

"LAST CHANCE AGREEMENT"

I started thinking about my mental health during my first year on Death Row in 1976. The prisoners within earshot seemed to be holding up well. No moaning, screaming cliches' associated with a mental breakdown. I thought everyone was okay. I was wrong. We were under extreme stress. Of course we knew this. We had no clue what stress was doing to us. Since we had limited access to other human beings there was no way to compare what was in our minds to that of others. No one wanted to confess any weakness, the unsaid, went unsaid. Everything went unsaid.

We witnessed extreme random violence, through the bars of our limited world, things we heard second hand from other parts of the prison, the sounds of the beatings that were part of "Thump Therapy" sessions and the ever present reality of execution would be enough to send anyone over the edge. We had no idea where the edge was, what it looked or felt like when one went over. In our isolated world many of us were surly over it and didn't know.

We waited in a concrete box, alone, far away from loved ones, waiting for incomprehensible, magic-like appeals so save us, with the electric chair waiting at the end. The other exit was Death-by-Prison, if we were "lucky".

Further assault to mental health came when the Southern Poverty Law Center sent a very large package of legal papers with the title: "Emergency Motions When Execution Is Imminent". I was instructed complete the motions and mail them on behalf of the prisoner who fell through the cracks and was issued a Death Warrant and execution date. The motions were designed to buy time until the real lawyers, who should have been there all along, could take over and save the day.

The motions argued that the method of execution used by Ohio was Cruel and Unusual Punishment. Torture. Included in the packet to support this argument were detailed descriptions and photographs of electric chair executions that went horribly wrong. What is always overlooked and ignored is that all executions done with the electric chair burned and tortured the prisoner. As far as the State is concerned they are successful if the man is dead, as ordered by the court and didn't actually catch on fire for long.

Of course there was more.

Described was the practice used by some Southern States, surely not The Great State of Ohio, of breaking the condemned prisoner's back before he is lead into the execution chamber. Details were provided, explaining just how this was done. The spine was broken to ensure the prisoner would be docile and not fight his executioners in public, so as not to unduly upset the observers. At that point, no matter what, the execution will be completed. No last minute phone calls from the Governor. Only in the movies. Better to execute, than alter the execution protocol.

So with this in mind we each developed plans to take our own life before the State machine took over. We worked out our plans, passing notes back and forth between cells. After each of us figured out what we were going to do, in the greatest detail, we were at peace. Until we were told prison officials would be notified before us, that a Death Warrant was signed and a date for execution set. D.R. & C. Policy requires that as soon as the Death Warrant is issued the prisoner must be moved to an death cell to prevent the prisoner from taking his own life.

The prisoner is examined by medical personnel to ensure they are healthy enough to die, of course you must be so fully aware why

they are killing you, you may be involuntarily medicated to ensure any break with reality is repaired. This is truly twisted.

Much to think about alone in a cell. Wondering just when and how I would break? What it would feel like? Would I even know it happened? Can I do or think some thoughts to make it happen right now and let it be all over? Some of the nuts do seem pretty happy most of the time. Some get real good pills. No such luck. If I am gone, I don't know it. Others may know, but they won't tell me.

After I was released from Death Row and living in general population of one of the most violent prisons in the country, Ohio closed the infamous Lima State Hospital. A national leader in ice-pick lobotomies and electro-convulsive therapy. This was the nut house of last resort. Housing the criminally insane and some that are so bad they don't even have labels. There was no plan in place. No place for them. It was just closed. Mental patients became prisoners, prisoners became mental patients. Patient implies treatment, object is the best word. Some were sent to prison, some released to the streets with only a few pills and no aftercare. The latter made their way to prison very soon.

No treatment plans, no mental health staff. Most of the prisoners did what they could to help. Some did what they do and were predators. Everyone lost. The "system", that word evokes some process that functions in an orderly fashion to do or produce something. This "system" exists in name only.

Those sent to the streets eventually came to prison in large number and they kept coming. Including those new ones that would in more rational times go to one of the State hospitals. Use your

imagination as to what it was like for them. Lima State Hospital and others like it were a house of horrors. But most patients were civilly committed which means they had rights and were not considered criminals. Most had periodic court hearings to check on their progress and lawyers appointed to look out for their interests. Now they were in prison, criminals, few rights with no one looking out for their interests. Correction, Security, Control come before treatment. They were beaten into submission, locked in the hole, gassed and subjected to any other method of the day to ensure they followed the rules and did not upset the eco-system. Then as an afterthought some received treatment in the form of anti-psycotic medication if they behaved the "be cool" pills would keep coming.

For many years there was little help. A prisoner repeatedly threatened suicide. All he talked about. Prisoner maintenance workers brought a concrete drill to the mans'cell and installed an eye-bolt in the middle of the ceiling. A common comment in prison is: "Go hang yourself!" The next day he unscrewed it and brought it to the shop and that problem was solved. Gunslinger, rail thin, back rail straight walked effortlessly at a 15 degree backward angle. Try just standing like that with you back straight. People would shout "Gunslinger!" and he would raise his arm straight up. He would do this once or a thousand times. Many waited daily for their spaceship. One old man in his 80's was adamant his ride would land across the river behind the prison shops. You could tell him nothing when a very large weather balloon landed in his spot. There were many like that, some were happier than us. Many were tormented in ways we could never know.

Then there were the ones who ate watches, that was a thing at one time. Some cut off their dick, some fingers, some plucked out their eyes. One ate anything that was sharp and metal. He had multiple surgeries to remove the items from his gut. He spent

weeks in the hole because it is against the rules to inconvenience prison staff. He repeatedly opened his incision and pulled out his intestines. After several episodes, he died from an infection. Think. Think, about the Ohio State University medical staff that reported nothing while sewing this man up. Think, about the prison mental health professionals that were so arrogant not to admit defeat and get this man effective treatment. Think, about how much pain he was in. Finally, but not last, the list goes on, was another man in distress, in the hole, that would offer to eat a turd if the guards gave him a cigarette. Of course the guards played the game. It became an event, with guards visiting to witness the event. As far as I know this was not reported, maybe it was but who cared.

After many years, needless deaths and broken tortured minds, the Great State of Ohio signed a consent decree to settle a lawsuit filed on behalf of the incarcerated mental patients. The State did the right thing while they were under the control and scrutiny of the Federal Courts. They hired staff, conveniently available after the closing of the mental hospitals, built RTU's (Residential Treatment Units) to house and treat the prisoners.

A building adjacent to the Old Lima State Hospital was re-opened as a mental health crisis center, named Oakwood, under joint control of the Department of Mental Health and Department of Corrections. A system was put in place where a state prisoner who exhibited psychotic behavior could be referred to the county probate court, given an attorney to represent his interests and if declared incompetent, by a judge, would be committed to Oakwood. After the crisis had passed and a treatment plan was in place, the prisoner/patient would be sent to the adjacent Allen Correctional Institute.

At Allen there were two units for the mentally ill. One staffed by Department of Mental Health with security provided by prison guards. A similar unit was wholly staffed by prison employees. RTU's were established in other select prisons. The Department did the right thing, that is while they were under control, scrutiny and thumb of the Federal Court and the prisoner's attorneys.

PBS's Frontline did a two part series on mental health care in Ohio's prisons. Ohio was a leader nationwide. The system was not perfect, but it saved many minds. The best mental health care, for free, in the country was in Ohio prisons. FrontLine went into detail, following several prisoners through the system. A follow-up program attempted to make contact with those released. The prisoners did not do well after release. With no treatment plan or aftercare, they were sent out with a weeks' supply of medication in a plastic bag and absolutely no chance of getting more.

Ohio soon asked the Federal Court to end the sanctions and court supervision brought on by the suit. The court released Ohio from the consent decree, that required the Department of Corrections to put in place a mental health system, fully staffed, functioning and accountable. In The Great State of Ohio fashion, shortly after court supervision ended and the lawyers were paid, the Department dismantled what was put in place, closing RTU's and placing mentally ill prisoners in the general prison population. The had a new catch phrase: Main Streaming. Back where it all started, with prisoners providing treatment and other "services" to the mentally ill.

Oakwood was closed to make room for a Protective Custody Unit. The prisoners in Oakwood too far removed from reality to survive

were sent to the small remaining RTU located in Allen Correctional. Services to the mentally ill were minimal, mostly dispensing pills. State workers, as state workers do, multiplied. Storage closets were converted to offices. Staff took over group therapy rooms. Custom requires that each state worker be fully equipped with a phone, computer, coffeepot, office fridge, desk-with-nameplate. One psychologist retiring after her 17th year shared with her class that the video used in the class was 17 years old, bought in her first week at work and was out of date 2 years later. Most of the information it contained was simply wrong. They wouldn't buy her the updated version. She put that tape in every working day, this was the first time she shared her frustration. That aside one would assume that the mentally ill at Allen would be some of the best cared for in the country. One would be wrong.

For the past 10 years mental health care in Ohio's prisons has been run like an HMO, Lowest Common Denominator Care. Staff, policies, more staff and more policies. Hundreds of policy pages, meetings, groups, and supervisors, supervising. Not much contact with the prisoners they are paid to help. I have been locked up 44 straight years and have never been asked if I am okay. You would assume one of them would get a little bit curious.

Outright psychosis seems to be less frequent, mostly due to better, more effective, medication. If you have a condition that responds to a pill, preferably a generic version, you are in luck. If your issue requires therapy or staff time, good luck to you.

As fewer paroles are given, sentences running into the hundreds of years and the ever popular Death-by-Prison (Life Without the Possibility of Parole) being the new normal, prisoners are losing motivation and hope. Meaningful prison jobs have mostly

been eliminated. You are paid about \$20 per month for your demeaning job. From that \$20 there is an electric bill, medical co-pay, and all those items you need to wash your clothes and yourself. And don't get sick, because you have to purchase non-prescription medications at the commissary. Many have just given up.

Suicide or thoughts of suicide cannot be cured with a pill. Staff play the anti-suicide DVD over the prison movie channel, usually after someone kills himself. Playing the DVD allows staff to report they have raised awareness of suicide and have offered to help. Of course if the prisoners don't come to us for treatment, what can we do? We had no way of knowing! It is the prisoner's fault for not bringing it to our attention, not ours.

One story will put this all in perspective. A young prisoner with severe mental and emotional issues was housed in the Department of Mental Health's RTU at Allen. The prisoners' mother died. Because he was crazy he was not allowed, as is custom, to attend her funeral. The family made a DVD of the service and delivered it to staff at Allen. The young man was taken to a room with a DVD player and locked in to watch his mother's funeral. Alone.

There were several mental health civilian aides on shift. They were located in the office they inhabit with the yellow line outside the door that prisoners cannot pass. Along with a area full of mental health professionals in the adjacent building.

At the end of the DVD show, the young man was taken to his cell and locked in. Alone. According to the coroner's report he hung himself about an hour later at 6:00PM. Alone. His body was discovered about 12 hours later the next morning. He had no contact with mental health staff. The guards who were supposed

to make rounds every 15 minutes were fired. Not for failure to make rounds, rather for falsifying their log book. No mental health staff was disciplined.

They played the DVD. Months later, on the local TV news channel a Department of Corrections spokesperson reported that the guards were getting their jobs back after signing a "last chance agreement". They agreed not to do what they did again or they would be fired again. The spokesperson went on to say that they would be better guards, because they now know what they should do. The guards received additional training. You can't make this up. I can only hope they are additionally trained the next time they play the DVD.

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