there are nearly 500 such projects, demonstrating the widespread concerns to tell these histories, to humanize the people who lived them, and to counter myths and stigma.^[iii] We must work to ensure that a wide range of archival users from different sectors can examine, study, and ultimately reckon with the historical record, while also foregrounding public accountability, human rights, and justice for past, present, and future disability communities of Washington state.

^[i] Barbara Brecheen, *Washington State Developmental Disabilities Services: An Historical Outline, 1861-1980* (State of Washington, Dept. of Social and Health Services, Division of Developmental Disabilities, 1988), i.

^[ii] For a nation-wide overview of such projects, see *State School and Hospital Preservation: A Survey of the Field* (Hogg Foundation for Mental Health, University of Texas at Austin, 2025), <https://hogg.utexas.edu/research/dmhr/landscape-analysis>; Notable examples include: "The Pennhurst Memorial & Preservation Alliance," The Pennhurst Memorial & Preservation Alliance, <http://www.preservepennhurst.org/>; "Massachusetts Special Commission on State Institutions," 2025; University of Texas at Austin School of Information, "The Central State Hospital Digital Library & Archives Project," <https://coloredinsaneasylums.org/>.

^[iii] *State School and Hospital Preservation*.

Appendix E

UW: Recommendations for Lakeland Village Records

Records designated for Permanent Retention

Approximately 30 c.f. of records uncovered at Lakeland Village fall within current retention schedules and should be accessioned, preserved, and made accessible in accordance with current practices at the Washington State Archives. These records pertain to the operations and history of the institution from 1892 to present day. These consist of the following record types: Capital Construction Projects – Significant Buildings/Facilities; Governing/Executive/Policy-Setting Body Records; Master Patient Index; State Publications; and Strategic Plans – Final (Unpublished).

Records designated for Archival Appraisal

Archival appraisal is the process by which archivists evaluate and determine the enduring value of records to decide whether they should be preserved in perpetuity or discarded. This process is based on professional norms and standards for assessing the materials' research, legal, administrative, historical, evidential, and informational value. Archivists consider factors such as the potential for ongoing research, the records' role in understanding society, and their relevance to the institution or community's history. The aim of appraisal is to select records that have long-term significance and will contribute meaningfully to understandings now and for future generations, while culling those with limited value or relevance. Ultimately, archival appraisal helps ensure that archives remain both manageable and reflective of important cultural, legal, and historical contexts.

Approximately 270 c.f. of records uncovered at Lakeland Village are designated Archival (Appraisal Required), meaning that these records require a closer level of archival appraisal in order to determine whether or not they should be accessioned by WSA, or appropriately discarded. These consist of the following record types: Admission and Discharge Registers; Establishment/Development History of Agency/Programs; and Policies and Procedures – Agency Core Mission.

Records designated Non-Archival, and recommended for Appraisal

There are approximately 2,198 c.f. of unprocessed records uncovered at Lakeland Village that are designated as Non-Archival under the current Washington State records retention schedule, which UW researchers recommend be appraised and considered for possible accession to the WSA.

Record Type	Unprocessed Boxes
Celebrations/Ceremonies/Events – Routine	1
Civil Rights Compliance – General	1
Controlled Drug Perpetual Inventory Records	50
Corrective Actions – Audits	50
Family Support/Respite Files	54
Financial Transactions – General	12
Injury Claims	2
Investigative Case Files	1

Labor Union Administrative Files – Agency Relations	2
Meeting and Board/Committee Administrative Arrangements	1
Policies and Procedures – Administrative Functions	20
Reporting Internally – Routine Program/Project/Work Unit Reports/Statistics	2
Resident Case Records	1,970 units within LVPRA scope
Security Incidents and Data/Privacy Breaches	1
Security Shift Activities and Incident Reports	1
Staff Orientation Checklist	1
Statistical Report (Ward Census)	5
Training -- Development	2
Training – General	13
Whistleblower Investigations	1
Work Instructions/Desk Manuals	8

Recommendations for Appraisal of the Records of Lakeland Village

Recommendations for All Record Types

For any and all records being appraised for inclusion in the Lakeland Village Records collection, UW recommends that duplicate materials be discarded, especially published works whose presence in other collections or repositories can be verified or at least assumed. We recommend that any publications that bear handwritten annotations or other distinctive markings made by users should be kept in the Lakeland Village Records collection; unannotated publications may be discarded where needed, and a bibliography of discarded items should be made, so that future users may understand the complete collections of publications within the Lakeland Village Records without these specific items' presence.

UW recommends that any and all correspondence be kept in the Lakeland Village Records collection. Our surveys of the Lakeland Village Records—those still at Lakeland Village as well as those accessioned and held at WSA—have shown that correspondence is prevalent throughout the various records series which depict Lakeland Village's history. Letters, postcards, and other personal correspondence produced by residents of Lakeland Village as well as by their family and friends are especially necessary to save; these are some of the rare documents in which Lakeland Village residents articulate their experiences in their own words, and the historical and sentimental significance of these materials cannot be overstated.

UW recommends that photographs be kept within the Lakeland Village Records collection, assuming that duplicates will be discarded as necessary. Alongside their informational and historical value, photographs and other visual materials can be of immense sentimental and emotional value, particularly for residents' relatives and loved ones.

Recommendations Specific to Record Type

UW recommends that appraisal of the aforementioned non-archival records (see Table [XXX]) for potential accession into the Lakeland Village Records collection be primarily focused upon retaining records that pertain to activities, essential functions, and events that would advance our collective knowledge about how Lakeland Village's residents, staff, and administrators experienced and contributed to the culture and operations of this facility.

Records which depict Lakeland Village as a workplace (e.g., Work Instructions/Desk Manuals) have the capacity to enrich our collective knowledge about the specific ways in which employees and volunteers participate in and contribute to the culture and history of Lakeland Village. These would complement other materials within the Lakeland Village Records which depict the contributions and day-to-day experiences of this facility’s administrators and other high-ranking staff. By understanding how employees and volunteers are directed to perform their required tasks and engage with residents during the completion of their work, future users of these records could also be provided with insights into some of the experiences of Lakeland Village residents without information about the residents themselves being directly disclosed.

Records which provide documentation of major events and the processes for resolving these major events, such as Corrective Actions–Audits, are very worthwhile to include in the Lakeland Village Records. These materials are capable of showing the ways in which this institution has evaluated and, where necessary, corrected and improved its own internal functions and practices. Being able to understand Lakeland Village’s evolution as a residential care facility through the records produced through these processes of evaluation and correction are crucial for seeing how institutional caregiving practices change and improve over time.

Records which illustrate the vibrant social culture of Lakeland Village–primarily the records classified as Celebrations/Ceremonies/Events – Routine–are vital to include in the Lakeland Village Records collection. Materials within this record type depict the many, many ways in which residents and staff enjoyed their time at Lakeland Village together; these materials include documentation of pageants, plays, talent shows, athletic events, holiday celebrations, and other similar events and activities. There is much joy, excitement, and triumph documented within these records, which deserves to be included in the collectively developed recorded history of Lakeland Village.

Resident Case Records and Family Support/Respite Files

Resident Case Records are a type of record that track all services provided for an individual resident prior to and during institutionalization at Lakeland Village. Family Support/Respite Files are an analogous type of record that track all services provided to individual shorter-term residents receiving family caregiver support provided by respite care at Lakeland Village. These records closely document the experiences of individual residents within this state-operated facility with unique descriptive richness and chronological comprehensiveness that is unmatched by other existing archival collections of this nature. For this reason, these records have tremendous value to researchers, educators, families of residents, individuals currently living with disabilities, and disability advocates within and beyond Washington state.

During UW team’s surveys of the Lakeland Village Records, the following genre-based categories of documents within Resident Case Records were identified.

Document Category	Definition	UW Recommendation
Admission	Documents which are used to gather information about a potential future resident of Lakeland Village prior to their arrival, and any other documents produced and used during the process of a resident’s formal entry into Lakeland Village.	Keep
Biomedical Surveillance	Documents which are created and used to monitor an individual resident’s health status and health outcomes; these provide granular, detailed documentation and are usually produced during focused encounters between medical providers and patients. This is,	Further Appraisal Required

	by far, the largest category with regards to the sheer volume of records and the number of discrete document types introduced and used over time.	
Confirmation of Information Received	Documents which are used to verify that sufficient communication of an event or process has occurred among the document's signatories.	Discard unless uniquely compelling
Consent	Documents which are used to confirm the signatory's agreement to the conditions set forth within the document.	Keep
Consent to Information Release	Documents which are used to confirm the signatory's agreement to the conditions set forth within the document; here, the agreed-upon conditions are focused on the logistics of information exchange among particular individuals or groups.	Keep
Correspondence	Direct interpersonal communication which occurs through the mutual exchange of text-based documents.	Keep
Court Documents and other Legal Paperwork	Documents created and used during individual residents' interactions with local, state, and/or federal courts; this category broadly includes any formally-structured legal documents.	Keep
Death	Documents which verify and describe an individual's death.	Keep
Discharge	Documents which are created and used during the process of a resident's formal release from Lakeland Village.	Keep
Families of Residents	Documents which are present in Resident Case Records and Family Support/Respite files, but are primarily focused on the residents' immediate family members, rather than the resident themselves.	Keep documentation of records requests and records transfers; otherwise, Discard unless uniquely compelling
Finances	Documents which record an individual resident's financial status and related financial transactions.	Discard unless uniquely compelling
Incidents	Documents which formally record granular details about an event which is unusual, unexpected, and undesired; these documents generally also include documentation of actions taken to ameliorate, soothe, and otherwise resolve the situation.	Keep
Individual Profiles	Documents which record observations and summarize insights into a resident's personal characteristics and ways of being; unlike Biomedical Surveillance documents, Individual Profiles are generally longform written documents which are not produced for the purposes of managing a specific diagnosis or recording biomedical attributes.	Keep
Information to be Understood at a Glance	Documents which summarize and convey basic information about an individual resident; these documents rarely contain novel information, and generally synthesize information which is found in more granular detail elsewhere in the file.	Keep
Medical Insurance and Healthcare Coverage	Documents which convey information about a resident's health insurance coverage in relation to their residency at Lakeland Village.	Discard unless uniquely compelling
Movement of Residents	Documents which record and verify a resident's semi-permanent relocation beyond Lakeland Village's grounds and/or a resident's permanent relocation within Lakeland Village grounds; these are related to but distinct from Discharge documents.	Keep when not redundant
Overall Health and Well-Being	Documents which are created and used to monitor an individual's health and well-being beyond the presence or absence of disease, infirmity, or other biomedical condition requiring therapeutic intervention. These documents may include insights about a resident's interests, interpersonal relationships, and other attributes of their lived experiences at Lakeland Village.	Keep when not redundant
Progress Reports	Documents which provide a longitudinal analysis and summary of a resident's advancement with regards to the acquisition of a particular skill or the accomplishment of a particular series of tasks.	Keep when not redundant
Psychological / Cognitive Evaluations	Documents which track and present results from formalized evaluations of a resident's psychological and/or cognitive state.	Keep

Recreation and Extracurricular Activities	Documents which are created and used during a resident's time spent participating in artistic endeavors, hobbies, sports, and other such activities. Documentation of religious practice is included within this category.	Keep
Residents' Belongings	Documents which track the possessions acquired over time by individual residents.	Keep when not redundant
School and Education	Documents pertaining to an individual resident's schooling and education as relating to their residency at Lakeland Village.	Keep
Work and Vocation	Documents pertaining to an individual resident's employment and/or participation in vocational training and activities during their residency at Lakeland Village.	Keep

Recommendations for Resident Case Records and Family Support/Respite Files based on documented date of discharge

RCRs and FSRs are organized chronologically by discharge date, beginning in 1892. This means that RCRs and FSRs are chronologically cumulative and contain material from earlier historical periods. For example, one box of RCRs dated "up to 1935" includes files for residents admitted as early as 1892 and contains files with materials documenting residents' experiences at Lakeland Village throughout the 1900s, 1910s, 1920s, and early 1930s. Records with later dates tend to be thicker, containing greater details on the lives of residents. This is due to systematic changes to record-keeping practices, which proliferated the number of documents kept on each resident over time. As well, the files of individuals with a longer period of residence within the institution are necessarily classified according to a corresponding later date of discharge. Accordingly, UW's recommendations are tiered chronologically, according to the date upon which the records are classified as no longer in use.

Regardless of date, RCRs include residents' birthplace, parentage, and family history, demographic information such as age, race, and religion, information about the resident's physical and mental health condition. They also typically include the results of psychological and intelligence tests, a medical procedure log, residential and work assignments, and institutional administrators' correspondence with state boards, parents, guardians, other caretakers, and sometimes even the residents themselves. Many include a record of resident's work, school, and extracurricular activities and an assessment of their performance in each area, reports on their relationships to staff and other residents, lists of their belongings, a record of escapes or leaves from the institution, and disciplinary actions. Some RCRs also include social worker's reports on individuals placed on parole or experimental leave, death certificates, and discharge papers. Finally, RCRs occasionally include a modern Disclosure to Descendants form, PHI Disclosure Accounting Log or Request for Records, which indicate that descendants have sought information on kin who were residents at Lakeland. These offer evidence of the significance of early and mid-twentieth century RCRs to present-day descendants.

Family Support/Respite Files (FSRs) date to the earliest observed discharge date of 1982, and the vast majority date from the 2000 to 2024. UW team's survey indicated that these generally contain similar genre-based categories of documents as the RCRs. As with Resident Case Records, some residents have a single folder, and some residents have multiple folders and those are sometimes found across multiple boxes.

RCRs and FSRs with discharge dates between 1800s–1949 should be kept with no weeding

A substantial majority of these records can be verified to be beyond the purview of HIPAA. Furthermore, depending on the enacted definitions of protected health information, there are relatively fewer documents which directly record PHI produced during this timeframe than RCRs and FSRs produced in later years. Many people's lives—and major shifts in biomedical,

sociocultural, and political practices—are represented in these early records. According to the resident numbers as expressed in the Existing Descriptive Metadata field of the inventory, there are approximately 22–180 residents per box, with approximately 53 boxes within this date range.

RCRs and FSRs with discharge dates between 1800s and 1949 are slim files each of which pertain to a single resident. These materials document important transformations in systematic approaches to state care for intellectually and developmentally disabled (IDD) individuals and their correspondent impact upon the experiences of administrators, staff, residents, and families of residents in the evolution of the institution from the School for Defective Youth (1886-1905), Institution for Feeble Minded (1905-1917), State Custodial School (1917-1937), Eastern State Custodial School (1937-1947), and Lakeland Village (1947-1949).

Records from the 1880s to 1910s are quite sparse, primarily containing documents such as the "Institution for the Feeble Minded: Application and Personal Description" form and the "Etiological History" form, both crucial for commitment processes. These files often include Superior Court Orders for commitment and Physician's Certificates, along with some handwritten correspondence between families and institutional staff regarding medical updates and personal needs.

In contrast, RCRs from the 1910s to 1920s are more detailed, reflecting a rise in commitments and the introduction of specific legal documents for state Custodial Schools. The standardization of intelligence testing by the mid-1920s led to the inclusion of Mental Examination scorecards, such as the Stanford Achievement Test, in many records. There is often correspondence between family and administrators discussing and contesting placements and leaves. Notably, materials contained in Lakeland Village records from this period includes significant information on other Washington state institutions that individual residents of Lakeland Village interacted with before and after their time at Lakeland, such as the Washington State Training Schools in Chehalis and Grand Mound.

From the 1930s to 1940s, RCRs expanded significantly, documenting ongoing family relationships and the standardization of resident policies. This period sees the introduction of detailed documents like Clothing Lists and Petitions for Visits, along with typewritten Patient Index Cards that encompass biographical and medical information. Most files from the 1930s include photographs and Statistical Cards. Documents from this era such as educational records, psychiatric reports, and social histories reveal the actions and opinions of Lakeland residents, albeit filtered through the record-keeping practices of staff and administrators. Additionally, starting in the late 1920s through the 1940s, some records show instances of state-sponsored sterilization. These include sterilization packets detailing findings and orders of the Institutional Board of Health and consent forms signed by administrators, doctors, and relatives of residents related to the procedure, indicating a troubling aspect of institutional practices during that era.

UW recommends keeping these Resident Case Records intact, without discarding any of the documents they contain. In comparison to files produced closer to the present day, these files are relatively sparse, due to documentary capabilities and requirements during this time; many of the different document types which can be identified in subsequent time periods have not yet been introduced into regular use. There is very little redundancy in these files, which convey major shifts in biomedical, social, and political practices; weeding out any documents from these records would significantly jeopardize future users' ability to understand this time period in Lakeland Village's history.

RCRs and FSRs with discharge dates between 1950–1969 should be kept with minimal weeding.

A majority of these records can be verified to be beyond the purview of HIPAA. This period was marked by statewide reforms for care, treatment, education, prevention of “mental retardation,” and the development of community services including the initiation of Lakeland Village’s community home placement program and the elimination of involuntary (criminal) commitments to Lakeland Village and other state residential schools. Records from this era reflect these transitions, as well as the adoption of a psychotherapy program and an increase in use of pharmaceuticals, including the controversial use of tranquilizing drugs on over 100 children at Lakeland Village to address their “distractibility, destructiveness, lack of cooperation,” and their “inability to function in the institutional setting” in Spring of 1955. In 1967, the Interlake School was established to provide specialized services for the “non-ambulatory, profoundly, and severely retarded” at Medical Lake. According to the resident numbers as expressed in the Existing Descriptive Metadata field of the inventory, there are approximately 31–105 residents per box, with approximately 40 boxes within this date range.

In the 1940s, Lakeland began to implement a more standardized system of record-keeping which included double-sided file folders for each resident. In addition to records described above, these contained a photograph of the resident and significantly more documentation of routine medical surveillance, of minimal significance to researchers and educators. These files also include a new system of color-coded typewritten logs which compiled information from a variety of other documents into a single, chronological record of residents’ lives. These consist of a blue medical log of medical procedures, pink log of social workers communications with families, background checks, home visits, and reports from other social welfare institutions outside of the institution before, during, and after resident’s institutionalization, and a yellow log in which Lakeland attendant staff report on residents’ experiences within the institution each month, focusing on their behavior within residential halls and on work placements. These documents offer rich insight into the daily experiences of residents, consolidating staff reports, psychiatric evaluations, and interviews with residents to offer a snapshot of key events and, at times, direct quotations from residents themselves. They indicate how administrators and staff made decisions about eligibility for experimental leave, sterilization, or discharge, and also reveal the agency of residents by documenting Lakeland residents’ exercise of agency through self-advocacy, questioning authority, expressing desires for freedom, forming peer-to-peer relationships, and resisting institutional violence.

UW recommends that these Resident Case Records be left largely intact. While files produced during this era convey a relative increase in documentary types and quantities, many document types—particularly those within the Biomedical Surveillance and Overall Health and Well-Being Surveillance categories—have not yet been introduced into regular use. Thus, UW recommends that appraisal of these records be focused upon keeping a majority of the documents within these files, with attention primarily focused on reducing or eliminating redundancy.

RCRs and FSRs with discharge dates between 1970–1979 should be kept with some weeding.

Many of these records can be verified and/or assumed to be beyond the purview of HIPAA. Expansive shifts in both biomedical capabilities and in recordkeeping practices result in noticeably increasing quantities of records per resident. In this period, record-keeping practices changed, consistent with the newly reorganized Washington State Department of Social and Health Services’ (DSHS) establishment of a Case Services program which replaced the institution as a point of entry for developmental disability services in the state. Records also reflect Lakeland Village’s retooling of its organizational goals and approaches to more fully honor the

rights of residents. Policies shifted towards implementing prescriptive rehabilitation programs and attempting to develop residents' capacity for independent living. According to the resident numbers as expressed in the Existing Descriptive Metadata field of the inventory, there are 4–125 residents per box, with approximately 89 boxes within this date range.

UW recommends that weeding for these Resident Case Records be primarily focused upon reducing or eliminating redundancy, as is the case for prior time periods; that said, redundancy is increasingly prevalent in files produced during this time period. Recordkeeping practices and devices—especially those used to collect and interpret data about residents' medical conditions and psychological/cognitive states—were becoming increasingly complex during this time, resulting in the routine production and use of more granular, detailed records about individual residents' health and well-being. Alongside these advancements, expansions in the sheer quantity of records produced during this time period reflect major political shifts relating to the rights of patients and their families; disclosure of information about the provision of healthcare; and bureaucratic jurisdiction over state-run residential care facilities. With regards to Biomedical Surveillance documents, attention should be focused upon establishing a consistent level of temporal granularity which can be used to guide appraisal decisions; UW recommends that routine biomedical documentation at a daily or weekly level be discarded, except in uniquely compelling circumstances.

RCRs and FSRs with discharge dates between 1980–1989 should be kept with moderate weeding.

Records within this timeframe are generally still within the purview of HIPAA; while this means that access to these records will necessarily be restricted to the interested public, residents and their families have the right to request and access these records. Records from this period reflect continuous decrease in the numbers of Lakeland Village residents and the facility's struggle to adhere to the standards necessary for federal funding for residential services for developmental disability. By the end of this decade, a DSHS task force recommended the development of resources to place hundreds of Residential Habilitation Center (RHC) residents in communities and increase staffing ratios for other residents continuing to live within state institutions. According to the resident numbers as expressed in the Existing Descriptive Metadata field of the inventory, there are 2–8 residents per box, with approximately 115 boxes within this date range.

UW recommends that Lakeland Village and DSHS consider including residents and their immediate family members in the decision-making process about these records' potential accession to WSA; a more detailed articulation of this recommendation may be found on elsewhere in this report. If this recommendation is enacted, UW suggests that efforts to discuss records transfers with residents and their families be prioritized over appraisal and weeding.

For those Resident Case Records and Family Support/Respite files from this time period which are kept in the Lakeland Village Records, UW recommends that weeding be focused upon reducing or eliminating redundancy, particularly for Biomedical Surveillance documents. Surveys of these files indicated that computers were introduced into Lakeland Village's caregiving practices during this time period; these devices are instrumental in major expansions to recordkeeping practices, particularly those which document health-related conditions. As with prior time periods, UW recommends that routine biomedical documentation at a daily or weekly level be discarded, except in uniquely compelling circumstances.

RCRs and FSRs with discharge dates between 1990–2025 should be kept with substantial weeding.

Records within this timeframe are still within the purview of HIPAA and should be made available to residents' families and loved ones upon request. These records include a lot of redundancy and granular detail; while this is necessary for daily life at LV, other stakeholders may not be as interested in this degree of detail. According to the resident numbers as expressed in the Existing Descriptive Metadata field of the inventory, there are at most 2 residents per box, and a majority of individual residents' case files consist of multiple boxes. There are approximately 1,673 boxes within this date range.

UW recommends that Lakeland Village and DSHS consult with residents and their immediate family members about their preferences for their records' potential accession to WSA; a more extended discussion of this recommendation may be found elsewhere in this report. If this recommendation is operationalized, UW suggests that efforts to communicate with residents and their families about their preferences be prioritized over appraisal and weeding.

For those files from this time period which are kept in the Lakeland Village Records, UW recommends that appraisal for these records be focused upon reducing redundancy within these files. Biomedical Surveillance documents within these files are routinely produced at daily, weekly, monthly, quarterly, and annual intervals; we recommend that documents which routinely measure or document a resident's health at daily and weekly intervals be discarded, except in uniquely compelling circumstances. This would substantially reduce the extent of these files without significantly compromising future users' ability to understand this aspect of a resident's lived experiences at this facility. Progress Reports are also maintained with heightened granularity during this era; there is significant variation in the types of behaviors and tasks tracked, and this tracking can be done at varying levels of granularity. Similarly to Biomedical Surveillance documents, UW recommends that Progress Reports tracking residents' advancements on a daily or weekly basis be discarded.

Appendix F

UW: Condition of Records and Artifacts and Preservation Required

The vast majority of these records are textual documents made of paper; photographs, photographic negatives, film slides, film reels, radiographs, medical devices, and three-dimensional artifacts are also included in this collection.

UW collaborators had very few concerns relating to the general condition of the records currently being stored at Lakeland Village; overall, these records appear to be in good shape, with very little (if any) apparent damage from mold, water, pests, or other external source. Metal components of these records (i.e., staples, paper clips, and other fasteners intended to organize discrete sheets of paper) were noted to be rusting, particularly in the records which are relatively oldest; this rusting is to be expected, considering the age of the records where it is most apparent. Rusted metal components were largely causing paper discoloration but were not observed to be damaging the informational content of the records, nor were these noted to pose major physical safety concerns for future users. Dust is evident on the records' original boxes, and UW recommends that workers who move records from their original boxes into WSA-approved boxes wear a mask when doing so. Fortunately, many of the records currently stored at Lakeland Village are already in WSA-approved boxes.

UW: Access Considerations

UW acknowledges that medical records are deeply personal and support the protections offered by the federal Health Insurance Portability and Accountability Act (HIPAA), which limits public access to medical documents for fifty years after an individual's death. Along with relevant Washington state privacy law, we acknowledge that these safeguards are important for preserving privacy. However, an overly cautious approach which errs on the side of restricting access to these records, particularly in the case of the Lakeland Village Records, risks preventing family members, descendants, and researchers alike from accessing critical information that should legally and ethically be available to them. In our recommendations, UW seeks to properly balance the public interest with the state's responsibilities to safeguard individual privacy in accordance with state and federal law.

First and foremost, UW recommends that a distinction be made between records which contain diagnostic or other biomedical information because they are created and used for the purpose of biomedical surveillance and therapeutic intervention (e.g., immunization records, pathology reports), and records which contain a resident's name and/or image and an acknowledgement of their status as a Lakeland Village resident as a result of being created and used within this state-operated facility. To broadly deny access to the Lakeland Village Records, or specific records series within this collection, based solely upon the designation of an individual resident's name/image and their status as a resident of Lakeland Village as 'protected health information' (PHI) and thus subject to federal and state-level privacy regulations is to risk erasing these Washingtonians' lives from the historical record; this would significantly undermine the reparative intentions of SSB 6125, which does explicitly include 'medical records' alongside other forms of documentation as within the scope of this work. Here, UW reminds our readers that extending this interpretation of PHI to collections beyond the Lakeland Village Records would effectively prevent anyone with a visible or implied disability, injury, or medical condition from being included in Washington's historical record, thus disenfranchising thousands of Washingtonians from recognition of their contributions to our state's history. Along these lines, UW urges our readers to consider that other publicly-accessible collections of records could also be argued to contain PHI under this narrow interpretation, such as those records which document instances of interpersonal and/or state violence resulting in injury or death, or records which document personal and collective advocacy amidst public health crises. If records such as these were also to be placed under access restrictions based upon a classification of individuals' names and a potential acknowledgement of an existing medicalized condition as PHI, our ability to comprehensively understand the Civil Rights Movement; LGBTQ+ communities' activism and advocacy; the HIV/AIDS pandemic; Black Lives Matter protests; the COVID-19 pandemic; Indigenous communities' relations with colonial governments; and many other pivotal aspects of our history would be significantly compromised.

In recognition of the numerous perspectives around the balance to be struck between privacy and transparency with regards to the Lakeland Village Records, we recommend continued, focused engagement with the logistics of access in ways which include all relevant stakeholder groups. In this recommendation, we strongly encourage a series of roundtable discussions with representative stakeholders, in which each group's needs, interests, concerns, and ideas are stated with intentions of informing the access restrictions which will eventually be placed upon the Lakeland Village Records. These roundtable discussions should be oriented towards the goal of an Access Restrictions policy which is amenable to all stakeholders' needs and perspectives.

This recommendation is in alignment with previously stated recommendations encouraging discussions with Lakeland Village residents and their families about their preferences for their Resident Case Records and Family Support/Respite files. By meaningfully and consistently including this collection's contributors and stakeholders in decision-making processes, the Lakeland Village Records will be an archival collection which communicates this facility's history in an inclusive, reparative way.

UW anticipates that organizing, scheduling, and synthesizing Access Restriction policies from the aforementioned roundtable discussions with stakeholders will take time. While this process occurs, UW recommends that WSA facilitate appropriate access to records containing PHI on a case-by-case basis, in alignment with existing federal and state laws. UW also recommends that records series within the Lakeland Village Records which are unlikely to contain PHI, by any interpreted definition, be processed and made available to the interested public according to WSA's current practices. This would include several record types which are already designated as Archival with Appraisal Recommended or Archival for Permanent Retention, including Capital Construction Project – Significant Buildings/Facilities; State Publications; and Establishment/Development History of Agency/Programs.

Appendix H

UW: Steps to Preserve the Records and Artifacts

Cataloging records

UW recommends that the Lakeland Village Records generally be catalogued at the series level. Some records series may benefit from description at the folder level, such as administrative records and subject files; these decisions should be dependent on how valuable such description could potentially be to these records' prospective users. We believe that the decision to catalogue at either the series or folder level should be based upon the archivist's judgment about how to most effectively facilitate access to these materials (Society of American Archivists, 2020). Inventories which are created and used by WSA staff should be made available to patrons upon request, in keeping with existing practices. Examples of UW's recommendations about how to catalogue the Lakeland Village Records may be found in Appendix [XXX], which provides a sample finding aid for this collection.

RCRs and FSRs should not be described at the folder level in public-facing documents, and we recommend that RCRs and FSRs be described at the series level in public-facing catalog records, finding aids, and inventories, along with an approximate range of creation. It may be beneficial to use the Master Patient Index as a starting point for creating a folder-level inventory of RCRs and FSRs, as this document contains much of the same information used to organize folders within these series. UW recommends that a folder-level inventory of RCRs and FSRs not be readily shared with interested patrons, in contrast to our recommendations for other record types.

In the Lakeland Village Records' finding aid, we recommend that creators of these records be named by their role at Lakeland Village; we strongly recommend that Lakeland Village residents should be explicitly named as one of the creators of these records, alongside the facility's administrators, medical personnel, and other staff. In its definition of Element 2.6, Name of Creator(s), DACS notes that this descriptive element "identifies the corporate bodies, persons, and families associated with the creation, assembly, accumulation, and/or maintenance and use of the materials being described so that they might be appropriately documented" (2020, 31). The residents of Lakeland Village undoubtedly fulfill this definition; just like Lakeland Village's staff, they are active contributors to this facility's rich history, and they should be recognized as such.

Connections should be firmly established between the Lakeland Village records and other aforementioned collections which contain records produced by/about this facility. We recommend that the Lakeland Village records' digital finding aids and catalog records include hyperlinks to the Records of the Board of Control; Records of the Department of Business Control; Records of the Department of Institutions; Records of the Department of General Administration; Records of the Department of Public Institutions; and Records of the Department of Social & Health Services.

Processing records

In keeping with Washington State Archives' current practices, any paper records, photographs, photographic negatives, and films still in their original boxes should be moved into acid-free WSA archival storage boxes. Rusted staples and other metal components could be removed from documents, particularly when discoloration or disintegration is visible.

UW recommends that RCRs be kept and stored in their original folders, as the folders themselves are often labeled in ways that could be useful in identifying specific individuals' folders, and which indicate shifts and advancements in caregiving practices at Lakeland Village. RCR folder labels generally include a resident's first and last name, their discharge number, and their date of discharge; depending on the recordkeeping practices during the records' creation and use, additional information is sometimes included on the outside of the folders. Based upon our survey, we did not notice comparably rich documentation practices on the folders of other types of records stored at Lakeland Village.

UW recommends that the process of records removal should be acknowledged and documented within the Lakeland Village Records. This is in alignment with observed existing practices which provide documentation of records removed or duplicated in the fulfillment of a records request, particularly in cases of repatriation in which a Residential Case Record is returned to the resident and/or their relatives. Documenting the process of records' removal from a collection ensures transparency about changes made to the collection's contents over time.

Digitizing, microfilming and indexing records

Generally, records should be digitized on a case-by-case basis (i.e., in response to WSA-approved records requests), in alignment with standard WSA practices. UW does not recommend large-scale digitization of the text-based documents in the Lakeland Village Records, as this would not align with existing practices at WSA.

To support patrons' discovery of the Records of Lakeland Village, UW suggests that a small selection of photographs be digitized and added to WSA's Digital Collections. Doing so would visually place Lakeland Village in Washington state's history and would also be useful in pointing interested patrons to the Records of Lakeland Village. Until Access Restrictions are formally established for the Lakeland Village Records, UW recommends that this representative sample be composed of landscape/architectural photographs and other photographs in which specific individuals would not be easily identifiable.

UW recommends that the Master Patient Index (already designated for permanent retention) be digitized and digitally indexed for internal WSA use. Having a digitized, indexed version of the Master Patient Indexes could be extremely useful in identifying a specific resident's files for the purpose of fulfilling a records request from a resident's relatives. Such a resource would also be useful in managing researchers' requests to access RCRs and FSRs, as a searchable digitized index would be useful in identifying records which are and are not within the researchers' approved scope of work.

Appendix I

UW: Assessment of Lakeland Village Records with regards to Accession and Repatriation

As previously mentioned, UW recommends that Lakeland Village and DSHS actively include the perspectives of Lakeland Village's residents and their immediate family members in discussions regarding the potential accessioning of Resident Case Records and Family Support/Respite files to WSA. UW recommends that residents and their families be given the opportunity to decide if they would prefer that their records be returned to them; accessioned into the Lakeland Village Records; or discarded. This would foreground the autonomy of residents and their families in deciding how they would like to manage their records, and whether or not they would like for their records to be included in this archival collection. Our recommendation to prioritize the preferences of residents and their families in accessioning, transferring, or discarding Resident Case Records and Family Support/Respite files, is made in alignment with HIPAA and existing Washington state laws regarding PHI ownership and disclosure; this recommendation is also based upon federal laws which dictate repatriation practices between Indigenous communities and non-Indigenous repositories which hold their representative objects.

UW recommends that Lakeland Village, DSHS, and WSA actively pursue compliance with the Native American Graves Protection and Repatriation Act (NAGPRA) ([25 USC 32](#)) and associated regulations ([43 CFR 10](#)), including repatriation of materials. *Repatriation* is the term used to denote the deaccessioning of material documentation of Indigenous communities from Western repositories back to the originating tribes ([citation](#)). 'Material documentation' can include human remains, photographs, textual documents, audio recordings, ceremonial objects, stolen artifacts, ethnographers' notes from time spent with tribal members, and other items with cultural significance.

Based upon the demographics of Washington state and the geospatial proximity of Lakeland Village to several Indigenous communities, including the Colville Reservation and the Spokane Reservation, it should be assumed that some of the Resident Case Records and Family Support/Respite files depict Indigenous residents, and thus likely include materials within NAGPRA's scope. In alignment with NAGPRA, UW thus recommends that Resident Case Records and Family Support/Respite files which depict members of Indigenous communities be identified, so that Lakeland Village and DSHS may consult with the originating tribes about their interest in repatriating these materials.

While full consideration of the Lakeland Village cemetery is beyond the scope of this project, UW wishes to draw attention to the possibility that some of this facility's Indigenous residents may have been laid to rest in this cemetery. UW recommends that Lakeland Village, DSHS, and WSA begin the process of managing this cemetery by identifying Indigenous residents' specific burial sites and initiating the process of repatriation for these residents' remains and associated funerary objects. While repatriation is often assumed to be initiated by Indigenous communities ([citation](#)), UW advocates for the holding institutions to take a proactive, reparative approach to this process.

UW: Future Plans for Historical and Educational Use

Relevance for Historical Research and Education

Introduction

In recent years, there has been a significant increase in both scholarly and public interest in destigmatizing mental disabilities and in documenting the historical experiences of individuals classified as intellectually or developmentally disabled (IDD) within state institutions. The recent discovery of records and artifacts at Lakeland Village presents a critical and unique opportunity for Washington state to join efforts by researchers, educators, activists, archivists, and policymakers across the country to preserve, communicate, and reconcile the complex histories of disability and institutionalization. It is imperative to make these collections open to researchers and educators, so that they can challenge ableist representations of disabled people characterized by stigma, pity, and fear, reconstruct historical narratives from the patient's point of view, and present fuller, more complex histories of disability and institutionalization.

Such efforts affirm the dignity of vulnerable populations within Washington state and the rights of intellectually and developmentally disabled individuals. These goals are consistent with the demands of disability rights groups for public engagement and accountability regarding the state's role in the historical segregation, confinement, criminalization, and sterilization of individuals with disabilities. Preservation and access will also be a critical first step towards the recovery and reconciliation for countless stories of individual Washingtonians and their loved ones whose lives were shaped through their interactions with public institutions. To recover, honor, and learn from lost histories of disability, we must preserve and facilitate access to the records and artifacts found at Lakeland Village.

Historical Preservation and Public Education Projects Across the United States

Today, researchers, archivists, and educators across the nation are working to address the lack of scholarship and documentation regarding the histories of disabled individuals. A survey by the Hogg Foundation for Mental Health reports that there are approximately 500 public and private projects dedicated to preserving the history of 372 historic schools and mental hospitals in the United States.^[i] Those projects that focus on preservation and development of records collections "go beyond standard archival acquisition, processing, and finding aid creation."^[ii]

To date, the most far-reaching initiative is the Massachusetts Special Commission on State Institutions (SCSI).^[iii] The Commission published its report in May 2025, which includes recommendations regarding records and records access across 25 historic sites relevant to issues presented in this Lakeland Village Records report.^[iv] These fall into the following categories:

- recommendations for changes to management, preservation, and access rules;
- recommendations for changes to laws around records access; and
- recommendations to improve access for former patients/residents or their families and researchers.

Another notable example is Virginia's Central State Hospital Digital Library and Archives Project, which has fully digitized the hospital records and undertaken consultations with stakeholder communities. The project aims to document 100 years of the history of the first mental health care facility for African Americans in the country; to support work on revising the hospital's policies on retention, providing access, and ensuring privacy of historically significant materials; and to provide a model for other hospitals and states.^[v]

Other policy work on historic preservation has focused on institutional cemeteries and death records. Nationwide, 255 state institutions had or have cemeteries where an estimated 400,000 people are buried.^[vi] In Washington, the Grave Concerns Association has been active since 2000, installing grave markers at Western State Hospital, creating a public database for genealogy research, and lobbying for SSB 6678 Relating to the Release of Patient Records for the Purpose of Restoring State Mental Health Hospital Cemeteries.^[vii] Northern State Hospital's death records have also been digitized, and this year state funding was allocated for cemetery and gravestone restoration and a memorial to those who passed away there.^[viii] The Lost Alaskans: The Morningside Hospital History Project aims "to provide information to families still searching for loved ones who disappeared decades ago" because they were sent by the federal government to Morningside Hospital in Portland, Oregon between 1904 and the 1960s.^[ix] The all-volunteer researchers seek out and ask for public participation to find archives, burial records, court records, and interviews that help tell the stories.^[x]

Many of the preservation projects have also produced or planned a variety of opportunities for public education about the histories of state institutions and the individuals who lived and worked there. In Sedro Wooley, Washington, the local history museum hosts an annual "Remembering Northern State Hospital Public History Day" and exhibit, which centers tours of the former hospital grounds, presentations by former employees and local community members, archival photos and documents, books, and artifacts to tell stories about many of the experiences of staff and patients of Northern State Hospital.^[xi] In Pennsylvania, there is a multi-faceted preservation and public history initiative for the Pennhurst State School and Hospital. The Pennhurst Memorial and Preservation Alliance has produced a scholarly book, offers tours of the campus, and is planning a museum to house artifacts and educate about the history of disability rights.^[xii] The File/Life Stories project was an innovative co-creation of scholars and community archivists, which generated ways for members of the public to imagine the lives of Pennhurst residents. Connections were drawn between carefully selected resident files from the archives and the current day lives and interests of disability community members, by means of interactive arts, an exhibit, and a play. The project asked: "Often, archival research is done by scholars, but archives belong to all of us. What new stories might we find in the archives if we have personal connections to the history in the files?"^[xiii]

Overall, with a diverse range of focus and content, these historic preservation and public education efforts promote a collective understanding of the impact of public institutions on American society and on the lives of members of vulnerable social groups. They create opportunities for public accountability and reconciliation. Their goals and outcomes show that our recommendations for the Lakeland Village Records are consistent with initiatives that people all over the country consider to be important and feasible. Further descriptions and references to some of these projects can be found in Appendix L.

Stakeholders

The project to preserve and ensure future access to the Lakeland Village Records holds great significance for many stakeholders. This report identifies and discusses the potential research and educational value relevant to these groups:

- Residents (current and former), their Loved Ones, and their Descendants
- Present-day Disability Communities
- Staff (current and former) and Local Communities
- General Public

Residents and Families

Lakeland Village's history is vital to preserve because it is meaningful to the people most affected: the thousands of past and present Washington residents who lived there for part or even most of their lives, and their loved ones and descendants.

Former residents of Lakeland, Rainier School, and other Washington habilitation centers express an urgent need for information about their time spent there, in order to better understand their personal histories. A recent news story about state legislative work on closing habilitation centers began poignantly with the story of 78-year-old former resident Mike Raymond: he "doesn't remember a lot about his time at Rainier School," where he spent 14 years before leaving at age 20.^[xiv]

Family members also often express the profound importance of remembering, for recovering life stories silenced due to removals into state institutions, and for bringing dignity to memories of their disabled loved ones. One disability historian has recently written from her own experience about the harms of erasure: "Two of my family members had been written out of the family story.... I wondered how the knowledge of a rich, deep history of disability in my family would have changed my experience of my own daughter's diagnosis at age two as a disabled, non-speaking autistic person."^[xv] When Carrie Davidson was interviewed by the *Seattle Times* in their 2023 story about the "lost patients" of the former Northern State Hospital (Sedro Wooley), she wished to know more about her great-grandmother Lillian's life, death, and burial at Northern. Patient records from those decades may be lost but seeing her name printed in the asylum registry and the death records was meaningful to Carrie, to combat the "shame around her great-grandmother's story [that] snuffed her out from family history."^[xvi]

Disability Communities

For over fifty years, disability rights activists and their allies have fought for the rights of people with disabilities to define problems and evaluate solutions on their terms. Many protested the human rights abuses associated with the historical mass institutionalization of disabled people and advocated for policies to allocate public resources towards independent living.^[xvii]

Recovering the lost histories of marginalized and vulnerable groups of Washington residents helps to redress historical erasure, enables healing, and makes change possible. As disability historian Susan Burch has argued, "remembering nourishes relations, sometimes creating new ties, stories, and futures."^[xviii]

Because Washington is among the minority of states that still operate large IDD institutions, Lakeland Village is now likely one of the longest-running facilities in the country.^[xix] The records and artifacts at Lakeland Village represent perhaps the best-documented histories of care, control, resilience, resistance, and change in any state-operated institution. Within Washington state's disability community, stakeholders in the preservation of Lakeland Village's complex history include family and resident advocacy organizations such as Lakeland Village Associates, groups for and by people with intellectual and developmental disabilities such as Self Advocates in Leadership (SAIL), and disability rights organizations such as the Arc of Washington State.^[xx] Some of their origin stories even lie within the Lakeland Village Records. The various administrative and resident case records also hold stories of individual and collective activism, and community and relationship building.

The history of Lakeland Village is important for the disability community because of the leading role of Lakeland Village families and other Washingtonians in national histories of disability, institutionalization, and disability rights advocacy. Institutional policies and grassroots activism emerging from Lakeland Village had an early and oversized impact on events throughout the country. In turn, Lakeland residents and families were among the first to be affected by systematic changes to public assistance programs for disabled Americans. As discussed in prior sections of this report, families of Lakeland Village residents established the first statewide advocacy organization for individuals with IDD in 1936, which became critical to the national movement for the rights of children and adults with disabilities. And in 1969, Washington became the first state to allocate public funds for Group Home Programs that offered support for individuals with IDD transitioning from living in segregated institutions to living autonomously within the community. Because Washington state played a leading role in 20th-century movements for the rights of American citizens with IDD, the history of the state's oldest and longest-operating institution for individuals with IDD is not only typical of national trends but also prototypical and has significant importance to educators and researchers.

Staff and Local Communities

Preserving and understanding Lakeland Village's history is important to the past, present, and future people who work there. Categories of employees and others who worked at Lakeland Village include medical personnel and other direct care providers, social workers, maintenance and other support staff, administrators, and recordkeeping staff. Located in the city of Medical Lake in Spokane County, Lakeland Village continues to be a vital part of the local economy and culture. Over its long history, in some cases several generations within a family may have been employed there, and many staff have life-long familiarity with the campus and the population it serves.

The Lakeland Village Records collection will generate historical accounts that can honor the nuances and multiple perspectives of all historical actors. Histories can also serve to resist harmful myths and stereotypes that circulate not only about mental and cognitive disability, but about the nature of state-operated facilities and about the people who lived and worked there. The work of recovering and preserving the records and artifacts will play a role in eventually rectifying any disrespectful violations of historic sites and materials. These might include for instance the Lakeland Village Cemetery and other local cemeteries where many residents were buried, or any authorized and unauthorized uses of the facility's building or grounds for instance for filming or tours. Finally, knowledge of past practices should inform future policy-making that impacts the employment options and well-being of the local community, as state legislators respond to ongoing changes in the politics and economics of care for some of the most vulnerable people in Washington. Histories and archives should help with planning ways forward that do not replicate past injustices.

General Public

Members of the general public are often unaware or misinformed about the complex history of disability, mass institutionalization, and related movements for deinstitutionalization and independent living in the United States. Since the mid-19th century, approximately 600,000 people labeled with intellectual and developmental disabilities have lived in public institutions, some for periods of months or years, and others for decades and even their entire lifetime.^[xxi] Between 1850 and 1950, institutions for the "feeble-minded" were among the largest public investments in the nation.^[xxii] However, the history of state institutions and the stories of people

who have lived, worked, and died there remain shrouded in “stigma, speculation, and sensationalism.”^[xxiii]

A variety of factors have contributed to widespread public ignorance about the historical experiences of disabled people within state institutions. First, the stigma surrounding intellectual and developmental disabilities means that individuals with IDD have been overlooked in the present and in the past. Their stories are marginalized and erased at the national, state, and local level, and in many cases, hidden away from families’ genealogical knowledge. Segregation fosters ignorance when people simply don’t see or have opportunities to interact with disabled people in the community.

Second, a dramatic decrease of the prominence of state institutions on the American imagination and physical landscape poses challenges to preserving the history of mass institutionalization in the United States. Half of these facilities have permanently closed and those remaining active have dramatically downsized since their peak in the mid-20th century.^[xxiv] As institutions close and building ownership changes hands, records and artifacts that capture historical experiences are dispersed and sometimes destroyed, leaving innumerable individual lives unrecoverable and local histories incomplete. Ironically, the very success of the independent living movement in bringing about an end to mass institutionalization has generated challenges to the preservation of the history to which it responded.

Finally, a pattern of practices, intentional and unintentional, has created systematic barriers which prevent researchers, preservationists, and the general public from accessing histories of disability and state institutionalization. A two-year investigation by the Massachusetts Special Commission on State Institutions, the first state-sanctioned human rights inquiry into the institutionalization led by people with disabilities, found that documents and records telling the story of the states’ historical treatment of people with disabilities in Massachusetts were being “kept from survivors, descendants, scholars, and the public, while the records themselves were being mishandled, lost, sold on private markets, and destroyed.”^[xxv] For instance, well-intentioned state policies to protect the privacy of individuals sometimes generate indefinite restrictions on historical mental health records, which pose immense challenges to the general public seeking to better understand these histories, a public which includes institutional survivors and their families.

Research and Education in Historical Disability Studies

The Field of Disability Studies

As historians and archivists specializing in the study of disability at the University of Washington, our preliminary review convinces us of the immense value of the Lakeland Village Records to the field of disability studies. Influenced by the Disability Rights Movement of the 1970s, the interdisciplinary field of disability studies emerged in the mid-1980s. Although diverse in their approaches, disability scholars and activists collectively challenge the medical model of disability as an individual, physical defect in need of a cure, arguing that disability is a mode of difference that only became a problem within certain contexts or environments.^[xxvi] Since its emergence in the late 20th century, this “social model of disability” has advanced a positive sense of collective identity among disabled people, facilitated the formation of political associations for disability rights, and offered language to challenge the exclusion of disabled people in public life.^[xxvii]

Disability studies scholars explore how different minds, bodies, and behaviors are historically constructed as “disabilities,” or deviations from an imagined norm.

scholar Simi Linton argued in 1998, “Disability Studies takes for its subject matter not simply the variations that exist in human behavior, appearance, functioning, sensory acuity, and cognitive processing, but more crucially, the meaning we make of those variations.”^[xxix] Theoretically, the field considers disability as a category that can be analyzed to understand power, hierarchy, and social order. Topically, the field centers the voices, experiences, and actions of disabled people.^[xxx] By analyzing archival evidence, historians of disability denaturalize the traditional ways that disability is constructed in society and bring the experiences and self-understandings of disabled individuals and communities to light.

History of Intellectual and Developmental Disabilities (IDD)

Even within the field of Disability Studies, there is limited research and scholarship on the history of feeble-mindedness, IDD, state-run institutions, and the deinstitutionalization movement, in comparison to histories of physical disabilities or histories of madness (mental illness). This is due to the paucity of archival sources on the day-to-day experiences of people classified as having intellectual and developmental disabilities and because of a widespread failure to critically engage with IDD’s historically constructed nature. For instance, popular images and legal definitions represent IDD not only as a kind of unquestioned “deficiency” but also as a challenge to the nation, to the family, and to the notions of rationality and humanity upon which citizenship rights are based in Western legal and cultural traditions.^[xxxi]

The existing scholarship on the history of IDD has analyzed the ways that IDD has been constructed in society and its evolution across different periods of US history within arenas of politics, society, medical science, and the family.^[xxxii] At present, most histories of institutionalization focus on the building, management, and closure of mental institutions (historically called “asylums”). However, relatively little has been written about the origins and operations of the state custodial schools for the “feeble-minded.”^[xxxiii] A few recent studies have begun to fill this gap by analyzing state and medical archives to tell stories of eugenic incarceration and sterilization in state institutions for IDD in locales such as California, Minnesota, and Alberta.^[xxxiv] Along another track, some recent projects have published sweeping historical surveys contextualizing recent comparative data on trends in care of people with IDD in state-operated facilities in all 50 states.^[xxxv]

Overall, a primary limitation of the traditional scholarship on institutionalization is that it tends to rely primarily on official accounts of facilities. Studies generally privilege the perspectives of medical-scientific experts and other authorities because they fail to denaturalize constructions of IDD and because they lack the archival sources, such as resident case files, which can be used to reconstruct the stories of individual residents. In traditional historical scholarship and archival preservation, the voices of the powerful are easiest to hear a century later.^[xxxvi] However, since the 1970s, archivists and historians have developed sophisticated methods for doing social history or “history from below” by preserving, identifying, and centering perspectives of subaltern peoples. For instance, American historians have used the proliferation of documents generated by doctors, scientists, and social workers in public welfare and criminal justice institutions to uncover insights about the lives of ordinary people, especially members of economically and racially oppressed groups.^[xxxvii]

A recent wave of disability history and medical history publications use evidence from extant resident case files alongside oral histories to tell “unofficial stories” of insane asylums and IDD institutions that center the experiences of patients and staff.^[xxxviii] Preserving and facilitating access to the Lakeland Village records will fill important gaps in the history of disabilities in Washington state. Despite the significance of Lakeland Village in Washington state and the

history of disability in the United States, there has been no scholarly monograph or article on its history.^[xxxix] To celebrate the Washington state centennial, the Division of Developmental Disabilities (in 2013, the name changed to the current Developmental Disabilities Administration) Centennial Oral History Project chronicled the history of IDD services, from territorial days to the present. To preserve and communicate this history, oral histories were conducted with individuals whose careers had addressed issues associated with IDD, such as Frank Junkin, superintendent of Fircrest School, and Kathern Epton, state legislator and developmental disabilities advocate. Correspondingly, archival research was conducted to publish a chronological event timeline that served as a research tool for field interviews.^[xli]

While that project has provided invaluable information on the state history of services, it must be noted that the experiences, opinions, and expertise of people with IDD are conspicuously absent. Moreover, most individuals interviewed describe experiences at Rainier School, rather than stories of Lakeland Village, the oldest and most significant institution for individuals with intellectual and developmental disabilities in the state of Washington. The Lakeland Village Records collection holds important information and perspectives that historians will use to plan future oral history projects with residents, families, staff, and other stakeholders.

History of Eugenics

The Lakeland Village records are also critical sources for research, education, and public accountability regarding the eugenics movement and state-sponsored programs of sterilization targeting disabled Washingtonians. Washington state was prominent on the national stage for its roles in the early-20th-century eugenics movement, a trans-national ideology that had roots in American science and politics. Our state was at the forefront of eugenic policies for both national immigration restriction, led by Congressman Albert Johnson of Grays Harbor in 1924, and compulsory sterilization of those deemed genetically “unfit,” through the 1909 passage of the second sterilization law in the country.^[xli] From the late 1920s into at least the early 1940s, residents of Lakeland Village were subject to involuntary sterilization. Residents of the state mental institutions and their representatives also filed appeals to challenge the orders that they be surgically sterilized, and eventually a lawsuit succeeded in overturning the law in 1942.^[xlii]

At the present date, no historical study has been published on the scope of sterilization during this era of Washington state history, nor have scholars been able to produce a reliable count of those affected. Lakeland Village Records hold a key to this important history. Not only will they fill the gaps in statistical information, but more importantly they will tell us about who the victims were as people, beyond being mere statistics. Failure to preserve and facilitate access to the Lakeland Village Records would be equivalent to the erasure of the stories of survivors and the negation of accountability on the part of the state in the violence enacted against them.

Beyond Victimhood: Stories of Kinship, Resistance, and Joy at Lakeland Village

Extant records must be preserved, studied, and responsibly shared with the general public to account for this painful and complex past, affirm the present-day rights of disability communities, and inform decisions by policymakers, activists, and the general public regarding the future of public assistance for disability in Washington state. Based on our preliminary review, it is clear that the Lakeland Village Records reveal the explicit and implicit attempts by authorities to prevent people with disabilities from reproducing or participating in society through institutional policies of forced sterilization and segregation.

Yet the records are equally valuable because they tell stories of survival, resistance, and solidarity that cannot be reduced to experiences of victimhood. They also offer countless stories

involuntary confinement. For example, Resident Case Records offer evidence that former of persons who created or maintained familial, platonic, and romantic relationships in spite of residents frequently attempted to maintain contact with friends who remained at Lakeland as residents and staff, despite policies to the contrary. Equally important, files contain a vast archive of correspondence from residents' families and friends, indicating the maintenance of

kinship ties across institutional barriers, tying stories of Lakeland Village to histories of families across Washington state. As a result of these connections, the Lakeland Village Records also capture details relevant to histories of topics and communities with less complete surviving documentation, such as the histories of youth from Indigenous communities who were sent to public institutions for delinquency and disability in Washington state.

Research and Education Beyond Disability

The subject matter of disability studies and disability history centers on the lived experiences of people with disabilities. However, historians and disability studies scholars also explore how ableism and negative attitudes about disability have been used to restrict the rights and social participation of a wide range of people in American society, including but not limited to people we would consider disabled today. According to Disability Justice scholar-activist Talila Lewis, ableism is "a system of assigning value to people's bodies and minds based on socially constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness."^[xliii] An implication of this definition is that prejudices and negative attitudes about disability can impact many people. Historian Douglas Baynton argues that because disability has often functioned as an unquestioned justification for social and political inequality, disability has been used to justify civil and social inequality for marginalized groups such as women, Black people, and immigrants in United States history. In asserting their capacity and belonging, few of these groups have challenged the fundamental idea that disability could justify exclusion.^[xliv]

Disability historians who take up the call to excavate and elevate the voices of patients and other marginalized people will find a uniquely rich source of disability life stories in the Lakeland Village records. Moreover, because disability has intersected with conceptions of class, race, ethnicity, gender, and sexuality as well as citizenship, immigration, labor, education, incarceration, and social welfare, the Lakeland Village records are important to research and education in many fields. *For example:*

Other Disabilities

Some of the disability stories among the population served at Lakeland Village center on people who experienced epilepsy, other physical disabilities, and deafness, as indicated in some of the resident case files. These stories are of particular historical and educational interest to disability and D/deaf communities today. Washington's original School for Defective Youth was founded in Vancouver in 1886, and the trustees stipulated that the "feeble-minded department" should exclude children deemed uneducable as well as children with "loathsome and incurable diseases" such as epilepsy.^[xlv] Nonetheless, medical authorities and eugenicists often linked epilepsy with feeble-mindedness, and institutions such as Lakeland did serve epileptic youth. At the same time, some states operated "colonies for epileptics" in which the resident population included those labeled "idiots," "imbeciles," and "morons."^[xlvi] The Lakeland Village records will help to shed light on these complex, conjoined histories.

Histories of deaf people and the (cultural) Deaf community similarly overlap with the history of state care for people with intellectual and developmental disabilities. These populations intersected when Washington's institutional system for "defective youth" was set up in 1886,

and then in 1905, the residential school systems diverged into the “School for the Blind and Deaf” in Vancouver and the “School for Feeble Minded” in Medical Lake. The D/deaf community has a complex history with residential schools, as these often served as sites for community formation, but starting in the eugenics era they also became targets for cultural erasure and marriage limitation.^[xlvii] Eugenicists and others presumed that deaf people, especially deaf people of color, who did not have access to education were mentally inferior.^[xlviii] The Lakeland Village records can offer another lens into understanding how these kinds of accusations and associations played out in the lives of d/Deaf and disabled people.

Labor Studies / History

Although people with disabilities have historically been denied the status of “worker” in the American imagination, disability studies scholars estimate that approximately twenty five percent of residents were engaged in some type of institutional labor.^[xlix] The Lakeland Village records will enable scholars who research labor in Washington state to explore the crucial productive roles of Lakeland employees and residents.^[l] Resident case files, employee manuals, and a variety of other types of records show how labor practices among residents that ranged from well-compensated and personally fulfilling to compulsory and exploitative sustained both the institution and the regional economy.

Gender and Sexuality

Because Washington residents who were labeled with IDD or other disabilities also held other marginalized identities that compounded and complicated societal attitudes and treatments towards them, this collection will also create historical research and educational opportunities around the important subjects such as gender and sexuality. Scholars of eugenics and state institutionalization have uncovered evidence that non-conforming practices of gender and sexuality were often linked to constructions of disability, particularly among working-class populations in the neighboring states of Oregon and California.^[li] For example, poor and working-class women and girls with a history of pregnancy outside of marriage appear to have been disproportionately represented among individuals who were classified as feeble minded and make up the majority of those subject to compulsory sterilization in the Pacific Northwest. By detailing relationships between gender, sexuality, and disability in Washington state, Lakeland Village records will fill important gaps in this scholarship and offer critical insights to historians, feminist researchers, and queer studies scholars as well as present-day communities of gender marginalized people.

Conclusion: Recovering Marginalized Voices

The historical records uncovered at Lakeland Village, because of their comprehensive and individualized nature, offer an unprecedented opportunity for research and education that centers the marginalized voices of disabled people. Such histories hold the potential to “challenge the historian to interpret multiple perspectives” and often “contradict institutional sources in important ways.”^[lii] Perhaps most importantly, institutional records are often the only information available to genealogists, loved ones, and descendants of Lakeland residents hoping to glean a rare glimpse into the lives of their kin because of ongoing legacies of state-sponsored isolation and sterilization.

Records created by state institutions, especially those related to health care, can be interpreted as more than just factual accounts of activities and services provided. As archivist Lorrie Dong argues, “they can reify beliefs, influence social norms, and maintain structures of power.... Mental health records can serve as evidence of the beliefs emerging from and being reinforced

by the professional fields of psychiatry and medicine – and implicitly, society at large – at a given time.”^[liii] Historians of medicine primarily have access to administrative records such as intake registers that can give only the broadest overview of those professional and social beliefs.

It is therefore vitally important that individual-level files such as Resident Case Records be archived and available for study by medical historians and disability historians. “A conservative approach to the destruction of medical records should be taken because such documents can continue to help us understand and challenge our beliefs about mental illness, mental healthcare, and the purpose of records.”^[liv]

Resident Case Records in particular offer scholars—and potentially, the general public—a rare opportunity to understand an individual’s day-to-day experiences and also the arc of their lives within a state institution. In addition to the records created by staff and social workers, these files also contain experiential sources, or first-hand accounts of disability and other marginalized experiences. Compared to official documents, experiential sources such as letters are rarely preserved and often more challenging to locate and use. Even if they still exist, they appear in diverse formats and may not be archived or indexed as being about disability.^[lv] The files in the Lakeland Village collection include residents’ personal and familial correspondence, academic and creative work, and other ephemera such as photographs and interview transcripts. Because the field of disability studies and disability history emphasizes personal experience, research relies on access to individual-level sources to understand what disabled people did during their time in institutions and how they may have felt about it. The diversity of records found at Lakeland Village hold the potential to enable disability studies scholars to reconstruct the self-understandings of individuals and to trace disability life stories.

Bibliography

An Act Relating to the Release of Patient Records for the Purpose of Restoring State Mental Health Hospital Cemeteries, Pub. L. 6678-S, RCW (2004).

Baumgart, Howard D. *Over Fifty Years of Caring: A History of Rainier School and Mental Retardation, Buckley, Washington, 1939-1992*. With Rainier School. H.D. Baumgart, 1997.

Baynton, Douglas. “Disability and the Justification of Inequality in American History.” In *The New Disability History: American Perspectives*, edited by Paul Longmore and Lauri Umansky. NYU Press, 2001.

Baynton, Douglas. *Forbidden Signs: American Culture and the Campaign against Sign Language*. University of Chicago Press, 1996.

Beckwith, Ruthie-Marie. *Disability Servitude: From Peonage to Poverty*. 1st ed. Palgrave Macmillan US, 2016. <https://doi.org/10.1057/9781137540317>.

Braddock, David L., and Susan L. Parish. “An Institutional History of Disability.” In *Handbook of Disability Studies*. SAGE Publications, 2001.

Brecheen, Barbara. *Washington State Developmental Disabilities Services: An Historical Outline, 1861-1980*. State of Washington, Dept. of Social and Health Services, Division of Developmental Disabilities, 1988.

Brownstone, Sydney. “Northern State Hospital Patients’ Grave Sites to Get Memorial, WA Money.” *Seattle Times*, July 23, 2025. <https://www.seattletimes.com/seattle-news/times-watchdog/northern-state-hospital-patients-grave-sites-to-get-memorial-wa-money/>.

Brownstone, Sydney. “The Lost Patients of Washington’s Abandoned Psychiatric Hospital.” *The Seattle Times*, July 16, 2023. <https://projects.seattletimes.com/2023/local/lost-patients-WA-abandoned-psychiatric-hospital/>.

- Burch, Susan. *Committed: Remembering Native Kinship in and beyond Institutions*. The University of North Carolina Press, 2021.
- Caldbeck, John. "Eugenics-Based Forced-Sterilization Law Approved by Washington Governor Louis F. Hart on March 8, 1921." *HistoryLink*, June 2, 2022. <https://www.historylink.org/file/22489>.
- Carey, Allison. *On the Margins of Citizenship: Intellectual Disability and Civil Rights in Twentieth-Century America*. 1st ed. Disability in the Modern World (Text). Temple University Press, 2009.
- Center for Developmental Disabilities Evaluation and Research (CDDER). *Report to the Massachusetts Special Commission on State Institutions*. 2025. <https://www.mass.gov/info-details/special-commission-on-state-institutions-reports>.
- Chávez-García, Miroslava. *States of Delinquency: Race and Science in the Making of California's Juvenile Justice System*. 1st ed. Vol. 35. American Crossroads. University of California Press, 2012.
- Children Limited – The Arc Washington*. n.d. Accessed December 4, 2024. <https://arcwa.org/children-limited/>.
- Davis, King, Patricia Galloway, and Unmil Karadkar. "Final Report of Progress: Central State Hospital Archives Project." The Central State Hospital Digital Library & Archives Project, April 11, 2019. <https://coloredinsaneasylums.org/the-project/progress/>.
- Demkovich, Laurel. "WA Lawmakers Propose Closing Schools for People with Disabilities." *Cascade PBS*, April 16, 2025. <https://www.cascadepbs.org/politics/2025/04/wa-lawmakers-propose-closing-schools-people-disabilities/>.
- Dong, Lorraine. "Taking the Long View of Medical Records Preservation and Archives." *Journal of Documentation* 71, no. 2 (2015): 387–400.
- Downey, Dennis B., James W. Conroy, Dick Thornburgh, and Ginny Thornburgh. *Pennhurst and the Struggle for Disability Rights*. The Pennsylvania State University Press, 2020.
- Dwyer, Ellen. "The State and the Multiply Disadvantaged: The Case of Epilepsy." In *Mental Retardation in America: A Historical Reader*, edited by Stephen Noll and James W. Trent. New York University Press, 2004.
- Epton, Kathryn Ruth. *Oral History Transcript, Kathryn Ruth Epton: "The Gift of Inspiration from a Little Boy in Prison."* With Laurie Mercier and Washington (State). Division of Developmental Disabilities Centennial Oral History Project. Division of Developmental Disabilities Centennial Oral History Project, 1992.
- Ferguson, Philip. *Abandoned to Their Fate: Social Policy and Practice toward Severely Retarded People in America, 1820-1920*. Temple University Press, 1994.
- Ferguson, Philip M., Dianne L. Ferguson, and Meredith M. Brodsky. "Away From the Public Gaze": A History of the Fairview Training Center and the Institutionalization of People with Developmental Disabilities in Oregon. Western Oregon University, 2008.
- Fink, Jennifer Natalya. *All Our Families: Disability Lineage and the Future of Kinship*. Beacon Press, 2022.
- Green, Alex. *A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled*. Bellevue Literary Press, 2025.
- Haley, Sarah. *No Mercy Here: Gender, Punishment, and the Making of Jim Crow Modernity*. UNC Press Books, 2016.
- Hicks, Cheryl D. *Talk with You Like a Woman: African American Women, Justice, and Reform in New York, 1890-1935*. Univ of North Carolina Press, 2010.
- Hogg Foundation for Mental Health. "State School and Hospital Preservation: A Survey of the Field: Landscape Analysis and Interactive Map." 2025. <https://hogg.utexas.edu/research/dmhr/landscape-analysis>.

- Hylton, Antonia. *Madness: Race and Insanity in a Jim Crow Asylum*. Legacy Lit, 2024.
- Jensen, Kimberly. *Oregon's Others: Gender, Civil Liberties, and the Surveillance State in the Early Twentieth Century*. 1st ed. Emil and Kathleen Sick Book Series in Western History and Biography. University of Washington Press, 2024.
- Junkin, Frank. *Oral History Transcript, Frank Junkin: "Everybody Knows Something If You Just Listen."* With Timothy Frederick and Washington (State). Division of Developmental Disabilities Centennial Oral History Project. Division of Developmental Disabilities, 1992.
- Kelly, Cassius (Cash). *State School and Hospital Preservation: A Survey of the Field*. Hogg Foundation for Mental Health, University of Texas at Austin, 2025. <https://hogg.utexas.edu/research/dmhr/landscape-analysis>.
- Kudlick, Catherine J. "Disability History: Why We Need Another 'Other.'" *The American Historical Review* 108, no. 3 (2003): 763–93. <https://www.jstor.org/stable/10.1086/529597>.
- Ladd-Taylor, Molly. *Fixing the Poor: Eugenic Sterilization and Child Welfare in the Twentieth Century*. Johns Hopkins University Press, 2017.
- Lakeland Village Associates. "Lakeland Village Associates." Accessed August 21, 2025. <https://www.lakelandvillageassociates.org>.
- Lewis, TL. "Working Definition of Ableism - January 2022 Update." TALILA A. LEWIS. Accessed February 5, 2025. www.talilalewis.com.
- Linton, Simi. *Claiming Disability: Knowledge and Identity*. 1st ed. Vol. 14. Cultural Front. NYU Press, 1998.
- Malacrida, Claudia. *A Special Hell: Institutional Life in Alberta's Eugenics Years*. University of Toronto Press, 2015.
- Massachusetts Special Commission on State Institutions (SCSI). *Overview and Recommendations*. May 15, 2025. <https://www.mass.gov/info-details/special-commission-on-state-institutions-reports>.
- Morningside Hospital. "The Lost Alaskans: The Morningside Hospital History Project." <https://www.morningsidehospital.com/>.
- Penney, Darby and Peter Stastny. *The Lives They Left Behind: Suitcases from a State Hospital Attic*. Bellevue Literary Press, 2007.
- Price, Margaret. *Mad at School: Rhetorics of Mental Disability and Academic Life*. University of Michigan Press, 2011.
- Reaume, Geoffrey. "Patients at Work: Insane Asylum Inmates' Labour in Ontario, 1841–1900." In *Mental Health and Canadian Society*, edited by James E. Moran and David Wright. Historical Perspectives. McGill-Queen's University Press, 2006. <https://www.jstor.org/stable/j.ctt808s9.9>.
- Reaume, Geoffrey. *Remembrance of Patients Past Life at the Toronto Hospital for the Insane, 1870-1940*. University of Toronto Press, 2009.
- Rembis, Michael. *Writing Mad Lives in the Age of the Asylum*. Oxford University Press, 2024.
- Richards, Penny, and Susan Burch. "Documents, Ethics, and the Disability Historian." In *The Oxford Handbook of Disability History*, edited by Michael Rembis, Catherine Kudlick, and Kim E. Nielsen. Oxford University Press, 2018. <https://doi.org/10.1093/oxfordhb/9780190234959.013.10>.
- Richardson, Vince. "Remembering Northern State Public History Day Returns." *Skagit Valley Herald*, July 25, 2024. www.goskagit.com/news/.
- Robinson, Tavian. "'We Are of a Different Class': Ableist Rhetoric in Deaf America, 1880–1920." In *Deaf and Disability Studies*, edited by Susan Burch and Alison Kafer. Gallaudet University Press, 2010.
- Rose, Sarah. *No Right to Be Idle: The Invention of Disability, 1840s–1930s*. University of North Carolina Press, 2017.

S.A.I.L. "Self Advocates in Leadership (SAIL)." Accessed August 21, 2025.

<https://www.selfadvocatesinleadership.com>.

Shakespeare, Tom. "The Social Model of Disability." In *The Disability Studies Reader*, 4th edition, edited by Lennard Davis. Routledge, 2013.

Shapiro, Joseph. *No Pity: People with Disabilities Forging a New Civil Rights Movement*. Penguin Random House, 1993.

Stuckey, Zosha. *A Rhetoric of Remnants: Idiots, Half-Wits, and Other State-Sponsored Inventions*. State University of New York Press, 2014.

Tanis, E.S. *State of the States in Intellectual and Developmental Disabilities*. Kansas University Center on Disabilities, The University of Kansas, 2025. <https://stateofthestates.ku.edu>.

Temple University Institute on Disabilities. "File/Life: We Remember Stories of Pennhurst." Temple University Institute on Disabilities. <https://disabilities.temple.edu/programs-services/media-arts-culture/file-life-stories>.

The Pennhurst Memorial & Preservation Alliance. "The Pennhurst Memorial & Preservation Alliance." <http://www.preservepennhurst.org/>.

Trent, James W. *Inventing the Feeble Mind: A History of Intellectual Disability in the United States*. [Second edition]. Oxford University Press, 2017.

Whatcott, Jess. *Menace to the Future: A Disability and Queer History of Carceral Eugenics*. 1st ed. Duke University Press, 2024.

[i] Cassius (Cash) Kelly, *State School and Hospital Preservation: A Survey of the Field* (Hogg Foundation for Mental Health, University of Texas at Austin, 2025), 4, <https://hogg.utexas.edu/research/dmhr/landscape-analysis>.

[ii] Hogg Foundation for Mental Health, "State School and Hospital Preservation: A Survey of the Field: Landscape Analysis and Interactive Map," 2025, 18, <https://hogg.utexas.edu/research/dmhr/landscape-analysis>.

[iii] The Massachusetts Special Commission on State Institutions (SCSI) released two reports in May 2025: SCSI *Overview and Recommendations* (16 pages), and Center for Developmental Disabilities Evaluation and Research (CDDER), *Report to the Massachusetts Special Commission on State Institutions* (366 pages), <https://www.mass.gov/info-details/special-commission-on-state-institutions-reports>.

[iv] Massachusetts Special Commission on State Institutions (SCSI), *Overview and Recommendations*, May 15, 2025, 10–14.

[v] King Davis et al., "Final Report of Progress: Central State Hospital Archives Project," The Central State Hospital Digital Library & Archives Project, April 11, 2019, <https://coloredinsaneasylums.org/the-project/progress/>.

[vi] Kelly, *State School and Hospital Preservation*, 9.

[vii] Kelly, *State School and Hospital Preservation*, 11; An Act Relating to the Release of Patient Records for the Purpose of Restoring State Mental Health Hospital Cemeteries, Pub. L. 6678-S, RCW (2004).

[viii] Sydney Brownstone, "Northern State Hospital Patients' Grave Sites to Get Memorial, WA Money," *Seattle Times*, July 23, 2025, <https://www.seattletimes.com/seattle-news/times-watchdog/northern-state-hospital-patients-grave-sites-to-get-memorial-wa-money/>.

[ix] "The Lost Alaskans: The Morningside Hospital History Project," Morningside Hospital, <https://www.morningsidehospital.com/>.

[x] Morningside Hospital, "The Lost Alaskans."

- [xi] Vince Richardson, "Remembering Northern State Public History Day Returns," *Skagit Valley Herald*, July 25, 2024, www.goskagit.com/news/.
- [xii] "The Pennhurst Memorial & Preservation Alliance," The Pennhurst Memorial & Preservation Alliance, <http://www.preservepennhurst.org/>.
- [xiii] Temple University Institute on Disabilities, "File/Life: We Remember Stories of Pennhurst," Temple University Institute on Disabilities, <https://disabilities.temple.edu/programs-services/media-arts-culture/file-life-stories>.
- [xiv] Laurel Demkovich, "WA Lawmakers Propose Closing Schools for People with Disabilities," *Cascade PBS*, April 16, 2025, <https://www.cascadepbs.org/politics/2025/04/wa-lawmakers-propose-closing-schools-people-disabilities/>.
- [xv] Jennifer Natalya Fink, *All Our Families: Disability Lineage and the Future of Kinship* (Beacon Press, 2022), x.
- [xvi] Sydney Brownstone, "The Lost Patients of Washington's Abandoned Psychiatric Hospital," *The Seattle Times*, July 16, 2023, <https://projects.seattletimes.com/2023/local/lost-patients-WA-abandoned-psychiatric-hospital/>.
- [xvii] Joseph Shapiro, *No Pity: People with Disabilities Forging a New Civil Rights Movement* (Penguin Random House, 1993).
- [xviii] Susan Burch, *Committed: Remembering Native Kinship in and beyond Institutions* (The University of North Carolina Press, 2021), 20.
- [xix] For comparison to other states, see E.S. Tanis, *State of the States in Intellectual and Developmental Disabilities* (Kansas University Center on Disabilities, The University of Kansas, 2025), <https://stateofthestates.ku.edu>.
- [xx] "Lakeland Village Associates," Lakeland Village Associates, accessed August 21, 2025, <https://www.lakelandvillageassociates.org>; "Self Advocates in Leadership (SAIL)," S.A.I.L, accessed August 21, 2025, <https://www.selfadvocatesinleadership.com>; *Children Limited – The Arc Washington*, n.d., accessed December 4, 2024, <https://arcwa.org/children-limited/>.
- [xxi] Dennis B. Downey et al., *Pennhurst and the Struggle for Disability Rights* (The Pennsylvania State University Press, 2020), 8.
- [xxii] Kelly, *State School and Hospital Preservation*, 4.
- [xxiii] Kelly, *State School and Hospital Preservation*, 5.
- [xxiv] Kelly, *State School and Hospital Preservation*, 4.
- [xxv] *Overview and Recommendations Report to Massachusetts SCSI 2025*, 1.
- [xxvi] Tom Shakespeare, "The Social Model of Disability," in *The Disability Studies Reader*, 4th edition, ed. Lennard Davis (Routledge, 2013), 215.
- [xxvii] Shakespeare, "The Social Model of Disability," 216–17.
- [xxviii] Margaret Price, *Mad at School: Rhetorics of Mental Disability and Academic Life* (University of Michigan Press, 2011), 4.
- [xxix] Simi Linton, *Claiming Disability: Knowledge and Identity*, 1st ed., Cultural Front (NYU Press, 1998), 6.
- [xxx] Catherine J. Kudlick, "Disability History: Why We Need Another 'Other,'" *The American Historical Review* 108, no. 3 (2003): 364, <https://www.jstor.org/stable/10.1086/529597>.
- [xxxi] Allison Carey, *On the Margins of Citizenship: Intellectual Disability and Civil Rights in Twentieth-Century America*, 1st ed., *Disability in the Modern World (Text)* (Temple University Press, 2009), 1.

[xxxii] James W. Trent, *Inventing the Feeble Mind: A History of Intellectual Disability in the United States*, [Second edition]. (Oxford University Press, 2017); Carey, *On the Margins of Citizenship*; Philip Ferguson, *Abandoned to Their Fate : Social Policy and Practice toward Severely Retarded People in America, 1820-1920* (Temple University Press, 1994).

[xxxiii] Hogg Foundation for Mental Health, "State School and Hospital Preservation: A Survey of the Field: Landscape Analysis and Interactive Map." "Roughly 73% of historic state mental health institutions are not the subject of any published texts," Kelly, *State School and Hospital Preservation*, 14.

[xxxiv] Jess Whatcott, *Menace to the Future: A Disability and Queer History of Carceral Eugenics*, 1st ed. (Duke University Press, 2024); Molly Ladd-Taylor, *Fixing the Poor: Eugenic Sterilization and Child Welfare in the Twentieth Century* (Johns Hopkins University Press, 2017); Claudia Malacrida, *A Special Hell: Institutional Life in Alberta's Eugenics Years* (University of Toronto Press, 2015).

[xxxv] David L. Braddock and Susan L. Parish, "An Institutional History of Disability," in *Handbook of Disability Studies* (SAGE Publications, 2001); Tanis, *State of the States in Intellectual and Developmental Disabilities*.

[xxxvi] Ferguson, *Abandoned to Their Fate: Social Policy and Practice toward Severely Retarded People in America, 1820-1920*.

[xxxvii] Some exemplary monographs in this vein include: Cheryl D. Hicks, *Talk with You Like a Woman: African American Women, Justice, and Reform in New York, 1890-1935* (Univ of North Carolina Press, 2010); Sarah Haley, *No Mercy Here: Gender, Punishment, and the Making of Jim Crow Modernity* (UNC Press Books, 2016); Miroslava Chávez-García, *States of Delinquency: Race and Science in the Making of California's Juvenile Justice System*, 1st ed., vol. 35, American Crossroads (University of California Press, 2012).

[xxxviii] Monographs of insane asylums: Geoffrey Reaume, *Remembrance of Patients Past Life at the Toronto Hospital for the Insane, 1870-1940* (University of Toronto Press, 2009); Antonia Hylton, *Madness: Race and Insanity in a Jim Crow Asylum* (Legacy Lit, 2024); Darby Penney and Peter Stastny, *The Lives They Left Behind: Suitcases from a State Hospital Attic* (Bellevue Literary Press, 2007); Michael Rembis, *Writing Mad Lives in the Age of the Asylum* (Oxford University Press, 2024); Monographs on IDD institutions: Philip M. Ferguson et al., "Away From the Public Gaze": *A History of the Fairview Training Center and the Institutionalization of People with Developmental Disabilities in Oregon* (Western Oregon University, 2008); Zosha Stuckey, *A Rhetoric of Remnants : Idiots, Half-Wits, and Other State-Sponsored Inventions* (State University of New York Press, 2014); Downey et al., *Pennhurst and the Struggle for Disability Rights*; Alex Green, *A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled* (Bellevue Literary Press, 2025).

[xxxix] Howard D. Baumgart, *Over Fifty Years of Caring: A History of Rainier School and Mental Retardation, Buckley, Washington, 1939-1992*, with Rainier School (H.D. Baumgart, 1997), This is a trade (non-academic) historical monograph on the Rainier School in Buckley.

[xl] Barbara Brecheen, *Washington State Developmental Disabilities Services: An Historical Outline, 1861-1980* (State of Washington, Dept. of Social and Health Services, Division of Developmental Disabilities, 1988). See preface for overview of the project. See also Kathryn Ruth Epton, *Oral History Transcript, Kathryn Ruth Epton: "The Gift of Inspiration from a Little Boy in Prison,"* with Laurie Mercier and Washington (State), Division of Developmental Disabilities Centennial Oral History Project (Division of Developmental Disabilities Centennial Oral History Project, 1992); Frank Junkin, *Oral History Transcript, Frank Junkin: "Everybody Knows Something If You Just Listen,"* with Timothy Frederick and Washington (State), Division of Developmental Disabilities Centennial Oral History Project (Division of Developmental Disabilities, 1992).

[xli] John Caldbick, "Eugenics-Based Forced-Sterilization Law Approved by Washington Governor Louis F. Hart on March 8, 1921," *HistoryLink*, June 2, 2022, <https://www.historylink.org/file/22489>.

- [xlii] Joanne Woiak, "The History of Eugenics in Washington State," talkingsticktv interview, October 22, 2010, <https://www.youtube.com/watch?v=f204e9VtXfk>
- [xliii] TL Lewis, "Working Definition of Ableism - January 2022 Update," TALILA A. LEWIS, accessed February 5, 2025, www.talilalewis.com.
- [xliv] Douglas Baynton, "Disability and the Justification of Inequality in American History," in *The New Disability History: American Perspectives*, ed. Paul Longmore and Lauri Umansky (NYU Press, 2001), x.
- [xlv] Baumgart, *Over Fifty Years of Caring*, 2.
- [xlv] Trent, *Inventing the Feeble Mind*, 90–91; Ellen Dwyer, "The State and the Multiply Disadvantaged: The Case of Epilepsy," in *Mental Retardation in America: A Historical Reader*, ed. Stephen Noll and James W. Trent (New York University Press, 2004), 265–73.
- [xlvii] Douglas Baynton, *Forbidden Signs: American Culture and the Campaign against Sign Language* (University of Chicago Press, 1996).
- [xlviii] Tavian Robinson, "'We Are of a Different Class': Ableist Rhetoric in Deaf America, 1880–1920," in *Deaf and Disability Studies*, ed. Susan Burch and Alison Kafer (Gallaudet University Press, 2010), 7.
- [xlix] Ruthie-Marie Beckwith, *Disability Servitude: From Peonage to Poverty*, 1st ed. (Palgrave Macmillan US, 2016), 24, <https://doi.org/10.1057/9781137540317>.
- [i] Scholarship documenting the crucial productive role of residents includes Sarah Rose, *No Right to Be Idle: The Invention of Disability, 1840s–1930s* (University of North Carolina Press, 2017), 3; Geoffrey Reaume, "Patients at Work: Insane Asylum Inmates' Labour in Ontario, 1841–1900," in *Mental Health and Canadian Society*, ed. James E. Moran and David Wright, Historical Perspectives (McGill-Queen's University Press, 2006), <https://www.jstor.org/stable/j.ctt808s9.9>.
- [ii] Whatcott, *Menace to the Future*; Kimberly Jensen, *Oregon's Others: Gender, Civil Liberties, and the Surveillance State in the Early Twentieth Century*, 1st ed., Emil and Kathleen Sick Book Series in Western History and Biography (University of Washington Press, 2024).
- [iii] Penny Richards and Susan Burch, "Documents, Ethics, and the Disability Historian," in *The Oxford Handbook of Disability History*, ed. Michael Rembis et al. (Oxford University Press, 2018), 162, <https://doi.org/10.1093/oxfordhb/9780190234959.013.10>.
- [iiii] Lorraine Dong, "Taking the Long View of Medical Records Preservation and Archives," *Journal of Documentation* 71, no. 2 (2015): 388.
- [liv] Dong, "Taking the Long View of Medical Records Preservation and Archives," 388–89.
- [lv] Richards and Burch, "Documents, Ethics, and the Disability Historian," 4–5.

Appendix K

UW: Preservation Projects Across the United States

Overview

SSB 6125 authorizes development of a preservation and public access plan for the Lakeland Village records and artifacts. This work is timely since there are now a large number of similar initiatives nationwide, illustrating public interest in history and its significance. The Hogg Foundation for Mental Health, University of Texas at Austin, published in April 2025 a report and data set of their comprehensive [survey of almost 500 preservation projects for “state schools for the feeble-minded” and “asylums for the insane.”](#) They identified seven categories of projects: architecture, cemeteries, exhibits, museums, history, records, and policy (Kelly 6). A few examples are summarized here that may be especially relevant for the preservation and potential educational uses of the Lakeland Village Collection.

The Hogg Foundation is also convening a [series of dialogues on historical public mental health records](#). Participants will discuss access, privacy, and other issues, towards creating a framework for managing records and supporting stakeholder engagement. Invited perspectives include archivists, librarians, preservation professionals, historians, genealogists, family members, descendants, peer support groups, and former patients with lived experience of institutions, and the dialogues reflect practical experiences as well as scholarship about ethics and policies (see for instance Lawrence; Dong; Thompson and Smith). This initiative aligns with UW’s recommendations for stakeholder focus groups to provide input about management, archival restrictions, and public and researcher access to Lakeland Village records.

Types of preservation projects and examples:

Records

This Hogg Report category includes oral histories, research guides, and “collections development projects that go beyond standard archival acquisition, processing, and finding aid creation” (Kelly 18).

Massachusetts Special Commission on State Institutions (MA)

- State law in 2022 created the Massachusetts Special Commission on State Institutions (SCSI) to study and report on the history of state institutions for people with intellectual or developmental disabilities or mental health conditions in the Commonwealth. The inquiry was comprehensive of 25 institutional sites including 12 state-run facilities, and encompassed records and records access, burials, and frameworks for remembrance.
- Reports were issued in May 2025. The Commission was led by people with disabilities and authored the *Overview and Recommendations Report*. The Commission contracted with the Center for Developmental Disabilities Evaluation and Research (CDDER), a center within the Eunice Kennedy Shriver Center at the University of Massachusetts Chan Medical School, which conducted extensive research and authored the *Report to the Massachusetts Special Commission on State Institutions*.
- CDDER gathered information over 18 months about: the history of disability institutions and agencies in Massachusetts; the records inventories of state and private archives (individual resident records are also deposited in the Massachusetts State Archive but not archived); laws and policies on managing access to records by residents, family, and researchers; the experiences of family members who tried to seek individual records;

institutional cemetery sites and restoration efforts; and work done by public memorialization projects across the state.

- The SCSI made recommendations about records retention and access, based on opportunities suggested by CDDER’s research that included:
 - Address recent changes to medical records access laws and consider legal arguments “that the state must balance the public interest in disclosure against privacy interests when considering these records requests” (CDDER 17).
 - Ensure that individual records be maintained at the Massachusetts State Archives after their retention period.
 - Change the laws and processes for family members to access the records of individuals who lived in institutions.
 - Create policy on the time period for restricted access to records in Massachusetts State Archives.
- [Reports of the Massachusetts Special Commission on State Institutions](#)
- [Jason Laughlin, “Mass. failed to properly preserve records for thousands of former residents at state-run institutions, report says”](#)
- [Alex Green, “Reckoning with the History of State Institutions for People with Disabilities”](#)

The Lost Alaskans: The Morningside Hospital History Project (AL, OR)

- The project seeks records and stories about the 4,500 Alaskans who were sent by the federal government to Morningside Hospital, a private mental hospital in Portland, Oregon, between 1904 and the 1960s. It has created a [public database](#) of those individuals who experienced mental illness or developmental disabilities.
- The Lost Alaskans is volunteer-run and “not only provides crucial information for descendants of those patients, it also illustrates the demand for and labor required to reconstruct the stories of those who were institutionalized in the early 20th century” (Kelly 19).
- [The Lost Alaskans: The Morningside Hospital History Project](#)

Central State Hospital Digital Library and Archives Project (VA)

- Founded in 1870 in Petersburg, Virginia, Central State Hospital (CSH) – formerly Central State Lunatic Asylum for Colored Insane – was the first mental health care facility for African Americans in the country. The collection contains over 100 years of records related to the historic institution. The archive contains 800,000 documents including index cards for patients.
- The entire archive has been digitized. Tiered access for family members of former patients and for researchers must be requested through the Hospital. The project website has a digital exhibit, sample records, a finding aid, and a list of publications and presentations about the project and using data from the collection.
- [The Central State Hospital Digital Library & Archives Project](#)

Exhibits

Northern State Hospital (WA): Remembering NSH Public History Day

- The Sedro-Wooley Museum hosts the annual “Remembering Northern State Hospital Public History Day.” There are tours of the former hospital grounds, presentations by former employees and local community members, and a museum exhibit with archival

photos and documents, books, and artifacts, many of which feature stories about former staff.

- [Vince Richardson, “Remembering Northern State Public History Day Returns”](#)
- [Northern State Hospital history website](#)

Pennhurst State School and Hospital (PA): File Life Stories

- “File/Life is a community-led creative exploration of the Pennhurst archives by seven archivists, all people with disabilities and/or family members, including two former Pennhurst residents. These community archivists share stories that made them listen, feel, imagine, and remember. In doing so, they ask the question: Can a file ever contain a life?”
- The exhibit ran for two years with the Temple University Institute on Disabilities. It paired a community member with a story from the archived files (1908-1928). Events included: interactive arts and poetry, a play, oral histories, a photo installation in the state capital rotunda, and public feedback digitally posted.
- [File Life Stories](#)
- Resident files that were discovered deteriorating at Pennhurst were moved to storage in the State Archives. For genealogists looking for records about family members, the group [Pennhurst Memorial and Preservation Alliance \(PMPA\) has a website](#) with information about accessing restricted records through Archives. The group has been influential in preservation work in Pennsylvania, runs tours of the Pennhurst campus, and is fundraising for a museum.

Sonoma State Hospital (CA): Sonoma State Hospital Narrative and Visual History

- This online exhibit centers data about sterilizations that were performed on residents of Sonoma State Hospital, 1919-1953. Sonoma was one of California’s two institutions for the “feebleminded” and had the most extensive eugenic sterilization program in the country (5,400 people).
- [Sonoma State Hospital History](#)
- The project is part of the broader initiative the [Sterilization and Social Justice Lab](#) at the UCLA Institute for Society and Genetics.

Museums

Oregon State Hospital Museum of Mental Health (OR)

- “In April 2009, the Oregon State Department of Human Services authorized a steering committee comprised of concerned citizens to explore the possibility of creating a museum at the Oregon State Hospital.” The museum is located on the hospital campus, has permanent and changing exhibits, and is volunteer run.
- “Oregon State Hospital Museum of Mental Health bears witness and gives voice to the experiences of people who have lived and worked at Oregon’s psychiatric hospital by educating visitors, challenging stereotypes and stigma, and preserving the historic record.”
- [OSH Museum of Mental Health](#)

Elwyn Archives and Museum (PA)

- Founded in 1852 as “The Pennsylvania Training School for Feeble-Minded Children,” today Elwyn operates as a non-profit, multi-state provider of residential and community-based services for people with disabilities.
- The Archives and Museum manage the large collection of historic records, with a steering group and staff that include people with intellectual disabilities. In addition to preservation, the project involves public education and advocacy through talks and a conference.
- [Chelsea Chamberlain and Elliott Simon, “Preserving Intellectual Disability History: The Elwyn Archives and Museum”](#)
- [Elwyn Records finding aid](#)

Cemeteries

Western State Hospital (WA): Grave Concerns Association

- Grave Concerns has installed 2,000 grave markers at Western State Hospital, and created a publicly accessible database for genealogy research
- Lobbied for [“An Act Relating to the Release of Patient Records for the Purpose of Restoring State Mental Health Hospital Cemeteries”](#)
- [Grave Concerns Association](#)

Northern State Hospital (WA): Volunteer-led research and cemetery restoration

- [Sydney Brownstone, “The Lost Patients of Washington’s Abandoned Psychiatric Hospital”](#)
- [Northern State Hospital Cemetery](#)
- [Digitized NSH death records](#)

Bibliography:

UW also interviewed representatives of some projects and thanks Monica Thomas (UW MLIS) for sharing her research.

“An Act Relating to the Release of Patient Records for the Purpose of Restoring State Mental Health Hospital Cemeteries.” Pub. L. No. 6678-S, RCW (2004). <https://lawfilesexternal.leg.wa.gov/biennium/2003-04/Pdf/Bills/Senate%20Bills/6678-S.pdf?q=2025032115214>.

Blatchford, Taylor. “Northern State Hospital death records have never been publicly available — until now.” *The Seattle Times*, July 16, 2023. <https://www.seattletimes.com/seattle-news/times-watchdog/northern-state-hospital-death-records-have-never-been-publicly-available-until-now/>.

Brownstone, Sydney. “The Lost Patients of Washington’s Abandoned Psychiatric Hospital.” *The Seattle Times*, July 16, 2023. <https://projects.seattletimes.com/2023/local/lost-patients-WA-abandoned-psychiatric-hospital/>.

Center for Developmental Disabilities Evaluation and Research (CDDER), Eunice Kennedy Shriver Center, University of Massachusetts Chan Medical School. *Report to the Massachusetts Special Commission on State Institutions*. 2025. <https://www.mass.gov/info-details/special-commission-on-state-institutions-reports>.

“Central State Hospital Digital Library and Archives Project.” 2018. <https://coloredinsaneasylums.org/>.

Chamberlain, Chelsea and Elliott Simon. “Preserving Intellectual Disability History: The Elwyn Archives and Museum.” National Council on Public History, History@Work blog, May 31, 2022. <https://ncph.org/history-at-work/preserving-intellectual-disability-history-at-elwyn/>.

Dong, Lorraine. "Taking the long view of medical records preservation and archives." *Journal of Documentation* 71, no. 2 (2015): 387-400.

Grave Concerns Association. <https://www.wshgraveconcerns.org/page5.html>.

Green, Alex. "Reckoning with the History of State Institutions for People with Disabilities." Harvard Law School Project on Disability blog, Oct. 25, 2023. <https://hpod.law.harvard.edu/events/event/reckoning-history-state-institutions>.

Hogg Foundation for Mental Health. "Dialogues on Mental Health Records." 2025. <https://hogg.utexas.edu/research/dmhr>.

Hogg Foundation for Mental Health. "State School and Hospital Preservation: A Survey of the Field: Landscape Analysis and Interactive Map." 2025. <https://hogg.utexas.edu/research/dmhr/landscape-analysis>.

Kelly, Cassius. *State School and Hospital Preservation: A Survey of the Field*. Hogg Foundation for Mental Health. April 2025. Retrieved from <https://hogg.utexas.edu/research/dmhr/landscape-analysis>.

Laughlin, Jason. "Mass. failed to properly preserve records for thousands of former residents at state-run institutions, report says." *Boston Globe*, June 3, 2025. https://www.bostonglobe.com/2025/06/03/metro/fernauld-state-hospital-massachusetts-disabled-child-abuse/?s_campaign=8315:varf.

"Lost Alaskans Patient Database." <https://lostalaskans.com/>.

Morningside Hospital. "The Lost Alaskans: The Morningside Hospital History Project." <https://www.morningsidehospital.com/about/>.

Massachusetts Special Commission on State Institutions. *Overview and Recommendations*, May 15, 2025. <https://www.mass.gov/info-details/special-commission-on-state-institutions-reports>.

Muia, Amy. Northern State Hospital History. <https://www.northernstatehospital.org/>.

Lawrence, Susan. *Privacy and the Past: Research, Law, Archives, Ethics*. Rutgers University Press, 2016.

Northern State Hospital Cemetery. Sedro-Wooley Department of Parks and Recreation. https://www.sedro-woolley.gov/departments/parks_and_recreation/NSH_Cemetery.php.

Oregon State Hospital Museum of Mental Health. <https://oshmuseum.org/>.

Pennhurst Memorial and Preservation Alliance. <http://www.preservepennhurst.org>.

Richardson, Vince. "Remembering Northern State Public History Day Returns." *Skagit Valley Herald*, July 25, 2024. www.goskagit.com/news/.

Temple University Institute on Disabilities. "File/Life: We Remember Stories of Pennhurst." <https://disabilities.temple.edu/programs-services/media-arts-culture/file-life-stories>.

Thompson, Courtney E. and Kylie M. Smith, eds. *Do Less Harm: Ethical Questions for Health Historians*. Johns Hopkins University Press, 2025.

UCLA Institute for Society and Genetics. Sterilization and Social Justice Lab. <https://www.ssjlab.org/>.

University of Pennsylvania Libraries. Elwyn Records Finding Aid. https://findingaids.library.upenn.edu/records/SMREP_ELW.02.