

State Mental Hospitals Leave Painful Visions Of Horror

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Nothing prepares you for it.

After you see it, the images persist — resurrected in your subconscious in nightmares, or while you're driving along the Los Angeles freeways with the radio blaring in an attempt to shut it all out.

Again, you see the unkempt man with blond hair with the runny nose and the patterned undershorts pulled up above his trousers. He is saying something unintelligible, rolling his eyes, extending his hand for you to shake.

You hesitate, remembering a warning about shaking hands with "crazy people" who might wrestle you to the ground if they get a good grip. You don't want to offend this fellow human being who remembers from somewhere that people shake hands when they meet.

Again, you see the dark-haired woman with her skirt hiked up around her thighs, rocking back and forth in a chair, moaning and crying. She tried to bite her own child, a social worker is saying.

The old man with the white beard and the plaid shirt, sitting bolt-upright, mouth open. Staring at nothing.

Or the young man with the shaved head and the bland eyes who walked up calmly while the supervisor was talking and slowly did the splits on the hospital floor. He followed the reporters and hospital staff around, nodding thoughtfully during the conversations about how few people there are to watch over the patients. Much less help them.

Again, you see the clean-cut man with "grounds privileges" who sticks his head in the car window to inquire about UHF transmissions. He receives them through his navel, but they haven't been coming in very well lately. Maybe it's the weather.

Or the woman with the maniacal laugh and the Bronx accent who walks around the grounds (she has grounds privileges too) with a ukulele in her arms and asks everyone to take her home. Nobody does, of course. Somebody says she has four children somewhere.

Or the children. God, the children. ged 4 to 15, stumbling along the corridors, looking bewildered. Cramming around the woman in

charge — a psychiatric technician named Dorothy Morgan who has worked in state hospitals for nearly 30 years and seen them change, but not enough.

"I remember working at DeWitt," Mrs. Morgan is saying, "and there were two of us to care for 83 severely mentally ill people. There was no therapy — just control. Twenty-eight years ago I just tolerated things. I saw things I don't like to think about."

Mrs. Morgan's program for mentally disturbed children at Camarillo State Hospital is regarded as one of the best in the state hospital system — it has more staff than most, maybe because of the children. Or because of people like Mrs. Morgan, who care.

The hospital system is under heavy fire right now. Investigators for the State Health Department and the Ventura County district attorney's office say there have been some strange and disturbing deaths in the hospitals. Some deaths, some neglect, some mismanagement, and more abuse than officials care to think about.

Visits to the two hospitals most frequently in the news — Metropolitan State Hospital in Los Angeles and Camarillo about 60 miles to the north — give some indication why.

Sprawled like an early California mission in the hills above Los Angeles, Camarillo is the focus of a highly unusual public grand jury investigation initiated by the Ventura district attorney's office, which is presenting evidence in 13 of the more than 100 deaths investigated.

Superficial impressions of the vast, red-tiled institution — with its stunning cactus gardens and graceful, white-walled Spanish architecture — are far different than impressions of its sister in publicity, Metropolitan.

Camarillo serves a mix of mentally ill and mentally retarded patients; its physical surroundings are far preferable to Metropolitan's, with its

undistinguished architecture and its location in the smog-filled Los Angeles basin. Things seem to move a lot slower at Camarillo; the pace at Metropolitan is frenetic.

Of course, superficial impressions tell very little about what happens behind the white walls of Camarillo. Inside, there is much bleakness —

people sitting in chairs, nodding in front of interminable television programs, in rooms which are often too noisy to permit much of anything to be heard.

But it just doesn't have the horror of Metropolitan, which sees 12,000 mentally ill people — roughly half the number processed statewide in the hospital system — pass through its doors every year. One thousand people a month, in and out, there usually for less than 30 days.

There are a few exemplary programs at Metropolitan — a Spanish-speaking program in rooms with bright colors and profuse displays of art objects made by patients. But mostly there is a lot of pain, and very little help for the people who obviously need it so badly.

Some of the worst cases of abuse unearthed thus far by the state investigators have been at Metropolitan, and the State Health Department recently sent in one of its toughest troubleshooters, Dr. William Keating, to "clean things up".

The first thing Keating did at Metropolitan was handpick his own "evaluation team" to turn the place inside out. He caught at least one team member en route to a vacation. Like his friend Ray Procunier, who initiated the state investigations after he was named chief deputy director of the health department last month, Keating moves fast.

The team has made 100 recommendations for changes at Metropolitan, mostly in the acute care wards where most of the suspicious deaths have occurred. Keating says the team cited "indiscriminate" use of medication, "very poor attitudes" by staff, "literally no psychiatric program" for the severely disturbed patients, inadequate staff training, severe understaffing.

Keating said seasoned health professionals on the evaluation team "got physically and emotionally ill" when they first went on those wards.

If you've been there, you could understand that. Reporters see a lot of unpleasant things over the years, and they tend to get a little callous sometimes. But nothing prepares you for those "acute" wards at Metropolitan.

It isn't just the dirt and the stench that gets you. It's things like how there are sometimes only two staff people to watch over 50 severely deranged and frequently dangerous patients. How the patients sit nodding in chairs, heavily sedated because staff say they couldn't be controlled otherwise. How they moan and wail and mill around those places in mental hospitals euphemistically called "day rooms."

You could write about the sinking feeling you get in the pit of your stomach when you see it. Or how sad it makes you feel. Or the odd horror of knowing that this is where Mark Holcomb choked to death on his own vomit. Where John Edward Mullick was given a fatal overdose of Thorazine. Where Ray Vann died in a locked room with his head against the end of his bed and his arms strapped with unyielding strips of leather at the other end.

The images persist. The harried employes, the horrible odors, the rank injustice of it all.

You think of all the prisons you've seen and what Ray Procunier said about prisoners having more social status than mental patients.

And you think of what a Los Angeles prosecutor said last week about the acute care wards at Metropolitan looking so much better now than before.

You can't help wondering why more people didn't die.



Inside Los Angeles' Metropolitan State Hospital: A gaily decorated hallway, part of a special program—a contrast to the nearly bare walls of an acute care ward.

