Decarcerating America - Once Again

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The original meaning of Decarceration first hit me in 1964, when I was a clinical psychology intern in Brooklyn, at the Maimonides Hospital Department of Psychiatry where I first saw youthful drug users as patients, and (more often) in the streets of the community. This was before the "war on drugs" was declared by Pres. Nixon in a press conference on June 17, 1971, at which time President Nixon declared drug abuse "public enemy number one." But at this point in history even socially oriented institutions like Maimonides had little clinical experience with drug users - and the American criminal justice system had yet to discover and imprison them.

At that time the US prison system held about one fifth that number of its citizens – with only a few of them there because of drugs. But prisons and mental hospitals had something in common: both were what Erving Goffman called "Total Institutions"- large residential facilities where similarly diagnosed individuals were "cut off from the wider society" with " all aspects of their daily life formally controlled and routinely administrated by staff." It would be hard to imagine a less therapeutic environment.

Back then the US had close to a million adults and adolescents cycling through its mental hospitals - institutions still called asylums. Fortunately I had excellent supervision from Dr. Angel Fiasche, a psychoanalyst from Argentina who came to Maimonides as a political refugee and supervised me as an intern in the Dept of Psychiatry He was a founder of the international field of Community Psychiatry and would later return to Argentina as Minister of Mental Health.

The movement to better serve these patients and their families was inspired by President John Kennedy whose younger sister Rosemary was seriously mentally ill. Despite the family fortune she too had cycled through these same psychiatric institutions, and been permanently disabled by a frontal lobotomy. From the botched care of his sister JFK concluded that this system was irremediable – beyond any help. He (and many others) called for shutting them down altogether and a new policy called "de-institutionalization" grew apace in the US and Europe.

The National Community Mental Health Act of 1961 called for the transfer of mental health care to the community, which would take over all aspects of psychiatric care at the local level**.** Soon hundreds of thousands of mental patients were being discharged - supposedly "to community care" based on a nationwide network of community mental health centers. While these models of Community Care never materialized at scale, luckily for me Maimonides was one of the few such centers established in the US. The "de-institutionalization" of the asylums turned out to be abandonment of this population. In its wake this broken promise of community care left a million families holding the bag with widespread inadequacy of the much needed care for these patients– soon to find their new identities as "the homeless" and "drug addicts", followed by burgeoning street drug markets, neighbor-

hood arrests, and all too soon, the epidemic of mass incarceration in America – which I called *A Plague of Prisons* in my book on the subject (The New Press 2011)

In 1968 I moved to a post doctoral Fellowship in Psychiatry at Montefiore Hospital in the North Bronx, where I again found a large drug using population . While such patients were "*persona non grata*" to most psychiatrists, I got support from the Montefiore President, Dr. Martin Cherkasky. In 1970 we opened a methadone program at the hospital that would go on to serve 1000 patients over the next 20 years. My position was moved out of Psychiatry and into a newly established Dept of Social Medicine, whose Chairman, Dr. Victor Sidel, introduced me to the field of public health and community medicine. Dr. Sidel was a founder of Physicians for Social Responsibility and later President of the American Public Health Association. He and Dr. Jack Geiger (another mentor of mine) led the national physicians movement against nuclear weapons and founded the International Physicians for the Prevention of Nuclear War, which won the Nobel Peace Prize in 1985.

The lessons learned from deinstitutionalization of America's mental patients should not be lost on the current movement for "decarceration" of America's prisoners. Today over 600,000 prisoners are discharged annually to parole and community supervision. Their high rates of recidivism (60%) and return to prisons (often for untreated drug problems) meant extensive damage for these individuals' children and families – an inter-generational effect where over 50% of the children of prisoners have a lifetime probability of imprisonment themselves.

As we talk today about further decarceration of America's prisoners, the experience of "deinstitutionalization" begins to sound familiar. Those being "decarcerated" from prisons need new systems of integrated mental health care and addiction treatment - with new correctional strategies for people who have broken the drug laws and served long prison sentences. Further, todays most serious drug problems (opioid pain medications and drug overdoses) now affect over 50% of all re-entering prisoners and produce many preventable deaths. In the two weeks after release from prison , drug users face a 10 -12 fold increased risk of death from overdose.

As we now face large scale decarceration of American prisoners, we must create effective alternatives to the prevent the same sort of predictable failure we saw in the deinstitutionalization of mental patients – making them vulnerable to the many harms associated with unsupported prison re-entry. Todays bloated prison system in the US must be replaced with new institutions and new criminal justice goals and methods rather than punishment – goals based on public health , social justice, and human rights.