

SOME ADMINISTRATIVE PROBLEMS AND LIMITATIONS  
OF THE SPRINGFIELD MEDICAL CENTER

By: Senior Surgeon Lawrence Kolb, Superintendent.

I shall discuss administrative problems here only as they differ from those at an ordinary hospital.

This institution is unique in many respects. It is both a prison and a hospital and in it are treated not only the insane and mental defective which are implied in the name, but also the tuberculous and certain types of chronically ill prisoners.

We have here, then, the problem of treating the sick as well as of guarding prisoners. To carry on both of these functions at the maximum degree of efficiency so that treatment does not interfere with custody and custody does not interfere with treatment has taxed our ingenuity to the utmost. It goes without saying that in a hospital for mental patients if custody alone is thought of by the medical personnel, there could be little interest in medicine. In the languid and disinterested atmosphere that would ensue there would be no spirit of inquiry, no sympathy with mental patients as such, no rapport between patients and physicians, and no proper desire on the part of the physicians to study and treat patients as patients, and the hospital would be a hospital only in name. On the other hand, if in their interest and in sympathy for patients the medical and nursing personnel fail to realize the importance of custody, the institution must be a failure because the mandate of the law that prisoners shall serve a certain period of time in prison must be obeyed. The institution is, in other words, a prison as well as a hospital and the prison function must be maintained while the atmosphere is softened so that the ill prisoner may, as far as possible, forget that he is a prisoner and receive the maximum benefit from hospital treatment.

The institution necessarily has a custodial and medical personnel. Most of the custodial personnel had been dealing with the prisoners as prisoners without much regard for peculiarities of conduct due to disease, while most of the medical personnel, who had had previous training, had been dealing with sick patients as sick patients without any necessity for regarding them other than as persons who should be made as comfortable as possible and cured of their illness. We, therefore, found that a very good guard or nurse had to expand their vision and unlearn some things that they had learned in order to appreciate the importance of the extra duties imposed upon them in connection with the handling of patients at this institution.

It is, of course, obvious that two absolutely independent functions and personnel units could not be maintained if we were to operate an efficient hospital prison. The functions should be fused so that one supplements the other without losing any of its own peculiar value. In order to bring about this fusion, the custodial force must be brought to understand the peculiarities and weaknesses of sick people and the nursing force must be brought to appreciate the untrustworthiness of prisoners and their special duty to guard them.

It would seem that this problem could be settled merely by stating it, but experience has shown that such is not the case and it has required months of training through the medium of talks, regulations and disciplinary action to get our personnel to appreciate the various ramifications of their functions and duties and to perform them properly.

#### Discipline.

The discipline of patients has been treated by us as a medical matter and especially the discipline of mental patients has been administered not as punish-

ment but as a measure for the control of conduct. When used in this way it has a therapeutic value. Many of our mental patients are the borderline type who have full possession of their wits and know the importance of obeying the regulations for conduct and work that is laid down for them. When this type becomes refractory as they often do they are restrained by a short period of isolation or deprivation of certain privileges. This punishment is always softened by sympathetic talks from the ward supervisor and physician so that the blow is softened and their naturally rebellious mental attitude is mollified. The consequence has been that patients reputed to be violent, dangerous and unmanageable have gotten along very well here and our mental wards are about as quiet and orderly as a mental ward could possibly be.

The same thing applies to our non-mental patients. These are, of course, more responsible and are treated accordingly. It goes without saying, however, that the average prisoner deviates somewhat from the normal in his mental reactions and outlooks on life and when this naturally distorted outlook is further aggravated by the discomfort and irritation of disease he is the source of some petty irritations for which he is only partially responsible.

Sick people, and especially the tuberculous, are naturally more unreasonable than average normal persons aside from any distortion of personality, and if treated with unreasoned severity their condition is aggravated rather than helped. Every case is, then, treated individually with the result that order and discipline are, in the main, very good.

#### Sex Perversion.

In any prison the problem of sex perversion props up and gives more or less concern and trouble, and one would naturally expect that there would be more of it here than elsewhere. This has not, however, proved to be the case, although

we have had some evidence of pervert practices. It seems logic<sup>l</sup> to us that sex perversion should be handled in a hospital from a medical rather than from a legal or disciplinary standpoint. Our practice has then been to control this situation by means of segregation and separation of parties suspected of it and to cure it in so far as possible by such psychotherapeutic means as seem applicable.

#### Occupational Therapy:

It is generally accepted that prisoners are better off if work is provided for them. By occupying their time, work prevents disorder and unrest while it builds character. Work is especially important as a means of therapy for insane patients and the problem here has been how to provide work for these and other patients without endangering custody.

A large proportion of the patients want to work and, of course, many of them have asked to work on the outside with very little restraint from a custodial standpoint. If the patient is trusted and some appreciation of his work is shown it restores his self-respect and starts him on the road to recovery, but is an easy matter to overstep the bounds of ordinary prudence if the possibilities for abuse of privileges are not kept in mind.

We have devised a method for classifying our patients as to their ability for work and the extent to which they can be trusted. The ward physician, after examining the patient and observing his reactions on the ward, decides what kind of work he is physically and mentally able to do. He records on a prescribed form whether the work should be light, active, heavy or none at all; whether it preferably should be clerical, dining room, shop, indoor, outdoor, etc.; the special ability, if any, the patient has, the supervision, if any, he needs, <sup>and</sup> the mental and emotional reactions, and cooperation to be expected of him. This

material is then passed on to the Clinical Director, the Executive Officer, and the Captain of the Guard who, after examining it and the prison and escape records, classify the patient as to escape precautions that should be used into one of the four groups below:

- a. Routine custodial precautions.
- b. Routine custodial precautions for psychotics
- c. Custodial escape problem (special escape precautions)
- d. Psychotic escape problem (Special escape precautions for psychotics)

After deciding the probabilities of escape the officers express an opinion as to whether the case should work inside or outside of the building and what sort of supervision it needs. The Superintendent then reviews the evidence together with the opinions of the other officers and decides what class the patient falls into and what kind of work and under what supervision he may do it, after which the Clinical Director makes the definite assignment.

The Captain of the Guard has been given a direct responsibility in connection with working patients and if, in his opinion, the case is not safe from a custodial standpoint in the assignment given to it, another assignment is made.

About 88 per cent of the total number of patients capable of work had definite assignments in June and July. Only a small proportion of these were working in the crafts shop. It is our opinion that constructive work outside of the regular occupational therapy shop is much better from a therapeutic standpoint than work in the crafts shop.

The patients who work away from their wards are given a pass depending upon the amount of trust put in them. Only seven now have passes to go outside and work without guard. The others have some sort of supervision either in or outside of the buildings. Doubtless more patients could be trusted outside, but there is al-

ways the risk that some of them, especially psychopathic, will violate the trust.

The question has arisen whether we should work psychotic patients under a gun guard and our decision is that psychotic patients known to be escape problems should not be worked outside of the fence where they might make a break, as the shooting of a patient of this kind, whether responsible or not, would be most unfortunate. The escape problems are, therefore, worked inside of the buildings or courtyards or not worked at all.

A large proportion of the cases treated are the paranoid scheming type of individual who are very little deteriorated. We do not have a large proportion of docile, tractable, deteriorated, psychotic <sup>patients</sup> ~~individuals~~ which are seen in great numbers in state institutions, and who can be trusted to work in fields with very little supervision. It is extremely unlikely that we ever will collect any great number of these <sup>patients</sup> ~~individuals~~ because, in the first place, the fact of the commission of crime usually denotes more aggressive <sup>ness</sup> initiative and mental agility than is found in the average tractable mental patient; and in the second place, our patients will be discharged at the end of their prison terms before they get into a settled deteriorated condition. It, therefore, does not seem probable that we will ever be able to depend on psychotic individuals to do a great deal of outside work unless the policy as to gun guards for them is changed.

This institution was designed with the idea that it should be a hospital and that for the benefit of patients the exterior view and interior arrangements should suggest prison as little as possible. The windows were given a mild appearance and so constructed that they offered little resistance to ingenious prisoners; the sunporches had no bars whatever; no guard towers were provided; an armory was apparently not thought of; and the wall enclosing the courtyard was made so low that it could be easily scaled. The idea behind all this was excellent from the stand-

point of the psychological effect it was hoped to obtain, but experience soon taught that patients treated here had as great an impulse to escape as the average prisoner in penitentiaries and jails.

The defects and omissions of construction have been or will be corrected without detracting from the appearance of the buildings. It was necessary to erect guard towers manned by armed guards as well as to maintain an armory well stocked with guns, but a solid wall, one of the most forbidding aspects of prisoners, was avoided by the use of fences which seem adequate for our needs. The changes have not, in my opinion, detracted greatly from the efficiency of the institution as a hospital. Nearly all of the patients accept them as a necessity and we have not been able to discover any bad psychological effect because of them. The hospital still has a mild appearance in spite of them and also in spite of the patrol police dogs. The institution because of these changes has developed an atmosphere of sternness in so far as custody is concerned, which, in association with the atmosphere of tolerance on the inside, has had a good psychological effect on the patients.

Nursing:

In the original set-up for personnel a large number of female nurses was provided for. Limited appropriations compelled an alteration of the plans so that the number of female nurses was reduced and the number of guard attendants and attendants correspondingly increased. Necessity here brought about a desirable change. Some female nurses are necessary to create the proper hospital atmosphere and also because of the special nursing training they have had, but it is our decision that in the main male ward attendants are needed in order to control the type of patients treated here. We would feel rather uneasy if it

were necessary to leave a ward with female nurses alone. Sick prisoners have respect for women and up to a certain point are better controlled by them, but many of our patients would go beyond the bounds of propriety if a male attendant is not always on the ward.

One of the important custodial functions of the nursing force is the proper accounting for patients. Many of these work away from the wards; many others necessarily pass to and from the wards for treatment or examination; others go to the courtyard for exercise. Because of this rather irregular movement of the patient population, it has been found desirable to bring them all back to the wards for an official count at regular intervals during the day. These counts are made at the change of the working shifts and none of the nursing or custodial personnel is allowed to leave the reservation until it is verified. A count is also made every half hour for a period of about 10 hours during the night and telephoned to the armory every hour.

Perhaps we are too nervous about our custodial situation, but our physical layout and main objective differ from that of prisons. The windows give immediate access to the outside and our rooms have no toilet facilities. It is more comfortable for the patients and more convenient for the nursing force to have the doors open at night, but more important still the patients are better behaved when unnecessary restraint is removed and the psychological effect of this appearance of freedom is beneficial to them both physically and mentally. The doors are, therefore, not locked at night except in the acute, psychotic wards and in a few rooms in other parts of the institution where special escape problems are quartered. As an added precaution the clothing of all patients is taken from them at night and locked in a clothes room on the ward.



Dietetic Department:

It has been expedient here to have a dietician fill one of the stewards positions in order that diets necessary in the treatment of certain conditions can be properly prepared. This dietician, a woman, necessarily has authority in the Stewards Department. She must control male prisoners who work there. At first sight it might be considered that this control would not be efficient, but experience has shown that male prisoners will work as well under the supervision of a female stewardess as under a male steward. It depends altogether on the personality and ability of the individual.

Our mess hall has given us considerable concern because we have not been able to feed the hospital patients as cheaply as inmates of prisons are fed and we have about concluded that this is impossible if the patients are to be fed properly. In order to avoid haphazard feeding of patients who require especial diets, the dietician has prepared a formula for numerous diets suitable for certain conditions so that the physicians may order diets from these formulas and avoid the expense, confusion and discontent that would arise if such articles were ordered for certain patients. These diets are known as regulars, softs, liquids, tuberculars, edentulous, Sippys, high calories, salt and protein free, low carbohydrates, Bland diets, and diebetics, present varieties suitable for any condition.

A number of tubercular patients are treated here. These are provided with special between-meal nourishments. The feeding of tubercular patients in hospitals is a more expensive proposition than feeding the average patient. The per diem costs in some of the Veterans hospitals is \$1.00 or more per day. We feed our patients for less than 30 cents per day, and we feel that they are adequately nourished.

The majority of our patients are feed in the main dining room but many are

necessarily fed on the wards. This adds to the expense and also to the work of the dietetic department.

Mail:

The handling of inmates' mail presents a problem somewhat different from that in the regular prison. Some psychotic prisoners especially are prone to write profusely. This writing is in many cases of benefit to them and their productions afford valuable material for the study of their mental reactions. The program for censoring mail has, therefore, been devised in which the physicians play an important part. The ward physicians read all mail going to or from the psychotic wards. Much of this is filed with the clinical histories and does not reach the mail clerk. Letters after passing them go to the mail clerk who attends to matters not in the province of the physicians. All questions of doubt in the case of mail from both psychotic and medical patients are referred to a mail censor board, consisting of the Clinical Director, the Warden's Assistant and the Superintendent. This somewhat cumbersome routine has been devised so that both patients and physicians may get the maximum benefit from correspondence without running the risk of having objectionable matter introduced or sent out through the medium of mail.

The handling of writs and petitions to courts give some concern at first. We have no desire or right to prevent prisoners from appealing to the courts to correct what they may think was a miscarriage of justice, but in the case of certain psychotic patients the unrestrained sending out of writs and letters to courts becomes a nuisance, not only to the hospital but to the courts. Some of our paranoid patients never accept "no" from a court and would send a new writ every week if allowed to do so. The matter finally was settled by what amounted to almost an order from the United States Court in this district not to allow

mental patients directly to petition the court. Writs and letters from such patients are now filed or returned to the patient with the information that he can take up such matters through the medium of a lawyer, a friend, or relative.

The prisoners' mail boxes in the psychotic wards also threatened to become a nuisance and were removed with the consent of the Bureau. Psychotic patients may still write to officials in Washington but their letters are censored and if of a nuisance nature are filed or destroyed.

Prison Camp:

A prison camp has been established here as an organization within the main hospital organization. This camp provides trusty prison labor for both indoor and outdoor activities of the hospital. The officer in charge of the camp makes the work assignments after consultation with the Clinical Director or Executive Officer, depending upon the nature of the work to be done.

Prison camp inmates and hospital inmates are kept apart as much as is possible to do so, but a complete separation cannot be maintained because it has been necessary to work camp inmates in the wards. No serious happenings have developed from this contact probably because our camp inmates have been well selected from the beginning and have been in the main trustworthy and reliable. We have feared especially the introduction of contraband by means of these inmates because the camp men, if they had a mind to do so, would have an opportunity to secure and introduce anything from narcotics to pistols.

The prison camp inmates are now housed in one of the hospital buildings that will sooner or later be needed for patients. It does not seem likely that all the work being done by the camp inmates can ever be taken over by patients even though the patient population is greatly increased. It will, therefore, be necessary eventually to build quarters for about 100 camp inmates unless the paid personnel is greatly increased. The retention of the camp seems more logical and is preferred.

Industries and Business:

The farm and the routine hospital activities will probably always provide all the work that is therapeutically useful and needed for our patients. It is not our intention then to ask that any type of industry be established here as such industry would only add to the administrative burden and detract from the functions of the institution which are to care for, cure, and rehabilitate ill prisoners and to study the effect of disease on crime.

The business activities of the hospital present some complexity in that the personnel is about equally divided between two Bureaus and supplies and equipment are bought through these two Bureaus. The majority of the business is, however, Bureau of Prisons business, and since it would be illogical, uneconomical, confusing and irritating to have two sets of store rooms and two sets of clerks and workman to handle and care for stores, order supplies and equipment, prepare payrolls, vouchers, requisitions, purchase orders, etc., certain of the Bureau of Prisons personnel have been trained in Public Health methods. The result is that the business activities are unified and carried on with smoothness, efficiency and very little additional effort.

The law establishing this hospital did not authorize us to keep patients here indefinitely even though they have no place to go, and it is the definite policy of the Bureau to get rid of all patients at the expiration of their prison terms. The states are equally determined that no public charge for whom they are not definitely responsible shall be saddled on them and it has taxed our ingenuity to dispose of some of our dangerously psychotic and helpless patients. Contracts have been made with state organizations having to do with the disposal of mental patients and with various state and welfare organizations who may take care of the helpless. So far, we have been able to dispose of all whose terms

have expired, but in one case our officers were threatened with arrest for bringing a public charge to the state; they, however, took him. In another instance we received authority at the last minute from a judge to turn the patient over to his court. In still another case a wire was received from a county clerk on the last day of the patient's term ordering us not to bring the patient to his county because the man had been divorced since he was sentenced to prison and was no resident there. We, however, took him to an adjoining county and turned him over to his parents.

There are many means by which legally-free patients who still need care can be disposed of, but no one would approve of dumping a helpless individual in the street or turning a dangerous lunatic loose with nobody to assume responsibility for him. It is, therefore, inevitable that a few patients will be left here indefinitely in spite of the law.

LIMITATIONS OF THE MEDICAL CENTER

Theroretically there should be practically no limitation as to the type of patient to be treated here, but we are faced by certain conditions, all of which can be corrected, but which at present limit either the scope or the efficiency of the institution as an ~~an~~ all-around medical center.

We should be able to treat all types of desperate, insane criminals as well as border-line psychopathic individuals who are not definitely insane. But the weakness of the buildings from a custodial standpoint as well as our present shortage of personnel make it undesirable to send to the Medical Center all of the insane who are eligible for treatment in it.

The type of patient above referred to presents problems of especial interest to psychiatrists and our medical force would like to have them to study and work with. Moreover, such patients would be much better off in this hospital than in prison, but accidents of escape and even personal violence might occur if they were treated here now.

In order to remedy this situation and also better to treat some of the patients we already have, a recommendation has been made for a strong hospital building with a separate yard where such patients can be safely and properly treated. A building large enough to accommodate 25 difficult cases would be adequate for present needs, but the building should be constructed so that it could be easily enlarged to accommodate 50 patients. The restrictions found necessary to properly safe-guard prisoners at Alcatraz may bring about mental derangements in a large number confined there. If this happens the Springfield strong building may soon have to be enlarged as this is the proper place to treat such patients.

We are now able to take care of and treat any other type of psychotic prisoners

Feeble-minded prisoners who become psychotic or who present behavior disorders should be treated at Springfield as they can be better handled here than elsewhere, but it is probable that the well-behaved feeble-minded individual would be better off at prisons because prisons afford a large variety of work for such patients and work is what they need above all other forms of treatment.

Theoretically, we should treat sex perverts here, as such patients present many interesting psychological problems and some of them can be helped by psychotherapeutic measures, but it would probably raise some very different problems if all the perverts in the prison system were assembled in one place. Our efforts in this behalf should, there<sup>fore</sup>, be limited to special cases, perhaps to some of those who present some biological sex deviations.

The tubercular building originally designed for this place was not constructed and our present set-up for the treatment of tubercular patients is not ideal in that the beds can not be wheeled directly from an inclosed room to an open corridor or porch as would be desirable in favorable weather. The rooms are also rather uncomfortable in warm weather because the windows can be opened only about 5 inches at the bottom and top. We are, however, able to give our patients adequate light, air and rest as well as surgical attention when this is necessary and the worst bed patients are treated on a sun porch where there are open windows and an abundance of light. The tubercular ward has accommodations for only 69 (six more can be added in case of emergency) patients, and with the present personnel it would not be possible to open another tubercular ward. These patients have proved to be more difficult than any others from the standpoint of custody and discipline, and to open another tubercular ward without adequate personnel would be an extremely hazardous undertaking.

The provision of the law establishing this hospital, which provides for the loss of good time on the part of mental patients treated in it, has had an upsetting influence especially on the border line psychotic patients. This feature of the law is doubtless a good one in that it keeps irresponsible patients away from Society for a longer period of time, but practically all of our psychotic patients think and worry and complain about it so that in some cases it probably acts as a deterrent to recovery. It is probably that the law should be modified so that in the discretion of the medical staff certain cases could go out on their short time. This would give all who care about it something to look forward to and would secure from them more cooperation in treatment. The exception, of course, should not be abused to the extent that markedly psychotic patients would be freed by it.

The name of the hospital, containing as it does the words "defective delinquents" is unfortunate and should be changed. These words carry a stigma that only a few of the patients deserve and they have a disturbing influence that militates against successful treatment and adjustment of patients to the institution so that for this reason alone some ask to be returned to prison. No attention should be paid to a mere whim of a prisoner, but the classification "defective delinquent" is about the lowest classification that a human being can have and the objection to it is not a mere whim. The classification is unreasonable as well as untrue, and if inmates of a penal institution are to be rehabilitated to the fullest extent possible they should not go out feeling that they had been unjustly stigmatized while in prison. It is felt, therefore, that the name of the hospital should be changed, eliminating the words "defective delinquent".

In conclusion, this institution affords a variety of interests to maintain the



-14-

medical and scientific spirit of the staff at a high level. There is practically no limit to the constructive work that may be done if the proper spirit is maintained and the scientific personnel is increased to the point where some time can be devoted to study and research.