If It Were Physical Pain, It Would Be Called Torture: A Story of Two Young Men

by Douglas A. Kramer, MD, MS

When did human rights become negotiable in the US? When did human rights become a line item in a budget in the US? When did it become so difficult to simply do the right thing? Two recent newspaper articles portray how the seriously mentally ill have been systematically stripped of their human rights. By “human rights,” I mean the right to life and liberty.

The senator and his son

He gets out of bed, where a piece of the shotgun he had taken apart in those last days of his son’s life is still hidden under the mattress. He goes outside to feed the animals, first the chickens in the yard and then the horses in the red-sided barn. He leads the blind thoroughbred outside with a bucket of feed, the same bucket he was holding when he saw Gus walking toward him—“Morning, Bud,” he said; “Morning,” Gus said, and began stabbing him—and then he goes back inside.

The dismantling and closure of the federal and state mental hospitals beginning in 1955 has resulted in an extreme shortage of programs and facilities for troubled persons such as Austin “Gus” Creeds and their potential victims—the victims often being people they love. Community programs are important but serve a different purpose in the continuum of care for the severely mentally ill.

The college student and the county jail
The second article addresses where many of the seriously mentally ill are now found—if they have committed a crime: in our county jails, or for more serious crimes, in our state prisons. The Capital Times, a Madison, Wisconsin, weekly, published the following description of how life can be for the seriously mentally ill in a county jail—that life often being in solitary confinement:

In, “Boxed in: fighting for changes,” Sheriff Dave Mahoney calls his own jail “inhumane.” Steven Elbow describes the 4-day experience in solitary of Ian Olson, a 21-year-old college student at Macalester College. Ian was arrested for disorderly conduct after being disruptive and uncontrollable at a family gathering. This manic episode occurred because he had not taken his medication for bipolar disorder. It was the first time this had happened in 2 years of treatment. Judging from the date of his arrest, I am guessing that he discontinued his medications while studying for finals, or in conjunction with the end of his spring semester. This description of life in solitary confinement while psychotic is typical:

But he admits that on May 10, 2013, he was disruptive, insolent and uncontrollable, so much so that when he was taken to the jail, deputies abandoned the booking process and put him into Segregation Cell 1, a stark 6-by-9 foot room with a concrete bed, a thin mattress, a steel toilet and sink, and a metal door with a small slot for food. The overhead light remained on 24 hours a day. On his first day, he flooded his cell by clogging the toilet; was placed in a “suicide smock,” and later strapped by the torso, ankles and wrists to a “violent prisoner restraint chair.” He didn’t eat, his water supply was cut off and he slept only sporadically.

Two different outcomes—both disturbing
The main difference between Ian Olson (college student) and Gus Deeds (senator’s son) is that Mr Olson had committed a crime, while Mr Deeds had not. Mr Olson lived, but endured 4 days of “inhumane treatment,” a euphemism for “torture.” This was caused by roadblocks for immediately admitting such patients to the barely functioning nearby state mental hospital. Such roadblocks are economically driven.

Mr Deeds died because of the same roadblocks. Time had run out on a court order remanding him to treatment at a state psychiatric hospital. There were no beds available at the time the order was obtained, and the legal limit in 2013 for holding someone while awaiting a bed, presumably someone dangerous to themselves or others, in North Carolina, was 6 hours. There are civil liberties reasons for limiting the length of psychiatric holds. However, dangerousness should trump civil liberties—especially when the currency is measured in hours—and psychiatrists
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with dangerousness is neither life nor liberty and is measured in lifetime. If Mr Deeds had committed a crime, perhaps he could have gone to solitary confinement at the county jail—experienced inhumane treatment there—and lived.

Inhumane treatment of the mentally ill—is this really who we are?

Sheriff Dave Mahoney in Wisconsin belongs in the same discussion as Dorothea Dix, a serious reformer who campaigned for the treatment of the seriously mentally ill in hospitals rather than have them languish in jails and prisons—often in solitary confinement—sometimes for years, occasionally for decades. The article referenced in The Capital Times includes a 2-minute video of Sheriff Mahoney, standing in one of the solitary confinement cells at the Dane County Jail, as he explains why we need to change the current system.

For every young adult from a socially and economically advantaged family, presumably capable of finding appropriate services, like the Deeds and Olson families appear to be, how many dozens, or hundreds, or perhaps thousands of such patients from disadvantaged families are being subjected to similar treatment and worse? Or living under a bridge suppressing their psychological pain with drugs and alcohol?

Real leaders do not compromise with right and wrong. Such leaders do not delay when “inhumane treatment” is occurring. Leaders educate constituents and advocate for justice. Leaders do the right thing oblivious to the electoral calculus. Leaders do not consider “inhumane treatment” to be a line item in a budget. A reinvigorated public mental hospital system would save the lives of people like Gus Creeds and the daily pain his parents still experience, as well as obviate the need to use solitary confinement for people like Ian Olson. Everyone has the right to life and liberty.

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References