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Alleged Insanity: Frank Johnson Sr., Racial Injustice, and the Failure of the Mental Health Care System In South Carolina

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Table of Contents

Introduction and Thesis Statement

Frank Johnson Jr. sits on his front porch on Sandy Lane in Winnsboro, South Carolina thinking about the list of things he plans to do that day. His wife, Ophelia, is in the kitchen preparing their dinner and telling their grandchildren to settle down as they play in the other room. Throughout Frank's life, he has always been considered a hardworking man. Before the age of twenty, he began logging and hauling puck wood and working at the mill in Winnsboro. Years later, he opened the OFJ Club, named after Ophelia and Frank Johnson, where people from all over could come and have a good time dancing, eating, and playing pool. Frank was known by many, yet only a few knew his backstory. Through past conversations with him about our family, I learned that that the only father figure in his life was his stepfather, and that he had no memories of his own biological father.

Grateful for having a stepfather, but curious about knowing more about his own birth father, at an early age Frank set out to learn more about him. Of course he began at home, but when he spoke with his mother he learned that his father had been taken away only months before he was born. According to my great grandmother, Lettie Johnson, Frank was placed in an mental institution because a man with the same name stole and cashed his check he earned from being a farmer. As my grandfather recalled, the identity thief then took a piece of his father's hair and "ran him crazy and turned his mind bad." While many of the details of the story were vague and cloudy, this was all that ten year old Frank Johnson Jr. needed to hear. In his young mind, an evil man had come and taken his biological father away from him.

Given the shocking circumstances leading to his father's absence in his life, Frank decided that he wanted to find at least find a picture of him in order to know what he looked like. To his dismay there was not a single photograph of his father in the house. During that time it was

uncommon for many African Americans to own cameras or have enough money to pay for their photos to be taken. Resilient and determined, the still very young Frank Jr. went on a search throughout his neighborhood to find a single photograph. He went from door to door, asking friends, neighbors, cousins, aunts, and uncles, but no one was able to produce a single image.

As Frank Jr. continues to sit on his front porch and reflects back on his eighty-four years, he feels that he has lived a pretty full life. He and my grandmother raised nine boys who have grown into men with families of their own. He has spent years of his life working long hours of manual labor in order to provide for his family. He has watched the passing of many of his family members, including his mother, all of his biological brothers and sisters, and many of his half siblings. All that remain living are one half-brother and one half-sister. Not everything was perfect, but many would say he lived a pretty successful life so far. Still, there remain one thing missing since his birth. To this day, he keeps wondering what his father looked like. Not only has Frank been missing this piece in his life; so have his children and his grandchildren. We all have had to move on with life, knowing that Frank Sr. passed away without meeting his youngest son, his grandchildren, and his great grandchildren--my generation of siblings and cousins.

This thesis is about Frank Johnson Sr. and the circumstances that led to his downfall as a farmer and father of six, to his tragic death in the isolation of a racially segregated mental institution 18 miles away from his home. Using Frank Johnson's life and his incarceration at the South Carolina State Park mental health facility, I argue that racial injustice contributed to his tragic death and the woefully inadequate treatment thousands of African Americans in South Carolina received during the Jim Crow period. Additionally, I argue that the tragic circumstances around my great grandfather's institutionalization and death were part of an enduring pattern that

perpetuated the level of mistrust towards the mental health care system among African Americans that persists to this date.

Through extensive research over the past several months, I have been able to discover the circumstances that led to the institutionalization of Frank Johnson Sr. In addition to this discovery, I also believe that I have been able to formulate three potentially viable theories regarding the events that occurred leading up to his institutionalization, during his stay at South Carolina State Park Hospital, and the circumstances that led to his violent and sudden death. Through an examination of my great-grandfather's life, it is my hope to present readers with an analysis of the types of treatments African Americans living in South Carolina endured while being institutionalized at a time when blatant racism was openly practiced, in parallel of a time when medical practices in the mental health care system were still fairly new.

Chapter 1: The Life of a Soldier

In 1849 Nathan Johnson was born a slave in South Carolina. Although his mother, Aggie Free, was unable to see freedom from the bonds of enslavement, Nathan was lucky enough to be one of the first generation of African American children to witness the end of slavery in 1863. He received his freedom as a result of the Emancipation Proclamation and the Civil War. He then had an opportunity to create a life for himself as a free person. By 1900, he and his wife of twenty-five years, Winnie Johnson, were farmers in Township 10, Fairfield County, South Carolina. Their home was filled with children ranging from ages one to fourteen. According to the 1900 United States Federal Census, their children's names were Jesse, Tom, Walter, Charlie, Nathan Jr., Ida May, Frank, and Olive. On November 17, 1919, Nathan passed away due to Bright's disease leaving his wife and children behind. In a 1940 United States Federal Census, Winnie Johnson, age 90, was recorded as still living in Fairfield, South Carolina with her son Tom and several of their cousins. Although she and her late husband's children went on to have very different life experiences, Frank, their youngest son, grew to be ambitious, courageous, and daring. However, he was unknowingly destined for a future of great hardship, depression, and racism. To this day, the circumstances leading to his death remains a mystery to his family and neighbors.

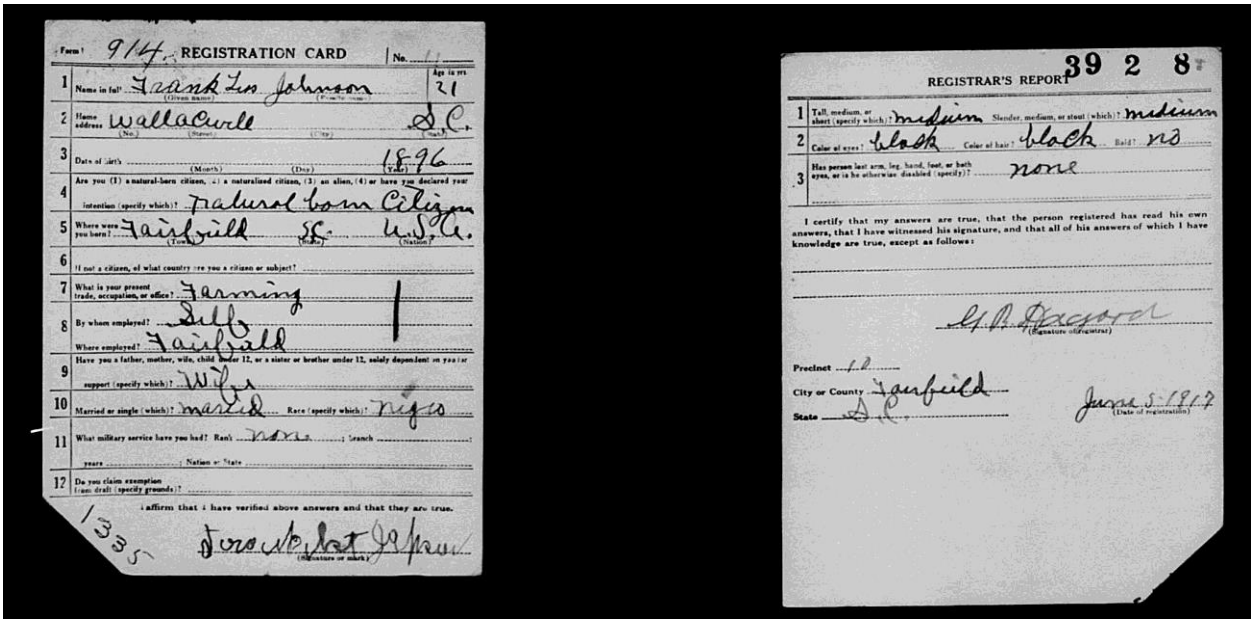
Life in the rural landscapes of Fairfield County was not easy for African Americans. Even with the ending of slavery, the majority of employment opportunities pushed citizens right back to working in the fields. According to Fitz Hugh McMaster, in 1910 out of the 451,840 acres of land that were marked as being part of Fairfield County, 342,527 of those acres consisted of farms.[1] Working as a farmer or agricultural laborer was a common trade for African American citizens in

[1] McMaster, F. H. (1980). History of Fairfield County, South Carolina: From "before the white man came" to 1942. Spartanburg, SC: Reprint.

Fairfield. Although almost all of the land was owned by white residents, approximately 12% of the farms were owned by African Americans in 1920. During that same time, the economy of Fairfield was based on farming to such an extent that the total value of all crops produced in the county was $6,751,678 of which cotton crop alone made up $4,979,982.[2]

Frank L. Johnson Sr grew up working on a farm with his family in the Wallaceville area of Fairfield County. When the draft began for the first World War, he and several of his brothers were requested to serve. I was informed by my grandfather, Frank L. Johnson Jr., that his uncle Walter, in fearing for his wife and children, was able to avoid being drafted in the war by taking on the last name of his wife and moving to another area of Wallaceville. Based on the military registration cards found for Fairfield, it is likely that Frank Sr.'s older brother, Nathan also registered for the draft and took part in serving the country. Perhaps, Frank Sr, wanted to join his brother Nathan in the war, or maybe he just direly wanted to serve, but ultimately he also decided to follow through with registering for the war.

[2] Fitz Hugh McMaster page 39


Form 914. REGISTRATION CARD No. 1
1 Name in full: Frank Lee Johnson Age in yrs. 21
2 Home address: Wallaceville S.C.
3 Date of birth: (Month) (Day) 1896 (Year)
4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Natural born Citizen
5 Where were you born? Fairfield S.C. U.S.A. (Town) (State) (Nation)
6 If not a citizen, of what country are you a citizen or subject?
7 What is your present trade, occupation, or office? Farming
8 By whom employed? Self Where employed? Fairfield
9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? Wife
10 Married or single (which)? married Race (specify which): Negro
11 What military service have you had? Rank: None; branch; years; Nation or State
12 Do you claim exemption from draft (specify grounds)?
I affirm that I have verified above answers and that they are true.
(Signature or mark)

REGISTRAR'S REPORT 39 2 8
1 Tall, medium, or short (specify which)? medium Slender, medium, or stout (which)? medium
2 Color of eyes? black Color of hair? black Bald? no
3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? none
I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:
(Signature of registrar)
Precinct 10
City or County Fairfield
State S.C.
June 5 1917 (Date of registration)

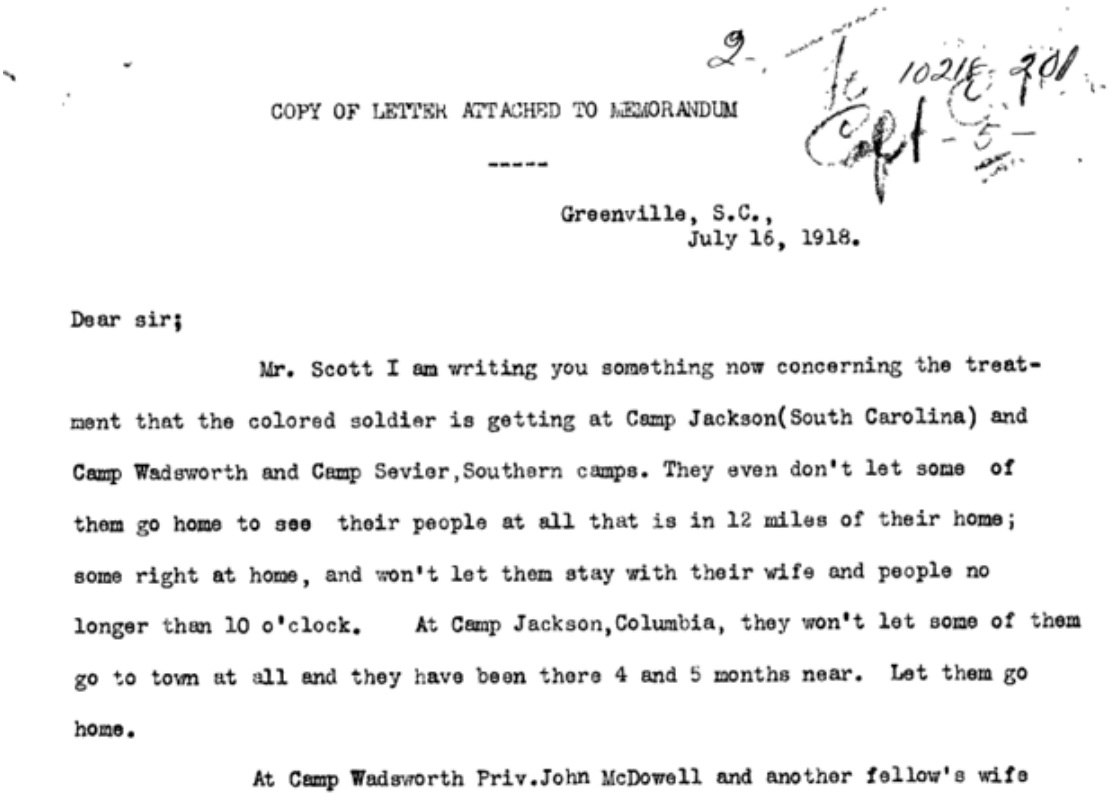
WW1 Registration card filled out by Frank L. Johnson Sr.[3]

Before registering for the military, Frank Sr. was a simple farmer working with his family trying to provide for his loved ones. He had no formal college degree, no high school diploma, and had not gone to what was back then referred to as grammar school. However, he was not illiterate and was able to read to some degree. Unfortunately, this was not uncommon amongst black members of the community during this time. Luckily, he met a young woman, fell in love, and got married to the future Mrs. Lettie Burrell Johnson, my great-grandmother. When World War I began, Frank Sr. was sent to Camp Jackson near Columbia South Carolina to train while Lettie awaited his safe return. He was assigned to be a part of the 371st Infantry Regiment of the 93rd Colored Division.

Training in Fort Jackson did not come without extreme racial hardships. All individuals in authoritative positions were white and allowed other white soldiers special privileges that were not

[3] United States World War I Draft Registration Cards, 1917-1918 - FamilySearch.org. (2016). Retrieved December 08, 2016, from https://familysearch.org/search/collection/1968530

permitted to the African Americans. The often violent and racially unjust treatment Frank and other soldiers experienced at Camp Jackson was repeated in military forts around the country. Black soldiers from both North and South Carolina came to Camp Jackson, and many reported harsh treatment and racial bigotry. The following image is from a letter detailing only some of the cruelties that the African American troops faced while training in Camp Jackson.



COPY OF LETTER ATTACHED TO MEMORANDUM

Greenville, S.C.,
July 16, 1918.

Dear sir;

Mr. Scott I am writing you something now concerning the treatment that the colored soldier is getting at Camp Jackson(South Carolina) and Camp Wadsworth and Camp Sevier,Southern camps. They even don't let some of them go home to see their people at all that is in 12 miles of their home; some right at home, and won't let them stay with their wife and people no longer than 10 o'clock. At Camp Jackson,Columbia, they won't let some of them go to town at all and they have been there 4 and 5 months near. Let them go home.

At Camp Wadsworth Priv.John McDowell and another fellow's wife

Letter taken from correspondences taken place during WWI[4]

The 371st Infantry Regiment of the 93rd Colored Division was one of four regiments composed of African American soldiers. The first "colored" regiment was the 369th Black Rattlers. These soldiers were Harlem New York's 15th National Guard and produced a war record

[4] WWI correspondence letters from Fort Jackson, in South Carolina

that was equal to any other U.S. infantry regiment during that time. The second regiment of soldiers were the 370th Black Devils. This infantry regiment was Chicago's 8th Illinois National Guard. They were awarded 71 War Crosses with special citations for valor and merit and 21 Distinguished Service Crosses. Frank Sr. was a part of the 371st Infantry, also referred to as the "Red Hand." He and his regiment were sent to France to join the French 157 Red Hand *joined in the war*.[5]

Official flag of the French 157 Red Hand Division that the 371st and 372nd soldiers

As opposed to the 372nd, the 371st regiment was comprised of mainly African Americans from South Carolina. These men were largely poor, and they were described by contemporaries as a ragtag assembly of agricultural workers that were eager to come to Fort Jackson to train in work outside of the farm. In addition to those that worked as farmers, there were also some men who were more accomplished, yet they were required to join by the Selective Services Act. Many men had no choice in choosing whether or not to join since many were called to service. Given that African Americans and white Americans were not allowed to fight side by side, the 371st were

[5] Red Hand Division(French 157th Division). (2016). Retrieved December 08, 2016, from http://www.crwflags.com/page0660redhanddivision.html

sent to France to alleviate some of the French and Italian units' in need of soldiers. In Europe, they had to be retrained under French command before they became actively engaged in military combat. As the war progressed and the Germans made deadly advances, Lettie and other families back home feared the worse for the 371st regiment.

Frank Johnson and the nearly two thousand men who served with him had several obstacles that they had to overcome before even seeing a day of battle. The men had no previous records of combat and had to overcome a huge language barrier with the French soldiers. Unfortunately, a bleak appearance became an understatement once the soldiers were "thrown into the climatic 'Final Offensive' of the Great War in September."[6] For only a small unit of armed men, they were able to take "Côte 188, Bussy Ferme, Ardeuil, Montfauxelles, and Trieres Ferme near Monthois".[7] All of which were territories occupied by enemy soldiers. Frank Sr. fought for and aided in capturing many German prisoners, 47 machine guns, 8 trench engines, three 77mm. field pieces, a munitions depot, many railroad cars, and enormous quantities of lumber, hay and other supplies. They shot down three German airplanes by rifle and machine-gun fire during the advance. The regiment, beginning with only 2,384 men, faced casualties of over a thousand soldiers, who were killed in combat over an eight-day span.

To further underscore the horrors and dangers that Frank Sr. and his fellow soldiers faced while stationed in France, the following observations from African American men in combat describes the conditions they experienced.[8]

> It was all bad, but the worst came when the German airplanes flew low and sprayed the wounded with liquid fire. There is no way of putting out that liquid flame, and no one can help you, because the fire spreads so quickly. It is bad enough to be

[6] 371st Infantry Regiment 93rd Division (Colored). (2016). Retrieved December 08, 2016, from http://371regiment.homestead.com/index.html

[7] 371st Infantry Regiment 93rd Division continued.

[8] Scott, E. J. (1919). *Scott's Official history of the American Negro in the World War*. Chicago: Homewood Press.

> helpless out there, without water or friends, but to have a hellfiend fly over and just squirt torture at you.
>
> -Frank Washington, Edgefield, South Carolina

> About the time our barrage lifted, the Huns sent over a counter-barrage, but we went right through it, and over the slopes commanded by their machine guns. They turned loose everything they had to offer, and the storm of lead and steel got a lot of our men. Still, we followed our officers into the devils' trenches. A few of the Germans tried to fight with their bayonets, but we could all box pretty well, and boxing works with the bayonet. A few feints and then the death-stroke was the rule.
>
> -James McKinney, Greenville, South Carolina

> In all, during the two days, Sunday and Monday, our battalion advanced about five miles without the aid of a single friendly artillery shot or any other help. We killed lots of Germans, captured lots of them, and also captured any quantity of material and several big guns.
>
> I am proud of all my officers and all of my men. The whole regiment fought like veterans, and with a fierceness equal to any white regiment. This was the first time any of them had been under aimed shell and machine-gun fire and they stood it like moss-covered old-timers. They never flinched or showed the least sign of fear. All that was necessary was to tell them to go and they went. Lots were killed and wounded, but they will go down in history as brave soldiers.
>
> - Capt. AV. R. Richey, Laurens, South Carolina

Division and as an entire regiment received the French Legion of Honor and the Croix de Guerre with Palm. The fourth and final regiment was 372nd Red Hand Division. These soldiers were also sent to be a part of the French 157th Red Hand Division, but at a later time.[9] The irony and hypocrisy of the 371st and any of the other divisions of black troops sent to fight abroad was that they were fighting in a war to protect the rights and liberties of people in other countries only to go back to America where they are not even viewed as equal citizens.

[9] Ebony Doughboys - Home. (2014). Retrieved December 08, 2016, from https://ebonydoughboys.org/

Image taken from a newspaper in France of the soldiers of the 371st receiving their awards.[10]

After Frank and his wife were reunited upon his return from war, they started their family. They moved into Richland County South Carolina for a short while and then back into Fairfield County near Lettie's family. Like his father, Frank Sr. took trade as a farmer working in Fairfield, South Carolina. The names of their children were Edgar, Earlene, George, Mozell, Essie May, and Frank Jr. Frank Johnson Jr. is my paternal grandfather. When I was younger, I often asked him questions about his own father, and his answered always remained the same, "I have never laid eyes on the man." From speaking with other family members, I heard many different theories about what circumstances led to my grandfather not meeting his biological father. It was not until I began

[10] Yankee Negroes in Horizon Blue Led Way to Rhine. (1919, April 4). *The Stars and Stripes*, pp. 2-3. Retrieved from http://www.oldmagazinearticles.com/African-American_93rd_Division_war_record_world_war_one#.WElWT_krK02

working on this thesis many years later that I was able to learn more about what happened to him after coming back from the war.

On April 22, 1932, a form for the commitment of the insane was filled out for the admittance of Frank Johnson Sr. into the South Carolina State Hospital. This form was the first part of a three-part admittance process for getting a person admitted into the hospital. Upon the recommendation of his wife, Frank was committed to the South Carolina State Park Hospital. In the application, Lettie Johnson described her husband's state of mind in the following words: "Talks slowly, thinks he has told lies. Quotes bible. Will not answer questions at times." She goes on to further explain that three years prior he had an attack of mental troubles of which I now speculate was caused by the death of his oldest son Edgar. It was also recorded that Frank's older brother, Tom, was previously committed to the same hospital for insanity.

The second part of the admittance process required a physical and mental evaluation of the "alleged insane person" by two local physicians. Under Frank's physical examination the doctors wrote that he "does not answer questions [and] fights with anything he can get his hands on." Despite the results from the examination, it was stated that he was capable of making the trip to the hospital without being a danger to his own life. When conducting Frank's mental examination, it was observed and recorded that he was "quiet at times and excited at times." These were also the words used by others to describe how Frank acted before the examination. The physicians also recorded a statement by Frank that he had sinned by telling a lie. Unfortunately, the remaining files do not state the nature of the lie that my great-grandfather made. The results of Frank's mental examination stated that it was in the doctors' opinions that he exhibited dangerous tendencies to "injury to self and others." After the first two parts of the admission process were accomplished, Dr. A. C. Ester, legal resident of Fairfield County, and Dr. J. L. Bryson, legal resident of

Winnsboro within Fairfield County, signed and affirmed that they were in agreement that Frank Sr. fit the criteria to the best of their knowledge of being an “insane person.” The paperwork was taken to Probate Judge W. L. Holley of Fairfield County. With his signature the process was complete, and three days later Frank was placed in South Carolina State Hospital.

At the time of Frank Sr’s admission to the State Hospital, he was thirty-years old. My grandfather, Frank Jr., who was born only eight months after his father was institutionalized. Given my grandfather's age, there were occasions when he was able to remember details about his childhood that he could not recall before. Yet as he grew older, the lack of knowledge about his biological father remained a nagging unsolved mystery. He told me that, as a boy, he searched to no avail for photographs of his father. Once, he even went door to door in the neighborhood asking people if they had any images of him. My grandfather was born in December of 1932, several months after his father was admitted to the hospital. It is possible that with the coming of their next child, Frank Jr., Lettie began to worry that Frank Sr. may be a danger to her and their other child. In addition to this, during that time the men of the household brought in the majority of the income. If Frank's bout of mental illness was preventing him from being able to work, she would have to find ways to make up for the lack of income.

One day when talking with my grandfather, we got back on the subject of his father, and he began to remember some things that his mother said about him. She told him that before being taken to the mental institution he told her to find someone to help her take care of their children. My grandfather was also told that the reason that his father was taken away was because another Frank Johnson who lived in the same area stole the money from his check for working as a sharecropper by cashing it under his name. He then said that the other Frank Johnson "did some dirty underhanded work and made [his father] like that." Truth be told, Lettie never told him that

she was the one who placed her husband in the State Hospital. One of the major questions that must be asked, however, is what pushed him to have an onset of mental disturbances leading to his institutionalization.

Theory #1: The Commitment

It was noted on the application of commitment that three years before Frank was institutionalized, he suffered from a previous attack of mental trouble. While it does not specify what events led up to the this said mental break, the context of Frank Sr.'s life provides more insight. Given that his first onset of mental troubles occurred after the war, my initial idea was that he had an onset of Post-Traumatic Stress Disorder, PTSD, as a result of experiencing combat. The issue however is that this onset would have been occurring over a decade after the war had ended. However, according to the National Institute of Mental Health, PTSD usually begins within 3 months after a person has experienced a traumatic event in their lives, but the onset can take as long as several years before symptoms begin to show.[11] While PTSD usually has a severe effect on an individual's relationships with others and work, it is likely that if he did have an onset of PTSD it was a short term or acute bout of the disorder. This would further support the theory as to why he was not committed before 1932.

On a global scale, in the years between 1929 signifying his first onset and the year of his institutionalization in 1932 the world was still going through the Great Depression. During this time Frank Sr., his family, and everyone else in the world were experiencing emotional strains, high anxiety, and profound unemployment. It is likely that Frank Sr. lost his job working as a tenant farmer due to the economic downfall. Given that tenant farmers did not get paid for working the farms and that the food source for their families came from the crops, it is unlikely that the story that less than 10 years old Frank Jr.'s mother, Lettie, told about the other Frank Johnson taking their check from the landlord is true. However, it is possible that the other Frank may have

[11] Post-Traumatic Stress Disorder. (2016). Retrieved December 08, 2016, from https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml

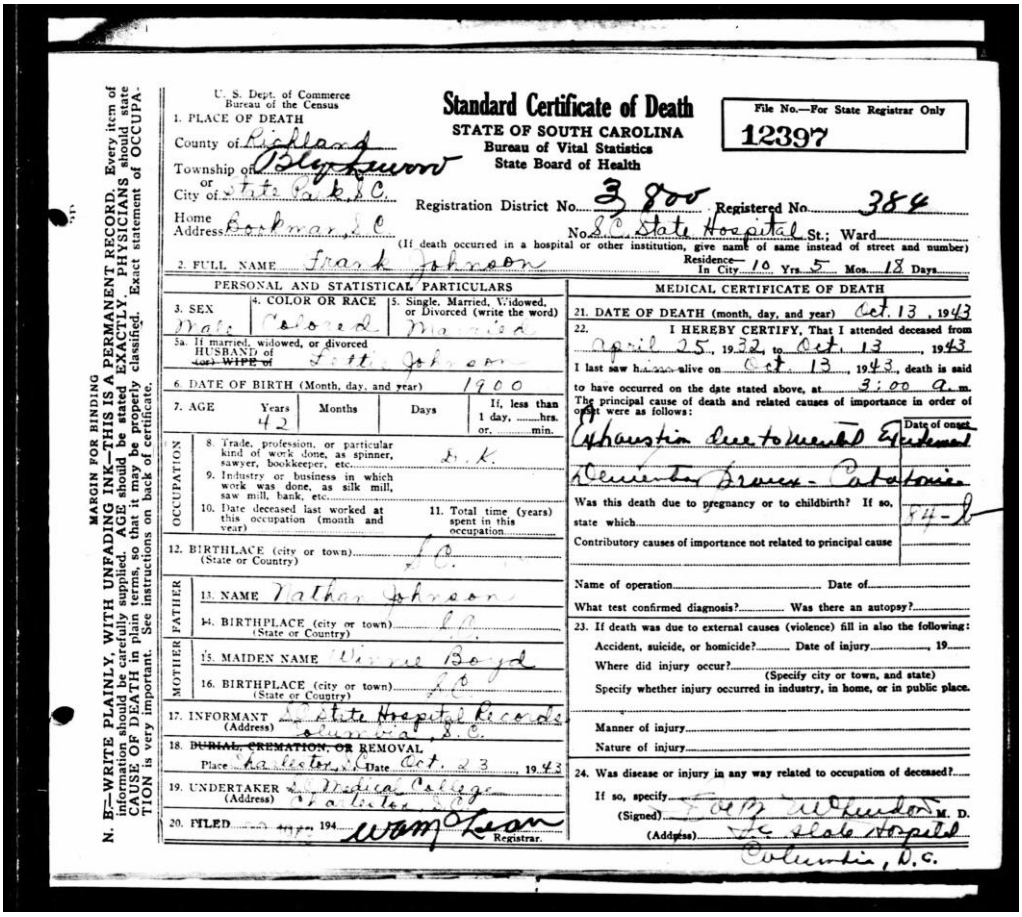
impersonated his father and had taken the dole rations that were provided as a federal response to the Great Depression. While doles were provided to poor and unemployed families, the government did not provide enough support for families to endure and survive the severe economic collapse. Given that Lettie told Frank Jr. that the cause of his father being committed was because of the money being stolen, it is likely that this event occurred near the beginning of 1932 just before Frank Sr. had his onset of Manic Depression.

At this moment of Frank Sr.'s life he then could have had the acute bout of PTSD from fighting in the war. It is possible that experiencing the negative effects of the Great Depression could have been the trigger that sparked his onset of the mental disorder. While this was going on, he also may have had the dole for his family stolen by another man who happen to have the same name. To make matters worse, his eldest son passed away sometime during the last two of the three year span all of these unfortunate events were taking place. Edgar Johnson was listed in the 1930 United States Federal Census as being ten years old. Two years later in the application for Frank Sr.'s commitment, it is recorded that one of his children was deceased. Although Edgar's death certificate has yet to be found, he is not listed among the Johnson children in the 1940 United States Federal Census. Both documents provided enough evidence to further support the theory that the untimely death of Frank's oldest son likely contributed to Frank Sr.'s onset of Manic Depression in 1932.

Given these extremely unfortunate circumstances, it is easier to understand why Frank suffered from mental troubles. Any individual who had gone through that much in such a short period of time could have suffered the same fate. One of the major characteristics of having Manic Depression is that he would have episodes of mania where his mood would have gone from extreme sadness to extreme elevation or irritability. It is unknown whether or not his manic

episodes led him to cause a public disturbance, but after going through the criminal dockets of Fairfield County for the years he would have been taken away, nothing was found. However, I do believe that it is likely that his manic episodes were the symptom of his disorder that pushed his wife Lettie to recommend that he be committed to the hospital. Unfortunately, I was unable to discover whether or not she decided to commit him upon her own decision or if there were other people who motivated her to do it.

Chapter 2: A Decade of Struggling to Survive



U. S. Dept. of Commerce
Bureau of the Census

Standard Certificate of Death
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
12397

1. PLACE OF DEATH
County of Richland
Township of Columbia
or
City of State Park, S.C.
Home Address Parkman, S.C.
Registration District No. 3 800 Registered No. 384
No. S.C. State Hospital St.; Ward
(If death occurred in a hospital or other institution, give name of same instead of street and number)
Residence—In City 10 Yrs. 5 Mos. 18 Days

2. FULL NAME Frank Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lettie Johnson
6. DATE OF BIRTH (Month, day, and year): 1900
7. AGE: Years 42; Months; Days; If less than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: D. K.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or Country): S.C.

FATHER
13. NAME: Nathan Johnson
14. BIRTHPLACE (city or town) (State or Country): S.C.

MOTHER
15. MAIDEN NAME: Minnie Boyd
16. BIRTHPLACE (city or town) (State or Country): S.C.

17. INFORMANT (Address): State Hospital Records Columbia, S.C.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Charleston, S.C. Date Oct. 23, 1943
19. UNDERTAKER (Address): Medical College Charleston, S.C.
20. FILED ... 194... Wm Dixon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct. 13, 1943
22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932 to Oct. 13, 1943
I last saw him alive on Oct. 13, 1943, death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:
1. Exhaustion due to Mental Excitement — Date of onset
2. Cerebral Lesion - Catatonia
Was this death due to pregnancy or to childbirth? If so, state which: 44-1
Contributory causes of importance not related to principal cause

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) S.C. State Hospital Columbia, S.C.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN FOR BINDING

This image is of the death certificate of Frank L. Johnson Sr. This document is the last currently known record indicating what occurred while inside the institution.

After being institutionalized, Frank remained a patient of South Carolina State Hospital for 10 years, 5 months, and 18 days. His initial diagnosis recorded in the admission ledgers for 1932 stated that he was suffering from "Manic Depression-Aggressive."[12] Unbeknownst to his family, on October 13, 1943, Frank passed away in what, a medical article posted on Mental Health Daily, was described as a vicious, disoriented, and sudden death.[13] Doctors recorded that his death was a

[12] South Carolina State Park Hospital Admission Ledgers located in the South Carolina State Archives.
[13] Excited Delirium Syndrome: Causes, Symptoms, Treatment. (2015). Retrieved December 08, 2016, from http://mentalhealthdaily.com/2015/04/22/excited-delirium-syndrome-causes-symptoms-treatment/

result of "exhaustion due to mental excitement" and his psychological diagnosis at that time was "Dementia praecox-Catatonic." Exactly 10 days after Frank's passing, his body was sent to the South Carolina Medical College in Charleston. Based on available documents, his family was not informed of what had happened to him, nor did his relatives ever receive the body for a proper funeral. While it is not yet known what exactly occurred during his institutionalization at SC State Hospital, an examination of the mental health care systems during that time frame provides insight into what was likely to occur.

To obtain a better understanding of what could have happened to him, I thought it best to begin looking into the mental health care system in the context of slavery and progress chronologically from there. During ancient times, cultures across the globe believed that mental illness had some form of religious connection. In most cases, people who viewed the symptoms being displayed from a mental disorder by others made the assumption that they were being possessed by demons. This led to barbaric practices and exorcisms taking place in order to rid the demons that were afflicting people. According to research conducted by Vanessa Jackson, some of the earliest documents discovered that speak to the issue of insanity of African Americans dates back to 1745.[14] The case was of a slave woman by the name of Kate who was accused of killing a child. Her case was taken up by the Colonial assembly in South Carolina who decided that she would be sent straight to jail, not given a trial, and was deemed to be 'out of her Senses.' One of the largest concerns about her case was that there were no public provisions set in place to take care of mentally ill slaves. As a result, the assembly voted in an act that placed the responsibility of taking care of lunatic slaves onto the parishes in each colony, given that their owners could not

[14] Jackson, V. (2010). An Early History - African American Mental Health. Retrieved December 08, 2016, from https://academic.udayton.edu/health/01status/mental01.htm

afford to maintain that slave. It is likely that slaves that were institutionalized into the parishes were also forced to undergo various methods of exorcisms, in an attempt to heal them spiritually.

Dr. Benjamin Rush, one of the signers of the Declaration of Independence, and Dr. Samuel Cartwright, well known physician in Louisiana, were both very influential figures in the advancements of pro-slavery ideals through the use of racial science. Dr. Rush, also known as the Father of American Psychiatry, gained his fame and reputation by being the first to present the idea that mental illness is brought upon by problems in an individual's cognitive functioning and not of demonic possession. Rush promoted the idea that black slaves suffered from an affliction he called *Negritude.*[15] Negritude is considered a mild form of leprosy that black slaves suffered from, of which the only cure was to become white. This, of course, is not biologically possible, therefore all people of color suffered from this.

Dr. Cartwright became one of the leading authorities of the mental health care of black slaves. He developed two disorders, Drapetomia and Dysaethesia Aethiopica, that affected only black slaves. Slaves experiencing Drapetomia were suffering from a disease that caused them to flee from their master's property in search for freedom.[16] He then, of course, suggested preventative measures for the slave masters to help their slaves from developing this disorder. He suggested whipping the slaves as a therapeutic treatment and primary intervention. His disorder of Dysaethesia Aethiopica was designed to explain why slaves were lazy and did not want to work. This disorder was accompanied by physical signs of lesions on the body. His suggestion for curing this mental disorder was to whip slaves as well. The irony is that, given that finding lesions on the body was a symptom used to confirm a diagnosis of the disorder, the treatment plan of whipping the slaves would only have led to the formation of even more lesions on the body.

[15] Vannessa Jackson, first paragraph under "Scientific Racism"
[16] Vanessa Jackson, second paragraph under "Scientific Racism"

One of the most shocking takeaways from reading into Jackson's research was the realization of how powerful and influential the individuals who were shaping the creation of the laws and policies promoted the mistreatment of black slaves. The heavy reliance on racial science is openly accepted and unquestioned by the majority. Racially biased treatment of African Americans was widespread, and part of American society's common practice. These ideas and practices continued legally until the Emancipation Proclamation in 1863 and the 13th amendment in 1865 abolished slavery. Three years after the 13th amendment, the 14th amendment gave all former slaves citizenship and the 15th amendment in 1970 granted them the right to vote. Although gaining freedom and citizenship were monumental achievements for the African American people, it was not enough to change the treatment they received from white citizens.

Jim Crow Laws began in 1877 and continued until 1954. These laws reinforced acts of segregation and discrimination in order to keep African Americans oppressed. The goal was to keep African Americans at a disadvantage while white citizens continued to solidify their positions as the more dominant race in America. "Whites only" signs were seen at the front of many establishments, the Ku Klux Klan burned crosses in the yards of black families in order to intimidate them, and average white citizens treated African Americans not much better than when they were enslaved. All of this occurred while white citizens were under the protection of law enforcement who turned a blind eye. Although these laws were claimed to have supposedly ended in 1954, only a few years after the civil rights movement is said to have begun, we are still able to see the negative effects from these laws in the mindsets of older members of our black communities. The younger, contemporary generation of African Americans remain looking through the glass ceiling, of what we wish to achieve yet remain just beyond our grasp in professional advancement.

During the span of all of these major social and political movements. the mental health care system in South Carolina was early in its development. Later to be designed by the architect Robert Mills, on December 20, 1821, the S.C. Lunatic Asylum was established in Act 2268 by the SC General Assembly.[17] Given that many did not want to send their mentally ill loved ones away for care, it was not until seven years later that a young white woman from Barnwell County had become its very first patient. After years of operation, in February 1896 the facility became the State Hospital for the Insane, and just after the end of World War 1 it took on its final name as South Carolina State Hospital. Today this hospital is commonly referred to as as "Bull Street."

After the hospital's establishment and people becoming more open to the idea of admitting their loved ones, the white patients of the hospital ranged from those wealthy enough to pay for all of their own medical expenses to the very poor. For the first twenty years of its opening, African Americans, consisting of primarily slaves, were admitted into the hospital only as favors for wealthy landowners. It was not until 1848 that they were officially opened to receiving black patients. After the 13th amendment abolished slavery, there was an influx of African American patients in the asylum. Before they were freed, black patients were kept in temporary structures on the outside of the facility. The influx of black patients raised calls for an expansion of the facility,

[17] Information found in the "Crafts Farrow Hospital Notes (1960's-1990's) General Information Box" located at the South Carolina State Archives

especially since the increase in poor white patients increased the hospitals dependency on state funding due to lack of payment.[18]

Image of the South Carolina State Hospital, also referred to as Bull Street[19]

This South Carolina mental health facility was one of the first in the nation to be constructed with the sole purpose of providing services for mentally ill citizens. It was constructed with "fire-proof ceilings, a central heating system, and one of the country's first roof gardens."[20] Despite these remarkable advancements in its construction, it wasn't long before complaints about the narrow hallways and small community rooms began to rise. These aspects of the hospital further perpetuated the over crowded feeling experienced by those trying to navigate throughout the facility. Although it was obvious that changes were needed regarding the spatial issues, the

state government was very reluctant to fund the construction of a new facility. There were

[18] History of the South Carolina Department of Mental Health. (2006). Retrieved December 08, 2016, from http://www.state.sc.us/dmh/history.htm

[19] Historic American Buildings Survey, April, 1960 REAR (SOUTHEAST) FACADE. - Lunatic Asylum, Bull Street & Elmwood Avenue, Columbia, Richland County, SC. (n.d.). Retrieved from http://www.loc.gov/pictures/item/sc0065.photos.150765p/resource/

[20] History of the South Carolina Department of Mental Health website

suggestions that called for the facility to be moved into the rural undeveloped area of Columbia where there would be more land, but those appeals were denied. SC State Hospital remained at its original location along Bull Street in Columbia and was converted into the headquarters for for all mental health services. In 1910, 1800 acres of land was purchased in State Park; three years later State Park Hospital, referred to as simply State Park, was established as a branch of SC State Hospital.

State Park also went through a series of name changes throughout its existence. On July 29, 1963, it changed its official name to the Palmetto State Hospital only to change it once more three years later to Crafts-Farrow State Hospital.[21] For this thesis we will focus on its development and how it was maintained while it was still considered State Park. It has been noted that a major component of its architecture was that the main building was in the shape of the letter "U" which was said to make it virtually impossible for the entire building to burn down. During the early years after development, white patients continued to remain the majority of the patient population. In the year spanning from 1938 to 1939, white patients outnumbered the African American patients 2 to 1. Despite the outnumbering of white patients, the African American patients died at a rate far greater than those that were white. Based on the collective information found in the State Park Annual Reports of the years ranging from 1938 to 1966, it was recorded that as the years progressed the number of African American patients were slowly becoming the majority of State Park while the headquarter hospital, South Carolina State Hospital, continued to treat primarily white patients.

While the death rates of African American patients remained at the top of the collective body count, in *A History of Neglect*, Edward H. Beardsley explains the historical context that led

[21] Information taken from the "State Park Annual Reports (1938-1966)" box, located in the South Carolina State Archives

to such a high mortality rate. According to his research, there were three major killers of African Americans across the state. The first was tuberculosis. By the 1930s, it killed African Americans at a rate that was 3 times that of white Americans.[22]

Patients and their families were not the only ones that noticed and spoke out against the unfair treatment practices between African American and white patients. Civil Rights leaders such as Modjeska Simkins, and other activists denounced r mental health system in South Carolina. This greater virulence of TB in African Americans had several causes; one of these was malnutrition, which was common amongst African American communities. Another was the lack of time to develop effective immunity to the disease. Given that TB was not something native to Africa, African Americans were more susceptible to catching the disease when they encountered whites during the slave trade. Last, but certainly an important factor, was the lack of medical care available for African Americans. Although State Park began operations in 1916, "blacks did not have a place in it until 1921, only and they got it then only because they paid for a substantial part of it, themselves."[23] Even with admission into the hospital, things were not much better for African Americans. The national standard was that there was to be one bed for every TB death. However, in 1934 South Carolina had 833 blacks diagnosed with TB and only 148 beds were given to them.

As the rate of TB cases began to decline the second major killer of African Americans, heart disease, grew at a rapid pace in the early 1920s. At that time, physicians across the state used the phrase "diseases of the heart" as an umbrella diagnosis; this phrase was then picked up and used by the 1920 census bureau. The third major killer of the African American population in South Carolina were related to maternity and infancy. Mothers and infants were dying at a

[22] Beardsley, E. H. (1987). *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-century South*. Knoxville: University of Tennessee Press.

[23] *History of Neglect*, page 14

tremendous rate, due to several very preventable complications. The issue, however, was that the overall ineffective medical attention and health related services provided for African Americans left them to suffer through their illnesses with no aid in hopes that they would make it through it. Unfortunately, this was not the case for those who were to get severely ill.

The mortality rates and hospital conditions alone provide only a glimpse into what it was like to be an African American in need of medical attention in South Carolina. Looking at all of the systematic neglect African Americans underwent that resulted in the overall detriment of their health as a people, led me to wonder what exactly could have happened to Frank Sr. while he was a patient in State Park. As an African American, he was already at a higher risk of getting ill and not receiving effective medical help based on the conclusions described by Beardsley. Not only that, but he was also sent to a facility in the state of South Carolina of which, based on how many beds they were willing to provide to African American TB cases, had a may have had a known reputation for their lack adequate treatment available for African Americans. Given these factors alone, the likelihood of his survival were very grim.

As stated earlier, upon viewing Frank's 1943 death certificate, it stated that the cause of his death was "Exhaustion due to mental Excitement, Dementia Praecox-Catatonia." When compared to his initial diagnosis of "Manic Depression" upon admission in 1932, this is vastly different. Despite the odds against him, Frank Sr. was remarkably able to continue living in the facility for over a decade. As to what contributed to his prolonged survival, that is still uncertain. However, knowing more about his diagnosis could aid in determining the progression of his mental illness and the factors that would elucidate the cause of a change in diagnosis.

Given that the symptomatology of various mental disorders are constantly changing and having amendments to their official criteria and descriptions, I knew that after the large gap of 83

years since his initial diagnosis, new developments were more than likely to have been made. Using what little information was provided in the medical examinations, it is my assumption that he was suffering from what would be considered today as bipolar disorder. According to the National Institute of Mental Health, Depression manic type, today known as bipolar disorder, is a brain disorder characterized by "unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks."[24] His unusually erratic behavior and lack of ability to work unfortunately made him a potential danger to himself and his family.

Frank Sr.'s medical file was sealed upon his death, not to be opened until 75 years later. Therefore, I was not able to access his records and will not be able to access more information about what occured while inside the hospital until 2018. From what I could ascertain about him, the only event I knew for certain that occurred was that there was change in his diagnosis and in turn his treatment between the time of his commitment to the time of his death. Fortunately I was able to find more information on the status of his mental health by delving deeper into the circumstances involving his cause of death. Based on information gained from his final diagnosis and the likelihood of his treatment, I was ultimately able to develop a cohesive working theory as to what were the final events that led to his death.

When I first read Frank Johnson's cause of death, I was unsure what to make of it. It was hard to understand how an individual could become so mentally excited that he died of exhaustion. As a fourth-year undergraduate majoring in experimental psychology, I had not come across any disorder or syndrome in all of my classes that had remotely came close to being considered a possible contemporary interpretation of his cause of death. His diagnosis of Dementia praecox-

[24] Bipolar Disorder. (2016). Retrieved December 08, 2016, from https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml

Catatonia also struck me as odd since I had never heard of anything phrased in that way which made it very difficult to find much information on it. Regardless of how I felt about what was recorded by his physician, it was my only clue providing insight into my great grandfather's death.

Dementia praecox-Catatonia was first introduced by Dr. Arnold Pick in 1891 and was later refined and popularized by German psychiatrist Dr. Emil Kraepelin[25]. At the time, Dementia praecox was also known as premature dementia or precocious madness. One of the major components of this disorder is that it involves rapid deterioration of an individual's cognitive abilities. This results in disparities in the ability to pay attention, remember things, and successfully complete goal-directed behaviors. After Eugen Bleuler began to coin the term "schizophrenia" in 1925, it became an alternative term when diagnosing Dementia praecox. Today it is known strictly as schizophrenia which has multiple variations and types.

During that time, there was no disease-specific treatment that was clinically proven to fight against Dementia-praecox. The study of psychology was still very new and had developed only in 1879 through the works of Wilhelm Wundt. This meant that when Frank Sr. was in the hospital it had only been 54 years since the official development of the field of psychological research. The lack of understanding of the root cause of the illness forced physicians to develop treatments that only relieved the symptoms that appeared. It was recommended that patients with this disorder take long baths, be given recreational activities, and treated with sedatives such as opiates and barbiturates to aid in any manic episodes. Opiates and barbiturates are both sedatives of which I later found to be potentially key components in Frank Sr.'s death.

When I came across a study conducted in 1941 by writer, researcher, and local Columbia, South Carolina physician, Dr. Chapman J. Milling, I then was able to learn more about how a

[25] The History of Schizophrenia. (2010). Retrieved December 08, 2016, from http://schizophrenia.com/history.htm

person could die of mental excitement. Milling's study was entitled, *Exhaustion due to mental excitement* and was Dr. Milling's attempt to create clinically proven elucidation as to why patients were dying of this.[26] While he noted that there were numerous patients with "Exhaustion due to Mental Excitement" recorded as the cause of death, he narrowed his study down to 360 patients by using two criteria for his study. The first was that he focused only on SC State Hospital and looked at the years ranging from 1915 to 1937. Secondly, he ruled out any cases where there was any evidence that indicated that the patient's death was due to any other comorbid disorders. Of the 360 deaths that he found, 220 were composed of African Americans, while the remaining 140 were white.

Chapman's study then went through an extensive analysis of the physical and social aspects of each patient in order to determine what made them stand out amongst the others. He examined factors such as race, eye color, sex, and much more. An observation that was noted was that the top two diagnoses that were recorded by physicians in South Carolina State Hospital during this time frame for these patients were Manic Depressive-Manic Type and Dementia praecox-Catatonic Type. Combined, they made up the collective diagnoses for 247 of the 360 patients. It was also noted in his study that this cause of death affected primarily African American males between the ages of 20-30. According to his finding, conditions leading to the rise in mental excitement to an extent capable of fatal termination were alcoholism (which was the most common), drugs treating psychosis, infectious diseases, and anything that caused delirium. As a preventative measure, Dr. Chapman ended his study by saying that the best-known treatment for

[26] Milling, C. J. (1941). *Exhaustion due to mental excitement*. Columbia, SC: Journal of Nervous and Mental Disease. 3rd ed., Vol. 93, pgs 297-309

it was to conduct hydrotherapy. This consisted of long baths and the occasional use of opiates and barbiturates, just like the treatment for Dementia praecox-Catatonia suggested by Dr. Kraepelin.

From Dr. Milling's study, I came to the conclusion that it is possible that given that there was not much known in order to differentiate between many similar mental disorders, physicians of that time used blanket disorders to encompass multiple symptoms that were occurring. This, in turn, could have also led to physicians prescribing the same treatments and medications for multiple disorders. From the information gathered, it is likely that Frank Sr. was receiving hydrotherapy and sedatives ever since he was admitted into the hospital. The objective in my investigation was to determine how all of these factors could have led to his death. From prior knowledge, I knew that sedatives would have most likely have been used to make him calm whenever he was having a manic episode. For a short time I was unclear about how any of these factors could have contributed to the circumstances of his death. Finally, everything seemed to come together after I found more information about the symptom of delirium associated with Exhaustion due to Mental Excitement.

Delirium, referred to at times as acute confusional state, is a clinical syndrome that is categorized by overactive or underactive behavior, slower cognitive processing with impairments in problem-solving, poor memory, disorganized thoughts, and deficits in conscious abilities, all of which occur on a fluctuating onset.[27] A second aspect of delirium that is vital to this investigations is that it is also one of the symptoms of mental excitement that contributes to making it fatal for patients. Researching this term led me to uncover that a variation of delirium is known as agitated delirium, which is a newer medical term that had a former name: excited delirium. Other names

[27] Delirium Causes and Symptoms. (2014). Retrieved December 8, 2016, from http://www.healthinaging.org/aging-and-health-a-to-z/topic:delirium/info:causes-and-symptoms/

that excited delirium is known by are Bell's mania, acute exhausted mania, and lethal catatonia.[28] Given that it is considered a syndrome, it has not been placed into the Diagnostic and Statistical Manual of Mental Disorders, which contains all of the current definitions of specific mental disorders and the criteria necessary for a diagnosis. However, for the last few years, scholars and clinicians have debated whether or not it is clinically worthy of being considered its own specific disorder, given that it appears that people suffering from it were dying in police custody at an alarming rate.[29]

Those suffering from excited delirium have an extremely high chance of death if it is not diagnosed in time. According to Mental Health Daily, the progression of an onset of excited delirium in an outside social context usually occurs in five stages. The first two stages include Delirium and Psychomotor Agitation, which then leads to Disturbing the Peace. Upon onset, the individual would begin to experience delirium. They would be disoriented, hyperactive, and have fever which results in them stripping off part of their clothing, and be plagued by delusions. Moving into the second stage the person may then begin to shout at people, display bizarre behavior, and appear to be violent. This second stage is where the individual could be seen as a wild madman which is when someone would contact the police out of fear of harm.

The third and fourth stages are related to why individuals having a public onset of excited of delirium have been dying in police custody. Stage 3, Restraint and Struggle, is when the police have arrived and are attempting to restrain the person from hurting anyone in the immediate area. An aspect of experiencing excited delirium is that the individual has an increased level of

[28] Medical article from Mental Health Daily website

[29] Lithwick, D. (2016). Is "Excited Delirium" a Diagnosis or a Cover-Up? Retrieved December 08, 2016, from http://www.slate.com/articles/news_and_politics/jurisprudence/2015/06/excited_delirium_deaths_in _police_custody_diagnosis_or_cover_up.html

endurance, strength, and pain resistance. This ultimately makes it harder for police to restrain the person. The biggest issue with restraining the individual is that if the restraints are too constricting the person could die. In the fourth stage, it's up to the police officers and medical responders to have a correct diagnosis and treatment of the disorder. Proper diagnosis and treatment could result in saving the life of the individual, even though the odds are against them. The issue with making a proper diagnosis is that the symptoms of excited delirium resemble the effects of intoxication, drug use, panic attacks, and several other events. The important part of saving the person's life is to make sure that they are able to relax and get calm in addition to using the minimal amount of restraints necessary.

The fifth stage involves the odds of Recovery versus Death. Unfortunately, the majority of people who have an onset excited delirium die. One of the major contributors to this is the lack of making an accurate initial diagnosis upon the first encounter with the police and medical responders. Respiratory failure and cardiac arrest are common events that lead to the untimely deaths. Given the way that the person would die, when placed in the context of State Park Hospital in 1943, it is definitely understandable how it could be categorized as exhaustion due to mental excitement as the cause of death.

While at the time most of this information was not known, another discovery that was made over the years is that a key component to why victims of fatal excited delirium have such a strange death is that they have a large amount of dopamine in their systems. A meta-analysis done in 2011 on excited delirium extensively reviewed 53 studies related to the syndrome and made several observations. One of the first observations was that drugs that alter dopamine processing was a common link between victims. Given that cocaine use is a major manipulator of dopamine levels in the body, cocaine users who were victims of fatal excited delirium were compared to victims of

cocaine users who overdosed. Upon comparison it was found that while both did have extremely high levels of dopamine, cocaine users who overdosed tended to be more chronic users which allowed them to develop an increased amount of dopamine transporters that compensated for the excess amounts of dopamine. The lack of extra dopamine transporters available in those who used it less frequently caused them to not be able to handle all of the excess dopamine, with led to a fatal onset of excited delirium.

Dopamine is a neurotransmitter released by the brain that relates to the functions of movement, memory, learning, behavior and cognition, attention, mood, learning, and sleep.[30] Most commonly dopamine is referred to as the "feel good" or "pleasure" hormone of the brain that occurs during pleasurable activities. The body thrives on this hormone and makes the person feel sensations such as relaxation, happiness, and euphoria. In a medical setting, one type of drug used that leads to an increased level of dopamine in the body are sedatives. Sedatives utilize the relaxing and calming effect of dopamine and helps patients that are hyperactive, combative, viciously shaking, or having a manic episode calm down and remain safely in their beds to prevent injury to self or others. The combination of all of the previously discussed aspects of Frank Sr's diagnosis, recorded cause of death, and the new acquired data on both over the years have led me to develop a theory as to what circumstances contributed to his death in 1943.

[30] Mandal, A. (2015). Dopamine Functions. Retrieved December 08, 2016, from http://www.news-medical.net/health/Dopamine-Functions.aspx

Theory #2: Implications of Death

Given that Frank Sr's initial diagnosis was Manic Depression, he would have had several episodes of mania. His behavior when experiencing a manic episode could be categorized as having extremely elevated or extremely irritable moods.[31] Given that it is noted by both his wife, Lettie, and the physicians in the application for commitment that he was excited at times and extremely quiet at times in addition to his being potentially violent during the excited periods, it is assumed that his mood swayed closer to being extremely irritable during his manic episodes.

The fields of psychology and psychological treatments were still very young, so treatment for his conditions was mostly used to treat for the symptoms and not the disorder itself. It is likely that part of his treatment plan was to use medications such as sedatives to calm him down during his manic episodes. He may have also been given recreational activities in order to elevate his mood when he was experiencing the depression symptom of his disorder.

At some point during his institutionalization his diagnosis was changed to Dementia praecox-Catatonic type. The recommended treatment for this disorder suggested by its creator Dr. Kraepelin was for the patients to take long baths, hydrotherapy, and use opiates and barbiturates occasionally to treat the manic appearing episodes that were associated with this disorder. Opiates and barbiturates are both sedatives used to calm and relax the body. Given that Frank Sr. is listed as having Catatonia, there would have been some form of issue surrounding his ability to control his gross motor movements. It is possible that he would be so tense that he could not relax, or constantly moving to such an extent that it was detrimental to his health and the physician's ability

[31] Bressert, S. (2016, October 19). Manic Episode Symptoms | Psych Central. Retrieved December 08, 2016, from http://psychcentral.com/disorders/manic-episode/

to treat him. For this aspect of the disorder, it is also recommended to used sedatives to relax the body which would allow him to have more control over his movements.

Based on his diagnoses, it is likely that Frank Sr. could have been receiving constant doses of sedatives over the decade that he spent there in the institution. Sedatives such as opiates and barbiturates decrease the amount of GABA released in the body.[32] The function of the GABA hormone is to inhibit the amount of dopamine that is produced in the body. Given that sedatives place a restriction on GABA, the brain becomes flooded with excess dopamine which in turn makes the body feel euphoric, relaxed, and calm.

The increased levels of dopamine in the brain would have led him to have an onset of excited delirium or what is noted on his death certificate as "mental excitement". According to Medical Director Dr. Peter Antevy, although today the death rate of excited delirium is down to 8%-14%, in the past excited delirium killed 75% of anyone who had an onset.[33] Antevy's research, like many other studies, found that there is a correlation between the onset and what he phrased as "chaotic dopamine signaling in the brain". A high activation rate of dopamine in his brain would have led to an onset of excited delirium. Frank Sr. would have begun showing all of the symptoms of delirium, bizarre behavior and speech, and combativeness all of which could have been interpreted by his physicians as a more severe manic episode. Not knowing that the sedatives were a major contributor to the cause of his onset, it is possible that the physicians would have then decided that they must give him an increased dosage of sedatives in order to calm him down. If

[32] H. (2007, January). 4: Opiates binding to opiate receptors in the nucleus accumbens: Increased dopamine release. Retrieved December 08, 2016, from https://www.drugabuse.gov/publications/teaching-packets/neurobiology-drug-addiction/section-iii-action-heroin-morphine/4-opiates-binding-to-opiate-rece

[33] Ballam, E. (2012, July 25). Symptoms Answer 'Crazy Person' or Excited Delirium | EMSWorld.com. Retrieved December 08, 2016, from http://www.emsworld.com/news/10747390/symptoms-answer-crazy-person-or-excited-delirium.

they also decided to restrain him to the bed, this would have worsened his condition. Ultimately, the increasing dopamine levels in his brain due to the extra sedatives, in addition to being restrained to the bed, would have led him to move about viciously until his body gave out due to the fever and exhaustion. Although this theory is able to create an idea of what events may have caused and led to his death, it does not account for why his body was sent to the medical college in Charleston, SC rather than being returned to the family.

Chapter 3: Missing in Action

The fact that there was no explanation or notice as to the death of Frank Sr. and why his body was never returned to his family provides further insight in the treatment of African Americans during that time. Even in his death his story is able to provide us today with a glimpse into the discriminatory acts that thousands upon thousands of other African American families underwent when seeking mental health care services. Based on his chances of survival before entering into the hospital, Frank Sr. was essentially heading to his death. The death rate of African Americans in SC State Hospital alone was two times that of the national death rate.[34] According to one of the annual reports of State Park, the average stay for African American patients was 120.3 days which makes it even more remarkable that Frank Sr. was able to last for over a decade.[35]

While Frank Sr.'s case serves as only a single version of the various ways other African American families lost loved ones as a result of the systematic discrimination in South Carolina hospitals, it demonstrates one of the foundational aspects of contemporary medical mistrust in African American communities. For centuries African Americans were treated as less than equal beings in America, and although we have made great strides since the first slave ships, there are still generations upon generations of pain and suffering that echoes throughout American history. This longstanding history of pain continues to shape how African Americans place trust in physicians and even medical adherence. This is especially seen in the older generation of African American families, of whom most have either experienced, witnessed, or heard stories of openly blatant discrimination against their people among health care providers and institutions.

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[34] McCandless, P. (1996). *Moonlight, magnolias & madness: Insanity in South Carolina from the colonial period to the progressive era*. Chapel Hill: University of North Carolina Press.

[35] Information retrieved from State Park Annual Reports for year 1938-1939, located in the South Carolina State Archives

One of the more infamously well-known cases of systematic discrimination and experimentation thrown upon African American patients was the Tuskegee Syphilis Study. This study began in 1932, the same year Frank Sr. was committed, and involved 600 African American men who were taking part in a longitudinal experiment examining the progression of syphilis. Of the 600 men, 399 had already gotten the disease while 201 were uninfected and were used as control group. While it was initially projected that the study would only last for six months, it was extended through the help of many local physicians, the Center of Disease Control and Prevention, the American Medical Association, and the National Medical Association to last up to 40 years. Even though in 1945 it was officially decided that penicillin was the drug of choice in treating syphilis, there was a joint effort to continue the study. Only 74 out the 600 men survived the study.

The major factor that made this study completely unethical was that the men were told that they were getting treated for "bad blood" which could have meant any form of aliment.[36] This, in turn, meant that none of them were given the benefit of informed consent to the study. The sad reality was that they were not actually getting treated for syphilis. In fact, there was a greater call to prevent treatment in order to see how the disease progressed all the way up until the patient had died. In order to more fully understand how the institutions founded on the premise of aiding and protecting citizens from the various medical ailments in the world could back such a horrendous study, it is better to look at the events surrounding the historical context it was in.

By the early twentieth century, Social Darwinism had become the a leading rationale for the basis of racism in America. Although slavery lacked legal defenses, African Americans remained enslaved by racial science and prevailing claims in both academic and popular literature that they were physically and mentally weaker and more primitive than their "white" counterparts.

[36] The Tuskegee Timeline. (2015, December 22). Retrieved December 08, 2016, from http://www.cdc.gov/tuskegee/timeline.htm

This perpetuated the idea of survival of the fittest, and in American society as well as other countries around the world white citizens were the self-proclaimed fittest race. Although in contemporary society these ideals are seen more in white supremacist groups and neo-Nazi organizations, both of which remain in small numbers compared to the masses, during the time of the Tuskegee study, these ideas were accepted by the majority of the population. During this time there was a large call in the field of medicine to determine what factors separated white people from African Americans. In accepting the research findings that were done during the slavery period such as those of Dr. Cartwright and Dr. Benjamin Rush mentioned earlier, medical professionals concluded "almost universally that freedom had caused the mental, moral, and physical deterioration of the black population".[37] The fact is that their lesser socioeconomic status, systematic discrimination, and lack of resources could have attributed to the state of their health as a race.

In reference to the Tuskegee study, the kind of ideals that were present in the medical profession were focused on the sexual nature of African Americans. African Americans were seen as having an excessive sexual desire that was part of their natural instinct. This idea of African American males having this excessive and overzealous need for sex was the said explanation for why they were drawn to white women. Dr. William Lee Howard remarked:

> The attacks on defenseless white women are evidences of racial instincts that are about as amenable to ethical culture as is the inherent odor of the race..... When education will reduce the size of the negro's penis as well as bring about the sensitiveness of the terminal fibers which exist in the Caucasian, then will it also be able to prevent the African's birthright to sexual madness and excess.

[37] Brandt, A. M. (n.d.). Racism and Research: The Case of the Tuskegee Syphilis Study. Retrieved December 8, 2016, from http://www.med.navy.mil/bumed/Documents/Healthcare Ethics/Racism-And-Research.pdf

Physicians that believed in these types of remarks felt that "lust and immorality, unstable families, and reversion to barbaric tendencies made blacks especially prone to venereal diseases."[38] Given that remarks like this were resoundly accepted and promoted during that time, added fuel to the flame whenever African American males were involved in sex crimes. Growing alternative methods were presented to solve this problem of black, sexual madness. It was suggested in one southern medical journal that African American men should be castrated rather than lynched as a consequence of their sexual crimes.

Cases like that of the Tuskegee Syphilis study set an ominous tone in African American communities across the nation. For 40 years black men were part of an experiment where, not only were they tricked into participating in it, but they were routinely examined by medical professionals who intentionally watched them slowly die of an infection that could have easily been treated. Not only were African American lives threatened by average white citizens in the street, their only means of a health care system was also marked as a potential threat. Who can be trusted when the majority of the surrounding white population view you as a second class citizen and the highly educated men and women who swore to help in times of illness may be using you as a guinea pig for an experiment?

The Tuskegee Syphilis study and the many other known unethical studies on African Americans open the door to all of the possible ways the African American communities could have been subject to medical experimentation. For decades these men were part of a medical investigation that went undetected by almost everyone but the major institutions funding it. These factors added to the growing level of mistrust towards the medical communities within the African

[38] *Racism and Research: The Case of the Tuskegee Syphilis Study* page 2.

American population. The longstanding mistrust in physicians remains a factor in African American communities when deciding whether or not to seek health care.

More prominent amongst the older generation of African Americans, medical mistrust is often mentioned when referencing the stories past down to them from their elders and their own patient-physician interactions. These stories not only included personal accounts but were also hallmarked by other major infamous experiments such as the slave experiments conducted by J. Marion Sims from South Carolina, the Irradiation of Black Cancer Patients, and the Agent Orange Experiments.[39] Each of these experiments victimized poor, vulnerable, and struggling African Americans for the betterment of white America. The seemingly endless cycle of experimentation and discriminatory acts being revealed to the public demonstrates that there was a legitimate call for distrust towards the mental health care system. African Americans medical mistrust did not come unwarranted and was a justified response to the context that African Americans were living in back then.

When we look at the 21st century, African Americans have access to many more resources and options available to them than there were back in the early and mid-1900's. Many of the unethical secret experiments were already revealed and by the turn of the twenty-first century decades have already gone by since then. While the unethical experiments seem to have come to an end, given that there haven't been any recent discoveries, the racism and discrimination that African Americans faced continued in the healthcare system. In 2001, a report, *Race, Culture, and Ethnicity and Mental Health*, was issued by Surgeon General David Satcher. In this report Satcher outlined how racial disparities in the medical field placed African Americans and other minorities

[39] Schwartz, L. (n.d.). 10 of the Most Evil Medical Experiments Conducted in History. Retrieved December 08, 2016, from http://www.alternet.org/10-most-evil-medical-experiments-conducted-history

in a position where many were left untreated or without proper treatment. Dr. Lonnie Snowden, professor at the University of California, Berkeley, conducted a study three years after the Surgeon General's report with the objective of isolating the other biases present in the treatment of minority patients. To do this, an examination of the continued existence of disparities was done after socioeconomic status, region of residence, and other sociodemographic factors were controlled for.[40] It was found that despite these controls there continued to be disparities for access, the quality of mental health care and treatment.

Snowden's study emphasized how bias impacted the disparities that minorities faced. One of the major aspects of the treatment of patients in the medical field is that physicians must be sensitive to each patient'' cultural practices and beliefs. If a physician is ignorant to the cultural aspects that accompany a patient, he or she can overthink or discount the manifestation of a mental disorder. Given that physicians are the primary decision maker in identifying the types of treatment each patient will receive, their personal biases, whether intentional or inadvertent, plays a significant factor in the discretion of their decision. Dr. Snowden found at the conclusion of his study that while it is certainly reasonable to say that bias plays a partial role in the perpetuance of mental health disparities, it remains uncertain to what extent this role is. This, in turn, makes it exceedingly difficult to effectively address the issue and create ways to resolve it.

In 2014, eleven years after Dr. Snowden's study, a multidisciplinary investigation was conducted by a team of researchers including, Kisha Holden, PhD, MSCR, Brian McGregor, PhD, Poonam Thandi, MD, Edith Fresh, PhD, Kameron Sheats, PhD, Allyson Belton, MPH, Gail Mattox, MD, and former Surgeon General David Satcher, MD, PhD, of the Morehouse School of Medicine in Atlanta. Their study outlined that African Americans and other minorities were still

[40] Snowden, L. R. (2003). Bias in mental health assessment and intervention: Theory and evidence. *American Journal of Public Health*, *93*(2), 239-243.

receiving lower quality mental health care as a whole when compared to white patients. These inequalities include disparities in respect to accessibility of services, quality of service and treatment, and outcomes of mental health care.[41] In order to potentially resolve the issue of the continued amount of mental health care disparities, the team of investigators proposed that a comprehensive, innovative, culturally-centered, integrated care model be used to "address the complexities within the healthcare system, from the individual level, which included provider and patient factors, to the system level, which includes practice culture and system functionality issues."

The implications from studies similar to these reveal the extent and the longevity of the racism, discrimination, and inequalities that remained in the mental health care system for over a century. Although there have been many claims stating that the mental health care system employs physicians that are completely colorblind to race and treat patients equally, studies have shown that these claims are not completely accurate. While social movements such as the Civil Rights movement and calls for changes in policies within the mental health care system have helped pave the way to what is seen today, further improvements are necessary in order to resolve all of the inequities that African Americans face when seeking treatment. For over three centuries African Americans underwent slavery, and immediately after being emancipated were still treated horribly and as second-class citizens. This longstanding level of discriminatory treatment cultivated and perpetuated the amount of mistrust towards the mental health care system and the health care system as a whole.

[41] Holden, K., Mcgregor, B., Thandi, P., Fresh, E., Sheats, K., Belton, A., . . . Satcher, D. (2014). Toward culturally centered integrative care for addressing mental health disparities among ethnic minorities. *Psychological Services, 11*(4), 357-368. doi:10.1037/a0038122

Elders in African American families warned their children about the horrors of what they experienced throughout their lifetime during interactions with white physicians. They would have told them the inhuman treatment that their parents received at the hands of white citizens, and that ultimately the white physicians, including all other white people, should not be fully trusted. These teachings to their young come with significant merit. These precautionary measures being instilled also reinforced the idea that African Americans must turn towards each other and find ways to depend on each other and become a self-sufficient community.

Rather than going to a physician to seek aid for any mental health problems, historically until present many African Americans tend to turn towards their elders and religious leaders for guidance. In African American communities the most respected individuals are those who are authority figures and hold leadership positions within the community. In many cases this would be those who played major roles in the church or were the head of the households. Trusting in these individuals brought solace to those who felt that there was a risk involved in going to see a physician. In addition to turning towards these figures, members of the communities also turned to more herbal and holistic medicines and remedies for treatment. These fears of what may happen, paired with past experiences are enough to bring hesitation to the action of visiting a physician.

Overall, the major level of medical mistrust has remained a consistent factor over the years. Simultaneously the inequalities of treatment in the mental health care system for African Americans has also remained consistent. A newly developed foundation of trust must be created in order to truly resolve the issues of mistrust leading to the non-adherence to medication and fear of physicians portrayed by members of African American communities. While from personal opinion these behaviors tend to be more likely amongst older African Americans the younger generations, including I, have been warned to be vigilant and wary about actions of white

physicians. These warnings are further reinforced with evidence that support it when various acts of racial violence and propaganda become known to the greater population.

Theory #3: A Missing Legacy

When we closely examine Frank Sr.'s experiences, we see that there are numerous questions that are left without any definitive explanation. Starting from the moments immediately after his death, ambiguity is all that remains to elucidate the motives behind the hospital's decision to send the body to the medical college in Charleston SC. From all of the data discovered, there were two possible reasons theorized as to why his body was donated.

The first reason was that there was a documented or undocumented agreement that the body would be sent to the hospital after his death. On his application for commitment, it was recorded that he owned no properties of his own, owed no debts to anyone, and did not inherit any properties from his parents. This could have indicated that he nor his wife Lettie would be able to pay the hospital for their mental health services. If this agreement was made, then any documentation pertaining to it would have been placed into his medical file. Unfortunately, the sealing of the file for 75 years prevented me from being able to confirm this theory.

The implication of this theory, however, is that if the physicians knew that the body would have never been seen by his family again, it means that there is room for experimentation to be conducted on him. Like Dr. Millings, other physician may have taken on the task of doing their own research as to why people were dying of exhaustion in result of mental excitement. While Dr. Millings conducted his research on patients who had already died, other physicians may have felt that it would be more useful to experiment on vulnerable patients currently in the hospital. This idea is supported by the statistical likelihood of him being able to survive for over a decade in the hospital when African American patients were dying at such an alarming rate upon entering a facility. To further support this idea, once again it is important to note that the Annual Report of State Park for the year 1938-1939 stated that the average stay for African American patients in the

hospital was for 120.3 days in addition to 31.9% of them dying that year when compared to the 7.9% of white patients.[42] During this time frame Frank Sr. was a patient in the hospital for over 6 years, yet it is clear that he is not taken into account in the statistics presented by the hospital. Given that he was not counted it is possible that his exclusion was intentional in order to keep questions from being raised.

The second explanation for sending his body away was to cover up his death. It may be possible that the physicians realized they were the cause of his death given that the heavy dosages of sedatives would have triggered the mental excitement that led to his demise. Fear of backlash could have been the motivator to send the body off as quickly as possible. Even if his life did not mean anything to the physicians, the quick progression of the onset and death due to the mental excitement would have been such a strange occurrence that it would be beneficial to send the body off to be autopsied for research purposes.

A piece of supporting evidence that indicate that his body had been sent off to be used a cadaver was how quickly the hospital was able to have it prepped and ready to be shipped. The laws in South Carolina regarding the use of bodies as cadavers stated that after a patient was deceased the body could only be used if it went unclaimed by the family. South Carolina state law also stated that the hospital must make an attempt to contact the family and place all documentation detailing the events of that attempt to be placed into the patient's medical file. Assuming that no one from the hospital took the time to travel all the way to Bookman South Carolina to notify the family, it is most likely that a letter was sent. Once again, this confirming piece of evidence is unobtainable since the medical file has been sealed for 75 years. While it is possible that that the physicians did make an attempt, the possibility cannot be discounted that they made no such

[42] Annual Reports of State Park in 1938-1939

attempt given that no one would uncover the truth until 75 years later. Regardless of this factor, the fact that he survived for such a long time despite all odds still makes it likely that some form of unethical experimentation may have been conducted on him.

Reflections

This research motivated me to take on challenges that I have never considered before. Here I am as a young African American male, from the small town of Winnsboro South Carolina, about to graduate from the University of South Carolina with a degree in Psychology. I intend to apply for medical school to get my medical degree in Psychiatry. I realized that over the course of a year, this research has shown me the countless ways that African American families have been negatively affected by men and women who were in professional position that I aspire to be. Additionally, this research has allowed me to uncover parts of my family history that had gone unknown for over two generations. While it is possible that Frank Sr. may be been subjected to experimentation, the unfortunate reality is that he would not be a special case. Unethical discriminatory treatments and experiments have been thrusted upon African Americans since we were first brought to America.

While I can not change the past it is my hope to attempt to help shape the future. People should be afforded the same quality of care and professional insight--despite race, class, gender, and ethnicity. A brighter future can be created when we come together and work to create it. More now than ever I am ready to work for it, and I hope that you reading this message are ready to.