

Lunch and Learn Event on the History and Current Status of Institutions in Georgia and the Recent Push for Modern Asylums

Part One Transcript

Hosted By:

Atlanta Chapter of the Autistic Self Advocacy Network
Center for Leadership in Disability at Georgia State University
on October 30, 2015

History of Central State Hospital in Milledgeville, Georgia

Presentation by Larkin Taylor-Parker

<https://autisticfuture.com>

I studied Central State Hospital. I was able to get some grants to support that at Agnes Scott, and I did it just like a job for a year. I spent several days doing research there, and I wrote about it. A lot of my sources were state documents. So the picture I'm going to present is pretty bleak, but it draws upon the most favorable sources to the state there are. So I feel like this is more than fair.

What you may not realize is that Central State actually started as part of an incredibly progressive effort. The national push for mental health reform was right around the beginning of the 19th century, actually.

These state hospitals were built; they were one of the most altruistic, charitable projects in American history. It was a wonderful idea. They didn't want people to stay there forever, they wanted to treat them and send them home. And anyone they were unable to help, they at least wanted to keep safe. The ideas advocated for by Dorothea Dix and others was to get people out of filthy barns and cellars, and rehabilitate them as much as possible. Give them humane, comfortable, dignified lives, whether they'd ever recover or not.

As we all know, that project wasn't entirely successful. Central State became overcrowded during the Civil War and its progressive mission started to fall apart. It also – now, like a lot of institutions, not mental institutions but institutions in general – kind of calcified and got co-opted by agendas other than those of its founders over time.

Central State was supposed to take patients of color. That was paid for by a tax on slave owners. But by the end of the Civil War, the superintendent, Superintendent Green, was trying to refuse African Americans admission because he didn't have room to enact racial segregation. The Union Army prohibited that. But they didn't provide any resources for that, and there was no State of Georgia immediately after the war.

So displaced whites with disabilities, newly-freed people with disabilities – which included mental illness and seizure disorders in both of those groups – ended up dumped on the hospital grounds by their destitute families when the institution could least afford to take them, had no budget. So Superintendent Green went on a tour of the state, collecting food and money and anything anyone

still had. And it was enough to get them through that tough period. But the hospital was never relieved of its overcrowding ever again until the mid-twentieth century.

It had its first scandal by the 1870s, and the state board that looked into it recommended that Georgia build another institution to relieve crowding. But that didn't happen until 1922. The state may have been concerned about the cost of another administrative and medical staff. So overcrowding continued to grow. Green eventually died and the board of trustees attributed it largely to overwork. A doctor named Theophilus Powell took over.

Now Green was hardly racially progressive but Powell was a published scholar of scientific racism, at a time when the institution had hundreds, eventually turned into thousands, patients of color. He remained a slavery apologist until the end of his life, about fifty years after the war. And when he instituted a patient work program to increase the institution's self sufficiency because the patient population was growing dramatically from the hundreds into the thousands – they needed more work from patients to keep everyone fed, the state legislature was not willing to appropriate enough funds to meet the need or look at another solution – Powell divided patient labor along race and class lines. African-American men did a lot of the farmwork. White working class men did some too. And African-American women did the most brutal, backbreaking work of all, probably, in the laundries.

Under the Powell administration, despite scant resources, a stretched budget, and growing problems just feeding everyone – white patients got new recreational facilities and programs. The annual report three years after Powell's death in 1907, I think it was, acknowledged that nothing had been built for African-Americans. At this time the hospital was completely segregated. While black patients were there they were not allowed to use any facilities designated for whites.

Over the course of Powell's tenure, the population grew from just under 700 to 2800 patients. The facilities were just not meant to hold that. And this was before antibiotics, they were in the 1870s, the 1880s, the 1890s – so of course TB was a huge concern.

Facilities were eventually built to isolate white patients with TB. Pull them off from the general population, and put them by themselves so they wouldn't infect other white patients. This was not done for African-American patients. The state legislature would not appropriate money for a black TB quarantine ward, nor would it allow black patients on the white TB quarantine ward. Many, many black patients died of TB and this was largely preventable. These were people who went in at least physically healthy, caught a deadly illness, and died. And even the overt racist Powell was a little bit shocked by this and begged in annual report after annual report – he certainly wasn't going to try and integrate – but to build a segregated TB ward, but it fell on deaf ears of the state legislature.

Powell died in 1907. Things continued to stagnate and struggle. Powell's one really redeeming quality in the whole situation was that by sheer force of will, applying military discipline to the institution, he kind of kept everyone in line and kept everything more or less orderly.

His successor, Swint, was by all accounts an okay leader, when a really exceptionally tough one was needed. The institution continued to grow – it crossed the 3,000 patient mark and then the 4,000 patient mark – and resources were stretched thinner and thinner. Swint was only really interested in running the farm. So he kind of went and – I don't want to be uncharitable, but – fudged around with the farm while the rest of the institution increasingly fell apart.

The buildings deteriorated, the patients got sick, there were more suicides, there was more violence, more escapes, and at this period – members of the public were bad about dropping off elderly relatives who would die soon to die there, so elderly people were just dumped at the gates who couldn't be helped and died a couple days after arrival, raised the death rate even above what it would have been. And the hopelessness of those situations hurt morale a lot.

World War I was also hard on the institution because even attendants who weren't drafted – and all male attendants were subject to the draft, and even doctors could be drafted as well, the medical reserve needed them – even those who weren't could expect much better pay in the military. Many of them left voluntarily. And the patient continued to grow. The state was really not interested in providing enough funding to really even cover basic necessities for everyone and demand for the military actually drove up the price of basic necessities, so it was very hard.

In the 1920s it was a little easier to find workers, but of course that was the height of eugenics. The public and their elected leaders were not very sympathetic to those in the hospital, or people with disabilities or mental illness or seizure disorders in general. So people continued being dumped there in huge numbers.

I think this may have been when the population – I can't remember, it was the 5,000 or the 10,000 mark, and I should, but it's been a while since I looked at this. And the state actually didn't even send what was then the Georgia State Sanitarium the appropriations it was promised. It promised \$200 for each patient that it simply didn't provide one year. The state was maybe a million dollars behind in payments to the institution, money it had promised and had put in its appropriation bills, by the time the Great Depression hit. And of course, that was a perfect storm.

The superintendent during the Great Depression, in 1938, sent a letter to the state legislature saying that probably even the average patient with violent tendencies was better off in the county jail than the institution. He cited rampant TB, holes in the floor, buildings in generally very unsafe conditions and susceptible to fire, and not the same problems they had in the teens and twenties, when they had pretty well documented cases of malnutrition was a major cause of death there, but still some difficulties feeding everyone.

Swint was eventually fired. The management change didn't fix much. There was a pattern for the first forty years of the twentieth century of internal promotions. Powell only ran the institution for 30 years himself, but his proteges were in charge for decades after that, despite his inability to fix the institution's problems, his rather harsh authoritarian attitude toward patients and staff, and his overt and completely unapologetic racism that was extreme even for his time.

Eventually, a New Dealer, Governor Rivers, was elected. And he tried to clear out Central State Hospital. Clear out the management, invest new money from the New Deal, and in the late 40s there was a major physical overhaul. Finally they could fully isolate TB, and fully address the problem through enough X-Ray machines for their population and do regular chest X-Rays on the patients. And finally they had buildings for patients that weren't just falling down and complete firetraps.

But things still weren't completely fixed. This overhaul from 1938 into the 40s, this massive construction project, didn't change the culture of the management enough. And within just a few years, the Atlanta Journal-Constitution – the Atlanta Constitution, I think – was reporting that

unconsenting patients, and patients whose families hadn't consented, were being put through medical experimentation. Drugs were being tested on them. In some cases it wasn't clear that there had been an attempt to contact the families. Doctors were also allowed to experiment on the lower rungs of the staff. So orderlies, ward attendants, it seems like they were at least paid, but it doesn't seem like they gave informed consent.

When Swint, the superintendent at the time, was called on this, when the governor asked why he had allowed it, he said, "Well, there wasn't a rule against it." Of course well the governor responded that he never even expected them – no one ever even expected them to conclude it was okay to do that. They hadn't thought a rule was even needed. So a rule against experimenting on patients was made.

These are some pictures from the 50s, 60s, maybe 70s. The historical materials there aren't well-documented, and they're not well organized. They're in files in a disused train depot. Some of them are dated, some of them aren't. But this most likely from the mid-century.

The picture of the little girl with Downs, I think, is one of the most painful thing I stumbled across. because wherever in that mid-century range she was from, she probably wouldn't have lived long. The medical technologies to treat the heart conditions that often come along with Downs simply weren't available yet. So she would only have lived probably 12 or 15 years. She hardly looks like a threat to anyone. I mean, that is a picture of the easiest type of person to have living in the community. But there she is, celebrating her third birthday in an institution.

In the 1960s, Governor Vandiver and his wife, you know, after dealing with the drug testing scandal, felt like these institutions were out of hand. The plan was actually developed in the 50s, but in the 1960s community-based care centers – which weren't really community based, but more regional – were built to relieve crowding at Central State Hospital, which was at 12,000 patients. And they were supposed to keep people closer to home. Unfortunately, they haven't been without their incidents of abuse and neglect. And they led to more people being institutionalized but closer to home, and less people being able to live at home and access care closer to home than was hoped.

Scandals continued off and on up to 2008 and 2009. There were deaths in the state hospital system that were not well explained. You may remember about some of those from reading about them in the paper. Some of them were children.

And finally deinstitutionalization began in earnest, even the people who were not easiest to have in the community, those who may not have the most supportive families. People have been moving out of and numbers have been declining in state hospitals since the late 60s. But there were still a number of people spending long-term time in institutions. Hopefully that's over, and people are getting real lives in the community more and more. Though nursing homes are still a concern and our next speaker will talk about how progress has been made, but what problems there still are.