

Frank Sutherland, reporter for the Tennessean, has just spent a month in Central State Psychiatric Hospital posing as a patient under the name of "Ernest Franklin" (his full given name is Ernest Franklin Sutherland Jr.).

He entered Central State at a time when this newspaper established that there was no waiting list for mental patients and when there were vacant beds in the building to which he was admitted.

Sutherland underwent training from a licensed psychiatrist to prepare himself for his role as a mental patient. This newspaper paid for his stay as a patient at the rate charged other regular patients.

In a series of stories which starts below, the names of patients will not be

published; where necessary to mention patients, fictitious names will be used. Sutherland walked away from the hospital one week ago without announcing he was leaving. This was to test security precautions at the institution. After his departure the Tennessean maintained contact with police agencies to make certain no police efforts would be wasted in the search for the "patient" known as Ernest Franklin.

The Tennessean is indebted to Sutherland for his willingness to take on this trying and difficult assignment. This newspaper also expresses appreciation to Miss Alice Alexander of the Sunday Department who served as a "contact" for Sutherland while he was in the hospital, and to others including medical and legal advisers who made this news assignment possible.

WEATHER



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25 CENTS

Personal Experience

Central State Conditions Found Poor

By FRANK SUTHERLAND

Central State Psychiatric Hospital is a warehouse for the storage of people—an unaccredited and unclean hospital with more than half its doctors unlicensed to practice in Tennessee.

I know. I just spent 31 days there.

FROM DEC. 14 until last Sunday, I posed as a patient at Central State to observe conditions and treatment firsthand. No member of the staff was aware of the role I was playing.

During my month's stay, these conditions were glaring and obvious:

- The hospital is unaccredited. There are a number of reasons, including substandard facilities, lack of equipment and supplies, failure to meet fire and health standards and unlicensed physicians in key clinical and administrative positions.
- Eight of the 14 full-time physicians at Central State do not have licenses to practice in Tennessee. Most of them are foreign born doctors who are unable to pass the state examinations.
- Uns sanitary conditions prevailed not only in my building but in other buildings I visited on the hospital grounds. Toilets went for weeks without cleaning. We patients who were there were rarely encouraged to practice personal hygiene. Walls and halls reeked with dried urine and vomit.
- Patients may get no comprehensive medical examination upon admittance. Officials there say they do not have the staff and time for such a complete examination immediately. I received only a chest X-ray and blood and urine tests.
- Patients may receive no psychiatric examination upon admittance. A staff member told me that if I wanted to see a psychiatrist I "should go on the outside and pay \$50 an hour." I never had a psychiatric examination the entire month I was at Central State.
- On three occasions during my month's stay, I met for about 10 minutes with a "staffing team" headed by an unlicensed psychiatrist, nurses, aides, social workers and sometimes an occupational or recreational therapist and a chaplain.
- Security at the hospital is lax. Hospital administrators say they do not have enough security to prevent patients from escaping. When I ended my stay last Sunday, I walked out the front gate, waving at the guard as I went by.
- Illegal drugs such as marijuana are available to patients in the hospital. Hospital officials say they are continually battling the smuggling of drugs in to the patients but added it is an "uphill battle."
- Violence is not the rule but it does occur, both among patients and between patients and staff.

(Turn to Page 6, Column 1)



—Staff photo by Jack Corn

Observing From Different View Now

Dr. Adolf Siegmann, left, director of the Farmer Building at Central State Hospital, and Tennessean reporter Frank Sutherland inspect one of the rooms where Sutherland stayed while posing as a patient.



—Staff photo by Frank Sutherland

Nothing But Time on Hands

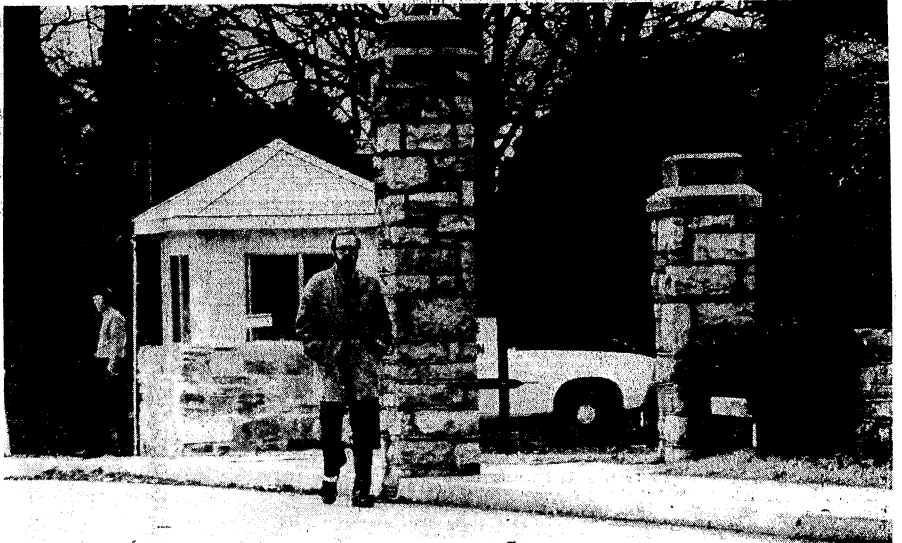
A patient in a locked ward at Central State Psychiatric Hospital finds little else to do but take a nap on a sofa in the ward's hall. This picture was taken with a miniature camera smuggled into the ward.



—Staff photo by Bill Preston

Paid in Full for Services Rendered

Tennessee reporter Frank Sutherland, right, hands a check for \$388.10 to Dr. William T. Tragle, superintendent of Central State Psychiatric Hospital. The amount was Sutherland's bill for the month he posed as a patient.



—Staff photo by Bill Preston

Accomplished Without Fanfare

Tennessee reporter Frank Sutherland, who posed as a patient at Central State Psychiatric Hospital for 31 days, effects his "escape" by walking out the frontgate past a security guard. The guard made not attempt to stop Sutherland from leaving.

Reporter Reveals Poor Conditions at Central State

(Continued From Page One)

moments, some humorous times and some poignant experiences, but these were just fleeting interludes in what was usually a dreary and depressing experience.

Many times I felt the strong desire to call the whole thing off, but I hung on, mainly because of visits by Tennessee reporter Alice Alexander, who posed as my girlfriend.

THE OTHER patients there understood the conditions. "Patients would walk the halls saying, 'I want out, I want out.'"

One patient commented bitterly, "they ought to outlaw this damn place."

Still another patient sat at a meeting with a social worker, saying that he had signed in voluntarily but he was going to sign himself out because "the aides are sicker than the patients."

WHEN I WENT back to see the people I had duped, I talked with everyone from the commissioner of mental health and the Central State superintendent to the lowest ranking technician.

The commissioner, Dr. Richard Treadway, said progress has been made during the past three years. I could see none during the 30 days I was present.

"Central State has been our top priority among our psychiatric hospitals," Treadway said. "We have added additional staff—in the last three years a couple of hundred."

IN ADDITION to this, he said, the patient population has been reduced to about 1,400 as compared to more than 2,000 10 years ago.

"Nursing home, custodial care patients are no longer being accepted," Treadway said. "Also, many psychiatric patients who have been admitted directly to Central State are now going to community health centers to be evaluated. With new treatment and more community mental health centers, we have fewer patients."

Despite Treadway's assertions, one of the major problems I saw at Central State was that patients are not getting enough attention from the staff.

ASKED about doctors without state licenses, Treadway said only licensed physicians will be hired in the future. He said he is considering transferring the unlicensed physicians to other job classifications.

Central State Supt. William H. Tragle said he is aware of the drug abuse problems on the grounds but said "we can't stop it all." He and other members of the staff said illegal drugs are not as available today as they were a year ago.

I EXCHANGED a pack of cigarettes for a marijuana cigarette while I was there. I still have the "joint."

I also talked to patients who explained how drugs were smuggled to patients. Some patients said aides sold or gave them marijuana. Others said visitors brought them drugs and alcohol.

On the drug and alcohol abuse ward, Central State no longer allows private visitations between patients and relatives or friends. Although these patients are on locked wards and closely

supervised, they still manage to obtain drugs. Officials say they are constantly blocking methods of smuggling, but patients devise new schemes.

WHEN THESE patients are allowed off their ward for recreation in another building, they have friends to stash the drugs in the pockets of the billiard table. Another way they obtain drugs is to have a friend "accidentally" bump into them on the sidewalk while walking between buildings.

Patients who by prescription receive tranquilizers or other drugs sometimes save their daily medication and then pop several pills at one time for a "trip."

With the advent of miniatures, patients have found it easier to obtain and hide alcoholic beverages.

THERE ARE, in addition to severely mentally ill patients, many other patients who do not belong at Central State. The staff acknowledged that there are many patients there who should never have been admitted and others who are ready to leave the hospital but have no place to go. Some patients are ready to go home but their families are not prepared or not willing to take them back.

The quality of the facilities varied from building to building and ward to ward. There are some relatively plush and modern facilities, such as the Clement Building headed by physicians from the Vanderbilt Medical Center. Elsewhere, there are some wards more than 100 years old, with walls cracking and plumbing that doesn't work.

Maintenance is poor. I went without a light in my room for two weeks, although it was reported several times.

HOUSEKEEPING on the wards is left to the patients, with aides helping in some areas.

There is a demoralized atmosphere of despair, not only among the patients but among the staff as well. Many staff members just give up trying because the red tape and the system itself constantly beat them down.

There are some dedicated employees there who struggle continually against the adversities of inadequate supplies, equipment and personnel, but there are also many employees who don't care beyond doing enough to get by.

SUPT. TRAGLE said he would characterize the attitude of the use in more as "despair" because of low pay, understaffing and lack of equipment and supplies.

Staff members constantly complain about shortages of supplies. I saw equipment ordered in 1969 arriving this month. The same story was repeated throughout the hospital.

Despite eating the carbohydrates and starch served at mealtimes — rice for breakfast, noodles for supper — I managed to lose more than 10 pounds in the month I stayed.

The food was served in a most unappetizing way. Those patients without privileges on my locked ward got cold food. Those who earned privileges walked to the dining room but found the food slopped together on the plates. Coffee at breakfast was never better than lukewarm.

THE KITCHEN in my building, the main kitchen for the hospital, violated numerous health regulations.

I observed some violence on the wards, but most of the patients were too afraid to fight. On two occasions on my locked ward, I saw an aide and a patient engage in fistfights. In both cases, the patients provoked the fight.

Once an aide, Bill Locke, caught a patient going into a refrigerator without permission. Food belonging to the patient was stored there but so was cold medicine.

LOCKE GRABBED the patient by the arm, asking



"Ernest Franklin" Before entering hospital



"Ernest Franklin" After leaving hospital

what he was doing. The patient exploded, swinging at Locke. The pair struggled and Locke landed a punch that knocked the patient to the floor where they continued to wrestle. Blood stains spotted Locke's uniform before another aide and patient came to his aid.

On another occasion, Allen Cuzzolina, a 6-foot-five-inch, 230-pound aide, made the mistake of turning his back on his dinner. A new patient (who had just sat before the same tasteless dinner I had) grabbed Cuzzolina's chili dog. Cuzzolina tried to stop him and they fought over the food.

Cuzzolina, a gentle giant who had an above average concern for patients, admitted to me later he lost his temper. With Locke and Cuzzolina each holding an arm and a leg, they carried the struggling patient to the solitary room where they literally tossed him with a thud to the tile floor.

THE PATIENT'S leg did not make it through the doorway and Cuzzolina kicked him the rest of the way in. Cuzzolina slammed the door and yelled at the patient, "Where did you live before, in a pig pen?"

These incidents I witnessed. I also saw the results — bruises, cuts and bandages — of altercations between other patients.

In late October, I approached Tennessee city editor Craven Crowell and publisher John Seigenthaler about my idea to pose as a patient at Central State.

I CAME UP with the idea from a variety of sources, including some physicians, who had reported to me about conditions there.

Crowell, Seigenthaler and I met with a licensed psychiatrist and arranged for me to train to assume the role of a patient.

I decided that I would enter on Dec. 14 as a depressed, suicidal patient because it



"Ernest Franklin" After leaving hospital



"Ernest Franklin" After leaving hospital

was determined that I could assume a quiet, non-aggressive posture with little acting required.

THE psychiatrist prepped Miss Alexander and me for the role.

He asked Miss Alexander and me the kinds of questions he thought we might be asked upon admission.

I also learned how to take Rorschach (ink blot) tests and other psychiatric and psychological examinations so that I could pass as a suicidal patient. This preparation proved unnecessary, however, since I was never administered such an examination.

Before I entered Central State, I was administered a psychiatric examination by a licensed psychiatrist and was pronounced mentally healthy.

AND SO ON Dec. 14, Alice and I drove to Central State, The Hawk Building, where the admissions office is, contained a lobby full of patients who begged for change as we went in.

When the secretary learned what we wanted, she pulled out a number of forms and began taking information. She did not look at me carefully, but to avoid being recognized, I had cut and dyed my hair, shaved my mustache and purchased new glasses.

I gave her my name as Ernest Franklin (My first two

names) and an address in Wilson County.

I DECIDED that I would first attempt to enter Central State without going to any private doctor. About half of the admissions at Central State are voluntary, the other half commitments by a court or at least two physicians.

A voluntary admission requires only my signature, the signature of a relative, guardian or friend and the signature of one doctor. Dr. Werner Edzard, who was the physician on duty at Central State the night of Dec. 14,

(Turn to Page 7A)



Alice Alexander Posed as girlfriend



—Staff photo by Frank Sutherland

Passing Idle Hours

Patients on a locked ward at Central State Hospital pass time by playing cards. One of the few diversions a patient has.

Hospital's Conditions Found Poor

(Continued from Page 6A)

signed my admission form along with Miss Alexander and myself.

The secretary instructed me to go to the Farmer building to meet Edzard. The Farmer complex, parts of it 122 years old, looks almost like a fortress, dark and forbidding.

I SPENT about a half hour with Edzard, describing to him the history of my problems. I told him of being dependent because of being unable to keep a job and that I had no reason "to keep on living."

Edzard ordered a nurse to take me to the admission and evaluation ward in the former complex at Central State, designated to serve patients from rural middle Tennessee counties.

Upon entering this ward, called 10-A, I had my temperature, pulse and blood pressure taken by an aide who had never before performed such an admission procedure. Another aide assigned me to a room.

I spent three weeks of endless days and nights on that locked ward, fighting continuing boredom. Recreation on the ward was limited to a telly, beatup television, rubber horseshoes and occasional card games.

The only alternatives were to sit in my room or walk the 175-foot hallway. I knew the hall is that length because I paced it many times.

THE TEDIOUS times were broken by almost daily visits from Alice. Few patients got even a visitor a month. Some were never visited at all.

I felt a need to write down reporter's notes, but it became increasingly difficult to concentrate in that dreary environment.

It was on this ward that I received my first introduction to the filth at Central State. Dried waste spotted the outside of the toilet bowls. The bathroom floor contained standing water, fed by a shower without a curtain, and the muddy tracks of patients' shoes.

THE BATHTUB faucets did not work. The shower worked too well. With only a single control for the shower, the water jetted forth with such power that it felt like needles



—Staff photo by Frank Sutherland

Limited Emphasis on Cleanliness

This old four-legged bathtub stands amidst dirty towels and washpan, all in the bathroom of a ward at Central State Psychiatric Hospital.

piercing the skin. The flow could not be adjusted by patients, so many of us, rather than stand under the painful stream, simply stood to the side and used our hands to deflect the water.

Other patients simply did not take baths. It was easy to tell who they were.

Even extraordinary attempts at cleanliness on my part could not combat disease. While on that ward, I contracted a bad cold, athlete's foot and body lice.

I refused to shave because the 15 to 20 patients on my ward all used the same blades over the weeks. Also, there were no mirrors in the bathrooms. Those patients who did shave with the dull blades used a pan and a mirror in one of the patients' rooms.

Many patients on that ward

never cleaned their room. After a week of never leaving that ward, I told Alice to tell Seigenthaler and the psychiatrist that "I want to get well."

I **BEGAN** A campaign to get transferred to another ward where I would get privileges to go out on the grounds and make use of the gymnasium, swimming pool and other facilities including the commissary.

That campaign took three weeks. I was reassigned to ward 14-2, which the staff said is a "highly competitive" ward because patients there have more freedom. Conditions there were better, but I still wanted out.

I got off the ward as much as I could, investigating other areas of the hospital and, in the last days, painting, shoot-

ing pool and taking piano lessons.

BUT I WAS still immersed in human suffering, nearly helpless human beings waiting their stories at anyone who would listen. I, as other patients, was being pulled down to the lowest common denominator there.

Last Sunday I could stand it no more. I packed my belongings and walked away from that hellhole. I headed straight down the main road toward the front gate.

The guard there opened his window as I approached. I waved at the guard and said, "Hi."

I was free.

TOMORROW—A Culture Shock: The First Few Days.