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have been directed against admittedly inferior institutions, like Willowbrook and Bryce. Better institutions do exist—for example, Bronx State Hospital, whose recent history is instructive. In October, 1966, Dr. Israel Zwerling took over as director of Bronx State with the understanding that he was to change it from a custodial hospital to an active treatment hospital. He went about doing, as a matter of medical policy, precisely what the mental-health lawyers demand be done as a matter of law. Between 1966 and 1972, the number of psychiatrists at Bronx State—which has about 800 inpatients and more than 3,000 outpatients—was increased from 21 to 52; the number of psychologists from 6 to 40; the number of social workers from 13 to 70. Dr. Zwerling, who left Bronx State last fall (the current director is Dr. Hugh F. Butts) was dedicated to getting patients out of his hospital and back into some sort of real life. The median length of stay for a patient at Bronx State dropped from more than 15 months to about 7 weeks during his tenure. He was sufficiently in tune with the legal attack on custodial institutions to testify for the plaintiffs in the Alabama case. As the presence of the American Psychiatric Association and the American Psychological Association among amici suggests, an interdisciplinary alliance of lawyers and doctors has been created on this issue. One psychiatrist remarks: "I can't imagine anybody disagreeing with the point that for mental patients small places are better than big ones."

Lest their efforts be written off as merely ameliorative, just patching up institutions that can only further the debilitation of the people in their custody, the Mental Health Law Project lawyers

brought recently what they hope will prove a model case against St. Elizabeth's Hospital. Taking note of a study by the National Institute of Mental Health, which concluded that two-thirds of St. Elizabeth's thousand involuntarily confined patients are not dangerous to themselves or to others, the lawyers are arguing that the rights of these people to liberty and care must be met in "the least restrictive setting"—that is, in nursing homes, foster homes and halfway houses. George Dean insists: "The Government must operate with its lightest hand." If that line of argument carries, the day of the big mental institution may be over—a consummation devoutly to be wished, in the view of mental health professionals such as Walter Fox, Arizona's Assistant Commissioner of Mental Health and a favorite expert witness for the plaintiffs: "I'd like to see these big institutions shut up and a lot of little ones set up, with completely new staffs. After 20 years staff people get trapped; some can't even be kind." (In one ward at Willowbrook, we came upon a birthday party for a staff member. About eight attendants were cutting a cake for themselves, as 50 young patients looked silently on.)

Should the mental health lawyers succeed in breaking down the big institutions, we shall be faced with a challenge that no one quite knows how to meet. As the Project's Patricia Wald observes, "All you do in our kind of litigation is break the logjam. What happens then, you can't predict. All you can do is hope it goes the right way." The right way, these amici—doctors and lawyers united—agree is to replace the Willowbrooks of the land with many smaller, diverse alternatives. Unfortunately, the

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