

TO: Robert Kreider

FROM: Frank Wright, Mel Funk

SUBJECT: A Statement regarding "dismissal" for mistreatment of patients at the State Hospital at Greystone Park.

We will first give some facts about the situation and then try to give an interpretation of what factors enter into the situation and cause it to continue and be acute.

PREVALENCE: Three CPS men at Greystone have been sent back to camp for abusing patients: Ted Lilly, for striking a patient on a ward where such action is encouraged and indulged in daily by the employed attendant in charge; Mark Zehr, for using his foot in trying to restrain a patient on a ward on which he was charge attendant and which is an untidy ward; and Millard Culp, for slapping a patient who was difficult and who threatened "to kill him" (although Culp did not take the threat seriously, of course) on a disturbed ward on which he was in temporary charge. Six or eight similar cases have been before the hospital authorities and have been handled with a verbal reprimand; one case of real brutality on the part of one of our men now in the army was also handled in this way. In addition, it must be admitted that many of our men use light physical punishment as a definite part of their ward discipline; it is probably a rare day on which at least one of our men does not break the letter of this rule although they do not feel they are breaking the spirit of it.

ATTITUDE OF MEN: To some of our men, whether or not to use such tactics on the ward is not a vital question; they are interested in performing their job, which they conceive in terms of keeping the ward clean and in order, and they expect to follow the easiest and, to their way of thinking, most effective method of accomplishing this; they have been trained in this method and have seen it work, and they follow it rather unquestioningly. To a larger and more important group of our men, the use of such physical discipline seems inevitable on many occasions; they accept it as a necessity, as the "only thing to do," and they use it in an effort to perform their job better, which again is conceived in terms of a clean and orderly ward. The number of men who are actively and continuously striving to be totally non-violent in our situation is quite small; these are not effective leaven within the group because the "old-timers" think and say that it is all "wind" or that "he'll learn soon" or that "he's never been up against it like I have" although they have done some good in sharpening up the group conscience on such matters, and they are not appreciated by the hospital so far as their own knowledge is concerned.

ATTITUDE OF HOSPITAL: The following statements within the rules for attendants apply to this subject: "Patients are at all times the first consideration of every person on hospital duty. Patients must at all times be carefully and courteously treated. . . Patients must at all times be guarded from every possible danger and accident either from self injury or attack by other patients. . . Patients are at all times to be treated with kindness regardless of the manifestations of illness. If patient is noisy, assaultive, profane, or otherwise disturbed, the person on duty will be expected to speak in a moderate tone of voice and avoid any evidence of impatience. . . Violation of any of the foregoing directions will constitute reason for dismissal." Nothing

further on the matter is officially stated, so far as any attendant is concerned, although it is general knowledge by word-of-mouth that striking or kicking a patient is cause for dismissal.

For a time, at least, the Superintendent and Asst. Superintendent were inclined to act leniently in considering reported cases because no case had caused injury to the patients and no man had acted out of vengeance or even in compelling anger. The Supervisor of Nursing, however, felt that this treatment was giving special consideration to the CO's, was likely to cause public relations problems, and was undermining the "perfection" of the nursing care. It was therefore agreed that return to camp immediately would be the action taken in any case reported to the authorities, and the last two cases, reported just about a month apart, have been handled in this manner. We can expect that any case which reaches the Supervisor's desk in which one of our men signs a statement that he has struck or kicked a patient will be handled in this manner very promptly.

OUR APPROACH TO DATE: We have attempted to deal with the problem in the following ways: 1) Discussion groups have been held on how to handle patients and what our attitudes toward them should be; 2) Those who actively strive to make it work without physical punishment have been encouraged to state their case and offer suggestions more; 3) New men have been informed about the problem before assuming their duties and have been counseled periodically in an attempt to prevent their getting into the "old rut;" 4) The Mental Hygiene Program materials have been distributed to every man and posted on bulletin boards and used as the basis of discussions; 5) A library of helpful books in the field of psychiatric nursing and care has been secured and recommended and used fairly widely; 6) A few speakers have responded to encouragement to deal with this problem in religious and educational activities; 7) Much individual counseling has been done with our men to try to secure their understanding of the problem and to interpret the hospital attitude to the men; 8) It has been suggested to the hospital authorities that there might be some other form of discipline (other than sending back to camp) which might be used more effectively; 9) It has been suggested to the hospital authorities that a better training program and better supervision of the attendants (especially in matters of giving credit where credit is due and attempting to understand or show understanding of situations) would alleviate the situation. While some of these activities have borne fruit, the harvest is very slow in coming, and the hospital's actions may help or hinder the reaping; they definitely discourage the sowers.

Those are the facts. Now let us consider some of the underlying factors which are contributory to the difficulty:

1- Neither of us have anything to say about these decisions, not even an opportunity to interpret the man's actions. We are called in and informed of the action after it has been decided, and this may be the first that we know of the case unless the fellow himself has been sent off duty and has come to us to inform us. In fact, the decision is made on the basis of a brief, one paragraph statement which the attendant is required to write under stress and very quickly, probably while he is still under the tension of a serious reprimand from the supervisor of his ward or the doctor in charge. In both of the last two cases, these reports have been wholly inadequate, and the decisions have been made without reference to most of the factors involved.

2- The men are constantly exposed to poor training with regard

to patient care, both from other CO attendants and from employed attendants, at the same time that there is little or no stimulation toward good training. (Little or no effective stimulation, although we have been trying the things mentioned previously.) This difficulty is greatly increased by the fact that supervisors and doctors create the standard of a clean and orderly ward as the objective of the attendant by commenting only on failure to keep it clean and free from noise; no stress is placed upon patient care by these officials in their contacts with the attendant, and no positive stimulation is given toward anything. While very free to criticize, they are very reticent to commend. Thus, the man conceives his job in terms of keeping the ward clean and orderly in order to avoid adverse comment, rather than in terms of giving proper treatment to patients regardless of the cost in other terms.

3- The majority of our men are limited in their contacts with educated and authoritative people and have a rather docile or pliable attitude which allows them very easily to follow the lead of employed attendants. There are very few who would have the stamina and the understanding to stand up for abiding by the hospital rules even when the authorities apparently sanction breaking these same rules. We have no crusaders in our group who can give the lead to real stamina in observing the rules (or their own principles) in difficult situations. For instance, when the laboratory technicians need blood from a new admission, they expect it at the moment they are ready for it; and it becomes almost common practice for the attendant to use violent means, when the patient is not docile immediately, to subdue him for the extraction of a blood sample. This is mistreatment, apparently sanctioned by the hospital authorities; and we have no men who are strong enough to say, in such a situation, "I'm sorry, but I can not get the patient ready for that test at the moment without breaking the hospital rules," and then refuse to participate in mistreatment. Yet, slipping in such a case can easily be made the basis for slipping in hundreds of other cases. Thus, our men do not have the stamina and stern conviction to make a principle their guiding action under all situations, and so they have let the principle itself get away from them, in many cases.

4- Regardless of whether or not there is a double standard of evaluation of the employed attendant's actions and the CO attendant's actions, our men believe there is a dual standard. They feel they are discriminated against by the hospital authorities, they feel they are made the scape-goats in many cases, they feel they are not appreciated ever under any circumstances, they feel they are "dismissed" for cases of very slight infraction while employed attendants perform real brutality without being dealt with. Examples of the basis for this attitude are many: One attendant advised against putting a weak patient in the tubs but did so on the order of an RN, and then was accused by the doctor of having killed and murdered the man when he passed away in the tubs; others have seen a doctor witness serious slapping by an employed attendant after which the doctor simply said, "that's no way to treat patients;" others have witnessed severe brutality on the part of employed attendants which has resulted in broken ribs and bruises. It is impossible for our men to believe that the authorities do not know of these cases, and so they definitely believe there is a double standard, which in turn leads them to lose interest in doing their job better. They will theoretically embrace the idea that their actions should not be judged in terms of others' actions, that an employed attendant should not be the standard of evaluating their own actions; but it is difficult for them to live this idea out practically.

5- The men have no evidence that a ward can be handled without breaking this particular rule to some extent. The doctors, nor the nurses, nor the administrators of MCC, nor the men of the MHP-CPS, nor any one else - no one can convince them that a ward can be handled in real non-violence without giving them a concrete and durable example. The great majority of them really believe that some physical punishment is necessary, and many of them are quick to call the Bible to their aid on this question when pushed too far on it. The fact that the Bible can be used on the other side just as effectively does not have too much influence. Most of all, they need definite demonstration of the fact that it can work.

6- Finally, men are still coming to us who have no idea of what they will be up against. Selection of assignees to hospitals must be conducted more on the basis of an interest in testing and trying out non-violent techniques "under fire" than on the basis of willingness to serve and desire to fill a shortage in man-power if we are to completely avert the use of physical punishment by our men now and then.

This attempts to be a fairly complete statement of our understanding of the situation. We acknowledge the guilt which our men share in the cases of mistreating patients, and we can not sanction their part in it. We do feel, however, that something could be done in the above areas to deal with the situation constructively - or, at least, more constructively than is being done at present.