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In US Prisons, Psychiatric Disability Is Often Met by Brute Force

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They called it the "shoe leather treatment" because that was exactly what it was: 10 or 11 guards, sometimes more, would form a circle around the patient and kick him unconscious. Then they'd drag him across the room, strip him naked and throw him in a tiny room with just one window to allow in the snow, and leave him there to freeze.
That was in 1961 in Pennsylvania's Farview State Hospital for the Criminally Insane.

Twenty years later, the routine abuse that took place there became the subject of a memoir by Bill Thomas who survived 10 years in that institution before breaking out and eventually testifying before a Special State Senate Committee Inquiry on the practices of administrators, guards and even doctors at Farview State Hospital.

The facility has since been closed down, as were thousands of others like it during the wave of "deinstitutionalization" in the 1960s and '70s. Some state mental hospitals remain, but they are much less prevalent than they once were.

However, the shoe leather treatment lives on in jails and prisons around the country, which have become surrogate institutions for people with mental illnesses and where violence, neglect and abuse of prisoners labeled with psychiatric disabilities is on the rise.

Callous and Cruel

There is no hard data nationwide on the use of force against people diagnosed with mental illness, but a new report by Human Rights Watch (HRW) released at the end of May documents, for the first time, the extent of the problem across the approximately 5,100 jails and prisons in the United States.

"We have no data to make any kind of statistical assertion on the issue," Jamie Fellner, senior adviser to the US program at HRW and author of the report, explained to Truthout, "but it is fair to assume that it happens in every state, and that it exists in small and large jails, and in small and large prison systems."

Entitled "Callous and Cruel," the research confirms what news items, court cases and personal anecdotes have been suggesting for years: that corrections officers nationwide systematically assault prisoners living with psychiatric disabilities with chemical sprays, strap them down for days on end, shock them with electric stun devices, fling them into isolation and leave them with burned skin, broken bones or damaged organs from beatings.

There are 10 times more people with psychiatric disorders living in prisons or jails than are living in hospitals.

In their very architecture, prisons are highly regimented places; the inability of prisoners with psychiatric disorders to immediately and unquestioningly respond to the endless orders and routines that dictate prison life means they are frequently at the receiving end of excessive force.

HRW estimates that 58 percent of state prisoners nationwide with a diagnosed mental illness have been charged with rule violations, compared to 43 percent of prisoners who were not diagnosed with mental disabilities.

These "violations" usually involve issues related to their disabilities or altered states of

consciousness: paranoia, self-harm, hallucinations or delusions. Prison records document mentally ill prisoners screaming incessantly to drown out the voices in their heads, inserting sharp objects into their penises and smearing feces on the walls.

A serious dearth of comprehensive policies guiding the use of force in thousands of institutions that comprise the US prison archipelago means that guards with no psychiatric experience are free to exert extreme punishment for even the most minor offense.

The case studies are endless, though some prove more instructive than others.

Take Christopher Lopez, a 35-year-old Colorado man living with schizophrenia, whose last hours in the San Carlos Correctional Facility, caught on videotape, reveal the most extreme consequences of incarcerating people in places that are at best indifferent to their state of mind - and at worst deadly.

Lopez was serving his second stint at San Carlos, spending 22 to 24 hours each day in solitary confinement. In the early hours of March 17, 2013, he was found lying facedown on the floor of his cell in a vegetative state. Unable to respond to commands, he was shackled, forced to wear a spit mask and tied to a restraint chair by officers in riot gear.

Over the next several hours, CCTV footage shows Lopez having two seizures, neither of which prompt the staff to take or call for medical action. At 9:10 am, he appears to stop breathing, but the nurse on duty merely shouts at him through the food slot and appears to carry on laughing with her coworkers.

It is not until 20 minutes later when staff members enter the holding cell that they call for backup. By then, it is too late.

As Fellner points out in an interview with Truthout, it is "difficult to make generalizations based on one single case." What she does concede is that Lopez's tragic death showed "an astonishing level of callousness and disregard for a human being."

Recidivism rates are high for mentally ill people leaving prison, likely in part a result of receiving little to no psychiatric aftercare.

Recently, at the Vienna Crime Commission on May 22, the United Nations passed a resolution cosponsored by the United States on the basic minimum standards for treatment of prisoners.

The so-called Mandela Rules contain a clause that deals explicitly with mental illness, stating: "Persons who are ... diagnosed with severe mental disabilities ... for whom staying in prison would mean an exacerbation of their condition, shall not be detained in prisons, and arrangements shall be made to transfer them to mental health facilities as soon as possible."

The resolution reiterates commitments made decades ago to uphold the human rights of all prisoners, but at the time of writing, the United States could not be further from the realization of these obligations.

Far from holding the country accountable, the agency tasked with overseeing fair and effective criminal legal systems worldwide, the UN Office on Drugs and Crime (UNODC), has made no mention of numerous reports alleging serious rights violations of mentally ill prisoners in the United States.

Asked specifically about the comprehensive research conducted by groups like HRW and others, David Dadge, spokesperson for the executive director of UNODC, told Truthout in an email, "We would not normally comment on a report of another organization, especially where we are not aware of the nature of the report or the methodology used."

From the Hospital Bed to the Jail Cell

In 2015, nearly half a century after the closure of most state mental health facilities, there are 10 times more people with psychiatric disorders living in prisons or jails than are living in hospitals.

The Virginia-based Treatment Advocacy Center (TAC) told Truthout that correctional facilities hold 356,000 mentally ill prisoners, compared with 35,000 public hospital patients.

On May 26, 2015, for the first time in US history, a psychologist was assigned as head of a corrections facility: the Cook County Jail in Chicago, Illinois. Nneka Jones Tapia's appointment as jail director came on the heels of a proposed $82 million budget cut for the state's mental health division and a doubling of the jail's mentally ill prisoners over a five-year period.

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"In 44 states, the largest institution housing people with severe psychiatric disease is a prison or jail," explained TAC's communications director. The organization says this punitive strategy for addressing mental illness contributes to prison overcrowding, relegation in "grossly disproportionate numbers" of mentally ill prisoners to solitary confinement, deterioration in many prisoners' mental health and far higher costs to taxpayers.

Recidivism rates are high for mentally ill people leaving prison, likely in part a result of receiving little to no psychiatric aftercare.

Research carried out by TAC in 2010 found that 90 percent of mentally ill prisoners from the Los Angeles County Jail were repeat offenders, with 31 percent having been incarcerated 10 or more times.

This is the tip of the iceberg: Jonathan Goode, who was diagnosed with schizophrenia, was booked into the Palm Beach County Jail 49 times in just 40 months between March 2006 and July 2009. A prisoner of Virginia's Roanoke County Jail, Linda Kraige, has spent so much time on the inside that she once named the jail's deputy as her "best friend."

Meanwhile, suicide rates have soared. A Survey of States carried out by TAC found that "half of all prisoner suicides are committed by people who are seriously mentally ill."

But possibly the worst fallout of the use of prisons as "treatment" has been the continuation of the violence and abuse that marked asylums for closure in the first place, and propagation of the very behaviors and attitudes that allowed Christopher Lopez to die under the eye of a closed-circuit television.

Philosophical Liberals Meet Fiscal Conservatives

According to Paul Bermanzohn, a retired psychiatrist who spent over 20 years researching schizophrenia, deinstitutionalization was the child of "philosophical liberals and fiscal conservatives."

Bermanzohn, a survivor of the 1979 Greensboro massacre by the Ku Klux Klan, told Truthout that the process of deinstitutionalization didn't account for the fact that "a lot of these folks had been completely dependent on the institution for feeding, housing and clothing them."

Turned out by the tens of thousands, scores of patients have been trapped between the worst of both worlds, free to do anything - except receive or participate in user-led, community-based care services.

As disability justice scholars and advocates have pointed out, the mass closure of asylums and "psych" hospitals did not end the forced segregation or confinement of people with disabilities. The systems of power that gave rise to asylums are alive and well.

As a result, institutionalization continues in earnest to this day, and in fact has expanded its scope, not only into prisons and jails but even into the so-called "community-based" alternatives that are modeled on biomedical psychiatry and medical authority - the very practices that advocates of

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deinstitutionalization had fought to destroy. (1)

In the recently published anthology *Disability Incarcerated*, a range of disability justice scholars and prison abolitionists argue that in order to fully understand the extent of incarceration of people with disabilities in the post-deinstitutionalization era, it is necessary to take a broader view of imprisonment as a condition that occurs not only in jails but also in group homes and community-based treatment centers.

As Liat Ben-Moshe, one of the editors of the anthology and assistant professor of disability studies at the University of Toledo, points out in her chapter, "Alternatives to (Disability) Incarceration," the most compelling alternatives to institutionalization of those labeled with psychiatric disabilities "are conceptualized, imagined and practiced through national and international networks and organizations created by psychiatric survivors, ex-patients, and consumers, as well as people within the anti-psychiatry movement more generally. ...

"The importance of such organizations is that they build an alternative community to psychiatry, one that is supportive, caring, and often defiant. [The] point of these networks is not to restore the person to some sort of normative mental health but to discuss the social conditions that led to distress and, in many instances, to increased distress and oppression caused by attempts to biomedically 'treat' a perceived behavior or outcome." (2)

However, as Ben-Moshe noted in an interview with Truthout, even among communities advocating for substantive change in current practices, there are significant splits. In fact, Ben-Moshe said, "In the disability community in general there is a chasm between parents' wishes and views on disability and that of their disabled children."

At the end of May, 100 family members calling themselves the "families of the 4 percent" - in reference to the segment of the population suffering from severe mental illness in the United States - convened on Capitol Hill to demand that the government reform the country's mental health system. They called for a "right" to treatment in order to avoid the "devastating consequences" of denying treatment people are asking for (and sometimes "giving" treatment that is the opposite of what is needed).

One of those who shared their personal experiences during a packed press conference on May 30 was Jennifer Hoff, whose 22-year-old son is currently serving out a 15-year sentence in California State Prison after several stints in county jails.

Both inside and outside prisons, the bar for danger is set high, but tolerance for it is low.

Hoff told Truthout that hers has been a battle with the state to place her son under a "conservatorship" whereby she would have control of his treatment, or have him admitted to a facility under 5150 - a section of the California Welfare and Institutions Code that allows a "qualified" officer or physician to involuntarily confine a person deemed a danger to themselves or others.

Disability justice advocates say that conservatorships and similar laws contribute to the stereotype of persons with intellectual disabilities as "incompetent ... and completely dependent on families and professional guidance." (3)

Many scholars argue that such laws cut against the grain of self-determination, whereby people living with disabilities or altered states of consciousness are denied the liberty to direct their own wellness.

For parents like Hoff, however, a conservatorship represents the only way around arbitrary laws that bind treatment and therapy to the so-called "danger" threshold, a catch-22 stratagem in which the state both defines and punishes psychiatric disabilities.

Everyone down to her county health director allegedly told Hoff that in order for her son to get treatment outside of the prison system, he needed to prove that he was *enough of a danger to the*

public. When he finally did demonstrate this danger - by walking into a Bank of America and demanding $1,000 by way of a sticky note - he was still not offered care.

Instead, he was charged with multiple felonies including making terrorist threats.

Both inside and outside prisons, the bar for danger is set high, but tolerance for it is low. The result is a powder keg, whereby those with mental illness are goaded into proving their "dangerousness" and then punished brutally for it.

According to a new investigative report published by Disability Rights Oregon earlier this year, resorting to self-harm is often the only way prisoners can ensure medical attention. But it also provokes extremely violent reactions from guards.

The report, "Behind the Eleventh Door," looks at the behavioral health unit (BHU) of the Oregon State Penitentiary where prisoners are confined to 6- by 10-foot cells with no natural light, no fresh air and no contact with other prisoners.

The Oregon Department of Corrections believes that more than half of the state's prison population has been diagnosed with a mental illness, but the BHU is reserved for those most profoundly impacted by psychiatric disorders.

Among many incidents involving self-harm - including one prisoner who reportedly used staples and Velcro to cut himself, filling a cup with his own blood every day just to experience some "release" - the report documents the case of a prisoner they refer to as Elliot Wynan*, who was placed on suicide watch in 2013.

A woman was arrested 259 times before being admitted to a psychiatric hospital.

Wynan alleges that he repeatedly requested a transfer to the mental health infirmary (MHI), where he believed he would receive more appropriate care. But he was refused. One correctional officer told him: "You have to get pepper sprayed to go to MHI."

So he hung a sheet across his cell door, prompting a cell invasion - caught on Oregon Department of Corrections videos - in which a team of guards in riot gear pepper sprayed his cell for 20 seconds, forcibly pulled down his pants and administered a shot to his buttocks.

He was then told he would be transferred to the infirmary.

"That's all I wanted in this first place. Why was all of this necessary, man?" Wynan is heard asking on the tape. "I've been asking for this for a month."

In an even starker example, a woman named Gloria Rodgers of Memphis, Tennessee, was arrested 259 times before being admitted to a psychiatric hospital. Until then, she was neither considered sick enough, nor dangerous enough to be granted help.

Hoff says this lopsided logic has also skewed statistics on mental illness. Her son, for instance, does not count toward the widely touted figure that one-third of prisoners suffer from a mental illness, because he self-identifies as being mentally sound.

"So what's the real number of prisoners in need of care? I am thinking it's somewhere along the lines of 79 percent."

As Ben-Moshe told Truthout, "It is really important to remember that many people end up in prisons because of harms ("offenses") they did in relation to their mental difference ... but that some started to have mental health challenges simply because of how disabling the prison system is. It is harming prisoners and cannot be therapeutic."

Dispensable Bodies

Families and advocates have any number of recommendations on how to fix the problem.

Rights groups are pushing for enactment of the Comprehensive Justice and Mental Health Act of 2015, which at a minimum would support and authorize funding for crisis intervention training and alternatives to solitary confinement.

Still, this legislation alone will not prevent the excessive use of force against prisoners with mental illness. Fellner says an equally important task is for each state or county to introduce comprehensive use of force policies that make special provision for people with mental illness.

The Treatment Advocacy Center says the government must halt the wholesale closure of psychiatric hospitals and introduce mental health courts as a means of diverting mentally ill people away from prisons and jails.

"There cannot be any healing or rehabilitation or treatment in a cage."

But those who position themselves at the intersection of psychiatric disability and the prison industrial complex say that reforms like these won't stem the tide of violence. In fact, some say that the reforms being proposed could actually expand the scope of institutionalization.

"The most holistic approach to ending violence against prisoners, of any kind, is to decrease the number of prisoners and abolish the current system of incarceration we have now," Ben-Moshe told Truthout.

"It sounds simplistic, but there cannot be any healing or rehabilitation or treatment in a cage. The inhumanity of prisons and other carceral spaces (like psych hospitals or residential institutions for people with intellectual disabilities) is inherent in its construction. It was built to separate the so-called free from the so-called dangerous or sick/defective. This inhumanity and violence seeps into the lives of those incarcerated and those who work there.

"In short, these carceral spaces are inherently violent. To be surprised when violent acts occur and claim it as an anomaly ('a few bad apples') is to miss the point of why these spaces are there and what they are meant to do," she argued.

Joel Kovel, a retired professor of psychiatry and author of 10 books, including *The Age of Desire*, traces what he calls the "dispensability" of persons with psychiatric disabilities back to the period of deinstitutionalization, which took place at a "moment of crisis for the capitalist system."

"This was the age of neoliberalism, of post-Fordism," Kovel told Truthout. "It was marked by an attack on living labor, the automation of the workplace, the shipping overseas of jobs and the endless breaking up of tasks and the scientific management of workers."

His analysis is that the neoliberal period displaced a crisis within capitalism onto poor and working people across the United States, and then responded to the ensuing trauma by "pumping people full of drugs" and flinging them out into the streets.

"Neoliberalism is essentially capitalism with all of the aggressive and inhuman potentials augmented," Kovel said. "It increases the incidence of mental illness, as well as the brutality and heartlessness of its treatment."

The alternative, suggests Ben-Moshe, is to "create accountability systems to harm that do not solely rely on banishment and punishment of people."

She pointed to examples of peer-led organizations that veer away from state- or guardian-led models of forced medication and confinement, such as the Icarus Project - a radical mental health support network that is "by and for people struggling with dangerous gifts commonly labeled as mental illness" - or the Hearing Voices Network, an international collaboration between "professionals, people with lived experience, and their families to develop an alternative approach to coping with emotional distress that is empowering and useful to people, and does not start from the assumption that they have a chronic illness."

Such networks of inclusivity and support, which work to destroy myths of worthlessness, and of disabilities as "aberrations," shine as bright lights in the annals of brutality and violence that mark the incarceration of disability in the United States.

** Elliot Wynan - not his real name. Name changed for confidentiality purposes.*

Footnotes

1. Disability Incarcerated: Imprisonment and Disability in the United States and Canada. *Palgrave Macmillan, May 2014.* Chapter 14, Alternatives to (Disability) Incarceration, by Liat Ben-Moshe. (Page 256)

2. Disability Incarcerated: Imprisonment and Disability in the United States and Canada. *Palgrave Macmillan, May 2014.* Chapter 14, Alternatives to (Disability) Incarceration, by Liat Ben-Moshe. (Page 262)

3. Disability Incarcerated: Imprisonment and Disability in the United States and Canada. *Palgrave Macmillan, May 2014.* Preface: An Overview of Disability Incarcerated, by Allison C. Carey, Liat Ben-Moshe, and Chris Chapman. (Page xiii)