



A CENTURY OF CARING

THE HISTORY OF THE
MUNROE-MEYER INSTITUTE

HENRY J. CORDES

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ON THE COVER & TITLE PAGE: A 1981 watercolor of the original Hattie B. Munroe Home by W. Donald Boe and dedicated in memory of Betty McWhorter.



A photograph of a baby sitting on a brown carpet, playing with wooden alphabet blocks. The baby is wearing a blue long-sleeved shirt and tan overalls. A yellow plastic bin is tipped over, spilling blocks. Two adults' hands are visible, one holding a block with the letter 'B' and the other holding a block with the letter 'P'. The adult on the right is wearing a gold watch and a rainbow wristband. The adult on the left is wearing a green long-sleeved shirt.

THE MUNROE-MEYER INSTITUTE'S MISSION

To be world leaders in transforming the lives of individuals with intellectual and developmental disabilities, their families and communities through outreach, engagement, premier educational programs, innovative research and extraordinary patient care.

FOREWORD

JEFFREY P. GOLD, M.D.
CHANCELLOR
UNIVERSITY OF NEBRASKA MEDICAL CENTER



A century of caring. The Munroe-Meyer Institute at the University of Nebraska Medical Center has provided that and more. In this volume, you are invited to learn more about the 100-year history of MMI, a history of continuous growth, a history that has seen the institute — which grew from a care facility for children and families impacted by the effects of polio — evolve to become one of the most comprehensive care centers for individuals with intellectual/developmental disabilities and complex health care needs across the entire country.

MMI has made an impact on Nebraska, annually providing more than 70,000 services to those in need across the lifespan, as its mission has evolved to serve these needs across the state and region — with many of MMI's services taking place outside the MMI building proper, within the communities we serve. In MMI expanding its geographic footprint, MMI supports more than 40 provider locations across the state, more than 30 of which are outside Omaha, in regional communities that include Rushville, North Platte, Nebraska City and other locations.

MMI is an interwoven tapestry of services, with patient care, translational research, teaching and community engagement at its core mission — to be world leaders in transforming the lives of individuals with disabilities and complex health care needs, their families and the community, through these multifaceted efforts.



MMI's work began in 1919 caring for people with disabilities, particularly children impacted by polio.

In close partnership with the colleges, institutes and centers of excellence of UNMC and our clinical partners, MMI continues to exemplify the very best of our educational, research, clinical and community engagement leadership strategies. Systemwide growth and demonstrated excellence have exemplified our 150-year UNMC history and laid the foundations for our future!

UNMC is not static and assuredly, MMI continues to evolve as well. Building on the shoulders of legacies, supporting boards, community partners and stakeholders, along with MMI's passion, vision and expertise, its foundation allows MMI to continue to be at the forefront of serving individuals with disabilities and complex health care needs across the lifespan. As the institute prepares to move to a new home in 2020, MMI is constantly evolving, continuing to identify, adopt or pioneer cutting-edge research and clinical programming designed to make a positive impact on the individuals and families it serves.



MMI's work transforms the lives of individuals with disabilities.

As the institute celebrates its centennial, MMI has worked hard to transform the lives of all of those it serves, and it will proudly continue on this path: research will transform diagnosis and treatment; education and training of the new generation of providers will reach new heights; services will enhance access and outcomes; and new, revolutionary ideas will take form.

We hope that you enjoy this remarkable reflection of the last century as we build the next century together. One hundred years later, I am confident to say: The best is yet to come!

Jeffrey P. Gold, M.D.



John A. Munroe



C. Louis Meyer



MAXIMIZING ABILITIES

Daniel Holm, center, smiles while waiting backstage with Vitale Push, left, and Jenny Koley during play rehearsal. MMI has been a close partner and advocate for Daniel's development.

CHAPTER ONE

PEOPLE WHO CARE

FOR FAMILIES RAISING A CHILD with a developmental disability, life can at times be a daunting, challenging and emotional ride. But almost from the day Daniel was born, he and his family had a close partner and advocate in the Munroe-Meyer Institute for Genetics and Rehabilitation at the University of Nebraska Medical Center. Geneticists from the Munroe-Meyer Institute (MMI) confirmed Daniel's diagnosis of Down syndrome, but also helped his family come to understand such labels would not define Daniel or his life potential. MMI therapists helped Daniel take his first steps at age 3, to tie his shoes at age 12 and to communicate with others — milestones that were perhaps a little more meaningful and joyful than in a typical family.

And MMI camps and recreational programs not only brought fun to Daniel's life, but helped him make the friends his parents once worried he would never have and to learn to socialize with the wider world.

In the end, the professional staff at MMI wanted the same things for Daniel that his family did: to see him maximize his abilities and to enjoy a happy, healthy and meaningful life.

"What is special about MMI is the genuine caring the staff shows for all the families," said Daniel's mother. "You want your child to be around people who like him and appreciate him for what his attributes and qualities are. At MMI, they really do."

Indeed, MMI has long been dedicated to transforming the lives of people with intellectual and developmental disabilities and other complex health care needs, fusing a culture of cutting-edge medical science with passion, compassion and dedication to the children, adults and families it serves. MMI also possesses a unique history that can now be traced back a century, a legacy rooted in Omaha's earliest community efforts to assist people with disabilities.

It all started in 1919. That's when a group of Omaha citizens — including several doctors from the budding University of Nebraska Medical College, known today as UNMC — formed a new charity dedicated to helping children during the nation's polio epidemic.

Other key landmarks would follow: the charity's founding of the Hattie B. Munroe Convalescent Home in 1922; the co-location of the Hattie B. Munroe Home with the new C. Louis Meyer therapy center on the UNMC campus in 1959; UNMC's assumption of management of the previously privately run Munroe and Meyer facilities in 1968; and MMI's explosive growth in the half century that followed, the institute rising up to address needs both in Omaha and across the state in emerging fields like genetics, recreational therapy, autism, learning disabilities and behavioral health.



An early patient at the Hattie B. Munroe Home, a forerunner to today's MMI.

Along the way, MMI has grown into one of the most accomplished of the nation's federally designated university centers for excellence in service to people with intellectual and developmental disabilities. Dedicated to serving the IDD community across the lifespan, the institute's statewide clinical services, professional training and groundbreaking research have left their mark across Nebraska, the nation and around the world. And while there have been many noteworthy achievements and milestones along the way, the most meaningful have always been the little ones achieved at MMI every day: a first step; a first bite of solid food; a previously nonverbal child's first words.

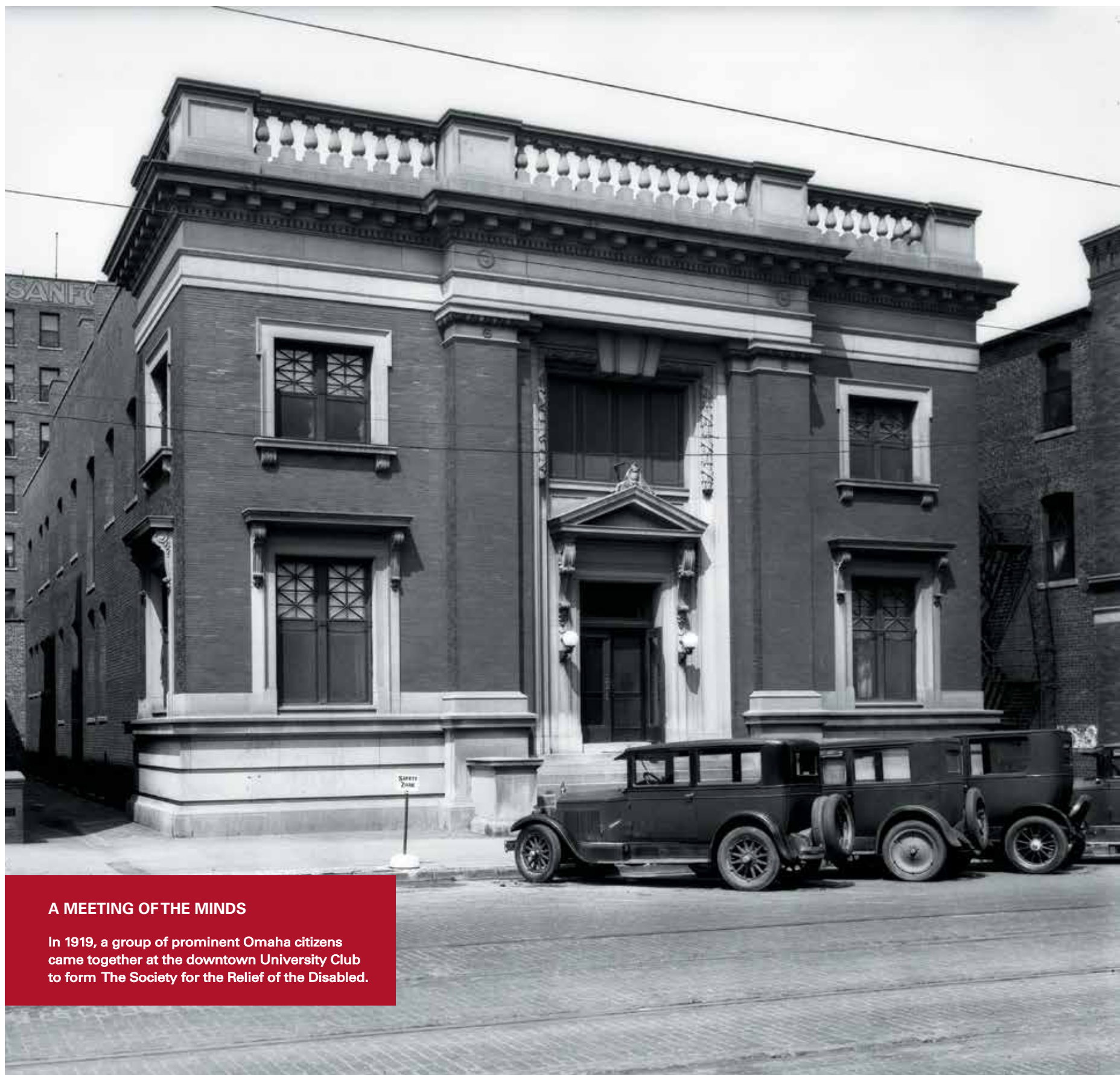
MMI's history has also been marked by the incredible generosity of the community it serves, a heritage that lives on today in support from organizations like the Hattie B. Munroe Foundation, Scottish Rite, the Enrichment Foundation of Omaha, the Munroe-Meyer Guild and the Meyer Foundation for Disabilities.

The history of MMI also parallels society's awakening to the potential and needs of people with disabilities. Indeed, MMI and its organizational predecessors have been consistent advocates for this often overlooked population, pushing for creation of new services, raising public awareness and promoting societal inclusion. As one MMI publication proclaimed recently, "We believe that we can measure the humanity of any society by how it takes care of individuals with intellectual and developmental disabilities."

Now MMI and its community partners are preparing to write MMI's next exciting chapter. In 2020, MMI will move into a new \$85 million facility, the first all-new home for the institute since 1959. Dr. Karoly Mirnics, who in 2016 became MMI's fourth director, said there is no doubt there are many more great things to come for MMI and the families it serves. Leaders say the new MMI will add to the legacy of care that has marked MMI from the very start — a legacy that is detailed in the pages that follow.



A participant at MMI's Theater Camp prepares a rain stick for performance.



A MEETING OF THE MINDS

In 1919, a group of prominent Omaha citizens came together at the downtown University Club to form The Society for the Relief of the Disabled.

CHAPTER TWO

'A DIVINE SERVICE'

ON SEPT. 16, 1919, some 30 men and women came together at the prestigious University Club, a distinct two-story brick building at 19th and Harney Streets in downtown Omaha. Those gathered included some of the city's most prominent citizens, among them a half dozen doctors, the superintendent of schools, and the wives of many of the city's captains of industry. But this was no social gathering. By the time the meeting had broken up, the participants had elected officers to the city's newest charity, and it soon after had a name: the Society for the Relief of the Disabled.

SOCIETY FOR RELIEF OF DISABLED ORGANIZED

**Prominent Club Women and
Physicians Form the New
Organization.**

**Purpose Is to Care for Those
in Omaha Unable to Care
for Selves.**

The Society for the Relief of the Disabled is the name of a new organization formed at a meeting of prominent club women and local physicians at the University club yesterday noon. About thirty attended the meeting.

The purpose of the new society will be to render aid to the disabled of the city, including children and adults. The treatment will be free to those who cannot afford to pay for it, while a nominal charge will be made for others.

"The city has long felt the need of additional facilities to care for cases of this kind," said Dr. W. E. Wolcott, who was especially instrumental in forming the new society. "Corrective treatment for children who cannot afford to pay for special treatment will be one of the features of the society. Many children are handicapped for life because of lack of proper treatment at the start. Through this society the disabled poor children will have an equal chance with those in more fortunate circumstances."

The society will also provide treatment for those disabled in industrial pursuits or any way whatsoever.

Dr. A. C. Stokes presided at the meeting and outlined the needs of such a society in Omaha. Other speakers were Dr. W. E. Wolcott, Miss Florence McCabe, head of the Visiting Nurse association; Dr. Irving S. Cutler, Dr. Floyd S. Clark, Mesdames Frank Judson, W. J. Hynes and others.

Officers elected were: President, Mrs. Frank Judson; first vice president, Mrs. W. J. Hynes; second vice president, Mrs. Louis Clark; third vice president, Mrs. Victor Rosewater; secretary, Mrs. John Kedick; treasurer, Mrs. A. C. Stokes.

A finance committee, to be named later, will devise means of raising funds for the support of the institution, which will co-operate with the Visiting Nurse association, the Child Saving Institute and similar institutions. It is planned to secure a central location for the dispensary, which it is expected will be in operation within two or three months.

The society, aided by the above institutions during the first year, expects to make an extensive campaign of the city of all cases needing such attention as the society will give.

A trained woman, probably from the east, will be secured as director of the corrective gymnasium, which will be maintained in connection with the dispensary.

The Junior league, composed of about fifty young society women, will co-operate with the society by visiting the homes of patients and instructing them in occupational training.

A meeting to further develop the plans of the society and elect a board of directors will be held at the University club next Tuesday noon.

It's not completely clear years later what prompted the push for this philanthropic endeavor that was created to assist disabled children and adults in the fast-growing prairie city of 190,000. But it appears two recent global calamities — World War I and the U.S. polio epidemic of 1916 — had opened up eyes in the community to a glaring, unmet need.

The Great War by 1919 was winding down, with the signing of the armistice in Europe at the moment less than two months away. Thousands of veterans maimed and disabled by the war were already receiving newly-created medical and vocational rehabilitation services from the federal government, a level of care not afforded to veterans of previous wars. But for those gathered at the club in 1919, it appears those services raised a bigger question. What of the children and adults who struggle each day due to disabilities resulting from birth, disease or injury?

An appalling number of children had recently been impacted by the devastating effects of polio, many living in families that could not afford treatment. In addition to those victims of "infantile paralysis," there were dozens of other children with treatable conditions like scoliosis, clubfoot, cerebral palsy and tuberculosis.



W.E. Wolcott, M.D.

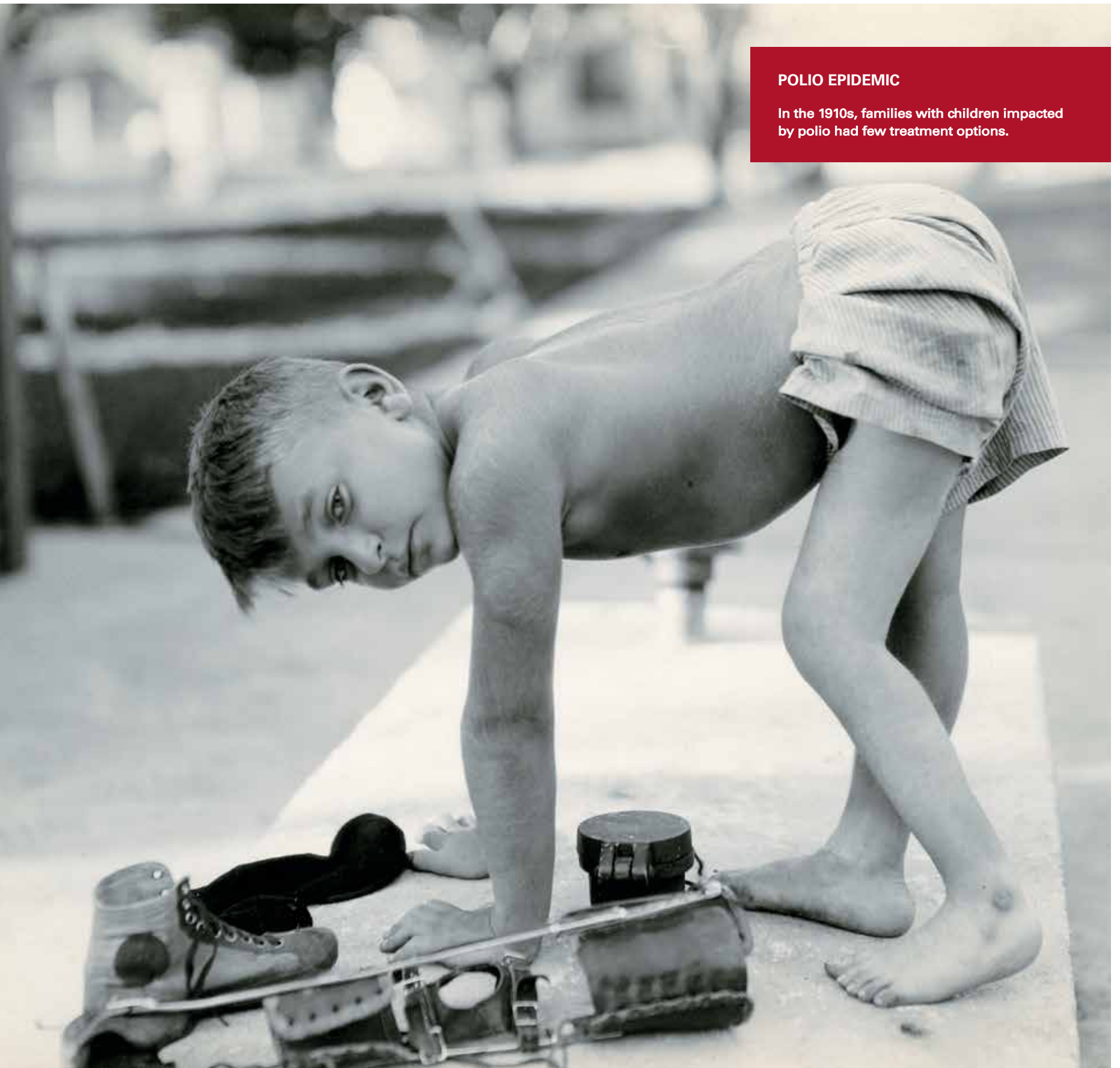
At the time, it was not uncommon for children with such disabilities to never receive treatment, leaving them to live with those conditions for the rest of their lives. Some adults with disabilities were well-known to Omaha citizens, often seen selling shoestrings on the street to support themselves. Why was there no comprehensive program of public assistance available to keep today's children from meeting the same fate? "Many children are handicapped for life because of a lack of proper treatment at the start," Omaha physician W.E. Wolcott said after the meeting.

Those gathered at the University Club that day formed their new charity to fill that void, setting a goal "of making it possible for all disabled and crippled people in Omaha and vicinity to receive the benefit of orthopedic treatments." Two days after the meeting, The Omaha World-Herald in an editorial applauded the promise of the new charity, noting it was addressing a need that the Carnegies, Rockefellers and other charitable giants of the time had neglected.

"(T)he same work which the government has started to do for disabled soldiers will be done, to what extensive degree we do not yet know, by private organizations for disabled citizens. Some chains will be lifted for those ... unable to lift them. Those who have been deprived of capacity by loss of members, those suffering from corrective deformity and accidental malformations, and especially children, disabled at the start in the race of life by defect due to neglect, and who have not the means of relief or restoration, will be assisted by this new organization. ..."

POLIO EPIDEMIC

In the 1910s, families with children impacted by polio had few treatment options.





The University of Nebraska Medical College and Hospital on 42nd Street between Dewey Avenue and Emile Street in 1928. From the beginning, UNMC was a critical partner in the new charity.



Arthur Stokes, M.D.



Irving S. Cutter, M.D.

It should be noted that the definition of people with disabilities who would be served by this new charity was a limited one, focused on those with physical disabilities. That was reflective of the times. In the early 20th Century, children and adults with intellectual disabilities were the most marginalized of populations, labeled “idiots,” “morons” and “imbeciles,” often ostracized from society and sent away from their families to be institutionalized in custodial facilities. In Nebraska at the time, that facility was the Nebraska Institution for Feeble-Minded Youth, which had been established in Beatrice more than three decades earlier. Unfortunately, a half century would pass before the community and broader world would likewise awaken to the humanity and promise of those citizens. Nonetheless, the new charity moved swiftly to put its ideas into action.

It’s also notable that from the beginning, the University of Nebraska Medical College and Hospital served as a critical partner in the new endeavor. The charter meetings of the Society for the Relief of the Disabled included at least three doctors affiliated with the then 36-year-old university medical college, including Dr. Arthur Stokes, Dr. Irving S. Cutter and Dr. John Prentiss Lord.

Dr. Stokes, a native of Canada who was a professor of clinical and experimental surgery at the school, presided over the first meeting of the society. He had only months earlier returned from work at a field hospital in France, his work there perhaps helping spur his interest in these good works in Omaha. Dr. Cutter was dean of the university medical college, a pioneer in academic medicine who would later go on to become the longtime dean of Northwestern University’s medical school. He was joined in the meeting by his counterpart from Creighton University’s medical school, Dr. Herman von Schulte.

Dr. Lord's involvement would become particularly noteworthy. The native of Dixon, Illinois, had first come to Omaha in 1886 as a doctor with the Union Pacific Railroad. He had become recognized as the state's foremost orthopedic surgeon, joined the university medical college in 1913, and now chaired the school's orthopedic department. This early advocacy on behalf of the new charity was the start of what would become a lifelong passion, one that would long associate the J.P. Lord name with service to Omaha youth with disabilities.

Under Dr. Cutter, the University of Nebraska early on pledged to provide treatment for patients served by the charity at its medical dispensary, or free clinic, at 17th and Dodge Streets and at its new hospital on the college's budding campus near 42nd and Emile Streets in Omaha. Cutter had pushed the Legislature to fund the fully modern hospital building, with a vision of providing free care for the sick and poor from across Nebraska.

The new charity's original plan had called for it to open its own orthopedic dispensary. But at the society's fourth meeting in November 1919, it was decided instead to accept the offer to utilize the existing dispensaries of both universities. At that same meeting, the charity also gained another critical clinical partner: the Omaha chapter of the Visiting Nurse Association (VNA).



John Prentiss Lord, M.D.



Visiting Nurse Association staff in 1921. Florence McCabe (middle row, third from the left) led the effort for their group to provide services for disabled children. Greta Paulsen (front row, left) was sent by train to Boston to be schooled in the latest methods, treatments and therapies.

"Give the Crippled Children a Chance," Is Plea Of Newly Organized Society



Mrs. Harold Pritchett and a group of girls and young matrons are busy these days getting out a circular letter appealing for members for the newly organized Society for the Relief of the Disabled, of which Mrs. F. W. Judson is president. This solicitation is being done under the auspices of the Junior League, the appeal being issued for annual members who will pay \$1 per year, or sustaining members who pay \$5, \$10 or \$25. The money so raised will be spent to purchase instruments and to procure braces to be given free of cost to needy children who are being treated in local hospitals for restoration of the use of crippled legs. The promoters hope to secure 1,000 members.

This Society for the Relief of the Disabled was organized in Omaha several weeks ago. While some objection may be raised that there is seemingly a duplication of effort that might conflict with existing organizations, this is not the truth. The promoters went into the subject carefully and found that no existing agency or fund was supplying braces for these suffering children and that no organization was prepared to deal exclusively with the application of orthopedic treatment to straighten out little twisted bodies. Very successful individual work was being done along this line. The local hospitals and dispensaries were doing all in their power to give free service where needed and surgeons were giving freely of their skill, but still greater assistance was needed.

When the society was organized, Omaha's VNA had 18 nurses who were providing free health services, most often in the homes of the needy. Florence McCabe, the superintendent of Omaha's VNA, had attended the new charity's meetings from the start. And by that fourth meeting, she had pledged to provide a nurse who would deliver therapy services, a generous offer that was quickly accepted by the board. The VNA involvement became critical to the operations of the new charity in another way. In effect, the society became an auxiliary of the VNA, with its headquarters within the VNA office in the old City Hall building at 19th and Farnam Streets.

There were no nurses in Omaha at that time trained in orthopedic therapy. And the society was discouraged in the coming weeks when it couldn't find such a nurse anywhere in the United States who was willing to take on the work in Omaha. Undaunted, McCabe by early 1920 decided to send one Omaha VNA nurse, Greta Paulsen, on a train for Boston to be schooled on the latest methods, treatments and therapies.

With the VNA and the two medical colleges pledging to administer the charity and perform the clinical and therapy work, that left the society's leadership responsible primarily for raising money for braces, artificial limbs and other orthopedic devices.

Under Mrs. Frank Judson, the wife of an Omaha businessman and the chair of the all-woman board, the new charity got down to

work. By December, members of the committee with ties to the Junior League were sending out hundreds of letters soliciting membership in the organization, charging \$1 for a standard membership and up to \$25 for sustaining levels of support.



IN SERVICE TO CHILDREN

The new charity provided services to children with conditions like scoliosis, clubfoot, cerebral palsy and tuberculosis.



Robert Schrock, M.D.



W.L. Sucha, M.D.

A particular appeal was put out to assist children. An article on the membership drive in The World-Herald noted that “no existing agency or fund was supplying braces for those suffering children and no organization was prepared to deal exclusively with the application of orthopedic treatment to straighten out twisted little bodies.” The appeal also mentioned that “the process of straightening out delicate little frames is tedious and attended with great suffering. It takes more endurance than most adults would possess. ...”

By January 1920, a survey of Omaha school nurses was undertaken, finding the need was perhaps even greater than first thought. There were nearly 300 children in the city diagnosed with “curvature of the spine,” “misshapen feet” and similar “physical disabilities,” some of which would only become more serious if left neglected. A World-Herald article on the survey noted the great benefits orthopedic treatment could offer such children, which it said “can cause twisted and shrunk legs to grow limber” and “improperly poised bodies to grow erect and vigorous.” It continued:

“Days and weeks, perhaps months, pass before any real benefit is accomplished, but after a while many an afflicted child recovers usefulness of limbs, or develops them as they have never seen before. To enable a crippled child to run and play — that is divine service.”

The divine work soon began in earnest. With the assistance of the new charity, by early 1920 University of Nebraska orthopedist Dr. Robert Schrock was holding a free clinic once a week, mostly providing orthopedic evaluation and treatment to young polio patients. Dr. W.L. Sucha of Creighton’s medical school also began offering a free weekly clinic.

Any person with a disability was invited to receive a free examination and consultation, and if necessary, corrective orthopedic surgery. All needed orthopedic devices would be provided, funded by the membership drive. With the VNA still awaiting Paulsen’s return from training, Lord offered the services of his orthopedic nurse for follow-up care so the work could get underway.

By March 1920, just six months after the new charity was formed, McCabe reported to the board that some 18 patients were already receiving treatment. Things picked up considerably by fall, when Paulsen returned from her three months of orthopedic training in Boston under renowned orthopedic surgeon Dr. Robert Lovett.

Lovett, a Harvard University educator who practiced at Boston Children’s Hospital, pioneered treatments for polio that combined heated pools with physical therapy and exercise. He would become best known a year later for providing polio treatment for future U.S. president Franklin Roosevelt. This era marked the very beginnings of the profession of physical therapy. Thanks to the work of the society and the VNA, Omaha in Paulsen would have one of the nation’s first trained practitioners. Paulsen’s work also arguably marked the historical roots of MMI’s physical and occupational therapy departments.

Wearing the distinctive black hat of VNA nurses and carrying a black leather medical bag, Paulsen by October was making more than 50 patient visits a month to deliver therapy services. Children were already benefiting from Paulsen's state-of-the-art training, with McCabe reporting to the board that "there were many cases showing improvement which had shown none under other methods." The society concluded in its 1920 annual report "that the VNA had done well in their choice of a nurse for the very difficult work." The opinion was shared by The World-Herald, which noting Paulsen's training under Dr. Lovett, proclaimed, "Omaha is particularly fortunate to have such an expert worker in Miss Paulsen. ..."

By January 1921, less than a year after operations had begun, the charity was reporting considerable progress. The University of Nebraska's Schrock reported the university dispensaries had already treated 298 patients. The society had raised nearly \$900 through 228 members and had spent \$550 on braces and artificial limbs. In addition, Paulsen was now making 150 home visits a month, her efforts assisted when another \$800 was raised locally to purchase a car for her use. In addition, a motor corps organized by the Junior League was transporting patients to the dispensaries for treatment and therapy. Those same Junior Leaguers were also making calls at the homes of families served by the charity.

The first annual report and press accounts at the time make clear the charity was there to serve "all disabled and crippled people in Omaha," and the charity's original articles of incorporation also did not exclude treatment of adults. But it seems clear that children became by far the primary focus of its work. That's likely because of the need and the fact that children, with growing, still-developing bodies and long lives ahead of them, stood to benefit most from the therapeutic services.

In some cases, the medical professionals and volunteers had to convince parents who believed their children were hopelessly incurable that treatment could improve their lives. The society's 1921 annual report noted the need to "show people we have a real interest in them and to persuade them to give the treatments a chance." Paulsen also trained mothers in therapy methods so they could work with their own children on a daily basis.

The efforts paid big dividends. Through what one published report described as "patient and loving care," Paulsen and the clinic doctors improved lives.

Takes Special Training to Work With Disabled Patients



Ninety patients, the greater number of them children who are disabled because of infantile paralysis, are the beneficiaries of the Orthopedic section of the Visiting Nurse association. It is Miss Greta Paulsen who supervises the treatment of these unfortunate children, and through patient and loving care, is restoring some of them to better health. The object of this work, aside from making the afflicted ones more comfortable physically, is to make them self-supporting in later life.

Two clinics are held every week, one at Creighton Medical college, Fourteenth and Davenport streets, Dr. W. L. Sucht in charge on Saturday from 10 to 12 a. m. The other is held at the Nebraska University Medical college every Saturday from 1 to 3 p. m., with Dr. Robert Schrock in charge. Any disabled person, child or adult, is welcome to receive advice and examination free. Many are also fitted with necessary braces.

The special orthopedic work started in September, 1919, when the Society for the Relief of the Disabled became active. It is still in existence, and co-operates with Miss Paulsen and the Visiting Nurses in providing expert examination and braces. While Miss Paulsen has been with the Visiting Nurses two years, she has been in charge of the special orthopedic work only since September 1 of this year. She goes to all parts of the city to visit her patients, who have been brought to the attention of the society through the schools, the family physicians, and in some cases having been reported by the neighbors.

During the last summer Miss Paulsen studied at the Harvard Medical college, Boston, where she specialized in muscle training under the great expert, Dr. Robert Lovett. This specialist has developed exercises for unused and injured muscles, or to make new muscles assume the duties of those permanently disabled. It is through this remarkable work, says Miss Paulsen, that many seemingly incurable cases are finally, after months of painstaking work, restored to health. Dr. Lovett served overseas with the American army, and worked wonders, says Miss Paulsen, in treating shocked and injured men.

Omaha is particularly fortunate to have such an expert worker as Miss Paulsen to advise parents concerning their disabled children, and no one should hesitate to go to the free clinics. If one wishes to pay for services, that is permitted.

“Several of these boys and girls who were not able to use their arms or legs, or whose spines were so twisted they were physically disqualified to take part in the games of childhood, are now romping with other boys and girls and growing to be strong, able-bodied men and women,” The World-Herald wrote on Feb. 6, 1921. The society’s minutes also reported that dozens of children who previously had not been able to attend school could now do so.



Wearing the signature black hat, VNA nurses provided home and clinical visits to children from families financially unable to afford private nursing care.

Greta Paulsen, right, was one of the nation’s first trained practitioners in physical therapy making 150 home visits a month to deliver services to disabled children.

While not much is known specifically of the children served, some were briefly featured in newspaper accounts. They included a 6-year-old named Tommy — “about the poorest little boy in Omaha” — who polio had left with one leg shorter than the other. Another story featured before and after photos of 6-year-old Florence, who received surgery to mitigate a 45-degree angulation of her neck. “Florence had to wear a cast for a long time, but now her head is as straight as any other little girl’s, and she romps and plays so busily she could hardly stop to have her picture taken the other day,” The World-Herald reported.

And when the society declared its services available to anyone in the city, it seems it meant it. Society leaders spoke at meetings of the need to reach out to hospitals of all religious denominations. There also was no discrimination based on race. It’s likely many of the children served came from the impoverished immigrant families who in recent years had been drawn by the thousands to the fast-growing rail, warehousing and meat-packing center. About one-fourth of all Omaha residents at the time were foreign born, many living in ethnic enclaves of South Omaha.

It’s clear that in a remarkably short time, the Society for the Relief of the Disabled had become an unqualified success. Lord in early 1921 called the society “a great power for good” that was reaching many people who otherwise never would have received treatment.

But it appears that success only spurred the society’s leaders to aim higher. By the middle of 1921, the society and its clinical partners were already discussing another lofty goal: establishing a convalescent home where children could recuperate from orthopedic surgery.

Thanks to the generosity of a benefactor whose name lives on at MMI today, they would very soon get their wish.



"There were many cases showing improvement which had shown none under other methods."

— FLORENCE MCCABE,
VNA NURSE



A CHIEF AMBITION

Clara Elder and John A. Munroe, pictured here in 1932, honored their shared love and commitment for Munroe's late wife by providing the funding to start the Hattie Baker Munroe Home for Convalescing Crippled Children.

CHAPTER THREE

'A SACRED TRUST'

IN THE HANDWRITTEN RECORDS of the Society for the Relief of the Disabled from 1922, two new names appear on the charity's roster: "J.A. Munroe" and "Miss Clara Elder." John Munroe and Clara Elder in ensuing years came to play a historic role in the society's assistance to children with disabilities, one that was born out of their shared love and commitment for Munroe's late wife: Hattie B. Munroe.



John A. Munroe



Harriet "Hattie"
Francis Baker Munroe

The story actually begins decades earlier in 1880s Omaha, a bustling new frontier town with mostly rutted, unpaved streets. John A. Munroe arrived as an executive for one of the many railroads that had laid track into the city. He would go on to become one of the Midwest region's most prominent and respected railroad men.

Munroe had been born in Bradford, Massachusetts, in August 1853 as the son of a Presbyterian minister. Befitting his family's standing, it would later be said he was raised with high integrity, an unshakable optimism and a "spiritual understanding of the unfortunate" — a trait he would clearly carry through life.

Fatefully, his childhood hometown was on the line of the Boston & Maine Railway. As a boy, he developed a fascination for the "iron horses" that plied the line. He recorded their names in a notebook and was even able to distinguish them from the sound of their whistles. It was a passion that would never leave him. After graduating from high school in 1871, Munroe entered Dartmouth College. But feeling restless, he left during his junior year and headed west to pursue his childhood dream of working the rails.

His first job was as a clerk with a Green Bay, Wisconsin-based railroad. Displaying resourcefulness, a keen sense of observation and an amazing memory, within five years he was appointed the railroad's chief clerk. A new job in 1881 with the Chicago, St. Paul, Minneapolis and Omaha Railroad brought him to Omaha for the first time as a general freight agent. Within a year, he had been hired away by the rival Union Pacific Railroad as the assistant general freight agent in the city.

Munroe continued to rise quickly through the management ranks of Union Pacific. "Mr. Munroe is a little over 34 years of age, yet he is recognized as one of the ablest railroad men in the country, and has won his eminence by neither influence nor accident, but by efficient application to a business for which nature had admirably adapted him," one observer said early in his career.

Munroe was transferred at one point to Kansas City as chief controller of traffic on the U.P. lines through Kansas before returning to Omaha a year later to continue his professional ascension. By 1911, he was named vice president of the entire railroad. Before he retired from the railroad in 1920, another biographer would assess: "He stands distinguished today as one of the leading influences in the affairs of American traffic."

Despite his success, Munroe was described as a modest and unassuming man, one who saw everyone from the office boy to the highest executive as his equal. And while Munroe's time in Kansas City had been brief, it proved fortuitous in another way. For it seems likely that's where he met Miss Harriet "Hattie" Francis Baker.

In contrast to her self-made husband, Hattie came from a wealthy and prominent Kansas City family. Her father was the CEO and owner of a wholesale grocery company, one that surely did much business with Munroe's railroad. She and Munroe were married in January 1888 and settled together in Omaha.

But early in married life, Mrs. Munroe fell into misfortune and became disabled. While the nature and circumstances of her disability were never recorded, it seems possible she suffered a stroke. Her death in 1921 would later be attributed to apoplexy, a common medical term at the time for a stroke. Early MMI histories indicate Hattie Munroe "was an invalid herself for many years" and "knew firsthand what it meant to live as a shut-in."

It appears that disability is also what brought Clara Elder into the Munroes' life. Newspaper accounts at the time often described Elder as Mrs. Munroe's secretary and "constant companion," but it seems likely she also played the role of her caregiver. Elder, a native of Quincy, Illinois, first came to Omaha in the 1880s and worked as a school teacher in three Omaha grade schools. By 1894, she had moved in with the Munroes. She would be in service to the family for nearly three decades.

In her role, Elder clearly became very close to Mrs. Munroe. MMI histories even refer to the two as sisters, even though all evidence from the time suggests they were not. It's conjecture, but it seems likely the interest Elder and John Munroe would later show for the Society for the Relief of the Disabled was tied to their personal experience with Mrs. Munroe.

Despite her own misfortune, Hattie Munroe seemed intent on helping others. She was very active in charitable causes, usually preferring to make her mark anonymously. "She was a great-hearted giver, and she often contributed greatly to public charities on the condition her name not be given out," her attorney once said. As Mrs. Munroe's secretary, Elder became intimately involved in the charitable work. Elder later said Mrs. Munroe on many occasions covered the hospital bills of those in need, instructing that they only be told that the payment had come "from a visiting angel of God." "She did not even tell me or Miss Elder of many of her kindnesses," John Munroe later said.

On April 30, 1921, Hattie Munroe died, eulogized in *The World-Herald* as "a rich woman who gave." She left behind a considerable fortune. Her personal estate was valued at \$562,000 — some \$7 million in today's dollars — which her will specified to be split between her husband and Elder. Elder, who had long lived the modest life of a school teacher, secretary and personal attendant, was suddenly a very wealthy woman. But despite this sudden windfall, she did not view her new fortune as her own. "I shall use the money as (Mrs. Munroe) would have wished," she told a reporter. "I shall hold it in a sacred trust in her memory." She would prove a woman of her word.



Clara Elder

"I shall use
the money as
(Mrs. Munroe)
would have
wished.
I shall hold it
in a sacred
trust in her
memory."

— CLARA ELDER

It happened that around the time of Mrs. Munroe's death, the Society for the Relief of the Disabled was exploring the establishment of a convalescent home that would serve children recovering from orthopedic surgery. In July 1921, a committee was appointed to study the possibility. At the time, there were only 24 hospital beds available in Omaha for children undergoing corrective orthopedic surgery and treatment. If there was a convalescent home to move those children to for their post-operational treatment and therapy, it would free up hospital beds for children on surgical waiting lists.

As an interim step toward that goal, the charity's leaders decided in May 1922 to establish a summer camp for convalescing children. The society's leaders again wasted no time. They rented an eight-room home near 66th and Maple Streets in Benson, a former Omaha suburb that had been annexed into the city five years earlier. Within a month, the society opened the camp to 24 children.

The World-Herald worked to raise the \$2,500 needed for the camp. The paper ran a campaign with the slogan "Give a crippled child a chance," at one point stating that people in the city were "morally obligated" to support the drive. "Every crippled child who is not given a chance to be restored to health is a reflection on every able-bodied citizen," the paper said. The paper's efforts were supplemented by a "Raisin Day" promotion, in which boxes of Sun Maid raisins were sold on the streets.

The camp proved a huge success. And with unexpected suddenness, before the summer was even over, the camp led directly to the establishment of the home for children the society had dreamed of.

On Aug. 11, 1922, Clara Elder appeared before a special meeting of the Society for the Relief of the Disabled, held in the tea room of the downtown J.L. Brandeis department store at 16th and Farnam. What happened next was recorded by the board's secretary:

"Miss Elder was called upon by the President when she presented the Board a most generous proposition: That she and Mr. J.A. Munroe had purchased the property this side of our summer camp at 66th and Maple Streets and would gladly donate the use of same to our Society to be used as a permanent convalescent home for crippled children. ... It was moved by Miss Peters and seconded that a rising vote of thanks be given Miss Elder."

Thus was established what co-founders Elder and Munroe chose to name the Hattie Baker Munroe Home for Convalescing Crippled Children.

A special called meeting of the Society for the Disabled was held Friday noon August 11th at Brandeis Restaurant.

There were eighteen members present. In the absence of the Secretary Mrs. Updike was appointed to take her place.

The minutes of the last meeting were read and approved.

Dr. Shrock reported nineteen children in camp at an approximate cost of \$3.00 per day for each child.

Mrs. Judson reported one family gave \$10.00 toward the keep of their child.

Miss Elder was called upon by the President when she presented to the Board a most generous proposition, viz: That she and Mr. J. A. Munroe had purchased the property this side of our summer camp at 66th & Maple Streets and would gladly donate the use of same to our Society to be used as a permanent convalescent home for crippled children.

It was moved by Miss Peters and seconded that a rising vote of thanks be given Miss Elder. Motion carried. It was moved by Mrs. Coit and seconded that our President write a note of thanks to Mr. Munroe. Motion carried.

The Aug. 11, 1922 meeting minutes announcing Clara Elder and John Munroe's donation of property for use as a permanent home for disabled children.

May 26, 1922

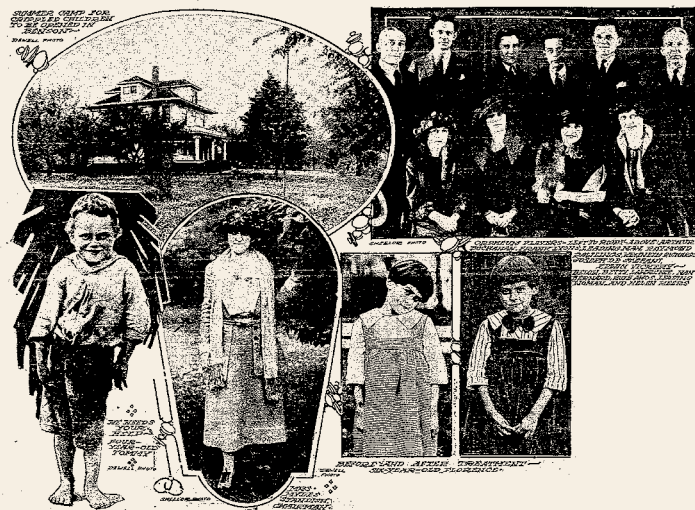
"When a Feller Needs a Friend."



ONE DOLLAR PER DAY, SEVENTY-FIVE DOLLARS FOR THE SUMMER, WILL MAINTAIN A CHILD AT THE SUMMER CAMP FOR CRIPPLED CHILDREN. WON'T YOU BE A "FRIEND?"

June 4, 1922

Orpheum Players to Give Performance for Crippled Children's Fund



MRS. FRANK W. JUDSON is president of the Society for the Relief of the Disabled, which is just now conducting a campaign to raise funds for their Summer Camp for Crippled Children in Eenson. This is the first step taken by this organization to establish a convalescent home for children undergoing orthopedic treatment. The camp opens June 15.



KINDLY intentioned citizens will have an opportunity to witness a first-class theatrical performance Tuesday evening, and at the same time serve good causes. On that evening the Orpheum Players, of which James Hayden is manager, will give a benefit performance of "The Hottentot," a lively racing comedy, for the fund for the Summer Camp for Crippled Children. Mrs. Wiley Standish is chairman for this benefit performance. Many parties are being planned. Tickets can be purchased as usual at the Orpheum theater, at no advance price. —Haines and Willie

The story of "The Hottentot," written by Victor Mapes and Willie Collier, tells how a mild-mannered chap from the west, who had never been on top of a horse, was mistaken for Sam Harrington, professional jockey—the two bearing the same name. The affections of a girl are involved and the westerner is called upon to ride "The Hottentot," a dangerous racing horse, to win those affections. The manner in which he succeeds constitutes the action of this delightful comedy.

Two children, typical of the thousands who benefit, this fund is being raised to help today. One is Tommy, aged 6. Tommy is an awfully poor little boy—the poorest little boy in Omaha! But just the same he manages to smile a lot. He had infantile paralysis when a baby and no one looked after him properly, with the result that one leg is shorter than the other. Now the Society for the Relief of the Disabled has taken little Tommy in hand. They have provided him with a beautiful wooden leg and that's why he has such a watchful eye on him they hope to see him grow up with a straight leg.

The and little girl is Florence. Florence is 6 years old. When she was born her head did not rest on her shoulder straight and nice as other babies' heads do. It remained at a crooked slant until the Society for the Relief of the Disabled interested itself in the child's case, about a year ago. Florence had to wear a cast for a long time, but now her head is as straight as any other little girl's head and she romps and plays so busily she could hardly stop to have her picture taken the other day.

The Summer Camp for Crippled Children will be located in the eight-room building in the city of New York which will open June 15 under auspices of the Relief of the Disabled, and will continue open until September 1. It costs \$5 per day to give a crippled child a holiday at this convalescent home. Surgeons and nurses do not want to send these children back to their homes immediately after hospital treatment. They need the medical attention, the love, the nourishment and care. And so has come the need of this summer convalescent home. The World-Herald is promoting a fund to finance the home this summer.

June 16, 1922

Two Youngsters First Guests as Camp for Crippled Children Opens



Left to Right—Norma, 3, and Bur ton, 4, first guests enrolled at the Summer Camp for Crippled Children in Benson.

The Summer Camp for Crippled Children is an established fact. It opened officially yesterday at 2506 North Sixty-sixth Avenue, in Benton. Having opened, the camp has taken the first step in procuring a convalescent home for poor crippled children where the work of strapping and binding their bodies for hospital care, may be carried on. The Society for the Relief of the Disabled, while working for the establishment of such a home will in time become permanent when Omaha is fully awake to the obligation due its helpless children.

Shortly after doors opened yesterday a comfortable automobile drove up to the house. Two pale little faces peering eagerly out lighted up in joyous anticipation, and two little bodies, both encased in plaster casts, were lifted tenderly from the car. These two children were Burton, aged 4, and Norma, 3.

and 3—the first trucks to be en-
rolled in the summer camp.

Mrs. Frank Judson, president of
the board of trustees of the Dis-
abled, Mrs. Missy Standish and other
members, Miss Bess Arbuthnot,
the trained nurse in charge; Mrs. Annie
Norton, the secretary; and Dr.
Judson, constituted themselves a
reception committee to greet Burton
and Norma. The children were taken
to a hospital room of Jasper for
when one's body is encased in plaster
his range of travel is necessarily im-
paired. The children were glad
for these two children.

Send checks or money to Editor
Crippled Children Fund, World-Her-
ald.

To what date the fund stands as follows:
Previously reported \$1,326.50
Received from a. Mrs. J. B. 1.00
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'A SACRED TRUST'

The World-Herald, Aug. 12, 1922

CRIPPLED CHILDREN TO HAVE A REAL HOME

Two Omaha Givers Provide
Place for Their Use in
Benson.

CONTINUES GREAT WORK

Continuation of the work in a home for crippled children was made possible yesterday afternoon at a meeting of the board of directors of the Society for the Disabled. Announcement was made that the property at Sixty-sixth and Maple streets, including a commodious house and two acres of ground, had been purchased by Miss Clara E. Elder and John A. Munroe and loaned to the board for the work that has been done there under lease this summer.

The brick house next to the one which has been the center of activity for poor crippled children, has a porch on three sides and spacious grounds for the little folks, who have been at the home following operations to straighten crooked limbs or readjust twisted figures.

Mrs. Frank W. Judson, president of the society, in accepting the property, expressed her delight, as did the board, at the proposition made by Miss Elder for herself and for Mr. Munroe, and plans are forming for a beginning in what is regarded as a very important enterprise in Omaha.

The conduct of the home through the summer was made possible by contributions of World-Herald readers to a fund which, together with raisin day sales, amounted to more than \$2,500.

The site of the home, which is opposite a public school building at the end of the car line in Benson, was owned by Mrs. Selma Moore, who is moving to California.

Dr. Robert D. Schrock is enthusiastic over the convalescent home for crippled children of the poor. "A lot of immediate relief will be afforded by the home," he said. "It is a great work and the practical beginning of a still greater work."

"This home has been operated since mid June and results have been highly satisfactory. Now the proposition is to operate the home the year round. This property, of course, makes it possible to do so. The children will have the benefit of the school just across the way and will thus be built up mentally while they are being improved physically. The work will start with about twelve children and the very best results are anticipated."

One published report at the time indicated that Elder had the idea to establish the home, suggesting to Munroe it would be an appropriate memorial to Mrs. Munroe. "Why let (the camp) be discontinued?" she reportedly said. "Isn't this the very thing we wish to establish?" Regardless of whether it was her idea, she clearly became one of the home's most outspoken public advocates. "We must have a place for convalescing children," she told The World-Herald after the announcement of the gift. "Many people believe a hospital is the greatest thing, but I think a convalescing home is just as important."

The home purchased by Munroe and Elder at 2824 N. 66th Ave. in Benson was indeed right across the road from the home that had hosted the camp. Schrock, who ran the University of Nebraska medical college's free clinic for the charity, applauded the gift. "A lot of immediate relief will be afforded by the home," he said. "It is a great work and the practical beginning of still greater work."

On Sept. 1, 1922, less than a month after Elder and Munroe gifted the house to the society, the Munroe home opened its doors to eight boys and four girls. People throughout Omaha pitched in to make it operational. They donated most of the home's furnishings and even offered up a cow and 10 chickens to assure there would always be fresh milk and eggs.

Munroe and Elder remained the home's prime benefactors for the rest of their lives. A 1924 World-Herald article referred to the home as "their chief ambition."

"They know they cannot restore all the crooked little bodies of the world, but they and the good friends who support the home are doing their part to restore as many bodies who come under their care. And it is all done free — on that point Miss Elder and Mr. Munroe are determined."



A plaque in memory of Hattie Baker Munroe was erected in 1926.



PERMANENT HOME NEEDED

The new Hattie B. Munroe Home for Convalescent Crippled Children would serve as needed space for children to recover from corrective orthopedic surgery and treatment.

Elder and Munroe both served for decades on the board that ran the home and personally funded many improvements. Elder in particular took an active role in the home's day-to-day operations. The home's in-house newspaper, produced by the children, at one point said Elder had painted the playroom and also had made a cash donation used to buy a large stock of jellies and jams. The World-Herald in 1928 also noted Elder's role as the home's most devoted supporter.



John A. Munroe and Clara Elder in 1930 surrounded by children being cared for thanks to their support.

Right, the Munroe Home provided a place for children to recover.

and John Munroe. And Clara Elder clearly went down as an unsung hero in the home's history, seizing the opportunity to establish it and using her newfound wealth to ensure its success.

Through those combined efforts, they all assured that the Munroe name would long stand for assistance of disabled children in Omaha.

"Seldom a day goes by that Miss Elder does not visit the little children, anticipating their needs and those of the home in the way of comforts and conveniences," the paper said. "The love shown Miss Elder by the children is proof alone of her tireless efforts on their behalf."

Elder's support for the home continued even after her death. When Elder and Munroe died a month apart in 1944 — Munroe at age 91, Elder at age 86 — they combined to leave nearly \$300,000 to endow the home's operations into the future.

The founding of the convalescent home was inspired by Hattie Baker Munroe's generous spirit and strength in the face of her own disability. It was funded in large part by the fortunes built up by Hattie



"They know they cannot restore all the crooked little bodies of the world, but they and the good friends who support the home are doing their part to restore as many bodies who come under their care. And it is all done free — on that point Miss Elder and Mr. Munroe are determined."

— THE WORLD-HERALD



HATTIE B. MUNROE HOME

Hattie B. Munroe Home for Convalescing Children at 2824 N. 66th Ave. When the Munroe Home moved to the new Children's Medical Center at 44th and Dewey Avenue in 1959 the building was sold and today serves as a health and nursing facility for seniors.

CHAPTER FOUR

LIFE IN 'HATTIE B.'

IT WAS ATYPICAL SUMMER DAY in 1926 at the big red brick home that the resident kids came to simply call “Hattie B.” Confined to bed with her body in a cast, Gertrude sang “Polly Wolly Doodle” at the top of her lungs. Outside, kids were playing a game of tag. Tommy fell down, calmly picked himself up, placed his crutches back under his arms, and resumed his running. Another boy, Johnny, didn’t join in the game, walking slowly with the aid of crutches across the yard. But given his progress, perhaps one day he would be able to engage in such play. Just a year earlier, the boy had been unable to stand, only getting around by crawling.



From the beginning, it's clear the Hattie B. Munroe Home for Convalescing Crippled Children was making a mark. Set up in the airy, 10-room home high up on a hill that Munroe and Elder had purchased, Hattie B. featured big verandas where kids often slept on hot summer days and a two-acre lawn with shade trees and a garden. Among the first things a visitor would notice, it was said, were the windows. They were made up of 1,984 individual panes of glass, a reflection of what the founders wanted the home to be: bright, cheery and inviting in what was seen at the time as the healing powers of the sun. Indeed, for decades, the home would be a happy, healing place for children with disabilities.

"Now we shall be able to provide proper nursing, wholesome surroundings, and good food for months until the children are really in condition to go to their homes," Schrock told *The World-Herald* during the home's first year.



The Society for the Relief of the Disabled became the new home's operating board, overseeing its programs and services (in 1927, the society changed its name to the Orthopedic Association of Omaha). The VNA also continued its active role. Paulsen, the VNA nurse sent to Boston to train in therapy, took on the role as the home's director, assisted by three live-in nurses. Drs. Lord and Schrock, the two University of Nebraska orthopedists, also donated their services to regularly check on children's post-operational progress.

Top Left: Visiting Nurse Greta Paulsen in 1937 with two Hattie B. patients. Paulsen would later adopt a girl in the home as her own. Bottom Left: Paulsen, center, accepts a car for the home from the Downtown Kiwanis Club.



Above: Munroe Home patients enjoy the healing power of the sun.
 Right: The Omaha Community Chest, a citywide charitable fund drive, was a huge supporter of the society, paying for the children's food and clothing and the salaries of the nurses.

Early in its history, the home also became one of the city charities supported by the Omaha Community Chest, a citywide charitable fund drive launched in 1923 that was a precursor of the modern-day United Way. For decades, pictures of children from the home were regularly featured in the annual citywide chest fundraising drive. Chest dollars paid for light, heat, the salaries of the nurses and for food and clothing for the children, relieving the society of the need to raise funds for those things.

Separate from the society, Munroe incorporated the Hattie B. Munroe Home for Convalescing and Crippled Children, the charity responsible for the home's upkeep. Over time, that nonprofit would fund numerous additions and improvements — a role it has continued to play even decades later, long after the home was relocated to the UNMC campus.





Community support included Junior League members providing free transportation for children's therapy appointments, The Elk's Lodge providing a whirlpool bath machine and the Community Chest highlighting how gifts support the home.



Within a year of opening, the charity funded a new south wing to expand the capacity to about 30 children. Soon after, a new north wing included a gymnasium and small swimming pool for use in physical therapy. A full-time classroom for children not able to leave the home for school was also established, as well as a workshop for kids to learn vocational skills. Other improvements catering to the children included low drinking fountains, ramps that were put in place of the stairwells and low windows so children could look out on the world.

In 1932, Elder and Munroe bought the house across the road — the one that had hosted the original summer camp. The purchase was intended to prevent neighborhood encroachment on the home, but the house on the new property eventually became a living quarters for the home's nurses.

The Munroe Home over the years also continued to be the beneficiary of tremendous community support, from service clubs that paid for furniture and playground equipment and labor unions that donated services for repairs to teenage girls who taught children to swim as part of their therapy.

In a typical day, children would rise by 7:30 a.m. and help each other dress. After breakfast, those who were able would cross the street to attend Benson West Elementary School. For the “homebound,” the Omaha school board provided a teacher to staff Hattie B.’s fully equipped classroom. During the summer, kids spent much time outside, often stripped to the waist to take in the sun. Its healing powers were considered so strong that Omaha’s daily hours of sunlight and cloud cover were tracked and charted.

The Munroe Home came to serve children from all over Nebraska, including towns like Coleridge, Schubert and Hooper. Children with polio continued to be the most commonly served, along with children with cerebral palsy, rheumatic fever and other birth defects. While the average stay was four to six months, children with the most challenging disabilities stayed for years, becoming fixtures in the home.

By the late 1940s, the funding stream for children in the home was changing. While the Community Chest continued to play a big part, much of the dollars began to come from government agencies, the state and federal government stepping up in its assistance to children with disabilities. And over time, this would lead to major changes in the function and governance of the home.

In 1947, the Hattie B. Munroe Home celebrated 25 years of service to the city and its children. But over the next decade, the home would become part of a broader community vision — one that would ultimately firmly root Omaha’s services to children with disabilities on the campus of UNMC.



Top: A patient learns how to walk at the home in 1955. Above: Diplomas are handed out to eighth grade graduates at the home in 1956.

A TYPICAL DAY AT 'HATTIE B.'

Hattie B. was a 10-room home at 66th Avenue and Maple Street featuring a two-acre lawn with shade trees and a garden. The home was often featured by the Omaha Community Chest fundraising drive. Many of these pictures were part of the promotional effort showing the home was a happy, healing place for children with disabilities.

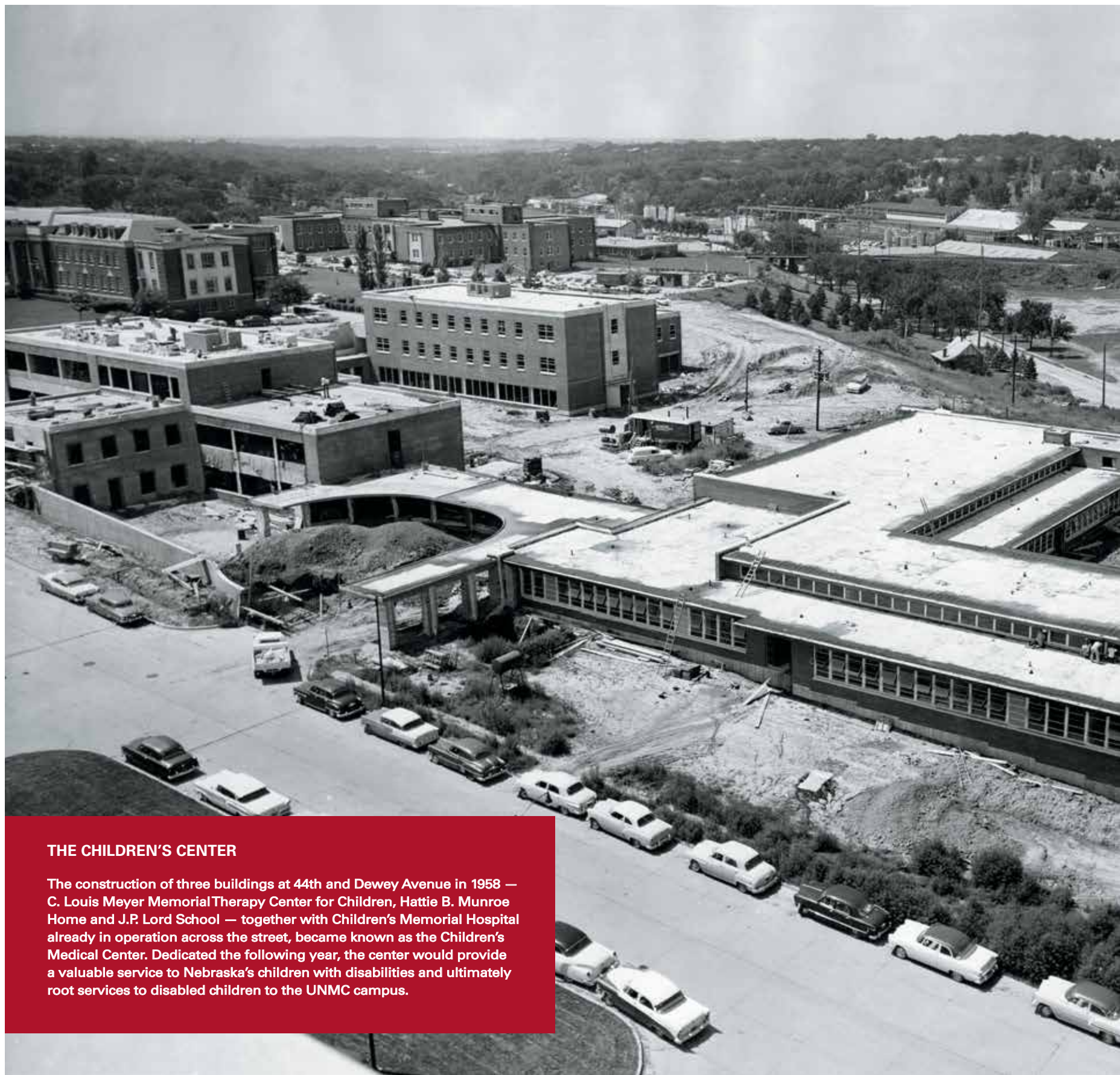




In a typical day, children would rise by 7:30 a.m. and help each other dress. After breakfast, those who were able would cross the street to attend Benson West Elementary School. For those with medical needs that prevented them from leaving Hattie B., the Omaha school board provided a teacher to staff Hattie B.'s fully equipped classroom.







THE CHILDREN'S CENTER

The construction of three buildings at 44th and Dewey Avenue in 1958 — C. Louis Meyer Memorial Therapy Center for Children, Hattie B. Munroe Home and J.P. Lord School — together with Children's Memorial Hospital already in operation across the street, became known as the Children's Medical Center. Dedicated the following year, the center would provide a valuable service to Nebraska's children with disabilities and ultimately root services to disabled children to the UNMC campus.

CHAPTER FIVE

THE CHILDREN'S CENTER

IN BUSTLING POST-WORLD WAR II Omaha, a dream was rising. The baby boom was on, leading to tremendous increases in the city's population of children — including children with disabilities. As the demand for services grew, there arose a vision for a new comprehensive facility that would bring together diagnostic, therapeutic, rehabilitation and educational services for children with disabilities. Years before it was born, the concept already had a name: The Children's Center.

A document, circa 1956, described the concept this way:

"The Children's Center is basically an idea. It exists not as a physical organization but lives in the hearts and minds of many people as an ideal — an ideal of services to handicapped children whose mental and physical disabilities do not permit the full enjoyment of life. The Center is dedicated to the concept that, through the cooperative effort of those with the knowledge, ability and facilities, handicapped youngsters can achieve maximum use of their capabilities."



Bob Trimble

Through years of planning and development by a broad spectrum of providers, just such a center would spring to life in 1959 on the UNMC campus.

The roots of the effort actually go back even decades earlier, just after the establishment of the Munroe Home. Through support the Omaha Rotary Club provided the home, Omahan Bob Trimble became intensely interested in helping children with disabilities. In 1924, he helped start the Nebraska Chapter of the national Easter Seal Society — naming it the Nebraska Society for Crippled Children. Like the national chapter that had been formed in Ohio five years earlier, the purpose of the new organization was to raise funds for the rehabilitation of children with disabilities. Other principals behind the new charity included James Fitzgerald of Woodmen of the World Life Insurance and UNMC's Lord.



J.P. Lord School in 1939, housed in Field Club Elementary.

A decade later, Lord and the Easter Seals affiliate became advocates for a special school that could educate children whose physical disabilities kept them from attending typical public school classrooms. In February 1938, Lord, Easter Seals and the Omaha school district opened the doors to Dr. J.P. Lord School for Handicapped Children.

Originally located in the basement of Field Club Elementary School, the school at first enrolled eight students. The board of education funded the building and teachers, while the Easter Seals affiliate paid for therapists and for the transportation of children to and from their homes. Lord died just two years later on March 3, 1940, at age 78, but his name would live on with the school for decades to come.



J.P. LORD SCHOOL

Children being dropped off at J.P. Lord School in 1946. The school educated children whose physical disabilities kept them from attending regular public school.



The Children's Memorial Hospital opening in 1948 on the University of Nebraska Medical Center campus became the first development in making a Children's Center happen.

The next key development came in 1948, with the establishment of a new \$1.5 million Children's Memorial Hospital on the UNMC campus (ground now occupied by the Fred and Pamela Buffett Cancer Center and C.L. Werner Cancer Hospital). A children's hospital that would draw patients from the entire Midwest had been spoken of in Omaha for decades. Its construction contributed to a recent building boom on campus that included expansions of the nursing and medical schools and the establishment of the Nebraska Psychiatric Institute (NPI) just to the west. Even as the children's hospital opened, it was seen as the first step toward the imagined comprehensive children's center.



Dr. Cecil Wittson during construction of the Nebraska Psychiatric Institute, a partner in the Children's Center.

Up until the 1950s, most physical therapy for children with disabilities was still being provided in home by the nurses of the VNA. By 1953, United Community Services (UCS), the former Community Chest, formed a citizen committee to look into establishing a new medical center devoted to children's therapy. It also pledged \$18,000 to commission a needs survey of children with disabilities, not only in Omaha, but comprehensively across the state. UCS retained the services of Dr. Roscoe Kandle of New York City to complete the study. Kandle's 1954 report found a compelling need, identifying significant populations of children in Nebraska who lacked services. Kandle's report recommended a single, modern rehabilitation facility to serve those children, with talk quickly turning to locating it at UNMC.

Peggy Cowdery, the daughter of former Omaha World-Herald publisher Henry Doorly and the wife of a World-Herald executive, became a leader in the efforts to make the center a reality. Cowdery, whose daughter, Nancy, had cerebral palsy, helped found the Omaha affiliate of the United Cerebral Palsy Association and served as its president. She joined with leaders of Easter Seals and the Omaha Hearing School to form Rehabilitation Inc., a new non-profit intended to be a fundraising vehicle for the new center.

Soon after, an agreement was struck by the new charity with nearly all the major players serving Omaha children with disabilities: UNMC; Children's Hospital; the Omaha school board; and the Munroe Home. They agreed to work together to promote, finance and ultimately operate the new children's center. The VNA also agreed to step aside in its longtime therapy role and support the center.

Under the plan, Rehabilitation Inc. would establish and operate a new center for the diagnosis, therapy and rehabilitation of children with disabilities. The Munroe Home would establish a separate 46-bed residential care facility, replacing its longtime Benson home. And the school board would construct a standalone J.P. Lord School that would serve as the third leg of the new stool serving children with disabilities.



Peggy Cowdery, left, a chief fundraiser for the Children's Center.



Original plans for the Children's Center at 44th and Dewey Avenue.



A volunteer pushes a patient up a steep ramp at Hattie B. Munroe Home in 1955. Plans for the new center would have elevators. Right, children watch as the moving truck arrives at the Hattie B. Munroe Home in 1959.

While UNMC would not operate any of the new facilities, its participation was considered critical. Not only would UNMC provide the land for the new center, the school would give access to its medical and psychiatric specialists and utilize the facilities for training and research.

The Nebraska Legislature in 1955 took the first solid step toward making the vision a reality with the passage of LB311. The bill appropriated \$480,000 to the University of Nebraska to secure land. The bill's chief sponsor, Sen. Earl J. Lee of Fremont, argued the facilities would "do a great deal for a segment of society that has been neglected."



The land was acquired the next year, located north and west of the existing medical campus between 44th Street, Saddle Creek Road, Dewey Avenue and Farnam Street. The Board of Regents eventually approved 99-year lease agreements with the boards overseeing the three new facilities.

Dr. F. Lowell Dunn, a professor of internal medicine at UNMC, chaired a campus committee that worked to bring the three new facilities on line. It was no easy task. In theory, J.P. Lord, the Munroe Home and the rehabilitation center would work cooperatively. But each also remained a separate organization with its own governing board and mission.



F. Lowell Dunn, M.D.



The new Hattie B. Munroe Home was officially dedicated May 16, 1959.



Plans called for the three facilities to share a common playground area and be connected to each other, as well as to Children's Hospital, via a tunnel under 45th Street. Children's would provide surgery, X-ray, laboratory and drug services, while both Children's and the university hospital would take clinical referrals of children evaluated at the center. As with previous efforts to aid children with disabilities, all services would be provided regardless of race, religion or ability to pay. Because of the wide range of physical and intellectual development, children served would range from six months to age 21.

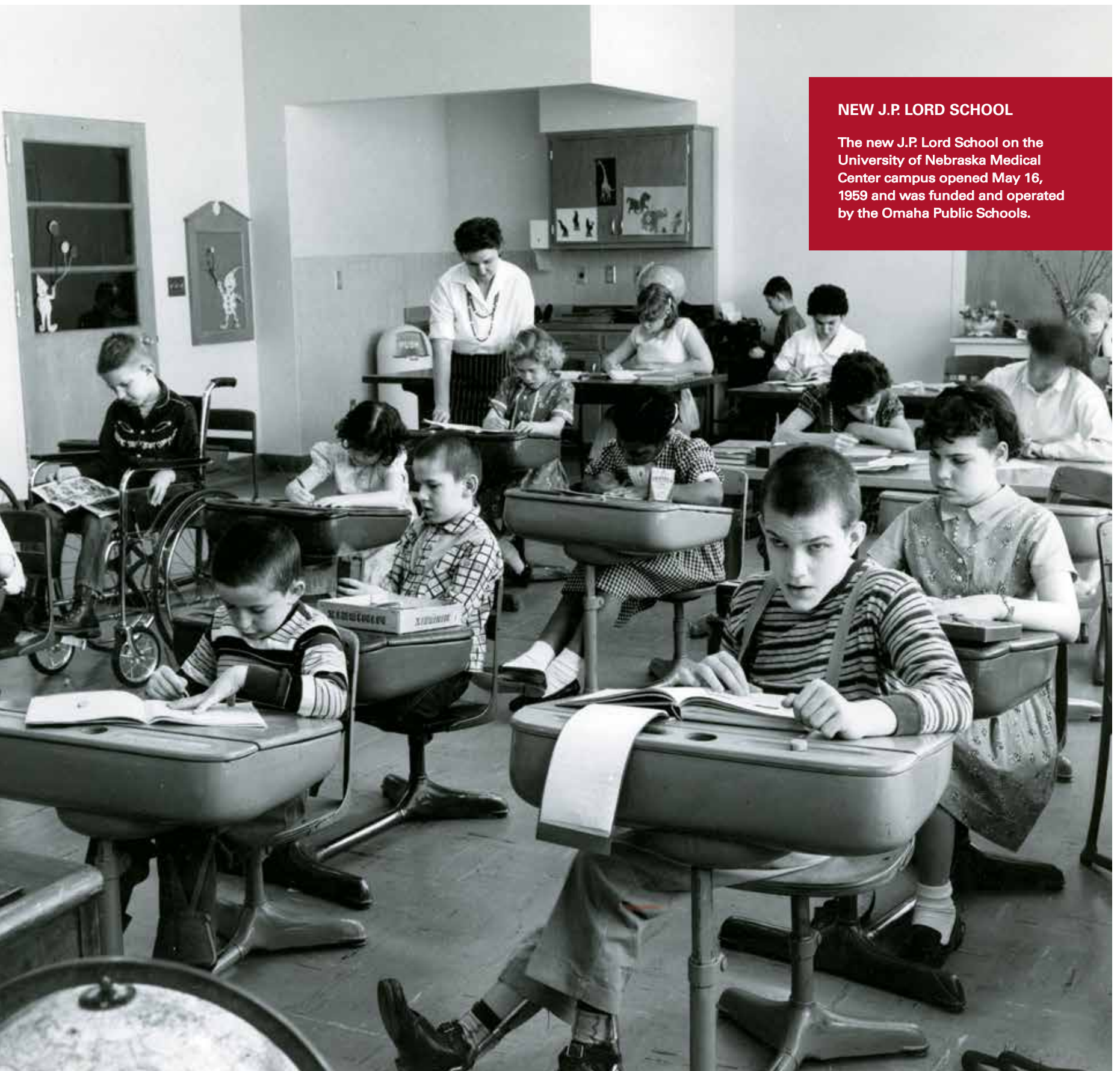


Scenes from the new J.P. Lord School.



NEW J.P. LORD SCHOOL

The new J.P. Lord School on the University of Nebraska Medical Center campus opened May 16, 1959 and was funded and operated by the Omaha Public Schools.





The Children's Therapy Center and a preschool for children with hearing impairments run by the Omaha Hearing School were housed inside the new C. Louis Meyer Memorial building.

While the Hattie B. Munroe Home and Lord School would largely perform the same functions they had at their established locations, the rehabilitation center was new, and in many ways would be the heart of the new children's center. It would be responsible for initial diagnostic work; parental consultation; physical, occupational and speech therapy; psychological testing; and hearing services. Its facilities would include an above-ground therapy pool and a colorful center where children with disabilities could learn life skills, from getting out of bed to tying shoes, brushing teeth or pouring a glass of milk. The Omaha Hearing School would also operate a preschool in the center for children with hearing impairments, seeking to prepare the children for regular school or the state's school for the deaf.



The facilities included an above-ground therapy pool and a center where children with disabilities could learn life skills.

Significantly, the new center would also serve as a learning laboratory for medical and nursing students being trained in the growing children's rehabilitation fields. Working areas in the building featured two-way glass to allow students to observe activities without getting in the way.

It's notable that plans called for the new center to evaluate children with both physical and intellectual disabilities. However, beyond evaluation and referrals, it appears its actual services and assistance for families of children with intellectual disabilities remained limited. Most such children were still referred for institutionalization in Beatrice at what by then was called the Beatrice State Home. It would take another decade for society to begin to awaken to the unmet potential of children and adults with intellectual disabilities.

Hundreds of service clubs, church groups and individuals in the community came together to raise money for the new facilities. And as part of that fundraising effort, a prominent new name emerged in service to disabled children in Omaha — one that lives on today at MMI.

C. Louis Meyer had decades before founded an Omaha-based steel products company that was national in scope. Ceco Steel manufactured products used in the construction of such iconic projects as the Golden Gate Bridge in San Francisco and the Tribune Building in Chicago. Meyer had long shown an interest in helping children in need in Omaha. When the Nebraska Easter Seals affiliate was established decades earlier, Meyer had donated all the furnishings for the new charity's office. He also served as a founding trustee of the new Children's Hospital and headed the committee that oversaw its construction.

Meyer died in 1953. In January 1956, his widow, Mary Luman Meyer, announced a donation of \$380,000 that would provide most of the funding for construction of the rehabilitation center.

"His main philanthropic interest had always been hospitals and children's welfare," Meyer said in announcing the gift. "I am grateful to be able to contribute to this worthy cause in his name."

The World-Herald declared the gift would assure "every crippled and handicapped child in this Midwestern city will have available the best treatments and the best facilities known to medicine." As a result of his family's gift, the new rehabilitation center would be named the C. Louis Meyer Memorial Therapy Center for Children.



C. Louis Meyer



Mary Luman Meyer, center, and daughter, Mrs. Robert H. Hall, right, at the dedication of the new therapy center in honor of their late husband and father, C. Louis Meyer.



Clifford Hardin

Federal hospital construction funds and other private gifts, including \$75,000 raised in a local cerebral palsy telethon, provided the balance of the funding for the \$1 million therapy center.

The \$634,000 cost of the Hattie B. Munroe Home was funded by \$200,000 from United Community Services, \$198,000 from the Hattie B. Munroe Foundation and the balance from federal grant dollars. The Omaha Public Schools would fund and operate the new J.P. Lord School.

The three buildings at 44th Street and Dewey Avenue — C. Louis Meyer Memorial Therapy Center for Children, Hattie B. Munroe Home, and J.P. Lord School — together with Children's Memorial Hospital already in operation across the street, became known as the Children's Medical Center. Nearby and closely aligned were the Nebraska Psychiatric Institute, Clarkson Hospital and the rest of UNMC.

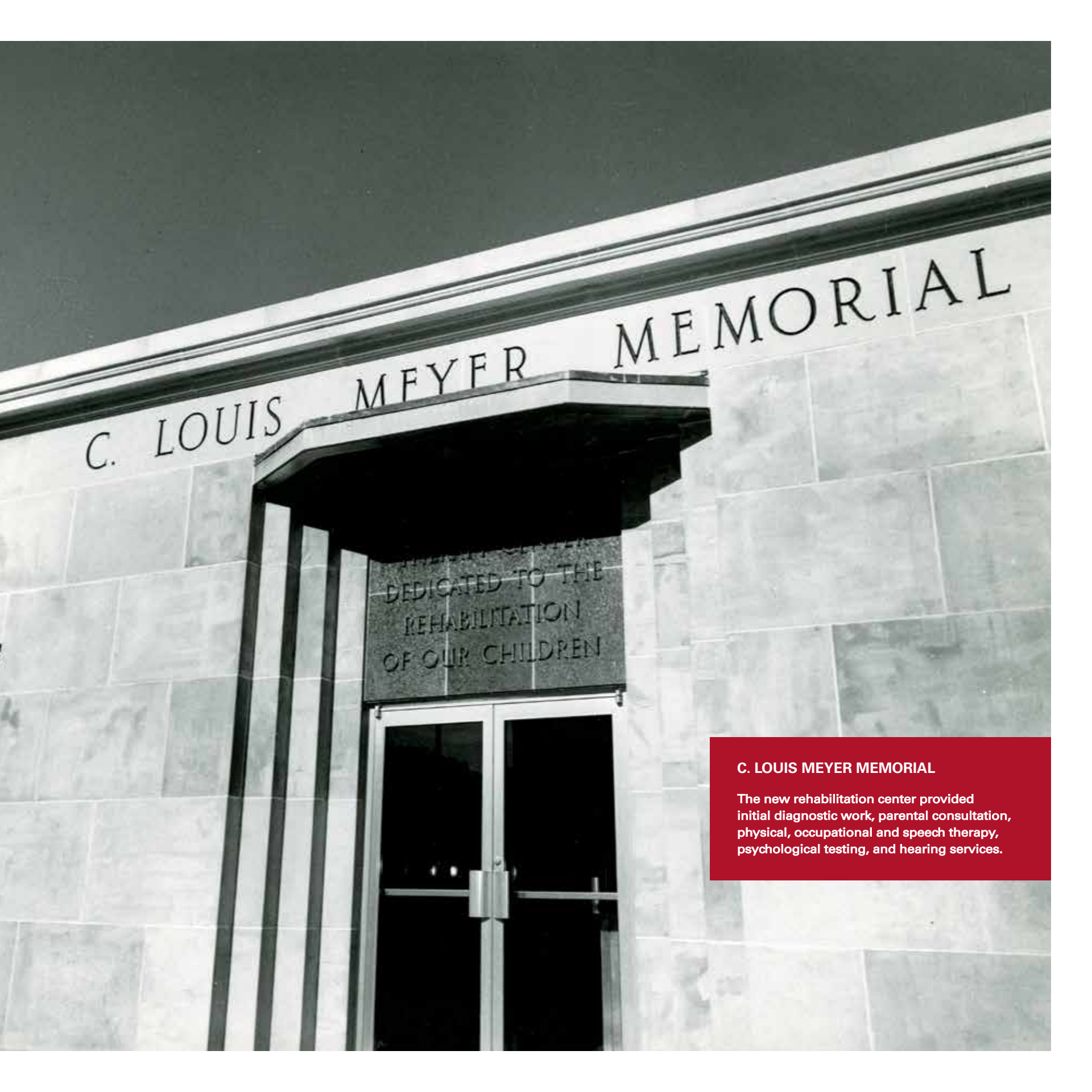
Ground was broken in December 1956. And after more than two years of construction, the center was dedicated on May 16, 1959. University officials praised the community cooperation behind the center, with University of Nebraska Chancellor Clifford Hardin calling it "nothing short of fantastic. It shows what can be accomplished when there is need, and people of good will decide to do something about it."

He and other university officials said the center would provide a valuable service to Nebraska's children with disabilities, bolster the teaching of doctors and nurses in a growing field of need and create new opportunities for research. And he said the new center also marked another step in the transformation of Nebraska's medical school into a true university medical center. "Fifty years ago, this site was just a medical college," Hardin said during the chilly 1956 groundbreaking. "Now we are developing it into one of the nation's great medical centers."

Hardin clearly had a sense of the historic nature of the new center. But even he could not have imagined the types of research that would one day be performed there or the transformational effect the facility would ultimately have on the lives of all Nebraskans with disabilities.



From left, Dr. J. Harry Murphy, Lily Okura and Dr. Cecil Wittson at the opening of the therapy center.



C. LOUIS MEYER MEMORIAL

The new rehabilitation center provided initial diagnostic work, parental consultation, physical, occupational and speech therapy, psychological testing, and hearing services.

SPEECH THERAPY

A patient works on speaking clearly while speech therapist Myrna Krohn at the C. Louis Meyer Children's Clinic listens.



CHAPTER SIX

THE INSTITUTE IS BORN

SOON AFTER THE CHILDREN'S MEDICAL CENTER opened in 1959, the U.S. Department of Health, Education and Welfare declared it one of the nation's best facilities for children with disabilities. Indeed, the center truly was ahead of its time — a fact that would be underscored four years later. In October 1963, just 22 days before he was assassinated, President John F. Kennedy signed into law an act creating university-based facilities to assist people with both physical and intellectual disabilities.



Working with patients in the 1960s to develop speech and developmental skills.



Kennedy, whose sister, Rosemary, was born with a significant intellectual disability, had two years earlier created the first presidential panel to study the nation's care and treatment of people with developmental disabilities. The panel ultimately recommended that University Affiliated Facilities be created across the country to provide clinical services, conduct research and train therapists and other specialists to work with the disabled.

While located on the UNMC campus, the three facilities that made up the Children's Medical Center at the time were not operated by the school. But within five years, UNMC would directly take over operation of both the Munroe and Meyer facilities. And within a decade, the UNMC facilities would gain official recognition under the Kennedy program.

As the centerpiece of the new center, the four-year-old Meyer Therapy Center by 1963 had already served more than 800 children with speech disorders, cerebral palsy, emotional problems, the after-effects of polio, spina bifida, muscular dystrophy, "mongoloidism" (the term at the time for Down syndrome) and other disabilities.

The center employed a physical therapist and an occupational therapist and two speech pathologists, the roots of today's MMI Speech-Language Pathology department. In addition, visiting physicians from Children's and UNMC provided full medical and psychological evaluations. Today's MMI Developmental Medicine department is arguably rooted in these evaluations the new center provided for children — not only from Omaha, but from all over Nebraska and four other regional states.

The center continued to add services. In 1962, it opened a nursery school to aid in the development of children with disabilities during their critical preschool years. Through play at the center, these children built strength, balance and coordination that could help them succeed later in school. The center also by that time was hosting a group of adults with cerebral palsy once a week, notable today as one of the first documented efforts in Omaha to provide services to adults with disabilities.

"We look beyond the obvious disabilities and search for the potential," said Dr. J. Harry Murphy, the director of the center. "There are capabilities in every body and soul, and it's our job to draw them out."



"We look beyond the obvious disabilities and search for the potential. There are capabilities in every body and soul, and it's our job to draw them out."

— J. HARRY MURPHY, M.D.,
DIRECTOR OF THE CENTER



June 11, 1967



Volunteers played an important role in the 1960s and today, from helping children with activities to organizing an annual garden walk fundraising event.



The community continued to take an active role in the operations of the Children's Medical Center. In 1962, a guild, initially called the Women's Association of the Meyer Therapy Center, was formed. Volunteers from the guild staffed the front desk, organized parties for children and raised money to support operations. The organization, later renamed the Munroe-Meyer Guild, to this day remains one of the oldest organizations supporting MMI.

Notably, in June 1967, the guild initiated as its primary fundraiser an annual garden walk — at the time a first for Omaha. The homes featured in the original walks were often in the neighborhood around the medical center or the homes of doctors. Over time the walk came to feature gardens all over Omaha, becoming an anticipated annual event that would raise hundreds of thousands of dollars for MMI. The guild celebrated its 50th garden walk in 2018, MMI director Dr. Karoly Mirnics remarking of how fitting it was that the guild's major fundraiser revolved around gardens. A garden is a place where hard work and care produce unique and beautiful results, he said, not unlike the work MMI does for people with disabilities.

The initial years of operations for the Children's Medical Center didn't go without a few hitches. Many could be traced to the difficulty of efficiently running a center involving so many different organizations. There was a joint policy board made up of representatives of the Meyer Center, the Munroe Home, the school board, Children's Hospital and UNMC, but it had little success coordinating the efforts of the separate operating boards. By 1967, United Community Services was urging a change to a single operating board to govern the entire center, a proposition the parties couldn't agree to. However, UNMC would very soon after take on an increased role in the operation of both the Meyer Center and Munroe Home. The change related to significant financial challenges that both institutions came to face.

As it happened, in the midst of the planning for the new Hattie B. Munroe Home, there was a major worldwide development in the battle against polio: Dr. Jonas Salk in 1953 developed a vaccine for the dreaded disease. Within two years, the Salk vaccine was being administered to millions of children. In short order, that childhood scourge was largely eradicated from the United States.



Occupational therapist Marion Labusohr teaches a patient skills needed for daily living.



Physical therapist Burton Dunevitz works with children on strengthening their arms.

Polio victims had made up a significant proportion of the children served by the Munroe Home. By 1963, the Omaha Orthopedic Association, still responsible for the new home's operations,

reported the average daily census was down to just 18 children — well under half the home's 46-bed capacity. Many of those children were from families outside of Omaha who were coming into the city for Meyer Center evaluations or to attend the Lord School. The home additionally served children requiring skilled nursing care but who did not require acute hospital care. But even after it began to take in convalescing pediatric heart patients in 1964, it remained far below capacity.

The declining numbers of children served by the home led to significant financial problems. In 1967, United Community Services slashed by half the operational funds it provided the home. The next year, it cut off all funding. The Hattie B. Munroe Home wasn't just struggling financially. It was struggling to find a purpose in the post-polio world.

As a result, the orthopedic association in 1968 entered into a contract with the University of Nebraska Board of Regents. The Hattie B. Munroe Foundation remained the owner of the home and was responsible for its upkeep. But the orthopedic association turned responsibility for operating the home to UNMC. The university also pledged to provide a medical director, nurses and other staff needed to run the home.

Around the same time, the Meyer facility was facing its own financial problems. The center collected about \$40,000 a year from patient fees paid on a sliding scale and an equal amount in charitable contributions from the Nebraska Easter Seals affiliate, United Cerebral Palsy and the Muscular Dystrophy Association. But the center almost from the start found it difficult to make ends meet.



Peggy Cowdery, president of the Meyer Therapy Center board, Kenneth Holm and Mrs. Laurence Hoagland with a 4-year-old patient promoting the 1966 black-tie fundraiser at Indian Hills Inn.

Over time, declining fund sources led the center to develop a closer association with UNMC. In 1964, Dr. Cecil Wittson, the director of the Nebraska Psychiatric Institute and chair of the medical college's department of psychiatry, added the title of director of research and training at the Meyer Center. Then in 1967, Dr. Paul Pearson accepted a joint appointment with UNMC pediatrics and as the Meyer Center's medical director.

Meyer's financial issues finally reached crisis levels in late 1967, the center unable to meet payroll. The university stepped in to pick up all staff salaries for the last three months of the year, bringing to \$15,000 the total annual salary support coming from the university. "The year 1967 commenced with much apprehension as to our financial situation," wrote Lily Okura, who had been the center's chief administrator since it opened. "However, with the assistance of the University of Nebraska College of Medicine, we ended the year with a little money in the treasury." Quietly, talks began for fully merging the Meyer Center into UNMC.

By early 1968, the center's board of directors asked the University of Nebraska to accept title to the building and assume complete operation of the center's programs. Myron Olson, chairman of the Meyer board, said university leadership would allow for further expansion of the center's teaching role. And he said there was little doubt the change to university operation would "strengthen and improve services for the physically and intellectually handicapped child."



Lily Okura

With the 1968 reorganization within UNMC, the names of both facilities changed. The name of the therapy center became the C. Louis Meyer Children's Rehabilitation Institute (MCRI). The Hattie B. Munroe Home became Hattie B. Munroe Pavilion. While both were operated by UNMC, the Munroe and Meyer facilities remained separate, each with its own advisory board made up of members of the boards that formerly ran the institutions.

With the change to UNMC leadership, the Munroe and Meyer facilities were now poised to expand their service to the community and state in a very big way. They would do so by turning long overdue attention to what up to that time had remained the most marginalized of citizens — people with intellectual disabilities.



Cecil Wittson, M.D.



Paul Pearson, M.D.



ADVOCACY FOR INTELLECTUAL DISABILITIES

Frank Menolascino, M.D. established the nation's first inpatient program for people with intellectual disabilities and became a leading voice in Nebraska arguing for more humane treatment for citizens with intellectual disabilities.

CHAPTER SEVEN

OUT OF THE SHADOWS

IT STARTED WITH SMALL GROUPS of parents just looking for something better for their children. In the early 1950s, parents of children born with intellectual disabilities both in Nebraska and nationally faced an agonizing choice. With their children generally not accepted in the public schools, they could attempt to care for and teach their children in their own homes, a decision that often thrust them into the role of constant caregivers. Or they could follow the common advice of doctors and send their children off to a state institution.

At the Beatrice State Home, such children were segregated from society in large, overcrowded, understaffed and deplorable wards that provided them little stimulation and even less love. Those who died in the home — it was the most common mode of egress from the institution — were buried in graves marked only by numbers. It was a policy intended to spare their families the shame of having their names associated with “mental retardation,” the widely accepted term at the time for intellectual disabilities.

Over time, the parents of those children came to realize that if they wanted something better, they needed to organize for themselves. In September 1951, three Omaha mothers started and opened the doors to the first family-run school in Nebraska for children with intellectual disabilities. Many of those same families that same year formed the Greater Omaha Association for Retarded Children (GOARC), the first advocacy organization for people with intellectual disabilities in the state.



As medical dean and chancellor, Cecil Wittson, M.D. would push UNMC to become increasingly involved in service to children with intellectual disabilities.

Such self-help efforts caught on. Similar schools and associations were launched by parents in Lincoln and Norfolk, and by 1954 a state association was formed. The families were largely on their own, raising money for services and often staffing the schools themselves. But in their efforts to advocate for and create a better life for their children, they would soon have an important partner in UNMC.

Much of the credit for turning UNMC into what the director of GOARC later called “a hotbed of mental retardation activism” falls to Dr. Wittson. The South Carolina native today is recognized as the first chancellor of UNMC, the old medical school in 1969 becoming a stand-alone institution no longer run by the chancellor of the University of Nebraska in Lincoln. But before that, Dr. Wittson in 1955 had become the founding director of the Nebraska Psychiatric Institute (NPI). In his NPI role, and later as medical dean and chancellor, Dr. Wittson would push UNMC to become increasingly involved in service to children with intellectual disabilities.

Early in Dr. Wittson’s tenure at NPI, the institute received a federal grant to create what was referred to at the time as a mental retardation research center. In staffing the program, Dr. Wittson subsequently recruited faculty who would become not only national leaders in such research, but great advocates for families impacted by intellectual disabilities in Nebraska and across the nation.



IMPROVED SERVICES FOR FAMILIES

In the late 1960s nurses were trained on how to stimulate motor and sensory development for children with developmental delays.

It started in the late 1950s, when Wittson recruited Dr. Frank Menolascino, a young psychiatric resident who was a native of Omaha and who had earlier graduated from UNMC. Dr. Wittson mentored the young physician, helping to spur in him a fascination for intellectual disabilities and a drive to improve services for families. At UNMC, Dr. Menolascino established the nation's first inpatient program for people with intellectual disabilities and the first national research project devoted to care for this underserved population. He also received international acclaim for his research into dual diagnosis of both intellectual disabilities and mental illness.

Within Nebraska, Dr. Menolascino also became a leading voice in the halls of power arguing for more humane treatment for citizens with intellectual disabilities. He advocated for their educational rights. And he took direct aim at the Beatrice State Home, pushing for a new system of community-based services that would allow people with intellectual disabilities to remain close to their families. Due to those efforts, Dr. Menolascino years later would be considered the father of community programs in Nebraska that largely replaced institutionaliza-

tion. As one colleague, UNMC psychologist Jack Stark, would later say: "Whenever he saw injustice, he would hurt, then get mad and then be off on another project, because 'it just wasn't right that these individuals and their families had to endure so much.'"

Dr. Menolascino wasn't alone on campus in the fight. In 1964, Dr. Wittson recruited psychologist Wolf Wolfensberger as a research scientist at NPI. Wolfensberger would become a national leader in enunciating and advocating for "normalization" — the concept of making everyday life for people with intellectual disabilities as close as possible to the norms of society.



Frank Menolascino, M.D. received international acclaim for his research into dual diagnosis of both intellectual disabilities and mental illness, sharing his work with other professionals.

Based on a Scandinavian model, the concept could be applied to people with both mild and severe intellectual disabilities, and whether they were living at home with their families or in a group setting. “The principle was so easy to understand, so unifying and so energizing, it became a common language that all parents and workers carried in their hearts,” wrote Robert Perske, former director of GOARC.

Then as the college’s medical dean in 1966, Wittson brought in Dr. Robert Kugel, a member of the President’s Committee on Mental Retardation, as the school’s new head of pediatrics. Before long, Menolascino, Wolfensberger and Kugel had all been recruited to the GOARC board in Omaha, forming an alliance of academics and parents that helped revolutionize care for people with developmental disabilities in Nebraska.

In 1967, one more significant player joined the campus movement — one who would also become important in the history of MMI. Wittson and Kugel jointly recruited Dr. Pearson as medical director of the then-still privately run Meyer Center. Looking at Pearson’s background — which was deeply rooted in national efforts to aid people with intellectual disabilities — it seems clear they brought him to Omaha with an eye toward creating the Meyer Center’s first real programs in that area. The 1970s were about to produce an explosion of federal and state funding for services for people with disabilities. Wittson and Kugel saw the Meyer Center as the logical place to provide and coordinate those services. “They could clearly see what was coming,” said Michael Leibowitz, a past MMI director who would join the institute under Pearson’s leadership in 1974.

Before coming to Omaha, Pearson had been a strong advocate for people with intellectual disabilities. He had first developed the interest as a young pediatrician. He went on to serve in the Kennedy administration as the assistant chief of the mental retardation division within the U.S. Department of Health, Education and Welfare. In that position, he helped oversee a federal program providing grants to the states to assess needs in mental health and determine how they could be met. The emphasis in the plans was for creation of community-level programs to keep as many children and adults with intellectual disabilities as possible out of institutions.

In 1965, Pearson wrote an influential treatise on the plight of the children with intellectual disabilities called “The Forgotten Patient.” He pointed out that physicians working with the families of those children seemed more concerned with helping the families emotionally cope with parenting such a child than they were about the child and the child’s ability to grow as a person. Pearson strongly believed the focus needed to be the child and his or her potential. And he challenged the belief that an intellectual disability was a static condition that could not be improved.



Wolf Wolfensberger, Ph.D.



Robert Kugel, M.D.



Paul Pearson, M.D.

“When I think of the genesis of what MMI is today, that’s Paul Pearson. He really was the person who started our program.”

— WAYNE STUBERG,
PT, Ph.D, ASSOCIATE
DIRECTOR AND DIRECTOR
OF CLINICAL SERVICES

In 1964, Pearson had actually come to Omaha to express such beliefs during an address before the North Central States Conference of the American Association on Mental Disability. Speaking on that October day at the Paxton Hotel, Pearson said there should be no more life sentences for children with intellectual disabilities. Such children, he said, “can be trained and developed to (their) maximum potential, and in many cases the (child) can become a productive citizen instead of spending a life of deterioration in an institution.”

It seems Wittson and Kugel must have been among those taking notice of Pearson that day in 1964. Because three years later as they worked to strengthen ties between the private Meyer Center and UNMC, they recruited him from Washington as the new medical director of Meyer. A year later when the Meyer Center was taken over by UNMC and became the Meyer Children’s Rehabilitation Institute, Pearson was named its chief administrator — in effect becoming the founding director of today’s MMI. “When I think of the genesis of what MMI is today, that’s Paul Pearson,” said longtime MMI administrator Wayne Stuber, who would later have the distinction of working under all four directors to date in MMI’s history. “He really was the person who started our program.”

One of the first things Dr. Pearson did after arriving at the institute was to have the inpatient program at NPI for people with intellectual disabilities that Menolascino had founded, at the time known as the handicapped children’s clinic, transferred into MMI. The separate towers that had existed at UNMC to serve people with disabilities — one primarily focused on physical development, the other intellectual development — were finally one.

With the merger, MMI’s first real rehabilitation work for children with intellectual disabilities also began. “We have become more aware of the need and management of the severely handicapped, brain damaged, and mentally retarded children,” Duane Kliewer, the head physical therapist, wrote in 1967, using the accepted language for the time. In turn, therapists from MMI that summer began to instruct nurses moving over from NPI’s handicapped children’s clinic on how to stimulate motor and sensory development for children with Down syndrome. “This has been a very interesting project, and educational as well as rewarding,” Kliewer wrote of MMI’s first work with children with Down syndrome.

A year later when MMI was fully folded into the university with Pearson as its leader, it further expanded its mission to serve children with all types of developmental disabilities. The institute would also see to the training of hundreds of new health care professionals needed to provide the new services. Pearson wanted the institute to become the principal diagnostic, evaluation and treatment center for children with complex disabilities in both Nebraska and western Iowa.

Pearson laid out four initial goals for the institute: providing “exemplary interdisciplinary education;” developing an array of clinical services provided by pediatric, psychiatric and neurologic staff, physical and occupational therapists, audiologists, speech therapists, psychologists and social workers; research on the cause, prevention and treatment of handicapping conditions; and providing leadership and assistance in the development of needed services across the state. After diagnosis and evaluation, plans would be tailored to each child’s needs and the local services available to the child. “The basic philosophy of the Institute is to consider the whole child rather than focus on his handicap,” said one institute document produced around that time. “Evaluation of the individual’s capabilities is considered just as important as assessment of his handicap.”

Under Pearson, the changes began to come rapidly. By late 1968, just months after university assimilation, the MMI established an early education program for young children with multiple handicaps. These were children who were often falling through the cracks. For example, a child with both cerebral palsy and deafness might not be able to get services at the Nebraska School for the Deaf or from a local school district because those schools weren’t prepared to cope with both disabilities. Within a year, the new program was serving 14 children from ages 3 to 8. Two years later, it was serving more than 50. Some of the children came from school districts outside Omaha, residing in the Hattie B. Munroe Pavilion during the week. For most of the next decade, this program would be the largest for which the pavilion provided residential services.

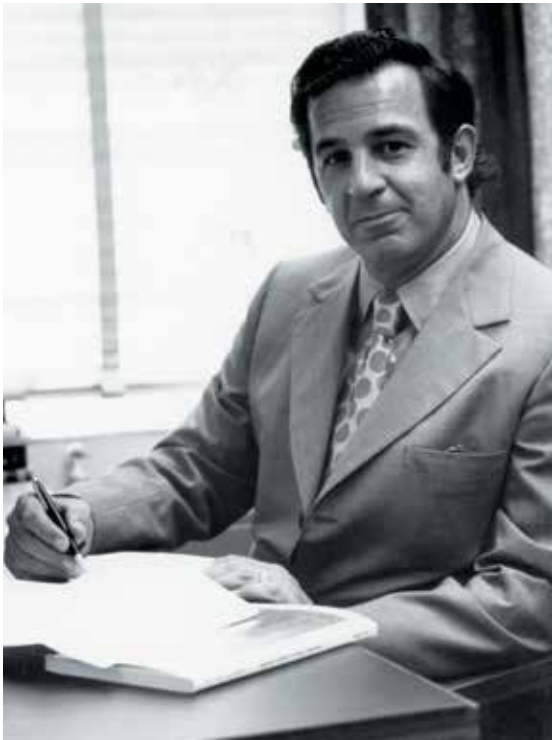
Then in 1969, the Nebraska Legislature passed a series of laws creating, funding and coordinating community-based programs to serve people with intellectual disabilities — in large part the culmination of years of work by Menolascino, Wolfensberger and Kugel.

The three had all been named by Gov. Norbert Tiemann in 1967 to a citizens’ commission to study future services for people with intellectual disabilities. Robert Clark, the first executive director of GOARC and also a member of the panel, later described the dynamics the three UNMC advocates brought to its work: “Wolfensberger was our philosopher, theoretician, and irritant, often urging us to ‘work, work, work.’ He had no hesitancy in attacking suggestions or recommendations he believed were less than worthy of an excellent system. Menolascino was the pragmatist, the persuader and the facilitator of agreement. ... Kugel’s role was the kindly voice of reason and reflection, often attempting to bring humor and civility to a heated discussion.”



Robert Kugel, M.D.

They left their mark. The commission in 1968 issued a scathing report on the Beatrice State Home, noting it was housing 2,313 residents in space fit for only 822, and even then only if its archaic buildings were extensively renovated. The report noted the unusually low spending per resident in the home, calling the conditions in Beatrice “one of the blackest pages in our state’s book.” That same year, Omaha television newscaster Lee Terry followed up on the commission’s report by taking a camera into the Beatrice home. The shocking pictures brought into living rooms the deplorable conditions and made the commission’s report impossible to ignore.



Frank Menolascino, M.D.

The Legislature moved quickly the next year, passing sweeping bills that called for multi-county regions across the state to provide daycare centers, sheltered workshops and group residential homes for people with intellectual disabilities under a 60/40 state and local funding mix. The plan implemented in Douglas County called for removing all 650 local residents from the Beatrice State Home. Dr. Menolascino also became a key player in a subsequent lawsuit filed against the state by parents of residents in Beatrice. Within six years, the population at Beatrice fell from 2,300 to 800. It was recognized at the time as one of the most rapid deinstitutionalization initiatives in the nation’s history.

MMI was poised to assist in the deinstitutionalization movement and the creation of new services for people with disabilities. In 1971, the institute achieved a new important distinction that would aid in the establishment of the new services. That’s when it officially became a federal University Affiliated Program (UAP), which significantly expanded the availability of funding to the institute and the people it served.

The federal government was converting the Kennedy-era program that had supported construction of university-based facilities for people with disabilities into a program that funded services. A university with a facility could apply to the federal government to receive operating funds for an interdisciplinary program serving all people with disabilities. Now that UNMC was operating the former Meyer Center, it had such a facility.

Once MMI achieved UAP recognition, it began receiving hundreds of thousands of federal dollars annually — as well as matching state funds. (The name of the program would later be changed to UCEDD, or University Centers for Excellence in Developmental Disabilities Education, Research and Service.) Soon after, UNMC also gained recognition as a university center for training professionals working in the field, receiving funding in what became known as the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program.

By 1972, the new federally funded services for people with disabilities were coming online. MCRI was designated by the state to provide comprehensive services for children with learning disabilities. And with the state's closure of the former state orthopedic hospital in Lincoln, all of those patients and programs were transferred to MMI. Around this same time, the institute also established a new research office, a number of rural clinics serving children with cerebral palsy, and a media resource center to disseminate information across Nebraska.

In September 1973, the institute teamed with ENCOR, the nation's first comprehensive provider of community-based services, to initiate an infant development program to evaluate and serve children from birth to age 30 months. This program would mark the roots of today's Education and Child Development department at MMI.

The program's first director in 1973 was Corry Robinson, who had a master's degree in child development and a doctorate in psychology. Therapists, either at MMI or in home visits, provided weekly stimulation for infants who were showing delays in motor skills or speech. "Whether the delay is obvious or merely suspected, the problem should be dealt with immediately," Robinson was quoted at the time. Therapists also provided instruction for parents on how they could work with their child.

MMI that same year also created a habilitation program for families with adolescent and teenaged children with multiple disabilities. Headed by Jack Stark, the program provided pre-vocational evaluations, behavioral habilitation and counseling services for families of children between the ages of 12 and 21.

In the early 1970s, Dr. Rune Simeonsson became the first psychologist hired by MMI, picked to head an infant development lab. Around that same time, two other psychologists were hired to perform evaluations. These became the roots of today's MMI Psychology department. The department's work particularly took off in 1974 when Pearson hired Michael Leibowitz from Johns Hopkins University as the first department director, tasked with expanding the department's work into behavioral health intervention, treatment and research. Within less than a decade, the department had a staff of 10.



Psychologist Jack Stark, Ph.D. and Ray Randolph work with a patient on her hand-eye coordination.

Change was coming so rapidly that by 1972, a significant addition was made to the Meyer building, funded by \$200,000 from the state and \$175,000 from the Meyer family foundation. Dedicated as the Mary Luman Meyer Wing, the three-story, 8,500-square-foot addition included a glass-enclosed play area on the first floor and new space for hearing, speech, and occupational and physical therapy on the upper floors. Other space at the institute freed up by the addition provided for new programs offering vocational evaluation and social adaptation for teens.

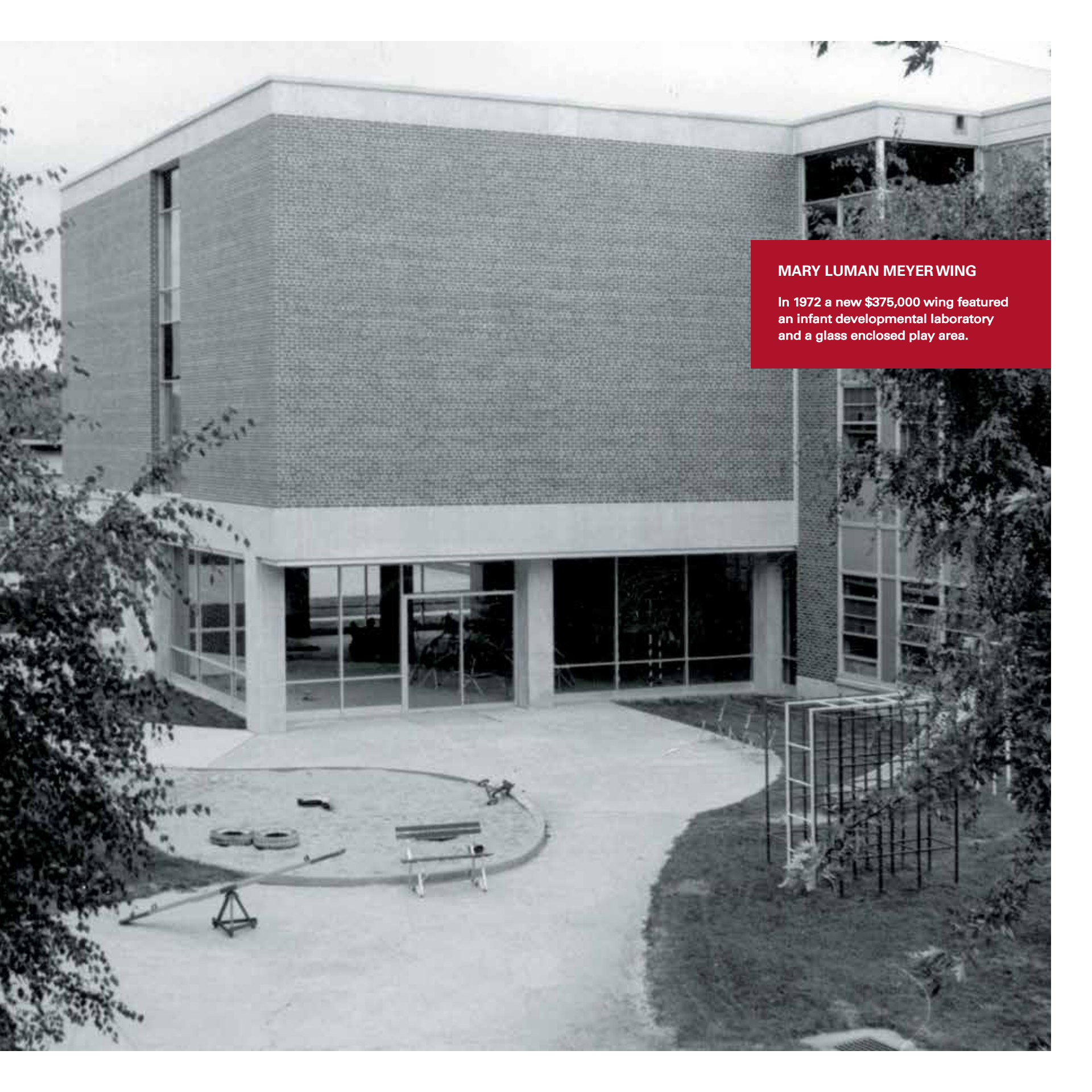
MMI also began to widen its geographic reach around this time. While the institute had long served children from across the state, Dr. Pearson began sending clinicians to communities outside Omaha to provide services. Dr. Jack Trembath, a developmental pediatrician, traveled to Grand Island and other locations to provide diagnostic services.



Paul Pearson, M.D., director of the C. Louis Meyer Children's Rehabilitation Institute, helps a patient in the new playground in 1972.

In 1974 came another important milestone for both families of children with disabilities and MMI. A law passed by the Nebraska Legislature required school districts to provide appropriate educational programs for all children with disabilities. While there had been previous special education laws passed in Nebraska that had made educational services available for some children, this new law made it clear that school districts were responsible for both educational and therapeutic services for all school-aged children. Five years later, the state created the Medically Handicapped Children's Program, making basic habilitative services available for children from the time of diagnosis. The landmark program made Nebraska the first state in the nation to require special education services to children with disabilities from the moment of birth.

The onset of universal special education meant some children who previously received physical, occupational and speech therapy services at MMI would now most often be served by their local school district. But the new special education programs also created significant new demand within the institute. MMI had Nebraska's only developmental pediatricians, who were critical for the diagnosis and prescription of physical and occupational therapy programs for school children. The institute created a specific learning disabilities program to help diagnose children who were having trouble learning. MMI also directly contracted with some smaller school districts to provide diagnostic and therapy services administered by clinicians traveling in caravans across the state. In addition, as part of an academic medical center, MMI helped train the hundreds of new school-based specialists needed to provide services across Nebraska.



MARY LUMAN MEYER WING

In 1972 a new \$375,000 wing featured an infant developmental laboratory and a glass enclosed play area.

All that change made the 1970s a time of considerable growth for MMI. In 1968 when the then-Meyer Center was merged into the university, it had a staff of seven and an annual budget of about \$90,000. By 1977, it had a staff of 90 and a \$2 million budget, \$1 million of it coming from the state and another \$600,000 from the federal government. In that same year, the institute served nearly 1,000 families, provided practicum for 270 students training for jobs in the field, and provided consulting and technical services to hundreds of public and private agencies across the state.



Paul Pearson, director, with Mrs. Richard Wheeler and her daughter at the 1972 dedication of the new Mary Luman Meyer Wing.

However, along with all that growth also came some growing pains. With the arrival of special education, significant conflicts developed between MMI and school districts over their roles in servicing children with special needs.

In the new order of things, school districts had the legal responsibility for serving the children and most of the funding, though there was never enough to satisfy the need. MMI had the expertise and clinicians able to diagnose the needs of children from birth. It seemed cooperation between the two would be natural. But some school districts became reluctant to refer children to MMI for evaluation due to concerns they would be prescribed more services than the districts could afford to deliver. By law, parents not satisfied with the service plan suggested by district evaluators also had a right to request a second opinion, and they would often get them from MMI. That second-guessing fueled still more conflict. "The relationship was very adversarial and dysfunctional," said Ken Bird, a longtime Nebraska educational leader who at the time was special education director in the Westside school district. "Everything was new. It was a huge learning curve for everyone."

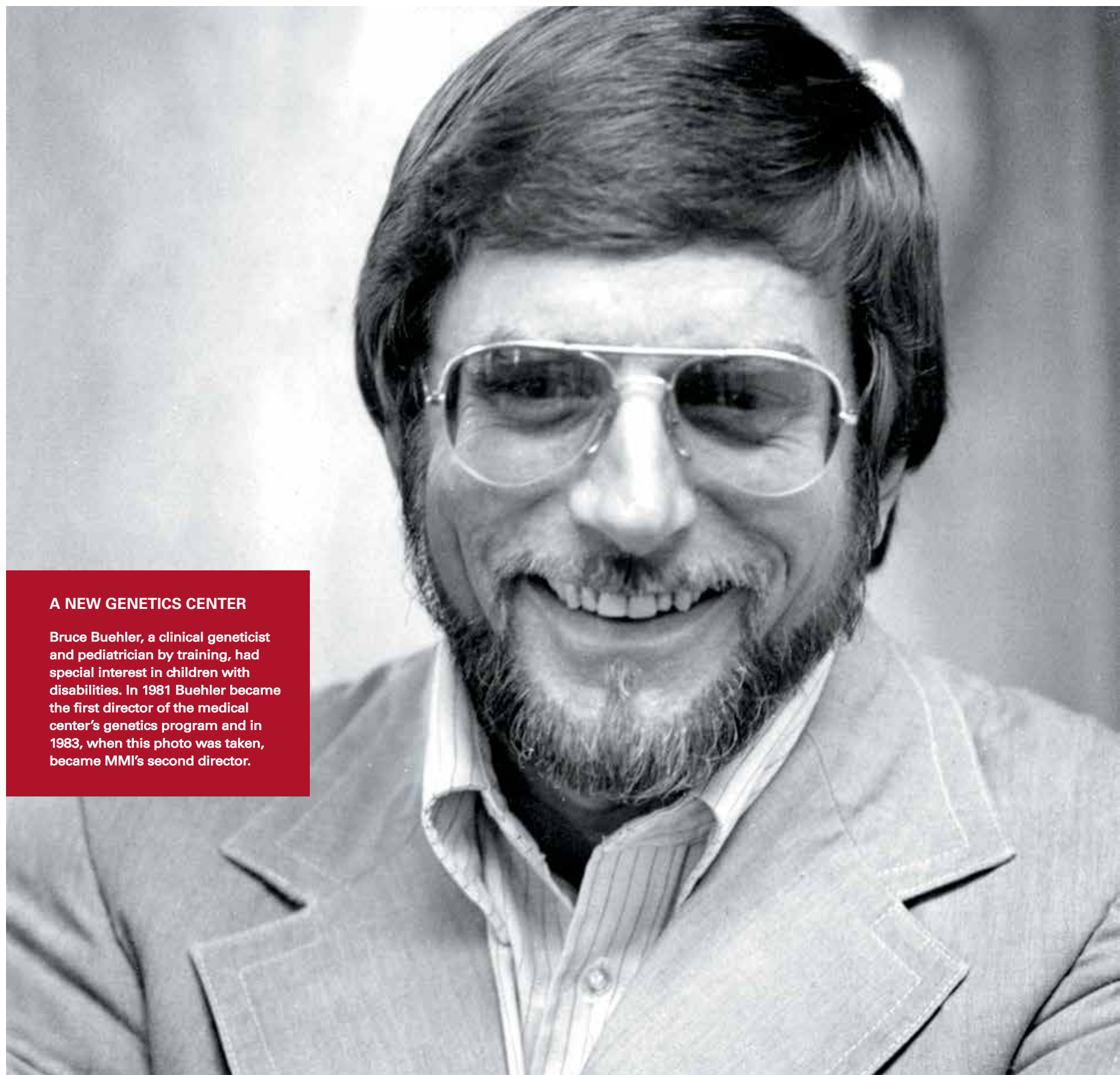
As tensions heightened, some MMI clinicians developed a reputation for not cooperating with or communicating with the school-based therapy programs, seeing them as competition. "The schools were responsible for the children but didn't have the training and staff, and some of our staff felt the schools didn't know what they were doing," said Leibowitz, who was MMI's director of psychology at the time. "There were some challenging times, no doubt about that." In 1977, concerns over MMI's relations with school districts caused the Legislature to undertake a study of "the effectiveness and role" of the institute. The issues would not be fully smoothed over for years.

Nonetheless, the 1970s had proven a period of major growth for MMI, and would ultimately set the institute up for far greater stature in the decades to come. Through the visionary leadership of people like Paul Pearson, Frank Menolascino and others, Nebraska during the decade was transformed into a model state for services for people with all types of developmental disabilities, one whose programs would often be replicated elsewhere.

"The thing that amazed me when I came to Nebraska in 1974 was the willingness of the community and families to support children, youth and even adults with disabilities," Leibowitz said. "You didn't see that in a lot of other places. It was really remarkable."



The 1979 "Snow Bowl" at J.P. Lord School. The holiday sock hop featured students at the school and students from area high schools showing them the latest dance steps.



A NEW GENETICS CENTER

Bruce Buehler, a clinical geneticist and pediatrician by training, had special interest in children with disabilities. In 1981 Buehler became the first director of the medical center's genetics program and in 1983, when this photo was taken, became MMI's second director.

CHAPTER EIGHT

A GENETIC REVOLUTION

IN AUGUST 1984, DR. BRUCE BUEHLER approached Dr. Charles Andrews, the chancellor of UNMC. Buehler had a proposition for the campus leader. Would Andrews be willing to consolidate the medical center's genetics programs in a new genetics center within MMI? For Buehler, who a year earlier had succeeded Pearson as the second director of MMI, the move just made sense. For one, Buehler was already the medical center's director of genetics, a position he had continued to hold after Andrews asked him to take over MMI the previous year. Secondly, Buehler felt the wedding of genetics and the university unit that served people with disabilities was a natural given the growing understanding of the genetic basis for many types of disabilities.



Chancellor Charles
Andrews, M.D.



Robert Baker



Ann Haskins Olney, M.D.

Andrews liked Buehler's idea. But it faced some stiff opposition from Robert Baker, the chief administrator of the university hospital. At the time, the hospital was receiving all the revenue from the medical center's genetic testing. When Baker, Buehler and Andrews sat down to discuss the proposal, Buehler would later recall the conversation went something like this:

Baker: "I have some concerns about moving genetics."

Andrews: "Not anymore. It's going to Meyer."

Baker: "I thought we were negotiating."

Andrews: "We just did."

And with that, MMI became the epicenter of genetics for UNMC. It was a crucial distinction that would help establish the institute as a mainstay within UNMC and fuel much of the institute's exponential growth over the decades to come. Buehler would lead the institute through much of that period. Looking back, it's clear he took over the institute at a critical time in its history.

A native of Defiance, Ohio, Buehler had received his medical degree from the University of Florida before being called to duty during the Vietnam War. The doctor would spend three years in the flight service in southeast Asia, flying into hostile areas, tending to the wounded and performing autopsies on the dead.

A clinical geneticist and pediatrician by training, Buehler went off to Vietnam with a special interest in children with disabilities. So when not in the war zone, he ran free clinics in South Vietnam for children with special needs. He again pursued that interest after returning to the United States, running state programs for the developmentally disabled in Florida and Utah.

Buehler first came to Omaha in July 1981 as the first director of the medical center's then-nascent genetics program. The program had launched in 1974, when Ph.D. geneticists began providing evaluations. Buehler had been trained in dysmorphology, able to detect congenital malformations just by the examination of facial features and other physical traits, and was one of only about two dozen such specialists in the country. At the time, the unlocking of the genetic code was fundamentally changing medicine. Genetic testing and research were poised to rapidly expand at UNMC.

When Buehler was hired to lead the genetics program, he was UNMC's only clinical geneticist. But he soon made Dr. Ann Haskins Olney his first hire and trainee. It was a good choice, as Olney herself would go on to a long and distinguished career in genetics at MMI as both a clinician and researcher. Buehler and Olney would also become well-known for the genetics clinics they held in communities across the state, a labor of love that Buehler would personally continue for decades even after he was named MMI director.

Buehler also subsequently hired the university's first true genetic counselors, specialists trained to help patients and their families understand genetic test results and the diagnoses of the program's clinicians. Among those early hires were Melonie Welsh and Becky Anderson. The new genetic counselors empathetically answered the anxious questions that often come with a genetic diagnosis: How did this happen? Did I do something wrong? What does it mean for my child's quality of life?

In 1983, Andrews, who earlier that year had become UNMC's fifth chancellor, asked Buehler to put on another hat and take over as MMI's second director. Buehler had not applied for the job, but Andrews told him he was needed.

The institute at the time was in many ways struggling. Pearson had stepped down two years earlier. The subsequent search for a new director failed to come up with a successor when the chosen candidate accepted the post and then backed out. The strained relationship with Omaha's special education community had not been resolved. The institute didn't even have a solid working relationship with J.P. Lord School. The institute operated its educational program for children with multiple handicaps completely independently of the school, even though the buildings were directly connected. Revenues were stagnant, as rehabilitation services the institute once delivered were more frequently performed by schools.

While the institute by that time had been part of the university for 15 years, Andrews still didn't believe it was adequately integrated into UNMC. There were no medical residents working at MMI. And even though Buehler was UNMC's genetics director, until he took over the institute, he had never set foot in the building. He said Andrews gave him a year to resolve the issues. "He said, 'Fix it or we'll close it,' " Buehler recalled.



Early hires for the university's genetics program were cytogenetic technologists Sarah Leatherwood, left, and Melonie Welsh, who later became a genetic counselor. Not pictured is Rebecca "Becky" Anderson. They worked out of the Human Genetics lab in Poynter Hall.

“It’s so hard to put a value on MMI for the families and the schools. Kids are better served across the state because of the services from MMI.”

— **KEN BIRD, Ph.D., ED.D.**



The University of Nebraska Medical Center used puppets in outreach efforts to educate people on children with disabilities.

As one of his first acts as director, Buehler invited Ken Bird, with the Westside school district, and the institute’s other special education critics to come in and express their views. They let him have it, Buehler said later. They complained how the institute seemed to try to compete with the schools rather than work with them. They told him how institute staff had never been in the schools and had no idea what work was being done there. Some institute staff had even testified against the schools during public meetings. “We brought them in for two days, and they just tore us apart,” Buehler would later say. “I got my butt chewed, and I’d only been there three weeks.”

But Buehler also resolved the issues. He pledged to work in partnership with schools, even firing some staff members who had been particularly antagonistic. He shut down the classroom for children with multiple handicaps, merging the program with J.P. Lord.

Any students that school districts from anywhere in the state referred to the institute for evaluation would be seen as soon as possible, he pledged, with reports that previously took months in the past now due back to the schools within a week. The door is open, he said. "Bruce brought a sense of cooperation, energy and enthusiasm we had not seen before," Bird would later say. "He could be serious and fun at the same time, and he was tireless."

Within months, the number of students that school districts referred to MMI for evaluation doubled. And over time, MMI became a partner with Omaha area school districts in providing direct therapy services. Rather than compete with the districts, MMI ultimately contracted with the Omaha, Millard, Ralston and Bellevue districts to provide therapy services in the schools and in the homes of preschool children eligible for services. That collaborative partnership with school special education departments continues through today. "It's so hard to put a value on MMI for the families and the schools," Bird said. "Kids are better served across the state because of the services from MMI."

Buehler created a similar new blueprint for how MMI would work with the community-based agencies, too. And he promised a statewide presence for the institute, significantly boosting the number of clinics held across the state to evaluate children and to help local agencies, schools and their families set up programs to meet their needs. Others would later praise the institute for becoming a national model for interagency collaboration.

For MMI staff, that statewide service mission came to involve lots of "windshield time." Clinics were regularly held in Grand Island, Hastings, Kearney and Scottsbluff, and even in the South Dakota cities of Rapid City and Pierre. The institute may not have created the medical center's vision of a "500-mile campus" across the state of Nebraska, but it helped to make the vision a reality. MMI clinicians in the decades to come would become increasingly familiar faces all over the state.

Answering another call of families, Buehler also pledged to boost services for adults with disabilities, who tended to see the programming and services available to them drop off precipitously once they aged out of the school system at age 21. "You start out developing programs for children with developmental disabilities, and what happens? They grow up to be adults," Buehler told The World-Herald in March 1984. "As adults, they need services, too."



A therapy chair presented by the former Rotary Ann woman's group in 1982.

Once Buehler resolved the special education problems to Andrews' satisfaction, the MMI director figured it was a good time to call in a favor. "I asked him to take genetics from the hospital and give it to me," he later recalled.



Originally the medical center's genetics lab, located in Poynter Hall, was not much larger than a two-car garage and employed about eight people. Pictured is Michelle Hess, M.S., CG(ASCP)^{CM} Laboratory Manager.

At the time, the medical center's genetics lab, located in Poynter Hall, was not much larger than a two-car garage and employed about eight people. The offices, set in a small, old house on 41st Street that had been absorbed by the growing campus, were even less impressive.

Genetic testing was primitive by today's standards. But researchers by that time had developed cutting and staining methodologies that allowed them to examine the chromosomes inside cells obtained from blood, skin or amniotic fluid. A growing number of medical disorders were now detectable through such analysis, including Down syndrome, Turner syndrome, and other birth defects and some cancers.

While Buehler was head of genetics, the reason he wanted to bring the discipline into MMI was largely financial. Buehler saw the fees for services generated by the genetics lab as a new base revenue source that could provide a big boost to MMI.

While the lab was small, it had a capable hands-on leader in Warren Sanger, who would prove to be just the right man to help take the lab, MMI and the medical center into the genetic

age. Andrews was also a key player in the elevation of genetics, seeing great potential for genetic research and training if the lab became part of MMI. And Buehler would soon have another important partner in the endeavor: the Hattie B. Munroe Foundation.



Warren Sanger, Ph.D.

At the time, nearly a quarter century after relocating to the medical center campus, and 16 years after its operations had been taken over by UNMC, Munroe Pavilion essentially remained a hospital with few patients to serve. The eradication of polio, the growth of school special education programs and increasing use of outpatient care continued to diminish the number of children residing in the home. By 1975, the medical center had terminated all programs within the pavilion that called for skilled nursing care. In 1978, the state education department also stopped paying to house the children who were in MMI's multiple handicap program, with children from outside Omaha instead living with house parents during the week. "There wasn't anything to do," Buehler later said. "They didn't have any patients."

The Hattie B. Munroe Foundation's board and the separate operating board that oversaw programs in the pavilion had for years recognized their model needed to change. As a result, they began looking for new ways to serve children with disabilities and bring them back to the pavilion. In the 1970s, the Hattie B. Munroe Home became a partner in the infant development program. In 1979, the Munroe Foundation funded an adaptive appliance workshop, where chairs, other furniture, equipment and toys were modified to meet individual needs of children with disabilities.

Part of what had hindered the transformation of the pavilion was the fact that the Munroe Foundation, which still owned the building, had little funding to support it. It had received no significant new infusion of dollars in the nearly four decades since John Munroe and Clara Elder died. Its endowment had dwindled significantly. "I would say very honestly, at the time we were a very small part of what was going on" at MMI, said Steve McWhorter, who would later serve as president of the foundation. But that was about to change dramatically.

In 1979, the foundation learned that the family of Clair C. Criss, the founder of the Mutual of Omaha insurance company, had named it as a significant beneficiary of the Criss family estate.

Several legal issues, including a dispute between Creighton University and the Munroe Foundation over how the estate would be divided, kept the money tied up in court for years. But in about 1983, the Munroe Foundation began receiving an annual infusion of Criss dollars. Now the foundation suddenly had significant new funding to put into assistance for children with disabilities.

In a most noteworthy new initiative, the foundation in 1982 provided most of the \$12,000 budget for the first session of Camp Munroe, a day camp for children with disabilities. This in effect marked the beginning of MMI's modern Recreational Therapy program. The first camp, directed by Corry Robinson, served some 80 children. The new camp harkened back to the camp that was the very foundation of the home 60 years earlier. And it would become an annual mainstay for MMI and the families it serves, offering years of sun-splashed fun for children with disabilities.



Clair C. Criss



A hand-operated tricycle donated to J.P. Lord School by Western Electric volunteers in 1982.

“He believed that our lab would be one of the best clinical, research and education centers in the country. He spent every day making that a reality.”

— **BRUCE BUEHLER**
ABOUT SANGER

Then in 1984, the Hattie B. Munroe Foundation provided funding support for year-round recreational programs for children: an after-school program at MMI offering play, arts, crafts and music; and a Saturday morning gym and swim program at the University of Nebraska at Omaha. Not only did the camp and recreational programs offer therapeutic benefits for children and a chance to socialize with their peers, they offered a break, or respite, for parents who often served as 24-hour caregivers.

The programs also did much to broaden public understanding of the capabilities of children with disabilities. Typically developing children would often be included in the recreational therapy programs to give children with disabilities social peers to model. And many of the workers in the recreational programs were youth volunteers, a number of whom would go on to careers in working with people with disabilities and complex health care needs.

That same year, Buehler approached George Gilmore, the president of the Munroe Foundation, with another proposal to consider for funding: Would the foundation be willing to renovate unused space in Munroe Pavilion to create a new MMI center for genetics? It didn't take long for Gilmore, and McWhorter, who at the time led the pavilion's operating board, to become enthusiastic about becoming part of Buehler's vision. "Bruce was an entrepreneur, a smart guy and had a great personality," McWhorter later said. "He was really good at drumming up business."

In February 1985, Andrews and Buehler and the two Munroe boards jointly announced plans to create the Hattie B. Munroe Center for Human Genetics at MMI. The foundation would pay \$350,000 to renovate the middle floor of the three-story pavilion for the new center, where the lab and genetics programs from all over the medical center would be consolidated. Buehler, who would serve as director of both the genetics center and MMI, said it would be the only facility in the country where a full complement of genetic clinical services, diagnostic services and research would be located. The foundation also pledged at least four years of financial support to the genetics center and would later create endowments to support the salary of both the MMI director and the separate head of the genetics center.

The new center and lab opened in November 1985 with a total staff of 27. It quickly took off. As the only genetics lab in a four-state area, it wasn't unusual to see testing fee revenue grow four-fold in a single year. Buehler decided to put a third of the lab revenue into research and new equipment, intended to get the Munroe Center working on the cutting edge of genetics. And indeed, under Sanger's leadership, MMI's human genetics laboratory became one of the most recognized in the country. "He had one belief," Buehler would later say of lab director Sanger. "He believed that our lab would be one of the best clinical, research and education centers in the country. He spent every day making that a reality."

Sanger had grown up on a farm in Franklin, Nebraska, and earned a master's degree in genetics from the University of Nebraska-Lincoln before doing a stint in the Far East during Vietnam. He returned to Nebraska in 1971 and earned his doctorate in genetics at the medical center in 1974. He joined the school's genetics lab in 1975 and became its director in 1979.

As a scientist, Sanger was interested in genetic links to cancer, the genetic causes of birth defects, and prenatal diagnosis. But his work was limited by the small lab he had to work with. The unassuming and passionate Sanger also shared Buehler's desire to elevate the university's genetics program. During their second meeting in 1981 after Buehler's arrival in Omaha, both had vowed to make UNMC's genetics program state of the art.

With the new Munroe lab in MMI, Sanger suddenly had some of the best facilities in the world. He would become a true pioneer in the genetic revolution that continued in the three decades that followed, one that would see the human genome mapped and medicine changed in fundamental ways. He particularly helped produce major innovations in lab techniques, genetic testing and analysis.

Sanger brought computers into the lab during the early 1990s, helping to develop techniques that became an industry standard in chromosomal analysis. Later, he became one of the first to implement FISH — fluorescence *in situ* hybridization — a new cytogenetic technique that made it possible to view copy number and structural genomic changes through a microscope. It aided in the detection, understanding and treatment of numerous diseases and syndromes. "He started to look to the future, and was ahead of almost every lab in the country," Buehler said. "He was so smart and so ready."



Genetic research at MMI has included breakthroughs in the genetic detection of cancers and in discovering, delineating and characterizing rare "microdeletion syndromes," genetic disorders caused by missing genes. Pictured is Rachel Harris, B.S., CG(ASCP)^{CM} CytogeneticTechnologist IV, top, and Rebecca Stroebele, B.S., CG(ASCP)^{CM} CytogeneticTechnologist IV, above.



Warren Sanger, Ph.D.



David Hollister, M.D.



Wayne Stuberg, P.T., Ph.D.

Sanger also became known for his genetic research. It included breakthroughs in the genetic detection of cancers and in discovering, delineating and characterizing rare “microdeletion syndromes,” genetic disorders caused by missing genes that could only be detected by FISH. By the time of his death in 2015, Sanger had published 220 papers.

The Munroe genetics center would also attract other top researchers. In 1989, Buehler recruited Dr. David Hollister, a noted molecular geneticist researching ways to fight childhood bone diseases at the genetic level. Hollister brought his entire team from Oregon to Omaha, putting MMI on the cutting edge of such research. Hollister’s life would be tragically cut short by cancer just two years later, but his team’s work would go on.

With a \$100,000 grant from Variety Club International, in 1986 MMI opened the Ronald Reagan Resource Center for the Prevention of Birth Defects, a research program focused on research into birth defects caused by the use of alcohol, drugs or tobacco during pregnancy. The national charity announced the gift at a star-studded Hollywood roast honoring the then-president.

As evidence of MMI’s growing research profile, during a one-month period in 1990, the institute had two papers published in the *New England Journal of Medicine*. One was a study by Hollister’s team that helped explain the genetic roots of Marfan syndrome, a disorder that causes a potentially dangerous enlargement of the heart’s aorta.

The addition of genetics proved transformative for MMI. When the genetics lab opened in the pavilion in 1984, it was generating \$250,000 a year in revenue. Two decades later, it was generating nearly 100 times that. Beyond the lab, MMI clinical genetic services also over time became robust. The institute by 2018 employed a staff of five genetic clinicians, two genetic fellows and 12 genetic counselors. Not only would MMI be able to diagnose genetic conditions and birth defects, often before a child was born, genetic medicine over time advanced to the creation of genetic therapies to aid in treatment.

Years later, Buehler gave much of the credit to the genetic center’s success to Sanger and Andrews. “It exploded,” Buehler said. “And Charlie knew it would.” But Buehler also clearly deserves much credit for the vision of merging the medical center’s genetics programs into MMI, stamping himself as one of the most important leaders in MMI’s history. “Bruce was really the person who brought the institute into the next generation of where health care was going with people with disabilities,” Dr. Wayne Stuberg, MMI’s associate director and director of clinical services, later said.

And it all started one day in 1984 with that conversation between Buehler and Andrews. As Michael Leibowitz later put it: “All I can say is Bruce made a good deal with the chancellor.”



FISH GENETIC TESTING

MMI's Warren Sanger became one of the first to implement FISH — fluorescence *in situ* hybridization — a new cytogenetic technique that made it possible to view copy number and structural genomic changes through a microscope. It aided in the detection, understanding and treatment of numerous diseases and syndromes. Pictured in the lab is Pamela Althof, M.S., CG(ASCP)^{CM} Oncology Supervisor and Tom Hempel, foreground, B.S., CG(ASCP)^{CM} Cytogenetic Technologist III.



THE BRACE PLACE

Prosthetist and orthotist Tony Mandell gives a young patient at Hattie B. Munroe specialized treatment.

CHAPTER NINE

GROWING UP

IN 1990, A FIVE-PERSON REVIEW TEAM flew out from Washington to visit MMI. It was the first time the institute and its programs were formally evaluated by the federal agency which oversaw the nation's university affiliated programs for people with disabilities. The reviewers were impressed by the research excellence they found in Omaha. They cited the qualifications and professionalism of clinical staff across all disciplines. They acknowledged the tremendous community support the institute received from entities like the Hattie B. Munroe Foundation. The team's biggest criticism: The institute's leaders were "too quiet about your own accomplishments." MMI needed to do more to let the community know all the good things it was doing for people with disabilities in the region.

Buehler already felt going into the review that MMI had established itself as one of the nation's outstanding university affiliated programs. This evaluation validated it. The decade that followed would do nothing to diminish that standing, the 1990s being another period of rapid growth and accomplishment for MMI.



A lab at MMI provided state-of-the-art lightweight braces, orthotics and wheelchairs that could be custom tailored for each child.

The 1984 marriage between MMI and genetics proved so successful that by 1988, the foundation and Buehler were already making plans for the next major expansion of Munroe Pavilion. The \$2.4 million, three-story addition funded by the foundation added 18,500 square feet to the pavilion, nearly doubling its size. The new space when completed in 1990 also made way for the creation of two significant new MMI programs.

One was a new high-tech motion analysis lab that allowed clinicians to evaluate the walking motion, or gait, of children with physical disabilities like cerebral palsy. Modeled after a similar one at Gillette Hospital in St. Paul, Minnesota, and set up on the first floor of the pavilion, the new gait lab utilized computer technology, videography and floor sensors capable of monitoring muscle movement.

The information gathered enabled physical therapists to observe subtle movements not easily visible with the naked eye. That information could then be used to come up with optimal plans for orthopedic treatment, often involving surgery, physical therapy and specially designed braces. As part of the change, the decade-old adaptive appliance workshop transitioned into the Brace Place, a lab where state-of-the-art lightweight braces, orthotics and wheelchairs could be custom tailored for each child.

The second floor of the addition housed a new augmentative communication center, a place where children not able to vocalize speech could be taught to communicate using computer technology and voice synthesizers. The technology ranged from simple yes/no signals operated by switches that were controlled by movement of the head to complex control panels that

allowed people with disabilities to participate in the classroom or workplace. For the first time, children and their families who had lived together in silence saw doors of communication swing open.

Also part of the expansion on the second and third floors were 14 new labs housing Hollister's team and other researchers studying childhood renal disease, growth disorders and cystic fibrosis. There was also a new center for the study and treatment of epilepsy, with modern telemetry equipment that helped doctors map seizure patterns. It was another example of how MMI was taking advantage of technological advances to advance care for people with disabilities.

The 1990s would also prove a time of major growth for other MMI units, including its psychology and behavior health program. While the psychology department had its roots in the 1970s, by the 1980s the demand for youth behavioral health services was growing. In 1986, Buehler hired Joe Evans as part of an effort to expand the availability and prominence of MMI behavioral health services.

At the time, MMI's behavioral program was still largely focused on evaluation, providing little in the way of treatment or therapy. "One of my first tasks was to change that around," recalled Evans, an Omaha native and University of Nebraska at Omaha graduate who had earned a doctorate in psychology at the University of Kansas.

Evans sought grant funding to increase staffing and then began hiring psychologists grounded in behavioral intervention. They began tackling the huge unmet need for treatment of children's mental health issues, ranging from oppositional defiant disorder and hyperactivity disorder to anxiety disorders and depression. "We were finding many of the parents were really frustrated with their children's behavior but didn't know what to do," Evans said. "They were at their wit's end."

Pediatricians, too, were looking for help in dealing with the behavioral problems of the children they were seeing. And there was a particularly acute unmet need outside Omaha and Lincoln. So in 1997, Evans began sending MMI faculty and graduate students out to offer periodic clinics outside the state's metro areas. The first was in Columbus, and word quickly spread, generating increased interest across the state.

Under Evans' leadership, MMI over time would support the integration of behavioral health providers into 42 primary care clinics throughout Nebraska, 18 in Omaha and Lincoln and 24 in other communities. Locating the providers within general pediatric health clinics had the added benefit of reducing the stigma related to mental health that made some families reluctant to seek services for their children.

"We were finding many of the parents were really frustrated with their children's behavior but didn't know what to do. They were at their wit's end."

— JOE EVANS, Ph.D.





Physical therapist Wayne Stuberg uses a slow-moving treadmill to help children with developmental disabilities learn to walk.

Evans attracted more than \$18 million in grant funding to help expand behavioral health services to children across the state. He would later receive a national award for the statewide service program, the initiative recognized as a model worthy of replication across the country. Overall, he would grow the behavioral health program from a handful of staff to a faculty of 20, with a \$4 million annual budget. "He started with a general psychology program and built it into a focused behavioral health program," Buehler would later say of Evans.

With the growth of behavioral health and other programs, by 1996 the NU Regents were approving yet another addition to the north side of Munroe Pavilion, again funded by the Hattie B. Munroe Foundation. The \$7 million project provided significant new space to expand recreational therapy programs, including a kitchen for cooking classes, a newly created Center for Human Molecular Genetics, and the Department of Pathology Molecular Diagnostics Laboratory.

With all the changes and new programs, it would soon become clear something else needed to change: the name of the institute.

What had been known since 1968 as the Meyer Children's Rehabilitation Institute had dropped "children's" from its name in 1989 out of recognition of its growing role in serving people with disabilities during their entire life span. Buehler noted that by that time, about a third of patients served by the institute were adults.

But with the 1990s changes, it was becoming increasingly clear that having the Meyer Institute and Munroe Pavilion as separate institutions, with separate advisory boards, was hard to justify. Both facilities were heavily involved in rehabilitative services now that Munroe Pavilion was home to the infant program, gait lab, augmentative communications and recreational programs. And all the 1990s additions had fully connected the formerly

separate Meyer and Munroe buildings. It was hard to tell where Munroe Pavilion ended and the Meyer Institute began. "They were two separate programs in the same place," Buehler said. "It made no sense."

At Buehler's urging, the two separate advocacy boards in 1996 began working in a more cooperative manner. That paved the way in 1997 for the NU Board of Regents to officially combine the two institutions into the Munroe-Meyer Institute for Genetics and Rehabilitation. At long last, nearly four decades after co-locating on the UNMC campus, the region's programs assisting people with disabilities were all housed and administered together under the MMI name.

Then came the logical next step. In 1999, the members of the Meyer advisory board voted to dissolve and accept invitations to join the Munroe advisory board, forming what became known as the Munroe-Meyer Institute Board of Directors. From then on, a single board would advise MMI leadership on needed services.

While merger of the two advisory boards might seem in hindsight both logical and simple, the individual histories behind the two boards made it no small matter. But both would ultimately see the benefits of the new arrangement, which enhanced MMI's ability to provide a range of services for people with disabilities from birth into adulthood. "It was a big culture change," Michael Leibowitz would recall. "The boards had different perspectives. But they both recognized how valuable it would be to work together."

The Hattie B. Munroe Foundation continued as a separate funding organization as it always had been and still owned Munroe Pavilion. The foundation had signed a new agreement with the Board of Regents to continue to work with the university to develop and implement new programs serving families touched by disabilities. The foundation began allowing MMI departments to submit proposals for new programs, agreeing to fund the best for up to five years to get them off the ground. "It was a tremendous public-private partnership," Leibowitz said.

But it wasn't the only partnership backing MMI during this period of significant growth. Other partners, both old and new, stepped up during the 1980s and 1990s to expand MMI's reach.



Prosthetic technician Samuel Burton, left, and certified prosthetist Tony Mandell, right, help a patient walk with his new prosthetic legs.

One particular longtime supporter would develop into a major player at MMI around this time: Scottish Rite.

In the fall of 1976, Scottish Rite, a Masonic service organization, gave \$2,000 to support a single child receiving speech therapy services at the University of Nebraska-Lincoln's Barkley Memorial Center, part of the school's college of education. Pleased with the result, Judge Herman Ronin, head of Scottish Rite in Nebraska, began a speech therapy program at UNL under the direction of Sheldon Stick, himself a Scottish Rite Mason. Shortly thereafter, a clinic opened in Hastings. And then in 1978, a third RiteCare clinic opened within MMI. By 1979,

all three clinics came under the direction of the speech pathology department of MMI and \$75,000 in services were provided. The clinics provided speech services to any needy children completely free of charge.

Under MMI leadership, RiteCare services ramped up remarkably during the 1980s and 1990s, expanded beyond traditional speech problems to include social communication groups, augmentative and alternative communication, preschool, pediatric feeding and swallowing services and parent training programs. A fourth clinic was added in Kearney in 2012 to provide remote teleservices to children throughout western Nebraska. By 2015, Scottish Rite was providing some \$600,000 annually to MMI to pay the salaries of seven full-time speech pathologists. It continues to this day to be one of the most significant funders of MMI services.



Children and young adults from Camp Munroe Theater Co. perform during a dress rehearsal at the Scottish Rite Masonic Center in 2018.

Several other private partners helped MMI's recreational therapy department blossom during the 1990s and 2000s. Those changes were particularly noteworthy when it came to recreational therapy programs for adults.

While Hattie B. Munroe Foundation dollars were funding an array of recreation programs for children, the foundation's articles of incorporation did not allow funding for adult services. Over time this contributed to a major disparity in the funding available to serve children and adults. The Hattie B. Munroe Foundation helped where it could. For example, while Camp Munroe primarily served children, it was eventually opened up to some young adults, too. But if significant programs for adults were to be provided, other funders would have to step forward.

In 1991, the C. Louis Meyer Foundation helped the institute launch a new recreational program for medically fragile adults. The Thursday night social club offered swimming, games, parties, dances and cooking classes for adults, who often risked becoming socially isolated once they aged out of the school system. When the Munroe and Meyer operating boards merged later in the decade, several members of the Meyer operating board who were interested in adult services formed a new foundation that sought to build an endowment to support the Thursday night program. That foundation, now called the Meyer Foundation for Disabilities, also raised money to help support new adult services. One of its most noteworthy annual events was the Walk & Roll for Disabilities, a fundraiser MMI's recreational therapy department launched in 2005. The Meyer Foundation also later put on an annual bike ride known as the Owl Ride.



The annual Walk & Roll for Disabilities fundraiser to support recreation therapy programs for adults with developmental disabilities at MMI.

“What a gift
they were.
They have
made Kate’s
world more
complete.”

— JULIE KLEMMENSEN,
ON THE RECREATIONAL
THERAPY PROGRAM

In 1999, the Cowdery family, who four decades earlier had helped found the Meyer Center, stepped up again to establish a second major program dedicated to adults. In recognition of their daughter’s love of swimming, the family established a six-figure endowment within the University of Nebraska Foundation to fund a swimming program that weekly served up to a dozen participants. The funding came through a nonprofit the family established, the Enrichment Foundation of Omaha.

Then in 2005, MMI established a new partnership with the Enrichment Foundation that allowed for another major expansion of adult services. They included an adult day program offering outings in the community, as well as clubs catering to a variety of interests, including a sports club, garden club, vacation club and bike club. Special adaptive bikes let children and adults who couldn’t ride on their own experience cycling with MMI staff.

Through such efforts, the funding disparity between adult and children’s recreational therapy over time was reduced significantly. When Michael Crawford took over MMI’s recreational therapy program in 2000, there was one dollar available for adult services for every 10 for children. By 2017, the disparity was reduced to 4 to 1.

The increase in adult services was accomplished while children’s recreational therapy programs continued to grow and thrive. New recreational programs for children included peer social clubs for teen boys and girls. By 2017, MMI’s total recreational therapy budget exceeded \$1 million for the first time, with 23 programs serving 350 children and 180 adults. In addition, thanks to other private donations, both children and adults also benefited from improved recreational facilities. In 2004, a new \$130,000 barrier-free playground opened in MMI that featured a glider that allowed even children and adults in wheelchairs the chance to swing. Two years later, MMI dedicated a \$265,000 barrier-free water park.

Over time, the recreational therapy programs arguably became the most recognized and appreciated of all MMI services. Kate Klemmensen first attended Camp Munroe as a child and later graduated to the Thursday night adult recreational program and Tuesday night swim program. Regardless of her age, her face lit up whenever she saw the familiar yellow awning above the west entrance of MMI. Her fellow participants and MMI staff members were her best friends. And her parents appreciated not only the stimulation and peer interaction her daughter enjoyed, but the weekly, short break the therapy gave them from their role as caregivers.

“What a gift they were,” her mother, Julie, said of the MMI’s recreational therapy programs. “They have made Kate’s world more complete. I don’t think there’s anything bigger in her world than Munroe-Meyer.”



RECREATIONAL THERAPY

An adult day program offers outings in the community, like the College World Series for this TCU fan.



BREAKTHROUGHS IN TREATING AUTISM

The Autism Care for Toddlers Clinic teaches children diagnosed with autism skills in the areas of language, play and social interactions, pre-academic skills and daily living skills.

CHAPTER TEN

AUTISM EPIDEMIC

GAIL WERNER-ROBERTSON AND HER HUSBAND first noticed something wasn't quite right with their son at age 3. Jared had difficulty expressing himself. When out with his family, he'd become overwhelmed by the noise and lights, leading to public emotional meltdowns. Her son would soon be diagnosed with what was fast becoming the nation's most widely diagnosed developmental disability: autism.

It was the 1990s when Jared and later his brother were diagnosed with autism. At the time, treatment was expensive, not covered by many insurance companies, and hard to find. Some people in Nebraska left the region in search of the intensive therapy that was showing promise for treatment of autism. As a parent, Werner-Robertson struggled through years of confusion and frustration.



A behavioral therapist helps Dell with a Jack-in-The-Box in his Applied Behavioral Analysis treatment for autism.

But she also resolved to make sure other families in the future would not lack for services. Working with MMI leaders, her financial support would contribute to an explosion of autism services at MMI in the first decade of the new century.

Though gaining in prominence, autism was not new. It had first been defined in 1943 by Dr. Leo Kanner of Johns Hopkins after he identified a population of children characterized by impairments in social interaction and communication. They might have trouble interacting in social settings or have no interest in others at all, and also often exhibited repetitive behaviors or fixations. While there was no known cause of autism, or a cure, it would later be shown that treatment at a young age through applied behavior analysis, a therapy featuring positive reinforcement and

other techniques, could change behavior, reduce symptoms and help children with autistic learn to better function in the world.

Up until the 1980s, autism was thought to be a rare condition. But as definitions were broadened, awareness spread and teachers, pediatricians, psychologists and parents learned to recognize the symptoms, children diagnosed with autism grew substantially during the 1990s. Studies eventually suggested it affects nearly 1 in 59 children. "It was clear autism was becoming an epidemic," Buehler said.

CIRCLE TIME

Theme:
Arctic
Animals



ACTIVITY

DEVELOPING SOCIAL SKILLS

Dell welcomes other students to a group session in their Applied Behavioral Analysis treatment for autism at MMI.

CALENDAR

Today is

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

YESTERDAY

TOMORROW

ONG

The season is
fall



January
April
June
August
October
December



Keith D. Allen, Ph.D.



Wayne Fisher, Ph.D.

That's why in 2001, MMI launched its first primary initiative directed specifically at autism, again with the help of the Hattie B. Munroe Foundation. With the foundation providing \$1 million in pilot funding, Evans' psychology department initiated a program known as Project Best Case, an autism program for preschool-aged children. Headed by Dr. Susan Wilczynski, Project Best Case created the region's first autism referral and treatment center, working with state agencies and schools across the state.

The new program attracted the attention of Werner-Robertson, an Omaha businesswoman whose family owned a major national trucking company. Her GWR Sunshine Foundation pledged to raise money for significant increases in autism clinical services, research and training. The result became the creation of a major new center for autism at MMI.

During 2005, MMI launched an initiative to integrate genetics into its behavioral health programs. Keith Allen, who would later succeed Evans as director of psychology and director of academic affairs at MMI, decided he needed the help of a consultant to design the program and find someone to lead it. Allen contacted Dr. Wayne Fisher, an internationally known behavioral scientist with Johns Hopkins' prestigious Kennedy Krieger Institute. Did Fisher know anyone who would be a good fit to lead the Omaha center? Allen got a surprising response.

"I might be interested," Fisher said.

That phone call would soon after turn into a major coup for MMI. With Werner-Robertson's GWR Sunshine Foundation providing seed money for programs and the Hattie B. Munroe Foundation establishing an endowed chair, Fisher became the founding director of MMI's new Center for Autism Spectrum Disorders (CASD).

Fisher, an Ohio native, had spent 13 years at Hopkins after launching the neural behavioral programs at Kennedy Krieger. At the time he was contacted by MMI's Allen, Fisher was working in Atlanta on behalf of Hopkins to start a new autism program in that city. The chance to start his own behavioral health program in Omaha was attractive to Fisher. "They were giving us an opportunity to build programs from scratch the way we wanted to do it," Fisher later said.



Gail Werner-Robertson's GWR Sunshine Foundation, now known as Autism Action Partnership, raised money for significant increases in autism clinical services, research and training. The result became the creation of a major new center for autism at MMI.

Another lure was the promise of new facilities, part of another powerful public-private partnership at MMI. Through \$1 million provided by the Hattie B. Munroe Foundation, UNMC and the state, some 7,700 square feet of the first floor of the institute were transformed into a state-of-the-art facility designed to make MMI and UNMC national leaders in autism and pediatric feeding disorders.

The program opened to big fanfare in the fall of 2005. But it also started small. That was in part because at the time there was still little insurance or public funding available to pay for treatment services in Nebraska. The Sunshine Foundation in the early years raised money to fund services for needy families as the program got off the ground.

CASD became a strong advocate for families, working with autism parent groups and others to convince insurance companies of the need to provide coverage. While the treatment was expensive, they argued it was far cheaper than a lifetime of medical costs. Due to the efforts of the CASD and other advocates, in 2014 Nebraska became the 36th state to enact autism insurance reforms. A year later, a judge ordered the state to begin covering autism treatment for needy families under Medicaid.

Through those efforts, Nebraska went from one of the weakest states in funding autism treatment to among the best.

CASD grew rapidly, by 2017 serving more than 500 children annually. Clinical revenues topped \$1 million for the first time in 2010 and by 2018 reached nearly \$4 million. The staff grew from three to more than 80 including physicians, geneticists, speech pathologists and psychologists, requiring additional facility expansions in 2008, 2012 and 2015. CASD also showed results. More than half the children who received intense early intervention services were able to develop language and social skills that enabled them to attend school in traditional classrooms.



Physicians, geneticists, speech pathologists and psychologists work with over 500 children helping them develop language and social skills that enable them to attend school in traditional classrooms.



Cathleen Piazza, Ph.D.

Related to CASD, Dr. Cathleen Piazza also joined MMI, becoming the director of a noteworthy new pediatric feeding disorders center. Almost all the children served in the clinic have serious feeding problems, having trouble swallowing or showing no interest in eating at all. Such children commonly would require surgery to have feeding tubes inserted into their abdomens.

The center's eight-week, intensive feeding program soon achieved a 90 percent success rate in helping children avoid feeding tubes. Another program helped children with autism who had problems with food selectivity. After starting from scratch in 2006, the program essentially grew from a staff of one to a staff of more than 30 by 2018.

In another MMI autism initiative aimed at assisting younger children, in 2012 the psychology department partnered with the Autism Center of Nebraska in Omaha to launch the Autism Care for Toddlers Clinic.

At the time there were long lists of children waiting for autism services, particularly young children aged 18 months to three years who were usually not eligible for early intervention services from school districts. The Autism Center made 900 feet of space available in its facility at 90th and L Streets, and MMI therapists staffed the new early intervention clinics. Original funding came from an AmeriCorps grant and the United Way. Demand for the autism program grew by almost 10-fold. In 2018 a significant addition to the Autism Center was built to provide space for the program.

In addition to such clinical successes, MMI also began to make a mark in autism and behavioral health research. While Wayne Fisher arrived with a grant from the National Institutes of Health, CASD as of 2018 had attracted \$9 million in additional grant funding, with three active NIH grants and an annual influx of Program of Excellence funding. CASD also boosted training of practitioners in behavioral health fields. In 2007, MMI launched a new master's program in concert with UNO and a doctoral program through UNMC to train behavior analysts. The new academic programs represented a significant landmark for MMI, the first degree-granting programs in the institute's history.



A 2-year-old pediatric feeding patient gives some toy french fries to eat in a playroom at MMI.



PEDIATRIC FEEDING DISORDERS

The pediatric feeding program has had a 90 percent success rate in helping children avoid feeding tubes.



Bruce Buehler, M.D.



J. Michael Leibowitz, Ph.D.

CASD is also noteworthy as among the last major initiatives of Buehler's accomplished tenure at MMI. He stepped down as the institute's second director in 2008, capping a landmark 25-year run. MMI's growth had been nothing short of remarkable during that time, its budget soaring from \$3 million to \$21 million and staff spiking from 70 to 250. The institute had also seen \$21 million in new construction, almost all of it privately funded.

Buehler had significantly raised MMI's profile nationally. As he stepped down, he was praised for his vision, enthusiasm, compassion and determination to improve lives for people with special needs. Said Werner-Robertson at the time: "He has brought hope and help to many who had been told there was no reason to hope."

Michael Leibowitz Ph.D., who was serving as MMI deputy director under Buehler, was elevated to interim director after Buehler stepped down. Then after a search failed to come up with an acceptable candidate, UNMC Chancellor Harold Maurer in 2009 asked Leibowitz to step in as MMI's third director. "Mike didn't want the job," the Munroe Foundation's McWhorter would say later. "But he was a brilliant guy who knew the system, the people and the history." Indeed, Leibowitz was a logical choice, as few understood the inner workings of MMI like he did.

A native of New York who received his doctorate in clinical psychology from the University of Maryland, Leibowitz had served for years as MMI's psychology director before serving as deputy to both Pearson and Buehler. His role as MMI's No. 2 was important. While Buehler was a visionary, the kind of person who could draw up the plan for a new program on a cocktail napkin, someone needed to implement and oversee the programs. "Working out the details often fell to Mike," said Wayne Stuber, who worked under both men. "As Bruce came up with these ideas, Mike would make them happen in a functional way." Leibowitz was seen as a calm and steady hand who could help MMI continue its rise.

Leibowitz would do just that during his eight years leading MMI. By 2015, total staffing had grown by 100 to reach 350, much of it due to the tremendous growth in the genetics lab and psychology department, and the budget had reached \$33 million. During Leibowitz's tenure, MMI also received the distinction of becoming its own academic unit within UNMC, the director for the first time reporting to the chancellor rather than the chairman of pediatrics.

In 2015, MMI initiated Project SEARCH, a program to teach job skills to adults with disabilities. Through internships on the UNMC campus, participants worked in jobs such as food services and office support, with the goal of ultimately gaining paid employment.

Also under Leibowitz, MMI in 2011 created a developmental neuroscience department, a kind of marriage between the study of genetics and learning disabilities, with groundbreaking MMI researcher Shelley Smith as its founding director. Like so many before, the program was launched with seed money from the Hattie B. Munroe Foundation.

First recruited to MMI by Buehler in 1999, Smith and her team discovered a gene that had long been associated with reading disability was also linked to language impairment. Up to then, it was thought reading disabilities, language impairment and speech disorders were entirely different things, and they were diagnosed and treated separately. Her discovery of a common gene influencing all three opened the possibility of more effective treatments.

The work of Smith's team in 2003 attracted a \$10.6 million NIH grant, at the time the largest any researcher at UNMC had ever received. Not only was she later named director of MMI's new neurosciences department, she was appointed to fill a new MMI endowed chair named for Buehler, and in 2010 she received UNMC's highest award for research. Her research program became the first at MMI to be located outside the pavilion in one of UNMC's research towers.

By the time Leibowitz retired in October 2015, he had spent an amazing 41 years at MMI, a time of tremendous growth and change. But one thing that was consistent throughout his tenure, he said, was the commitment of people both inside and outside the institute to improve lives for people with disabilities.

"All these people came from different perspectives, but they functioned as a team and focused on serving children and adults with disabilities," he said. "It's always been a very exciting place to work."



A discovery at MMI that a common gene influenced reading disabilities, language impairment and speech disorders opened the possibility of more effective treatments. Pictured is Kristen Jackson, B.S. Cytogenetic Technologist.



INNOVATION AND LONG TERM VISION

Director Karoly Mirnics, M.D., Ph.D. and Ismael at MMI. With MMI's state-of-the-art facility, commitment and passion of staff, and community supporters, Mirnics believes there will be no limits to what the organization can accomplish on the local, national and world stage.

CHAPTER ELEVEN

THE NEXT CHAPTER

IN RECENT YEARS, MMI has reached some notable milestones in its history. The year 2017 marked 20 years since the separate Munroe and Meyer centers were combined to create today's MMI. In 2018 came the 50th anniversary of when UNMC first assumed responsibility for operating the Munroe and Meyer centers. And 2019 marked the 100th anniversary of the formation of the Omaha charity to which MMI can trace its lineage and legacy.

“We believe that we can measure the humanity of any society by how it takes care of individuals with intellectual and developmental disabilities.”

— KAROLY MIRNICS,
M.D., Ph.D.



But 2020 also figured to be a notable year in which MMI would mark another historic milestone. That’s when the institute was projected to move into an \$85 million new home on the University of Nebraska at Omaha’s Scott campus. The new facility was part of an ambitious vision of MMI’s new director to take the institute to new heights in both service to families and national prominence.

On July 1, 2016, Dr. Karoly Mirnics, M.D., Ph.D., became just the fourth director in MMI’s history. A native of former Yugoslavia but of Hungarian descent, the charismatic Mirnics brought to MMI a remarkable passion and commitment for serving people with disabilities.

A native of Novi Sad, Yugoslavia, in what is now Serbia, Mirnics graduated from medical school in his hometown and later earned a doctorate in biological psychiatry from Semmelweis University in Budapest, Hungary. He first came to the United States in pursuit of opportunities for research and in 1990 landed at the University of Pittsburgh, where he completed a post-doctoral fellowship and stayed on as a researcher and educator. In 2000, he established his own neuroscience research laboratory at the school, focused on the molecular neurobiology of brain diseases. In 2006, his internationally recognized lab was recruited to Vanderbilt University in Nashville, Tennessee.

By 2014, Mirnics was serving both as vice chair for research in the Vanderbilt psychiatry department and the associate director of the Kennedy Center, Vanderbilt’s university affiliated center for intellectual and developmental disabilities. Had he stayed at the school, he likely would have become director of the Kennedy Center, one of the nation’s most prestigious centers for disability education and research.

But one day the phone rang. It was the headhunter UNMC had hired to help find Leibowitz’s replacement as MMI director. After initially rebuffing the first three overtures, Mirnics was persuaded to visit Omaha, later recalling that if nothing else he thought he’d get a good steak dinner out of the deal. But Mirnics found his Omaha visit eye-opening. He saw tremendous potential in both MMI and UNMC, and was suddenly attracted by the chance to help build something great. “I became really excited about the opportunity,” he later said.

Members of the search committee were likewise impressed by Mirnics’ drive, vision and knowledge of MMI. “It was clear from the interchange he fully understood the strengths and weaknesses of the Munroe-Meyer Institute and was not afraid to share the types of things he wanted to do in the future,” said McWhorter, who served on the search committee. Said Buehler, who would go on to form a close bond with the new director: “He’s an innovator, he’s dynamic and he’s got a very good long-term vision. He’s the right person at the right time.”

Coming in, Mirnics saw lots of strong programs that ran the gamut of services within MMI.

But he thought many were “siloe,” often a function of their unique history. “There was a wonderful collection of departments, but not an institute,” Mirnics would later say. For example, he didn’t feel the relatively new autism program was fully integrated into MMI and its behavioral health programs, with five different pathways by which clients accessed MMI autism services. As a result, one of Mirnics’ first major initiatives a year into his tenure was reorganization across the institute intended to improve workflow, allow for new services and create an “integrated, boundless, patient-oriented enterprise.”



Born prematurely, Jackson works on his motor development skills with an MMI pediatric physical therapist.

The reorganization included an integrated Center for Autism Spectrum Disorders, establishing a comprehensive diagnostic clinic, expanded existing services and new services for adolescents and adults. It also was to include a new Jump Start program to assist families when they receive their child's autism diagnosis. It would provide those parents training to allow them to take active part in their child's therapy and also connect them to resources, all in an effort to optimize outcomes. In March 2019, Mirnics named Courtney Burnette director of the integrated autism center.



Diego plays a video game in the MMI Virtual Reality Lab, making physical therapy more fun.

The MMI reorganization also led to the creation of other all-new programs. In cooperation with Special Olympics, MMI planned a new Caring for Champions program to provide dental, vision, nutrition and weight management programs for the IDD community. And new parent care coordinator positions were created to help families seamlessly navigate between the various MMI departments, seen as a particularly important need in the new, larger MMI facility.

Mirnics also came in seeking to leverage technology to improve the lives of people with disabilities. So as part of the reorganization, he proposed a new Department of Adaptive Technologies. It would be involved in evaluating, developing and implementing assistive technologies, such as using virtual reality to teach patients how to drive or developing new technologies to help people move or communicate. By 2018, MMI already had its first virtual reality lab up and running.

To address the local and national shortage of genetics counselors, Mirnics worked in collaboration with the UNMC College of Allied Health Professions to create Nebraska's first genetic counseling education program. MMI and the college recruited numerous partners outside UNMC to provide funding support, including Blue Cross Blue Shield of Nebraska, Boys Town National Research Hospital, Children's Hospital and Medical Center, Methodist Health System and Nebraska Medicine. While the new master's degree program would be administratively housed in the College of Allied Health Professions, MMI would be the clinical training site and MMI geneticists and genetic counselors would serve as faculty. The program was approved by the NU Board of Regents in 2017 and was set to enroll its first class in the fall of 2019.



MMI LONG-TERM GOAL

The life expectancy for people with intellectual and developmental disorders has continued to grow markedly. MMI is working to provide a full spectrum of life services for people with disabilities, including weekly social activities for adults.

“We want to build a world-class building that doesn’t exist anywhere else in the world.”

— KAROLY MIRNICS

Mirnic additionally set a goal of improving adult services, noting the life expectancy for people with intellectual and developmental disabilities had continued to grow markedly. For example, between 1983 and 2015, the average lifespan for a person with Down syndrome advanced from 25 years to 60 years. He said MMI needed to step up to provide a full spectrum of life services for people with disabilities. “We are living in a different era,” Mirnic said. “We have to provide continuous care throughout the lifespan.”

Mirnic also saw an opportunity to extend MMI’s reach around the globe. By 2019, MMI was exploring possible partnerships with institutions in China and Eastern Europe. The new MMI director also came in with a big long-term goal: to see the institute recognized nationally by the federal government as one of the nation’s top institutions for intellectual and developmental disability research. MMI for decades had received funding as a recognized federal program for clinical services (UCEDD) and for education (LEND). But it had never striven to become one of the 14 programs funded under the federal Intellectual and Developmental Disability Research Center (IDDRC) program.

Only six institutions nationally had all three designations, all among the nation’s most distinguished intellectual and developmental disability centers. It would likely take time to get there, Mirnic said, but he believed MMI should aspire to join those ranks. The key to becoming an IDDRC institution, he said, would be stepping up MMI’s recruitment of top-flight research teams from around the country. Such efforts, he said, could also ultimately receive a big boost from the planned new MMI facility.

The institute had long been limited in its potential by a severe space crunch and buildings that dated to the 1950s. The planning for a new building had been ongoing at MMI since 2013, when Leibowitz engaged with consultants and began putting money aside. The original vision was for the new MMI to be located on the current UNMC campus. But the limited footprint of available land meant the building would have had to be seven to eight stories high, prohibitively raising the cost and creating accessibility issues.

Mirnic and his team in 2017 identified another option for the new MMI: moving into a building owned by First Data Resources near UNO’s Scott Campus on Pacific Street. Besides providing more space at a more realistic cost, the location next to the University of Nebraska’s Peter Kiewit Institute also fit with Mirnic’s goal of leveraging technology.

The move off the UNMC main campus would come with some tradeoffs. The human genetics lab would remain on the main campus. Smith’s developmental neuroscience department would also remain and become part of the UNMC College of Medicine. But most importantly, the new 216,000-square-foot building on Scott Campus would more than double MMI’s existing quarters, allowing for a major increase in services. “We want to build a world-class building that doesn’t exist anywhere else in the world,” Mirnic said in 2018.



Proposed front view of the new 216,000-square-foot MMI home on University of Nebraska at Omaha's Scott Campus opening in 2020.

The University of Nebraska Board of Regents in July 2018 gave UNMC the go-ahead to draw up plans for the new building. Work began immediately on the detailed designs for transforming the office building into a 21st Century facility serving people with disabilities. And MMI worked with the University of Nebraska Foundation to secure the \$85 million in funding needed to make it a reality. In the end, thanks to still more support from MMI's longtime backers and stakeholders, as well as others in the community, nearly the entire cost of the building would be paid for with private funds. Mirnics called it a remarkable achievement that reflected the community's generosity and compassion.

The plans emerging from the drawing board called for moving Aksarben Drive on the east side of the building to accommodate a new front entrance, aquatics center and playground. Other new amenities were to include a mock one-bedroom apartment for teaching hands-on life skills. "It's a building serving a purpose," Mirnics said. "And that purpose is to improve, expand and develop new educational, research, clinical and community engagement programs — to dream big."

Mirnics said the new building would also prominently display an image of a phoenix as a symbol of the renewal and restoration that happen at MMI every day. He said the feature would stand as a tribute to Buehler, who passed away in 2018 as plans for the building were being finalized.



Proposed side view of the new 216,000-square-foot MMI home on University of Nebraska at Omaha's Scott Campus opening in 2020.

Mirnic lauded Buehler as a visionary and giant who played a pivotal role at MMI — not only in all that had been achieved, but in what was still to come. “This is the house that Bruce built,” Mirnic said.

As exciting as the new building would be for MMI, Mirnic also repeatedly emphasized that the new facility was only a building. The real key to the new MMI would be the people inside and out who make up the heart and soul of the institute and who work to improve the lives of people with disabilities. Mirnic believed that if MMI could combine a state-of-the-art facility with the commitment and passion of staff and community supporters, there would be no limits to what MMI could accomplish on the local, national and world stage.

Indeed, the new MMI only figures to add to the institute's remarkable legacy of service to people with intellectual and developmental disabilities — one that began a century ago with that 1919 meeting of local philanthropists and NU doctors.

“It's really a rich history,” McWhorter said. “It was a group of doctors and well-meaning citizens that took this on and supported it. And once it moved to the medical center, everyone worked together. It wasn't about egos. It was about doing everything they could to help people with disabilities.”

THE MMI EXPERIENCE PLEDGE

We pledge: To pursue the following concepts in all our activities and to work with each individual's unique attributes – particularly their strengths – in order to personalize care that makes a meaningful difference.

We will promote:

FUNCTION by

- Partnering to work with you rather than on you.
- Respecting your way of doing things.
- Empowering you to understand your health care needs and make informed decisions.
- Providing support to reach your potential at school, work and throughout the community.

FITNESS by

- Recognizing physical activity is important to health and wellness and comes in many different forms.
- Reducing individual and community barriers to movement and fitness.
- Advocating for policies to build a healthy inclusive community.

FUN by

- Recognizing that EVERYONE wants to have fun.
- Promoting inclusive accessible leisure activities in the community.
- Expanding opportunities to enjoy time with the people you choose as friends.

FAMILY by

- Supporting you and your family as you meet life's challenges and opportunities.
- Following your lead.
- Providing services and resources that are meaningful to you and your family.

FRIENDS by

- Providing tools that promote and enhance meaningful healthy relationships.
- Encouraging peer connections.
- Recognizing you as a fellow citizen and neighbor.

FUTURE by

- Valuing independence, inclusion, privacy, self-determination, employment and education.
- Keeping your expectations and dreams in view at all times.
- Challenging and supporting you in raising your own expectations in life.
- Embracing people-first language and principles.
- Embracing technology to improve services.

Based on Rosenbaum, P. & Gorter, J.W. (2012), The 'F-words' in childhood disability: I swear this is how we should think!

Child: Care, Health and Development, (38) 4. Visit <https://www.canchild.ca/en/research-in-practice/f-words-in-childhood-disability> for more resources.

CHAPTER TWELVE

MMI TODAY

AFTER LOOKING BACK OVER 100 YEARS, it's also appropriate to take stock in the MMI of today. With approximately 230,000 people with disabilities in the state of Nebraska, the need for specialized programs and support services to improve their quality of life is vital. As Nebraska's federally designated University Center for Excellence for Development Disabilities Education, Research and Service (UCEDD), the institute provides state-of-the-art services and supports across the state, and assists individuals and families in finding services in their local communities. Our mission is to be

world leaders in transforming the lives of all individuals with disabilities and special health care needs and their families through outreach, engagement, premier educational programs, innovative research and extraordinary patient care.



MMI provides robust interdisciplinary, family-centered services for persons with disabilities and complex health care needs across their lifespan. MMI has 14 departments with approximately 500 employees and provides more than 50 types of clinical services. With an annual budget of over \$40 million, we are present at more than 40 locations across the state and provide diagnosis and treatment to approximately 15,000 children and adults annually, with greater than 70,000 clinical visits. In addition, in 2018 our Human Genetics Laboratory performed approximately 50,000 genetic tests from samples originating from 49 states and four international locations.

MMI utilizes an interdisciplinary team approach that assures a comprehensive service program that also involves parents, teachers, therapists and community service providers. MMI provides statewide technical assistance to public schools and other programs that provide services to people with disabilities. The use of telemedicine allows the institute to provide clinical and educational opportunities within the state as well as nationally and internationally. It is noteworthy that not all MMI clinical services are performed in our MMI facilities. We have a long and robust partnership with Omaha-area school districts and the Children's Respite Care Center to provide psychology, physical therapy and occupational therapy, and assistive technology and recreational therapy services. In addition, MMI provides sleep services, autism screening services, genetic medicine, genetic counseling developmental pediatrics, psychology, speech-language pathology, physical therapy and occupational therapy to many hospitals and health care facilities across Nebraska.

Education is also a critical part of our mission, with MMI's complex educational portfolio encompassing all of our disciplines. We offer year-long training programs through our federal Leadership Education in Neurodevelopmental and Related Disorders (LEND) grant. We train fellows, graduate students and interns in areas like psychology, behavioral health, occupational therapy, recreational therapy, physical therapy, genetic medicine, developmental pediatrics, molecular genetics and speech-language pathology. In addition, we have an active Ph.D. program in applied behavioral analysis, and train graduate students in multiple disciplines. Masters programs are offered in applied behavioral analysis in the department of psychology (in collaboration with UNO) and genetic counseling (in collaboration with UNMC's College of Allied Health Professions). Through a Science Education Partnership Award grant from the National Institutes for Health, MMI is also working with Native American communities and school districts in Nebraska and South Dakota to promote health sciences education. MMI provided a combined 211,749 hours of interdisciplinary training in 2018, and had 133 long-term trainees. Annually, more than 100 courses and seminars are taught by our faculty and staff.

The MMI of today is also a thriving place for basic, translational and clinical research. These endeavors are focused on understanding gene-environment-treatment interactions, gene editing technology development, sensory-motor processing, movement research, efficacy of behavioral treatment interventions, human genetics, clinical drug trials, virtual reality applications and education assessment. The majority of the educational and research studies are supported through external grants, which totaled more than \$7 million in 2018 – nearly 20 percent of MMI's total budget. The Institute's funding through the NIH has also included a major grant as a Center for Biomedical Research Excellence (COBRE) which has helped train early researchers into independently funded scientists. Last year our faculty, staff and students authored more than 220 scholarly publications and presentations.

Community engagement is a critical pillar of MMI. The Student Alliance for People of all Abilities was established as a student forum across UNMC colleges for education, advocacy, volunteering and fundraising. In 2018, approximately 9,000 people attended workshops, conferences, teleconferences and other community education activities. Working closely with the University of Nebraska Foundation, in 2018 we raised millions of dollars to support services and the new home for MMI. The institute serves as the premier source of disability-related information to scientists, care providers, clinicians, families and community leaders across the state and region. We provide program evaluation, training and community outreach to improve educational, health and community practices regarding people with disabilities. And MMI advocates at the local, state, federal and international level on behalf of people with disabilities and their families, promoting awareness and inclusion and helping them live happy and productive lives.

While our achievements to date are noteworthy, we can confidently state: changing lives is transforming futures.

Melonie Welsh, M.S., MMI Director of Community Engagement

MMI BY THE NUMBERS

Organization:

- 14 departments, approximately 500 employees.
- One of 67 federally designated University Center for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD) and one of 52 Leadership Education in Neurodevelopmental and related Disabilities (LEND) programs.
- Six supporting boards: MMI Board of Directors, Hattie B. Munroe Foundation, Meyer Foundation for Disabilities, Munroe-Meyer Guild, Scottish Rite Foundation of Nebraska, Community Advisory Committee.
- Annually, more than \$40 million budget, with more than \$16 million in federal, state and local grants and contracts, and \$2.2 million in philanthropy.

Clinical services:

- More than 70,000 yearly services serving clients across the lifespan (75 percent take place in the community).
- More than 40 provider locations across the state (more than 30 outside Omaha).
- More than 50 types of services provided.
- 22 recreational therapy programs and clubs serving more than 500 families annually.
- More than 440 volunteers providing 13,600 service hours annually.

Laboratory tests:

- Approximately 50,000 clinical genetics tests performed in 2018.
- More than 130 types of genetics tests have been provided to 49 states nationwide and to four international locations.


Education and research activities:

- Involved in education of medical students, residents, fellows, interns, allied health professionals, Ph.D. and M.S. students, college and high school students.
- More than 9,000 participants in workshops, conferences, teleconferences and other community education activities in domestic/international forums.
- 133 long-term trainees (doctoral, master's, interns) in 2018.
- Interdisciplinary training in 2018: 184 students, interns, residents and post-doctoral fellows for a total of 211,749 hours.
- More than 3,600 long-term students received training at MMI in the last 17 years.
- Students from more than 40 universities and colleges nationwide.
- More than 100 courses and seminars taught by our faculty and staff annually.
- Approximately 45 faculty involved in basic, clinical and translational research activities.
- More than 150 clinical and research fellows trained in the last 15 years.
- More than \$7 million in research funding annually.


Community and outreach activities:

- Annually, more than 90 technical assistance services (8,131 participants/1,846 hours) to community partners in LEND and UCEDD alone.
- More than 80 community training activities (9,056 participants/606 hours) institute-wide.
- 9,107 hours of community engagement across the entire institute.

SCHOLARLY ACTIVITIES

 **87** publications in scholarly journal | **45** other publications

 **75** Conference presentations and posters

 **8** books or book chapters | **4** Doctoral dissertations or master's theses

EDUCATIONAL ACTIVITIES

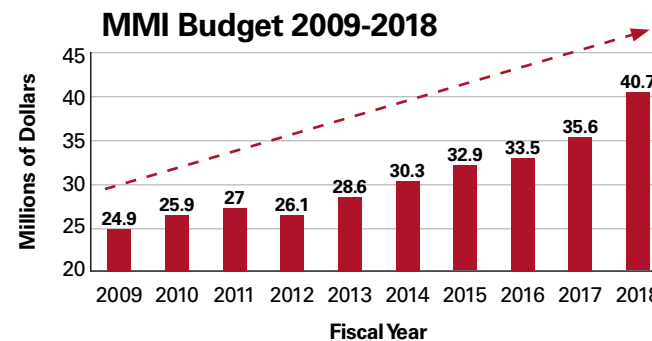
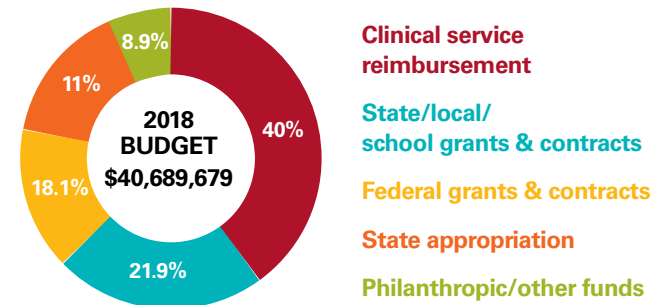
 In 2018, MMI's education program provided an interdisciplinary training experience for **184 trainees**

Students, interns, residents and post-doctoral fellows trained for a total of

211,749 hours



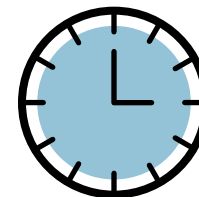
FINANCIALS



COMMUNITY

9,107 hours

of Community Engagement



MMI provides technical assistance to other university departments and programs, community organizations and governmental agencies to transfer new knowledge from the academic setting into the community.

9,056 people

attended workshops, conferences, teleconferences and other community education activities.



MUNROE-MEYER INSTITUTE

PHYSICAL THERAPY

At the Munroe-Meyer Institute, the Physical Therapy Department assesses and treats children and adults with movement disorders. They work with individuals with developmental and motor challenges to optimize function, promote independence and increase their participation in the community.



Sandra L. Willett,
PT, M.S., PCS

Their work started in 1958 as part of the MeyerTherapy Center rehabilitating children disabled by polio. In 1975, they began participating in adult and pediatric muscular dystrophy clinics. In the early 1980s, they began serving children in the public schools

and assumed responsibility for all physical therapy services in the Omaha Public Schools in 2000 and Bellevue Public Schools in 2008.

Today MMI physical therapists provide outpatient, aquatic, and/or home-based physical therapy visits for individuals of all ages. They are in the schools and at Children's Respite Care Center ensuring children receive the support needed to access and participate in their daily environments. They host a mobility and assistive technology clinic weekly and they work with newborns through NICU developmental consultations at Nebraska Medicine and Methodist Women's Hospital and through NICU developmental follow-up assessments at MMI.

CHANGING LIVES

JAMESE SULLIVAN

"I was born with a disability. At the time, they called it cerebral palsy, but my mother and all five of her children had it. We later learned it is hereditary spastic paraplegia, a degenerative genetic disorder that causes stiffness and weakness of legs and issues with walking. We were all affected in various degrees. I was wearing braces on my legs from the time I started walking.

"When I was 10, I started to receive physical and occupational therapy at MMI. I walked on my tippy toes, and I told my therapist I wanted to learn to walk with my heels on the ground. She listened to my goal and taught me some exercises to do at home. When I was done, I no longer had braces. I also was able to march in the drill team for the Omaha Girls Club and to compete in Special Olympics.

"Dr. Joe Evans was a psychologist who did a consultation with us. He talked to us about the world and how we have to face things others might not have to face, how I can help myself, and tools I can use in everyday life. Now I'm a mom of three and a grandmother of three and have a master's degree, and I work at MMI.

"I think one of the biggest things I received from MMI was just the fact that people care about us and our quality of life. They taught me that people with disabilities can meet goals and strive for good things in life, and that's what I did."





MUNROE-MEYER INSTITUTE

PEDIATRIC FEEDING DISORDERS

At the Munroe-Meyer Institute, the Pediatric Feeding Department treats children with severe feeding problems who have not made progress with therapy or whose feeding problems are life threatening. They also provide early intervention to children with autism spectrum disorder and

other developmental disabilities to promote age and developmentally appropriate feeding skills.



Cathleen Piazza, Ph.D.

Board certified behavior analysts, licensed psychologists and trained feeding therapists deliver services in clinic and via telehealth in 20 states and eight countries. Their work

helps children who don't eat or drink enough; are picky eaters; are dependent on tube feeds; don't eat like children their age; have sensory aversions; have oral-motor skill deficits; or have problem behavior at mealtimes.

Services include an evaluation clinic, day-treatment program for the most severe feeding problems, outpatient program for less severe feeding problems and a clinic for early intervention including feeding. Clinical services provide home training for caregivers. All programs are based on cutting-edge research conducted by the staff.

CHANGING LIVES

RACHEL RAY

"We were living in a very rural community in South Dakota when my son Dakota was diagnosed with a genetic disorder. There were two choices in the region for services, the Mayo Clinic and Munroe-Meyer. Fortunately, we picked Munroe-Meyer and drove 3½ hours for Dakota's first appointment.

"Over the years, Dakota received speech therapy, occupational therapy, physical therapy and eventually was connected with the autism clinic, the feeding program and severe behavior program. General psychology has helped over the years as well. In good years we were coming every six months, but we did receive extensive behavioral services on three occasions.

"The staff has a commitment to comprehensive care and having Dakota live his best life. And the training, support and understanding we received as parents was life-changing. Dakota is 21 now and is living a wonderful life. Munroe-Meyer means everything to us.

"My joke is I was in the building so much they offered me a job. After we moved to Omaha I took a position in the feeding clinic, and now I work in another program where I help connect families to resources. I do whatever I can to connect families to the same kinds of supports we received. To be able to help them, I feel for me it's come full circle."



MUNROE-MEYER INSTITUTE

OCCUPATIONAL THERAPY



The Munroe-Meyer Institute Occupational Therapy Department assesses and treats individuals with sensorimotor challenges that interfere with their ability to participate in the activities they want and need to do in their everyday life. The therapeutic focus is on optimizing function and participation for persons experiencing motor incoordination, muscle weakness, feeding or sensory difficulties that are decreasing their independence in home, school, social or work environments.



Janice Flegle,
M.A., OTR/L, BCP

The MeyerTherapy Center was founded in 1958 to support the rehabilitation of children afflicted with polio. Meyer Children's Rehabilitation Institute (MCRI) occupational therapists were among the first to provide educationally related therapy services in Nebraska schools.

Today MMI occupational therapists help children and adults with: eye-hand coordination problems affecting object manipulation and/or handwriting legibility; self-help difficulties including dressing, feeding, cooking, home management and personal safety; oral feeding; adaptive equipment needs like bath/shower chairs, feeding utensils and home living supports; wheelchair/seating system evaluation and fitting; environmental control or home accessibility needs; and upper extremity splints/orthotics. They provide medical out-patient services, NICU hospital consultation, and educationally related therapy support to verified students in all public and non-public schools within the Omaha Public Schools.

CHANGING LIVES

DENISE GEHRINGER

"Three of my four children have had meaningful experiences at MMI that impacted their lives.

"My son Jacob has Down syndrome. He started at the RiteCare clinic on his second birthday, and we've been involved at MMI since then. He spent three years in augmented speech class, and we worked with speech clinicians through grade school. Jacob also needed a different approach to learn to read, so they came up with a very creative approach that fit the way he learned. MMI is the reason Jacob can read today. He has also participated in a young adult conversation group and is now an intern in MMI's Project Search, learning office skills. His dream in life is to work at MMI as an office assistant. That's the pinnacle of his existence, because MMI has been such an important part of his life.



Jacob Gehringer, center, with his parents.

"My son, Adam, is a computer programmer who experienced an auto accident in December 2013. He did some of his cognitive rehabilitation with the folks in speech and language. They were amazing at understanding the level he needed to get back to.

"Another son worked in the summer on the staff of Camp Munroe. Jamie was really inspired by that experience. Now he's a computer engineer working on his doctorate and has become part of the virtual reality therapy and research at MMI. It's cutting edge, and you think, 'Wow, my kid did this.'

"We feel indebted to MMI for all the opportunities they provide. In the future, I see MMI being on the leading edge of innovative ways to advance and enhance the lives of people with diverse abilities."



MUNROE-MEYER INSTITUTE

DEVELOPMENTAL MEDICINE

The Munroe-Meyer Institute Developmental Pediatrics Department provides evaluation and management for children, adolescents and young adults with a range of developmental



Cynthia R. Ellis, M.D.

and/or behavioral conditions and for children with special health care needs as well as children at risk for developmental and behavioral disorders. They research the causes and treatments of these conditions and strive to promote an understanding of the social, educational and cultural influences on children. They also

work to inform public policy to promote the optimal development and behavioral health of all children.

Developmental/behavioral pediatricians, nurse practitioners, psychologists, nurses and a social worker offer on-site and telehealth services providing expertise in psychopharmacology, neurodevelopmental disabilities, autism spectrum disorders and ADHD; in high-risk neonatal follow-up and developmental assessment; in treatment of psychiatric disorders and mental health services; and in behavior management, social skills and combined medication/behavioral management.

CHANGING LIVES

ADAM WELLS

"Our son Jonah was born prematurely. He wasn't crawling and meeting the milestones. We were referred to the developmental clinic, and he was diagnosed with cerebral palsy. In one big sweep he was seen by physical therapy, occupational therapy and speech therapy, and he started getting lots of services at MMI.

"In PT, Sandy Willett first taught Jonah to crawl and then to stand. Then she got Jonah his first walker, and within a month he was tearing around the physical therapy department.

It was the most amazing thing to see. And the freedom that it gave Jonah was overwhelming.

"The people at MMI just know what they're doing and are very compassionate with both the patients and the families. They take care of the patient in an amazing way while also helping the families navigate this really difficult situation.

"Jonah is 4 now and doesn't use a walker anymore. He kicks balls around. What he really loves to do is climb up on things he shouldn't. He's a fearless kid who loves to run and play and be like any kid. He doesn't let anything stop him."



Brothers Isaac, left, and Jonah Wells.



MUNROE-MEYER INSTITUTE

EDUCATION AND CHILD DEVELOPMENT

The Munroe-Meyer Institute's Education and Child Development Department works to improve the lives of at-risk children, their families, and the community by strengthening educational programs, innovative evaluation and research, and extraordinary patient care.



Barbara Jackson,
Ph.D.

The department began in the early 1970s as the infant program. In 1973, the department expanded to include a center-based program for children who were deaf-blind and who had multiple disabilities. In the 1980s, the department added support of young children who were hospitalized in both

the neonatal units and pediatric floors. In the 2000s, the department started doing program evaluation.

Today the faculty and staff teach courses to provide graduate students and professionals in the field training on high quality instruction in program evaluation, early childhood and early childhood special education, so they can become leaders in the field of education and child development. The department's research and evaluations help community and family programs become more effective, fiscally responsible and accountable. The department coordinates an interdisciplinary research project on infants and toddlers who were born prematurely and their clinical services ensure infants and toddlers receive the services and care they need to reach their full potential.

CHANGING LIVES

KELLIE WOSTREL

"Our son Simon is on the autism spectrum. He would have outbursts of emotion and temper tantrums – because he's our first child, we didn't truly understand that these were more extreme than typical. Once he was diagnosed, we were fortunate he was able to receive services at MMI.

"We first sat down and developed some goals. When his therapist started working with him, he was blowing through those goals. The program has taught him so much in the means of social interaction, communication, emotion and more.

"Every child with autism is so incredibly different. Simon is a very loving and caring little boy.

He loves to share and play and wants to interact. A lot of beautiful qualities have come out in him, and I attribute that to Munroe-Meyer.

"As a parent navigating through this journey, MMI has helped us all along the way. I just feel like they are an extension of our family. We are incredibly blessed to be part of it."



Simon Wostrel with grandfather Al Habeeb.

MUNROE-MEYER INSTITUTE

PSYCHOLOGY



Munroe-Meyer Institute's Department of Psychology provides training, research and clinical services to individuals and families with behavioral, emotional, social, physical, intellectual and developmental disabilities.



Keith D. Allen,
Ph.D. BCBA-D

The department got its start in the early 1970s when two psychologists were hired to perform evaluations. Then in 1974, Michael Leibowitz was hired as the first psychology department director. He worked to expand the department's work into behavioral health intervention, treatment and research. In 1986

under new department director Joe Evans, integrated behavioral health clinics were introduced to urban and rural primary care practices across Nebraska.

Today psychologists are devoted to the assessment and effective evaluation, treatment, and promotion of mental and behavioral health. They provide 25 types of services and clinics including: academic and educational interventions; autism care for toddlers; behavioral health services; chronic and recurrent pain management; a neurobehavioral clinic; a sleep disorders clinic; elimination (toileting) disorders; anxiety disorders; mood disorders; and oppositional and disruptive behavior. They serve underserved areas through outreach programs in urban and rural areas.

CHANGING LIVES

KIM BAINBRIDGE

"Justin has received services from MMI since the day he was born — June 23, 1989. His blood was sent to MMI to prove he had Down syndrome. Dr. Warren Sanger signed off on the test. When Justin was six weeks old we went to see Dr. Bruce Buehler for genetic counseling. When I grew up, children with Down syndrome got shipped off to Beatrice or hidden in the community. Dr. Buehler talked about us having high standards for Justin, that he was capable of so much more.

"When Justin was 3, he was running away from me, out of control. We came to the MMI psychology department for behavioral counseling. The first time he came in, he was out of control again. All of a sudden a 5-foot, 100-pound dynamo of a woman came from behind the two-way glass and said, 'Justin has you wrapped around his finger.'



Kim Bainbridge with her son Justin.

"She said she was going to take him into the hall and teach him to walk beside her before we left that day. I thought, 'You are nuts, lady.' He took off running, and she put in him a timeout. I don't know how many timeouts she did with him, but by the end of the day, he walked down the hall with her. We went through nine months of behavioral training, and we learned how to keep Justin on good behavior.

"Justin has worked for nine years and is starting his sixth year living independently in an apartment with his best friend, who also has Down syndrome, and he has more social life than his mom. He lives a very fulfilling life. What he will tell you is, 'Life is good.' "



MUNROE-MEYER INSTITUTE

SPEECH-LANGUAGE PATHOLOGY

Munroe-Meyer Institute's Speech-Language Pathology Department provides family-centered services for the evaluation and treatment of speech, language, voice, cognitive and swallowing disorders. It serves patients of all ages seen through multidisciplinary clinics, outpatient facilities and those who are hospitalized at Nebraska Medicine. The goal is to optimize function,



Amy Nordness,
Ph.D., CCC-SLP

promote independence and increase community participation for patients with developmental or acquired challenges. In addition the department works to develop the next generation of practitioners and engages in ongoing research to lead trends in clinical practice.

The department began at MMI around 1959. In the 1970s, work began with the Scottish Rite Masons to provide care to children affected by a wide range of speech and language disorders. Today four RiteCare Clinics across Nebraska are staffed with MMI speech language pathologists who provide specialty care to meet a child's particular needs.

In addition, the department's speech language pathologists provide traditional outpatient therapy; inpatient and outpatient services at Nebraska Medicine; augmentative and alternative communication services at MMI and through Omaha Public Schools; swallowing and voicing development in the NICU at Nebraska Medicine; multidisciplinary clinic services for individuals with acquired and degenerative diseases; and weekly preschool sessions to ensure children have an effective mode of communication to maximize learning. They also host an augmentative and alternative communication conference annually.

CHANGING LIVES

KIM FALK

"My son Ethan has cerebral palsy and is nonverbal. We could tell as a family he was frustrated because we didn't always know what he wanted. He ended up being more fussy and demanding and crying sometimes.

"When he was three, we were recommended for the RiteCare program at MMI, and for two years he was given other ways to communicate through the augmentative communication program. We started with a single switch button and then moved up to a tap-to-talk device.



Ethan Falk, third from left, with his family.

"He can easily answer 'yes' or 'no' questions. He will say 'mom' or 'dad.' He calls his brother Andrew 'Ah' and his grandmother 'Yummy.' He can say 'hey' and 'hi' and 'all done.' Ethan became a happier boy because he was able to communicate his wants more clearly, and my husband and I gained so much knowledge. I cannot applaud MMI enough for all the information they supplied our family to find the right device for Ethan.

"Ethan started at Camp Munroe when he was 11. He does love swimming in that pool. The water is warm and therapeutic and relaxing and makes it easier for him to move and strengthen his body. Every kid gets to do the same things the other kids are doing. The camp staff is great about making sure everyone has a fun, involved experience."

MUNROE-MEYER INSTITUTE

CENTER FOR AUTISM SPECTRUM DISORDERS



Munroe-Meyer Institute's Center for Autism Spectrum Disorders serves children diagnosed with autism spectrum or related disorders and their families by providing comprehensive treatment services. In addition, they develop and refine effective treatments through clinical research, disseminate effective treatment technologies through training and consultation, and offer training experiences for students at the undergraduate through postdoctoral level.



Wayne W. Fisher,
Ph.D., BCBA-D

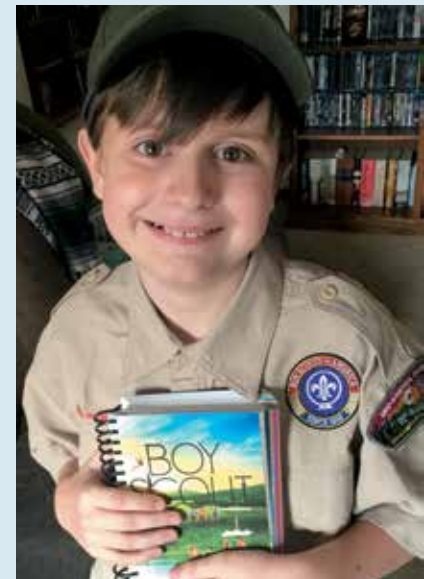
The center began seeing patients in January 2006 and in November of that same year the Munroe-Meyer Institute opened a specialized treatment facility. Through the work of licensed psychologists, board certified behavior analysts, registered behavior technicians and Ph.D. and pre and postdoctoral students, children receive diagnostic and etiological evaluations related to autism spectrum disorder and receive treatment from one or more of the center's programs. Programs within the center each offer a continuum of services: an autistic diagnostic clinic providing evaluations to individuals suspected of having autism; an early intervention program for improving language, social, pre-academic and daily living skills for young children with autism spectrum disorder; a severe behavior disorders program serving school-age children with destructive behavior; and a virtual care program providing assessment and treatment services to children and families affected by autism spectrum disorder in rural and remote locations.

CHANGING LIVES

JOHN KEENAN

"We first brought my son Tom to be evaluated at the Center for Autism Spectrum Disorders when he was 3. We were concerned he was behind in his language development. Watching the evaluation through the glass, you could see he was not engaging with the interviewer when she tried to get him to respond. He was diagnosed with a form of autism.

"He got most of his services through school, but later we took him back to Munroe-Meyer for Camp Munroe. Tom also went to a social skills class by Dr. Terri Matthews. It was very focused, teaching him how to make eye contact and how to react to a conversation.



Tom Keenan

"Before Tom went to the camp, he was very, very shy. We were getting reports back that at camp he was very assertive and a leader. We had never heard anything like that. Because of the things he did at Munroe-Meyer, Tom developed a lot more confidence and was better able to talk to people and make some friends.

"We still have dreams for Tom and things we think he can do. When I look at my son's future, I see Munroe-Meyer being a big part of that. There is all this opportunity to help him grow, and people there who are as concerned about Tom's future as I am."



MUNROE-MEYER INSTITUTE

RECREATIONAL THERAPY

The Munroe-Meyer Institute's Recreational Therapy Department provides high quality recreational and leisure experiences to participants with intellectual and developmental disabilities age three to 70+. The department's goal is to use play, recreation and leisure activities to improve



Michael Crawford,
Re.D., CTRS

physical, cognitive, social and emotional functioning and to develop participant's lifetime leisure skills.

Recreational therapy services began as a seasonal summer day camp program in 1982. Year round services began with the addition of afterschool and Saturday morning programs in 1984.

The first adult program was launched in 1987. A second adult program for medically fragile adults was added in 1988. Social clubs for individuals with high functioning autism were added in 2002. In 2004, seasonal programs including an adapted cycling program and community gardening club, as well as year round services to support adult day-care participants, community inclusion services, and individualized leisure counseling services were all added.

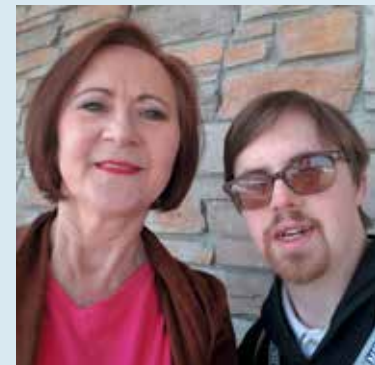
Today, staff and over 500 volunteers provide Nebraska's only full day summer and winter camp programs for children with special needs. They provide the only aquatic therapy program for medically fragile participants in Omaha and Nebraska's only adapted cycling program for children and adults not capable of becoming independent riders.

CHANGING LIVES

LUANN RABE

"My son's name is Marshal. It's one L. He will tell you that. Our first experience with Munroe-Meyer was when Dr. Bruce Buehler came to the hospital and told us our son had Down syndrome. I had told the nurse I thought he did, so it wasn't a shock, but he explained it to us.

"When Marshal was about eight years old, I learned about Camp Munroe. I was reluctant about sending him. I had been his caregiver. He wasn't very verbal and sometimes had accidents. I thought, 'Can they handle this and understand him?' For a mom, that's hard. I went to an informational meeting, and they were talking about feeding kids with tubes. I thought, 'OK, they can take care of him.' He loved summer camp. He called it 'Yellow Tent Camp.' All the staff, all the kids who volunteer, it made me see life is OK.



Luann with her son Marshal.

"He got speech services through Munroe-Meyer and Scottish Rite. He got one-on-one sessions on how to pronounce and make long sentences. Then they found a number of young men and put them together to make it a social thing. He meets with the guys, and they talk about how to use their iPads and if you go on a date what are the things you need to do. He loves to go to that session, and I've seen his verbal skills improve so much. He's a very social young man. It took a village to raise him.

"After he aged out of camp, he got a job, and I joined the Munroe-Meyer Guild. I felt we needed to give back. Now I've been president for nine years. It's been a real joy."

MUNROE-MEYER INSTITUTE

GENETIC MEDICINE



Munroe-Meyer Institute's Genetic Medicine Department provides medical genetics evaluation, innovative testing, diagnosis, management, and genetic counseling for genetic disorders, congenital anomalies, hereditary cancer and teratogenic exposures.



Omar Abdul-Rahman,
M.D.

Physicians and genetic counselors see patients in multiple outpatient clinics or hospitals throughout Nebraska.

The program started in 1974 when medical genetics evaluations were provided by Ph.D. geneticists. In 1981, the first M.D. clinical geneticist at UNMC arrived and

began working with the Human Genetics Laboratory. In 1984, clinical genetics moved to the Meyer Children's Rehabilitation Institute.

Today clinical geneticists and genetic counselors provide inpatient consultations at Children's Hospital, The Nebraska Medical Center, Bergan Mercy Hospital and Methodist Women's Hospital and outpatient general genetics clinics at MMI and Children's Hospital in Omaha and outstate in Scottsbluff, North Platte, Gordon and Kearney. They hold pediatric clinics in cystic fibrosis, children's development, prenatal, hereditary cancer, Huntington Disease, craniofacial, autism diagnosis, cardiovascular genetics, pediatric metabolic disorders, fetal alcohol syndrome and Down syndrome and adult clinics in cardiac genetics and metabolic disorders.

CHANGING LIVES

TED FRIEDLAND

"At six months of age, our pediatrician noticed our son Alex was not where he should have been developmentally. He continued to miss milestones. A pediatric neurologist ran a bunch of different tests and everything came back negative. Finally he suggested we explore the genetic route at MMI.

"We were told from the beginning there was a high degree of probability they could not get us answers. It could be a day, a month or years. The science continues to evolve based on technology and ability to analyze people's DNA. After 7½ years, Dr. Richard Lutz called and said they found a match for a diagnosis. It was a relatively new and rare genetic disorder called FOXP1 syndrome.



Alex Friedland

"It can be unnerving when you're trying to get answers. For a long time, my wife really wanted to have another child, and I was terrified. It was a risk I wasn't willing to take. But when we got the diagnosis many years later, Dr. Lutz said it was a genetic fluke, that my wife and I were not carriers. Now we have a 3-year-old son named Sam. That's what MMI did for us.

"Over the years, Alex has received many services at MMI, and we have had really positive interactions. MMI is like this secret in the community people don't know about."



MUNROE-MEYER INSTITUTE

HUMAN GENETICS LABORATORY



Jennifer N. Sanmann,
Ph.D., FACMG

Munroe-Meyer Institute's Human Genetics Laboratory is a full-service cytogenetics and molecular genetics laboratory providing genetic testing and interpretation for patients, families, and communities through patient care, educational programs and innovative research.

The laboratory opened in 1974 and was originally housed in Poynter Hall, not much larger than a two-car garage. In November 1985, the Hattie B. Munroe Center for Human Genetics opened merging the lab and the genetics program inside the Munroe Pavilion with 20,000 square feet of space. It became the only genetics lab in a four-state area and one of the most recognized in the country and across the world. Under the leadership of Warren Sanger, Ph.D., the lab developed techniques that became an industry standard in chromosomal analysis and later became one of the first to implement FISH — fluorescence *in situ* hybridization — allowing clinical laboratorians and researchers to view copy number and structural genomic changes through a microscope.

Today, the Human Genetics Laboratory is comprised of a team that includes directors board-certified by the American Board of Medical Genetics and Genomics (ABMGG), technologists certified in cytogenetics and molecular biology, and licensed and certified genetic counselors. They provide genetic testing for regional, national and international health care providers. The lab's clinical testing portfolio includes over 130 genetic tests in cytogenetics and molecular genetics and encompasses a broad range of genetic health across the lifespan: prenatal and pregnancy loss; male infertility; newborn diagnoses; pediatric and adult onset disorders; hereditary cancer; hematology/oncology; and metabolism and endocrinology. The laboratory attracts top clinician-scientists who share their work through national and international presentations and peer-reviewed publications and through collaborations with colleagues.



MUNROE-MEYER INSTITUTE

OTHER DEPARTMENTS

PATIENT INFORMATION OFFICE

Munroe-Meyer Institute's Patient Information Office (PIO) was once called the Office of Supportive Services and has been a mainstay of MMI since it started serving patients. The department acts as a resource for patients and families, works to protect their privacy and serves as the first point of contact.

The office interacts with families, referring physicians, community health care professionals, teachers and school personnel, as well as other community agencies that are seeking to schedule an appointment with one of MMI's clinicians or in clinical programs. The office directs incoming referrals for services at MMI.

In addition to working directly with the families the PIO office also works with insurance companies to contract and credential all of MMI's service providers, to authorize payments for services, and to bill and collect payments for clinical services.

The office annually schedules more than 70,000 visits to MMI providers and clinical programs across the state. It handles credentialing for more than 200 providers a year for MMI. It also manages the billing for MMI, billing more than \$8 million in 2018.



Joanne Johnson

BUSINESS SERVICES

The Munroe-Meyer Institute's Business Department provides financial acumen, hiring and managing human capital, coordination of maintenance of MMI facilities and direction to the leaders of the



Matthew Stelzer,
MBA

institute, ensuring that the vision and initiatives of the institute director and other leaders is backed by sound financial planning.

The office handles the institute's many revenue streams — clinical revenues, philanthropic donations, state funds, grants and contracts — to ensure that funding is in place to achieve MMI's goal of transforming the lives

of individuals with disabilities and complex health care needs and their families. In 2018, the business department oversaw a budget of more than \$40 million, the largest budget in MMI's history.

The business department was formed in 1972 by MMI administrator Dale Duncan. Since its inception, the department has helped maintain the professional history of MMI's employees through resumes and personnel files and charted the institute's growth both in terms of budget numbers and numbers of employees.

But it isn't all about numbers. By providing financial and personnel services, the members of the MMI Business Department use their financial and management talents in the service of the broader, transformative mission of the institute.

COMMUNITY ENGAGEMENT

Munroe-Meyer Institute's Department of Community Engagement creates synergies between providers, agencies and stakeholders in order to build ongoing, permanent relationships with MMI. These relation-



Melonie S. Welsh,
M.S.

ships result in the mutually beneficial exchange of knowledge and resources, as well as partnerships and reciprocity, which helps create a collective vision to improve the lives of individuals with disabilities and complex health care needs.

Upon Dr. Mirnics' arrival in 2018, he established the department with a mandate to facilitate change, build stronger networks across

diverse communities and advance the empowerment of the population of individuals with disabilities and complex health care needs and their families. He recruited Melonie Welsh, who had spent several decades serving MMI in various capacities including cytogenetics, genetic counseling and development, to establish and lead the department.

Today, the department facilitates a large portfolio of community, agency, stakeholder, provider and educational relationships and partnerships as well as other outreach activities, social media, web presence and other internal functions. Additionally, the department supports the multidisciplinary student group, the Student Alliance for People of All Abilities, which is committed to enrichment of students' personal and professional growth in education, advocacy and volunteering with the disability community.



MUNROE-MEYER INSTITUTE

SUPPORTING BOARDS

MMI's supporting boards provide critical financial, organizational and public awareness support. We are very grateful to them for their ongoing partnership and investment in those we serve.

HATTIE B. MUNROE FOUNDATION

The Hattie B. Munroe Foundation provides funding for a psychology internship, Camp Munroe and related children's programs, a professorship for the Center for Autism Spectrum Disorders and the MMI director.

MEYER FOUNDATION FOR DISABILITIES

The Meyer Foundation for Disabilities (MFD) holds two fundraising events each year — the Walk & Roll for Disabilities and The Owl Ride. MFD provides funding to the Recreational Therapy Department's adult programming, which includes such programs as MMI's Thursday Evening Respite Program, its Cooking Club, Wheel Club and other programs.

THE MUNROE-MEYER INSTITUTE BOARD OF DIRECTORS

The board works closely with MMI leadership to inform the public of the breadth and quality of MMI's programs. The board annually awards the Rhoda Davis Blatt and Hattie B. Munroe Foundation scholarships. The board oversees the distribution of holiday gift cards to selected MMI families in need, as well as reviews and approves the MMI Recreational Therapy Department budget before it receives final approval by the Hattie B. Munroe Foundation board.

MUNROE-MEYER GUILD

For more than 50 years, the Munroe-Meyer Guild has held the annual Garden Walk. Using the proceeds from the walk, and a grant from the William and Ruth Scott Family Foundation, the guild awards grants to MMI for projects such as Go Baby Go! and Embracing Women's Health. An Excellence Fund will support a special project at the new building.

SCOTTISH RITE FOUNDATIONS OF NEBRASKA

The Scottish Rite holds its RiteCare Classic Golf Tournament each year to fund the RiteCare Speech and Language Clinics. Other annual fundraisers are the WalkRite for RiteCare and the Friends of Scottish Rite Dinner and Auction.

COMMUNITY ADVISORY COMMITTEE

The MMI Community Advisory Committee serves as a working partner in guiding the Institute's activities by representing the voice of the community and its local participants. They provide a critical sounding board in shaping both the current and future path of MMI.

“It’s kind of
fun to do the
impossible.”

— WALT DISNEY

Dear Reader,

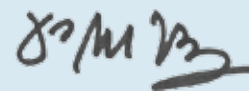
I hope you enjoyed reading about our rich history, achievements and vision for the future. Clearly, we stand on the shoulders of giants and visionaries, and our history obliges us to carry on the torch of caring, innovation, constant improvement and tireless work.

Our history book mentions many of our visionaries and their amazing feats. However, it would be utterly unfair to think that they could have created the MMI of today without the unsung heroes whose names do not appear on these pages: the patients and their families, the countless supporters and activists in the community, and the dedicated providers who perform the healing. They are the soul of MMI. This book is primarily about their fruits of labor, and we are deeply grateful for their caring, passion, knowledge and community spirit.


I look at this first century as a cornerstone upon which future generations will build. In addition, it represents a promise, pointing to what we should become, and what we will become. I hope you can appreciate that the foundation is strong, and we have a virtually unlimited growth potential. However, it is also evident that our work is not finished, and perhaps it never will be.

Undoubtedly, many amazing MMI directors and leaders will follow in my footsteps. My message to you, who take up this mantle, is simple — care, be brave, change as needed, and never forget our mission statement and values: we should be world leaders, we should not only set the standards, but become the standard. You will be caretakers of an amazing organization, and each of you must ensure that MMI soars to new heights during your tenure. Have a vision and mindset to change as needed, don’t risk becoming obsolete. In this community, with our attitude — anything and everything is possible. Your job will not be boring or uneventful. There will be trials and tribulations, there will be many great and unanticipated challenges on this winding road. Find a way to turn the challenges into opportunities, and amazing feats, astonishing accomplishments, and a joy of a job well done will be your reward. Noblesse oblige.

I feel extremely fortunate to have a pleasure and privilege to contribute a small tile to pavement of this amazing and endless road.



Karoly Mirnics, M.D., Ph.D.



Mirnic with former MMI
director Bruce Buehler.
Buehler passed away
in 2018.

*Changing
Lives,
Transforming
Futures*



ABOUT THE AUTHOR

Henry J. Cordes has spent more than 30 years as a reporter for The World-Herald, covering crime, sports, the Statehouse, politics, regional and national public policy. He also is the author of “Unbeatable” and “Devaney” books about Nebraska’s football dynasties and “Pathological,” a true crime book about an Omaha serial killer. Five times he has received the University of Nebraska-Lincoln’s Sorensen Award for distinguished Nebraska journalism.

ACKNOWLEDGEMENTS

When I was first asked to join the board of one of the nonprofits that support the Munroe-Meyer Institute, I was only vaguely aware of MMI. It was extremely eye-opening for me to see not only what life is like for families touched by disability, but what an amazing partner they have on that journey in MMI.

Given those feelings, it was a pleasure for me to write MMI’s history. It, too, was a journey. Besides learning the story behind the “Munroe” and “Meyer” names, I came to appreciate others whose contributions were less familiar or even lost to time: names like Clara Elder, Greta Paulsen, Paul Pearson, Frank Menolascino and Bruce Buehler.

Looking back, I feel so fortunate I was able to record Dr. Buehler’s recollections before his 2018 death, making this history a particularly timely one. I want to personally thank the dozens of other people who generously gave their time to share thoughts and remembrances. And I want to particularly thank Karoly Mirnics for his belief in the importance of history, as evidenced by his commitment to push ahead with his project.

One of the unique discoveries we made as we delved into MMI’s history is that 2019 marks the 100th anniversary of MMI’s birth. That makes this the perfect time to celebrate MMI and its contributions to families touched by disabilities, not only in the century that has passed, but in the century to come.

— Henry J. Cordes

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*Out of the Darkness and Into the Light:
Nebraska’s Experience in Mental Retardation.*
2002. Robert L. Schalock, Editor
McGoogan Library of Medicine,
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Visiting Nurse Association

Material quoted in the book reflects
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