

# KEEPER OF THE KEYS

by

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This story is true. Names and places were changed  
to protect the innocent.

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*The Spirit of the Lord God is upon me; because the Lord hath anointed me to preach good tidings unto the meek; he hath sent me to bind up the broken hearted, to proclaim liberty to the captives, and the opening of the prison to them that are bound.*

*Isaiah*

*Chapter 61*

*THE TREE OF LIFE*

*BY NADINE SCOLLA*

*There is a big tree  
that grows by the sea,  
it's the strength and life of eternity—*

*Some of its branches are strong and firm,  
others are weak and shall only burn.  
The base of the trunk is eternal life  
and shall freely flow to all who know—*

*Oh little children do not weep,  
you can awake from your dreamless sleep  
and find eternal life as God's little sheep.*

## *FOREWORD*

Keeper of the keys unveils a mass of true events that have taken place in our twentieth century. These events, I feel, are unhealthy, even horrifying, and provide a depressing environment for the patients that sit alone behind barred windows and locked doors with no one to love or care for them. They anxiously wait for their loved ones to remove them from the medieval mental institutions that exist in our society today.

The story told in this book, I hope, will encourage and open the minds of society to question and search for a better way, on behalf of the patients, and to preserve their rights. We, intent upon the truth, realize the patient's only dream is to become mentally and physically free; to live happily and need no guardian.

I see the patient's mind as a garden with bright seedlings of reality that spring forth to bloom in the dawn, touched by a mist of dew. The ill mind can, and must, be cultivated to grow healthy thoughts from these seedlings, undaunted by the morning dew. Most important of all is the gift of life God gives the patient, and his right to be treated with love, dignity, and respect; to be treated with sincerity as a complete and whole person. The patient comes to the mental institution bringing nothing but his complete faith and

trust in our abilities to treat him, care for him, and preserve his life in the best way known, as we have been trained to do.

Our ethics are important. We must maintain them even when we become involved with those that do not live by the highest standards. We must sometimes stand alone. We must not be discouraged by ignorance, but continue to be a shining example, even though the cost sometimes may be high. Deep within ourselves we can feel we have performed in our profession well, and know that we, through honesty and dedication, have done the very best for humanity and upheld The Florence Nightingale Pledge:

*Nadine Scolla*

*I solemnly pledge myself before God and in the presence of this assembly to pass my life in purity and to practice my profession faithfully.*

*I will abstain from whatever is deleterious and mischievous and I will not take or knowingly administer any harmful drug.*

*I will do all in my power to maintain and elevate the standards of my profession and I will hold in confidence the personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling.*

*With loyalty will I endeavor to aid the physician in the the work and elevate myself to the welfare of those devoted to my care.*

## CHAPTER I

My last day as a nurse at the hospital was not a day easily forgotten. It was a cold rainy winter day. There seemed to be a dark cloud shutting out the sun. The rain was gently dripping on the window pane. As I gazed into the hills through the barred windows, I wondered who was the most imprisoned; me, or the patients. I had become attached to these patients and loved all their qualities, including the way they combed their hair, and their jokes. On a rare occasion they would share a private moment with me, and I loved it when they would respond to a word of praise. I knew I would never forget these special people that had touched my life in this short period of time. They were wonderful and will remain in my heart forever.

As I walked to the Administration Office to return my keys, I saw Mr. Sam, a patient, standing at the barred window in his room peering out at the forest, holding his unmatched shoes in his arms. I asked him where he was going and he replied, "I don't know, I just have to walk and look. I get so nervous thinking about being locked up. I don't think I will ever be released from here." I felt a pang of sorrow for Mr. Sam because I was leaving, but he couldn't. I continued walking through the grim, dark hallway, out into the



fresh air. Thoughts of my experiences at this hospital passed through my mind. I remembered what I had written in my diary since graduation . . . .

*MAY 15 . . . . WEDNESDAY*

Graduation Day. I'm finally finishing nursing school, and what a thrilling experience. It seemed to take forever. We are all dressing in the ladies lounge and the excitement is high, the girls are giggling and some are crying. It is just too wonderful to believe. Everyone looks sanitary with their new white uniforms, white hose and shoes, and especially our caps with that beautiful black ribbon. Nursing students only have the privilege of wearing the ribbon after they've completed nursing school. The girls are starting to form two lines as the organ is playing *Pomp & Circumstance*. The instructor, Mrs. Wilson, a tall and slender woman in her early thirties, warm, kind and genuinely a true nurse, conveyed to her students a special meaning of nursing. She came to the dressing room and handed each one of us a beautiful long stemmed red rose; what a lovely thought. The line has started to move. It was a thrilling sight, as the girls walked slowly toward the stage. There, we assembled and received our diplomas and nursing pins. With the ceremony over and

all of us standing, we lit the candles, and, with the auditorium lights off, said the Florence Nightingale Pledge. I thought; I will always live up to this pledge.

I wanted to be a nurse more than anything in the world since that tragic night when I was with a group of teenage friends coming home from San Francisco. While laughing, drinking beer and singing “Ninety-Nine Bottles of Beer on the Wall,” we were speeding around the sharp mountain curves, when the car went out of control and collided into a large pine tree.

The memory of voices moaning in the dark would last me a lifetime. The people in the car behind us notified the police and asked for an ambulance. The paramedics were lifting parts of bodies, wrapped in sheets, into the ambulance. I was near death from lacerations caused by the splattering glass and the thrust of my body being thrown fifty feet in mid-air. I heard the officer say it was the worst accident he had ever seen. Had it not been for the excellent doctors, nursing staff, and God, I would not have survived.

One of the girls in the car had the same last name as mine, so the officers thought it was me that had died and notified my mother to come in and identify my body at the morgue. The mortician pulled open the refrigerator door to view the body, and my mother screamed, “She’s not my daughter!”

I was in traction, unable to move, with lacerations from head to toe. My lips were dry and my body was weak. I was in the Intensive Care Unit for two weeks. The doctors didn't know if I would live or die. Lying near death, I realized how precious life is. My faith in God and my silent prayers pulled me through. This was when I made the final decision to be a nurse, so someday I could help unfortunate people, and repay the gift of life God had given me.

*JULY 25 . . . . THURSDAY*

Ann, one of the students that graduated with me, was here today and we have decided to seek a job in psychiatric nursing. Mrs. Wilson, our instructor, impressed on us how important nursing was on a one-to-one basis, taking time to listen to the patient. We really felt dedicated and wanted to serve humanity so we thought psychiatric nursing would be the field.

Ann and I decided to try the local state mental hospital for a job. It was a hot, quiet summer day as we drove through the winding hills toward the hospital. The tall oak trees seemed to intertwine as the leaves touched each other. For miles, on both sides of the road, we could see the farm lands with their freshly plowed ground and farmers planting their summer crop. We crossed a little white bridge as we entered the

hospital grounds. All the buildings were two story with red spanish tile roofs and metal barred windows. I wondered why a hospital would have metal bars on the windows. We parked the car and started walking toward the employment office. Ann mentioned how beautiful the grounds were with the pretty green trees and nicely mowed lawn. It almost looked like a state park.

I could hear the echo from our heels as we walked up a flight of stairs to the information desk. A fat, short lady acted like it was an insult to direct us to the employment office. The employment manager was not available. Instead of sitting in a dingy hallway waiting, we decided to visit the canteen and have a cup of coffee. The canteen was dirty and papers were all over the floor. The jukebox was blasting. A young girl was tending the food counter and she took our orders. Ann asked, "Do you work here all the time?" "No," she said, "I'm going to be leaving soon. I can't wait to get out of here." "Why?" Ann asked. "I hear people screaming and moaning all the time and you should see the large needles they use to give shots to the patients. If you complain, you're told that it's none of your business." Ann asked, "What if the patients refuse the shots?" (Nursing students are instructed that if a patient didn't want any medicine you must chart it and explain the reason to the doctor). The girl replied, "It doesn't make any difference, they give it to them

anyway.” We looked questionably at the girl as if we didn’t believe her. We wondered how she could know so much. After all, she wasn’t a nurse. How could she possibly know the procedures of the nursing staff?

As we left the canteen, a young girl, shabbily dressed, with unkept hair, was begging for money. She kept saying over and over, “Do you have a dime?” I was so touched by the incident, I reached into my purse and gave the girl a dollar bill.

We returned to the employment managers office and completed our applications. Upon turning them over, he informed us we would be contacted by the hospital as soon as a decision was made.

#### *AUGUST 25 . . . . SUNDAY*

A month has passed and I finally received that all important phone call to come in for an interview at the hospital. I was excited as I thought about what to wear. It was still warm in August, so I decided on a jersey dress with white gloves and white shoes. I was very happy. I couldn’t wait to start my nursing career. As I drove the winding road to the hospital, I began to think of how I was going to serve humanity, and how these patients really needed help. They were people without funds to provide them with their own private psychiatrist.

As I parked the car and looked over the hospital grounds, I had a peculiar feeling of depression, but regardless, I got out of the car and entered the main building and went directly to the Director of Nurses Office. I had to climb a flight of stairs and go through a very dark hallway, so dark that I could not see that the floor had different colors of linoleum. It was so badly worn that my heel caught and I almost fell. I regained my balance and knocked on the Director of Nurses door. Mrs. Sitton, the Director of Nurses, opened the door and greeted me. I couldn't believe what I was seeing. Her hair was unkept, bushy, and looked like she hadn't combed it for a month. Her tight pants were bulging at the seams and her blouse was faded and worn. She was a big woman, with a man's stance. She stood there jangling her keys. I thought her appearance was disgraceful. Never had I seen a nurse look so terrible. She actually looked like the cleaning woman, not the Director of Nurses. She motioned me to follow her into her office and explained to me that I was to become a medication nurse. She pulled out a large round key chain containing six old fashion keys. These were my keys, in and out of the hospital, and if I lost them I would have to pay to have them replaced. They were to remain in my possession at all times.

I was to work on Ward 48. This was the all-male

ward, and the best ward in the entire hospital. "Now," she said, "it is time for the most enjoyable part of my day. We are going to tour this fine hospital together." I followed her out the door and we walked along the dark hallway to Ward 44.

At the door it was necessary to press a buzzer to alert the staff that someone wanted to enter. The buzzer made a shrill sound, and someone peeked out through the small bullet-proof glass window mounted midway in the door. Then Mrs. Sitton opened the door with her key. The unit was long and narrow, poorly lit and dirty. The floors, worn from age, were filthy with patient sputum and urine. Each patient's room was like a dormitory and every window was covered with metal bars. The bathrooms were like horse stalls with no doors. The nursing station was walled with thick shatterproof glass and required another key to enter or leave. The unit was cold and damp. A feeling of depression was all around. Patients were crying, crawling on the floor, pulling at their hair and begging.

As we entered Ward 44, I had my first encounter with a mental patient. He was a thin, young boy, and his clothes were unmatched. With his ruffled hair and eyes brightly shining, he walked up to me. He had a long red box with a slot in the top, attached to his belt. He drooled as he awkwardly asked, "Do you want to buy one?" I touched his hand gently with mine and

asked him what he had. He had a long piece of braided twine. I examined the twine and expressed my interest, "I can see you have worked very hard creating this fine piece of twine." He said, "It is only a dollar." I didn't know if anyone was allowed to give patients money. Mrs. Sitton was getting anxious and wanted to continue with the tour. She ignored the boy and the poor soul slumped his shoulders and gazed down at the floor as he left for his room. With an impatient and gruff voice, she said, "Really Miss Scolla, we must go." I wondered where her compassion was and how she could ignore what was so important to that young boy.

We left Ward 44 and continued down the dim hallway to Ward 48. I was to spend my working hours here. To my surprise, Ward 48 was ugly and badly in need of paint. Feces was on the walls, and the floors were just as bad as Ward 44. Patients were walking aimlessly up and down the halls. Some tried to talk to me, almost begging me to listen, but they were incoherent. Others sat hunched over in the corners. Some were begging for cigarettes, while others begged for their cigarettes to be lit. On the wall was mounted a television, blasting. The Psychiatric Technicians were all sitting in a separate, locked glass room so they could have constant surveillance. Patients kept walking by the windows peering in at the staff, trying to get into the animal cage. Mrs. Sitton pushed them out of her way



as she unlocked the cage door with her large key. She introduced me to the staff, the charge nurse, a psychiatric technician, doctor, social worker and recreational therapist. I could hear the clanking of her keys as she shut and locked the door behind us. I would work with these people, and go through a thirty-day orientation, and special classes, in order that I may be introduced into the hospital policies and procedures. She explained that they were badly in need of help and that they could not get or keep the people they hired. The thought ran through my mind that these helpless patients needed good nursing care, especially in a state mental hospital. Why aren't there more people who would want to work here? They pay the highest salaries of all hospitals.

*AUGUST 26 . . . . MONDAY*

I got up at five thirty, dressed in my white nurses uniform with polished white shoes and prepared for my first day on the job. How proud I am, and what a wonderful feeling to be starting a new career. I had a cup of coffee as I waited anxiously for the time to tick away. I didn't have to be at the hospital until eight. Since this was my first day on the job, I left home early because I didn't want anything to go wrong. After arriving at the hospital, I walked up to the large

wooden gate and reached for the keys to let myself in; no keys. I had left them home. I realized there was no way in without them. I rushed home and got the keys and returned to the hospital, on time, and began to let myself in. I never realized there were so many doors to unlock before you could get in, or out. How must the patients feel? I was almost panic-stricken, and I felt like I was entering a prison.

At first, I could easily recognize the employees because they were the ones with the keys. The jangling noise was very pronounced as the staff walked through the hallways. The keys really made them the authority over the patients. The patients rooms, as well as the nurses cage, had locked doors. I felt hemmed in, a prisoner, and I wondered if the patients felt the same way.

As I settled into Ward 48 this morning, I was told by my superior, Bob Ames, that I was to attend a special orientation group meeting, to be held at the employment office. I arrived, and was amazed that doctors, nurses, social workers and psychiatric technicians were all in attendance. The woman in charge of the nursing introduced us to a Mr. Shaw. She impressed upon us how we could work ourselves up from the bottom, if we took our job with sincere effort and enthusiasm, as he did.

Mr. Shaw was head of the Admissions Department,

and came up through the ranks. He started out as a hospital helper, with no formal education. Now, twenty years later, he was a registered nurse responsible for the Admissions Department and head of the staff union.

Mr. Shaw stood there, at the head of the meeting, with his hands crossed over his bulging chest, dressed in a T-shirt and jeans. After a brief welcoming speech from him, we were off on another tour.

We toured the special television department where they made their own television shows. As we walked, I kept thinking about Mr. Shaw and how confident he was. How proud he must be of himself as head of the staff union, and head of the admissions department. He really has gained a status in life and the hospital staff seems to think very well of him.

#### *AUGUST 27 . . . . TUESDAY*

Today I toured the outside facilities, the state-paid establishments that care for the patients after they are considered well enough to be partly released. It was a stuffy simmering summer day. There seemed to be no breeze at all. I was told to go to the dispatch office. There, the driver, who had been there for about eighteen years and who was head of the employees union, greeted me. He asked me to take my cap off and leave it at the dispatch office. I slipped into the front

seat. The mini-bus windows were made of glass and mesh wire and there was a metal bar between the front seat and the patients. I couldn't believe what I was seeing. Patients were really leaving this place. Some had been here for years. The patients sat like little children. They had learned to be obedient. The first "establishment" where we stopped was a shabby, private, one-bedroom home with a dirt driveway, and an old picket fence broken down from age. This was where they intended one of the patients to live; a young boy. I walked up to the house with the boy as he carried his brown paper bag of belongings. He glanced quickly over his shoulder at me, as if to say, good-bye to the institution. As he did, the woman who was to be his foster parent quickly went through his small brown paper bag of belongings and announced, "Where is the check?" "Oh! I have it. It's in this envelope," the boy explained. I was upset that she didn't care about the boy. The only thing she wanted was the money. She showed me to the door after he gave her the check, and I left, feeling empty inside, not knowing what the boy's future would be.

We drove a long distance, winding through the hills and finally came to the next *palace*. The sign read, "Golden Acres," another locked facility, only smaller.

We began making many unscheduled stops. The driver was taking care of all his personal business. He

took his radio and vacuum to be repaired and stopped and chatted with a relative while he left the rest of us in the bus, burning up in that awful hot sun. I wondered how he could get away with doing all his personal business during working hours. He really knew how to schedule his time so he could take care of all this. Then he started bragging about it to me. He also bragged about the security of the union, how they protected their members and how you could never get fired if you were a member.

Two more stops to go. I could then get out of this hot sun and into a cool room. My clothes were dripping wet. The final important stop, and one that I would never forget, was just off the freeway. A shabby, run-down group of motels right at a major intersection. I walked inside the main office to announce myself and to give a report on the new patient. People were mulling around in and out of the motel rooms. Men and women lived together in one room. I asked one of them, "Who is in charge?" He motioned to one of the back rooms. I entered the dark room. I only could hear sounds of deep breathing and groans. As my eyes adjusted to the light I could see that a patient was being raped by the manager, and she seemed to be enjoying it! The sound of my gasp alerted him that there was a stranger in the room. He jumped up, zipped his pants, and with embarrassment screamed,

“Who the hell are you?” Stuttering, I said, “I’m from the state hospital. I have another new patient for you.” I was frightened and ready to run out of the place. My God, even the ‘normal’ people who take care of the patients act like animals. They use mentally ill patients for their own personal satisfaction and to fulfill their animalistic desires. Shocked and sick to my stomach, I backed out of the motel and took a better look around. Women patients were clutching their purses. All the patients looked dirty and reeked of foul odor from lack of baths. These places really know how to give a false impression. Who in God’s name checks these places out? How can they allow such places to exist? They really need to reform, but who is going to do it? There seems to be no hope for people when they have no family or loved ones to care for them.

The driver looked at me and said, “What do you think about the places they send the patients after they’re released from the hospital?” I replied, “Not much!” I can’t understand our society. We’re supposed to be civilized and yet many people are treated worse than the lowest form of animals. Who cares about these patients? Who sets up these places for the patients to live? It seems to me, no one gives a damn what happens. Have we reduced our human standards to the plight of pigs? We need a drastic change. The public needs to know what the environment is like for these patients.

I was physically and mentally exhausted. The driver wanted to waste more time, so he took the long route back to the hospital.

*AUGUST 28 . . . . WEDNESDAY*

Today was my day off, so I called Ann to see if she was going to take a job at the hospital. Ann asked if I liked my job. "I'm so new at it, I don't know yet. I've had a lot of experiences, good and bad." "The job isn't for me," Ann said. "When I took the tour and had to go behind all those locked doors I got claustrophobia and felt like a prisoner. Just one look at the filthy place was enough. I couldn't believe the appearance of the Director of Nurses, and when she took me into the men's ward and they started peeing in front of me, I knew I couldn't work there. There's nothing clean or sanitary about that place. I don't know how you stand it. I'm surprised the patients survive in that filth. When I think about the pledge we made, that we would, with all our power, elevate the standards of our profession, I don't feel that I could do it there. I don't feel it is up to the standards we were taught." "I know, Ann, but we have to think of the patients. If we are able to help just one person, it will be worth it." "I can't do it. It would bother me, thinking about those patients locked up like animals in

cages, never seeing a beautiful sunrise or a humming bird dipping his long beak into a bottle brush tree, or to feel the wind.” “Yes,” I replied, “it is a depressing environment, but I think there is a lot to learn about mental illness and perhaps I can help the patients.” “Besides,” Ann said, “they don’t spend that much time with the patients. I saw how they sat there in that cage like they were superior to the patients, pretending to be busy when they really weren’t. They spend too much time trying to look like they’re doing work, instead of being out on the floor with the patients. That locked cage that goes from the floor to the ceiling with the mesh wire would drive me crazy. No, I’m sorry, it’s not for me, besides, I have taken a job in an acute hospital.”

This brought to mind that, as students, during Psychiatric Nursing, Ann and I had taken a special tour of a private mental hospital. It was a lovely hospital, located near the nursing school. The staff was neat, clean, pleasant, and polite, not only to the students, while doing their training, but also to the patients. I was impressed with the way they worked with the patients on a one-to-one basis. They took the time to listen. The environment was spotlessly clean. Beautifully colored wall paper was used to provide a relaxing atmosphere. The patients had their own private



rooms and the feeling was one of warmth. The rooms were decorated as you would your home. Maybe this is why the patients could relate well. The staff was sincere and concerned about the welfare of those in their care. Any slight improvement in their habits was praised. The staff was not afraid to pat a patient on the back or shake his hand or encourage him with each little achievement. There were no locks on the doors and the patients were allowed to come and go freely within the hospital and grounds. The recreation rooms and cafeteria were open at all times, and the patients could eat all they wanted. Refreshments were served two times a day. The patients were allowed to go to the indoor swimming pools relaxed and comfortable. The staff doctors were concerned, and cared about the improvement of each patient. We were able to take the time to talk, and listen, to the patients. It was a wonderful experience. It helped me decide that mental health was the field I wanted to work in. The patients were creative. They made crafts for themselves or relatives, such as purses and art. They were even allowed to become involved in drama. As part of the patients rehabilitation, they were given special classes on the proper way to think. Imagine, special classes to teach them healthy ways to think. This is really what the patients needed because their thought processes were all mixed up.

I thought about the environment at the state hospital. It was hazardous, and disgraceful. The heating and plumbing was ancient. No wonder so many patients were being treated for colds. I became depressed wondering how the state could allow this to continue. No wonder the patients act like they have no will to live. If it depresses me so much then surely it must depress the patients more. They never laugh or act happy. The staff isn't even happy. They just order the patients around like they're in jail. How nice it would be for the patients if they had a private mental hospital like the one Ann and I visited while we were students. I wondered how the state hospital could pass accreditation. I never see any health or safety inspectors come around to inspect the electrical outlets like at the acute hospitals. No wonder they have so many fires around the hospital. Even the fire department never comes around to check the units and yet they have their own. I thought of all the tax dollars that the public was paying the staff. Doctors receive one hundred thousand dollars a year starting salary, and the nursing personnel receive the highest pay in the profession, and yet the patients get the worst of care. The staff is feeding off these patients and they are not doing one damn thing to improve their lives. Not one person on the staff really cares about them. They only care about

the raises they get every six months. Most of the staff is uneducated formally, and yet, they determine the patients future. Could it be because these patients are placed there by the state and no one really cares about their suffering? Are they to be thrown a few crumbs of food and left to rot?

## CHAPTER II

It had stopped raining and the sun was shining brightly. I decided to sit on a bench and enjoy the sun for a moment. Perhaps, I wasn't as anxious as I thought to turn in my keys.

I saw a new group of patients being taken to the admissions office. They were handcuffed and being forcefully pulled into the office by the police. I wondered why the new patients had to be handcuffed and treated so badly.

My thoughts returned to my diary and especially to the day I was required to assist in admitting new patients as part of my training . . . .

### *AUGUST 30 . . . . FRIDAY*

I arrived at work today feeling happier than yesterday, because I was beginning to learn the hospital routines better. As I arrived at the nurses cage, I received a call from the admissions office. Mr. Shaw advised me that he was bringing new patients to the ward.

The patients, individually handcuffed, arrived at the admissions office in police cars with sirens blaring. They were pushed and dragged into the admitting room, finger printed and their mug shots were taken. All their jewelry, money and legal documents were taken from

them and placed in the hospital safe.

The admissions doctor diagnosed the new patients and immediately called the results to the unit where they were to reside.

Mr. Shaw escorted the new patients to the ward and left them with Bob, my supervisor. Bob ordered me to admit the patients. I gave them a routine bath to remove Pediculi or any other removable disease they might have, so as not to infect the other patients. They were then dressed in hospital clothes, and given one of the routine tranquilizers; Mellaril, Thorazine or Stelazine. One of the patients was a little hard to manage, therefore, he was given a large dose, in injection form, for quicker action. Reality had hit him as he realized he had been stripped of his freedom. They were then shown their rights which included their right to refuse a lobotomy. The notice was hanging on the wall and written in two languages. If the patients were unable to read, while drunk or psychotic, that was too bad. One drunk patient, Mr. Brown, after reading the rights asked, "What is a lobotomy?" Bob advised him, "It's a bilateral section of the front lobes of the brain." Amazed and dazed, completely bewildered, frustrated and panic-stricken, he ran down the hall screaming, "Let me out of here," pounding on doors, pulling at door knobs, trying to get out. He was trapped and started crying, "Let me out! Please let me

out!” Then, before he realized it, he was in a state of oblivion. Two people held him down and gave him an injection. The patient was then placed in bed and went into a long, deep sleep.

*AUGUST 31 . . . . SATURDAY*

This morning I was anxious to get to the unit because I wanted to see how Mr. Brown was doing. He was standing at his door obviously not aware of what had happened to him, looking even more frustrated and bewildered than before.

I saw Bob sitting in the nurses cage and decided to ask him what would happen to these new patients. Bob explained that first they must learn to fall into the pattern of the hospital routine and after a few months, hopefully, they will adapt. This shows an efficient job of rehabilitation. Certain behaviors are evaluated, such as no deep states of depression and no problems with the staff or other patients. All these things are taken as part of their evaluation so eventually they may leave the hospital. After ninety days, a conservator will visit the patient and ask him the date, his name, the staff's names and what unit he is on. Then he is requested to sign an agreement to remain on the unit for voluntary rehabilitation or treatment. If the patient does so voluntarily, he will get out sooner. Since the

patient is told this many of them don't realize what they are signing. The "agreement" may keep them imprisoned indefinitely.

I was fairly satisfied with the answers Bob gave me so I started pouring the medication for each patient, but I couldn't help thinking that this was mental conditioning forced upon the patients. It reminds me of Pavlov's law; ring a bell every day at dinner time and the dog eventually salivates whenever he hears the bell. I announced loudly, "medication time." The patients shuffled in slowly like lifeless zombies and waited in line for their medication. I was informed that if I felt any patient wasn't getting enough or if he showed any signs of anger or resentment, I was to pour more of the medication in his cup. The poor patients staggered off to sit in a chair or on the floor like zombies, trying to lick away the bitter taste of the drugs. Not even the kool-aid given to them was sufficient to take away the awful taste.

I realized that the patients had adapted to the unit when, without hesitation, argument, hostility or refusal, they meekly and humbly fell into the tremendously long line, winding up the dark, dingy hallway towards the locked door with the sign reading, "Medication Room." Most of them could hardly stand erect due to the previous doses of Mellaril, Stelazine, Thorazine, or the large injections of Valium. The aware patient, and

there are many of them, knows he does not need the medication, but is forced to take it against his will. Any refusal is charted as negative behavior.

*SEPTEMBER 1 . . . . SUNDAY*

Today most of the patients were forced to shave as part of their rehabilitation. I felt this was a good practice because everyone feels better when they look good so it creates a feeling of well being. Patients in lower functioning units walk around unshaven and unkempt because the staff doesn't want to take the time to see that they are clean. All the shaving equipment is locked up and every razor and blade is accounted for. It's interesting that even the razors have a special key to be used for inserting a new blade, and disassembly. They can't take a chance on a patient stealing a razor blade. All new razor blades are to be gotten from the special room outside the unit and the used ones returned. It takes thirty minutes to walk there and it's the only time any of the staff really get off the unit. Sometimes it's a relief just to get out and see the sun, sky, green shrubs, trees, and to breathe the fresh clean air. It makes you aware that it's only the unit that is dark, dismal, and dirty. It brings you back to reality! I took a patient with me to assist with carrying the shaving equipment. I thought it would be good therapy



and, perhaps, he would realize there truly was a world outside those dark, ugly walls. Finally, the shaving procedure got underway and all seemed to be going well, when a patient refused his shave. The man was in a wheel chair and couldn't walk. When I reported this to the charge nurse, she grabbed the wheel chair and almost dumped the patient on the floor because she didn't bother to lift the footrest. She roughly pushed him to the sink and said, "Now shave!" He said, "I can't! I can't lift my arm. It hurts." The patient's arm was in a cast. She said, "You have one good arm, now shave!" Near tears, I turned and walked away. Never had I been taught to treat a patient this way. I was taught that you explain to the doctor the patient's condition, and his reasons for not wanting to do something. This was the patient's right, but I could see the patients had no rights here.

*SEPTEMBER 2 . . . . MONDAY*

Today I called roll to make sure no patient had escaped, even though that would be difficult, since they are over-sedated. They are forced, in some cases, to stay locked in this hospital and endure conditions worse than prisoners-of-war. They fear for their own lives, when, at all hours, they hear the screams of other patients. On rare occasions, the patients are given the privilege of seeing the outdoors. In their few moments

of “aloneness” they are allowed to walk in a twenty-foot locked backyard. They attempt to stack benches when they think the staff isn’t looking. They sit them up against the cement wall to try and escape unnoticed, but even if they are able to get over that twenty foot wall, there are police guards on the outside to handcuff them and drag them back in. They are forced to strip off all their clothes and are then given larger doses of tranquilizers. The only privilege they are then left with is walking up and down the dingy hallway in a hospital gown with no shoes. They are told that if they try to run away again, they will be tied down and locked in their rooms. Yes, tied down and locked in their rooms with restraints around their waist, hands, and both of their feet.

How can people continue to live with such barbaric measures as these? We treat our pet animals better. We buy them the best food on the market, special litter boxes, and take them for walks. We put them in special kennels when we go on vacations so no harm will come to them and, most of all, we show them love. Why is it that we cannot do the same thing for people who are considered mentally ill? Why should they be treated worse than criminals? They have done no harm to our society. The only harm that is done is to themselves. They’re just not able to cope with their emotional problems. What about the mentally retarded

children that are living in these institutions? The children whose families have entrusted them to the care of these people, when there is no place else for them to go? These patients provide jobs for the staff and the staff is supposed to promote the health and welfare of the patients, and try to bring them back to as near normal as possible, so they can live in society. Yet, the hospitals are just the opposite of what they should be. How can those on the staff, who are conscientious and care about the lives of the patients, do anything when they, themselves, are threatened among their own peers? They either conform to the old standards such as giving overdoses of drugs to the patients, manhandling them with hammer locks, twisting their arms, and arching their backs, until they are forced to the floor to submit, or peer pressure from all levels is applied. Arms, legs, and facial bones are broken, and finally, perhaps, death for the patient. It is then charted, possibly, as patient hostility and aggression towards the staff or another patient. The technicians support this testimony, which is expected, and can easily be done because no employee on the unit will dispute what has been said.

It is difficult to say exactly how many people try, each day, to escape, but it is known that there are many with little success. Those who do escape, are kept out of the papers. The staff is not allowed to talk about what goes on within the institution after they go home.

Those who do talk about it, do it behind locked doors to people they can trust. These are some of the reasons why the public has never known the truth about our state mental institutions.

*SEPTEMBER 10 . . . . TUESDAY*

One of the staff on our ward was sick, so Bob asked me to handle the roll call and prepare the patients for breakfast while he kept them orderly.

As I called roll, the patients lined up like soldiers. As they waited, they coughed and spit on the floor. The patients that didn't respond and get into the line were forceably pushed into the line, by Bob, even if they were handicapped. If they spoke back because of the abuse, they were refused their breakfast. Bob informed me that this was part of their rehabilitation. The staff was positioned at the front, middle, and rear of the line.

Bob unlocked the kitchen door, which, at all other times remained locked, and the line of patients moved slowly into the dining room. The kitchen help stood behind a poorly painted serving window, away from the patients, and threw the food onto the patients old, yellow plastic plates, with a wooden spoon.

They were given a fork and spoon to eat with, but no napkins to wipe their face and hands. If a patient

waited for more food to be put on his plate. he was pushed out of the line by a staff member and cruelly ushered to his table. No one was allowed second portions. Patients highly medicated staggered to the tables. Those who were old and feeble would shuffle slowly to their chair. One of the patients didn't move fast enough to suit the technician, so he grabbed him by the arm and pushed him to the table. The patients were given five minutes to eat, and most of them had to eat like wild animals. The staff stood guard to maintain order and to keep them from stealing food from one another. One old man said, "This is unfair and I'm not going to eat this garbage." Immediately, a technician dragged him from the dining room, and informed the patient that he was not going to get any food until tomorrow. The old man screamed, "I'm going to report you." The technician shrugged his shoulders uncaringly, laughed and said, "Do you think anyone is going to believe you? You're mentally ill." When the patients were finished eating, I could count them leaving the dining room, by the clanking noise of their forks and spoons as they threw them into the bucket, and shuffled out the door.

Tonight, at home, I laid awake thinking about the patients that had to go to bed without dinner. Diet is a very important part of the patients health and treatment. I tossed and turned, thinking about those poor

people. They are not allowed the privilege of picking a meal from a menu. There is rarely any fresh fruit, only a skimpy slice once in awhile. If the patient doesn't like the food and it makes him sick, that's too bad. He either eats what is served or he leaves hungry. There are never any substitutes.

*SEPTEMBER 11 . . . . WEDNESDAY*

I was surprised today, to find out that the most important thing to the patients is cigarettes. The patients had to earn their cigarettes as part of their rehabilitation, by cleaning their rooms and making their beds. The cigarettes were also used in a manipulative way, as bribery, to have the patients police one another.

I had to refuse a patient his cigarettes because he didn't complete his duties. He started swearing, screaming, and running down the hall while trying to tear doors off hinges. Bob grabbed a large injection of drugs, ran over and immediately injected the patient. The patient started to calm down and soon was in a deep sleep. The patients push, shove, hit, and hate, if they are denied their cigarette privileges. Their hands would tremble as I handed them their two cigarettes. They smoke the butt until their fingers are burned and yellow.

*SEPTEMBER 16 . . . . MONDAY*

Mondays are always important. The patients line up for roll call to have their digital rectal exam. This was to ensure that none of them were constipated. The patients pull down their pants in front of each other. The suppositories are then administered by the staff. I was surprised that the hospital didn't use Ducolax suppositories as the doctor ordered. They made their own. As a student, I was taught that no one substituted a medication that a doctor ordered, unless his permission was given. In acute hospitals this law is strictly enforced. I couldn't understand how this hospital could go against the law! Another thing that bothered me was privacy. Did the hospital think because these patients were mentally ill, they had no feelings and didn't deserve a little privacy?

*SEPTEMBER 17 . . . . TUESDAY*

I was transferred to the 3 to 11 shift today, which meant I would be responsible for preparing the patients for supper rather than breakfast.

I can't believe what I saw. The long-time patients were used as guards over the other patients. They were in their long, familiar line slowly moving

past the serving window, when, suddenly one of the entrusted guards, a large bulgy man about 50 years old, lashed out and beat a helpless patient because he asked for more coffee.

I openly objected about the incident to Jack, my night supervisor. "How can you allow a patient to stand guard over another patient? What gives him the right when he is here to be rehabilitated himself? How can he possibly know how to deal with another patient when he isn't trained?" Jack said, "Shut your mouth and mind your own business. If I want to use a patient as a stoolie, that's my business! Besides, you're still on six-month probation."

I went back into the dining room and again was shocked. A staff member was moving from table to table, spearing the patients meat and potatoes, dropping them into a plastic bag. Some of the patients bitterly objected, became angry, and started swearing at him. He left the room and made entries on every complaining patients chart: *Patient hostile and angry*. No reason for the hostility was charted, and again, the complaining patients were not allowed to have their next meal. The new patients in the unit soon realized it didn't pay to complain because they would have to go hungry.

As I stood there watching this fiasco, I remembered that at nursing school we were taught that no one eats



food off a patient's plate. The possibility exists of catching a disease or just passing on bacteria. This was an absolute rule and yet, here, the staff got away with it. I realized this had been going on for years. By now, he must have a freezer full of meat and vegetables. Is the end product of the environment for the staff members to become greedy and powerful after working here for many years?

Later in the evening, I complained to Jack again about the situation. He said, "Jim has been a patient in the hospital for many years and a few years ago they hired him as a technician." I told Jack, "It seems to me that Jim should be a patient again, and I am appalled that the hospital allows him to give medication to other patients. What would happen if he overdosed one of them?" Jack had no reply.

Where is the justice, I wondered, for those few patients who did complain about their food being stolen? The staff would heavily sedate them and chart: *Patient hostile, uncooperative, upsetting unit and other patients.* At this rate these few justly complaining patients may never be released.

I had a hard time accepting these rules, but, after all, this was my first nursing job and I did have a lot to learn. The rest of the evening I made sure that extra cups of coffee were given to the patients. They were

extremely grateful. Why can't the rest of the staff treat these patients with just a little kindness? Perhaps, more of them would get well and leave the hospital.

*SEPTEMBER 24 . . . . TUESDAY*

Tonight is Mr. Bartin's birthday. The kitchen staff decided to bake him a cake. To my surprise, Jim had packed the cake and milk to take home to his family! When I saw this, I became upset and decided that I had had all I could take of the food stealing. I went to Tom, another new staff member, and asked him to help me get the cake and milk back and serve it. Tom and I confronted the staff, and, with stiff opposition, they decided to let the patients have the cake. The patients loved the cake and milk. It was the first time they had a birthday party on the unit. Later, I overheard the staff talking in the hallway, "Well, she's new here and she might say something to the wrong person about the cake so let's drop the incident so no trouble arises." This upset me, but I kept silent, because I had broken the miserable routine for the patients. They have nothing to look forward to and no one comes to see them. The only activity is shuffling up and down the corridors all day and peering out the barred windows. The staff members had the audacity to try and steal the only nice thing that was done for them.

*SEPTEMBER 25 . . . . WEDNESDAY*

A large candy corporation donated a huge quantity of candy to the hospital, which was hauled in on stretchers. It was intended for the patients, but they never saw it. It was taken home by the staff members. I saw them carrying their brown paper bags stuffed with the donation. They asked me if I wanted to take some home. One staff member commented, "Only a fool would refuse. After all, look at the cost of food today." I said, "You must have a storage room full of all these things?" "Sure, we've been doing it for years. We take whatever we can get. This is part of the fringe benefits."

*SEPTEMBER 27 . . . . FRIDAY*

Mr. Black, one of the patients I admitted sometime ago; six feet tall, broad shouldered, 200 pounds and cross-eyed, had been admitted for psychosis. He could be easily aroused if shoved around, and he let us know he wasn't going to put up with it.

I left the unit to deliver a patient to X-ray. When I returned, I was horrified at the mess in the Medication Room. Mary, a part-time medication nurse, pregnant and due soon, was sitting in the room crying. "What happened, Mary?" She explained between tears, "I forgot to lock the Medication Room, and Mr. Black

came barreling through the open door. I was frightened and panic-stricken. I tried to act calm, but he was hostile and angered, and his face was grim and drawn. His eye was twitching rapidly as he moved towards me. I spoke calmly, asking him to simmer down and talk to me, but he wouldn't, so I threw the tray of pills and liquid medication at him. That slowed him down and he finally said, "I'm not taking any of that damn stuff and don't you try to give me any. I know there is no one on the unit except you. Things are going to change around here. I'm getting out of this madhouse because there isn't anything wrong with me." "Finally, Jack and Mr. Shaw came in and saw the situation. They jumped Mr. Black and gave him a large dose of medication to calm him down. Now he's locked in his room."

"I never realized that this medication room has no panic button, buzzer or anything. If you're attacked, you're in trouble. This scared me more than usual because of last night." I was surprised and asked, "What happened last night?" Mary continued, "Mrs. Stacey is in the Intensive Care Unit. One of the teenage boys on Ward 34 became hostile last night and flipped out. According to Mr. Shaw, the boy was tired of being pushed around, so he knocked Mrs. Stacey unconscious with one of the chairs, and then raped her. Do you realize, Nadine, that Mrs. Stacey is 60 years old? What a terrible experience for her and now she is in critical con-

dition and probably will end up being a patient here.” I replied, “They really need some reform around here and to change their procedures. They don’t have enough help, and the help they do have doesn’t care. They let people work here until they are incapable of doing their job. They know how to keep incidents like this out of the newspaper, don’t they? Did you hear about Dr. Kelley? He got one of the young patients pregnant and they told the girl’s parents that the hospital can’t be fully responsible for the patients actions. This makes me angry! How can a doctor help a patient if he takes advantage of her condition? This place is unbelievable.”

*OCTOBER 1 . . . . TUESDAY*

The unit received a directive advising all personnel that the Governor is arriving tomorrow. He is to evaluate the hospital because he received reports of mistreatment of patients. All nurses and doctors are to dress in their white uniforms. The hospital maintenance people were ordered to paint the flag pole, and spray paint the grass to make it look green. The hospital must be completely scrubbed, even if it requires working all night, and overtime pay will be allowed.

Patient gowns showed up from out of nowhere. Extra help was given to each ward to bathe and shave the patients. The wards have to be spotless, at any cost.

Even in the wards where the patients are crawling and lying on the floor in their own urine and feces. This is a special occasion. The hospital has to make a good impression or it could mean a cutback in the budget. Even though the wards were scrubbed clean, the pungent fowl odor still hung heavily in the air.

*OCTOBER 2 . . . . WEDNESDAY*

The Governor arrived today in his helicopter. Every ward was prepared for review. The hospital management took him on the same tour that they take visitors and volunteers. This meant they steered him away from certain wards, eating areas, and only showed him what they wanted him to see.

None of the staff dared say anything against the hospital or they would be reported to the Administrators Office and a permanent adverse file maintained on them. They would never get another job in any other hospital.

Finally, the Governor left the hospital, knowing no more than when he arrived. If only he knew how they were laughing behind his back. How can he have a surprise visit to the hospital when he sent his aides ahead to forewarn the hospital? What amazes me, is that the government has investigators that investigate for less offensive things. Why couldn't they do the same here?

The Governor will never know the truth. Why should all this clean-up be done just to impress him? Why couldn't it be done every day like private hospitals?

*OCTOBER 4 . . . . FRIDAY*

There are some happy days on the unit and today was one of them. Windy, a sweet young girl with long blond hair and a warm personality, visited our ward. She was the music therapist. She played marching tunes for the patients as they exercised. She brought Mr. Dean, a honky-tonk piano player from Ward 38 to play. He started with, "I Left My Heart In San Francisco," and the patients applauded for more. This was the highlight of the exercise session.

The patients formed a circle and danced around the room. Most of them participated with enthusiasm, appearing to love every moment. The music and exercises seemed to be a valuable rehabilitation tool. The patients that were senile or physically incapable of exercise were encouraged by Windy to clap their hands. Windy worked with enthusiasm and showed genuine kindness. She encouraged patients in every small endeavor. Any sign of progress and she would praise them, spurring them on to achieve even more. She was totally involved. Gently, she would touch the patients on the shoulder, take them by the hand and bring them into the

circle for exercise. Her kindness and gentleness were met with deep appreciation, as was Mr. Dean's talent.

I had a call from Ward 38. David, the charge nurse for Mr. Dean, was complaining that Mr. Dean brought cigarettes back with him from the exercise session. Mr. Dean was on my ward at one time, but was sent back to Ward 38, a lower regressive ward. I understood from some of the staff that he used to be well-kept and clean-shaven, until one of the staff took a personal dislike to him and had him moved to Ward 38. Then Mr. Dean went through a personality change and didn't care what happened to him. Windy had taken a personal interest in him. She would bring him into the other wards to play the piano for the patients. He enjoyed feeling wanted and needed, but when he had to go back to his ward, where the patients were treated like animals, he would regress even more. Mr. Dean was an alcoholic, not schizophrenic or paranoid and he wasn't dangerous to anyone.

David resented Mr. Dean because he was able to go off the unit. He said he didn't believe that therapy of playing the piano for other patients was beneficial for Mr. Dean. He resented other people wanting or needing Mr. Dean's talent and he seemed to believe that if anyone had a mental problem there was absolutely no way of ever being rehabilitated.

David was yelling loudly, "I'm coming over and we



are going to work this out.” He arrived a few minutes later, “I told you he had cigarettes on him.” “But I personally checked his clothes, and everything on him before I let him return to his ward,” I said. “Your problem is that you haven’t been around long enough to know who the bosses are. When I say I don’t want something done, it’s not done. We stick together around here, and you will learn that if you expect to stay!” Angered and frustrated, I said, “I don’t care what you say, Mr. Dean had no cigarettes on him.” David started laughing, “Don’t take your job so seriously. These nuts are never going to get out of here and if they do they will end up back here anyway. You know they’re hooked on drugs. I don’t want the hassle of Mr. Dean going back and forth on the units. He might get bad ideas. This is the last time Mr. Dean will play for any ward!”

I decided then, that I would visit Mr. Dean on his ward. When I entered the ward, I saw him sitting in a chair all hunched over, withdrawn, uncaring and no spark of life in him. He spoke to no one, not even me.

I went to school all those months to learn to be a good nurse and the only thing I can do here, at this hospital, is keep my mouth shut and live with all this in my mind and heart. I can’t even begin to think of how I would ever be able to help a patient, when I have to live in fear of pressure from the people I work with,

and when my supervisor has already insisted that I change my beliefs, ethics, morals and values. I began to have doubts as to whether I was going to succeed as a nurse.

### *CHAPTER III*

Someone is approaching from the Administration Office. It's A.J. "Come over and sit with me A.J., I want to talk to you." A.J. was short, heavy-set and usually happy, but today he looked very depressed. "What's wrong?" "I had to terminate one of my best technicians today because he didn't use the same type of therapy as the other technicians and the peer pressure became too heavy." "Who was he?" I asked. "I don't think you ever met him. His name is Don. He is a young negro boy, who has been a volunteer, and decided to become a regular employee. He was in charge of Lisa, the deformed child."

Lisa was a very special child. She had a deformity of the face and right arm. Her mouth was drawn to the left side, and it was difficult for her to bring her arm up to her face. When she attempted to eat, she would get the food all over her face, then she would cry and become very upset. It took her so much longer to eat than the other children that she became frustrated and knocked food on the floor. The technicians yell and scream at her because this means extra work for them, and then she becomes incontinent of feces and urine, and ends up not eating at all.

A.J. continued, "Last night when Liza was trying to eat, Don saw how frustrated she was, and he gently

placed the food up to her mouth to show her it was all right and to take her time. It didn't matter if she got her face dirty with food. When she had finally eaten her dinner, he wiped her face off and kissed her on the forehead. Her eyes brightened up like I'd never seen before. She tried to smile because she knew someone cared. He could communicate with her and it appeared the child was going to make progress. He was the most important person in her life. What upsets me the most is, I wish I had been the one to kiss that child. The kiss meant everything in the world to her and she did start to respond and improve. It's just going to take a lot of time, patience, and understanding. The rest of the technicians got very upset, because he made progress with the girl. They felt it was not the proper way to communicate with the child. They started applying peer pressure and today I was ordered to release Don from his job. I'm sick about it, and now I must get back to the ward and break the bad news to him. I hope I see you soon." A.J. left and headed back to his ward and I thought about the incidences he had told me about, and of so many others that made me feel helpless . . . .

*OCTOBER 10 . . . . THURSDAY*

Mr. Graham was admitted today. This name was

assigned to him, for hospital purposes, because his real name was unknown. He was a kind, gentle man, well-dressed in a suit and tie. He was found wandering through a car lot. The police arrested him for vagrancy. In essence, he couldn't identify himself and he had no identification on him. He was placed in the mental hospital for observation. I was very impressed with this sensitive and warm gentleman. He walked over to the old, upright piano and started to play concert music. Beautiful music that flowed throughout the unit. I tried to communicate with him but with no success.

*OCTOBER 11 . . . . FRIDAY*

Today I think I communicated with Mr. Graham. I brought him a long stemmed red rose and placed it in his hand and asked him to play "Ava Maria." His slender fingers moved up and down the piano keys. He seemed to play with all his heart. When he finished everyone applauded him. He was so delighted. I spoke to him softly, "Mr. Graham, do you know where you are?" "No, I don't know." "You're in a mental hospital. Do you have a family?" "Yes, a wife with lovely dark brown hair." He spoke with an Australian accent. I wanted, so desperately, to help him. He had so much to offer humanity. One thing he could remember was playing at Carnegie Hall.

I went to the records to read Mr. Graham's chart. I wanted to see what efforts had been made to locate his family. To my surprise, no paperwork for tracing was available. I felt this wonderful, talented man was doomed for the rest of his life. The state hospital would be the last place in the world his family would look for him.

I asked Jack, my supervisor, "What will happen to Mr. Graham?" He told me, "If they are unable to locate anyone, he will remain here indefinitely." Mr. Graham had no cause for fear of harm from the staff because he didn't know how to be violent or even how to request his rights. I wondered if they would try to do a bilateral section of the front lobes on this man.

All the patients applauded Mr. Graham. He bowed and walked away from the piano, like a professional pianist who was playing for a concert. All the music he played appeared to be memorized because the sheet music was turned upside down.

I hope someone cares enough to locate and reunite him with his family.

*OCTOBER 14 . . . . MONDAY*

A.J. and I had coffee together today. He was explaining how he felt about the hospital. He began telling me about the drug ring within the hospital. A.J.

cared about the patients and wanted to do everything he could to help them. He was sympathetic to their needs. I asked him, "What drug ring?" "Don't you know about the pills, hash and other stuff being pushed from one ward to another?" "God no!" I exclaimed. "How is this possible?" A.J. explained, "The drug ring connections are picked up by the police and put into jail. They act like dope addicts while in jail so they can be transferred out here for rehabilitation. If they behave themselves after they get here, they know they're allowed the privilege of a phone call. The hot stuff is brought in and exchanged between wards." "Has anyone been caught doing it?" I asked. "No," he replied. "The staff knows about it, but if you value your life here, you don't get involved unless the staff asks you to do it; or no job. You know how they are about peer pressure around here. You never fink on your fellow employees. It's a fate worse than death." "What do you mean, value your life? What can they possibly do?" I asked. A.J. laughed and asked, "You haven't heard rumors about the grave yards in back of the hospital?" "God no, grave yards, what grave yards?" "I don't know exactly where, but supposedly, here, on the grounds. Many times I have gone home at night and when I returned the next day a patient had disappeared." "Didn't the staff tell you in the report meeting what happened to the patient?" I asked. "No, and

I know better than to ask questions. The first thing you learn here is to keep your mouth shut. You know, there's a big profit in drugs. This is big business!" "What can be done about it A.J.? What can we do to protect the patients and ourselves?" A.J. placed his hand over his unsmiling face and with a deep sigh said, "I don't think there is anything we can do but keep our mouths shut and mind our own business, for now. The thing that should be done is to tear this place down and start over. It's filthy. The kitchens are full of cockroaches and mice. Maybe a new staff could be brought in. One that would be acceptable to the people on the outside; professional people that are already working at their professions in private business." "But A.J., alot of the staff are licensed. What about them?" "Anyone who has been here for more than two years has fallen into the 'pit' (clique)—you know, birds of a feather flock together." "A.J., do you really think it's hopeless because these people have lost their feelings for humanity?" "I sure do," he replied, "Do you remember the young rape victim and how they treated her—the girl with beautiful olive skin and long brown hair? She loved all living things, especially birds and horses." Yes, I did remember. Tammey was about 17 years old and had been raped by fourteen men. Her mother placed her in the hospital because she didn't know how to cope with her. Tammey was terrified of men now. She froze like an



ice cube every time a man spoke to her. One day, in the kitchen, when A.J. approached her, she picked up a pie pan and held it up to her face, with her back to him. When she saw his reflection in the pan, she began to talk to him. After many weeks of slow and deliberate efforts of seeing his reflection, he gained her confidence. Bad judgment was made by seemingly sadistic people, when they decided to use shock therapy on Tammey. "Yes," said A.J. "It was bad enough when they used the cold shock treatment on her." They filled the bath tub with cubes of large ice and dropped her into it. Then they removed her from that and placed her in scalding hot water. She came out red as a lobster. Her body was badly blistered. This treatment didn't help, so they decided on the shock treatment. "I never saw anything so awful in all my life. They forcibly strapped her down, tied her hands and legs, stuck the electrodes to her head and placed a tongue blade in her mouth. She couldn't scream, wiggle, or do anything. After the treatment, they asked me to go into the room and get her. Tammey was dead. Her body was limp—she was still trapped in the chair. It was more than I could take. I had to go off by myself and cry. I felt it was so useless. She had started to come around—she had communicated with me. I felt it was a tremendous step forward when she had smiled at me through the pie pan. It really upsets me when I think

about how anyone around here can attempt treatment like that and have no formal education. The doctors don't even have to be present! This place needs to be changed so that patients lives aren't so meaningless. They perform treatments on patients who are close to normal and the ones who really are mentally ill--nothing is done to help. I guess it's because they don't get in the staff's way. This environment creates terror among the patients. They can't trust one another because the staff pits them against each other. The fear they live with only creates more fear--what an ugly, ugly place this is! I think they need a Federal Grand Jury Investigation, but I don't think it will ever happen. The hospitals have too much pull in the government and it might put all these people out of work. Besides you'd never get anyone to come forward and tell the truth because they don't want to get involved--no wonder the good help doesn't stay long. Just look at how many years these institutions have been in existence."

"I took a patient for a walk the other day and when we were coming back up the hill, I asked him if he would like to sit under the oak tree and rest for awhile, before returning to the unit. I offered him a cigarette and we sat there. He told me he wished the hospital would go back to letting the patients work in the gardens, tend the dairies, and take care of the farms. He said he really enjoyed doing something worthwhile.<sup>1</sup> It

made him feel productive and like he was contributing something to society. The way it is now, he can't live without the drugs they have him on. He feels like an animal locked up in a cage. He has survived because he keeps his nose clean, minds his own business and does everything he is told. He had been happily married and when his wife divorced him, he couldn't cope with losing her and his family, so he had a nervous breakdown. I'm thinking at this time how his circumstances were like so many others. He just wasn't strong enough mentally, to cope with losing his family. I tried to reason and figure out just what the hospital had done to help this man through all these years. He should have been trained for an occupation, while at the hospital. Today there are a lot of companies that use the hospitals for assembling parts for government contracts. This man could have learned a profession, gone back into society, and been productive. Perhaps, he would have led a normal life. He's in his 50's and thinks his life is over. I know there isn't an immediate solution, but you'd think some doctor or the staff would have started thinking about the problem."

"I can't stand the physical abuse they give the patients. I have seen too many unexplainable deaths, with doctors quick to sign the papers, without a thorough investigation, because they are afraid of losing their positions. Perhaps, this should be done by an out-

side source, like the police department. I'd really be curious to know what their death statistics really are. People would be shocked." "I wonder where you could get a record like that, A.J.?" I asked. "Well, if it was brought out they wouldn't be able to sweep it under the carpet, like they have in the past." "I noticed that myself, A.J. No matter what gets into the news they'd shut it up immediately." "Well, Nadine, I'm not going to be around much longer, I just can't take it anymore." "Last night another unanswered death took place. He was a well-oriented man. The technician said he fell out of bed, but he had a huge laceration and bruise on his forehead, the shape of the ash tray lying on the floor next to him—and you know patients aren't allowed to have them in their rooms. I wrote it up in my report that I thought the patient had been struck on the head with the ash tray. When the doctor came in, he told me I would have to change my report and say the patient fell out of bed. I told him what I thought; that someone had deliberately hit him with the ash tray. He said I had to be mistaken because the autopsy showed that the patient fell out of bed. I was about to say that I'd just been in the patient's room a few minutes before, and there wasn't an ash tray in sight, but he wouldn't even let me finish. He said the patient had seizures all the time and the accident had to be due to that. He warned me that I could be dismissed for

making false statements.” “I see what you mean, A.J. Who is going to question his authority? After all, he signs the death certificate and what he says goes, and no one questions what he writes.”

*The soft, summer breeze caressed my face. I returned to reality as the sun filtered through the green leaves of the oak trees. It is so calm sitting here on the bench, but I can't keep the dark thoughts out of my mind. There were so many unpleasant experiences, but there also were some rewarding moments . . .*

OCTOBER 15 . . . . TUESDAY

Mr. Cortez, a small, thin Mexican man, with black hair and dark brown eyes, long eyelashes, full bushy eyebrows, and a cute personality, was picked up at the bus depot, because he couldn't speak English. He was sent to the hospital. On arrival, he went through the hospital admitting procedures. The technician shoved him up to the wall and said, “Read your rights.” With broken English he said, “*Me no savey.*” He kept walking over to the locked doors and trying to open them. He couldn't understand what had happened to him or why he couldn't open the doors. He shook his head in bewilderment, came over to me and said, “You open the door, missey, I got to go home, I'm very rich. Me have wife and many children.” I knew we needed to know

where he lived because he might end up here forever.

I took a special interest in Mr. Cortez. Each day he'd come to the nurses cage and pound on the door, trying to open it. Today I opened the door. He was trying to communicate and explain he didn't belong here. I couldn't understand what he was saying, because he only spoke Spanish. No one else on the unit could understand him either, and no effort was made to bring an interpreter in. Daily, his shoulders seemed to sag, and he appeared to become more and more depressed. The only thing that seemed to keep him going was knowing he had money, and he kept saying, "Let's go to de banko." One day a technician caught him trying to dig for money underneath a large evergreen in the locked yard. It had to be explained that there was no money there.

A social worker who had come in while I was trying to communicate with Mr. Cortez one day said, "Does he write anything legible?" I got a piece of paper and asked him to write where he came from. "It looks like Guadalajara. I'll try to search in that area," she said.

Weeks went by and Mr. Cortez soon became just like all the other patients oriented to the unit-losing the desire to take care of his body and drooling at the mouth from overdoses of drugs.

NOVEMBER 7 . . . . THURSDAY

Today Mr. Cortez was really cute. He came to the Medication Room and peeked through the partially opened door. He said, "Good morning missey." He started clapping his hands and dancing in a circle. He said, "You're nice missey, but me want to go home. Me rich, have wife and many children. Me don't belong here." I said, "Mr. Cortez, they are trying to locate your family."

Routinely, if the patients do not respond according to the technicians desires, they're transferred to a lower functioning mental unit, and so it was with Mr. Cortez. He was send to Ward 38. This is the ward where patients are supervisors over other patients and some of them have to wear football helmets because they're so mentally ill. Without the helmet they could do serious damage to themselves. This is also the ward the staff cares least about.

I felt really sorry for Mr. Cortez, because I knew he wasn't mentally ill. He, unfortunately, could not speak English. Thanks to the kind and warm social worker, who really cared, Mr. Cortez's wife was located, and came for him. He was rich and lived in Mexico. Isn't it unfortunate how this nice little man had to be forceably subjected to taking drugs? His dignity and

respect were imposed upon daily. People from all walks of life may end up at the hospital and be treated like prisoners, and some, unfortunately, are unable to return to their homes. Thank God, the social worker cared!

*NOVEMBER 8 . . . . FRIDAY*

Today was a happy day on the unit. The charge nurse just came back from her vacation. She enjoyed doing things for the patients in a social way. She decided the patients were going to celebrate a birthday. The staff brought in an old-fashion barrel for making home made ice cream. The kitchen prepared a large chocolate sheet cake. Tables were set up in the locked yard where the twenty foot wall was. The weather was especially warm for this time of the year and the trees were beginning to lose their green leaves. The two doors upstairs on the unit were unlocked and the patients were allowed to walk back and forth freely. A few of the patients were upstairs on the unit. There sat Mr. Graham, at the piano, playing "Yankee Doodle Dandy," with his make-believe music, which was a "Homes & Gardens" magazine. Some of the patients were singing loudly and clapping their hands. I told the patients the music sounded wonderful and it was so nice to see they were enjoying themselves. We carried the six containers of ice cream downstairs and started



serving. I'd never seen people eat ice cream the way these people did. It was eaten as if it was their last supper. During this time I was able to talk with the patients on a one-to-one basis, as we were taught in school.

Also today, Mr. Johnson was admitted. He was a negro man with a jolly personality. I asked him, "What are you doing here?" He said, "Miss Nadine, I got caught stealing a television tube and they pressed charges. I didn't have any money to buy one, so I ended up here." I noticed Mr. Johnson's pearly white teeth had beautiful gold fillings.

#### *NOVEMBER 9 . . . . SATURDAY*

Today Mr. Johnson's face was swollen up like a big balloon. "My God, Mr. Johnson, what happened to your beautiful teeth?" "I don't know Miss Nadine, they done pulled um out." My God, I thought. Did they have the right to steal the gold right out of his teeth? I couldn't believe it. Once again, I had to remain silent while my heart ached.

I was asked today, by the charge nurse, to go down to Ward 25. They were short of help. As I walked through the dim hallway on the second floor I could hear bongo music from the courtyard below, and from

the barred windows I could see a group of patients dancing. A young girl stripped of all her clothing was dancing a suggestive dance to the melody from a phonograph supplied by the hospital. Her mate, a young fellow, found her very stimulating. I wondered why they allowed these young people, who are totally irresponsible for their actions, and who are like helpless children but still have the physical needs of adults, to be without supervision. So many patients get pregnant and then a therapeutic abortion has to be arranged.

I took the rickety old elevator to the first floor and went on to Ward 25.

*NOVEMBER 12 . . . . TUESDAY*

I was driving to work and the rain was falling hard. I could hardly see the broken white line on the highway as I drove through the winding hills. The windshield wipers seemed to hum as they swished back and forth. The summer season was over, the leaves had turned to autumn colors, and the old tall trees were almost bare. I was wondering what could possibly happen next at the hospital. I had lost my enthusiasm for my job, and I found I was becoming more and more depressed about the lives of my patients. Everyone's life is valuable and important to me. I had become attached,

and so many things are intolerable. I felt I'd been exposed to a bedlam of hell, in a nightmare that no one would ever believe, unless they worked there and saw it for themselves. Patients lives are meaningless to most of the staff. They don't care about their feelings, emotions, or desires. They don't encourage or reinforce the positive steps the patients make. Those who have been around for awhile are treated like animals. Throw them a bone and let them gnaw with their teeth. I silently prayed to God to help the patients, to guide and direct me, and let me keep the values of nursing, which I had been taught.

I went to the large locked gate at the courtyard and let myself in. I walked through the mud and up the flight of stairs. I unlocked the other two doors. Still lying on the floor, for weeks now, were butts of cigarettes left by the patients, along with inches of dirt. No one ever cleans the place.

*NOVEMBER 13 . . . . WEDNESDAY*

Tonight I am very depressed, once again, because of the way the patients are treated. I telephoned Ann when I got home and asked her if she would like to meet me at a restaurant and have dinner. "I need to talk to you," I said. "Sure, give me twenty minutes and I'll see you there."

We both drove into the parking lot at about the same time. Ann was smiling as she got out of the car, "how do you like your new job?" "Well, that's what I want to talk to you about," I said.

We went into the restaurant, and took a booth in the back, so we could have privacy. "I'm anxious to know what's been going on." "Today, Ann, I really became angry when I saw the staff laughing at Mr. Jones. He hallucinates and walks up and down the dark corridors, talking to the blank walls. I feel they don't accept his behavior as a symptom of his illness, which can become harmful to the nurse and the patient." Ann replied, "He will never have faith in their ability to help him. According to our instructors, the staff should never ridicule patients for their strange behavior, laugh at them, or make moral judgments about the symptoms of their illness. Sometimes just a single touch, look, or smile can cause a deep and lasting relationship." "Yes, I know. I remember Mrs. Wilson saying that the primary purpose of communication is to help the patient find a feeling of well being. The patient's basic needs must be met with genuine respect. A person's emotional needs are: love, importance, recognition, adequacy and productivity. Love can only take place in an atmosphere of acceptance." I remembered well what she said about the patient being a unique

human being who is sick, in trouble, alone and afraid. When he can no longer tolerate the fear and loneliness, he turns to others for love and acceptance. If he begins to experience a succession of many failures and rejections, he no longer can meet his own needs. He searches, by becoming a patient, to obtain comfort and relief from those who are prepared to help him. "I'll never forget her telling us that the staff should know themselves and their patients, and treat each one with dignity and respect. She said activities should be planned to meet the individual needs of each patient, and not treat them like a herd. The staff should take every spare moment to communicate with the patients. Do you know what they do up there on the hill? They keep themselves locked up inside the cage, smoking and eating. Why, I don't even think they know but two of the patient's names." Ann replied, "Mrs. Wilson would be outraged if she knew that. She said the staff should treat the patient as a person, not as a diagnostic tool. We should accept the patient, and call him by his name and recognize he has the same basic rights as the staff; to be treated as a person of worth and dignity."

"You know Ann, I sometimes become very discouraged, but I feel I can really help the patients, and I want to, only it takes a team effort. Everyone has to care but, sad to say, a very few do."

“Ann, I often think our minds are like inns, where the weary soul rests after a long journey. Deep within is the spirit which we slightly comprehend. When our minds are peaceful and still, nature provides us with tranquility, for good thoughts to grow. But while the mind is in conflict, it can’t receive an image beyond the unhappy environment in which it lives. Somewhere in the walls of our minds, we are bigger than we know, and beyond the *finite* is the *infinite*. I think there is energy in thought. Specific healthy thinking can bring about our conscious desires and make these desires manifest themselves. I firmly believe thoughts are living things and if I can help a patient to learn to think in a positive way, he will have hope, unlimited possibilities of expansion, and self expression.” Ann replied, “Just think about how the spider spins his web. He actually weaves the house in which he lives. He never doubts what he is doing and he makes, out of himself, the things he wants. A patient with mental illness can do the same thing. He only needs the encouragement in the right direction for healthy, new thoughts to grow.”

“What do you think can be done about the standards there?” “Nothing,” I replied, “Absolutely nothing.” “Why?” she asked. “Because most of the people on the units, taking care of the patients, have had very little formal education. Some of the people were hired right

off the street, and have been there for ten to twenty years now. They are set in their ways. They come right out and tell you, like they did me, if I expected to stay and be an employee, my standards were going to change to their ways. Ann, I couldn't change my standards, even if I wanted to, because my conscience would bother me. I wouldn't be able to sleep nights. As it is, I think about the patients when I go home. They are entitled to good nursing care." Ann asked, "Is there a society or staff member you can discuss these intolerable situations with?" "No," I replied. "It's a threat to the security of their jobs and they won't do anything about it." Ann looked at her watch and said, "It's getting late and we should go, but let's think about it some more. Maybe together, we can come up with something." I replied, "I don't know how it's possible. I don't think people like you or I, who have no authority, can do anything. I think the mass of people in the United States need to know what is going on in these state mental institutions.

*NOVEMBER 14 . . . . THURSDAY*

I walked down the gloomy hallway and I could tell, by the way the cage was filling up, it was going to be another day of hell. Sure enough, I unlocked the cage and went in, put my purse in the drawer, and heard the

staff talking about poor Mr. Eddy. When we were alone, Mary said, "They've had the hospital administrator, doctor, and director of nurses next door all morning." "Why?" I asked. "Well, a staff member went off duty three hours ago and didn't tell them about Mr. Eddy's death." "My God, how did he die?" "They say he hung himself. The administrator just called the employee at home because he didn't even chart the incident." I asked, "How can a man die on the unit without any attempts made to save his life, and the employee go off duty, as if it's an every day occurrence?" Where was the staff during the night? It's no wonder these things happen. All they have to do is come in and chart the incident, have the doctor fill out a few papers, and no questions are asked. Besides, how can a patient hang himself in the bed?

Every measure should be taken to attempt to save a life. No one rushed in to see the patient or make an emergency call to the doctors for help. There is no oxygen on the wall, even if a patient does need it.

And, to think, that employee was recently a patient here himself! My God, I really wonder about this place. How long can this continue? All these years people have been beaten and have died, and it's all covered up. How can our state provide funds for this institution and then never investigate?



All these thoughts keep tearing at my mind—it's just awful. The staff members returned to work, charted the incident, and it was never mentioned again.

*NOVEMBER 16 . . . . SATURDAY*

A.J. came into the unit last night, and I could tell by the expression on his face that he was upset. I walked over to him and said, "What's wrong?" We walked down to the end of the hall and stood by the barred windows. "Do you know what I've just experienced?" "No, but it must have been pretty awful." "Well, I'll tell you. Tonight, in the dining room, the little girl who has epilepsy was having a hard time eating her dinner. The technician got mad and shook her so hard that she became incontinent of feces. The technician took it and put it on her plate and stuck her face in it and said, "Eat it." "Oh God, A.J., that's sickening. It makes me feel like vomiting. I just don't believe it." He shook his shoulders and said, "Neither do I." "You mean she got away with treating the child that way?" "She sure did. No one said anything to her about her actions. You know damn well Nadine, no one is going to do anything, because she has seniority." I screamed, "I don't give a damn how much seniority she has, she has no right to treat anyone like that." A.J. said, "I'll tell you Nadine, it's not getting any better around here. I can't take it

anymore. I feel helpless. That's no way to treat a child. It's not right, and yet they continue to get away with it. I'm getting the hell out of here before I start swinging at the employees. This place is a real block buster. There's no where you can go for help. I can't sleep nights anymore, thinking about the inhuman way the patients are treated." "Yes, A.J., I understand exactly how you feel. It is very frustrating." "You know, he said, I came out here because I wanted to help humanity, and I felt dedicated. I thought this would be a place where I really could help people, and go home nights feeling I did something worthwhile. But I've got to get out of here before I fall into the pit everyone else is in." He held my hand and said, "good-bye," took out his keys, unlocked the unit doors, and left.

## CHAPTER 4

*It suddenly began to rain again. I decided I better hurry to the Admissions building before it got too heavy. I ran across the wet carpet of green grass and up the long, cracked sidewalk to the building. The entrance was an old red double door and no key was required. I opened the door and entered a cold, damp, dimly lit lobby. Against one wall were two old metal brown chairs with a metal side table between them. On the side table was a can of baby powder. I laughed quietly to myself, because it brought back a forgotten incident during my nurses training . . . .*

*NOVEMBER 17 . . . . SUNDAY*

The phone rang early this morning. The sun was filtering through the kitchen window. There was a soft, warm, gentle breeze blowing the white frilly pricilla curtains. I looked up at the grandfather clock as the loud chimes rang on the hour of 9:00. Ann was on the phone, "Good morning," she said, "How are you today?" I replied, "Fine, what's up, anything exciting?" "Yes, I've really been doing some research on patient approach. Do you remember the patient in Room 202 when we were students?" "I sure do." "I'll never forget him or what we learned from that experience." . . . .

The patient had out surgery to remove a bowel obstruction. I went into his room and introduced myself, and explained that I was going to be taking care of him. He was cheerful and it didn't bother him to have the D5W I.V. infusion in his left arm. I spread the bath blanket over him, sat him up on the side of the bed, and soaked his feet in warm water, which he really enjoyed. He said it completely relaxed his body. Then I applied lotion to his skin so the sheets wouldn't irritate him. I combed his hair and he took his free hand and brushed his teeth and rinsed his mouth. Then he layed back in the bed and said he felt better, but that he still ached all over. I told him I'd give him a back-rub, so I took out the lotion, massaged his back up and down the spinal column in and upward and outward rotating motion and when I was finished I applied a little powder. He didn't say anything so I assumed it was all right, but when he smelled the powder he screamed, "Is that baby powder?" "Well yes," I told him. He quickly went into the deepest depression I've ever seen in my life. He said he wanted the No Visitor sign on the door and his attorney called immediately. I went to the charge nurse and informed her of his immediate personality change and his requests. I also explained the incident to my instructor, Mrs. Wilson, because I didn't know what was wrong with him. Mrs. Wilson went to his room to speak to him. I was feeling very tense because I knew there was

something seriously wrong. When I went to conference, Mrs. Wilson asked me to give a report on what happened with my patient. All the nursing students thought his personality change was unusual. I was hoping the patient would not be assigned to me the next day because I didn't know how to react to him. Mrs. Wilson did assign me to the same patient because she was determined to teach me to carry everything to its completion, and it was even worse than the day before. After his bath he gently asked, "Please call my clergyman." He acted like he was going to die. He had his lawyer come in and draw up a will. He had his wife come in and go over all their personal affairs, and then he refused to see anyone. I couldn't figure it out. There was nothing seriously wrong physically, but he really thought he was going to die. By the end of the week, I was determined to find out what his hang up was. It has been known that patients can actually will themselves to death. They don't even try to get well. They just lay there and waste away, but he was only thirty years old.

After his bath the following day, I decided to ask him about the baby powder, and why it bothered him. He didn't say anything for a long time and then finally said, "I use baby powder on the cadavers." My God, he associated the powder with his body, like he would when preparing a cadaver. I guess he actually thought he

was infallible of death and when the powder was used on him, he realized he was no different than any other human being. He wasn't going to live forever. This reality really shook him. He seemed much more relaxed after our discussion. I reported the findings to Mrs. Wilson and she said, "Don't ever forget the textbook teachings: Take time to know your patients, listen to what they say, and especially the body gestures. A therapeutic relationship is unique, as it exists because the patients have a need for nursing care and because the nurse can supply this need. It is terminated when the patient no longer needs the kind of assistance the nurse can offer. It is the nurse who carries the responsibility for the therapeutic shifts from nurse to psychiatrist, as the needs of the patient dictate. The nurse is to be concerned with the promotion of mental health because hospitalization may be an entirely new experience for some patients, or a repetition of previous experiences that could have been pleasant or unpleasant. The patient could be filled with fear, depression, apprehension, or concerned for his family members. It's important to recognize that no matter how the patient defends himself from anxiety and hurt, no matter how he reacts to entering the hospital for surgery or other illnesses, underneath are all of the human anxieties and fears. As nurses we

must try to understand the nature of the patients struggle, in order to know how to help him the most. Every patient is important. The patients and their families deserve to be treated with respect. The nurse is an instrument, and must have an effective philosophy, and remember that when caring for the patient, to care for him as a 'wholeness' so he may attain and maintain his highest potential."

The patients in the state mental institution are not given the same respect or treatment as those in the acute hospital. They're placed into a big ward of sixty-to-eighty patients, with old metal army cots, bedspreads that are worn with holes, no curtains on the barred windows, and a very poor steam heating system. They are forced to strip naked with no privacy. They are not even given the privilege of going to the bathroom in privacy, as there are no doors on any of the bathrooms or showers.

I don't understand how our local government can allow these people to be treated worse than a dog in the local pound. At least the animals have their own cubicle and their own food dish. These places, and the people who are running them, need to be re-evaluated. If the welfare and the health of our citizens were so important to the people caring for the patients, then, why in the hell, have they allowed all of this to continue? Our

state condemns homes that are run-down and dangerous to the citizens, and yet they allow this big institution to continue. The people of our country have been naive long enough. I think it's about time something was done about it, and I don't mean for it to be swept under the rug like they're able to do, or pay someone off, like they have done in the past, on countless occasions.

*The Admissions red door swung open and a cold breeze engulfed the room. Mr. Grant, the public guardian, was back again. "Burr," he said, "it's really chilly out," as he shook the rain from his gray suit. His appearance was neat and tidy. He set his brown briefcase down, removed his black leather gloves, and pushed his red hair into place. He glanced around the room as he cleared his deep husky voice. He was quick to remember my name as he greeted me, "How are you, Miss Scolla? I've come to take a patient to his new apartment." This reminded me of the first time I met Mr. Grant . . . .*

SEPTEMBER 19 . . . . THURSDAY

Mr. Grant was a new practicing attorney and was appointed as Mr. Stone's guardian, which gave him access to his bank account, and the right to spend the money wherever he felt it necessary. He also had access



to all the hospital files. Mr. Grant arrived on our unit today and immediately went into a meeting with the staff. (If the court appoints a public guardian and you're proved mentally incapable, they act on your behalf.) Mr. Grant questioned Jack, "How often does Mr. Stone receive visitors?" "Well, he's been here a year now and no one has ever sent an inquiry about him," Jack said. "What is his diagnosis?" "Schizophrenia," Jack replied. "You can see for yourself, if you read his chart." "Explain to me what is schizophrenia?" Mr. Grant asked. Jack picked up a manual and began to read out loud: "A schizophrenic is the most wide spread form of psychosis. About half of all the patients hospitalized for mental illness are schizophrenic, formerly called dementia praecox or 'early insanity,' because it usually appears between the ages of 15 and 30. The patient is apt to be shy, dreamy, bored and lacking in physical and mental energy. When he becomes unable to find a solution for a painful situation, he retreats into a world he imagines as he would like it to be. He becomes unable to distinguish fact from imagination and uninterested in doing so. As a result, his actions may seem very strange, unless they are understood as the product of a dream world." After the reading, Mr. Grant asked Jack, "Is he hostile or aggressive?" "No, he's very adjusted to the unit routine. He takes his medications well and he's first in line when they hand

them out.” From that time on, Mr. Grant conveniently created a personal relationship with Mr. Stone. Jack resented it and confronted the staff doctor. “I don’t think it’s right for Mr. Grant to come here on his own time and visit with Mr. Stone and make promises to him. It’s just not protocol.” The doctor asked, “What kind of promises is he making?” “Well, he says he wants to write about Mr. Stone’s life and wants to set him up in an apartment.” Dr. Day said, “No way will I allow that to happen.” He picked up the phone to call the guardians office and reported Mr. Grant.

*SEPTEMBER 20 . . . . FRIDAY*

The next day Mr. Grant came into the unit and said, “I want a release made up for Mr. Stone.” Dr. Day became furious, his face turned bright red and he stomped his feet, waved papers and shouted, “Mr. Grant, you had no right to take a special interest in Mr. Stone!” Mr. Grant replied, “I’ve already taken an apartment for him and he’s getting out of here today.” Dr. Day said, “You’ll never get away with it,” grabbed the phone and called the public guardians office. He finally gained a little composure and explained what had taken place. The authority on the other end of the phone said, “Sorry Dr. Day, he’s his public guardian and acting in the best interest of the patient.” Dr. Day hung

up the phone and said, "You don't know what kind of trouble you're asking for." He became even angrier and screamed, "Well, go ahead and take him. Who the hell cares! If you want him that bad, take him. We can't afford anymore trouble up here on the unit. We'll get him back in time. You'll see. You're just making it possible for another one to run loose on the streets, but we'll get him back. We always do!"

*This was not true, proven by many ex-patients, like Mr. Brown . . . .*

*SEPTEMBER 23 . . . . MONDAY*

Mr. Brown, a famous musician, walked up to me a few months after he was admitted and explained to me that he had reached the point of explosion. "Nadine," he said, "If I don't get out of here soon, I really will go crazy, just like the others. I can't stand it any longer. It's the most inhumane place I've ever been. It's demoralizing and the reek of urine from the toilets is unbearable. I don't mind cleaning them but even when you're through they still don't smell clean, and you don't even have the privacy of urinating with a door to close. I'm afraid if I don't get out of here, I'll do something disastrous." I reached for his shoulder and patted him. "I'll do what I can." "I can't make any promises but I'll see what can be done Mr. Brown.

Why are you here in the first place?" "Well, I got picked up several times for being drunk. The judge said this was a new program. The state is trying to force alcoholics to stop drinking but it looks to me like it's just providing jobs for people who work here."

I talked to the chief of staff and explained how I felt about Mr. Brown. The urgency of my voice and my concern for Mr. Brown must have left an impression in his mind. I reminded him that the patient really wasn't competent to sign the hospital agreement when he was admitted because he was drunk. I also reminded him he didn't sign a consent for treatment of drugs when he was sober, so, legally, they were holding him against his will. The chief of staff asked me, "Did the judge order him here or was he picked up off the street?" "He was picked up off the street," I replied. "How does he react to drug therapy?" "He takes the medication, but resents it," I said. "He's completely adapted to the routine, but is anxious to go home. His wife calls every day and they have children who want their father with them. He can't make a living in here and his wife is threatening to cause a big stink if he doesn't get out." "Well, we don't want any publicity, so get the necessary papers ready, and I'll release him." I cautioned Mr. Brown to continue with his duties, take the medication, and do everything that was asked of him.

I was deeply touched when the papers were ready for

his release, by the sincerity and warmth on Mr. Brown's face, when he walked over to me and said, "I'd like to shake your hand. You are truly an angel of mercy. Before my ride comes, is it possible for me to attend the chapel, here on the grounds? I want to thank God that I'm getting out of here. I realize how fortunate I am." I replied, "I'll walk over with you myself, Mr. Brown. I think we could both give thanks for this blessing."

*These two comparative episodes upset me, but I was further upset when I returned to work the next day. . . .*

#### *SEPTEMBER 24 . . . . TUESDAY*

My supervisor, Jack, wanted to make it plain that I knew who the boss was. He informed me that I was going to have to change my standards. I was going to have to learn to do things the way they're done in an institution. "We don't do things here the way you're taught in school. You're too idealistic," Jack insisted. I asked, "Is it idealistic to care about human lives?" Jack said, "These people aren't worth worrying about. They're lost forever and there is nothing you can do about it. When I tell you to give an extra dose of drugs to a patient, I mean it! I have worked here 12 years and I know when patients need extra doses. I'll get the doctor to increase any drug dosages I give. It's not hard to influence them." "But Jack, I

replied, it's against the law. You have no right!" "You just do what you're told or peer pressure will be applied, and, remember, I'm the one who reviews your performance as a nurse. If you don't perform, you'll be blackballed." I felt panic-stricken! How could I change everything I've been taught? How can I not care about human lives? I replied angrily, "I'll never change my morals!" "You or no one else will ever change them! I'm leaving this place. I want to take care of patients where the staff cares about human life."

Jack was brutal to the patients. If they got out of line, he would bodily throw them up against the wall. For example, poor Mr. Bartlow was badly beaten and his arm completely pulled out of the socket. Jack felt no remorse. It was all in a day's work. I thought, "these people in key positions have no respect for their patients."

Jack said, "I'll show you how much the doctor is under my influence. When he comes on the unit tonight, I'll tell him his face looks flushed and his blood pressure looks a little elevated, and suggest I take it. If I tell him it's high, he'll leave and go home." Sure enough, the doctor went home.

Evidence of this powerful influence was seen when an incident report was made up about Mr. Bartlow. "Just tell me what happened, Jack, and I'll sign it off." Mr. Bartlow had died. His son felt there was more

to it than met the eye and tried to legally prove his father was in perfect health before entering the hospital, but because the officials of the hospital have tremendous influence in the right places, they hushed the matter up.

I still can't believe our state hospital can allow a patient who is emotionally ill himself, to be in charge of group therapy and determine when, and if, these patients get out of here. I couldn't believe what I was seeing and being told. All these things were against my ethics. I didn't know how much more I could take. There was no one you could talk to and express your concern for the patients. At night you'd hear screams across the hall but the screams were ignored. A young boy was brought onto Ward 44 for drug use. He screamed to get out, begging to be unlocked from his unit. The screams were so loud we heard them on our unit but no one paid any attention. In his frenzy and fear, he took the mattress off his bed, placed it to the door and set himself on fire. He was finally found, three hours later, because his body fluids were seeping out from under the locked unit door. He was burned to a crisp. The poor boy couldn't have escaped, even if he had changed his mind, because of the bars on the windows.

*NOVEMBER 20 . . . . WEDNESDAY*

Today was my day off and I was going to sleep in, but the strident ringing of the phone changed my plan. I was nestled so comfortably underneath the warm blankets, with my face snuggled deeply into the pillow.

Drowsily, I pulled the phone close to my ear, "I'll never be able to recapture my dream," I thought. A familiar voice at the other end, said, "I'm sorry to awaken you Nadine, but I wanted to know if you'd like to attend a cocktail party at Dr. Zayer's home tonight?" "I'd love to, Ann! I need a change of pace. All work and no play makes Nadine a dull girl, you know, and it will give me an excuse to buy a beautiful gown I've had my eye on at Macey's." "Don't forget, we also will have to make an appearance at Caren's party."

That evening as we drove up the large circular driveway I said, "Maybe we'll meet some good-looking, eligible bachelors. I'm in the mood to party." We stepped into the large marble entry hall, and Ann exclaimed, "What a gorgeous home. Why it's a mansion!" The flame in the fireplace was burning low, and the smell of pine firewood permeated the air. The bay windows embraced a picture of the swimming pool, huge and magnificent, befitting the eight-thousand square foot home. Two spiral staircases led us to the ballroom which gave me a warm feeling inside.



Dr. Zayer asked me what I would like to drink, as the maid offered me hor d'oeuvres on a silver tray. "A glass of sherry would be fine." "I understand you work for the state mental hospital. How do you like it there?" he asked. I replied, "It's interesting doctor. I don't think there is any other place quite like it. However, I believe from my short evaluation it really needs a great deal of improvement, although it seems almost an impossibility at this point." "Why is that?" he asked. "Well, I've noticed most of the doctors working there are over the hill or almost ready to retire, and it seems they're really outdated in their clinical methods. Most of them say they went there so they wouldn't have to worry about the large expenses of running their offices, and the exorbitant prices they're charging for malpractice insurance these days." Dr. Zayer agreed, "Yes, it is very expensive to have a private practice."

Dr. Zayer's first case, as I recall, was a 2-year old child who had been admitted for fever of unknown origin. Dr. Zayer, as an intern, had come to the United States from Europe because he felt America was the most wonderful place in the world to live. It had been a dream of his since he was 9-years-old to become a doctor, live in America, and practice medicine.

The other interns had given up hope for the child to pull through, but Dr. Zayer was persistent. He stayed by the child's bed, night and day, monitoring blood pressure every fifteen minutes, giving alcohol baths, placing cool cloths to the child's forehead, encouraging fluids, taking the temperature and apical pulse with the fetal stethoscope, and checking the I.V. of D5W to make sure it was flowing properly. The child was unable to eat or even drink fluids for days. Dr. Zayer wouldn't give up hope. He ordered every lab test feasible to aid in his diagnosis, and consulted with every doctor on staff at the university. The lab technicians and other doctors would walk away shaking their heads, as if it were all in vain. After three days of constant care, with only brief periods of sleep at the child's bedside, the fever broke, and the cooling blanket was no longer needed. He became alert and looked over at Dr. Zayer with a smile on his face. By now, the child had become used to him. Dr. Zayer offered him his first mouth full of jello and noticed that his skin was cool to touch. Dr. Zayer was so heartened by the experience that he picked the child up and cradled him in his arms, hugging him warmly. The chief of staff of the university, on his rounds, walked in the child's room and saw how improved he was. He said, "You did it, Dr. Zayer! You saved that child's life." Dr. Zayer replied, "With God's help and a few sleepless nights," as he placed

the child back into the crib and pulled up the side rails, "Look, he's having his first bowel movement." He started to change the diaper, and the chief of staff said, "Dr. Zayer, we have nurses to do that." "Yes, I know," he replied, but this is one time I really don't mind changing a baby's diaper. Not after days and nights of fighting for his life." Dr. Zayer was smiling and seemed to be glowing inwardly.

Dr. Zayer's wife interrupted the conversation and my thoughts, "Excuse me please, Doctor, you have a phone call." "Pardon me, ladies." He went into his private study to answer the phone. With the door slightly ajar, I heard him exclaim, "What!" "I don't believe it, who would be so stupid?" "Yes, we'll have a staff meeting in the morning first thing—you can bring it up then. Yes, I'll see you tomorrow. Good-bye." Upon his returning, his wife asked, "What's wrong?" Dr. Zayer exclaimed, "Things never cease to amaze me!" Dr. Thabit was found making out with one of the nurses from the hospital on the operating table." His wife and I laughed hysterically. "It seems they locked the operating room up for the night since no one was expected to do surgery, but they had an emergency hysterectomy. When they wheeled the patient in, they caught the two of them." It sounded so funny after Dr. Zayer got the words out that even he started

laughing. “No wonder they call him, “Thabit the Rabbit,” you never know what that young doctor is going to jump into next.”

After a while, Ann and I decided we would drive over and make an appearance at Caren’s party.

We thanked the Zayer’s for a most enjoyable evening and left their elegant home.

The leaves on the old oak tree were autumn colors. Bright orange and yellow. They covered the red brick walkway to Caren’s house. I became even more aware of the season, as my shoes crunched the dry leaves, and we walked through the private entry way.

The party was in full swing. People were gathered throughout the house and on the patio. They were barbecuing and pouring cocktails. The crowd seemed to be having a good time. I saw a small group gathered near the piano, and then I noticed Mr. Shaw prancing about the room boasting loudly that he was a free man. “I started my divorce proceedings today!” I wondered why tonight no one was listening to the almighty, powerful, Mr. Shaw. He was being totally ignored, as if he was on a dark island. He told everyone in a loud voice why he divorced his wife.

It happened that one night as he returned from work. . . .

Mr. Shaw opened the door to his house, and the

room was illuminated from the lights of a car swinging around the corner. He saw his wife and friend together. His friend's hands were on his wife's head, under her flowing red hair. He felt the silent reinforcement as their eyes met, and he felt the excitement in their bodies as his friend evoked feelings the beautiful redhead had never felt before. Shaw watched in astonishment as she kissed him with savage joy, in complete surrender. He caressed her, turning her face up to his, which was flooded with ecstasy. Shaw was flexing his white hands, "I could kill you," he screamed. His wife sprang to her feet with a startled cry. She grabbed a gown and quickly swayed across the room. "You tramp! Get out of my home!" His friend felt like a fool and wished he were dead. His face was like stone. Shaw felt pain and anguish as they left . . . .

A.J. arrived at the party and came directly over to us. He appeared to be frustrated. "What's up A.J.?" I asked. "These doctors really upset me!" "A doctor was needed because a twelve-year-old child had an epileptic seizure. We called the emergency doctor and it took that son-of-a-bitch an hour to get there! He went into the cage, got himself a cup of coffee, and, can you believe this? He picked up a comic book and started reading! Then he strolled over to the patient when he

was done thumbing thru the book and drinking his coffee. It was too late; the child had died. I couldn't believe it happened. I'm a man and I know men aren't suppose to cry but I couldn't help myself. I thought of my little girl at home. Here I was, trying to resuscitate that little girl, and he didn't even care. That child's life could have been saved. You know what he said? 'She was going to die anyway.' I ask you where in God's creation is the justice?" "I know A.J. I think the incident with Mr. Green, the 80 year old man, on our ward was horrible, too . . . .

I arrived on the unit and the charge nurse was in the cage busy filling out incident reports. I unlocked the door and greeted everyone. I was so use to these reports that it didn't mean much, so I went to the medication room, unlocked the door, and started pouring all the medication for the eighty patients. I opened the refrigerator door to get the kool-aid. Shocked! I couldn't believe my own eyes. There were three fingers sitting in a saline solution! Liz came in and said, "Mr. Green got up in the middle of the night and shut his fingers in the door and cut them off." I asked, "Just now?" "No, three days ago," Liz replied. "Was the doctor notified?" "Yes, but he was going away for the

weekend.” “You mean he didn’t do anything?” “No, he just said to apply a pressure bandage to the end of his fingers.” I replied, “What next? What do these doctors get paid for around here anyway?”

Since the loss of his fingers, the technician had Mr. Green in a pozey, which is like a strait-jacket. Mr. Green wiggled his way out and tried to stand, but he was weak and faint from loosing blood from his severed fingers, and he hit the floor with a thud. I ran over to him and the technician said, “Call the emergency doctor extension.” I rang it and it seemed forever before the doctor got on the line. “Yes, this is Dr. Decker.” “Yes, doctor we need you STAT. We have an emergency up here on Ward 48.” Half an hour later the doctor came up to the ward. The patient was bleeding profusely from the large laceration on his head. It took 20 stitches to sew it back together. The doctor was angry with me and yelled, “Don’t ever call me STAT. I know it’s an emergency. I usually beat the fire department!” I couldn’t believe it. Here this poor little old man had lost his fingers and had a huge laceration, and they didn’t feel it was an emergency? The doctor left promptly after his last stitch. I said to the technician, “What is important to the doctors around here? What is considered an emergency?” “Well, nothing really,” he replied. “You mean they don’t care

what happens to the lives of these people? This is so sad. These people set the standards of my profession.”

*NOVEMBER 21 . . . . THURSDAY*

Today was my day off away from the hospital hospital so I went for a drive in the country. I needed to be alone with my thoughts. More and more I was becoming aware of the tremendous pressures at work. The continuous chain of events that seemed to keep building became more and more depressing. There seemed to be no one I could take these problems to, no one who would speak out and protect the patient's rights. Who would listen? There was no one to turn to.

I was admiring the beauty of the rushing stream near the roadside. I got out of the car and just sat there on the green grass listening to the whispering of the insects in the still of the quiet afternoon. The whistling of the birds nestled upon the branches seemed to be in harmony with the gentle wind echoing in the trees.

Thinking over the past months, the one day that stuck in my mind the most was the day of the State Board Exam. . . .



*JUNE 15 . . . . SATURDAY*

This was probably the most important day in my life. I kept thinking, as I nervously dressed, what the tests were going to be like and if I would pass them. I drove to Ann's house, and she was already waiting anxiously in the driveway. "I'm sure nervous," Ann said. "Yeah, me too! I brought along some of my notes on nutrition. I thought we could go over them while we're driving. It's such a long way down there, and it will give us something to do to pass the time." Ann started laughing, "You know, I don't think I can even remember the basic four food groups." I replied, "I don't think I can remember anything right now except that I want to pass that exam more than anything. It means a whole new future for both of us, and we will finally get to do the work we have trained for."

We drove in silence for awhile, caught up in our own personal thoughts about all those long months of studying and the clinic experiences at the hospitals. I said, "You know, Ann, this is the most important moment in both our lives." "I know," Ann replied. "I never wanted to be anything but a nurse. I never dreamed it would come true. Aren't we lucky they

made us work so hard in nursing school? They taught us the patients have rights and should be treated with dignity and respect." I replied, "I know our class will never forget what our instructors did for us. Remember how nervous everyone was when they told us to go into the class? They had written on the board: You're not to talk, look around, laugh, or write on anything but the test. The instructors sat in the front of the room, watching every move for one solid hour. Then we were asked to compare ourselves to patients. They asked us how we liked being robbed of our rights. They told us to remember how the patients must feel when they're admitted to the hospitals. They are told to disrobe and told they can't have the foods they like or move about freely." "Yeah, we really felt robbed all right. I don't know of any other nursing school where they are so strict with the students. We weren't even allowed to have a wrinkle in our nylons. If we had a run, we had to go home and change." Ann replied, I even had to go home and cut my nails. They were really strict. Sometimes I think they over did it, don't you? One thing though, I am happy for us. It made us aware that a person's life and rights are the most important things there are, and that we should always

honor our profession and treat the patients with respect.” I said, “Ann, I can’t believe how they pushed us so hard to pass those exams every week. They kept emphasizing how important it was that we know the material! I got to the point where I couldn’t even sleep well, because I kept trying to remember every detail. I liked it that they were emphatic about our appearance and the way we conducted ourselves in front of the patient, but I used to really get irked when they would stand behind the curtains and listen to our conversation, while we were taking care of patients, and walk in and correct us when we said the wrong things. I thought maybe when we got our first jobs we would realize and understand why they were so strict, but now I’m just glad it is over. My mind really needed a rest. I never had so many sleepless weekends in my life. Even my social life became dull. I never had a weekend to go see a movie because I felt guilty if I wasn’t studying for the next exam” . . . .

I had never known humans who were perverse and non-caring for others. The people I had known were tender and eager to please. Some, I thought, had whimsies and sudden spurts of resentment, but never were they ugly and bad. Sorely troubled, I realized, without love there is no harmony. Love attracts us to the souls of others. Our souls must be like flowers. They need to be tended with loving care. I was looking

for understanding within myself, searching for the wisdom and strength to cope with the situations at work. What I was experiencing was a depressive state of mind. I realized I would accomplish nothing with my job without a continued and sincere inner effort. I gazed upon the grove of trees nestled into the side of the grassy slope on the mountains and the sun filtering through the new leaves. I felt this place was serene and secluded from the rest of the world.

I was thinking that all people are imperfect in their reactions and behavioral patterns, but they must continue to strive to achieve harmony for themselves and others. Strife creates ugly thought patterns. We must discard the weeds, the disharmony, from our minds, and replace them with a garden of lovely growth. I feel God intended for man's life to be full with love, progression, and advancement.

It was dusk and the mountains seemed far in the distance now. I felt renewed in my soul and spirit, and anxious to begin anew.

## CHAPTER 5

DECEMBER 13 . . . . FRIDAY

Poor Mr. Green was getting weaker and weaker. Now his left arm was just hanging at his side. I reported his condition to the unit doctor; he ordered X-rays—STAT. I quickly draped a blanket around his shoulders and rushed him to X-ray. I thought for the first time there was a noise louder than the keys; Mr. Green's painful moans drowned out all other sounds down the long hallway.

The technician greeted him with half a smile, and said, "Just slide out of that chair, and up here onto the table." "Mr. Green moaned, "I can't make it!" The technician pulled back his right leg and swiftly kicked Mr. Green in the legs, and shouted, "In heaven's name, Man, help yourself." Mr. Green doubled over in the chair from the sharp blow. I stood in front of Mr. Green trying to protect him. I was horrified! There was no one around to help. Impatiently, the technician pushed me

away, grabbed Mr. Green, and shoved him onto the table. After the X-rays were taken he said, "Now, you wait here while I develop them. It will only take a minute." He came tearing out of the dark room and shouted, "Where's your charge technician?" I replied, "On the unit. What's wrong?" He shouted, "His arm is completely pulled out of its socket!" "Oh no," I cried. As I watched him run down the hall towards our unit, I couldn't believe it. For the first time, someone actually looked concerned.

I suddenly became terrified for Mr. Green. How could such a horrible incident take place? I tried to comfort him. I tucked the blanket around his shoulders while he lay there shivering. His pain was excruciating. I felt it within myself, as he lay there moaning, and prayed the technicians would hurry. Finally, I heard the noise of keys down the hall and the loud echo of footsteps. The X-ray technician yelled, "I'll get the stretcher, you call your unit and tell them Mr. Green's on his way to surgery." I felt helpless as I watched them wheel Mr. Green down the long hallway.

*DECEMBER 14 . . . . SATURDAY*

The unit was quiet today on my shift. Mr. Green was taken to the acute medical part of the unit and placed in an old metal crib the size of an infants bed. Even the side rails were pulled up. I thought what a terrible insult this was to the intelligence of the patient. As he was wheeled off the unit the other patients gathered together to comfort one another. Mr. Green's condition appeared fatal because the loss of his fingers and the laceration to his head were more than his frail body could tolerate since his vital organs were already weak. "Well, the charge said when he returned, "Doesn't look like he'll make it—thats how it goes around here. . . ." I asked if we were going to call his family or clergyman, and was told there wasn't enough time for that. So went the day, and the evening continued to darken my mood.

Bob and Jack keep reminding me that once you've passed the six months probation, you never can be fired. They continue to push the patients around, and every night they carry off the apple tarts and milk to their cars. The stacks of toilet paper and soap continue to dwindle, and even cleaning detergents are missing. I wonder how many more years they'll

get away with taking the extra benefits.

*DECEMBER 15 . . . . SUNDAY*

I drove Ann to the bus depot today. The sky was brilliant blue interwoven with white clouds that looked like a lace of powder puffs.

The drive was long and tiring. The snow was melting fast and it filled up the river, so water was rushing over the land, and the roar of noise could be heard across the countryside. It gushed onto the winding dirt road in huge icy splashes, and the brisk winter air felt as though it was blowing through the car. Ann checked the heater, and pulled her wool coat around her neck. She asked, "Would you be interested in a position at the University of New York, Nadine? I replied, "It's something to think about. Perhaps sometime in the future." "You know, Nadine, after reading the article in the newspaper about that twenty-one year old boy being found dead near the hospital grounds, we've been quite concerned about the welfare of the people who are at that institution. The newspaper said he was a patient and that he must have escaped." "I read the article too, but I don't know anymore about the incident than you do."



“You must be excited about your new position, Ann.” “Yes, it’s going to be a challenge, but I welcome it.” We drove into Martha’s Vineyard Shopping Center for coffee before going to the bus terminal, and after we were served Ann said, “Really, Nadine, I wish you would reconsider. You need a change.” “I, sometimes, think so too Ann, but not just yet. I’ll keep your offer in mind, though. Ann replied, “Well, if you do change your mind, just send a letter.” We walked over to the bus terminal and watched the tourists hustling about, checking their reservations and luggage at the last moment.

Ann asked, “I wonder how many unfortunate people become victims of the state institutions, from the depot, because of the language barrier and no one to interpret, plead their case, or to identify them.” “I don’t know. . . I only know Mr. Cortez was one of the lucky ones. I think it’s almost sadistic that they don’t have interpreters on the staff when they admit the patients. Ann, think of the people who have been diagnosed as terminal by a doctor, and they have to travel back and forth to Mexico, to acquire drugs, because they can’t get them, or afford them, here in the U.S. These people, too, are sometimes placed in the institutions, and they won’t take the time to locate their families. It seems it’s only the family who cares, and, after continuous searching,

as a last desperate effort they contact the institutions. Only then are they able to be re-united."

The call over the loudspeaker alerted us to the arrival of Ann's bus and cut our conversation short. We had become very close friends and it was difficult to think of saying good-bye. We both had experienced many events together over the past few years, but like all things that grow on our earth, there has to be room for improvement and advancement. A healthy mind does not grow unless it's cultivated and educated. Ann's eyes embraced mine, and with a deep warm smile, she got on the bus. A gust of wind seemed to carry the bus away and out of my sight.

*DECEMBER 16 . . . . MONDAY*

What a staff! Most of them didn't care at all, I worried over every patient, and A.J. was tortured with nightmares of Tamme. He imagined bizarre happenings, at night.

Maybe Tamme would call for help and he would see her at the foot of his bed, with her hands outstretched, begging him to take her out of the chair, and then he might see her fleeing to the kitchen only to pick up a pie pan, with her back to him, and smile at him through it. The nightmares became intolerable. He lost his appetite, and became progressively depressed. He became hostile to his wife, he couldn't

cope with the frustrating experiences at the institution. He would thrash about in bed hearing the moans and screams of the patients calling for help. Then he would awaken and become engulfed in a tunnel of blackness and helplessness realizing that no one was there to help them.

The hours on the unit became treacherous. He would imagine Tammey walking down the dark corridors on the unit pulling at the door knobs of each door trying desperately to get out. He could see her going up to the staff asking to please let her out and no one hearing or seeing her plea for help. Continuous visions of her picking up the pie pan with her back to him, pleading for help, changed from smiling to sobbing with tears running down her face. When A.J. would reach out to comfort her by touching her shoulder or reaching for her lovely brown hair, she'd disappear. The blatant dream of them dragging her off to the Shock Therapy Room was almost more than he could bear. The final hallucination, of Tammey's drained body, sitting frozen in position with the straps still tight, would, in his dreams, cause him to embrace Tammey and sob bitterly.

The streets were icy. A.J. reached into the closet, put on his brown overcoat, and stepped out into the fresh air. His shoes slushed into the mud as he walked along in the cold, and he could see the steam in the air

as he breathed deeply. His wife insisted he needed a doctor, and the arguments with her now were a succession of bitter events. Finally, awakening to his own screams in the middle of the night made him realize he needed help.

A.J. waited impatiently to see the doctor. Finally, he was ushered into an examination room, and Dr. Thayer entered, saying, "You look disenchanted. What can I do to help?" A.J. explained the horrible nightmares, "I can't sleep, Dr. Thayer, thinking of the pain and agony Tammy went through, and the mistreatment of all the other patients. I feel helpless, and I think this situation is going to become irreversible within myself, if I don't discuss it with someone qualified to help. I thrash about in bed every night, and I constantly hear people calling for help with no one there to help them." Dr. Thayer replied, "A.J. you can't hold this emotional storm inside yourself any longer without it affecting your life in a drastic way. I suggest you leave the institution." A.J. felt relieved when he left the doctor's office, and he took the long way, through the forest, to his home. He realized he would have to make a decision. He took off his muddy shoes and left them on the outside porch, hung his coat in the closet, slumped into a comfortable chair and fell asleep. Startled, he awakened

screaming again. They were dragging TammeY off the unit for the last time. She was begging, pleading, "Please, not again." A.J. picked up the phone, called an outside agency, and reported a number of events, "I'm sick and tired of seeing people pushed and shoved, and lives needlessly snuffed out." The agency replied they would look into it.

*DECEMBER 23 . . . . MONDAY*

Today, on the unit, came the final blow. A young boy was ordered for shock therapy, and, after treatment died.

A.J. argued bitterly with his supervisor over the incident, but, to no avail. His supervisor warned him that he would discharge him if he continued causing trouble. A.J. swore, "You bastard! You and this place are worse than the local dog pound!" I saw him coming, as he stormed onto the unit, saying, "Nadine, I ask you," with his face bright red, "where is the justice for people? I've jeopardized myself, and my profession, to help these patients. When are they going to wake up around here and listen to the few staff members who observe and report unprofessional techniques and incidents? When is the staff going to become involved in rehabilitation, and provide better treatment for the patients? I realize not all the patients

will leave this institution, and this will have to be their home for the rest of their lives, but if this is to be their environment, then why can't it be a place of warmth, and of physical security instead of a prison filled with fear and horror?" A.J. stormed off the unit, still in a rage.

*DECEMBER 24 . . . . TUESDAY*

I learned today that A.J. had resigned.

The newspaper had an article in it about a patient that was accidentally run over on the hospital grounds. The article said A.J. was the key witness. He blurted out his fear, apprehensions, and concern for the patients to the press. Investigators toured the hospital and stupidly concluded that what it needed was a few more employees. Several of the employees joined together to try and clean up their units, but the only thing that did was to create more chaos.

I realize there are intelligent and conscientious personnel here who are willing to make sacrifices to help the patients. If only there were enough of us to do the good that needs to be done, these problems could be solved. It seems, though, that normal and good people can only stand the pressures so long, before they must leave, and it's not long enough to

wipe out the ignorance that prevails in these state mental institutions.

*DECEMBER 26 . . . . THURSDAY*

I checked American Airlines flight to New York tonight. The plane was to leave at 6:00 p.m. I packed my suitcase quickly, taking only the necessary items for a couple of days. Ann's frequent requests to join her at the University had become too inviting to resist. I felt a surge of happiness, realizing I would soon see my closest friend.

I arrived at Kennedy Airport, and quickly walked to the phone booth. It seemed to take forever before Ann answered the phone. She was surprised and delighted as she shouted with excitement, "What a wonderful surprise, Nadine! Then you're going to take the position here at the University I offered you?" Happily, I told her we'd discuss it over dinner. I anxiously waited on the front steps of the terminal. A yellow cab pulled up, the door opened, and Ann, dressed in a bright yellow suit, jumped out and ran up the steps to greet me. Smiling, she shouted, "Wow! What a great surprise, Nadine." I explained, briefly, my visit would be a short one, but that I would like to tour the University before I made my final decision. We walked to the coffee shop, settled into a black leather

booth, and placed our orders with the waitress. I started the conversation, "Ann, I have a special dream for all the patients in the state mental institutions. Do you realize there are thousands of helpless people?" "I know," she replied, "there seems to be a surge of mental illness, and life's situations aren't getting any easier. More and more people are finding them difficult to cope with." Looking at me intently, and with deep interest she asked, "Tell me, Nadine, what is your dream for the mentally ill patient?" "Ann, I have a multitude of dreams. Perhaps they will come true in the future. You know, I've submitted my diary to a publisher, and I hope, they will feel the material worthy enough for publication. Mentally ill patients would then benefit by investigations that would be initiated. Ann shook her head, "Do you realize, Nadine, that you're fighting City Hall? You're leaving yourself open for slander and ridicule. Are you prepared to face those consequences?" "I really don't know, Ann, but consider that David even survived the lions dens. . . ." "What faith you have, Nadine. You seem so intent on following through, I see that your mind's made up. Tell me your dream." "I feel the patients should be given routine educational classes on thinking, daily, for instruction in direct, constructive thought patterns. The staff should be rotated on the units so they don't fall into the clique of familiarity breeding



contempt. Each unit which has 60 to 80 patients should be provided with their own medical physician and psychiatrist. The social workers should be provided with ward secretaries to take care of the tons of necessary paper work in tracing a patient's background or history. The units, which have 60 patients or more, should be staffed with several social workers, instead of two, as two can't possibly meet all the social, physical, and psychological needs of each patient, when most of their waking hours are spent filtering out paper work for the state. I'd like to see the social workers have time to be active in all group therapy meetings, and be able to know their patients as people, and not merely statistics. Staff members should be reprimanded in a serious way when patients are suddenly and unexpectedly injured, instead of the usual way of sloughing off the responsibility. Important, too, is the drug therapy. The right drug for the right patient, and the exact dosage, evaluated by the doctor on the unit, by his personal observation of the patient's behavior, and the effectiveness of the drug. Only when he writes an order for a drug to be increased, should it be. More corporations should be encouraged to donate their contracts to the institutions, and provide jobs for the patients, which help in their rehabilitation by keeping them active and productive. The fifty cents a day the patient makes isn't of much

financial worth, but, individually, it does give them a valuable feeling of productivity. The hospitals could charge a nominal fee, and the corporations could make larger profits. To know the patients go to bed at night in clean and dry comfortable beds; to know their stomachs are full and that they had a choice of food, and plenty of time to eat; to see the units stocked with fresh fruits and vegetables would help make it possible to have a mentally healthy America. The staff members should walk with the patients daily, when weather permits, for physical exercise, and encourage the use of the olympic size swimming pool, where there should always be a physical therapist, and which was built for the patients, and not for the staff. Modern facilities should be put in along with proper heating and electricity so patients wouldn't become sick, and die, from catching pneumonia. The environment should be clean and decorated colorfully—the proper colors can do so much for the sick mind. The hospitals should be checked and have to qualify yearly for accreditation, by the health department, and if they don't conform to the same standards that are set up for the acute hospitals, procedures should be started to lawfully prosecute the executive branch, which would be replaced with a new regime, immediately. Janitorial services should be hired, instead of using fragile patient

workers. When the patients go to bed at night they must feel safe and secure, instead of alone and frightened, if any improvement is to be expected. The patients personal property and assets must be placed in trust, for the patients, and given back to them upon their release from the hospital. Such things as their car, jewelry, and money. If there is a fee, deduct it at the time of the patients release, and never more than a certain, set amount. The units must be made safe from fires by checking light fixtures and plugs on a routine basis. More important of all, Ann, each patient has to be treated as an individual person for him to become completely independent, able to think freely, and make decisions for himself, so that he can go back into society and become productive." Ann was so engrossed she couldn't believe it when I finished. "Boy, that's asking alot, Nadine, but I know your requests are absolute necessities. I hope the publisher accepts your diary. Just think of all the people who will become aware, and will know that, with their interest, the good in this country will overcome the ignorance."

"I'm anxious for you to tour the University. I hope you like it." I did like the University. It was a good feeling seeing doctors and nurses dressed in white. I had forgotten what it really felt like to walk down a shiny corridor and see nurses in uniforms, for, I, so

long ago, stopped wearing mine and found I was dressed in street clothes, just like the rest of the staff.

I thanked Ann for the tour, and the opportunity to come on staff, and told her I'd consider the position in the near future. The flight home was short, which was a good thing, since I was anxious to hear from the publisher.

A very exciting telegram was waiting for me at home saying that they have decided to publish my diary! At last a positive sign that my being at the institution serves a very worthwhile purpose.

*DECEMBER 29 . . . . SUNDAY*

I have a feeling of warmth and comfort tonight.

My eyes seemed hauntingly drawn to the red, orange, and yellow flames of the wood logs burning in my old rock fireplace. The scent of eucalyptus trees enhanced the room. As I stared out the shiny glass window into the thicket of forest and watched the swift wind toss about the few autumn leaves of the almost bare dogwood trees, I had the feeling that life does continue; mother nature only changes it's forms and cleanses the air, eliminating the debris. All the trees seemed nestled closely together and their branches were covered with clusters of white snow flakes.

It's dusk, now, and I have a deep inner feeling of aloneness. The storm has left the brown earth covered with a blanket of snow. A fuzzy brown rabbit seems so alone, too, as he scurries about to find a place to retreat. My thoughts are drawn to Mr. Johnson, who lost all of his beautiful pearly white teeth, and all of his gold fillings. I saw him yesterday and he had aphasia. He was still sitting huddled in a corner, saliva drooling heavily from the side of his mouth, withdrawn, uncaring, unaware.

*DECEMBER 30 . . . . MONDAY*

Another day had come and gone. I checked Mr. Johnson's chart. In all this time no one had come to visit him. The new unit they shifted him to was supposed to do so much to rehabilitate him. The drug therapy, I felt, did nothing to improve his condition. I was helpless. I can't see that being here in this institution has been significant for any kind of improvement within his mind or his physical body. This special black man—is he doomed forever? He isn't even aware of all the days and months which have passed. No one has visited him from the outside. No one has, or will, make an effort to replace his teeth. He's only one of many who have lost their gold fillings. What have they been doing all these years with the gold? Progressively, he has gotten

worse. I remember he used to have a special twinkle in his eyes when he was the first one to greet me on the unit in the morning. His face was bright and shiny as he would shout, "Good morning, Nadine," with warmth and sincerity . . . and his beautiful radiant smile. When will he be released, and no longer be a captive? I wonder if he will see another sunrise, or walk freely with no guardian, through a lovely park or grow a small garden of flowers as he used to when he was at home.

He had no funds for a lawyer when he stole the television tube. He was a thief, but when I think of the tragic crimes that are committed, and lesser forms of punishment given, I feel he has overpaid the price of his crime. He didn't have a dollar in his pocket. He was broke . . . not even malicious.

*JANUARY 5 . . . . SUNDAY*

The sudden entrance of the police cars terminated our group therapy conversation abruptly, tonight. Then the unit was suddenly frighteningly still, after the blaring sounds of the police car sirens.

Hushed and muffled voices could be heard in the distance. Everyone on the unit rushed to the barred windows. The police were dragging in another admit. The patient was hostile, angry and aggressive, and he even bit one of the officers. The scuffling noise of them wrestling with the new patient echoed loudly through the halls.

Shaw went out to greet the patient and officers, and admitted him to our unit. Shaw's been spending alot of time on the units since his divorce. It seemed at first he was very lonely, but since Caren was transferred to his unit, and they've been dating, he's been giddy and reckless. He walks up to her in front of everyone and tells her he wants her more than life itself. She seems to enjoy tormenting him. She's sometimes blunt and crude depending on her mood. Shaw's brown eyes become misty with tears when she treats him like that. She throws her long shiny blond hair back, with a flip of her head, when he tries to kiss her lips. He tries to cling to her making him dizzy with excitement. Everyone is gossiping about them.

Tom must be in love with her too. I hate to think of what's going to happen when Shaw finds out about him. Caren meets Tom secretly when Shaw's off. It gives me cold chills thinking about it. She just keeps saying variety is the spice of life, and playing one against the other. She struts down the corridors swinging her tiny hips deliberately while both of them watch. Tom is Shaw's best friend! Unfortunately, people can become so dulled to beauty that only trouble is exciting. One would expect to find them patients, not staff members, though.

*JANUARY 6 . . . . MONDAY*

Tom's masculine arms were wrapped passionately around Caren's tiny waist, and he was kissing her eager young lips, when Shaw, with three patients, barged into the medication room. Caren swallowed hard and stood there shocked, then she tried to make an excuse as if it were all a game and the incident hadn't meant anything. Shaw was in a stupor, his face flushed. Tom groped for his keys to leave, but Shaw pushed him up against the wall warning him to stay away from Caren. Caren laughed and told them they were both being foolish and hard-headed. They finally dispersed and left the unit. A while later, a door opened with sudden violence in the hall. I heard rapid foot steps for a moment and saw Tom go in. I went down the hall to the room, and saw Shaw and Tom arguing bitterly over Caren. Shaw's stiff wrist was in a half waivering, threatening gesture. Tom flexed his white knuckles nervously, "I could rip you to pieces Shaw," he said, as he stood there, his six feet towering over Shaw's short stocky body.

The patients were gathering around, and one, laughing, said, "Hey, this is better than the movies." With the roar of laughter from the other patients they both realized they looked ridiculous. Mr. Graham,



in all the confusion, decided it was time for classical music, so he took his "Homes & Gardens" magazine to the old brown upright piano, with its keys missing, and began playing, "Ava Maria." The patients started singing, "I Left My Heart In San Francisco." Really, there's never a dull moment here. This place is packed with drama. You never know if you're dealing with patients or employees. . . or if they're one and the same.

*JANUARY 7 . . . . TUESDAY*

Since the episodes of the other day, Shaw has been extremely quiet and withdrawn. His appearance has become untidy, and his face unsmiling. I was wondering what had happened to the love triangle, when Shaw came in and slowly strolled over to the pool table. He looked millions of miles away, as he stood there in a daze, throwing pool balls into the pocket. When I spoke to him, he was unaware of anyone nearby, until my keys jangled. He half smiled and left the unit, still in a lifeless daze, with his shoulders slumped. His behavior is no different than that of the patients. I thought, perhaps, he broke up with Caren. He doesn't push anyone around anymore, like he used to. He appears to be a defeated man.

## CHAPTER 6

I continued waiting in the dim, cold Administration Office lobby. I heard a phone ringing in one of the offices down the hall, and I could hear a muffled voice. "Yes, we will have a staff meeting today concerning the Shaw problem." I heard the door to the office open and saw Mrs. Sitton coming down the hall. "Hello, Miss Scolla. What can I do for you?" "I have decided to resign my position, here, at the hospital." "Why?" she asked. I replied, "Too many incidents have occurred that I can't justify, and the final one was the Shaw case last night. I had a call from Caren, and she related the whole scene to me. Her brother was one of the policemen that arrested Mr. Shaw."

Yesterday, after lunch, Mr. Shaw raged with anger. Fury captivated his brain and seemed to completely take control. He couldn't believe his girl friend was no longer interested in him. After all, he had divorced his wife and given up everything he owned for her. Now she was having an affair with another technician, Tom, who was an employee of the hospital, and Shaw's longtime friend. Shaw couldn't accept this total rejection, and was not about to relinquish her. He wanted her with all his heart and soul, and would allow no one to infringe on his love affair.

He was violent when he called Tom on the phone. His ear pressed hard against the receiver, as, with a commanding voice, he insisted that Tom meet him in the parking lot. "Why?" Tom asked. "We have something to discuss and you know what it's about!" Tom replied, "I really don't think there is anything to discuss." Shaw took a deep breath, and tried to relax as he coaxed Tom, with a soothing voice, to meet him in the parking lot. Reluctantly, Tom agreed, but stated, "I'm not going to give her up." Shaw was relieved for the moment because he knew Tom would be there. After all, he was the supervisor and if Tom didn't do as he asked, he could make life unbearable for him.

Shaw left his office, and took the rickety old elevator all the way down to the morgue. He looked over the dim hall before he got out, to ensure he would go unnoticed. His footsteps echoed loudly, as he rushed along. He frantically unlocked the morgue door, and searched in the dim, chilly room, for a cleaver. He knocked instruments on the floor, pushed tables over, and finally found one. He placed it in a brown paper bag, and put the package under his coat. He headed back out to the old elevator. The pounding of his heart was heavier now, but he continued to control his rising blood pressure. The elevator stopped at the first floor. He stepped out and examined the hallway. No one was around. He was still unnoticed.

He went out the front door of the hospital, across the lawn, and to his car. He placed the cleaver under the front seat for future use, went to the trunk, took out a pistol and placed it under his belt. He then sat on the driver's side and waited. He saw a car coming, and as it got closer, he knew it was Tom.

Tom approached the car, and, according to a guard, they began to argue. Tom must have been refusing to go but Shaw had learned well how to convince people to do things they didn't want to do, and they finally drove off together.

It began to rain very hard as the car pulled onto the dirt road a short distance from the hospital entrance. They drove along for about a mile in the mud, when finally Shaw stopped the car and tried to convince Tom to give up the girl. Tom was much taller than Shaw but Shaw had the advantage. He had the gun. They argued hotly, until Shaw got carried away and shot Tom in the heart. Tom's heart began spurting blood all over the car. Terrified, he clutched his chest and the blood continued to spurt. Shaw was determined to finish the killing, and he pulled the cleaver from under the seat. With a powerful blow he separated Tom's head from his torso. There was no one around to hear, and even if there was, they would probably have thought them to be from the hospital and paid no attention. The car was now covered with blood. Shaw pulled the torso from it, layed it into a furrow, and with his hands, covered it, making a shallow grave.

By this time Shaw's shoes were full of mud and he was drenched from the rain. He slid back into the blood-covered front seat and backed the car to the highway. After driving a few miles into the hills he stopped on the side of the road, took a plastic bag from the back seat, slipped the head into it, and threw it out the window.

Shaw must have been concerned about disposing of the blood-covered car, for he drove it back to where he buried the torso, and set fire to it. He then walked miles in the rain and mud to his home, and took a heavy dose of sleeping pills which put him into a deep, deep sleep.

In the morning he called and said he had overslept and would be in shortly. He had fallen into the pit and become part of the evil movement, in that institution, that shapes itself after the devil. The undercurrent of his hatred manifested itself and initiated the things he hated most.

Upon his arrival at the hospital, he deliberately visited Tom's ward. He stood there talking to the staff, not really aware of what he was doing or saying. A short time later the police came and arrested him.

I believe Shaw was a product of his working environment. If he had been rotated during the year to other hospitals, perhaps this incident wouldn't have happened.

I feel I am not allowed to use my training to the advantage of the patients, I have a desire to serve humanity, and I want to do it with all the enthusiasm that has been instilled in me. I know, finally, it is not possible here.

I signed all my release papers and turned in my keys, thanked Mrs. Sitton, and left the Admissions Office.

As I walked to my car, and took one last look back, I saw the barred windows and Mr. Sam still standing behind them, holding his un-matched shoes. I felt empty and drained inside, and tears were streaming down my face, but I vowed I would somehow let the world know about the suffering of all these poor, but wonderful, people. I said silent good-byes to all my friends, for I realized, I could never, with a clear conscience, remain.

KEEPER OF THE KEYS.