I don’t know why other people write books, but for me, it is a selfish enterprise. I write in order to answer questions that are bothering me. For many years I have been appalled to watch the unfolding disaster of services for people with serious mental illnesses. The fact that my sister suffered from severe schizophrenia has certainly accounted for part of my interest. Year after year, I observed the consequences as public mental hospitals were being emptied. It was like watching the effects of a tsunami or a Category 5 hurricane in slow motion; even though I knew what would happen next, I have re-run the tape in my mind, again and again.

I worked at the National Institute of Mental Health (NIMH) from 1970 to 1976, in the midst of the events described herein. Bertram Brown, then NIMH director, was my supervisor. Although I had no formal responsibilities for the federal community mental health centers program, I interested myself in it and visited some centers. Thus, I personally was acquainted with many of the players who were responsible for the program. With few exceptions, these people were intelligent, public-spirited, well-meaning, and dedicated individuals. That fact elicited the question that bothered me: How could so many well-meaning professionals have been so wrong and been complicit in creating such a disaster? This book attempts to answer that question.

I do not pretend to be a dispassionate observer. During my years of working in a public psychiatric hospital, I observed with increasing anger the effects on my patients of inadequate community services. I continue to become choleric when I read accounts like that of Charles Furry, diagnosed with schizophrenia and Lou Gehrig’s disease, living by himself in suburban Virginia and dependent on Medicaid-funded home health aides:

> When we removed his socks maggots fell out. Hundreds fell out initially. There were some between his toes and under his skin. Furry’s legs were swollen and his shirt was drenched in drool.

This is not what President Kennedy had in mind fifty years ago when he promised that for people like Mr. Furry “reliance on the cold mercy of custodial isolation will be supplanted by the open warmth of community concern and capability.” The home health aides responsible for Mr. Furry’s care were employed by Sierra Health Services, Inc., a highly profitable private company. We should not allow human beings to be treated in this manner if we claim to be truly civilized. Having lived in the nation’s capital for most of my adult life, I have also been intrigued by the federal angle to this story. Here is a case study of a federal policy that went astray. In most such cases, there is a course correction. Yet in this case, there has been none, even now, a half century later. Why is that? Each day after work, thousands of government workers gather over drinks to discuss their Grand Idea for solving one national problem or another. Like Robert Felix, the first director of the National Institute of Mental Health, they wait for the stars to align and the approval of their supervisors to implement their Grand Idea. This is thus also a cautionary tale.

If we are to correct our errors, it is necessary to understand how we got where we are. We have made many mistakes in how we care for the most vulnerable among us and, alarmingly, other countries such as Canada and Britain are following us down this path. What can we learn from the past?

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