

*Mental Illness and Brain Disease: Dispelling Myths and Promoting Recovery  
Through Awareness and Treatment*

June 28<sup>th</sup>, 2006  
Subcommittee on Health  
Committee on Energy and Commerce  
2123 Rayburn House Office Building  
Washington D.C.

*Summary: When journalist Pete Earley's adult son, Mike, developed a major mental illness, his father rushed him to an emergency room, but a doctor there refused to treat him, citing civil rights laws that said Mike had to be an "imminent danger" either to himself or others before he could be helped against his will. Mike thought pills were poison. Earley was told to bring his son back if he tried to kill himself or someone else. Forty-eight hours later, Mike broke into an unoccupied house to take a bubble bath during a psychotic episode. He was arrested and charged with two felonies: breaking and entering, and destruction of property. Earley was so outraged by a legal system that had stopped his son from getting help and now wanted to punish him, that he launched his own investigation into today's mental health system. He eventually spent a year inside the Miami Dade County jail in Florida where he followed several mentally ill prisoners through the court system and into the community. He interviewed correctional officers, judges, attorneys, mental health workers, psychiatrists, the police, parents of persons with mental illnesses, and consumers to learn why jails and prisons have become our new mental asylums. He has published his findings in a nonfiction book, CRAZY: A Father's Search Through America's Mental Health Madness, which tells two stories. The first is his son's. The second is an expose that explains how persons with mental illnesses are being treated today. Earley concludes that we need to take immediate steps to stop the criminalization of persons with mental illnesses by: re-examining our nation's commitment laws, establishing Crisis Intervention Training for the police, stopping the closing of psychiatric hospital beds, and by improving community based treatment services.*

Thank you for inviting me to testify this morning about my son, Mike, and what it feels like to be a parent or a loved one of a person with a serious mental disorder. The quick answer is: frustrating and heartbreaking. It is difficult enough to battle a biological brain disorder. It is even more frustrating and more heartbreaking when you encounter a mental health care system that is callous and so deeply flawed that it throws up roadblocks to recovery rather than offering a helping hand.

I have included an excerpt of my book, *CRAZY: A Father's Search Through America's Mental Health Madness*, in this written testimony. It will explain how we are turning persons with mental disorders into criminals, how jails and prisons have become our new mental asylums, and how we have gotten ourselves into this tragic yet preventible mess.

Please read it. I live in one of the most affluent and sophisticated suburbs in America in a Virginia county that prides itself on having a model mental health care system, yet my son ended-up being punished – rather than treated -- because of his illness. Sadly, what happened to him is not an aberration.

There are 300,000 persons with severe mental illnesses currently in our jails and prisons. Another 500,000 are on probation. 700,000 go through the court system each year. Those who aren't in jail, oftentimes are hidden away in

repugnant assisted living facilities. In Miami, 4500 persons with severe illnesses are housed in 647 rooming houses. 397 of these slum operations can't pass the state's minimum standards for boarding homes, yet Florida continues to use them. We have closed down the giant warehouses that were state mental asylums. But sadly, we have not helped thousands of persons with severe disorders. Instead, we have simply hidden them better.

As we have heard today, we have made significant advances in developing medications and treatment. But none of these promising scientific discoveries will matter if we cannot find a reasonable and sensible way to deliver services to persons who need help. As you read my son's story, you will discover that getting help is often nearly impossible even when medical solutions are available.

Please remember two additional facts. Mental disorders can strike anyone regardless of their race, creed, political clout, or wealth. Bipolar disorder, severe depression and schizophrenia are equal opportunity afflictions. If it happened to my son and me, it can happen to your son, daughter, mother, father, or sibling.

Also understand that I am not alone in asking for reform. Consider this note that was written by a mother who posted it on my author's webpage

([www.petearley.com](http://www.petearley.com)).

***"Only a parent with a seriously mentally ill child, like yourself, can understand the terror and desperation that we suffer. I live constantly with the threat of my adult son's arrest or death (or worse) and I have even harbored the horrible***

***thought of taking my own life and his on occasion to just end this never-ending nightmare."***

This mother is suffering, not only because of her son's mental illness, but by her inability to get him meaningful help. Science can give us the tools to unlock the brain's mysteries. But these discoveries are useless if we can't develop a mental health care system that can provide services and treatment. My son's story is a testament that such a system does not exist today. What I found during my year long investigation at the Miami Dade County jail is a testament that such a system does not exist today. We need Congress to fix these problems.

I applaud your committee for taking an important step today by holding this hearing and calling attention to the need to end stigma. But please don't stop here. I beg you. My son, Mike, has a mental disorder that is trying to destroy him. He and I have no choice but to put our trust in medical research. But whether or not Mike ends up living on the street, eating out of a garbage can and being attacked by teenage thugs wielding baseball bats – or living in a rat infested assisted living facility -- or spending the rest of his life locked in a jail cell for a crime that could have been prevented – these are scenarios that are within our control.

Here is *our* story. I wrote it because I wanted mental illness to take on a human face. It is my son's, but it is a face that can be worn by thousands.

\*\*\*\*\*      \*\*\*\*\*      \*\*\*\*\*

“How would you feel, Dad,” Mike asked me, “if someone you loved killed himself?”

My son’s voice sounded weary. We were speeding south on Interstate 95, just north of Baltimore, racing toward a Fairfax County hospital. I had rushed to Manhattan earlier that morning to get Mike after his older brother telephoned me in a panic. They both lived in New York City. Mike had not slept in five days, had been walking aimlessly throughout the city, and was about to lose his job as a waiter. He was convinced God was sending him encrypted messages.

Without warning, Mike burst into laughter. “Dog God!” Ha, ha, ha. “God Dog! Get it?”

Just as quickly, he began to sob. Tears flowed down his cheeks. I hadn’t seen him in such pain since he was a boy and got smacked in the scalp with a stick by a playmate. I had driven him to the hospital and held his hand while they sewed stitches. He had been five years old back then. Now he was twenty-three.

“Why are you crying?”

“I can’t tell you because you will hate me forever.”

My wife, Patti, already had alerted the emergency room at Inova Fairfax Hospital. It’s where we had taken him before when he’d suffered a mental breakdown a year earlier. There had been no warning signs, no known family

history of mental illness. Mike had recently graduated from a Brooklyn art school when one of his friend's had showed up with him at my front door. He was babbling about a girl named Jen, telling me that she was in danger, that people were going to hurt her and that he needed to save her. None of it made sense. I put him to bed, but he became paranoid and when I finally was able to persuade him to go to the hospital, security guards had to wrestle him down. That was when I had first heard the term: *bipolar disorder*.

With anti-psychotic medication, time, and therapy, Mike had become his old self again and returned to New York. I called every Sunday but our recent conversations had been shorter than usual. Still, I'd not suspected that anything was wrong. The truth was that both of us wanted desperately to believe the doctors had made a mistake, that he had been misdiagnosed and his first episode had been a fluke brought on by too much stress and too little sleep.

But then his brother called. Mike had not been taking his pills and now he was acting crazy.

"Please take your medicine," I begged. I'd been trying to get Mike to take Zyprexa, an anti-psychotic, since he'd first gotten into my car.

"Pills are poison."

But moments later, he said: "Okay, I'll take your damn pill." He reached for the water bottle that I'd given him, but he paused before he slipped the tablet into

his mouth and then dropped his hand next to the car seat out of my view. *Was that the pill?*

I pressed harder on the gas pedal. I had to get him to the hospital. He would be safe there. Its doctors would know what to do.

\*\*\*\*\*    \*\*\*\*\*    \*\*\*\*\*

I had no idea.

I had been a journalist for more than thirty years, a *Washington Post* reporter, and the author of several nonfiction books about crime and punishment and society, some award-winning, even best-selling. I'd interviewed murderers and spies, judges and prosecutors, defense attorneys and defendants. But I was always on the outside looking in. I had no idea what it was like to be on the inside looking out – until Mike was declared mentally ill.

Our manic trip from New York City to Fairfax in late August 2002 was the start of a harrowing journey. We were about to plunge headlong into the maze of contradictions, disparities, and catch-22s that is America's mental health system. But even that was nothing compared with what happened when Mike, suffering delusions, committed a crime and was arrested, thrusting us into a judiciary that proved ill-equipped to handle madness.

Few of us worry that we'll wake up mentally ill. But what if the phone rings, and it's someone telling you about your sister, your daughter, your mother or your

son? It happens more than you think. Fifty-one million Americans have mental disorders. Nearly all Americans have at least *one* relative who is mentally ill. Six-and-a-half million Americans are so debilitated by mental illness they are considered disabled.

Because of what happened to Mike, I have spent the last four years examining our nation's mental health system from an unusual perspective -- as a father struggling to help his son and as a journalist investigating a larger story. What I have discovered should outrage us. It should also scare you. Because the way we treat the mentally ill today in America is a national disgrace and mental illness is indiscriminate. Your education, your income, your political clout, your zip code – none of it matters.

If it could happen to my family, it could happen to yours.

\*\*\*\*\*      \*\*\*\*\*      \*\*\*\*\*

By the time we reached the hospital it was eight p.m. The intake nurse rolled her eyes as Mike blabbed about God. She put us in an examination room to wait. For the next two hours, no one came to help us. Another hour passed and then, incredibly, another. It was now midnight.

"I'm leaving," Mike declared.

I stepped out and flagged a nurse. An emergency room doctor came in moments later. As he stepped toward Mike, the doctor raised his arms as if

surrendering to enemy troops. "There's not going to be much I can do for you," he announced.

I thought: *You haven't even examined him!*

The doctor asked Mike: "Do you know who I am?"

"You're the witch doctor. Owe-ee-ow-ah-ah."

The doctor grinned. *This isn't funny*, I thought. I blurted out: "He's been hospitalized before for bipolar disorder. He hasn't been taking his medication."

But the doctor cut me short. "What's happened before this moment really doesn't matter." He asked Mike to name the president. Then had him count backwards from a hundred. "What does the phrase 'Don't cry over spilled milk' mean?" Mike answered each question and then added that God had made him indestructible.

"Virginia law is very specific," the doctor explained. "Unless a patient is in 'imminent danger to himself or to others,' I cannot treat him unless he voluntarily agrees to be treated." Before I could reply, he asked Mike, "Will you take medication?"

"I don't believe in your poisons. Can I leave now?"

"Yes," the doctor said. Mike leaped from the exam table and hurried toward the exit.

"But he's not thinking clearly," I stammered.

The doctor shrugged. If Mike tried to kill himself or hurt someone, he said, I could bring him back.

\*\*\*\*\*      \*\*\*\*\*      \*\*\*\*\*

During the next twelve hours, I listened to Mike as he slipped deeper and deeper into a mental abyss. Nothing can prepare a parent for this horror – watching your child being tormented by his own thoughts. In the morning, I decided to spike his breakfast cereal with an antipsychotic medication. But Mike spied flecks of the pill's pink shell floating in the milk and erupted. "Take me to mom's house!" he yelled.

His mom is my ex-wife, who lives nearby. During the drive, he became so furious at my badgering about his pills that he jumped out before I could bring the car to a full stop. He ran the rest of the way there.

Forty-eight hours later, the Fairfax County Police called. Mike had been arrested. He'd gotten up before sunrise and gone outside. Suddenly, he'd felt filthy, so dirty that he had to take a bath – immediately. He shattered a glass patio door at a stranger's house and darted in. Fortunately, the homeowners were away for the weekend. After rummaging through the kitchen, Mike went upstairs to take a bubble bath. Alerted by the home's clanging burglar alarm, the Fairfax County Police sent a dog inside. It bit into Mike's arm and dragged him down. But it still took six officers to subdue him.

The police drove Mike to the Woodburn Center for Community Mental Health, less than one mile from the Inova emergency room where I'd first taken Mike for help and been turned away. *None of this would have happened if that damn doctor had treated Mike*, I thought as I turned into the Woodburn parking lot.

\*\*\*\*\*      \*\*\*\*\*      \*\*\*\*\*

Police Officer Vern Albert was standing at the entrance. "Even though your son has broken into a house, unless you tell the medical personnel inside that he's threatened to kill you, they aren't going to treat him. We'll end up taking him to jail and you don't want that. Not in his mental condition."

"But he hasn't threatened to kill me."

Albert shot me an exasperated look.

I went inside, and I lied. The police drove Mike to the psychiatric ward at Inova Mount Vernon Hospital in Alexandria. I followed. "How long does it take anti-psychotic medicines to work?" I asked a nurse there.

She seemed surprised. "Just because your son is being admitted doesn't mean he's going to be treated," she said. It was against the law for doctors to force Mike to take anti-psychotic medication, she explained, even though he was clearly psychotic.

An attorney called a few hours later and explained she had been appointed to represent Mike. I was excited because I naively thought she was going to help

me get Mike treatment. But she explained it was her job to get him released as quickly as possible if that is what he wanted.

“But he’s not thinking clearly!” I snapped. “He’s sick.”

“I’m just doing my job,” she replied.

\*\*\*\*\*

At a commitment hearing the next morning in the hospital, Mike agreed to sign himself into treatment voluntarily.

“Why are you doing this?” the hearing officer asked.

“Because I’m having a relapse and my parents want me somewhere safe.”

I felt relieved. Now he could finally get help. That night, I brought Mike a box of fast food chicken. I knew he wouldn’t like hospital food. It happened to be my fifty-first birthday and despite his confused mental state, Mike remembered and handed me a hand-drawn card. From nowhere, he mentioned a fishing trip to South Dakota we’d taken. He’d been five and had wandered off from the lake. The ground had given way at the edge of a ravine, causing him to fall half-way down it before he’d grabbed a shrub and stopped the fall. I’d climbed down and rescued him. Over time, the story had grown. The gully had become a hundred-foot-cliff. That was when he was little, and I was still his hero. We laughed about the story and then I said: “Get well, son, that will be the best birthday gift ever.”

The next morning, the hospital psychiatrist called. A pill had been found on

the floor in Mike's room. He'd pretended to take it and then spit it out. I confronted him that night. "I keep thinking this is all a dream," he said. "I'll just wake up and it didn't happen."

I touched his hand. "This is real. You've got to take your medication."

Dr. James F. Dee called the next morning. Mike was taking his pills, but there was a new problem. Our insurance company wanted Dr. Dee to discharge Mike later that day. Dr. Dee didn't believe Mike was ready, but because Mike hadn't tried to kill himself and was now taking his pills, the insurance company wanted him out.

I called the insurance company, but the woman there had no sympathy. "Your son can recover at home."

"But he's not stable!" I said, and then I lost it and I did something that I had never done before as a journalist. I warned her that I was a former Post reporter and was friends with Mike Wallace of *60 Minutes*. If her company forced Mike out, I'd notify the Post. I'd call Wallace. As I put down the receiver, I realized that since Mike's breakdown, I had lied to get him hospitalized and now I was violating my professional ethics to keep him there.

Dr. Dee telephoned that afternoon and said the insurance company had backed off. Mike could stay in the hospital as long as necessary. I learned later that a girl, who had stabbed herself in the neck with a pencil, had been released

that day. Within two hours, she had disappeared, leaving her parents to drive the streets.

Mike slowly got better and we arranged for him to enter a community mental health day treatment program in Reston. I began to feel optimistic. And then the phone rang.

"I'm Detective V.O. Armel," the caller said. "Two felony warrants have been issued for your son's arrest." Mike had been charged with "intentionally destroying, defacing, and damaging property in excess of \$100" and "breaking and entering...with the intent to commit larceny." Both carried up to \$10,000 in fines and five year prison terms.

"But my son's mentally ill," I protested. "He didn't know what he was doing. And I tried to get him help in a hospital before this happened."

"Just because your son is mentally ill doesn't mean he can't be charged with breaking the law."

\*\*\*\*\*      \*\*\*\*\*      \*\*\*\*\*

What happened to Mike was not uncommon. A major shift has occurred in America.

In 1955, some 560,000 Americans were patients in state mental hospitals. Between 1955 and 2000, our nation's population increased from 166 million to 276 million. If you took the patient-per-capita ratio that existed in 1955 and

extrapolated it out based on the new population, you'd expect to find 930,000 patients in mental hospitals today. But there are fewer than 55,000. Where are the others? More than 300,000 are in jails and prisons. Another half million are on court-ordered probation. The largest public facilities for the mentally ill are not hospitals. They are jails and prisons. They have become our new asylums.

Why? I decided to go to Miami, Florida to find out. I chose it for two reasons. I didn't want to risk irritating local officials in Fairfax by writing about the jail system here since they would be in charge of deciding Mike's fate. I also had been told that Miami has a higher percentage of mentally ill residents than any other major city. Three percent of the population in most American cities are mentally ill. In Miami, it's nine percent. Besides the normal three percent, another three percent come for the warm weather and another three because of Fidel Castro. In 1980, he released patients in Cuba's mental hospitals into the stream of refugees fleeing to Florida from the port of Mariel.

Miami has been struggling with mixed success to deal with its mentally ill. It proved representative. I could just as easily have chosen Chicago, Los Angeles, Philadelphia or Washington D.C. Miami's jail system is the fourth largest in the nation. Sixteen percent of its inmates have severe mental disorders. The craziest are housed on the ninth floor in the downtown jail in "suicide watch" cells with plexiglass front walls so officers can keep an eye on them.

Dr. Joseph Poitier, the jail's psychiatrist, took me on his morning rounds. As we entered C wing, I gagged. The air stunk. It was a putrefied scent, a blending of urine, expectorant, perspiration, excrement, blood, flatulence, and dried and discarded jailhouse food. I listened to the sounds. Toilets flushed. Prisoners hacked, coughed, groaned. Correctional officers laughed and yelled commands. Leg chains click-clacked against the hard surface as prisoners arrived. These were typical jail noises. When I listened closer, I heard the asylum sounds. A prisoner sobbing uncontrollably, another moaning, a third screaming.

*Thud, thud, thud..* Then faster. *Thudthudthud.* Then louder. *THUD. THUD. THUD.* An inmate was banging his forehead against a glass cell front.

The inmates peering out at me in the first cells were naked. There was nothing in their cells except a combination sink and toilet. Nothing. No television, no radio, no magazine, no place to sleep, no chair. Nothing. Because of a design flaw, the temperature in each cell hovered in the 60s. The inmates were trembling in the frigid air. A few rocked back in forth on their heels, mumbling. Some had urinated and defecated on the floor. Most stood at their cell fronts looking out at the officers. They had blank expressions, hollow eyes. I had never seen such bleak conditions and I have been in hundreds of jails and prisons as a reporter.

"What I do here is triage," Dr. Poitier explained. There is no meaningful treatment. As we shifted from cell to cell, he spent his rounds trying to persuade

prisoners to take medication. They had arrived on C wing with no medical records. Many were homeless. Most of their families have given up on them. Psychotic inmates could spend months here. Others would be released only to be arrested within hours on different charges related to their illnesses, such as trespassing or being a public nuisance. If they were charged with a felony, they would eventually be sent to one of Florida's three forensic hospitals. But there was a long waiting list and even then, they were not treated there. Instead, they would be given medicine until they were judged "competent" for trial and returned to Miami. Sometimes it could take five or six trips between the jail and hospital before they were stable enough to appear in court.

We paused outside a cell designed for two men, but holding six. A prisoner was lying on the floor next to a toilet that another was urinating in. Because the splash was hitting the inmate's face, Dr. Poitier was concerned. He asked a prisoner to roust the man to make certain he was sleeping and not dead. The inmate raised his head, grunted, and rolled over. As we were about to move on, I notice movement underneath a steel bunk. Dropping to my knee, I peered through the smudged glass wall. A man was curled up there. He had schizophrenia, which can cause hallucinations and confused thinking, and was chewing on day-old orange peels. He smiled and waved.

I checked my watch after we finished the morning rounds. Dr. Poitier had

spoken with or visibly observed ninety-two inmates. His rounds had taken 19 ½ minutes. That was an average of 12.7 seconds per prisoner.

“A lot of people think someone who is mentally ill is going to get help if they are put in jail,” Dr. Poitier said. “But the truth is we don’t help many people here... we can’t.”

A man with bipolar disorder, which causes rapid mood swings, had been put in jail. For twenty-five years, he’d taken his medication and lived an ordinary life. But then he’d lost his job and couldn’t afford his pills. He’d attacked his father and been arrested. In jail, he jumped from a top bunk headfirst into the floor, snapping his neck. Now, he was a paraplegic.

“Jails are not hospitals,” Dr. Poitier said. “Mentally ill people belong in hospitals, not here.”

That night I woke up sweating. I had dreamed I was with Dr. Poitier making rounds and had spied an inmate under a bunk. When I bent down to see, the inmate eating the old orange peel was Mike.

\*\*\*\*\*      \*\*\*\*\*      \*\*\*\*\*

In a well-schooled Virginia drawl, Fairfax defense attorney Andrew Kersey assured us that he’d be able to cut a plea bargain for Mike. Because my son had no previous criminal record, was clearly psychotic when he broke into the house, and was now in a treatment program, Kersey felt confident the Fairfax County

prosecutor assigned the case would reduce the two felony charges to misdemeanors. Mike would be given a year of probation. It would be an open-and-shut matter.

On the morning of his court appearance, I asked Mike if he understood what was happening. He didn't. He was still groggy from medication, but he was eager to go to court. When I asked why, he replied: "I get to wear my new suit!" Before he'd become manic, he'd bought a suit because he was going to interview for a new job. This would be the first time he had worn it.

"There's a problem," Kersey announced moments before the hearing. "Our plea deal is off." He explained that the assistant prosecutor had never cleared the deal with the homeowners and when they heard about it this morning, the wife had gotten angry.

"She wants your son put in jail or an institution," Kersey explained. "The victims are demanding he plead guilty to at least *one* felony charge."

"But a felony will ruin Mike's future." His college degree was in a profession that required a Virginia state license. Felons were ineligible.

Kersey gave us a sympathetic look and said: "What's odd is the judge will still give Mike the exact same sentence." If Mike pleaded guilty to two misdemeanors, he'd get a year of probation. If he were forced to plead guilty to a felony, he would still get a year of probation.

Kersey wasn't certain if the wife understood this, so he ducked back into the courtroom to talk to her, leaving us to wait in the hallway. I checked my watch. Six minutes to go before court started. A few moments later, Kersey reappeared. The husband didn't care but the wife wanted Mike punished. Before Mike took his bubble bath, he broke a family heirloom dish, turned photos of her children face down on the mantel, drank some booze and left the bathwater running in the house causing extensive damage. Most of all, Kersey said, the wife felt violated. Mike had taken a bath in her teenager daughter's bathroom. That's creepy. Why had he chose their house? What if he came back? She was so unnerved that she was pressuring her husband to sell their house and move away.

"What she really wants is for your son to be put in prison," Kersey said.

"But he's mentally ill. Bipolar disorder is a chemical brain disorder. It's like cancer. You get it. You don't do anything to get it. It just happens to you," I said.

Kersey nodded at his watch. Four minutes. He explained our options. If Mike pleaded guilty to a felony, the case would be over. If he pleaded not guilty, the judge would set a trial date. But a jury would probably find Mike guilty because he'd been arrested inside the house. It might send him to prison. There was a third choice. Mike could plead "not guilty by reason of insanity" but if we won, he would not be turned loose. He would be taken directly from the courtroom to the jail to wait for a bed in a Virginia forensic hospital. Mike could spend weeks

waiting and there would be no way to know when he might be released after he was sent to the hospital. He'd also be identified in court records forever as being innocent, but insane.

"We'd win in court," Kersey said, "but your son would lose."

Three minutes and ticking. Three minutes to decide which was the lesser of three punishments that, as Mike's father, I believed were all unfair.

"Offer them money," I said. Kersey said no. The wife was legitimately afraid. She felt twice victimized. Mike had broken into her house. The prosecutor had not consulted her about the plea deal. She was the victim, not Mike, and in today's get-tough-on-crime environment, no elected prosecutor wanted to appear soft on crime.

Two minutes.

"What do you want to do?" Kersey asked.

I didn't know. *How could this be happening?* Kersey suddenly had another idea. He'd ask Detective Armel for help. The police often bond with victims. He rushed back into the courtroom.

Mike and I waited. He didn't have any idea what was happening. When Kersey rejoined us, he shook his head. Nothing had changed. Detective Armel had explained that Mike's punishment would be the same, but it hadn't mattered to the wife.

We were out of time. Mike and I followed Kersey into the courtroom. I noticed Detective Armel was still speaking to the victims. I didn't know what to tell Kersey. Which was better? Pleading guilty to a felony and having Mike marked for life? Risking a trial and having him found guilty? Or fighting the charges by pleading that Mike was insane? I'd been given less than ten minutes to make a decision that was going to forever alter my son's future.

The judge entered. The clerk began reading the calendar of cases. Mike's name was third on the list. For the first time in my life, I was literally frozen with indecision. I looked at Mike. I looked at Kersey. He needed an answer.

At that moment, I saw Detective Armel walk down the aisle to talk to the prosecutor. I glanced at the husband and wife. She was sobbing. But I felt no sympathy.

Kersey hurried up to Armel. The clerk called Mike's name. The prosecutor said, "Judge, we'd like to continue this case."

The judge agreed to put it aside for three months.

Kersey hustled us out into the hall. Detective Armel had won us more time by telling the wife that Kersey might be able to come up with an offer that would be better for them than one year of probation.

The homeowners and Armel exited the courtroom. None looked at us.

"Mike," I said, "do you see those people walking there?"

He looked and had no idea who they were.

\*\*\*\*\*

Dorothea L. Dix visited a Boston jail to teach a Bible class in the 1800s and discovered mentally ill prisoners had no heat despite freezing temperatures. The jailer said: "The insane don't need heat." Dix spent the next two decades exposing how "lunatics" were being abused in jails and prisons. She would be credited with persuading thirty states to build asylums for treating the mentally ill, rather than punishing them because they were sick.

By 1900, every state had a mental institution, but conditions in them were wretched. Patients were often committed by relatives. The system was abused and the hospitals became a catch-all for society's disposables – the elderly, the deaf, the blind, and the poor. On May 6, 1946, *Life* magazine published a story entitled: *Bedlam: Most U.S. Mental Hospitals Are a Shame and a Disgrace*. It began by describing a mental patient being tortured to death by the staff. Other investigative stories compared conditions in state mental hospitals to Nazi concentration camps.

In 1963, President John F. Kennedy asked Congress to spend *three billion dollars* to replace the nation's cruel state hospital system with a network of Community Mental Health Centers. The discovery of promising new antipsychotic drugs made it possible for severely mentally ill patients to return to their

hometowns and live outside locked wards.

It was a grand plan, but Kennedy was assassinated, the Vietnam war escalated, Congress got ensnared in Watergate, and the mentally ill were forgotten. In the 1980s, civil rights attorneys began filing class actions lawsuits to close down horrific state hospitals. They won a slew of precedent setting cases. The police could no longer arrest someone just because they were mentally ill; a psychotic person could not be locked indefinitely against their will in a hospital; they couldn't be forced to take medication or undergo forced treatments, such as electric shock or lobotomies. The U.S. Supreme Court ruled that the mentally ill were entitled to the same due process protections as suspects in criminal trials. Under pressure, Congress agreed to make the mentally ill eligible for Medicaid and Medicare, but only if they were not living in a state hospital. It was Congress then, that gave state legislators a way out. Afraid of class action lawsuits and mounting public pressure to do something about the asylums, state legislators began boarding up mental hospitals and discharging patients. This massive exodus was called "*deinstitutionalization*."

And what happened to the mentally ill?

In most states, patients were released without any effort being made to link them to community services – if, in fact, there were any. President Kennedy's promise of three billion dollars was a cruel lie. There were no network of

community treatment centers and those that had been built were never intended to help deeply disturbed patients. Chronically mentally ill patients began appearing on street corners. By the 1990s, there were so many being locked up on minor charges that a word emerged: *trans-institutionalization*, bureaucratize for the “transfer” of the mentally ill from hospitals into jails.

Like most states, Florida made no preparations before it began dumping patients. But eventually, it found homes for most in “assisted living facilities” – cheap hotels and boarding houses. Today, there are 4,500 mentally ill patients living in 650 “ALFs” in Miami. Almost 400 of these ALFs fail the state’s minimum standards for boarding homes. They are unsanitary, unsafe, and, in most cases, wretched places. “I wouldn’t put my dog in this house,” a Miami police officer told me when we toured an ALF. But Florida allows these substandard homes to operate because there is no where else to house the mentally ill.

Florida’s dreadful state mental hospitals had been closed by deinstitutionalization, but the lives of the mentally ill hadn’t really gotten better. The state had simply scattered them and hidden them better in ALFs.

I decided to check the Washington D.C. metro area. Since 1955, the District has lost 92 percent of its public mental hospital beds; Maryland has lost 86 percent, and Virginia: 84 percent. Although private hospitals have opened some wards, there are only 98 beds for every 100,000 mentally ill people in the metro

area, creating a staggering backlog. As in Florida, the number of mentally ill in local jails has mushroomed. Today, 2,551 inmates in Virginia state facilities are considered severely mentally ill. Another 3,330 prisoners in Maryland – fourteen percent of the state’s inmate population – are mentally ill. And an whopping 33% of the District’s inmate population require mental health services.

\*\*\*\*\*      \*\*\*\*\*      \*\*\*\*\*

In a letter to the homeowners, our attorney said Mike would meet a much tougher set of restrictions if they would allow him to plead guilty to misdemeanors. Instead of serving a year of probation, he’d serve two. He’d stay in the day treatment program, continue seeing a psychiatrist after he was discharged, submit to blood tests to prove he was taking his bipolar medicine. Kersey would obtain a restraining order against Mike that would forbid him from coming near their home. He reminded them that Mike had a clean record, was truly remorseful, and that he’d chosen their house at random. “This should do it,” he said confidently.

But a few weeks later, he received the couple’s harshly-worded response. They wanted Mike in jail. They insisted he plead guilty to a felony. If anyone deserved sympathy, they added, it was them.

“You need to prepare Mike,” Kersey warned. “He’s going to become a felon.”

Mike was wearing his new suit again when we returned to court. Just before it

was about to start, Kersey came rushing up.

The victims had telephoned the prosecutor's office the night before and asked for a continuance. The husband was out-of-town on a business trip and the wife didn't want to come to court alone. But the prosecutor had turned them down. "If the wife isn't here, there's a chance the prosecutor will let your son plead to the two misdemeanors," Kersey said. He'd shown the prosecutor the list of additional restrictions that Mike was willing to accept.

We stepped inside. Every time I heard the courtroom doors open behind me, I turned to see if it were the wife. The judge entered. The wife still hadn't. The clerk began to call the docket. When he reached Mike's case, I heard the door swing open and felt betrayed. I assumed she had been hiding, mustering her courage, but when I glanced around, it was a stranger. Still, none of us knew what if the prosecutor would accept our offer.

"Your honor," he said, "we have reached an agreement in this matter."

In fewer than three minutes, it was over. Mike had pleaded guilty to two misdemeanors and had been placed on two years of probation.

As we left the courtroom, I thought about the wife. I had honestly come to despise her. But now, I wondered how I would have felt if I had come home and discovered a madman had broken through my plate glass patio door. How would I have reacted if he'd taken a bubble bath in my teenage daughter's tub? What if I

had become so distraught that I had felt compelled to put my house on the market? Would I have acted like she had? Or, would I have showed compassion? Because it was Mike, the answer had seemed so obvious. But, sadly, when I stripped away his face and replaced it with the menacing look of a deranged stranger, I realized I might have reacted much as she had. I felt conflicted. The victims had not had the knowledge that I now had about mental illness. But I would not have had that information either had it not been for Mike's unexpected plight. I began to see the wife differently. I began to see her as the reader whom I most wanted to reach with my book, the audience that I most needed to persuade. I was also forced to realize that she truly was a victim. And it was Mike who had victimized her. I only hoped that someday she would come to see that Mike had been a victim too.

\*\*\*\*\*      \*\*\*\*\*      \*\*\*\*\*

Mike kept the plea deal. He completed the day treatment program, stayed on his medication, and began looking for a job. He'd been told being mentally ill was nothing to be ashamed about because it was a chemical imbalance. But when he mentioned that he had bipolar disorder, his job applications were rejected. Mike had a college degree, but our neighborhood Giant food store turned him down for a job bagging groceries. A sympathetic human relations director told him not to be so forthcoming. "If I knowingly hire someone who is mentally ill and you end

up hurting someone on the job, that person can sue me and the company. No one is going to hire you if you tell them the truth." Mental illness, we'd discovered, carried its own life sentence.

A temp service finally found Mike menial work and he eventually became a full-time employee. Proud of his new independence, Mike invited me to lunch. We met at a steak house and sat outside because it was a warm afternoon. He had come a long way from that panicky day when we had raced to the hospital. Our food came and he recalled how I'd brought him fried chicken in the hospital. We talked again about the fishing story -- the one about him falling down a South Dakota cliff and me climbing down to rescue him.

I watched him eat his steak. He was a handsome man. Tests showed his IQ was higher than mine. I realized how fortunate we both had been. He had recovered. He hadn't spent time in jail or been marked for life as a felon. He was doing well on his medication. His bipolar disorder was in check.

I thought about people whom I'd met in Miami while I was doing research inside and outside the jail. Judy Robinson's mentally ill son had been in-and-out of jail forty times. Another mother's son had lived homeless on the streets for nine years - despite her attempts to get him help. She had driven by him rooting through garbage cans every morning on her way to work and had been helpless under the law to intervene. *How ironic, that the civil rights laws that had been*

*passed to prevent the mentally ill from being abused in state hospitals were now being cited to keep them from getting help until they hurt themselves or someone else and ended up in jail.* I'd met a woman in Miami the same age as Mike. Her mother had gone to court several times to force her into a hospital, but doctors had repeatedly discharged her because her life wasn't in imminent danger. She had been twice gang raped while psychotic on Miami's mean streets. Another woman, Alice Ann Collyer, had shoved an elderly bystander at a bus stop during a delusional moment. Because she was considered dangerous, prosecutors had transferred her back-and-forth between the Miami jail and a state forensic hospital for three years just to keep her off the streets. *Three years in jail* without ever being convicted of a crime. Miami's treatment centers were overwhelmed and inadequate. Its system badly broken. As Dr. Poitier had warned, we had gone backward. We now treat the mentally ill in America just as we did in the 1830s when they sat in freezing jail cells put there because there is no where else for them to go.

I had begun my research because I wanted to save my son. But I now realized that I had actually been searching for a way to save both of us. I had been trying to learn how a parent comes to accept his child's mental illness. So what had I learned, not as Pete Earley the reporter, but Pete Earley, the father? Several quiet truths. Life is often unfair and nothing in life is ever guaranteed. There was a slim

chance Mike would never have a relapse. But there was a better chance that he would stop taking his medicine because he would become convinced that he no longer needed it. His illness was not over because I was writing the final chapter of my book.

“You know what your problem is dad?” Mike said, as if he were reading my thoughts. “You worry too much. Just eat your steak and enjoy this lovely day.” Everything is going to work out fine for me, you’ll see.”

It was the blind optimism of youth talking. And yet, Mike was right. At that moment, everything was fine. My son was thinking clearly. He had a job, was making plans for his future, and seemed happy.

Which led me to another lesson.

Mental illness is a cruel disease. No one knows who it might strike or why. There is no known cure. It lasts forever. My son Mike has it. And because he is sick, he will always be dancing on the edge of a cliff. I cannot keep him from falling. I cannot protect him from its viciousness. All I can do is stand next to him on that ravine, always ready to extend my hand. All I can do is to promise that I will never abandon him.

I took a bite of my steak and it tasted better than any I had ever eaten. I understood why. The sun was warm on my face and I was a most fortunate man. I was a proud father. Mike was laughing. He was safe.

10  
11  
12

I had my son back. At least for now.

13  
14  
15