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Escape to Utopia: mental illness, veterans, and Gowanda State Hospital (1946-1952)

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**ESCAPE TO UTOPIA: MENTAL ILLNESS, VETERANS, AND GOWANDA STATE
HOSPITAL (1946-1952)**

A Thesis

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Master of Arts in Liberal Arts

in

The Interdepartmental Program
In Liberal Arts

By

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DEDICATION

To Carlton Berns—Brother, Teacher, Principal, Mentor, and Friend,
without whose request for a study on the “troubles,” this paper would not have been written.



Also

To my daughter, Dr Melissa Goldsmith, who keeps me entertained by being quirky and her
astute observational commentaries
and to my parents who left this earthly journey too soon

And

The Seneca daffodil lady who was there whenever I needed a sanctuary to run to

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I thank my other committee members for their support and involvement. Professor John R. May provided many perceptive editorial suggestions. I especially appreciate his careful work, patience, and his encouragement. Also thanks to Professor Brannon Costello who asked questions to clarify the meaning of the thesis and for his support of my project.

This thesis could not have been completed without the support of numerous people. Those in Collins were Carlton Berns, Jeanne Evans Remus, Bartlett Greene, guards who spoke with me about the problems at Gowanda and Collins prisons, Indian shop keepers who had there vision of what the problems were, and the various people of Collins and occasionally Gowanda who also wanted their input to the problems heard.

Finally, my family's support and good will especially my daughter, Dr Melissa Goldsmith for her patience, love and unfaltering support. Also my other family members, special cats and computer fishes (betas) that heard a lot and provided me with unconditional love and entertainment while mulling how to write a thesis that conveys what people need to read about the problems of the human condition.

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ABSTRACT

This study will cover the history from 1946 to 1952 of a state hospital located in Helmuth, New York, known as Gowanda State Homeopathic Hospital (GSH). It describes the community, physical campus and the surrounding area where it is located. The experience of treating military personnel suffering from combat-related mental illness during the 1940s led many psychiatrists to emphasize the social dimensions of mental disorder and to hypothesize that mentally ill civilians and veterans may best be treated outside of traditional mental institutions in their hometowns. This theory was implemented with the discovery of psychotropic drugs in the mid 1950s. By the early 1950s about 100,000 patients were housed in these asylums in New York State alone.

Since the 1600s, Seneca Indians occupied this region in western New York State. Farmers, tanners, fur trappers, and blacksmiths came to found the village of Collins in 1821. In 1894 the state of New York took back the title to 500 acres to construct a state hospital as a refuge for the “insane.” About 100 buildings were erected. The GSH was completed because doctors thought that mental illness was the result of environmental factors and that disease, which was preventable, could become more serious without intervention. These beliefs gave rise to the Mental Hygiene Movement. The concept of mental hospitals also meant an escape from the larger society to farm animals, grow victory vegetable gardens, make wicker furniture and various folk arts and to return to a previous period that was totally agrarian. From 1946 to 1952 the census showed that a 4,000-bed capacity was filled at Gowanda. The doctors were Americans and immigrants with and without licenses to work in state hospitals. Several were from Germany and were themselves casualties of the war. The neighboring

farmers, villagers, and Seneca were hired to work with patients as staff or orderlies. Therapy consisted of talk therapy, hydrotherapy, occupational therapy and other timely and available treatments for the mentally ill. All patients able of body and mind worked various jobs to support the whole community.

CHAPTER 1

INTRODUCTION

No man is an island, entire of itself; every man is a piece of the continent, a part of the main. If a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a manor of thy friend's or of thine own were: any man's death diminishes me, because I am involved in mankind, and therefore never send to know for whom the bells tolls; it tolls for thee.

--John Doone

The *New England Journal of Medicine* recently reported that as many as 26 percent of veterans returning from Afghanistan and Iraq who were seen and treated by the Veterans Administration have been diagnosed with mental illness. This widespread problem has led to the proposal of the Comprehensive Assistance for Veterans Exposed to Traumatic Stressors Act. Mental illness has been recognized as the major psychological problem for returning troops since the Civil War. Names of diagnoses like “shell shock” and “battle fatigue” emerged during World War II. Mental illness has also been identified as the largest category of psychiatric casualties in war. Even though the U.S. has been involved in four major conflicts afterwards, World War II still provides the most extensive historical data and information for predicting, understanding, and treating post-war mental illness conditions.

The focus of this study is the history of one treatment center for returning veterans and other was already apparent. For example, the Seneca did not understand among other things that crops could be planted in rows (European style), not just wherever there was an opening in the canopy of trees. Trees that grew too closely to one and another were cleared so that crops could be grown in rows in fields. The missionaries bought a 700-acre tract of land, which was next to the Cattaraugus Indian Reservation, from the U.S. Government. By 1821 farmers, tanners, fur trappers, and blacksmiths established the village of Collins. In 1894 the state of New York took back the title to 200 acres of that tract to construct a state hospital as a refuge for the “insane.” The first building was completed in 1898 at what was known as

Gowanda State Homeopathic Hospital. ¹ About 100 buildings have been erected since 1898. Early on, the inhabitants built tunnels under the facility so as to be able to move patients easily from building to building during the winter. Progressive Era reformers believed that mental illness was the product of environmental factors and that it was preventable. If not treated it would become progressively worse. These beliefs gave rise to the Mental Hygiene Movement. The concept of mental hospitals in the 1930s meant for patients to be separated from society usually by a court order. Patients would then become part of a new utopian society where they could escape from the larger society and be able to contribute to their care by growing victory vegetable gardens, make wicker furniture, make various folk art, and take care of farm animals, and thus to return to a simpler life of a previous period that was basically totally agrarian.

My parents were doctors at the facility during and after World War II. From 1946 to 1952 patients at the hospital filled a 4,000 bed capacity. The doctors hired were Americans and immigrants with or without licenses to work in state hospitals. Several were from Germany and were themselves casualties of war. The neighboring farmers, villagers, and Seneca were hired to work with patients as staff or orderlies. Returning veterans were treated as well as other patients who were mostly from the Buffalo, New York area. Therapy consisted of talk therapy, hydrotherapy, occupational therapy, and other timely and available treatments for the mentally ill. All patients that were able of body and mind worked various jobs to support the whole community. This study is also about this community and its physical campus.

¹ It was later called Gowanda State Hospital and then Gowanda Psychiatric Center. From 1992 to 1995 part was run as Gowanda Correctional Facility and now the Collins Correctional Facility has taken over more of the GSH facility (Bowman, 2002, p.43).

By the early 1950s about 100,000 patients were housed in these asylums in the state of New York. The experience of treating military personnel suffering from combat-related mental illness during the late 1940s led many psychiatrists to emphasize the social dimensions of mental disorder and to hypothesize that mentally ill civilians and veterans may be treated best outside of traditional mental institutions in their hometowns. This theory was implemented in the mid 1950s with the discovery of psychotropic drugs and led to the decentralization of state hospitals.

Utopias

The Columbia Encyclopedia, Sixth Edition (2001-05) defines utopia as an ideal state where all is ordered for the best for humanity as a whole and where the evils of society, such as poverty and misery, have been eliminated. Utopias are more common than most people think, though history and criticism of them is both good and bad. State hospitals were artificial communities set up by society's laws as asylums and not prisons; however distance from the greater population was important. Patients were most often sent to the hospital by judges by using a court order.

This study is about two periods in the life of an institution: First as a state hospital set up as an agrarian society that was really a step back in societal history, and second, in a later period, when it served as a prison also to receive people put there by judges and the law. But, this time it was a society only concerned with warehousing people. Society wanted separated from them for any number of reasons such as they were criminals, insane, mentally retarded, or any other reason. The impact on Western New York of New York City's problems has been, to say the least, catastrophic. Exported to western New York were social problems such

as the gang problems and a heavy burden of taxes to pay for warehousing people who did not contribute much to society.

Early History of the Area

How Canada was first colonized has some relevance to the early history of the area. Canada was first colonized as the result of the explorations of Samuel de Champlain and Georges Cartier both of whom followed the St. Lawrence River. Champlain made a settlement at Quebec City while Cartier formed a settlement at Montreal. Champlain, however, sailed further east than Cartier; thus in 1603 he eventually opened the way for French fur traders and missionaries to work along Lake Erie. Later, various European nations also sent colonists to this area. The Dutch, following Henry Hudson, settled along the Hudson River and the German, French, and English settlers came next. In 1679 Robert Cavalier de La Salle arrived at the mouth of the Niagara River. English and French jealousies flared towards each other, fanned by disagreements between the two nations in Europe, and wars resulted with peace treaties between the foes. The Seneca Indians, friends of the French, did not always recognize these agreements between England and France and continued to harass the English for many years afterwards. The Seneca Indians did not accept peace until after the end of the Revolutionary War (Seneca Indian Tribe History, 2005).

The Erie (meaning “cat” in their language) and Kahquah Nations were almost entirely annihilated (citizens killed/intermarriage) by the Iroquois and the remaining Indians became known as the Seneca. The Seneca language is part of the Iroquois language base. Their language is much more developed than the languages of Europeans. Postcolonial contact has changed their language and their use of language (Silver and Miller, 1997).

The Seneca have reservations in Cattaraugus, Tonawanda (Oil Springs), and Allegheny counties. Indians live both on and off the reservations. Some moved adjacent as they blended by marriage with whites and others into the surrounding area. The Cattaraugus Reservation (the largest one) is in three counties: Cattaraugus, Chautauqua, and Erie. There are 21,000 acres in all. It has fertile land due to the fact that in prehistoric times the land was at the bottom of Lake Erie. Indian farmers worked on their land, but much of the land was leased to tenants of the Seneca. The whole town of Salamanca, New York is on Seneca land and is leased to others by them. The Seneca live simply, though many of their old customs were put aside for more modern ways. All lines of heritage or inheritance were maternal, but today there is a shifting attitude that favors the men in families (Seneca Indian Tribe History, 2005).

Southern Erie County has fertile valleys and on its hills grew valuable timber (hard woods such as beech, maple, oak, elm, and softwoods such as pine and hemlock). The soil is clay and loam with gravelly loam along streams. Being once at the bottom of the lake, the land was extremely productive. Deer, gray wolves, black bear, and raccoon, buffalo (American Bison), and other wild animals roamed freely on their land and were especially valuable since they could provide housing, clothes, food, and tool parts. The early Indians wore clothing of skins, ate meat, which they hunted, and raised small patches (not in even rows) of Indian corn, beans and gourds (the three sisters). Their economy was agrarian and depended primarily on the cultivation of corn, beans, and squash by women and the hunting by men of deer, bear, buffalo, and other small animals. The Seneca placed their villages near a navigable stream or body of water, did what work was necessary, and fought wars from time to time with other tribes. They lived in long houses in villages often surrounded by a palisade

(wall) to control their war-like neighbors. Natural gas wells were discovered on the reservation and in the whole area, which would provide income, heat, and power later on (White, 1898). Many maple trees grew in the area and they would tap the trees for the sweet syrup. Later many farms tapped and collected sap in buckets early in the spring when the sap began to flow upward from the roots of the maple tree. This sap would be gathered into large containers and taken to a sugarhouse to be boiled down into maple syrup. The best syrup came from the first gatherings, but there were later different grades produced in the boil down (Bowman, 2002, p.50).

The Seneca, or "Onodowohgah" ("People of the Hill Top") or "Sen Uh Kuh" ("Great Hill People"), until the American Revolutionary War traditionally lived in New York State between the Canandaigua Lake and the Genesee River. Until the American Revolutionary War, with the formation of the Iroquois Confederation, the Seneca became known as the "Keepers of the Western Door" because they were located on the western edge of the Confederacy. On 11 November 1794 the Seneca signed the Treaty of Canandaigua with the U.S. Government (Seneca Indian Tribe History, 2005). During the American colonial period they traded furs with the Dutch and British. Some notables Seneca were Cornplanter, Red Jacket (both chiefs who sided with the British during the Revolutionary War), Ely Parker (Bureau of Indian Affairs commissioner) and Hansome Lake (author of *Long House Religion*). Later they built log cabins and settled into the local agrarian economy on reservations (Seneca Indian Tribe History, 2005).

Native American spirituality is different from Christianity in many ways. The Seneca believed that the universe is divine and nature sacred. They fused concern for humans with concern for nature as a basis for environmental ethics. Religion to them was based on

common sense and what they thought they saw (spirits) . Everything had a spirit that was active -- spirits were a part of plants, animals, rocks, and humans. The Seneca deity was a dual deity in that it contained a creator (who was responsible for the creation of their world to which they prayed and for whom they performed rituals) and spirits. There was often a mythical individual or trickster involved whose role was to teach culture and proper behavior by his stories being told and retold to the tribe. Spirits could control weather, inhabit the underworld (the land of the dead), and interact with their humans. Later some Seneca came into contact with Catholicism, the Society of Friends (Quakers), and Protestantism. Seneca spirituality also called for the building of sweat lodges that were small structures composed of bent over saplings covered with animal skins. These were built close to the creek and generated hot moist air over a rock on a fire similar to a Swedish sauna. Water was thrown on the hot rocks to generate the steam. Its purpose was as a ritual of purification, renewal, and healing (Bonvillain, 2001).

The Seneca are organized into two phratries (a Greek word for kinship which is also an anthropological term for a kinship division consisting of two or more distinct clans of a tribe) (Bonvillain, 2001). The recorded clan names are Wolf, Bear, Beaver, Turtle, Hawk, Sandpiper, Deer, Doe, and Heron. Seneca routinely adopted individuals, who helped Indians, such as doctors and their families and others. The Bear clan adopted me and my name means “Little Bear.”

The Indians of the Five Nations of Iroquois called themselves “Hedonosaunee,” (“They form a cabin”). In Iroquois this means “The People of the Long House,” and was given to them as a name by the French (Bonvillain, 2001, p.45). Until the twentieth century, long houses were rectangular structures averaging 80 feet in length and 25 feet in width.

They could be longer or shorter and typically housed 6 to 10 nuclear families (30-60 individuals). Longhouses were constructed by bending over older saplings of hardwoods to make a wooden round frame. They were built a foot above the ground and had woven reed mats and animal pelts to sleep under and sit on and a platform to sleep upon. A central row of hearths ran the entire length of the house. In winter the doors were covered with skins but a hole was left in the roof to allow smoke to escape. They were mostly for winter use when the temperature could go to -20 F. In front of and under a long house, a storage pit was dug to store food. Once mold or mildew invaded the food storage pit it had to be abandoned. In the summer the Seneca often lived in single-family camps near their work places. The tribe assigned occupational duties, which were farming, fishing, or hunting. They often made temporary quarters (camp), which was comprised of lean-to housing (a one-side open triangular shelter made by covering tree bows as a wood frame) (Bonvillain, 2001, p.45). Later the Seneca moved into European style housing which they built as permanent structures on their reservations during the twentieth century. The main attraction in having a European house was the obtaining of glass windows.

The Iroquois Confederacy was made up of five tribes: Mohawk, Oneida, Onondaga, Cayuga, and Seneca. Later a sixth tribe, the Tuscaroras from North Carolina, came north and joined the Iroquois. The Seneca were by far the strongest and largest tribe of Iroquois (Seneca Indian Tribe Clans, 2005). The Iroquois Confederacy remains as a symbol of cultural and moral continuity. Councils are held each year on the Onondaga Reservation near Syracuse, New York to discuss philosophical, political, and economic issues (Bonvillain, 2001, p.47).

The Seneca had shaman who acted as medical men. Shaman would take children into the woods and teach them stories about which plants and animals could be used to treat medical problems. These were usually myths or stories about plants and animals use and enabled one to memorize their qualities. There were hundreds of botanicals used of Native American origin (Moerman, 2005), such as May apple, Seneca snakeroot, and foxglove (*digitalis*). Sometimes if Seneca needed treatment, a doctor would have to work with the shaman in order to be able to treat them. Often this was about protecting the shaman and maintaining his power and position in the tribe. Since the Bureau of Indian Affairs (BIA - a federal agency) did not provide mainstream medical care, it was necessary for medical doctors (and dentists) to help as they could. The BIA did not provide Indian schools and health clinics until much later. There were some residential boarding schools but the students had to live away from home and for the most part this idea was unpopular to Indians because of their home life and agrarian life style.

European settlers hastened the end of Seneca semi-nomadic subsistence of the aboriginal life style by over-hunting of animals. For example, the buffalo were driven away from the plowed fields and shot. Iroquois communities changed further over time due to internal and external pressures from state and Christian missionaries. Seneca men were encouraged to become farmers while the women were to perform domestic work (Bonvillain, 2001, p.49). Travel was by plank road for wagons and on horseback. Versailles Plank Road that runs through the Cattaraugus Reservation was once a plank road but is now asphalt.

The mission of the BIA as stated is to fulfill its trust responsibilities and promote self-determination on behalf of Tribal Governments, American Indians, and Alaska Natives. The BIA began on 11 March 1824 with the responsibility of being an instrument of the federal

government in administering and managing 55.7 million acres of land held in trust for Indians, but the Bureau of Indian Affairs unfortunately has mirrored the public's ambivalence toward indigenous peoples. The government's policy focused on the subjugation and assimilation of American Indians (Bureau of Indian Affairs, 2005).

Indians on each reservation held title of the land in common and each man cultivated as much as he wanted to as a farmer. Settlers had built three churches in 1850 in the area, Quaker, Catholic, and Protestant. A Quaker, Reverend Asher Wright, founded the Thomas Asylum for Orphan and Destitute Indian Children in 1855 to take in orphans of the Seneca who had endured extreme hardships such as starvation and epidemic disease. In 1854 the Indian Council dedicated 50 acres for an asylum and school, which was incorporated by the state in 1855 (Bowman, 2002). At their peak they accommodated about 100 boarding students but closed in 1957. The Iroquois Agricultural Society was organized in 1857 and the Department of the Interior established an industrial school in 1876 (White, 1898).

The early settlers, most of whom were Christians, were plain people who made do with what they had. Farming was a way of life and everyone enjoyed a reasonable amount of prosperity because of the very rich soil. The railroad was built to connect to Buffalo, New York in order to bring in supplies and take out grain, vegetables, and other products as well as passengers. A big problem was maintaining roads and bridges, especially in the winter. The Erie Canal or Barge Canal as it was known, also brought supplies to and took raw materials out of Buffalo. Barges, which were towed clear across New York State, were powered by mules on a path next to the canal (Department of History, University of Rochester 2005).

The Seneca were in special demand as laborers. In the 1940s, they worked on their farms, in town, and at the hospitals. Often a Seneca Indian would get up at four in the

morning to milk his cow(s) or plow his land. He would then get into his car and drive to Buffalo, which was 30 miles away, work a shift at the steel mill and then return home to do further farm chores (even in the dead of winter with its cold and sometimes impassable roads he would do this). Seneca Indians were in demand by the steel industry because they could walk fearlessly on scaffolding on the top of molten iron ore caldrons. The molten iron had to be heated to a certain temperature at which time it would turn the right color. Seneca would walk the scaffolding to check the color and determine if the right temperature had been reached for the steel process to continue.

Gowanda, New York is located in the western part of the state about 40 miles south of Buffalo, New York and 20 miles east of Lake Erie: it lies on both sides of Cattaraugus Creek (west and east side) and is therefore partially in Erie and Cattaraugus County. The word Cattaraugus comes from the Seneca phrase for “bad smelling banks” and refers to the odor of natural gas leaking from the seams in the rock formation.

The climate is severe, through all four seasons: an average temperature in January of 16.3 F, an average minimum temperature in July of 59.5 F., and an average minimum temperature in November of 33.4 F. The maximum temperature during the summer can reach 100 F (World Climate, 2005). Snow can fall anytime from October to April. Lake effect snow during winter often causes drifts from 6 to 10 feet that cause the closing of most roads to vehicles until the plows arrive. Travel then becomes cross-country by skis or by Indian snowshoes.

A truss bridge made of steel crosses the Cattaraugus and replaced a log bridge built earlier.² Gowanda was first known as Lodi, then Persia, and then incorporated on December 7, 1847 as Gowanda, which means in the Iroquoian language, “almost surrounded by hill.” About 1840 Ralph Plumb, a merchant, erected a cloth and carding mill. Between then and 1869, a hardware store, Lodi furnace (a manufacture of plows and stoves), a gristmill, axe foundry, and a large wagon and carriage factory were established. A hotel and tavern with a brewery were also added for local trade. Presbyterian, Roman Catholic, and Evangelical Lutheran churches were replaced toward the end of the century. A water system and a fire department were inaugurated in 1883. By the end of the century Gowanda had a dry goods store, two groceries, a gristmill, sawmill, cutlery works, two carriage shops, four hotels, and three churches (White, 1898). In 1940 there were also several more general stores, two gas stations, a theatre, and a school, including a high school. Each town had a fire department, which was run by volunteers. The bells and (later) sirens had to be loud enough to be heard in the fields for men to come fight the fire. The local town, state, BIA, and hospital police worked together to police and protect Gowanda and the surrounding area. An adjacent village was Perrysburg, New York, named after Commodore Oliver Hazard Perry, and incorporated in 1916 on Route 39 and the junction of Route 58, which lay west of Gowanda. The 2000 census shows 96 families or 408 people for the population of Perrysburg (U.S. Census, 2000).

The town of Collins, which is three miles north of Gowanda, was formed from Concord and then separated from the larger town of North Collins to be incorporated as a town in 1852. Its area includes the most populous part of the Cattaraugus Indian Reservation, consisting of twelve square miles, over which Collins has minimal jurisdiction because it is

² In order for a truss bridge to be rigid and secure it must be composed entirely of triangles in a determinable statistical ratio of all truss members and total number of joints (PBS, 2005).

under the BIA. Before farms could be established, a covering of thick woods had to be cleared from the land. Thousands of trees were cut and burned resulting in mountains of tree ash that could be sold to be converted into pearl ash (K_2CO_3) which was leached from wood ash and purified by crystallization and drying by evaporation. Potassium carbonate ($KHCO_3$) was used to make some types of glass, soaps, and medicine by 19th century industries. Potash also contains 13 elements needed by plants to grow and is therefore a very useful fertilizer. Early settlers often burned their fields at the end of the season to return nutrients to the soil for the following growing season.

All kinds of farming, including dairy farming and fruit and vegetable farming, as well as canning were the principal occupations in Collins. Nine cheese factories and a butter factory were in operation during the 1860s, which was called the Marshfield Combination. The first white settlement was a colony of Friends under Jacob Taylor who settled into Taylor Hollow in 1810 with fourteen other families that had been sent by the Friends yearly meeting in Philadelphia in 1808. They believed in utopia or an imaginary and remote place where everyone lived in harmony and everyone did their best and lived with the idea of perfection in laws, government, and social conditions. They had purchased 700 acres next to the reservation to farm, mill, and teach Indians how to survive as a Quaker mission. Indians were not surviving well on reservations since they were used to a nomadic existence. In 1809 they erected a gristmill and sawmill. Stephen Lapham settled on the south branch of Clear Creek in 1810 and it was called the hamlet of Bagdad (on adjacent land on the other side of GSH). In 1940, Bagdad was home to a sawmill on Clear Creek with a millpond, several houses, and a tavern (known affectionately as Ward 40).

The creeks in the area provided settlers with power for sawmills to produce the lumber needed to build the houses, furniture, planks for roads and barns that they needed. Collins also had tanners to make things of leather such as shoes and harnesses. Blacksmiths made and repaired the tools and wagons that were needed to survive in the area. The first school to teach students reading, writing, spelling, and math was established in 1811. The Indians in turn taught the settlers about their love of maple syrup, which they extracted from the numerous Maple trees in the area.

After the War of 1812, a school and another gristmill were built, a tannery opened, and Jacob Taylor established the first post office. Jacob Taylor's family also brought and maintained the first herd of Holstein cows (black and white cows known for copious milk production). They built the meetinghouse near North Collins (which was located at the intersection of Shirley Road and Quaker Road, then the hamlet of Shirley in 1812). The cemetery is still there (White, 1898).

A division of the Quaker congregation occurred in 1826 and 1827 and was called "the Great Separation." The division was at a yearly meeting in Philadelphia and the split factions were known as the Hicksite (with belief in liberal biblical Christian terms) and the Orthodox. The preaching of Elias Hicks and the Hicksites caused this division. The Hicksites built a meetinghouse in 1836 on the Gowanda Road towards North Collins. Both the Orthodox and Hicksite congregations divided men and women into separate rooms for business and other meetings. However, women were allowed a voice in church business and ministry affairs. Quakers were the only religious group of the period allowing this (Bacon, 1999). During the early 20th century, one of the speakers at the meetinghouse was Susan B. Anthony. Western New York was involved in the women's movement in its early stages.

Natural gas was discovered on the Kelley farm and others in 1888 and was capped for local use. The Erie Railroad was completed to Collins in 1874 (see Appendix A, Picture 25). In addition there had been established a hotel, dry goods stores, a copperware factory, a large steam feed mill, a saw and planing mill and box factory in the town of Collins. Also established by the end of the century were a large cheese warehouse, a school, and one church. Adjacent acreage to the Cattaraugus Seneca Reservation was purchased back by the state and in 1897 the first brick building was erected at GSH with a sewer that was two and one-half miles long to be used as a state hospital for people who were then called “the insane” (White, 1898).

Homeopaths

The medical doctor Samuel Hahnemann (1755-1843) developed homeopathy, an ancient discipline and medical approach, as a general therapeutic law. His principle consisted of the premise that a substance can cure the symptoms of a disease in a sick person by introducing it in a minute dose. He called this "similia similibus curentur" or "let like be cured by like." Another medical doctor, Hans Gram, introduced homeopathic medicine into the U.S. in 1825 (Brindle and Goodrick, 2001, p.572). In applying homeopathy as a science, the concept of homeostatic balance on physical levels is expanded to include the mental and emotional levels in man. Homeopathy relies on a philosophy of giving a minute dose of an antidotal material (animal, vegetable, or mineral) or mix of them to a patient with a disease so that the body's reaction would produce antibodies and thus help the body heal itself from disease. Ancients and homeopaths believed that the body had its own wisdom and would seek homeostasis. An attempt is made to evaluate any problem in the context of the whole

person, physically, mentally or emotionally, in order to bring the patient being treated back into balance or equilibrium.

In the U.S. sectarian groups such as the homeopaths, chiropractors, and osteopaths, and others in professions in alternative medicine developed outside of mainstream medicine. Mainstream medicine like the American Medical Association (AMA) is considered to be allopathic (because their doctors use only drugs and vaccines in their practice). The AMA, which controls doctors, medical schools, hospitals, and insurance companies, backed Allopaths. Today they are also controlled by special interest groups such the FDA, which controls drug manufacturers.

The alternative medical professions had all the institutionalizing mechanisms of mainstream medicine such as medical schools, peer review journals, and professional associations. Homeopaths were at the height of their practice from 1860 to 1880 in urban areas of the U. S. The Western New York Homeopathic Society was organized at Waterloo, Seneca County, in 1845 but failed and was replaced in Buffalo, April 10, 1885 by the Western New Homeopathic Medical Society. The state in 1852 had three hundred and one practitioners at work: five years later there were four hundred and fifty three. This figure rose in 1850 to seven hundred and twenty-seven, in 1880 to nine hundred and sixty eight, and by 1904 to twelve hundred and six (King, 2005). They comprised about one sixth of the total number of medical practitioners and 25 percent of the training facilities in the U.S. They saw more patients per practitioner and were more efficient than allopaths and thus made a greater impact on the population than mainstream medicine. The homeopaths initially wanted to remain a separate group, but eventually they chose to accommodate the mainstream while chiropractics stayed distinctive. The end of the distinction between homeopaths and allopaths

ended the separate path of homeopaths (Brindle and Goodrick, 2001, p.569-573). Gowanda State Homeopathic Hospital had its inception in 1888 and opened in 1898. One of the first trustees for it was William Tod Helmuth as president and whose name was used for its location in Helmuth, New York (King, 2005).

The demise of homeopathy continued from 1920 to 1940. Some homeopathic hospitals closed, but most changed names to reflect more mainstream values. On 16 February 1936, half of the alumni of the New York Homeopathic Medical College voted to rename the school New York Medical College to dispel that they were outside the mainstream. This name change represented the end of a distinctive identity for homeopaths. The AMA wanted licensure by physicians, which led to more homeopaths dropping out of medicine. Despite mainstream pressures in the U.S., the homeopaths in Europe continued to research, test, and publish prolifically. Eventually, homeopaths moved closer to pharmacists as professionals. The same was true of Germany and especially England; however, even today homeopathy flourishes as alternative medicine in the United Kingdom (Brindle and Goodrick, 2001, p.569-584).

Psychiatry

Progressive Era Reformers

Psychiatrists as a group believed that mental illness is a product of environment and therefore it was preventable. Asylums seemed the very mirror of desolation to some. Mental Hygiene as a movement developed innovations in hospitals and outpatient clinics. The idea was to treat mental illness early so that it would not progress further into serious mental illness.

In 1925, New York had a constitutional reorganization of state government. As a result in 1926 the New York State Department of Mental Hygiene (DMH) was created. The New York State Mental Hygiene Law was enacted the following year and gave the DMH all responsibility for the care and treatment of epileptics, developmentally disabled and mentally ill. Most of the twentieth century has been a restless experiment to find a cure for the chronic psychoses such as schizophrenia and manic depressive illness.

Overview of Mental Health in New York 1930 – 1954

During the 1930s insulin and metrazol shock therapies and the surgical technique of prefrontal lobotomy were developed. Many psychiatrists hesitated to use prefrontal lobotomies. I found records of only 36 such procedures performed at GSH (some were partials) during that period and they were performed by only one physician. Lobotomy did tend to tranquilize raving patients who were total management problems, but it deprived them of their judgment and social skills (Shorter, 1997, 227). It represented an alternative to the dilemma of custodial life long term care versus psychoanalysis which under the patient's admitted condition would not be possible. In 1934, Manfred Sakel broadcast his results of inducing hypoglycemia with insulin and putting patients into insulin comas. He obtained full remission in 70 percent of his cases of schizophrenia (Shorter, 1997, 210). But by the late 1930s and into the early 1940s electroconvulsive therapy (ECT) was introduced as a replacement for insulin and metrazol shock therapies. Since 1941 the experience of treating military personnel suffering from combat-related mental illness led many psychiatrists to emphasize the social dimensions of mental diseases. Other researchers in the late 1940s hypothesized that the mentally ill might best be treated outside of traditional mental institutions. Mental Hygiene policies needed to be to deal with governmental finance

problems with state hospitals, which included: state hospital campuses that were deteriorating because of advancing age and lack of maintenance and the heavy impact of the influx of World War II veterans as patients who needed treatment. In 1946 the passing of the federal Hill-Burton Act attempted to solve these problems. This mental health act provided for money for state hospital renovation and construction and it provided funds that made research into the causes, treatment, and prevention of mental illness possible. In 1949 the National Institute of Mental Health (NIMH), a new component of the Public Health Service's National Institute of Health, was created as well as The New York State Mental Health Commission for the states mental health system (it included 27 facilities). The establishment of the NIMH provided for Federal investigation of mental hospitals for apathy and neglect for those in long term custodial care. During the early 1950s, new interest grew in "Social Milieu Therapy" with its idea of developing a rich social environment for the chronically mentally ill in their hometown and near their family. It emphasized personal hygiene, attractive surroundings, bright colors, light, attractive meals, group activities (music, group singing, and group discussions). Milieu therapy resembled 19th-century moral treatment and earlier theories for the mentally ill to fill their daily lives. In 1954 the New York State Community Mental Health Services Act was enacted, which encouraged localities to establish community-based mental health programs and to apply for state reimbursement of up to 50 percent of the costs (The New York State Archives, 2005).

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is now in its fourth edition (DSM-IV). A clinician's tool for identifying and categorizing mental disorders, it contains a list of all mental illnesses currently recognized by the American Psychiatric Association (APA), and delineates which behaviors are acceptable and which behaviors

constitute mental illness in our society. The DSM-IV (4th edition) is a psychiatric nosology (the branch of medicine concerned with the classification and description of psychiatric disorders) which one can see the history of development through its editions (Jackson, 2005, p.1).

Classifications of madness began about 1500 and experienced a shift two centuries later. As early as 1729 the Retreat at York was an institution founded by the Friends (Quakers) to keep insane relatives. According to Grob in 1842 “insanity was a unit, indefinable...easily recognized...[but] not always easy to classify” (p.59). A 1905 textbook about mental illness he refers to argued that psychiatry does not handle “definite diseased entities, such as typhoid fever or pneumonia (Grob, 1994. p. 423-424). However, he tells us that the first Statistical Manual was biologically oriented (Grob. 1991). In 1922 the U.S. Census Bureau reported that 33.4 percent of all admissions to hospitals were cases of psychoses of known somatic origin (Grob, 1991, p. 426).

The Statistical Manual was not, however, oriented toward casualty diagnosis for World War I and there after and therefore was only marginally significant during WWII for psychiatrist of the U.S. armed forces. Meanwhile Europeans trained in psychiatry seeking refuge from war (who were mostly trained in psychoanalysis) began to appear in practice. WWII psychiatrists found that support forms of psychotherapy combined with rest, sleep, and normalcy in daily life allowed for the successful return to society of those servicemen who experienced psychological problems (Grob, 1991, p. 427). The profession of the mental health practitioner changed throughout history with numerous shifts due to social forces and increased technology. According to Grob (1991), “the only constant is the process of change itself.” These experiences led to the publication in 1952 of a new manual, *The Diagnostic*

and *Statistical Manual: Mental Disease (DSM)*. It found that mental illness was divided into three broad logical categories: organic brain syndromes; functional disorders; and mental deficiency (retardation) (Jackson, 2003). The WWII years saw an increase in federal funding available for training and research in psychiatry and psychology. The National Mental Health Act of 1946 dispersed \$374,000 and the NTMH 1.1 million. By 1962 the funding increased to \$42.6 million and \$38.6 million, respectively (Jackson, 2003).

Changes occurred in the 1940s that altered the treatment of various diseases by the use of pharmacological and other discoveries. One of the major discoveries was penicillin and its use as an antibiotic. In 1928 Sir Alexander Fleming observed that colonies of the bacterium *staphylococcus aureus* could be destroyed by the mold *penicillium notatum*. It was not until 1939 that Howard Florey and three colleagues at Oxford University began intensive research and were able to demonstrate penicillin's ability to kill infectious bacteria. By 1941 Moyer and Heatley could increase the yields of growing penicillin by ten times. In 1943 clinical trials were completed. Penicillin was quickly produced and used to treat the Allied soldiers. In July 1943 the price dropped to \$20 per dose and by 1946 to \$0.55 per dose. Penicillin as an antibiotic was used in the 1940s in many cases as a replacement for sulfa drugs.

Prior to antibiotics, diseases such as tuberculosis, whooping cough, diphtheria, anthrax, scarlet fever, and syphilis were less treatable and in many cases could be major killers of large numbers of the population. Tuberculosis (TB), *Mycobacterium tuberculosis*, is an infection with bacterium that has been present since antiquity. It is a slow growing aerobic bacterium, but only within a host organism. When identified under a microscope by a staining technique, it appears a bright red that stands out against a blue background. In about 75 % of cases it affects the lungs, but it can also elect the central nervous system as in

meningitis, or the lymphatic system, circulatory system, genitourinary system, bones, and joints. Diagnosis since the 1940s is by chest X-ray, smears and cultures, and today by a tuberculin skin test. Prior even to 1859 patients with tuberculosis were placed in sanatoriums for isolation because it became known to be contagious. Despite fresh air and rest many were dead within five years (Mental Hospital Institute Proceedings, 1950, p 71-73). One source of the disease had been cattle, eliminated through the discovery of pasteurization (also true of diphtheria). Surgical intervention was tried to collapse a lung so that it could rest and heal lesions but was of little benefit and discontinued after 1946. The discovery of streptomycin in the 1940s helped to fight TB and the treatment of patients inflicted with it. Tuberculosis has been documented in literature, film, history and art.

Another disease that responded to antibiotics was syphilis. Left untreated syphilis becomes a systemic disease and leaves characteristic skeletal defects to the top of the cranium. Syphilis is a bacterial infection that occurs in three stages. In stage one, which occurs 10 to 90 days after exposure, a small, firm, painless sore can appear at the site of infection and remain there for 3 to 6 weeks. If syphilis is not detected at this point, it can progress to a second stage, in which a rough, reddish rash occurs. The rash can be very faint and will heal on its own; however, if syphilis is not treated at this point, a third stage can occur. In its third stage, it induces insanity followed by death. It is transmitted by spirochetes from human to human during sexual activity and is found especially in dense urban settings (Shorter, 1997). Penicillin was the first definitive treatment and is still used today. Prior to the discovery of penicillin it was treated with mercury, bismuth, and arsenic compounds.

CHAPTER 2

GOWANDA STATE HOMEOPATHIC HOSPITAL

Gowanda State Homeopathic Hospital is located in Helmuth, New York halfway between Gowanda and Collins, New York. Because of its size (population 4,000 plus) Helmuth, New York has its own post office zip code, post office, and climate station. The State Hospital Cemetery is located on the east side of Wheeler Road, near Bagdad Road and near the old Bagdad mill. About 1,800 men and women were interred here until 1991. There are only metal markers with numbers to mark the entered and no names for grave occupants.

Gowanda State Hospital was built by the architectural firm of Esenwein and Johnson who had an architectural practice in Buffalo, New York (1887). The firm was administered by August Carl Esenwein (1856 – 1926) and James Addison Johnson (1865 – 1939). They were the architects for Gowanda State Hospital from 1896 to 1912.

Gowanda Osteopathic Hospital opened its first building in 1896 upon the 500 acre tract removed from the Taylor Farm by the state of New York. Taylor had previously bequested this acreage to his many nieces and nephews.

By 1940 the population of Gowanda was 1,500 and the population of Collins was 4,000 (Bureau of the Census, 2005). The population of Buffalo, New York, the nearest city at the same time in 1940 was 575,901 people (Bureau of the Census, 2005). Gowanda State Homeopathic Hospital developed the farm campus system. At the time, farm campuses of colonies were popular in the U.S. and Europe. In the state of New York each colony was a branch of the parent system, the Department of Mental Hygiene, but operated independently (decentralized) as a self-contained and sustaining institution. All the patients of the hospital worked as they were able to sustain the colony. Specializations of jobs for patients ranged

from farm, to industrial, to domestic work and were considered occupational therapy. By 1928, GSH had planted about 280,000 trees on its reservoir property alone. The Conservation Department of the State of New York was highly pleased with the growth of the plantation, where 80 percent of trees in some sections were living and doing well. One hundred and fifty two gallons of maple syrup were obtained from the sugar bush at the reservoir farms (Pollock, 1928, 178). On 12 July, 1929, Governor Franklin D. Roosevelt, wife and son, with a large party, visited the hospital. The Governor, accompanied by the superintendent, inspected the outside of all buildings and many parts of the farm. Mrs. Roosevelt was conducted about the wards, occupational therapy department, and other areas by the first assistant physician at that time, Dr. Mudge (Pollock, 1929).

Gowanda State Homeopathic Hospital West Group was described in the 1930s (see Appendix A, Pictures 1, 5, 6, 7, & 8) as having 1,254 beds, having treated 1,429 patients that year by 6 house staff, with the result of a history of 4.1% deaths. There are also 10 homeopathic physicians working as consultants from the western New York area. Patients were treated under strict Homeopathic auspices. The medical complex consisted of two-story wings projecting from the main building, two three-story pavilion style buildings, two pavilions for patients with tuberculosis (TB), power house (see Appendix A, Picture 12), laundry, kitchen, main dining room building, and smaller dining rooms in several buildings, farm (see Appendix A, Pictures 9, 10, & 11), workshops, nurses home, store room, amusement hall/auditorium, main staff house, and superintendent's resident -- all built prior to 1946. The hospital also had a training school for nurses (Treuhertz and Cazalet, 2005).

Staff Members

The staff members at GSH were medical doctors who were licensed or seeking a license from the state of New York. Unlicensed doctors were often graduates from European medical colleges who were learning English as a second or third language, and were desperate to work for a living. The State Hospital System with its shortage of personnel provided such ready employment.

In the U. S. there were number quotas restricting the access of Jewish students and physicians to medical schools and postgraduate training. An article appeared in the January 1936 issue of *Fortune* magazine focused on the problem: half of available medical school students were Jews, but the medical boards such as the AMA and colleges and universities were controlled by non-Jews (Fortune, 1936). Because of this bigotry, many Jews from the U.S. matriculated from European medical schools. One of the few colleges open to Jews was Mount Sinai Hospital (founded in 1852 in Manhattan), but acceptance was highly competitive. Only six percent of medical schools in New York were open to Jews. Not until near the end of World War II, did New York City Mayor Fiorello LaGuardia have a committee investigate racial and religious discrimination that had limited not only Jews, but also Catholics, and blacks (Halperin, 2001).

The following list is of resident in-charge staff occupying staff houses and living on the hospital grounds in 1946 - 1952:

Dr. Erwin Hare Mudge, Gowanda State Homeopathic Hospital Director*
Dr. Edith Goldsmith, Physical Therapy and Public Health Allegany County
Dr. Ernest Goldsmith, Senior Psychiatrist, Staff House #1
Dr. Dahl, Staff House #2
Dr. Muscatelli, Staff House #3
Dr. Hubert Meyers, dentist, Staff House #4
Dr. William J. Alleksaht, Staff House #5
Dr. Ralph Warren Bohn, Clinical Director, Staff House #6 *

Mr. Brady, Staff House #7, Business Administrator
Dr. Willard Leroy Hogeboom, Staff House #8 *
Dr. Paul J. Tomlinson, Staff House #9
Dr. Frenkel, Staff House #10
Dr. George Manus, Main Staff House
Dr. Garlicki, Main Staff House
(see Appendix A, Pictures 3, 4, 13, &14).

*Fellow and Members of the American Psychiatric Association

In an address by the Mental Hospital Institute Proceedings in 1950 Leo H. Bartemeier, M.D., stated “We all know that we shall never have a sufficient number of psychiatrists to treat the large percentage of patients whose physical suffering is derived from emotional disturbances within their personalities.” In the area of membership in the American Psychiatric Association, Gowanda was always seriously understaffed but more understaffed during the war. The greatest contribution of psychoanalyst work was the contribution of teaching through lectures and seminars on the development of treatment programs to staff.

In a tabulation of a mental hospital questionnaire submitted to APA membership, the response shows that shortages were the result of not being able to fill jobs at every level. Superintendents were paid in 1949 at the lowest \$5,000 and at highest \$9,324. Psychiatrists made from \$3,000 to \$7,008. Registered Nurses made \$1,240 to \$3,840. Attendants made \$1,200 to \$2,580. Figures are also provided for therapies used such as electric shock therapy, insulin shock therapy, electro-narcosis therapy, lobotomy, psychoanalysis, group psychotherapy, recreational therapy, psycho-drama, and music.

Proceedings of the American Psychiatric Association concerned themselves with professional barriers first and then needs of mental hospitals, hospital standards, ward personnel, ward management, economy of operation, hospital-university relationship, standards for schools and homes, the sexual psychopath, food preparation, research, group

methods, the aging process, intensive treatment, patients' relatives, and finally appropriations in that order. One could attend what one wanted. Some only attended the first and last of the meetings. According to figures of the National Institute of Mental Health for 1952, Washington, D.C. had the highest per hospitalized patient expenditure, with \$1,740.77 per year. The highest among the states was in Massachusetts, also with \$1,740.77 per year per patient or about three times the amount spent by the states with the lowest per capita expenditures (Mental Hospital Institute Proceedings, 1949).

Other staff was composed of local professional and non professional townspeople such as nurses, custodians, teachers, and volunteers. Other professional staff in the geographic area, such as Dr Ernst Von Doring of Collins Center, New York or Merl Schiffman of Gowanda who was one of the four-part time Protestant chaplains (Schiffman, 2005), complimented the staff at the hospital. There were volunteers who were important to the community at large (see Appendix A, Picture 24). One such group, the Fire Department, organized around the turn of the century as fire brigades within the town of Collins. Later, Collins Volunteer Fire Department was established with approximately 26 men and equipment. It is interesting that minutes in an early meeting indicated a request for a sign which stated "men only, do not disturb." It appears that the Fire Department was used as a men's club with fire fighting a side occupation. In 1943 the Collins and Collins Center Departments merged. By electing a fire commissioner who was responsible for purchases and maintaining equipment they created the Town Board of Fire Commissioners. In 1945 the Collins Fireman's Auxiliary was formed so that women could assist in raising funds and providing food.

In addition there were American Auxiliary of Hamburg American Legion, Angola Auxiliary, touring stock companies, Memorial Day Parades, Christmas Parties, 4th of July Parades and other events all to entertain patients and veterans at GSH. A typical 4th of July would have a program of field day events and prizes. The evening program would feature several drill exhibitions by occupational therapy physical education classes. Next featured was a concert given by the Empire State Band of Gowanda. Fire works in the evening ended a perfect 4th.

GSH also had a Hospital Nursing School, which trained employees for the facility. A graduate program was held every year on the hospital grounds in September. It included an overture, processional, invocation, solo by a singer, address, presentation of new nurses, the administration of the Nurses' oath, and a benediction in the program. Nurse uniforms were the traditional nurses' white cap and a seersucker dress with a white apron. The average class was coed (for instance, six men and nine women).

Many of the orderlies at GSH were Seneca Indians who lived on the Cattaraugus Indian Reservation property that abutted the state hospital property. They could drive, ride, and (in the winter) snow shoe or ski to the hospital for work. Some of the Seneca who chose not to live on the reservation lived adjacent to the reservation. Some Seneca had assimilated with the local population and chose to follow modern ways.

Life in a Staff House

In 1946 children living in Helmuth were picked up for school by a school bus and taken to Gowanda Elementary and High School in Cattaraugus County (see Appendix A, Picture 22 & 23). Just one year later, children were bussed to Collins Elementary School after a county costs dispute over the fact that both Collins and Helmuth are in Erie County. School

activities were held for students. They included field walking trips to the woods, playground games, working in cleaning up the school, coloring margarine yellow and making Jell-O for the cafeteria, music, putting on community plays at the community center, and planting and harvesting crops for local farmers in the weeks we had off in the fall and in the spring (see Appendix A, Picture 15). Outside activities away from school included scouts, 4-H, and square dancing at the Grange in Collins Center. In winter there was ice skating, tobogganing, Indian snow shoe running, sledding, snow angel making, snowman building, and snow fort building for attacks upon each other with snow balls. In the summer there was swimming in the sawmill pool in Bagdad and at the Gowanda pool until Polio forced it to close. Everyone had a victory garden (see Appendix A, Picture 20). Acreage was plowed for staff victory gardens in back of the circle of staff houses. On summer evenings children played baseball games in the quad in the middle of the staff houses. Staff members taught painting and French to students in their spare time (see Appendix A, Picture 21). Patients also taught classes like golf and whittling figures out of wood.

The hospital maintained an archery range, a three-hole full sized golf course, a pond stocked with fish, and a recreational center with movies shown in two showings on Saturdays. The road pictures were popular, especially *Son of Pale Face* (1952). The most upsetting movie for the staff was the release of *The Snake Pit* (released in 1949). They were quite horrified by the movie because their perception of the state hospital was one for utmost care of patients. The film represented what Hollywood thought of the State Mental Hospital. The adults had a reading club for recreation and for helping with learning of the English Language. Proust, Camus, and Sartre were the selected works for discussion among the adult staff house people in the evenings over coffee and tea.

Staff house residents employed patients to work for them. They were selected from an approved group as safe to work. Drs Goldsmith employed two of them part time: A Norwegian woman who cleaned and cooked and made sure there was Danish stew on the stove's backburner 24 hours a day for the doctors. Except for having to run outside from time to time to receive messages from wherever, the Norwegian woman was extremely reliable. The other employee was a gardener who called himself "Jesus Christ." He was also a handyman. Stereotypical personae were abundant: the hospital had several Jesus Christs, Napoleons, and other kinds of well known historical characters. The hospital also had some famous people. One was a physicist who worked on the Manhattan Project and who would be checked in and out for the day by the government. We also had several opera singers who used to sing out all over the campus. It was a very eerie thing to hear them practice, especially at night. Some were especially well educated and some were not. Patient workers were paid with tokens, usually enough per week to be able to afford little luxuries at a store maintained for staff and patients. The store provided packs of cigarettes, candy, tissues, nail polish, and other sundries.

Items or services needed by staff house residents or the hospital in general were placed on requisitions. Separate orders were needed for the bakery, farm produce, dairy, clothes washing (everything was heavily starched and mangled), meat from the butcher, and medicine. Requested supplies would be delivered from the central warehouses on a weekly schedule. For example, twice a week the dairy would deliver milk that was pasteurized. It was delivered in glass bottles with heavy cream at the top, light cream in the middle of the neck of the bottle and the rest was milk. One could mix the whole bottle or skim off heavy cream and the cream layers for future use. The empty bottles would be picked up on the next

run and returned to the dairy for washing and reusing. Meat was delivered once a week, but fruit, vegetables, and baked goods (often with wonderfully fresh hot bread) would be delivered by hospital trucks. Sometimes extra food would arrive from patient families or townspeople who the doctors had treated. Barter was an important to the area economy since money was not always available for purchase of all needed things. Barter ranged from handmade jewelry, to quart jars of gasoline, to two barrels of German pickles placed outside the kitchen door with a note attached. Rationing of certain items during World War II had impressed the locals with the meaning of barter and sharing. Efforts were made to have scrap drives, donated goods, and other recycling drives and to give the people the feeling that everyone was in the war effort and assisting those at the front even after the end of the war. Our clothes were ordered from Sears, Roebuck, and Company, or made by patients or locals (see Appendix A, Pictures 16, 17, & 19).

Part of the evenings for us in the staff house were always spent listening to my father's Helicrafter radio, which had been salvaged out of a downed aircraft and rebuilt for my dad by a patient. We listened to it nightly with other staff since it had shortwave radio access to all the news from Europe. At the time in my life, I was building crystal radios that I hooked up to the radiator that allowed me to hear nearby stations. Other media included records like *Peter and the Wolf* played on a Victor record player. One radio played all day for the help and at night for us children. This radio was a Cyclops radio (Victor) with one glowing green eye. We listened to radio serials such as *The Shadow*, *Fibber McGee and Molley*, and *The Lone Ranger*. As children I saw the first available televisions at the state fair in 1950, after which my dad bought one. Most of society perceived and accepted as normal what was portrayed on television as well as entertainment. We watched *Hopalong Cassidy*, *Gene*

Autry, I Remember Momma, Texaco Star Theatre, and Your Show of Shows. Part of being a child at the time was to listen to the radio every morning to see if school was cancelled because of snow. Year's later on return to Collins I was told that the teachers would listen for cancellation and cheer as we did.

Patient Population

The overall goal of the hospital was to keep patients in a community that would work at returning patients to the greater society. This meant keeping patient environments as close to what we call normal as possible and to return to society as responsible citizens to continue with their lives. Gowanda had 4,000 patients during the period of 1946 through 1952. Veterans were also part of the population admitted. Most veterans reported to psychiatrists as feeling better within three months after a traumatic event. If the problem(s) became worse or lasted longer than one month after the event, then the person was probably suffering from post-traumatic stress disorder (PTSD) and the like. There are many things one could do to cope with traumatic events by use of therapy and/or drugs.

Admissions

Admissions to the hospital usually occurred during the day. New patients would come in usually by court order. They would be isolated from other patients for thirty days for observation and testing. Mentally ill patients are frequently disoriented by their previous experiences and thirty days of a more peaceful environment would improve their demeanor or reveal problems they had. Patients were disoriented for various reasons ranging from mental disease, experiences of war, loss of family, homelessness, job loss and other traumatic events of life. Patients judged to be criminally insane were then sent to Matteawan State Hospital for the Criminally Insane or Dannemora State Hospital and not kept at GSH. Other new patients

were placed in a receiving ward to be processed by staff. Only a doctor could access a patient at first, so one of the few doctors was always on call in rotation day and night. Even in the winter whoever was on duty had to be there to walk to admissions or to critical care at the infirmary. Both physical problems psychological problems had to be assessed. Patients with physical diseases like Syphilis and Tuberculosis had to go to wards that were isolated from other patients and to special buildings maintained for them by the hospital. A regular fully staffed medical hospital was also maintained across the street from the powerhouse and was known as the infirmary. It contained seriously mentally and physically ill patients. The most seriously ill mental patients were housed there. Some wards were double-key lockups with cells without anything but a stainless steel ledge that folded down from the wall to sleep upon.

These patients were considered by the staff as equal to animals and were handled with great caution and care. There were also other rooms that were padded and rooms in which there was the ability to hose the entire cell and occupant down daily with warm water. Some patients required a 24 hour watch by staff. The infirmary also offered special treatments like physical therapy, which covered a large area and whose sections had a lot of needed equipment which needed to be maintained. Areas such as occupational therapy had all kinds of rudimentary to highly complex machines and looms for patient use. This was also true of dentistry, radiology, ophthalmology, pharmacy, electrocardiograph, electroencephalograph, and surgery. The pharmacy had to make compounds for prescription carts for the various wards since there were never enough pre-mixed drugs commercially available. Iron lungs had to be added later for the increased numbers of patients due to the polio outbreak. A laboratory was maintained to process specimens from patients, samples from the kitchen, milk products

from the farm, and the water system to ensure sanitary conditions. A clinical pathologist was in charge of the laboratory.

Life as a Patient in the Wards

GSH had open and closed wards. Some wards were like dorm rooms where patients could not leave. Other wards were two-to-a-room. And other wards in other buildings had patients who could leave during the day and then had to return at night. Curfew times would vary according to the ward. The overall issue was everyone's safety at all times and that all patients had things to do. Idle patients meant nothing but trouble for the hospital, the ward, staff, and the group of patients involved. Patients with assigned work duties would go to work.

Physicians made rounds every morning starting at 8am and continued as needed until 10am. Patients would then leave to receive the scheduled treatment that the doctors believed they needed (which was posted to the patients chart). This included psychotherapy sessions to work on inhibitions, unconscious wishes, and review the patient's past history. Hydrotherapy was widely used as were hot cabinets (type of sauna) and whirlpools. The most hopeless cases of schizophrenia were treated with electroconvulsive therapy, also known as electroshock therapy.

Escapes from the wards were rare in spite of the open nature of the campus. Part of the reason was that at the time of admissions assessment the patients were assigned to groups according to their needs, safety, and ability to handle responsibilities. This assessment determined where they would live and what freedoms they could have. Patients in closed wards could not leave at all. In some other wards patients could go outside to smoke a cigarette or go to a dining room to eat. If they worked outside the ward a bag lunch would be

prepared for them to take out. Patients in these last two categories either wore pajamas of a certain color or print which identified them on sight as to which ward they belonged to. I saw several pajama escapees which was marked by the sounding of a siren used for fires, but instead wailed short blasts of sound which caused lock down and census taking. Escapees were especially prone to roam into the Indian reservation where Indians knew their clothing on sight and would call their police, the state police, or the hospital police to come pick the patient/patients up for further assessment by the hospital as to their displeasure. Some patients were trustees who worked along side the staff in many parts of the facility. They wore everyday clothes. Some patients who never left the hospital even after they were cured became staff. One would not know if s/he was talking to a staff member or trustee unless you asked them.

Food and Dining Services

Patients would eat as much as possible with other patients and were encouraged to be social. The main kitchen served five main dining rooms. Nurses would break down food further and place it on individual carts for serving to closed wards. The menu was planned a month in advance by a trained dietician. More than seventy percent of food was raised on the farm. Some was canned locally in big cans for the hospital, but tin conservation was a factor in how much had to be dried. Meat was stored by smoking or curing and dairy products (for example milk into cheese) would be processed. Left over foods were collected and taken to the farm to be used as food for the pigs. Absolutely anything that could be recycled was. This meant little waste to dispose of.

Occupational Therapy

Occupational therapy was extremely important as a part of the overall theme of keep everyone working for the greater good of the hospital. Whenever possible occupational therapy became work therapy to keep minds and hands busy. Patients always worked with staff as supervision. The goal was to have the hospital as self-contained as possible. Beyond the victory gardens was a swampy area on a hill where willows grew naturally. Patients would make wicker furniture for the hospital as well as all kinds of furniture in the carpentry shop. Mattresses were sewn and stuffed for beds and pillows. Some hospital clothing was made, as were most shoes or slippers. Patients could work in the wards, in the bakery, in the main warehouses, masonry, rattan shop, metal shop, on the farm (which had cows, horses, pigs, sheep, growing plants for livestock and patients, and on keeping the hospital grounds looking its best. Beauty and barbershops were maintained, as was a blacksmith shop. Cloth and rugs were woven on looms. Some skilled artisans also were patients; they provided clock repair, vacuum repair, wittling of wooden objects such as spoons and Christmas cresses. Patients were provided a peaceful environment but were supervised and watched for indications of trouble.

Recreational Therapy

Many recreational activities were available at GSH. Some I have already mentioned as being available to staff members were also available to certain patients. The goals were to keep patients social and able to have some fun as well. Many wards had a dayroom for breaks from day-to-day life on the wards. Staff also participated with patients' activities whenever possible. Almost nightly in the summer baseball games were held in a large open field, located between the staff superintendent's house and the administration building with staff as

players. Patients, staff, and children could watch the games. Any patients allowed out on the grounds had access to other social events if they wanted to attend. The biggest attractions were bingo games, supervised dances, group exercising, and movies. Other events included: volleyball, handball, horseshoes, and basketball. Socializing helped end loneliness and was therapeutically beneficial in improving attitudes. Holidays were made very important. Foods normally served at them were decorated as part of the menu. Outsiders (volunteers) would come to help veterans, provide entertainment (see Appendix A, Picture 18), work with the summer fair, which was patterned like a state fair, concerts, holiday parades, field days and anything else that helped make things normal. Activity boards were kept to inform patients and staff of activities and special events. Summertime picnics were provided for patients allowed off the wards. Various choirs were organized to sing for events and at church. A library was maintained for patients by volunteers who checked in and out reading materials at a circulation desk or from carts of materials pushed around to open wards by patients or volunteers.

CHAPTER 3

CODA AND EPILOGUE

World War II was a watershed for psychiatry in the U.S. especially between 1940 and 1945 when the number of specialists doubled and the field expanded. Wartime experiences transformed the structure and nature of psychiatry. The operations of the Selective Service System focused attention on the psychological effects of training and combat as well as on the high rejection rate for neuropsychiatry disorders. There was a shift by professionals in the treatment of mentally ill military and civilians to a family or community setting rather than in an isolated institution. The thinking was that social and environmental changes optimized mental and physical health (Grob, 1998. p. 210). This new orientation was developed by or from the National Institute of Mental Health (NIMH) which resulted in the passage of the National Mental Health Act of 1946. The Group for the Advancement of Psychiatry, created in 1946, studied the emergence of a new kind of psychiatric epidemiology. Statistical analysis was made of mental diseases in hospital populations prior to WWII. Research showed new areas of study to be added, for example the role of socio-environmental variables and the relation between social class, diagnosis, treatment, and mental disease among the general population (or among a population that had no boundaries). By 1945, psychiatrists tried to minimize genetic significance between race and mental illness because of the stigma of Nazi preoccupation with this subject in their research (Grob, 1998. p. 212).

Psychoanalytic theory as developed by Sigmund Freud focused on repression and unconscious forces. Freud's psychoanalysis offered psychiatrists a way to help patients in the asylum. Talk therapy included analysis of resistance and transference, free association, and

dream interpretation, all of which required many sessions working with patients over a long period of time.

Practitioners would interpret the inner meaning of symptoms in order to remedy the problems causing them. This was both time-consuming and labor intensive; therefore in the 1960s there was a decline in the practice of spending so much time working individually with patients in therapy in state hospitals. The application of randomized clinical trials (causes of mental illness) strengthened the claims of biological psychiatry over psychodynamic treatments. In research two clinical trials in the 1960s showed that both phenothiazines and chlorpromazine were effective drug therapies for schizophrenic patients (Grob, 1998. p 214).

Because personnel were called to serve in the military, shortages of needed supplies, such as rubber tires and gas, as well as a severe reduction in available personnel led to a problem for the hospital during World War II. The idea of the self-contained institution began to decline after World War II; however, at the peak of operation from 1946 to 1952 Gowanda State Homeopathic Hospital had 4,000 beds available. The total population of the area near the state hospital (within 20 miles) was only around 10,000 people. The population of neighboring areas reduced the ability of the hospital to have the optimum number of employees for this size hospital. After the introduction of psychotropic drugs in the late 1950s, the Department of Mental Hygiene of the State of New York started to replace these institutions with home care by placing patients in their home communities. The state believed that patients in asylums were doomed to lifelong institutionalization and that it would be far cheaper to place patients in their homes and encourage them to restore themselves to functioning citizens in their communities with the help of psychotropic drugs and little

personal care³. According to the hospital census during the next three decades, the number of patients gradually declined. By the 1970s, because of the Rockefeller Drug Laws⁴, the prison population began exploding in numbers, forcing officials to look wherever they could for housing facilities. Gowanda Psychiatric was one of these facilities.

Officials of the State Office of Mental Health (OMH) from which the hospital was transferred in part to the State Department of Corrections still have offices on the grounds. Some limited psychiatric outpatient services are provided to local clients. GSH was so empty that other entities were given space such as: The Gowanda Area Federal Credit Union which services employees of the prisons, New York State employers, Seneca Nation of Indians, local municipalities, and area businesses according to their website is also located on the grounds. There is, in addition, Helmuth Daycare Center outside the prisons walls run for those who need their services.

When it was discovered that drugs were much cheaper than hospital asylums, Gowanda closed very slowly over a period of time. In 1979 GSH lost its farm program and more of its general population who worked on the farm. The signs of change that would happen in the care of the mentally ill led to attempts at reducing costs. In 1982 the state took over 40 percent of the hospital grounds and began to convert the area to a medium security prison. The rest of Gowanda Psychiatric Center (then the new name for Gowanda State Hospital) had been scheduled to shut down by the beginning of 1991, but it remained open for a couple of more years. In 1993 the state spent \$2.9 million to keep the staff and only 14

³ Psychotropic drugs are drugs capable of affecting the mind, emotions, and/or behavior (for example, lithium and cocaine).

⁴ 1973, The Rockefeller Drug Laws require judges to give drug offenders mandatory minimum sentences regardless of their background, character, role in the offense, or threat to society.

patients on the premises as part of their plan to keep the facility available for future use. This plan failed when the issue became a fiscal red herring. The closing of the state hospital stretched over many years and was met by protests first against job losses and later against having a prison in the area, despite the additional new job possibilities.

Penitentiary science or penology is the science of being technically proficient at processing incarcerated offenders. Prisons are places where people who offend our tolerances (set by law) can be incarcerated. The idea of a correctional facility is to separate offenders physically from society, to prevent the offender from any opportunity to commit offenses on the public and, if possible, to rehabilitate the offender. The insane are clearly subsets of this group today but most are not treated or identified while in a prison setting. The thirteenth amendment, section one, spells out that “neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, nor any place subject to their jurisdiction.” Prisons exist primarily to control and not to treat the problem(s).

The Rockefeller Drug Laws required harsh prison terms for the possession or sale of a small amount of drugs. The cost to New York State was \$500 million per year to imprison drug offenders, 92 percent of whom were African Americans or Latinos (Drug Policy Alliance, 2005). These inmates, relatively minor users and drug dealers, were mainly from the New York City area.

The Department of Corrections of New York was in great need of a place to house its prisoners. In 1982 the state converted 40 percent of Gowanda State Hospital into a medium security prison and named it Collins Correctional Institution (two separate prisons I and II). In 1994, the Department of Corrections of the State of New York opened a second prison

which is located on the state hospital grounds adjacent to Collins Correctional Institution and named it Gowanda Correctional Institution. Gowanda houses 2,300 male prisoners. The ratio of employees to prisoner is 1 employee for every 2.3 prisoners. Staff correctional officers typically work for a range of 12 to 25 years for the institution and live locally. The prisons are separated by a fence and are administered as separate entities that share only heat, water, and power from the old Gowanda State Hospital power plant.

Collins Correctional Institution

Collins Correctional Institution was founded in 1982 and is divided into two separate compounds (Collins I and Collins II), each with its own secured perimeter fence. Many of the new employees had been employees of the former Gowanda State Hospital. Each compound has a mess hall, library, reception area, commissary, recreational areas, and visiting rooms. There are multiple occupancy rooms in the compounds as well as single and double cells for prisoners. Collins also has a maximum security S-Block. These are 100 cells of double occupancy -- for inmates who have a tendency to assault staff or not to respond to orders -- that are used to segregate them from the general population. The population of inmates is approximately 46 percent African American, 27 percent Hispanic, and 24 percent white. Only 146 inmates are older than 46.

In 1995 Collins Correctional Institution opened a 110 bed Protective Custody Unit (PCU) in order to segregate inmates who were vulnerable to harm from the general population. Collins I and II offer an Alcohol and Substance Abuse Treatment (ASAT) Program with counseling. An Aggression Replacement Training (ART) Program is also available. This program is designed to help inmates with inmate anger and aggression while incarcerated. Group counseling is available for sex offenders, gamblers, and criminal

thinking. A Family Reunion Program allows inmates who have earned the privilege to spend up to a 44-hour period in a home-like setting with their family in one of four units built by inmates. The object is to encourage the strengthening of family ties. Collins has a Visitor's Hospitality Center during the weekend when visitors can freshen up after their (often long) bus ride of 12 hours or more often from New York City (which is where most prisoner families live). A limited number of educational programs are provided; these are college courses funded by outside sources that use private donations for course costs and instructors. Prison records recently showed that eighteen ungraded students – 12 African American and 6 Hispanics -- are involved in academic programs.

Twelve vocational educational shops are also available. Collins Correctional also offers a Youth Assistance Program (YAP), which is run by volunteers who bring in at-risk youth to hear why they do not want to be incarcerated in the future. There are also voluntary support services from the area such as Chaplains, who provide spiritual growth. Others services are volunteer firefighters and local community support services. Some inmates are allowed to work on program assignments such as outdoor work assignments according to their classifications. Work assignments also include snow and ice removal and fighting floods or forest firers (NYS Department of Correction, 2003).

Gowanda Correctional Institution

Gowanda Correctional Institution opened in 1994 with the transfer of inmates to the new facility. It was located across the road from Collins Correctional Institution to the north and covered additional buildings and grounds of the former state hospital on 40 acres (see Appendix B, Pictures 8 & 9). Staff correctional officers work a shift from 8am to 4pm. A Special Housing Unit (SHU) was built in 1995 for longer-term solitary confinement. Two

towers of six stories, known as A and B buildings, were built in 1957. They were built parallel, are identical in appearance and are connected by a four story crossover that contains offices, classrooms and a large kitchen which delivers meals to the entire facility. Gowanda has 33 cafeterias to receive food. Underground tunnels from the old state hospital are used to deliver food. East of the towers is a one-story brick building in the shape of a cross that was built in 1933. It has classrooms, a commissary, and maintenance areas. West of the towers is a one story building built in 1985, which is used for a gymnasium, a library, and an employee cafeteria. South of the towers are two identical three-story brick buildings, built in 1933. Each has a long wing jutting out of the four corners. The buildings are named C and D and are used to house inmates, special inmates such as sex offenders. Also they house ASAT (Alcohol and Substance Abuse Treatment Programs) that treat 144 inmates at a time and DWI (Driving While Intoxicated) Programs with 377 inmates per session. Completers of this program are released in two years of a three-phase program instead of the full three years they would serve without the program. The fourth phase of the program is served after their release. The C and D buildings are fenced to separate them from the rest of the facility. The sex offender's treatment program is housed with 144 participants in part of the C building. An administration building with visiting rooms was built in 1997 (NYS Department of Correction, 1999).

A Department Community Lifestyles Program is offered to the general population in hope of developing mutual responsibility among inmates. A Vocational and Skills Assessment Training (VAST) Program is offered to 3,000 men who are nonviolent felons to help prepare them for work release through academic education, vocational training, alcohol and substance abuse treatment, and sex offender treatment programs. The information

website declares that 765 inmates are in academic education of some kind and that another 400 students are in vocational training for building maintenance, electrical trades, floor covering, horticulture, and custodial maintenance. Vocational training seems to be mostly on the job training (NYS Department of Correction, 1999).⁵

According to their website, the mission of The Correctional Association of New York is to be an independent, non-profit organization founded by concerned citizens and granted unique authority by the New York State Legislature to inspect prisons and to report its findings and recommendations to the legislature and the public in order to make the administration of justice fairer, more efficient and humane.⁶ In a 2005 issue of June 2002 by the Prison Visiting Committee of The Correctional Association of New York they reported that among inmates “it was found that 14 percent of incoming female prisoners and 5 percent of incoming males are infected with HIV; 23 percent of incoming female inmates and 14 percent of incoming males have hepatitis C; 75 percent of inmates are self-reported substance abusers; 11 percent of inmates have been diagnosed as “significantly, seriously, or persistently mentally ill”; and more than 50 percent lack a high school diploma or equivalent degree. The recidivism rate is around 50% within three years of being discharged, according to Brotherton and Barrios.

⁵ The above descriptions about Collins (I and II) and Gowanda Correctional Institutions are taken largely from information produced by the house organ for the Department of Correction for New York State (DOCS).

⁶ The next section of this work is researched from a paper, *State of the Prisons: Conditions of Confinement in 25 New York Correctional Facilities* produced June 2002 by the Prison Visiting Committee of The Correctional Association of New York.

Collins Correctional Institution Status

On 19 October 2000, the Prison Visiting Committee surveyed Collins Correctional Institution. It has a Protective Custody unit for inmate's deemed "victim prone" (former police officers, correction officers, or high profile prisoners) and also contains an SHU-200 for disciplinary lockdown. Collins's HU-200 is a freestanding, fully automated, double-celled unit for 200 men. Common complaints were about lack of medical care and about brown water to drink and drafts during the winter season. The dormitories seemed calm and relatively tension free. Inmates wanted a single Inmate Liaison Committee (ILC) since they felt powerless to bring about change. Grievances by the next group of inmates had to do with a poorly stocked commissary, too small visiting room, lack of dental care, and lack of education about hepatitis C. Two physical plant issues were the quality of the water, which is often brownish, and sewage backups, which happen several times a year and for which they felt protective clothing is inadequate and they feared hepatitis. The correctional officers, when interviewed as a group, liked their job security and benefits. They work a day shift from 7 am to 3pm. Correctional officers did not care for their public image and feared AIDS and wanted metal detectors to help curb the drug trade. Further, they stated that the inmates had changed over the years to a younger group, were violent, crack heads, and punks with no education and with no respect or morals. As for programs, there is a waiting list of 42 for pre-GED classes. Corrections officers met with the administration, which is a superintendent and committees. The PC dormitory was the worst in that it was a windowless gym and lacked air circulation (Prison Visiting Committee, 2005, p. 59-64) (see Appendix B, Pictures 10, 11, & 12).

Gowanda Correctional Institution Status

On 18 October 2000 the Prison Visiting Committee visited Gowanda Correctional Institution. Gowanda housed 2,300 inmates in 2000 and is recognizable by its two seven story twin towers. The sex offender unit houses 200 men and the DWI program has 300 men. Gowanda prides itself on having a Vocational and Skills Training (VAST) program, which assesses inmate work skills and matches them to an appropriate module to complete. Abuse and harassment are the worst in the SHU. New arrivals report being beaten by correctional officers, denied food, and intimidated. Inmates further describe correctional officers as being a “gang” that intimidates other officers. One officer described the group of inmates as one who “whine” more. The committee heard extensive, vehement and specific complaints about officer misconduct and abuse. Racial and religious abuses are also present. Correctional officers (COs) complained in return “there is only so much they can do about the situation.” Correctional Officers stated that they would not wish their job on anyone which points to a morale problem among staff. Inmates often complained about lack of medical care. Correctional Officers described inmates as younger and mouthier than in the past. It all is seen as a “us versus them mentality and a no win situation.” Gowanda inmates issued complaints about abuse that should be further investigated and it remains a prison with serious problems (Prison Visiting Committee, 2005, p. 86-90).

In *The Almighty Latin King and Queen Nation: Street Politics and the Transformation of a New York City Gang*, David Brotherton and Luis Barrios describe the history of youth gangs (particularly among Latinos and others) within New York state⁷. According to the

⁷ In this study a comparison of street organizations and gangs was studied from 1985 to 1996 as to period, structure, territory, ideology, education, delinquency, conflict management, attire, integration, duration, and communication.

authors, since World War II the Latino population in New York has been growing to a point that today they are the largest ethnic group, a third of New York City. [By 1999 the percentage of Puerto Ricans living in housing projects (30.6 percent) was higher than that of African-Americans (24.7 percent) and dwarfed that of whites (2.1 percent).] Many New York City public elementary and middle schools remain in difficult conditions of being overcrowded and dangerous. Half of the Latino students are not able to read at grade level and 4 out of 10 cannot do mathematics at grade level. The high school dropout rate among Latinos in 1997 was 21 percent. By the middle to late 1990s, despite the longest economic boom in postwar history, the life outlook for many Puerto Ricans and Dominicans were still poor: 44.8% were living below the poverty line (Brotherton, David and Luis Barrios, 2004, p. 11-13). In the crowded tenements youths experienced day-to-day hardship and race-based conflicts with other local youths (usually between Italians and Puerto Ricans or Puerto Ricans and African-Americans), and constant exposure to drug dealing and other criminal activities (Ibid. p. 240).

The result was that overwhelming changes imposed so rapidly on the formerly rural based Puerto Rican population translate into high rates of unemployment, substance abuse, broken families, and deteriorated health in New York's inner city. Few other ethnic groups, except perhaps Native American Indians, fared more poorly in official statistics than the 867,753 Puerto Ricans who lived in New York City at the time of the 1990 census (Brotherton, David and Luis Barrios, 2004, p. 113).

The draconian Rockefeller Drug Laws of 1973 made for a prison explosion. The proportion of inmates of Hispanic origin increased from 7.7 to 14.3 percent and the rate of imprisonment for Latinos tripled because of it (Brotherton, David and Luis Barrios, 2004, p. 15).

In studying the sociology of the gang, Brotherton and Barrios found youth gangs not necessarily to be criminals, though they tend to predispose members to lives of crime, are largely male domains, express subcultures, are a mainly working or lower class phenomenon, emerge over a competition for scarce economic, social, and political resources, experience no validation of their class and ethnic racial cultures, and are prominent in areas marked by intergenerational racial and class segregation (Brotherton, David and Luis Barrios, 2004). Prisons then become a struggle between diverse groups that are all struggling to survive in an extremely cramped and dangerous environment. The Bloods tell a similar story to that of the Latin Kings, who were formed by Latinos after challenging the power of the 5 Percent Nation, an African-American inmate group in Collins Correctional Facility.

In 1986 Luis Felipe (King Blood) together with two others inmates in Collins Correctional Institution in New York state had written the New York State gang manifesto for the Latin Kings. Until the early 1990s most of its members had been behind bars but ex-cons demanded and were seen to receive respect rather than scorn from other youths who had stayed in their home community. In the manifesto, King Blood clearly saw that the Latino inmates were disorganized and dominated both by the guards and by the African-American inmates who, through the Nation of Islam and their respective prison gangs, had control of many of the resources (Brotherton, David and Luis Barrios, 2004, p. 97 & 98). In this environment, where joining a gang subculture was a relatively normal stage of teenage socialization, it did not take long for King Blood to resume his criminal career (ibid, p. 90). The Kings were caught between two worlds: on the one hand, competing with African-American inmates for prison power; on the other hand, resisting the perceived injustices of prison rules and punishments which were deemed unfair. These perceived injustices

developed further on the street because of conditions in jail which were “created by the massive incarceration of African-Americans and Latinos as a result of the Rockefeller Drug Laws, the Federal three-strike legislation, truth-in-sentencing laws, and persistent impoverishment and underachievement of the “hood” (ibid, p. 112). The situation in these prisons is an in fighting with other gangs and inmates and with guards who hate being there every day. It is an endless cycle of pain where one group is leading another group.

The solution to youth gang woes has been heard before and is also suggested by Brotherton and Barrios “Solution: down size prisons in a period of scarce resources, as the local, national, and international economy heads into extremely troubled waters. Expand and restore Vocational, Educational, and Substance-abuse Treatment Programs to Inmates It has been shown repeatedly that education and vocational training for inmates has had the most powerful influence on recidivism rates. With so many thousands of inmates returning to civilian life . . . rational policy should be to have them as prepared as possible to reintegrate into society and to allow them to become part of the legitimate work force as quickly as possible” (Brotherton, David and Luis Barrios, 2004, p. 337) and not just make them disappear for a time from society and punish them if needed.

Population

According to the 2000 census Collins had a population of 8,307. Races on the census show Collins, including the prisons, as having: white Non-Hispanic (62.5%), Black (22.6%), Hispanic (11.9%), other race (6.2%), American Indian (3.8%), and those claiming two or more races (0.7%). The value of the median house at that time was \$66,900.

Gowanda had a population of 2,842 (see Appendix B, Pictures 13 & 14). Nine point five percent of the population had families living below the poverty line. The value of the

median house was \$54,800 and races in Gowanda per the 2000 census show: White Non-Hispanic (92.8%), American Indian (5.1%), Hispanic (1.4%), and two or more races (1.2%). Helmuth, New York has a total population with the current two prisons (Collins and Gowanda) of 4,000 prisoners and the population is included with the population of Collins, New York. A walk through the town of Collins on any day shows no Hispanics or blacks to be seen on its streets.

A survey of population growth in the area shows us the following: the Seneca Nation of Indians, a tribe of Iroquois that formed officially in 1848, has a total population of 2,412 as of the 2000 census. This reservation is still located in three counties, Cattaraugus, Chautauqua, and Erie County. The Cattaraugus reservation stretches from Lake Erie inland along Cattaraugus Creek on both sides of New York state Highway 438. U.S. Highway 20 crosses through the reservation toward Lake Erie. The Cattaraugus Indian Reservation in Erie County New York as of the 2000 census had a population of 2,001. The total area of its land is 25.7 miles (of which 1.36 percent is water). Today many Seneca live below the poverty line and their reservation today still is mostly rural. In building the New York State Thruway, the state had decided to keep this main road away from the area by connecting Buffalo with Erie, Pennsylvania by following the coast of Lake Erie. Lake Erie is considered polluted and in some areas devoid of life. The Seneca Nation displays a white flag with the seal of the tribe in blue with red lettering in the center. The seal has maps of the three reservations surrounded by eight animals that are the totems of Seneca clans: wolf, bear, turtle, hawk, heron, snipe, beaver, and bear.

Gone today are the vegetable patches, farm animals, and roadside stands selling produce and Indian beadwork from the past summers of the 1940s. In their place are a few

local businesses, tobacco shops, gasoline stations (both untaxed), and a casino (bingo); all are cheaper because the reservation pays no federal or local taxes. The Seneca operate two casinos: “Seneca Niagara” in Niagara Falls, New York, the other “Seneca Allegany” in Salamanca, New York. Visitors for “fillips” (or “fill-ups”) of gasoline for their vehicles are frequent, especially on the Gowanda side of Route 438. The Seneca still live on three reservations, Allegany, Cattaraugus, and Oil Springs. They also live as a group on the Tonawanda Reservation, with the Cayuga in Miami, Oklahoma, and on the Six Nations of the Grand River Reservation near Brantford, Ontario, Canada. The population of Buffalo, New York, the nearest large city was 292,648 people in 2000.

The Amish of Western New York

Randolph, New York (population in 2000 of 613) is 26 miles southwest of Gowanda. Routes RT-241 and US-62 connect both villages. The area is adjacent to the two Seneca Indian Reservations. Randolph’s Chamber of Commerce/Town website boasts that it is located in the heart of Amish country and has Amish communities with furniture, baked goods, wooden toys, and quilts, as well as dairy products (milk, cheese) for sale on road side and business stands between Randolph and Gowanda. The Amish (“plain people”) are self-sustaining people. In 1949 Amish families migrating from Ohio and Belleville, Ontario, Canada, where the community had failed due to government quota programs for agriculture, settled in Western New York (see Appendix B, Pictures 5, 6, & 7).

The Amish migrated to the U.S. from the early 18th century through World War II. The Amish are considered to be Anabaptists founded in Europe by Jacob Amman (1644-1720). They are a reform group within the Mennonites. The faith retains elements of late 17th- century European rural culture. Many are from Europe (Germany and Switzerland) and

have as many cultural and ethnic differences as the Seneca Indians. The numbers of Amish is unknown since they do not report population numbers to the government/census. Amish life is passed down by oral traditions, the *Ordnung*, and like the Seneca they use a unique language as well as English. The Amish believe in a limited (often up to eight grade) public education by their own teachers. They consider anything in the way of activities beyond their community a waste of time. Amish are repelled by current technology including photography, electricity, radios, TVs, telephones, indoor toilets, automobiles, and power machines of every kind and they are unique in their homes, farms, manner of dress, and use horse and buggy transportation. Many communal activities such as barn raising, quilting, harvesting, and festivals are uniquely theirs. They wear distinctive clothes and are religiously, and in general, a closed community but good neighbors in that they mind their own business. As with any job or profession outside their community, the Amish are not interested in any way with working for or in a prison.

The family farm for all farmers came under the tax program for all of New York State and literally pushed farmers at a subsistence level into near bankruptcy. The taxes were, according to most locals, “ridiculous for the farmer.” The whole of New York State no longer supported the local county, but taxes were expected to support the albatross of the state—the problems of New York City. The population figures alone made New York City a gigantic ball and chain for the rest of the population of New York state. The Amish are attracted to rural settings conducive to their community lifestyle which offers services they need as well as being close to markets for their products such as a home delivery produce and dairy routes (Inge, 2005).

Seneca

In April 1997, the Associated Press added a note to its press release “The following mainstream news article is provided for reference only, as an example of how mainstream media treats indigenous resistance to genocide. It may contain biased and distorted information and may be missing pertinent facts and/or context.” The story line is that a fellow Indian punched Carol Snow-Buffalo in the face when a long running feud between factions erupted at a council meeting. The highly combustible issue is cheap cigarettes and gasoline which are now the base of the tribe’s economy. New York State is pushing to pick up the \$300 million in potential taxes from the Indians statewide. The Seneca refused to impose the tax and Pataki responded with an ordered blockade to cut off gas and tobacco deliveries. At stake are 500 reservation jobs. Locals pointed out their fear of Indian problems back in 1995 when three individuals were killed and another wounded in a fight between members of the Seneca tribe on the Cattaraugus Indian Reservation. These problems point to the continued unrest among the Indians and their political problems that affect the local economy (see Appendix B, Pictures 1, 2, 3, & 4).

Veterans

The mental health outcomes of ground combat soldier of operations in both Iraq and Afghanistan have been recently studied by survey. These respondents were deployed and reported an extremely high level of combat experience. Ninety percent reported that they had been shot at and a high percentage reported handling dead bodies, knowing someone injured or killed, or killing an enemy combatant resulting in Post Traumatic Stress Disorders (PTSD) (Hoge et al, 2004, table 2). The percentage of study subjects whose response met screening criteria for depression, PTSD, or alcohol misuses was significantly higher among soldiers

after deployment. These findings can be further generalized to ground combat units. PTSD percentages among Vietnam veterans years after their service ended were 15 percent and two to 10 percent among Gulf War veterans. Rates of PTSD among the general adult population in the U.S. are three to four percent of the adult population, which is similar to the baseline of five percent before soldiers were deployed into combat areas (Hoge, 2004).

In his article “Deinstitutionalization: Avoiding the Disasters of the Past,” John Talbott observes that “the reasons for the problems created by deinstitutionalization (of state hospitals) have only recently become clear; they include a lack of consensus about the movement, no real testing of its philosophic bases, the lack of planning for alternative facilities and services (especially for a population with notable social and cognitive deficits), and the inadequacies of the mental health delivery system in general” (Talbott, 1979, p. 621). In the future, “attitudinal and institutional biases and discriminatory practices must be combated, planning for community facilities and services must be improved, and funding for both institutional and community services must be provided during the phasing down of institutional services” (Ibid, p. 621). In the past the sickest of psychiatric patients were cared for in state hospitals with the bulk of psychiatric treatment available in one institution. In moving patients to their own community by 1971, it had become clear that without additional services and funding, such efforts were increasingly ineffective. Professionals refer to the mess as a disaster created by deinstitutionalization caused by a series and hierarchy of events. Mentally ill people appeared on city streets hallucinating and talking to themselves while others acted in a generally bizarre behavior. Other patients were transported to nursing homes where conditions became scandalous. New syndromes were heard of such as “falling between the cracks (lack of follow up),” “the revolving door (constant readmissions),” and

“grayhound therapy (send them out of town).” Emergency rooms at hospitals were handling the social problems of the chronically mentally ill who were usually poor. According to Talbott, “Americans society has not progressed to the point that it is totally comfortable with naked men dancing on Broadway or bag ladies wandering up Park Avenue.” This was not deinstitutionalization but transinstitutionalization, which meant moving chronically mentally ill patients from one place for their living and care to multiple places where they tried to live and get care on there own. Most kept rolling until they ended up in prison or some place for a short while on their own. There was often increasing demoralization, demedicalization, and further deterioration. Talbott states that we have come too far to turn the system back.

According to him,

“providing care for the chronically ill and preparing for future deinstitutionalization means that the issue must be reconceptualized not as one of where people should be housed but as the need to provide the full range of treatments and services that are available in a total institution. Attitudinal and institutional biases and discriminatory practices must be combated, planning for community facilities and services must be improved and funding for both institutional and community services must be provided during the phasing down of institutional services.” He explains what went wrong in hindsight and proposes basic rules to guide future deinstitutionalization activities by his profession (Talbott, 1979).

Today we know of therapies that work in a variety of ways in dealing with patterns of behavior that are the symptoms of mental illness. The therapy could be a single method or several methods. We know that Behavioral Therapy works and often involves the cooperation of others including the family. Biomedical Therapy maybe treated with medication alone or in combination with psychotherapy. Cognitive Treatment attempts to identify and correct distorted thinking patterns. The goal is to replace present thinking with more balanced thinking. How long someone must take a psychotherapeutic medication depends on the individual and the disorder. Many depressed and anxious people may need

medication for a single period, such as part of a year. People with conditions such as bipolar disorder (manic-depressive illness), or those with depression or anxiety have chronic or recurrent diseases and may have to take medication indefinitely. In addition, psychotherapeutic medications do not produce the same effect in everyone. Some people may respond better to one medication than others. Some may need larger dosages than others and some report side effects while others do not. Age, sex, body size, body chemistry, physical illnesses, diet, and habits (smoking cigarettes) are some of the factors that can influence a medication's effect. Patients on their own often go off medications or are not monitored.

Today, the two prisons house 4,000 adult males serving state prison terms. Both prisons are medium security facilities. The question is now that people are being warehoused over time, not contributing much, and hardly cared for at a great cost to society what is next step when prisons are all filled beyond capacity. Except for barbed wire security fencing, the Collins and Gowanda campuses look like the asylum that this property was built for, a different purpose in a different age. For over a century the purpose was the housing of the mentally ill and others who fell through the cracks of society: the mentally retarded (challenged), homeless, and disturbed men, women, and children (see Appendix B, Pictures 14.15, 16, & 18).

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APPENDIX A

PHOTOGRAPHS FROM 1946 TO 1952

GOWANDA STATE HOMEOPATHIC HOSPITAL, HELMUTH, NEW YORK



1 MAIN ADMINISTRATION BUILDING



2 DR GOLDSMITH'S OFFICE



3 DIRECTORS HOME – DR MUDGE



4 MAIN STAFF HOUSE FOR DOCTORS



5 EAST GROUP AND NURSES HOME



6 PAVILION FOR AGED WOMEN



7 & 8 OLDER POST CARDS



9 FARM ON WHEATER ROAD



10 THE DAIRY BARN



11 SILO and PIGGERY



12 OLD POWER HOUSE

(Contained power house, laundry, bakery, and was also the point of distribution of requests)



13 & 14 Staff Houses 4, 3 & 1





15 THE AUTHORS BIKE 1946



16 DRS GOLDSMITH (MOM AND DAD)



17 DWAIN BARTLETT GREENE AND THE AUTHOR



18 CHRISTMAS ASSEMBLY FOR PATIENTS AND STAFF (1948)



19 DR GOLDSMITH, PUBLIC HEALTH

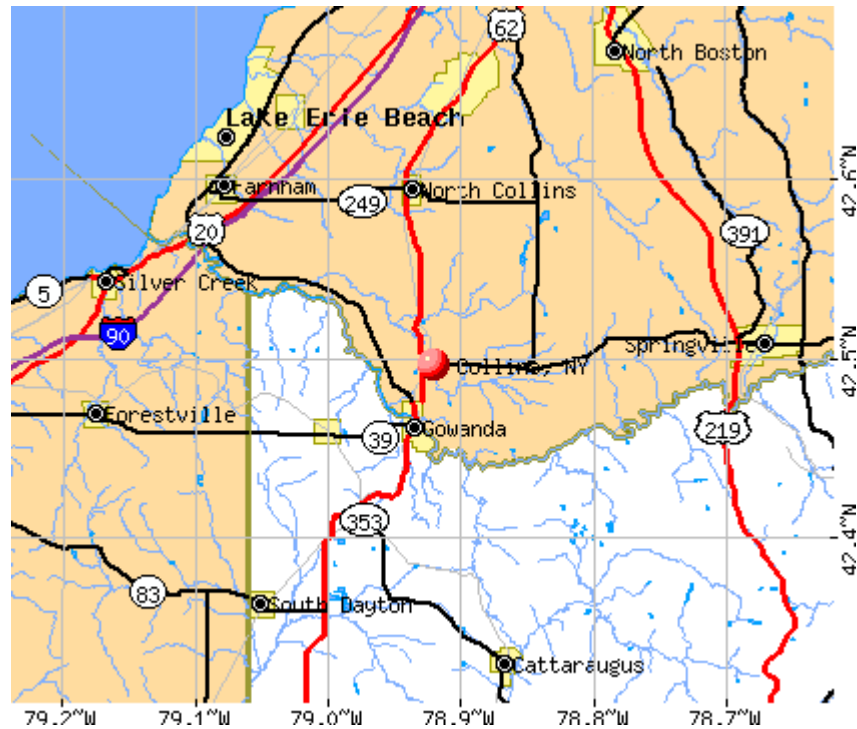


**20 THE AUTHOR'S PRIZE WINNING PUMPKINS
AT THE COUNTY FAIR (SEPTEMBER 1950)**



21 MADAME MADELEINE, PAINTING AND FRENCH INSTRUCTOR

22 GOWANDA, NEW YORK



23 GOWANDA SCHOOL (1947)



Emergency Truck Recently Put in Service in Gowanda, N. Y.

This emergency truck recently added to the apparatus of the Gowanda, N. Y. Fire Department, is fully equipped with an inhalator with extra tanks, a flood lighting system, gas masks, salvage covers, first aid kits, tonic and kit, stretcher, ladders, ropes, etc. Chief Harry G. Smith heads up the department.

24 FIRE DEPARTMENT EMERGENCY TRUCK (1946)

COLLINS, NEW YORK



25 TRAIN DEPOT

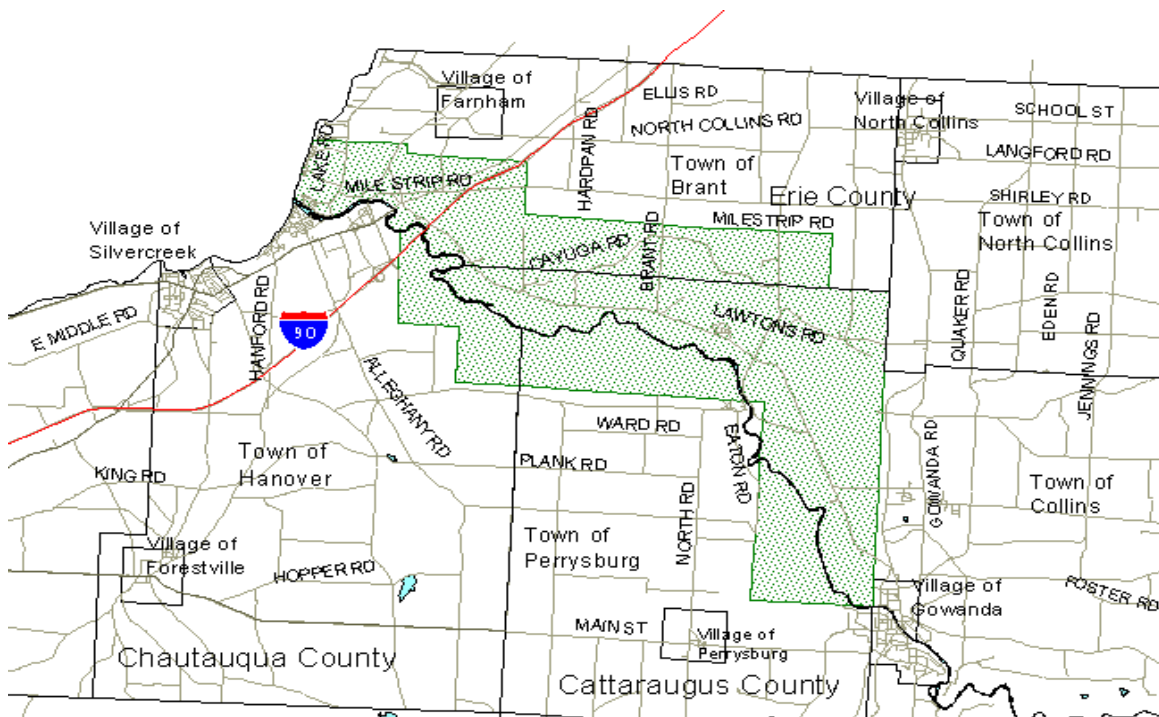
APPENDIX B

PHOTOGRAPHS FROM TODAY

CATTARAUGUS INDIAN RESERVATION-SENECA NATION



1 CATTARAUGUS CREEK



2 AREA MAP INCLUDING THE BOUNDARIES OF THE CATTARAUGUS INDIAN RESERVATION UPPER LEFT IS LAKE ERIE (A BOUNDARY FOR THE RESERVATION)



3 THE ROAD INTO THE CATTARAUGUS INDIAN RESERVATION



4 BADGE OF THE SENECA NATION LAW ENFORCEMENT DEPARTMENT

5, 6, & 7 AMISH OF WESTERN NEW YORK



GOWANDA CORRECTIONAL FACILITY



8 RECEPTION

COLLINS CORECTIONAL FACILITY



9 ADMINISTRATION



10 POWER HOUSE RENOVATION

The facility has over a million square feet of buildings will be heated by three new 50,000-lb./hr. boilers and one relocated existing 27,000-lb./hr. boiler. The new plant includes three high-pressure steam boilers with economizers and deaerators, pumps, valves, and special supports



11 STAFF HOUSE #1 TODAY, BACKSIDE

Gone is the root storage shed, only weather marks remain



12 STAFF HOUSE #1

The bathroom window has been resized to prevent escape (used as an administration center at some point) and also the wrap around screen porch has been removed. The larch in the foreground left was planted by my mother in 1949



13 GOWANDA ROAD, SIDEYARD STAFF HOUSE #1

Across the street from the sideyard of Staff House #1 (1940) there was a road into the reservation; the trees have all grown so there is no more road



14 A HOUSE WITH ITEMS FROM THE 1940s



15 THE SAME HOUSE, MORE ITEMS FROM THE 1940s



**16 FORMERLY COLLINS ELEMENTARY SCHOOL #3, TODAY IS
THE PAINTER COMMUNITY CENTER**



17 BORROWED AMISH BONNET



18 AMISH GOATS

VITA

Ursula Irene Anna Goldsmith was raised in Western New York State near a Seneca Indian Reservation and on the grounds of a hospital where both parents were doctors. There she belonged to the Grange, Girl Scouts, 4-H, and learned alternative medicine. The hospital was a totally self-sufficient unit with farms, furniture building areas, bakery, and victory gardens. In 1957 Ursula graduated in the top of her class from Boardman High School in Youngstown, Ohio. She entered the United States Army from 1958 to 1961 and holds the Good Conduct Medal, Service Ribbon, and received three Citations. She attended Pasadena City College in California, earned the associate of arts degree in 1962, and was elected to Alpha Gamma Sigma Honor Society. She then attended the University of California at Los Angeles and earned the bachelor of arts degree in intellectual history in 1965. She completed a certified master's in business administration (accounting) and certificate in human resource counseling.

She also worked in private industry as a systems analyst and controller (medicine, astronautics, and entertainment). She attends Louisiana State University where she has received a masters in library and information science (member Beta Phi Mu honor society), advanced studies in library and information science certificate, and a doctorate in vocational education (now human resource education workforce development) 2002 with a specialty in higher education, adult education, and electronic media. Since 2000 she has presented conference papers on the subjects of higher education, women's studies, and electronic thesis and dissertations. This master in liberal arts is a continuation of her history degree.