

# GEORGIA'S INSTITUTIONAL CARE: A HISTORY OF TRAGEDY, SCANDALS AND LITIGATION

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*Georgia State Sanitarium, Milledgeville, Ga., late 1800s*

Andy Miller  
Oct. 1, 2010

A 14-year-old girl lay dying in a bed at a state mental hospital, yet no one came to help her until it was too late.

The Atlanta Journal-Constitution chronicled the death of Sarah Crider at Georgia Regional



Hospital/Atlanta in a 2007 series of articles called “Hidden Shame.” The newspaper concluded that at least 115 patients in the state’s psychiatric hospitals died under suspicious circumstances from 2002 through 2006. The seven state-run hospitals were underfunded, overcrowded and understaffed, and the medical care of patients with mental illness and developmental disabilities was often substandard, the newspaper found.

Yet for people familiar with Georgia’s institutions for the mentally ill and developmentally disabled, the newspaper’s report wasn’t a surprise.

The state-run hospitals have had a long record of major problems in patient care. Sue Jamieson, an Atlanta Legal Aid Society attorney and longtime advocate for patients, says that during her Legal Aid tenure, “I have seen absolutely no significant improvement in [hospital] conditions or [patient] discharge.”

*AJC, Jan. 7, 2007*

The institution scandals often have overshadowed the courageous and exemplary work of many hospital staff members who have done their best to care for patients. “There were people who were real humanitarians,” says Mab Segrest, a Connecticut College professor who is writing a book on the state hospital in Milledgeville.

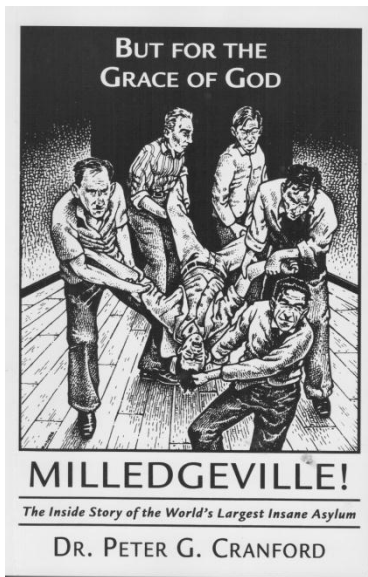
Problems at the hospitals in recent years, though, have led to landmark litigation, national attention and, after the Journal-Constitution series, to intervention by the U.S. Department of Justice.

Currently, the DOJ and the state are still wrangling over conditions in the hospitals and the state’s inadequate community services for discharged patients. Consumer advocates express hope for a positive resolution of this court case, saying the state must allocate much more funding -- in a tight budget cycle -- for services to help people stay in communities and prevent hospitalizations.

## THE 1800s

The Georgia Legislature in 1837 appropriated funding to create “a state lunatic, idiot and epileptic asylum,” and the Georgia State Sanitarium opened five years later in Milledgeville. Later that decade,

the hospital saw high death rates from disease – a situation that persisted for decades, according to Peter Cranford, who in 1953 used archival records and his own diary to write a book titled “But for the Grace of God: Milledgeville, The Inside Story of the World’s Largest Insane Asylum.”



“The high death rate was caused by ‘malignant measles’ in the winter and ‘epidemic dysentery’ and typhoid fever in the summer,” Cranford writes in the book. “The spread of typhoid was attributed to ‘a large number of persons occupying sleeping rooms contiguous to each other.’”

Overcrowding continued for years, and a hospital superintendent, Dr. Thomas Green, sought to have the state send “epileptics and idiots” elsewhere. Conditions worsened during the Civil War years, with food and medicine supplies inadequate, leading to the death of many patients, Cranford says. By 1873, Milledgeville was housing almost 600 patients.

But the institution also “began to be a dumping ground for alcoholics in need of a place to sober up, for old men and women who were burdens to their families or communities,” Cranford writes. The sanitarium served “as a haven for those who for a variety of reasons had no other place to go.”

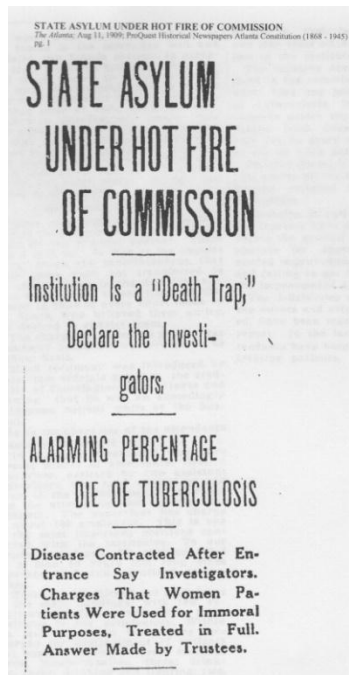
Milledgeville provided separate buildings for whites and blacks, and by the end of the century, a pathologist found alarming rates of tuberculosis among black patients. TB would remain a problem for years at the Milledgeville hospital.

## 1900 to 1950

The 20<sup>th</sup> century saw a steady growth in the patient population at the Milledgeville institution, to the point where it became, in Cranford’s words, the largest such institution in the world.

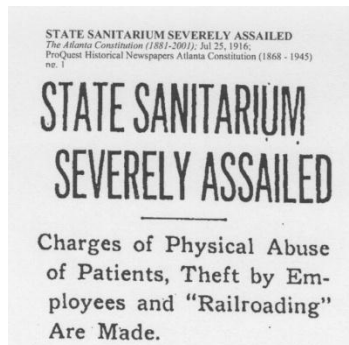
Since the hospital’s founding, mental illness was not the only cause for admission. About 8 percent of patients admitted in 1910 were developmentally disabled, classified as “imbeciles and idiots,” and 10 percent had epilepsy. Cranford quotes a 1921 physician’s report that found there were many patients “who did not belong in the sanitarium.” These included “non-insane criminals, mental defectives without insanity and harmless seniles.”

Reports of unnecessary deaths, abuse, suicides, and widespread disease continued to plague the hospital as it grew. In 1908, when the number of patients exceeded 3,000, two suicides and numerous escapes were reported. A new disease – pellagra – erupted at the hospital, killing 23 patients, Cranford wrote. The vitamin deficiency disease would beset the Georgia State Sanitarium for years.



*Atlanta Constitution,*  
*Aug. 11, 1909*

overcrowding. Financial scandal surfaced when some hospital trustees in 1931 “were accused of personally profiting from their connection,” Cranford writes.



*Atlanta Constitution,*  
*July 25, 1916*

The Atlanta Constitution in 1909 quoted investigators as describing the institution as “a death trap,” in an article detailing the work of a commission reviewing charges of mistreatment. The allegations included using women patients “for immoral purposes.” The next year brought reports of increased use of seclusion rooms and brutality in treatment of patients, Cranford writes.

And in 1916, state lawmakers heard more charges of physical abuse of patients, along with theft by employees, and patients being “railroaded” or sent without cause to the hospital for admission, according to an Atlanta Constitution article.

People with developmental disabilities soon began to be transferred to Gracewood in Augusta, which opened in 1922. Still, there were nearly 6,000 patients at the renamed Milledgeville State Hospital by 1929. And the Constitution reported that the institution was in “a serious and distressing condition,” in need of more state funding to alleviate

Meanwhile, a theory by a Public Health Service physician, Dr. Joseph Goldberger, that pellagra was caused by a poor diet led to a breakthrough in the treatment of the disease. And it led to improved diet for patients, with the addition of more milk and eggs, fruit and vegetables, Cranford says.

In the 1930s and 1940s, the patient population continued to swell, and Milledgeville, with its huge workforce, became a potent political force. During the Great Depression, conditions at the institution deteriorated. Brutality against patients was a constant problem.

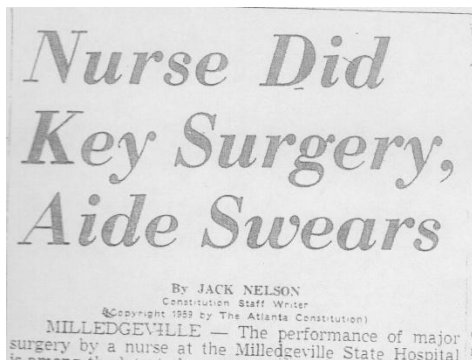
The use of shock treatment expanded in the 1940s. And during World War II, the doctor/patient ratio sank to astonishing lows – roughly one physician for every 1,000 patients. Mail was censored by staff to keep reports of physical abuse from reaching patients’ families, Cranford writes. Understaffing was common.

By the end of the 1940s, a legislative committee found “shocking conditions” at the sanitarium. Areas of the hospital had no heat or no soap, and many patients had to sleep on the floor, Cranford writes. The hospital had electro-shocked thousands of people “with basically no medical supervision,” Segrest says.

The patient population, meanwhile, swelled to reach that of a small city by 1950 – topping 10,000.

## 1951 to 1980

“It has been visited by fire, disease, flood, earthquake and war...and by its own special horrors,” Cranford says of Milledgeville State Hospital in the preface of his book. “It has witnessed the heights of man’s humanity and the depths of his degradation.”



*Atlanta Constitution,*  
March 7, 1959

describes a physician who was “an emotional sadist,” and an attendant with a reputation for cruelty, among other problems.

Cranford himself began his duties at Milledgeville in 1951 as its first chief clinical psychologist. He wrote a diary about patient care and staff interactions till mid-1952, when he resigned from the staff, citing a conflict with hospital administrators over the electroshock treatment of one patient, and action taken against a young psychologist.

The hospital saw some improvements: A new building for TB patients was built, which led to an 87 percent drop in the mortality rate. Cranford writes of caring staff and reports that many patients improved in their hospital stays. But he also



*Atlanta Constitution, 1959*

Among his last diary entries was a recognition of how the press could help improve hospital conditions. “Historically, the best friends of the patients, and the most effective, have been the Atlanta papers,” Cranford writes. “The people on the inside can’t or won’t talk. Those on the outside don’t know or are powerless. The mentally ill are not protected against political forces which can undermine the work of the institution.”

At the end of the decade, a reporter from the Atlanta Constitution, Jack Nelson, wrote front-page articles exposing stunning problems at Milledgeville. Nelson reported on

hospital staff experimenting with unapproved drugs on patients; a nurse performing surgery; and a large number of staff having alcohol or drug problems. The 1959 articles sparked changes in practices and won a Pulitzer Prize for Nelson.

Meanwhile, many children and adults with developmental disabilities, considered “mentally deficient,” were shipped off in the 1950s to Gracewood State Hospital, Gracewood School for Mental Defectives, or to the Milledgeville hospital. According to a report by consumer advocacy group All About Developmental Disabilities, “hour after hour [they] sit on long benches or lie on the floor. They sleep in long wards, their beds inches apart. Sometimes they are test subjects in medical experiments. Sometimes they are isolated. Sometimes they are shackled.” By the end of the decade, 2,220 people with developmental disabilities were warehoused in the three institutions, the AADD report says.

At Gracewood in Augusta, many employees in the 1960s were poorly trained and worked 72-hour weeks, AADD says. About 250 “forgotten children” with developmental disabilities were found housed with adults at Central State Hospital in Milledgeville. AADD says that newspaper reports found the children received no treatment, therapy or education.

The Georgia Retardation Center in Dunwoody (Brook Run) opened in 1970, and regional psychiatric hospitals were built during that decade, relieving some crowding at Milledgeville.

By the end of the '70s, legal action sought major changes in hospital practices. The Georgia Legal Services Program brought litigation, heard at the U.S. Supreme Court, about the continued hospitalization of children. GLSP attorneys, in the J.L. and J.R. case, challenged the state of Georgia on its procedures for hospitalization and discharges of children and adolescents. “The two children essentially were abandoned,” says Phyllis Holmen, executive director of the Legal Services Program. “They were there for years.”

The state eventually issued new regulations that alerted GLSP when a child was approaching the 90<sup>th</sup> day after admission, and that the child had a right to request a review of the need for continued institutionalization.

“We talked to kids,” Holmen says. “Most wanted to go home. We initiated due process hearings, and kids got out.”

## 1981 to 2005

Brook Run (the Georgia Retardation Center) and Gracewood received their share of negative attention in the 1980s, with each institution accused of abuse and neglect of people with developmental disabilities.

## 2 fired, 2 rebuked in alleged abuse at retardation center

*DeKalb facility asks GBI to advise  
if further investigation is necessary*

*Atlanta Constitution,  
August 19, 1987*

## 2 Gracewood employees fired after abuse of patient reported

*Augusta Chronicle,  
August 19, 1987*

The Georgia Legal Services Program, meanwhile, filed several lawsuits against the state on behalf of institutionalized patients. The program's attorneys fought for release of patients found not guilty by reason of insanity; against the forced medication of hospitalized patients; and opposing the confining of individuals with TB in a Rome facility.

In the late 1980s, Georgia Legal Services filed a lawsuit known as the S.H., P.F. case, involving two individuals with developmental disabilities at Gracewood. The suit challenged the state over failing to hold hearings on continued institutionalization. A second issue raised the question of the legality of keeping someone confined if a physician said the patient could be supported in the community. The suit drove the state to grant hearings once a year,

Holmen says. P.F. received a community placement in Dalton, she adds.

The state closed two institutions a decade later – Brook Run in 1997 and Georgia Mental Health Institute a year later. The vision was to take the savings and enhance community services for people with disabilities, but in the case of Brook Run patients in particular, some went to substandard group homes and subsequently died.

Milledgeville again became the center of media attention when consumer advocates in 1997 began a project to restore the cemetery at the hospital, where thousands of patients were buried. Every grave had an iron marker with a number on it, but hospital workers in the 1960s, mowing the grass, removed the markers. The Consumer Council of Georgia undertook a project to restore the cemetery and erect a memorial – an undertaking that received widespread media attention. The state of Georgia approved funding for the upgrade.

A watershed event occurred in 1999, when the U.S. Supreme Court handed down a landmark decision involving two Georgia women, Georgia Regional Hospital/Atlanta patients Lois Curtis and Elaine Wilson. Atlanta Legal Aid attorneys cited the Americans with Disabilities Act in their litigation seeking state funding for placement of the two in community settings.

The Supreme Court's Olmstead decision, called the Brown v. Board of Education ruling of the disability rights movement, found that Georgia Regional Hospital was illegally segregating two patients with disabilities who could have lived in the community. Such unnecessary institutionalization is a form of discrimination, the court ruled.

The ruling "changed the empowerment of individuals with disabilities," says Talley Wells of the Atlanta Legal Aid Society.

# Showdown over rights of disabled

*Atlanta Constitution,  
April 18, 1999*

A meeting of the Georgia Mental Health Consumer Network in 2000 brought an emotional apology from the medical director of Georgia's mental health system.

"I am sorry," said Dr. Tom Hester while addressing the consumer audience, according to a Macon Telegraph article. "I am sorry on behalf of the state of Georgia, I am sorry on behalf of institutions, which, in the past, despite whatever intentions they may have had, have trampled human spirits, have not allowed recovery to flame. I'm sorry we have overused medications. I am sorry we have overused intrusive measures like restraint and seclusion."

## 2001 to 2010



*AJC, June 5, 2008*

More than 100 hospital patients dying under suspicious circumstances. Chronic overcrowding, underfunding and understaffing. Poor medical care.

Frequent escapes. Dozens of cases of patient abuse. Discharges of patients to homeless shelters and the streets.

The AJC's "Hidden Shame" investigation in 2007 --- detailing years of problems in the state-run psychiatric hospitals -- provoked a Justice Department investigation, which largely corroborated the newspaper's findings. The state agreed to improve the hospitals in a January 2009 settlement agreement with the Justice Department. But soon afterward, a coalition

of consumer groups filed a brief in opposition to that settlement, which, unlike other states' agreements, did not include an independent monitor to oversee compliance.

The consumer groups also said the initial agreement failed to improve discharge planning and services in the community. "The agreement represents little more than a promise by Georgia to do better," their lawyers wrote.

Later in 2009, the Justice Department backed away from the original terms of the deal, and in September, a federal judge rejected the state's plan to fix the psychiatric hospitals.

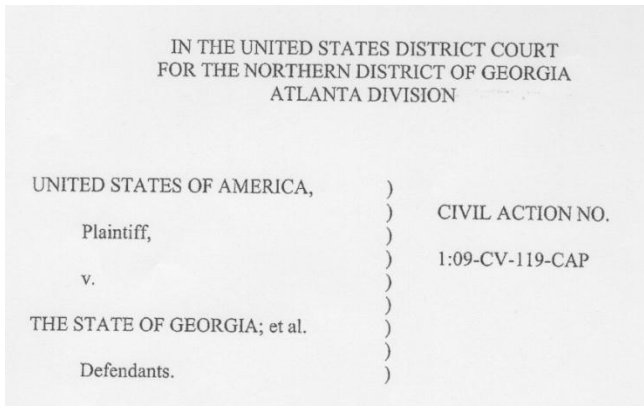
The state, in response to the hospitals' problems, has created a new Department of Behavioral Health and Developmental Disabilities and increased appropriations for the agency at a time of widespread

budget cuts. The agency has hired consultants to improve hospital conditions, and the state funded an ombudsman position to monitor patient care.

And in August, state officials pointed to the hospitals' accreditation by the Joint Commission as "a testament to that hard work" undertaken to improve care and make the hospitals safer.

Yet that same month, federal attorneys filed a report accusing the state of not complying with the 2009 settlement agreement. DOJ, in a historic shift of position, has focused much of its argument in its filings on the lack of community services in Georgia, which the agency says causes continual hospitalizations of consumers. Traditionally in such "CRIPA" cases, DOJ has addressed only conditions in the institutions, not community services.

The DOJ filing alleged Georgia has not "actively pursued the clinically indicated discharge of patients who are capable of living in the community with appropriate supports and services." Hospitals are discharging hundreds of people to homeless shelters and to a variety of unsupervised locations, the attorneys alleged.



In addition, DOJ attorneys alleged that the state hospitals have failed to prevent suicides and suicide attempts; that patients are still at risk of injuries from abuse and neglect; and that the medical and psychiatric care is inadequate.

Current negotiations between the state and DOJ are at an impasse, with a court hearing set for November.

## CONCLUSION

Attorneys for patients say that care in state hospitals has remained deficient, and that opportunities for community services are inadequate. The state's 2008 agreement on complying with the Olmstead decision has failed to produce a plan for discharges, the attorneys say.

Holmen adds, "Georgia has the worst record in the country in following up on Olmstead."

Fellow Georgia Legal Services attorney Torin Togut says there are still many hospitalized children who aren't promptly transitioned to the community. Foster care children are now in private hospitals, staying at taxpayers' expense, GLSP says.

Togut says the state occasionally "did the right thing."

“There has been procedural progress,” Holmen adds. “It is better than 40 years ago,” she says. But hospitals remain understaffed and underfunded, she says.

Still, there is hope that the DOJ case will jump-start progress in Georgia’s services for people with disabilities. The DOJ’s focus on Olmstead is a good sign, according to Jamieson, who helped bring the historic Olmstead lawsuit.

The ultimate resolution of the Justice Department action could bring new attention to Georgia’s services for people with mental illness and developmental disabilities. This time, consumer advocates say, the DOJ v. Georgia case may finally lead to improved care in institutions and more opportunities for people with disabilities to be served in communities.