

PTSD, otherwise known as Post Traumatic Stress Disorder, is usually referred to as something that war veterans and victims of assault suffer as a direct result of being subjected to an event or situations that cause physical, psychological, emotional stress, damage or injury. There are then numerous different manifestations of said PTSD ranging from violence, suicide, manic depression, drug addiction, etc. I've read extensively on this. I've covered the spectrum of Vietnam stories, books, articles, as well as the DSMs (Diagnostic and Statistical Manual); sometimes out of boredom, sometimes out of curiosity. I began to formulate some ideas that pop into my mind as a result of reading so many different opinions. What about this: Present Traumatic Stress Disorder? I'm referring specifically to the American prison system. Humor me if you will and tell me this isn't a legit issue that no one's addressing.

First, we recognize that prison is a necessary evil. There are, in fact, people who do not belong in society—ever. Trust my professional opinion on this. As of this writing, I've spent 22 ½ years in the penitentiary. But I'm getting sidetracked here. Let's say the average inmate comes to prison for 3-7 years for a drug offense. We will not begin to examine the common sense, or lack of, of spending 30 grand a year to incarcerate someone who was caught with \$50 worth of drugs. Instead, we will consider this 3-7 year stint in prison as a "tour of duty" with no leave, no pay, and no R&R, rest and relaxation. This began as an abstract thought of numerous psychological Lego blocks that I began to put it together. Sometimes by accident; sometimes, I methodically stacked them and transformed them into a cohesive mansion rather than a house or apartment.

This began a few years ago when I was reading what is known as "Chapter 33" of the Florida Administrative Code that basically covers policy and procedure as well as rules and protocol in dealing with inmates and staff. I was reading a provision having to do with confinement. It stated.

Staff and officers working in a confinement setting will be evaluated every 18 months and rotated from the post because of stress in that environment.

So obviously the powers that be decided that exposure to a confinement setting can and does cause stress. So much so, that staff should be rotated. When do inmates get rotated? If an officer needs an evaluation after 18 months of working only 40 hours a week, what of the inmates subjected to the same environment 24-7, 365 days a year? In essence, the DOC acknowledges there is Present Traumatic Stress Disorder. The problem is that they have a double standard. If officers are in a stressful situation and end up in trouble, they get rotated. But if inmates who live, eat, and sleep in this same situation for years end up in trouble, it's instantaneously attributed to a behavioral problem rather than what it is... a manifestation of Present Traumatic Stress Disorder. Let me give you a few, very real scenarios I see and have seen on a regular basis.

On a wing that has 50-100 inmates, you will seldom get what all doctors recommend—8 hours of uninterrupted sleep. You will seldom get 2 ½ hours uninterrupted. This alone can and does cause stress. Ask the professionals; don't take my word for it. So after months of a completely irregular sleep pattern, you then have to contend with inmates who then decide to throw feces and urine. There are then the "drums," when a young black dude decides to use his locker, wall, or desk as his own personal beat machine as he "raps." Sometimes 5 or 6 inmates at a time. Sometimes 3-4 hours a day, every day. I haven't began to address the "bugs," i.e. crazy people, who decide to combine Islam, Christianity, and Narcotics Anonymous into some strange analogy of beliefs that they are then divinely inspired to preach at the top of their lungs, usually between midnight and 3 a.m. This is the norm for us residents. But somehow the officers are in need of rotation?

To exacerbate this situation is the so-called "psyche counselors" and "mental health professionals" who are anything but. The majority of whom are married to officers or in relationships with them on some level. I've seen inmates declare a psyche emergency to the wing officer who is then supposed to notify the psyche department. But instead, they tell the inmate "If you're not bleeding, I'm not calling," or "I go home in 2 hours, wait 'till the next shift," which is completely contrary to policy. I've personally seen female counselors tell male officers, "That inmate is an asshole," knowing that the officers will then instigate problems, refuse to feed him, and fabricate disciplinary reports as a form of entertainment until their shift is over. Then notify the next 8-hour shift that the inmates been "showing his ass all day," and the next shift tortures him in some form or fashion. All along, the female counselor is at home sleeping. Eventually, this inmate is going to be released. What's going to happen when these memories resurface and manifest themselves?

Two out of three of us come back. Why? Because we suffer PTSD just as if we were in a war. Matter of fact, I believe inmates are exposed to more emotional duress than soldiers. Factor in that out of 100,000 or so inmates, 20,000 will never get out. Many doing life sentences or 25-30 years will experience physical, visual violence, or the constant threat of violence for years. Can we begin to figure what damage is done to inmates who already have some form of psychosis and then come here for 5-10 years?

There is a serious disconnect with the public and DOC. The public unfairly is the victim of crimes that are increasingly being committed by ex-cons who are leaving prison worse than when they come in! I'm not referring to inmates who knowingly, with premeditation, commit crimes. I'm referring to inmates who after years of emotional and physical abuse can't re-adjust and end up doing something that a rationale individual wouldn't have done. And it's getting worse!

The DOC in their infinite lack of wisdom has steadfastly incorporated some of the most asinine rules that have no purpose except to create more problems between staff and inmates. For example, the removal of weights under the guise of "security," the all-purpose excuse. The best stress reliever we had...gone. If their argument is we get too big or strong, that's not legit. We can do pushups and body squats. If their argument is we can hit someone with them, we can do that with brooms and shovels. That is one of many similar type rules that make no sense and cause more problems than they actually prevent.

I have seen situations on a wing or dorm where there are 40-70 inmates and almost all are on the same medication, but their diagnoses are ranging from schizophrenia to depression. I understand some medications treat multiple disorders, but it's obvious to me and anybody else with the ability to add and subtract that when 90% of the dorm is on Paxil or Depakote there is some kind of "deal" DOC has struck with the drug company or local distributor. If nothing else, the inmates unknowingly are part of a test group. What better place to test the effects? We see "trends." For a period of 3-5 years, DOC hands out Paxil, 3-5 years later almost everyone is on Seroquel, 3-5 years and it's Celexa. And it's statewide. Inmates arrive from other institutions, and they're on the same meds that the majority of inmates are on this compound. Five years earlier, they were on something else.

Many people will say I'm biased. I guess to some extent that's correct, but I'm not blind. I not only see the officers as the bad guys, I understand human nature. And if you're a cop and an inmate throws piss on you, you beat his ass, you lose your job. I understand this. What I have never understood is how DOC attracts the amount of sadistic staff that it does. And no matter how many assaults and sexual battery are perpetrated against inmates, there is a prepared speech ready to be delivered to the media assuring the taxpayer that this was an "isolated incident." The problem for DOC in this day and age of Google is that their so-called isolated incidents once checked online turn up an avalanche of incidents. A computer search of Florida DOC officers fired, arrested, and investigated will have your computer bound for hours.

In 2009, I was housed on Q-wing at Florida State Prison, also known as "Raiford." It was the same wing where death row inmate Frank Valdez was beaten to death by officers several years ago. Google that! Anyways, there are only 24 cells and the bottom floor is where the death chamber is and where Florida's well-known, malfunctioning electric chair "Sparky" used to set inmates on fire. But in 2009, they finally offered lethal injection. And as I lay in my bed on the 3rd floor, I can smell the very potent chemicals being used as the air vents on Q-wing are all connected, fully aware that 20 feet below me someone is dying.

I've lost count of the people I've seen stabbed to death or who died of AIDS, old age, or cancer. I had my death sentence commuted in 1998. I was on the row for 5 years, and I know no less than 15 dudes that I played volleyball with, spoke to at visit, and met their families that have been killed in that same room where the chemical smell was coming from as I laid in bed.

PTSD is real. It's growing and the American public in their zeal to punish and get retribution has no idea of the monsters they're creating. The get tough on crime spiel sounds good to voters at election time, but any attempt to use the term "rehabilitation" is a joke at best! Anybody who tries to convince a group of officials that rehabilitation is happening does so with tongue in cheek or hand over mouth to keep from laughing. Vocational funding was cut and in most prisons non-existent. They house young, non-violent offenders with lifers. They have removed all sex magazines—knowing that this leads to an increase in homosexuality which then leads to increase in AIDS, hepatitis, and other STDs, which then leads to millions of tax dollars to treat infected inmates (not to mention the impact on society when someone HIV positive gets out and has multiple partners). Is there any coincidence that states with huge prison populations also have higher rates of HIV infection? Exactly! Who is the moron what decides to make these kinds of decisions?

A few other notable and just as ridiculous rules that make no sense:

1. No art supplies—no color pencils, no ink, no paint, no color paper, no markers, no crayons—nothing.
2. No hobby crafts—no wood shop, no leather shop—nothing to encourage artistic expression or creativity, even if we could purchase it ourselves at no expense to the DOC.

As of this writing (2012), I've not eaten a peach, banana, orange, grapefruit, etc. in 3 years. Even though I'm in Florida, a state in which the DOC could easily contract with local farmers to generate economic growth in the state and have less medical problems with inmates that are directly linked to poor diet. No fish. One more time...I'm in Florida!

In closing, I will tell you from experience that DOC is given notice well in advance of inspections. We are told to stay off the door when tour groups do come through. The smoke and mirror work here, but the next time you pick up a paper or magazine and see someone in society snap. If you read he was an ex-con, you ask yourself not why he did it, but what was done to him to create what he became.

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