

United States Senate Committee on the Judiciary

Subcommittee on Human Rights and the Law

Hearing on Human Rights at Home: Mental Illness in US Prisons and Jails

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Dirksen Senate Office Building

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Room 226

The Testimony of Mr. David L. Fuller, Certified Psychiatric Rehabilitation Practitioner and Forensic Peer Specialist; a Person with History of Incarceration and Psychiatric Disability

Mr. Chairman, Ranking Member Coburn, and distinguished members of this Subcommittee, it is an honor to provide testimony before this body. My purpose in testifying is to bring to light some of the experiences people with mental illness encounter when they enter the criminal justice system and to expose the inhumane treatment they receive. I have also included information on how this travesty in human rights can start to be corrected.

With the ability of hindsight, I can say I started to experience depression at an early age. The first twinge of it was in elementary school at the time of Martin Luther King, Jr.'s assassination. I can remember thinking, "The people in this country will never change. If they could kill a man as good as him what chance do I have?" These thoughts were in the context of experiencing racism through my entire life, from times visiting family in the rural south as a young child to going to a majority white school in my native New York from elementary through high school. I think now, and feel seven years old is too young to feel hopelessness, especially in a country that has as much as this country.

When I was seventeen I experienced my first arrest. New York City's Rikers Island at that time was called the "gladiator school" by local youth. I was arrested for illegal gambling because I had betted a few dollars on some numbers and was caught near the "number spot." Honestly, I used to bet to get a thrill because even at that age, it was hard for me to feel joy or happiness like other young men, so I used to fill that void with

thrill seeking and other non goal-producing behaviors like drugs and alcohol use. This charge was considered a misdemeanor in New York City State.

In the few days it took for me to post bail I experienced suicidal thoughts and was actually stabbed by another inmate for the jacket I was wearing. I was afraid to go to the clinic because I knew they would put me in isolation on suicide watch and I felt punished enough.

When I became eighteen years old, things were not getting better for me. I was abusing drugs like heroin and crack cocaine. My family did not know what to do. I was trying to outrun someone I could never outrun, myself. By the time I was twenty-one years old, I had been arrested several times for drug possession/sale and gambling. I was using a large amount of drugs and got caught in a drug den during a police raid. I was facing a lot of time and was scared to death. My family found me a good attorney who eventually got the charges dismissed and suggested that I seek drug treatment. I went to a long-term drug treatment facility in New York State. I did not like being there, but I thought maybe I could get help with the problems I had been experiencing. I told my counselor I thought I had more than just a drug problem—that I felt sad and lonely pretty much all the time no matter what I did. I also told him I thought about ending my life quite a bit. When he heard this, he warned me that if I mentioned that again I would be discharged from the program and sent to a mental hospital. I never mentioned it again. I graduated from the program after a year, went back home, picked up drugs again in less than two weeks, and was back in the street like nothing ever changed.

Through the next twenty years, I went back and forth to jail. My ability to function was slowly, but steadily, declining. I was arrested at least twenty or thirty times in that time period. I served sentences from ten days to one year. The first six to ten times I would ask my lawyer or the staff in the jail for help with the issues I had, I got the same answer every time—that is, if they bothered to answer—; that either I went to drug treatment or the mental hospital. I knew one or the other by itself would not work, so I gave up asking for help from the system.

Towards the last few years of my suffering, I experienced my first hospitalization for psychiatric reasons; it was after my first suicide attempt. I was there for a couple of months. I went to therapy, and I was put on medication. It helped; I became stable and was discharged from the hospital. I did not have stable housing when I was discharged. I was referred to a “¾ house” to live and it was worse than living on the streets, so that is what I did. I ended up not taking my medication, not participating in therapy, and quickly re-offended.

When I went to jail the next time I didn’t stand up for the count. I was written up and put into punitive segregation (“the box”). In segregation, I was put in a cold, dark, barren

cell—no TV, no books— where the environment exaggerated my symptoms and I even experienced some new ones like audio hallucinations. The officers were verbally and physically abusive. There was no point in making an official complaint because the officers would just abuse you more and nothing would ever be done about it.

This cycle would repeat itself many more times: get out, no place to live, stop taking my medication, use drugs, become suicidal, then go back to jail. I remember I “caught a ticket” in jail one time and before they could send me to the box I tried to hang myself in my cell, my cellmate found me before the officers did and untied the sheet. He did not tell the officers because he knew what would happen. I wept in my cell the rest of the night; I was discharged after two days.

There were fights with other inmates almost every time I went to jail. Because of my depression, I would appear to be an easy victim and some of the other inmates would try to steal my food. Most of the time I would win the fight, but lose the battle for my self-esteem and self-respect—fighting for food like a common animal.

“There is no HIPAA in jail” because there is really no privacy in regards to your psychiatric care. Either you are on the “Mental Observation Unit” with all the stigma and dangers that implies, or you are living in general population where every time you go for medication or need to see the doctor it is announced through the cell block. When you are getting your medication you are on a line with a hundred other inmates and inmates going back and forth on the other side of the hall. People are buying and selling medication and other illicit drugs. Everybody pretty much knows what the other person is getting. When you go to the “clinic” to see the doctor you have to wait for hours on end and once again, everybody knows what you are there for. You can hear staff talking about other patients when you are meeting someone about yourself, so you think about whether they talk about you when you leave, so you do not share much and do not get the help you need.

For 28 years of my life, I struggled with depression and then later PTSD. I used hard drugs most of this period and it seemed like I was always going in and out of jail. Violence was always around me. Through my periods in jail and being homeless I have been stabbed and shot. I was abused by the very people and system that were supposed to be helping me, and keeping me safe. I did not have access to the services I needed; I was alienated from friends and family. I felt isolated and alone. I dwelled in hopelessness, shame, guilt, and fear of the future. I believed God had abandoned me and things would never change.

I turned down treatment a few times in the past when I was in jail before because I was never offered a place I could address my psychiatric disability and my drug addiction at

the same time, in the same place. I had been through treatment many times for one or the other at different times and it seemed to never work for me.

I am happy to say things did change. The last time I was incarcerated I was offered an opportunity to participate in a Mentally Ill/Chemically Addicted (M.I.C.A) — residential treatment rather than stay in jail. It turned my life around. I was able to be around people who had similar experiences and I did not feel so alone. I talked to people like me who had recovered and on their way to happy, productive lives. For the first time in a long time, I had real hope for the future.

I learned I had to be honest, open-minded, and willing to do the footwork in order to recover. I had to take responsibility for my life. I gained a relationship with a higher power that I choose to call God. I confronted my fears and insecurities and made friends with other people, some like me and some that did not have the same experiences as me. I did not use my past as an excuse to fail; I used it as a source of strength and truth to move me forward. I learned to love again; first myself and then others. I learned to forgive. It set me free.

I went back to work with the help of my peers at the Howie T. Harp Advocacy Center, a supportive employment/training center for people with histories similar to my own, got a place to live, and found someone special to share my life with. I learned to be a father, a husband, a citizen—a man!

Eight years ago I never thought I would be able to say this, but I am happy, joyous, and free. Today, all things are possible!

Through my years of suffering, the government has probably spent about one million dollars (not including court and law enforcement costs) on incarceration and treatments that just made my life worse and were ineffective in diminishing or eliminating the problem. All my drug use was a desperate attempt to medicate symptoms that I did not understand and that society had made me ashamed and fearful to get help for. All of my arrests were due to my drug use. Why did I have to be punished so severely, for so long, for being sick?

Psychiatric disability and substance abuse are chronic illnesses similar to hypertension or diabetes. The last time I checked, people with those illnesses were not being put in jail and shunned by society. People can live with all of these disorders with proper treatment and support.

In closing, I encourage everyone to read *Ending an American Tragedy: Addressing the Needs of Justice-Involved People with Mental Illnesses and Co-Occurring Disorders*, which I have attached.

I believe this document can point this committee in the right direction in changing the way services are given; in a cost-effective and humane way that benefits the community as a whole.

Sincerely,

Mr. David L. Fuller