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< WWII Pacifists Exposed Mental Ward Horrors

[Transcript](#)

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Heard on All Things Considered

text size [A](#) [A](#) [A](#)

December 30, 2009 - ROBERT SIEGEL, host:

From NPR News, this is ALL THINGS CONSIDERED. I'm Robert Siegel.

Ten million men were drafted into the military during World War II. Of those, more than 40,000 refused to fight. These conscientious objectors often felt the public's contempt despite the fact many still served in noncombat roles. Some 3,000 objectors were assigned to work in places that few outsiders ever got to see: state mental hospitals. They saw squalid conditions and the abusive treatment of patients. Then they tried to change things and tell the world.

NPR's Joseph Shapiro reports.

JOSEPH SHAPIRO: For Americans, World War II was a fight of good standing up to evil. Millions of citizens became soldiers and went to war.

(Soundbite of music)

(Soundbite of applause)

Unidentified Man #1: It was two years ago that our boys from Jefferson left for training...

SHAPIRO: This is from a U.S. government film that urged men to join the war effort.

Unidentified Man #1: We had a little parade for them and mothers cried a bit, but we all thought nothing had happened to them.

SHAPIRO: Not so well-known is the story of the conscientious objectors. They rejected war as a way to resolve conflict. Many were Mennonites, Quakers, or from the Church of the Brethren. And although they refused to go to war, they, too, wanted to serve their country. So thousands agreed to work at state mental hospitals. The young pacifists would be changed by what they saw there, and then become a force for change themselves.

One young Quaker, Warren Sawyer, took the city bus to a campus of old brick buildings with fenced-in courtyards. It was the Philadelphia State Hospital, best known as Byberry.

Mr. WARREN SAWYER: Byberry is the last stop on the bus here in Philadelphia. And any young man on the bus, other people knew that we were COs working at the hospital. And they'd make different kinds of remarks, supposedly talking to each other, but hoping that we hear - and, you know, yellowbellies, slackers.

SHAPIRO: Those slurs were harsh - but not nearly as harsh as what awaited the young men inside the gates of the chaotic and overcrowded hospital for people with mental illness and intellectual disability.

Mr. SAWYER: Well, I called it hellholes, the word I used - terribly overcrowded. All we did, and all we could do, was just custodial care. Because when you have three men taking care of 350 incontinent patients with everything all over the floor - feces and urine and all that kind of thing - in the incontinent ward, it took a few weeks before you got used to eating supper, with the smell all through your clothes and

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Transcript

SHAPIRO: The incontinent ward, that's what the men called A Building. It was a large, open room with a concrete slab for a floor. There were no chairs. There were no activities, no therapy, not even a radio to listen to. So hundreds of men - most of them naked - walked about aimlessly, or hunched on the floor and huddled against the filthy bare walls.

Nearby was B Building. It was called the violent ward, or the death house, because angry men sometimes violently attacked each other. In one room, rows and rows of men were strapped and shackled to their bed frames.

Mr. SAWYER: It was in B Building, the death house. This new accident happened on Sunday, 9/3/44.

SHAPIRO: Sawyer wrote frequent letters home to his two aunts on the farm where he'd grown up in New York.

Mr. SAWYER: Due to the shortage of cuffs and straps and restraint locks that has prevailed in B Building for some time, one of the patients was able to get himself loose. He was a very dangerous fellow. He only had one cuff and strap on, and he got out. He had a spoon that had been broken off at the end and was sharpened almost to a knife edge. After he was loose, he went to another patient and jabbed him in the side of the neck on top of his shoulder, and drove the spoon down about one inch deep, just missing the jugular vein.

SHAPIRO: Warren Sawyer's letters provide some of the best surviving historical record of the conditions at the hospital, and the work of the conscientious objectors at Byberry.

Sawyer is 89 now. He lives with his wife at a Quaker retirement community outside Philadelphia.

Unidentified Man #2: (Unintelligible) says, stay there.

(Soundbite of laughter)

SHAPIRO: Among his neighbors are other former conscientious objectors. They gather in Sawyer's living room to share stories. Evert Bartholomew and his brother John, and Neil Hartman.

Mr. EVERT BARTHOLOMEW: There was only one suicide that I can remember from Byberry, and that was very, very sad. He was about 20, 23 years old. And lo and behold, he got out one day and climbed up the side of the wall and then jumped off.

Mr. JOHN BARTHOLOMEW: Sure, I saw that guy. He climbed up and so I said, Marv(ph), we're going to put mattresses on the sidewalk. So we get mattresses and sure enough, after we ran out of mattresses, he dived onto the sidewalk. We tried to help him. What are we going to do?

Mr. NEIL HARTMAN: We were too young - young sailor.

SHAPIRO: To work in such a brutal and chaotic place tested the young men's own ideals of nonviolence. Hartman was a young Methodist.

Mr. HARTMAN: But I found out there the difference between violence and force. We used force, and then we grab a man and we pin him, and then maybe get a nurse, if we could, to give him a shot. But we didn't use violence. And the difference was, it wasn't unusual next day for the patient to come around and thank us for not using violence when we could have.

SHAPIRO: And there was lots of violence at Byberry. Many of the regular attendants were drunks who'd get fired at one state hospital and just move on to a job at the next. Some kept control by hitting patients with things like sawed-off broom handles or a rubber hose filled with buckshot.

Neil Hartman says the patients came to appreciate the gentler manner of the COs.

Mr. HARTMAN: Because they knew, the regular attendants, one of their tricks was to use a wet towel and put it around their neck and squeeze it. It, of course, choked them awful, but it didn't make any mark on them so no state inspector could catch up with them.

SHAPIRO: Still, the young pacifists worried that it wasn't enough simply to show kindness. By 1946, the war was over, and the conscientious objectors soon would be gone. They didn't want to leave behind a place where untrained and underpaid attendants ruled patients by brutality and violence. So the conscientious objectors came up with a daring plan.

Warren Sawyer wrote about it in one of his letters home.

Mr. SAWYER: We are working on a carefully laid-out plan to blow this place open in two months.

SHAPIRO: In secret, they went to newspapers with details of the scandal inside the institution.

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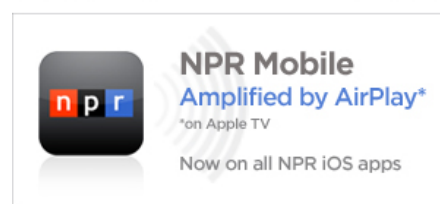
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Transcript

~~We COs do nothing about this place to improve it, our stay here has been to no avail, and we have accomplished nothing. Two other fellows and I are heading up this thing to launch a campaign and gather material.~~

SHAPIRO: One of those other fellows was a conscientious objector named Charlie Lord. Today, Lord is 89 and lives in another Quaker retirement community, this one in Tennessee. In the living room of his brick bungalow, he flips through old, yellowed photographs.

Mr. CHARLIE LORD: Here's the original one. Here, 1946. This is the day room with dozens of naked men along the left wall.

SHAPIRO: At Byberry, Lord snuck a small Agfa camera in his jacket pocket. When no one was watching, he'd quickly shoot a picture without even looking through the viewfinder.

Mr. LORD: I'd get up close as I could. I was aware of composition, but the main thing was to show the truth.

SHAPIRO: Over a few months, Lord filled three rolls of film with 36 exposures each. His pictures showed the truth, in black and white.

Mr. LORD: Look at the walls and the ceiling of that building. Just not fit for human habitation.

SHAPIRO: In the past, reformers and journalists like Dorothea Dix and Nellie Bly snuck into institutions and wrote exposes about the horrific conditions there.

But Charlie Lord was one of the first ever to expose institutions by using the power of photography.

Mr. LORD: Well, I just thought this would show people what it was like. It's not, not somebody writing to describe something. They can use flowery words or, you know, do whatever they want. But if the photograph is there, you can't deny it.

SHAPIRO: Lord's photos appeared in Life magazine in 1946.

Syracuse University professor Steven Taylor says the images of thin, naked men lined against walls echoed some other disturbing images Americans had just seen.

Professor STEVEN TAYLOR (Disability Studies, Syracuse University): The immediate reaction by many people to these photographs were that these looked like the Nazi concentration camps. People could not believe that this was the way we treated people with mental illness and intellectual disabilities in our society. So it created a, you know, mass uproar nationally.

SHAPIRO: You can't equate the conditions in American mental hospitals back then - no matter how inhumane - with the extermination of more than 6 million Jews and others. In fact, among those killed by the Nazis were up to 250,000 people with disabilities. They were mainly people with mental illness and intellectual disability - the same disabilities as the people who lived at American institutions like Byberry.

Still, Taylor, who's written a book about the World War II conscientious objectors, said the photos punctured a national sense of American superiority.

Prof. TAYLOR: We saved the world. We stood for human rights. We condemned the Holocaust. American confidence was soaring in the immediate, post-World War II era. We were morally superior. We were militarily superior. And I think this was a stark reminder that America wasn't perfect; America had its shortcomings.

SHAPIRO: In postwar America, the country turned to righting those shortcomings. Conscientious objectors from Byberry started a national association that helped train and professionalize workers at state hospitals. And most of all, they helped improve the lives of vulnerable people who lived in those state institutions.

Joseph Shapiro, NPR News.

(Soundbite of music)

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Recent First



Irene Cardenas (irenesee) wrote:

Marcy: The study covers Major Depressive Disorder (<http://archpsyc.ama-assn.org/cgi/content/full/65/5/513>). Results are often reported from angles that protect professionals. They'd lose support if they blared their peers have been hurting people. Hospitals often don't give patients a chance to comply voluntarily. For example, students may think it'd be best if school started at 8:00, but will still go daily at 7:00 if they're told the school wants that.

Judges tend to believe psychiatrists, but the public can strongly object (<http://citypages.com/2009-05-20/news/minnesota-mental-health-patient-ray-sandford-forced-into-electro-shock-therapy>). (At comment #16 there, I posted MindFreedom references about schizophrenia healing outside psychiatry too). If insurers refer a help-seeker to a hospital instead of a counselor, workers who think forced treatment helps (when it traumatizes) never let his life escape their constant focus on trauma's effects, which they see as fixed illness. However, the brain exhibits plasticity. Focusing consciousness in a more balanced way is healthier. People often say, "30 years ago it was awful, but now it's great," as if time doesn't continue and they won't say the same thing 30 years from now.

Monday, January 04, 2010 2:42:34 PM

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Irene Cardenas (irenesee) wrote:

If psychiatrists don't lock patients up and something bad happens, they could very easily be sued very severely. If they lock people up, they're much less likely to be sued, because the diagnosis discredits the patient's power to be believed in court. So the incentive is not balanced. People are sensitive social beings who are traumatized by denial of freedom, so locking them up provides evidence for mental disorder by inducing it. If people care about not harming patients, these concepts are very difficult for them to receive unless they conceive of ways to improve conditions to reverse the harm that is done because of course the mental health system isn't perfect.

Sunday, January 03, 2010 11:39:08 PM

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Irene Cardenas (irenesee) wrote:

Marcy: That would be more true if mental professionals were perfect, but their assessments of who is dangerous are no more accurate than a coin flip (reference @11/12, 14:35CST: [npr.org/templates/story/storyComments.php?storyId=120313570&pageNum=4](http://www.npr.org/templates/story/storyComments.php?storyId=120313570&pageNum=4)). When doctors focus on concepts like "dangerous," "psychotic" and "suicidal," it reinforces those patterns in their minds, through which they interpret patients. Per a neuroscientist, "The more you focus on something... the more that becomes your reality, the more it becomes written into the neural connections of your brain" (<http://www.npr.org/templates/story/story.php?storyId=104310443>).

Many psychiatrists are humans who can project their fears outward and perceive them as reality coming back in, not seeing aspects of people that don't fit their preconceptions. Scientists often don't seek to prove what they don't expect to be true, per the full program at the midday2 link I posted below. A dire prognosis destroys many patients' spirits too. They believe it, reversing the power of positive attitude to heal. This can also explain why many people with lengthy depression do better if they never see a psychiatrist. I've posted many references if you're open to a new perspective.

Sunday, January 03, 2010 11:29:36 PM

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Marcy C (themarcy73) wrote:

Irene, you keep talking about Depression and provided a story about people who have one episode of depression. These are not the people who are being hospitalized in the State Hospitals today. Times have changed. Back when these men worked in the Mental Hospital, there were people locked up for milder cases of depression and even mental retardation. But, that does not happen much, if even at all anymore. Nowadays, one has to be a danger to themselves or others in order to be sent to a State Hospital. They have to either willingly be admitted or admitted by a judge if their stay is going to be past 48 hours. Heck, even to qualify for extensive services like Community Support Services, and the services I provide, one must have debilitating and persistent symptoms. None of my clients are diagnosed with just Depression. Some are diagnosed with Major Depressive Disorder, but most are diagnosed with Schizophrenia or Bipolar. To have this diagnosis, a person's symptoms have to be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Sunday, January 03, 2010 10:21:30 PM

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Irene Cardenas (irenesee) wrote:

Where's the proof people are separate, with inherently unequal privilege, unless treated that way? Descendants of slaves also tested less mentally fit until people believed in them. Then they succeeded (americanradioworks.publicradio.org/features/preschool/). Away from psychiatrists, depression often heals (abcnews.go.com/Health/DepressionNews/story?id=4989120).

When people empathize, energy emitted by their functioning coheres, amplifying. Healers cohere with patients' fields to heal them. When people assume others feel wrongly, many withdraw from cohering, hurting both parties' health.

People who accurately see disease in human fields see blocks in energy flow. If energy got trapped during trauma, it releases into consciousness later. People experience it then, as they heal. It's real energy in their present field. Most everyone has blocks.

Connections between people affect them faster than light travels (minute 40-42: minnesota.publicradio.org/display/web/2009/12/29/midday2/). Psychiatrists can't prove patients aren't perceiving others' feelings over a distance. Hurt people amplify signals from hurters by focusing perception on them. Would people want to marry anyone who hurt a patient? Can patients be living clues?

Sunday, January 03, 2010 9:25:44 PM

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Kristina Tabacco (Tabacco) wrote:

Fyre, are you speaking English? I can't understand your gibberish.

Sunday, January 03, 2010 6:23:25 PM

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Irene Cardenas (irenesee) wrote:

When people have viewed those who have been deeply hurt as "mentally ill," are they capable of understanding those people in any other way? Do they get comfort by thinking they have some mental control by defining hurt people through fixed concepts, or diagnoses? Doesn't the psychopathic character structure tend to use mental energy to "grasp" others' minds to make them submit to their perspectives? Some staff do force treatment. It can be torture in the name of love (www2.ohchr.org/english/issues/disability/torture.htm).

A former ambassador, held captive in Tehran, said: "My mistreatment can be reduced to three words, fundamentally, denial of my freedom. That is mistreatment under any circumstances" (minute 20: minnesota.publicradio.org/display/web/2009/11/03/midday1/). "Unless someone has lost freedom, you have no idea what it means suddenly to regain freedom... it has been magnificent ever since... Many of those who took us... are taking their own precepts and using them against their own people. It is wrong. It was wrong then. It is wrong today" (minute 15:40-16:40). One doctor found many patients' issues were more due to poverty than "mental illness" (minnesota.publicradio.org/display/web/2009/12/22/midmorning1/).

Saturday, January 02, 2010 10:39:24 PM

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Marcy C (themarcy73) wrote:

Our State Hospitals are not suppose to release clients to homelessness anymore, so some



clients are put in Emergency Group Homes, only to end up homeless or very close to homeless in two weeks time. If you were on the verge of homelessness, how well would you be able to manage your mental illness? Needless to say, it takes some of my clients a lot of courage to even attempt to manage their symptoms when their safety and future is unknown and possibly bleak. But, Hospitalization is NOT the option just because someone is going to be homeless. What we need is for SSA to quicken the approval process and allow people to see the judge before many years have passed. What we need are housing programs to help our disabled citizens while they are waiting for approval of benefits. I would say at least 90 percent of my clients eventually are approved for benefits after seeing a judge. So, my question is: what is the problem that the SSA reps can't approve these people in need of benefits? And the majority of my clients are in need of some type of assistance because they are unable to work because of their symptoms. I admit, there are a few who don't need them, but the majority do and suffer for years waiting!!! Imagine if it was you

Saturday, January 02, 2010 9:01:17 PM

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Marcy C (themarcy73) wrote:

I was reading several comments and realized many don't know that the majority of the mentally ill are not homeless.

I live in Kansas and work in the Mental Health Field. I educate consumers diagnosed with Severe Mental Illness (Schizophrenia, Schizoaffective Disorder, Major Depression, Bipolar Disorder, or others) about coping skills and independent living skills. The majority of my clients are NOT homeless and we work very hard to find every client suitable housing. This has become harder within recent years due to the recession and lack of funding. Most of my clients who receive either SSI or SSDI have housing. It is the recently diagnosed clients that have the most trouble finding housing. This is because it can take up to five years to be approved for Federal Disability payments and the State assistance of up to 200 dollars a month only lasts for twelve months. So, many of my clients are first homeless for years until they can be approved for benefits. I've worked with people who also have severe scoliosis and can barely walk or Krohn's disease, missing huge chunks of their colons, but still are denied benefits for years until SSA finally lets them see a judge. Most could not work full-time, but are denied.

Saturday, January 02, 2010 8:52:19 PM

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Fyre Queen (fyrequeen) wrote:

JulieWV reminds us to examine today's euphemisms (like 'extrodinary rendition', and so many more) and to DO something. If Y had a dime for every time someone said, "I don't want to think about that, cuz I can't do anything about it," Y could get off of foodstamps. Thanks, Julie.

Tabacco:

Y have been studying mental illness for 56 years, and psycho-treatment for 40+ years in true life AS WELL AS in an ivory tower and Y feel confident when Y say that you don't know what you are talking about. Also, it is rarely helpful to say KNOCK IT OFF. Put that in your notes.
:)

Saturday, January 02, 2010 3:43:13 PM

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