The End of American Concentration Camps: How the Second World War Led to the Deinstitutionalization of the Mentally Ill

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In the early 1940s, the American system of treatment for the mentally ill appeared to be the epitome of an advanced health-care system. It was centered around state-funded, public institutions that provided care for all mentally ill patients, regardless of their ability to pay. In the years following the Second World War, however, public consensus surrounding the legitimacy of this system dramatically changed from viewing it as enlightened to barbaric. By 1963, President John F. Kennedy signed the Community Mental Health Act, which created a program to move the treatment of the mentally ill out of isolated state hospitals and into the community. This shift, known as the deinstitutionalization movement, eventually led to the closure of state mental hospitals and the transition in care of the mentally ill to smaller scale, more personal community centers where patients could interact with their families and the outside world.

Though there is little dispute over the existence of the movement itself, or the role it played in the lives of the thousands of institutionalized patients across the United States, historians debate when and why the movement began. Steven Gillon contends that the primary catalyst of the movement toward the deinstitutionalization of the mentally ill was the development of the first antipsychotic drugs in 1954. Gillon maintains that the introduction of antipsychotic drugs, and later antidepressant drugs, provided psychiatrists, reformers, and families with the hope that mentally ill patients could live safely and comfortably outside of state hospitals.[1] Gerald Grob argues, however, that the movement to deinstitutionalize the mentally ill actually began even earlier than 1954, tracing its roots back to the Second World War and the lessons gleaned from the Selective Service and military medicine.[2]

Ultimately, the Second World War was a seminal point in raising public awareness of the plight of the mentally ill, which led to a reform in their treatment. While the development of drugs aided the deinstitutionalization movement invaluably, the war served as the crucial catalyst. As Grob argues, through the lessons learned from mental health assessments and the treatment of mentally ill soldiers in the military, the war both exposed the extent to which mental illness affected Americans and proved that mental illness could be treated successfully. The war also had strong effects at home, where conscientious objectors assigned to mental hospitals witnessed the horrors of the institutions and journalists used anti-Nazi rhetoric to persuade Americans of the inhumanity of the current treatment for the mentally ill.

New Drugs Revolutionize the Care of the Mentally Ill
In the years following the Second World War, the future of many mentally ill patients in state institutions seemed hopelessly bleak. With few long-term treatments readily available, it was common for patients to be admitted into asylums and never return home, or to be prematurely discharged, only to return a few weeks later. With the development of antipsychotic drugs in 1954, however, this changed. For the first time, patients could be treated with medicine that

could alter their mental states, suppressing depression and schizophrenia, among other illnesses that plagued the estimated 750,000 mentally ill patients in American institutions.[3]

Steven Gillon credits the development of these drugs with presenting the "greatest challenge to the future of state mental hospitals," citing the nearly two million prescriptions for these drugs written in the first year of distribution and the public enthusiasm regarding the apparent success of the drugs.[4] A 1955 *Time* magazine article declared the treatment of the mentally ill to be "in the throes of a revolution" and a 1959 *Wall Street Journal* article optimistically reported that the drugs were "opening new avenues to be explored" in the treatment of the mentally ill.[5] Adding to the widespread excitement were medical reports, detailing the amazing recovery of patients who, before the drugs, would likely have spent the rest of their lives in state institutions. Psychiatrist Douglas Goldman wrote in 1955 that, upon receiving two weeks of drugs, a "highly excited, homicidal" patient was able to calmly discuss his future and was discharged two months later – a recovery unheard of before the drugs.[6]

The miraculous results of these drugs gave psychiatrists and reformers alike hope for a future in which treatment of the mentally ill could eventually be moved from state hospitals into the community. Though it took many more years for this dramatic shift to finally occur, early stages of the emptying of institutions could be seen in the years immediately following the development of antipsychotic drugs. In the period 1955 to 1963, the mean discharge rate from state institutions in the United States was 14.44 percent, more than seven percentage points higher than the mean discharge rate during the period 1946 to 1954, suggesting that the drugs had a significant effect on the patient population.[7] *Los Angeles Times* medical editor Harry Nelson also reported in 1965 that many discharged patients had to be repeatedly hospitalized after their drug dosage was cut when they returned home.[8] The frequency of mental illness relapses experienced by discharged patients upon receiving reduced medicine demonstrates that many patients who were released from hospitals were only deemed suitable for discharge because of the drugs. Both the increased discharge rates and the apparent dependence of patients on the drugs suggests that the adoption of antipsychotic drugs were a key development in the deinstitutionalization movement.

Though there is no question that the introduction of drugs aided the deinstitutionalization movement, it is not clear that the drugs were the key catalyst in the deinstitutionalization of the mentally ill. The same 1959 *Wall Street Journal* article that declared the drugs to be revolutionizing the treatment of the mentally ill featured Dr. Jonathan Cole, chief of the psycho-pharmacology service center of the National Institute of Mental Health, who argued that drugs were only "partly responsible" for the change in discharge rates. He also cited the improved staff at mental hospitals among other advancements, and stated that "how much is due to drugs is foggy."[9] Sociologist William Gronfein additionally points out that, though drugs were extremely effective in subduing patients and making the hospitals more manageable, they were not necessarily as effective in moving patients out of the hospitals.[10]

The Joint Commission on Mental Illness and Health, assembled by Congress, noted in its 1961 report on mental illness in the United States that the miraculous effect of the drugs was not universal. It reported that the increasing discharge rates could not be seen in care centers such as VA mental hospitals and general hospital psychiatric wards, where more patients suffered age-

related diseases and alcoholism, conditions that could not be cured with antipsychotic drugs.[11] Despite dramatically changing the lives of victims of schizophrenia and depression, among other illnesses, the drugs were by no means a panacea. Additionally, though the mean patient discharge rate did increase in the period 1955 to 1963, the annual percent change in discharge rates from 1946 to 1954 was, in fact, higher than in the later time period. This statistic suggests that the increase in discharge rates following the development of antipsychotic drugs in 1954 was merely a continuation of the trend of population decline that had started even earlier, before the development of antipsychotic drugs.[12] This pattern implies that the roots of the deinstitutionalization movement can be traced back even earlier than 1954.

Psychiatry during the War
In the early 1940s, when the United States was just entering the Second World War, the government involved psychiatrists in the Selective Service system, hoping the mass screening would prevent recruits who were mentally unfit for service from joining the military. Though more effective in theory than in practice, the nearly two million recruits rejected from military service for being mentally unsuitable revealed the widespread nature of mental illness in America, arousing public outrage and fear.[13]

General Lewis B. Hershey, director of the Selective Service system, noted that mental illness was the "greatest cause of non-effectiveness or loss of manpower" it experienced during the screening.[14] In addition to exposing the sheer number of Americans affected by mental illness, the rejection of so many recruits was problematic for the American war effort during the Second World War and highlighted the importance of addressing mental illness. In 1945, immediately following the end of the Second World War, James Chinn published an article for *The Washington Post* featuring Surgeon General Thomas Parran of the United States Public Health service. Dr. Parran, citing the rejection of so many mentally ill recruits from military service, testified that the Second World War brought the importance of addressing mental illness into "sharp focus."[15] The Selective Service system's rejection of nearly two million recruits on the grounds of mental illness made clear the importance of addressing and reforming the treatment of the widespread mental illnesses that plagued Americans, thus planting the seeds for the deinstitutionalization movement to begin.

The war also fundamentally changed the way psychiatrists understood mental illness. Before the Second World War, most experts believed that certain people were predisposed to mental illness and the acquisition of a mental disorder was an inevitable sentence. The psychological breakdowns suffered by soldiers upon facing the trauma of war, however, suggested that mental illness was the result of social and environmental factors rather than a predisposition based on one's background.[16] Staff writer Edward Folliard of *The Washington Post* published a 1942 article on the role of psychiatry in the war, claiming that the mental breakdowns among soldiers were "largely due to the hideous nature" of modern warfare.[17] Despite having already been deemed fit for military service by the Selective Service system, thousands of soldiers in the US military developed mental disorders, indicating that environmental stress factors played a much more important role in mental health than psychiatrists previously thought. This development in the understanding of mental illness also provided hope that, if unhealthy environmental factors could cause mental illness, healthy environmental factors could both prevent and cure it. This new ideology was at the heart of the movement to reform the care of the mentally ill, nurturing

the transformation of mental hospitals from custodial facilities to health care centers designed to cure patients and return them to the outside world.

Perhaps most important to the movement of the treatment of the mentally ill from state hospitals into the community was the successful therapy for soldiers in a military setting. Soldiers having mental breakdowns as a result of war was not a new concept during the Second World War, but the idea that these illnesses could be cured was. Previously, the psychological trauma soldiers faced during war was known as "shell shock," an incurable mental disorder that rendered soldiers unfit for military service. During the Second World War, however, psychiatrists began to believe that what they now called "anxiety neurosis" or "war neurosis" could be cured and soldiers could return to active service.

A 1943 *Washington Post* article reported on the effective treatment of soldiers in a military setting, explaining that, "whenever possible," the treatment of soldiers was performed "almost within hearing distance of the guns."[18] The article quoted Major Frederick R. Hanson saying that the treatments given to soldiers near the front lines had a twenty-five percent higher success rate than the treatments administered in base hospitals.[19] Roland Nicholson, in another *Washington Post* article in 1943, reported on a similar phenomenon, writing that the closer to the front lines the treatment was administered, the higher the chance that the soldier could be returned to military service in a matter of days.[20] The successful treatment of the mentally ill soldiers in a military setting suggested that the treatment of the mentally ill back in the United States would also be more effective in a community setting than in a remote state hospital.

Psychiatric lessons learned from the war were then brought back home to psychiatrists and reformers. The rejection of soldiers by the Selective Service system brought the widespread epidemic of mental illness to public attention. The war neuroses suffered by soldiers, as well as their successful treatment, suggested that environmental factors played a crucial role in the development of, and recovery from, mental illness and provided hope for the future of mentally ill patients in America. Rather than mental illness being an inevitable and incurable curse for many Americans, it became something that could be cured with the proper treatment and the help of a supportive community. Mental illness was no longer something that had to be hidden away in state hospitals, where patients were admitted but never discharged. Rather, it became a more understood, approachable area of medicine that could be treated closer to the patients' homes so they would be more comfortable and more likely to get better. Psychiatrist Dr. Robert H. Felix, future head of the National Institute of Mental Health, argued in 1945 that the mental health field had an obligation to "go out and find the people who need[ed] help – and that means, in their local communities," where treatment was more natural and effective.[21] His sentiment, echoed by reformers across America, kickstarted the crusade to move treatment of the mentally ill out of the impersonal state institutions and into the community.

Exposure of American Concentration Camps
The effects of the Second World War on the deinstitutionalization movement did not stop with military medicine. When drafted by the Selective Service system during the Second World War, thousands of Americans refused to fight for religious or moral reasons. These people, known as "conscientious objectors," were instead assigned to various civic duties. Due to staffing shortages in state mental hospitals, approximately two thousand of these conscientious objectors

were assigned to work as attendants in state mental hospitals.[22] Appalled by the conditions of the state institutions, many conscientious objectors took careful notes or wrote letters home, later publishing photographs and exposing the horrific conditions of the mental hospitals.

Warren Sawyer, a young Quaker conscientious objector assigned to work at Byberry, a Philadelphia mental hospital, wrote letters home detailing the abysmal conditions the patients endured. He described how a piece of the ceiling collapsed so the rain poured in and how the drains and toilets routinely got clogged and overflowed, but "nobody seem[ed] to care about the rampant decay that [was] ravaging the institution and its inhabitants."[23] Other conscientious objectors at Byberry reported routine beatings of patients and rampant neglect.[24] These testimonies, intended to inspire public outrage and reform, caught the attention of many journalists, who then investigated the conditions of the mental institutions and published condemnatory articles and books.

Albert Maisel, in his 1946 *Life* article, "Bedlam 1946: Most U.S. Mental Hospitals are a Shame and a Disgrace," investigated American mental hospitals. He reported on the "dilapidated, overcrowded, undermanned mental 'hospital'" at Byberry, one of the many institutions for the mentally ill that more closely resembled "concentration camps on the Belsen pattern" than medical hospitals.[25] With a combination of horrific photographs and damning rhetoric designed to remind readers of Nazi concentration camps, the very threat many of their loved ones had just fought to eradicate, Maisel published a masterful piece of expository writing, encouraging readers to rally for reform, and to "put an end to concentration camps that masquerade as hospitals."[26]

Maisel encouraged readers to do what had already been done in Ohio, where a group of conscientious objectors working in the Cleveland State Hospital informed journalist Walter Lerch and Reverend Dr. Dores Sharpe of the inhumane conditions of the hospital. Church groups and civilians rallied to reform the state hospital, eventually getting the state to provide seventeen million dollars to build new, smaller hospitals.[27] With a combination of powerful anti-Nazi rhetoric and the testimonies from conscientious objectors, the Ohio state hospital system underwent drastic reform. With his piece, Maisel intended to have a similar effect on public opinion nationally, and his was one of many books and articles published to incite reform.

Another journalist, Albert Deutsch, published in 1948 *The Shame of the States*, a very popular book in which he described several state hospitals across the country, presenting photographs and describing the dilapidated conditions of each one. Deutsch, like Maisel, referenced Nazi concentration camps when describing the state hospitals. Byberry, Deutsch reported, reminded him of photographs of the "Nazi concentration camps at Belsen and Buchenwald."[28] When describing a dangerous viral epidemic that infected more than 2,000 mental patients within a few days in Massachusetts and Rhode Island mental hospitals, Deutsch asked readers whether the way American hospitals treated mentally ill patients was really any better than how the Nazis had.[29]

In a chapter entitled "Euthanasia through Neglect," Deutsch reminded readers of the horror many of them felt when reading about the Nuremberg Trials when Nazis confessed to euthanizing the mentally ill, and the relief they experienced upon consoling themselves that at least we

Americans did not do that to our mentally ill. Deutsch agreed that, unlike Nazis, Americans did not kill the mentally ill as a matter of state policy; rather, "[they] do it by neglect."[30] In his book, Deutsch called out American hypocrisy, reminding readers of the horrors of Nazi concentration camps and policies and arguing that American state mental hospitals were hardly better.

Soon after being published, Deutsch's book was reviewed in the *New York Times* by Dr. Frank G. Slaughter, a practitioner and advocate of community medicine. Slaughter commended Deutsch's courage in presenting the truth to the American public, and his powerful rhetoric, calling him a "violent man with words."[31] Equally well-received and publicized by other reviewers and critics, Deutsch's book was soon widely distributed across the United States, imploring readers to rally for improved conditions and an end to state institutions.[32]

With a combination of notes and photographs provided by conscientious objectors and the exposés written by journalists, the appalling conditions of American state mental institutions were no longer hidden from the public, and it was now in the hands of the American people to rally for change. When Deutsch and Maisel published their pieces, the public had already started to fight for better treatment of the mentally ill in places like Cleveland, and the mean discharge rate began steadily increasing across the United States.[33] Though it took many more years for communities to take the place of institutions as the primary care setting for mentally ill Americans, the start of the emptying of the institutions began in the 1940s, with the exposure of American concentration camps.

Conclusion
With the fundamental change in the understanding of mental illness and its treatment during the war, and the subsequent public exposure of the horrific conditions of state mental hospitals, the Second World War served as a crucial catalyst in the deinstitutionalization movement. It both provided reason to believe that mental illness could be successfully treated in community-oriented settings and made the American public aware of the plight of the hundreds of thousands of American mentally ill patients. These changes sparked the movement that eventually resulted in the passing of the 1963 Community Mental Health Act and much following legislation that led to the emptying of state mental hospitals.

Like many hastily enacted reform movements, however, the deinstitutionalization movement was hindered by poor planning, inadequate funding, and public resistance. When the hospitals began discharging patients en masse in the mid-1960s, those who had suffered from mild illnesses were able to be reintegrated into society, accepted back into their families and requiring minimal aid from the community mental health centers. The severe cases, however, required more advanced care than the understaffed, underfunded community mental health centers were equipped to handle. As a result, many patients had to be readmitted to state hospitals where they received the supervision and medication they needed. Others, left to their own devices, ended up homeless or in jails across the country. Seymour Kaplan, a leader of the New York deinstitutionalization movement, later described deinstitutionalization as the "gravest error he had ever made."[34] Though well-intentioned, the initial shift to community mental health centers was not well executed, and, given the rampant untreated mental illness and homelessness in America, perhaps ended up doing more harm than good.

Notes

1. Steven Gillon, "*That's Not What We Meant To Do": Reform and Its Unintended Consequences in Twentieth-Century America* (New York: W.W. Norton & Company, Inc., 2000), 90-91.

2. Gerald Grob, "The Forging of Mental Health Policy in America: World War II to New Frontier". *Journal of the History of Medicine and Allied Sciences* 42, no. 4 (October 1987): 413-414. JSTOR.

3. Harold Watkins, "Scientists Speed New Drugs That May Help Treat the Mentally Ill," *Wall Street Journal*, March 5, 1959.

4. Gillon, "*That's Not What We Meant To Do,"* 90-91.

5. Judith Swazey, "Pills for the Mind: A New Era in Psychiatry," *Time*, March 7, 1955; Watkins, "Scientists Speed New Drugs that May Help Treat the Mentally Ill."

6. Douglas Goldman, quoted in William Gronfein, "Psychotropic Drugs and the Origins of Deinstitutionalization". *Social Problems* 32, no. 5 (June 1985): 443, JSTOR.

7. William Gronfein, "Psychotropic Drugs and the Origins of Deinstitutionalization". *Social Problems* 32, no. 5 (June 1985): 447.

8. Harry Nelson, "Mental Illness Lapse Blamed on Drug Cut," *Los Angeles Times*, January 17, 1965.

9. Watkins, "Scientists Speed New Drugs That May Help Treat the Mentally Ill".

10. Gronfein, "Psychotropic Drugs and the Origins of Deinstitutionalization," 441-8.

11. Joint Commission on Mental Illness and Health, *Action for Mental Health: Final Report of the Joint Commission on Mental Illness and Health 1961* (New York: Basic Books, 1961), 45.

12. Gronfein, "Psychotropic Drugs and the Origins of Deinstitutionalization," 446-7.

13. Grob, "The Forging of Mental Health Policy in America," 413-414.

14. Lewis Hershey, quoted in Gillon, "*That's Not What We Meant To Do",* 89.

15. James Chinn, "Half of All Hospital Patients Are Mental Cases, Parran Says," *The Washington Post*, September 19, 1945.

16. Grob, "The Forging of Mental Health Policy in America," 414-415.

17. Edward Folliard, "The Psychiatrist in War", *The Washington Post*, November 1, 1942.

18. "Psychiatrists Call Incurable 'Shell Shock' Just a Myth," *The Washington Post*, September 12, 1943.

19. Ibid.

20. Roland Nicholson, "Shell Shock Now 'War Neurosis'," *The Washington Post*, April 25, 1943.

21. Robert Felix, quoted in Grob, "The Forging of Mental Health Policy in America," 417.

22. Albert Deutsch, *The Shame of the States* (New York: Harcourt, Brace, and Company, 1948), 166-7.

23. Warren Sawyer to home, March 22, 1944.

24. Deutsch, *The Shame of the States*, 44.

25. Albert Maisel, "Bedlam 1946: Most U.S. Mental Hospitals are a Shame and a Disgrace," *Life*, May 6, 1946.

26. Ibid.

27. Ibid.

28. Deutsch, *The Shame of the States*, 42.

29. Ibid., 96-7.

30. Ibid.

31. Frank Slaughter, "'Lunacy, Like the Rain': review of The Shame of the States. By Albert Deutsch. 188 pp. Illustrated New York: Harcourt Brace & Co. $3," *New York Times*, November 14, 1948.

32. John Corson, "Bad-Tasting Facts About Mentally Ill: review of The Shame of the States. By Albert Deutsch. Harcourt, Brace. 188 pp. $3," *The Washington Post*, December 19, 1948.

33. Gronfein, "Psychotropic Drugs and the Origins of Deinstitutionalization," 446.

34. Seymour Kaplan, quoted in Gillon, *"That's Not What We Meant To Do,"* 112.

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