

I Block

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PA DOC # FF-9878

*: An Abolition Essay Focusing on Mental Illness as the Primary Cause of Crime
and Incarceration as the Worst Possible Treatment for Mental Illness*

My crime was a selfish act conceived in isolation. An arrogant response to abuses both real and imagined most of which occurred decades earlier. It was not a rational act and I made no effort to get away with it or deny responsibility. I wrongly believed that I would receive top notch psychiatric care, while the truth of my maltreatment came to light. I confessed before I ever spoke to a lawyer.

Ineligible for an insanity defense under the McNaghten standard; I was found competent to stand trial. Formulated by an English court in 1843, McNaghten determines that if you knew what you did was wrong you are guilty. When asked if I knew I would get in trouble for it, I replied 'yes', proving that I knew it was wrong. The prosecution sought the death penalty but the judge sentenced me to death by incarceration (life without parole).

Though never recognized by the court, my treatment for mental illness began immediately. On suicide watch I was stripped naked, given a flimsy and short paper gown, then placed in a cold cell without sheets or blanket. I spent my first night ever in jail naked and afraid. I don't know why they thought I was suicidal and I still consider suicide watch to be the worst punishment they got.

Soon I was prescribed a heavy dose of thiorazine by a visiting psychiatrist who spoke to me for ninety seconds then shouted, "NEXT!" Conveyor belt psychiatry is common in prison due to the massive number of patients. In all the years I took psych meds I never saw a doctor for more than ten minutes once every few months. Most appointments lasted only a minute as the Doctor found that I had no intention of harming myself or others, while other patients were moments away from causing harm.

Arriving at State prison after my conviction, the doctors there were in disbelief at how much thiorazine I was taking. Developed in the 1950s as a "chemical lobotomy," the drug is seldom used in this century except maybe to help the accused sleep-walk through their conviction. The term "thiorazine shuffle" is still used to describe the gait of an over-medicated inmate. Over time, I was taken off thiorazine and, eventually, all psychiatric medications. These meds don't cure mental illness while prolonged use can damage organs and cause tremors. Slowing down activity in the frontal lobe, psychiatric medications can prevent patients from "acting out" and are great for warehousing inmates. Prisons are usually generous with medications while being stingy with mental health staffing and programming.

I ended up at a prison known as "the fort" on I block- a "special needs" unit housing a mixture of the mentally ill and the mentally retarded. People who would be ridiculed or exploited in general population. Everyone took psych meds and were generally asleep by 9PM. Many slept 10-16 hours a day; doing little in their waking hours aside from eating and smoking. Most had no family in contact with them, didn't get visitors, and received very little mail. They didn't leave the block to work or participate in programs. Having no money, they just sat in cells so void of belongings that they echoed. They would just lay there and decompensate until someone reached out to them.

Some staff would try to engage them in art therapy or other activities on the block. Bingo was especially popular if the staff could come up with prizes. Not allowed to bring anything into the prison they had to find snacks etc. on the inside. A budget for art supplies was difficult enough to get; money to give prizes to 'criminals' was much harder. But there was always money for medication, cameras, and barbed wire.

In the case of *Madrid v. Gomez*, California's treatment of mentally ill prisoners was found lacking. A Federal Judge stated in the opinion: "*sedating all inmates with a powerful medication that leaves them in a continual stupor would arguably reduce security risks; however, such a condition of confinement would clearly fail constitutional muster.*"

In my view this is the condition of numerous prisoners - I have seen it. If the corrections officers feel they're having a problem with a mentally ill resident, they call the psych department. All they can really do is increase the patient's dose until he or she no longer causes problems for the staff. Whether the person has the energy to get up and go to yard, or meals, is not the officer's concern. Psychiatric medications play an important role in the warehousing of prisoners made necessary by mass incarceration and the overcrowding that results.

After a decade or so, I entered general population still finding many with obvious mental illness. I have met thousands of convicts from all walks of life finding that they are not who the media portray them to be. I've met no mobsters, safe-crackers, wheel men, or cat burglars. Instead: addicts, retards, and nutjobs. I meet people who couldn't hang on to a job or a romantic partner. People who couldn't control their addictions or manage their finances. People who made stupid decisions and irrational choices which they didn't even seriously expect to get away with. Not cold and calculating as prosecutors describe; much more confused and chaotic. People who couldn't keep it together and fell apart in a desperate, unknowing cry for help.

The State responds to this cry for help with punishment to deter others from committing crime. Deterrence works only if people are expecting to get caught and convicted, are aware of the punishment, and are making a rational choice to begin with. Only a small percentage of crimes, even serious violent ones, result in a conviction and prison sentence. Many are not reported, not solved, or are dropped for lack of evidence. Few people walking the streets are familiar with the State legislature's most recent 'tough on crime' sentencing act. Deterrence has no impact when the crime was not a rational act decided upon after a sober evaluation of the pros and cons. If the people who commit crime were making rational choices, the mere existence of prisons would be enough to scare them without the long prison sentences that make District Attorneys and other politicians so popular. If there are 'career criminals' weighing the odds and making clever choices than they are probably getting away with their crimes which would explain why I've never met any of them in prison.

The focus on deterrence is misguided and the recidivism rate proves it. We need to shift the focus to crime prevention and treatment for people who have problems that lead them to criminal behavior. We ignore these problems at our peril. To spend billions on incarceration and still not address the core problem that is driving the behavior is folly. In most cases I believe the core problem is some degree of mental illness.

Wellness programs have gone a long way to reduce costs for health insurance companies. By investing in the health and fitness of people, they ultimately profit because of the reduced claims which come from healthy people.

I see mental illness much like physical fitness: it is a matter of degrees. Certainly an aerobics instructor is fit while a person so obese they can't get out of their house is not (and likely mentally ill as well). Most of us fall somewhere between these extremes. Mental health is the same way. Certainly a deranged serial killer who eats his victims is insane while a successful person, loved by

family and friends, living in a comfortable home they can afford is sane. Most of us fall somewhere between these extremes.

Truth is, all of us could be in better shape physically and mentally. We need to de-stigmatize mental illness and promote mental health among all people to prevent crime from happening. We need to create stability and sanity in the lives of those most likely to commit crime. The young, the poor, the homeless, and most of all the mentally ill.

People voice sympathy for the mentally ill but don't really want them around and have always wanted a place to ship them off to. Bizarre behavior in any neighborhood will trigger a call to the police. Police in the USA shoot about 1,000 people per year. It is estimated that one quarter to one half are mentally ill. Some of those are intending to get killed, committing what is often called "suicide by cop."

In most principalities the police have little choice but to arrest and jail the mentally ill. Most mental hospitals have been closed because they merely warehoused patients without much treatment. Conditions were often inhumane and, when made public, led to the closure of such institutions. Today, America's largest jails are also its largest providers of mental health care, yet the warehousing and inhumane conditions in jails and prisons is not so easily brought to the public's attention nor do they care about 'criminals.'

When you consider that sex offenders are mentally ill, the public's attitude toward them is one of open hostility combined with an erroneous belief that they cannot be cured. As much as people want them to be punished, no one is giving them life sentences; so we need to treat them before they walk the streets again. Like all mental illnesses it can be treated and managed if addressed with compassion by trained professionals.

Even within prisons, there is hostility toward sex offenders and other mentally ill residents. Far from a get-out-of-jail-free-card, mental illness relegates an inmate to ridicule from staff and residents, reduced employment opportunities, and diminished probability of parole. Those designated as mentally ill are simply not trusted or understood by anyone and are isolated as a matter of practice even when it is not policy.

Prisons don't know what to do with the mentally ill. There are Special Needs Units -SNU, Mental Health Units -MHU, Secure Residential Treatment Units -SRTU, Forensic Treatment Centers -FTC, Security Housing Units -SHU, Special Management Units -SMU, among others. An alphabet soup of housing units which the mentally ill are shuffled between. The staff constantly torn between the socialization that will help them and the isolation that will protect others from them. Due to training and temperament, corrections officers are better at the latter. The design of prisons is, of course, better suited to isolation than socialization.

The effect of isolation on prisoners, especially the mentally ill, is well known and has been since prisons were new. Eastern State Penitentiary in Philadelphia was an early effort to use isolation, and penitence, to correct criminal behavior. Prisoners could not speak and spent much of their time alone in their cells with only a Bible. Charles Dickens visited Eastern State in the early 1840s and had this comment on the effects of isolation. *"I hold this slow and daily tampering with the mysteries of the brain, to be immeasurably worse than any torture of the body."*

Today's special management units and 'supermax' prisons are places where this lesson is once again ignored. A Federal Judge, ruling in *Madrid v. Gomez* described the placement of the mentally ill in California's Security Housing Unit at Pelican Bay as: *"The mental equivalent of putting an asthmatic in a place with little or no air to breathe."* I fail to see how exacerbating one's mental illness in any way makes society a safer place.

The simple truth is that prison is not the place to treat mental illness or drug addiction: the two main reasons people end up in prison. We may think of prison as a sure-fire cold turkey quit, but drugs do get in. Taxpayers don't want to subsidize drug treatment programs for criminals especially when they don't always work, yet they pay billions to incarcerate them and it doesn't always work.

Certainly there are times when people need to be separated from society. Nobody wants a serial rapist running loose. However, to place that person in a facility for x number of years, a facility where he may be raped himself, and then release him with the same mental problem as before is lunacy, madness!

Imagine a hospital which treats a person's disease for two weeks. If the patient recovers in two days, they must still remain for two weeks. If they do not recover in two weeks they still have to go; their treatment after that point would be optional and at their own expense. Now imagine that said disease is contagious and actually harms others more than the carrier. For God's sake let's treat this person until they are better and then welcome them back among the healthy. The idea that helping an offender with their problem is "letting them off easy" is foolish.

A crime is a rip in the fabric of society and requires an examination of the harm done and the needs of all stakeholders: the victim, the perpetrator, and the community. It is the obligation of the offender to address the harm and the community's needs. People who advocate for victim's rights always assume that the victim wants revenge and punishment delivered by the state when most would rather see remorse and reparations. Politicians assume that only deterrence can prevent crime and so seek more extensive and expensive punishments. They promise to "lock 'em up and throw away the key," and then spend public money on endless prison construction projects.

Many assume that a small number of evil people are committing all the crime and we just need to build enough prison space to incapacitate them all. Soviet writer and dissident Aleksandr Solzhenitsyn described the problem this way: *"If only there were evil people somewhere insidiously committing evil deeds, and it were necessary only to separate them from the rest of us and destroy them! But the line dividing good and evil cuts through the heart of every human being. And who is willing to destroy a piece of his own heart?"*

We have a system predicated on false assumptions supported by voters and politicians who have never seen the inside of it and hope they never do. We are so focused on punishing the criminal and not caring what effect that has on them that we lose sight of the fact that society may not be gaining anything from the costly practice of incarceration. If the taxpayers are not well served by the current system, it should be changed.

Harsh punishments do not bring the remorse that the victim wants and often makes the offender a victim of the state. In a case filled with examples of people who died from medical neglect, Federal Judge Henderson concluded that: *"there is a common lack of respect for medical staff, and custody staff far too often actively interfere with the provision of medical care, often for reasons that appear to have little or nothing to do with legitimate custody concerns."*

My experience has been that custody staff have no respect for other departments (medical, psychiatry, education, drug treatment, etc.) and frequently thwart the efforts of those trying to have a positive impact on the incarcerated people. There are staff dedicated to taking good care of their charges and solving the problems that bring people to jail. There are many volunteers who are forced to jump through hoops to be allowed to enter institutions where they can help. The wall keeps people out as well as keeping people in.

It is compassion that brings remorse and a determination to change on the part of the resident. Organizations like Inside/Out and the Alternatives to Violence Project (AVP) venture into maximum security institutions to help and humanize people. Other volunteers come in to make possible workshops on Restorative Justice, creative writing, art, poetry, and Bible study. These activities are the real life of the jail and the place where hearts are softened and people change.

I have benefitted greatly from workshops and the courses offered by Villanova University free of charge. I have become someone better and more educated than I would have if I had never come to prison. Many people need a time-out to take an exacting personal inventory, to heal themselves, and to grow into a better human being. It often happens in prison but is more in spite of the place than because of it. Prison is solely concentrated on restraining dangerous people. It is designed to isolate people from each other as well as the outside world.

Prison can and should be used when an individual is a danger to others. It should only be used for as long as the person is a danger and the focus should be on identifying the illness and applying the treatment. When it is obvious to the court that addiction or mental illness is driving the anti-social behavior; treatment should begin at once under circumstances conducive to healing. The ideal setting is probably not a prison or not prison as we know it.

Prison burdens the entire family, leaves everyone broke, often renders the felon permanently unemployable, and promotes mental illness. It is as harsh a punishment as electro-shock is a harsh therapy and should never be the first choice to deal with any problem. Yet prison has become our go-to solution, a default setting for dealing with difficult people. Incarceration is the most expensive way to address social problems and the harm that results from them while it is not the most effective way.

Crime prevention would be better for victims than after-the-fact state retribution.

Ultimately, it could be cheaper too just as a wellness program can prevent costly illnesses.

Healthy, stable, well-adjusted people don't make victims out of their spouses, children, neighbors, or strangers.

Punishing those who make bad personal choices such as violence, theft, or drug use comes natural to society. Behaviors like alcoholism and obesity are also caused by bad personal choices yet there is sympathy for these problems despite their cost to society. Our first instinct is to help these people, not to punish them. We should feel the same way toward drug addicts and those acting out of a mental illness (including sex offenders).

The overall effect of incarceration is to take those who have problems (poverty, addiction, mental illness, learning disability, etc.), and place them in a setting which is *known* to not help, or exacerbate those types of problems. The dubious satisfaction of seeing 'bad people' punished should not lead us to support a system which is not helping people or preventing future victims.

There should not be a department of caging people but a Department of Redemption which supervises the treatment and recovery of people who have caused harm. Virtually everyone who enters prison is not at their peak mental health. Incarceration is isolation and isolation causes insanity.