

MADNESS

In Florida prisons, mentally ill inmates have been tortured, driven to suicide, and killed by guards.

By Eyal Press

Harriet Krzykowski, a former counsellor at the Dade Correctional Institution, faced retaliation after questioning inmate abuse.

Photograph by Elinor Carucci for The New Yorker

Shortly after Harriet Krzykowski began working at the Dade Correctional Institution, in Florida, an inmate whispered to her, “You know they starve us, right?” It was the fall of 2010, and Krzykowski, a psychiatric technician, had been hired by Dade, which is forty miles south of Miami, to help prisoners with clinical behavioral problems follow their treatment plans. The inmate was housed in Dade’s mental-health ward, the Transitional Care Unit, a cluster of buildings connected by breezeways and equipped with one-way mirrors and surveillance cameras. “I thought, Oh, this guy must be paranoid or schizophrenic,” she said recently. Moreover, she’d been warned during her training that prisoners routinely made false accusations against guards. Then she heard an inmate in another wing of the T.C.U. complain that meal trays often arrived at his cell without food. After noticing that several prisoners were alarmingly thin, she decided to discuss the matter with Dr. Cristina Perez, who oversaw the inpatient unit.



Krzykowski, an unassuming woman with pale skin and blue eyes, was thirty at the time. The field of correctional psychology can attract idealists who tend to see all prisoners as society’s victims and who distrust anyone wearing a security badge—corrections officers call such people “hug-a-thugs.” But Krzykowski, who had not worked at a prison before, believed that corrections officers performed a difficult job that merited respect. And she assumed that the prison management did not tolerate any form of abusive behavior.

Perez was a slender, attractive woman in her forties, with an aloof manner. When Krzykowski told her that she’d heard “guys aren’t getting fed,” Perez did not seem especially concerned. “You can’t trust what inmates say,” she responded. Krzykowski noted that complaints were coming from disparate wings of the T.C.U. This was not unusual, Perez said, since inmates often devised innovative methods to “kite” messages across the facility.

Krzykowski mentioned that she had overheard security guards heckling prisoners. One officer had told an inmate, “Go ahead and kill yourself—no one will miss you.” Again, Perez seemed unfazed. “It’s just words,” she said. Then, as Krzykowski recalls it, Perez leaned forward and gave

her some advice: “You have to remember that we have to have a good working relationship with security.”

Not long after this conversation, Krzykowski was working a Sunday shift, and a guard told her that, because of a staff shortage, T.C.U. inmates would not be allowed in the prison’s recreation yard. The yard, a cement quadrangle with weeds sprouting through the cracks, had few amenities, but for many people in the T.C.U. it was the only place to get fresh air and exercise. Overseeing this activity was among Krzykowski’s weekend responsibilities.

The following Sunday, access was denied again. The closures continued for weeks, and the explanations increasingly sounded like pretexts. When Krzykowski pressed a corrections officer about the matter, he told her, “It’s God’s day, and we’re resting.” In an e-mail to Perez, Krzykowski expressed her concern.

A few days later, Krzykowski was running a “psycho-educational group”—an hour-long session in which inmates gathered to talk while she observed their mood and affect. After a dozen inmates had filed into the room, she noticed that the guard who had been standing by the door had walked away. She was on her own. Krzykowski completed the session without incident, and decided that the guard must have been summoned to deal with an emergency. But later, when she was in the rec yard, the guard there disappeared, too, once more leaving her unprotected amid a group of inmates.

Around the same time, the metal doors that security officers controlled to regulate the traffic flow between prison units started opening more slowly for Krzykowski. Not infrequently, several minutes passed before a security officer buzzed her through, even when she was the only staff member in a hallway full of prisoners. Krzykowski tried not to appear flustered when this happened, but, she recalls, “it scared the hell out of me.”

In theory, the T.C.U. was designed to provide mentally ill inmates with a safe environment in which they would receive treatment that might allow them to return to the main compound. Krzykowski discovered, however, that many inmates were locked up in single-person cells. Solitary confinement was supposed to be reserved for prisoners who had committed serious disciplinary infractions. In forced isolation, inmates often deteriorated rapidly. As Krzykowski put it, “So many guys would be mobile and interactive when they first came to the T.C.U., and then a few months later they would be sleeping in their cells in their own waste.”

Not only did Krzykowski suspect that few inmates in the T.C.U. were getting better; she was certain that the guards were punishing her for the e-mail she had sent to Perez. But she was afraid to complain about her situation. She didn’t even tell her husband, Steven, fearing he would insist that she give notice. He was an unemployed computer-systems engineer, and they could not afford to forgo her modest paycheck.

“Thanks for walking a mile in my shoe but it’s beginning to hurt now.”



Krzykowski and her husband lived at her mother's house, in Miami, with their two young children. Her hourly wage was only twelve dollars, so she supplemented her income with food stamps and, occasionally, with loans from her mother and her sister. Krzykowski was accustomed to hardship. Born in a small town in northwestern Missouri, she was seven years old when her mother drove her and her older sister to a battered women's shelter to escape their father after he had hurled the family's pet cat against a wall. (He denies that this happened.) They moved to an even smaller town, in Illinois, where her mother took a job at a gas station. They required public assistance, and at home there was often little to eat.

After Krzykowski graduated from high school, in 1998, she and her mother moved to Miami. Her mother became a nurse, and Krzykowski enrolled at Florida International University, majoring in psychology. She got in touch with Steven, a childhood friend, and invited him to visit her. He showed up a few weeks later, and stayed; they married in 2007.

By then, Krzykowski had received a bachelor's degree in psychology, and had enrolled in a master's program in mental-health counselling. But Florida was in a deep recession, and Krzykowski had no luck finding work until she saw a listing posted by Correctional Medical Services, the private contractor in charge of providing mental-health services at Dade.

Even at the height of the economic crisis, jobs in corrections were plentiful in Florida—the state has the third-largest prison population in the country, behind Texas and California. Insuring that inmates with mental illnesses receive psychiatric care is a constitutional obligation, according to *Estelle v. Gamble*, a 1976 case in which the Supreme Court held that “deliberate indifference to serious medical needs of prisoners” amounted to cruel and unusual punishment.

Around the same time, the Court ruled, in *O'Connor v. Donaldson*, that a Florida man named Kenneth Donaldson had been kept against his will in a state psychiatric hospital for nearly fifteen years. The ruling added momentum to a nationwide campaign to “deinstitutionalize” the mentally ill. Activists decried the existence of mental hospitals that were filled, as one account put it, with “naked humans herded like cattle.” During the next two decades, states across the country shut down such facilities, both to save money and to appease advocates pushing for reform. But instead of funding more humane modes of treatment—such as community mental-

health centers that could help patients live independently—many states left the mentally ill to their own devices. Often, highly unstable people ended up on the streets, abusing drugs and committing crimes, which led them into the prison system.

By the nineties, prisons had become America's dominant mental-health institutions. The situation is particularly extreme in Florida, which spends less money per capita on mental health than any state except Idaho. Meanwhile, between 1996 and 2014, the number of Florida prisoners with mental disabilities grew by a hundred and fifty-three per cent.

The Supreme Court failed to clarify how psychiatric care could be provided in an environment where the paramount concern is security. According to medical ethicists, prison counsellors and psychologists often feel a “dual loyalty”—a tension between the impulse to defer to corrections officers and the duty to care for inmates. Because guards provide crucial protection to staff, it can be risky to disagree with them. But, if mental-health professionals coöperate too closely with security officials, they can become complicit in practices that harm patients.

After Krzykowski met with Perez, she told herself, “Maybe I’m being too sensitive—boys will be boys.” Aware that she was a newcomer to the world of prisons, she decided that the corrections officers at Dade were far more qualified than she was to determine how to maintain order.

At a morning staff meeting in June, 2011, a psychotherapist at Dade named George Mallinckrodt aired a different view. The previous day, Mallinckrodt announced, an inmate had shown him a series of bruises on his chest and back. The injuries had been sustained, the inmate claimed, when a group of guards had dragged him, handcuffed, into a hallway and stomped on him. Several other inmates confirmed the account, Mallinckrodt told his colleagues. He accused Dade security officials of “sabotaging our caseload,” and said that action needed to be taken.

In the days after the meeting, Krzykowski recalls thinking that “sabotaging” was “a pretty strong word—a loaded word.” Mallinckrodt was known to be on friendly terms with some of the patients in the T.C.U., and Krzykowski felt that he had become too aligned with the inmates —“too much on their side.” She told me, “I thought he’d become an advocate—you know, a hug-a-thug.”

Krzykowski tried to focus on providing good care, but she discovered that she had limited power to make decisions. State law mandated that prisons offer inmates twenty hours of activities a week, and when she was hired she was told that she would be responsible for insuring that this happened in the T.C.U. But every time she proposed an activity—yoga, music therapy—her superiors rejected it. Invariably, the reason cited was that it posed a “security risk,” even though the activities were meant to alleviate aggression.

One day, Krzykowski brought in a box of chalk, in the hope that inmates could draw on the pavement in the rec yard. On another occasion, she gave a rubber ball to an inmate who had schizophrenia; she thought that he would benefit from tactile play. An officer returned both

items to her, ostensibly because they posed safety hazards. Krzykowski felt that she was being taught a lesson about knowing her place. “I kept getting the message that whatever security says goes,” she said.

Krzykowski had heard enough stories about inmates assaulting prison staff to know how dangerous it was to work without protection. One day in the rec yard, after a guard left her alone, an inmate sidled up to her and put his hands on her backside. The inmate was tall and imposing, and had been diagnosed as psychotic. Krzykowski thought of screaming for help, but she sensed that the guard who had vanished would not come rushing back if she did. Instead, she froze. After a moment, she hurried away without looking back. The inmate didn’t follow her. For days afterward, she was shaken. “He definitely could have overpowered me,” she said. “I could have been assaulted, raped—anything.”

The Dade Correctional Institution’s Transitional Care Unit, in 2008.

Photograph by Nuri Vallbona / The Miami Herald



Krzykowski’s concerns kept mounting. In her view, the T.C.U. was unacceptably run-down: the walls were mildewed, the hallways were caked in grime, and the sewage system was often backed up. In the staff break room, cockroaches had overrun the kitchen area, infesting even the microwave. Oddly, the water from the kitchen faucet was scalding, so Krzykowski began using it to make ramen noodles for lunch.

One Saturday in June, 2012, Krzykowski was finishing a shift when she heard that an inmate in the T.C.U. named Darren Rainey had defecated in his cell and was refusing to clean it up. He was fifty years old, and, as Krzykowski recalls it, he gave people unnerving looks, “like he was trying to see inside you.” He had been convicted of possession of cocaine, and suffered from severe schizophrenia.

“What’s going on with Rainey?” Krzykowski asked a guard.

“Oh, don’t worry, we’ll put him in the shower,” he told her.

Krzykowski remembers hearing this and feeling reassured. “I was thinking, O.K., lots of times people feel good after a shower, so maybe he will calm down. A nice, gentle shower with warm water.”

The next day, Krzykowski learned from some nurses that a couple of guards had indeed escorted Rainey to the shower at about eight the previous night. But he hadn’t made it back to his cell. He had collapsed while the water was running. At 10:07 P.M., he was pronounced dead.

Krzykowski assumed that he must have had a heart attack or somehow committed suicide. But the nurses said that Rainey had been locked in a stall whose water supply was delivered through a hose controlled by the guards. The water was a hundred and eighty degrees, hot enough to

brew a cup of tea—or, as it soon occurred to Krzykowski, to cook a bowl of ramen noodles. (Someone had apparently tampered with the T.C.U.'s water heater.) It was later revealed that Rainey had burns on more than ninety per cent of his body, and that his skin fell off at the touch.

Krzykowski said to the nurses that, surely, there would be a criminal investigation.

“No,” one of them told her. “They’re gonna cover this up.”

In the days after Rainey’s death, Krzykowski learned from several inmates in the T.C.U. that Rainey was not the first person who had been locked in that shower; he was only the first to die there. Before this, she would have rolled her eyes had someone told her that the guards tortured inmates. She now asked herself how she could have been so blind. Nevertheless, Krzykowski did not file a report calling for the guards who killed Rainey to be held accountable—and no one else on the mental-health staff did, either. She told me, “I thought, Somebody has to report it, and it has got to come from the inside, but it’s not going to be me.” She was convinced that any employee who spoke out would be fired.

This was not an unreasonable concern. A year earlier, after George Mallinckrodt had heard about the guards stomping on the inmate, he had consulted the Web site of the Florida Department of Corrections. It stated that any employee who suspected the abuse of a prisoner was obligated to report it. He had subsequently heard from another counsellor that the attack had taken place in a hallway without cameras, and that she had witnessed it from a window that looked onto the corridor. The guards, she said, had stopped the attack when she started yelling. (These details matched accounts that Mallinckrodt later compiled from inmates.)

The counsellor had attended the staff meeting where Mallinckrodt spoke out, but she had remained silent. As incensed as she was, she later told Mallinckrodt, she did not intend to report anything, out of fear that the guards would turn on her next. Mallinckrodt’s other colleagues also did not respond to his call for action.

In July, 2011, Mallinckrodt filed an incident report with both the Florida Department of Corrections and the Florida Inspector General’s office. Around this time, a new warden, Jerry Cummings, arrived at Dade. Mallinckrodt told him about the alleged beating and other abuse that inmates had described, including instances of security officers taunting mentally ill prisoners until they screamed, banged their heads against the wall, or defecated in their cells, triggering yet more punishment from the guards. According to Mallinckrodt, Cummings responded with concern, leaving him optimistic that some changes might occur. (Cummings declined to be interviewed for this story.)

On August 31, 2011, an officer stopped Mallinckrodt at the entrance gate as he was returning from a lunch break. He’d just been fired, on the ground that he frequently took extraordinarily long lunches. Mallinckrodt does not deny this, but says that plenty of staff members did the same. (Several people confirmed to me that this was true.) Mallinckrodt was the only one who had voiced concerns about abuse.

n 2013, Krzykowski was promoted to staff counsellor, and began providing individual therapy for inmates. The work was more rewarding, but the conditions in the T.C.U. remained so stressful that her hair began to fall out in clumps. Embarrassed that her scalp was showing in spots, she took to wrapping scarves around her head.

Krzykowski recalled that, as a child, her sister had occasionally stood up to their father, whereas she had always tried to win his affection by impressing him; when this failed, as it invariably did, she retreated into herself. Now, once again, she was trapped in an environment where she felt afraid to speak out. Even observing misconduct in the T.C.U. was risky, since the guards were on alert for the presence of anyone who might potentially expose them. If abuse was happening, “the politically safest thing was to excuse yourself and go to the bathroom,” Krzykowski said. “Don’t be a witness.”




In January, 2013, one of Krzykowski’s new patients, a convicted burglar named Harold Hempstead, told her that he had information about Darren Rainey’s murder. Hempstead, a wiry man with hazel eyes, occupied a cell that was directly below the shower where Rainey was tortured. That night, he heard Rainey screaming repeatedly, “Please take me out! I can’t take it anymore!” He also heard him kick at the stall door. Eventually, there was a heavy thud, followed by the voices of guards calling for medical help. A short while later, Hempstead watched as a gurney with Rainey’s naked body on it was wheeled past his cell.

Hempstead kept a diary, and in it he had recorded the names of four other inmates who had been subjected to what he called the “shower treatment.” He had even noted the dimensions of the stall, surmising that an inmate locked inside it would likely have just enough room to avoid getting sprayed directly by the scalding water but not enough to prevent it from lapping at his feet. The stall had little ventilation, so steam built up. After nearly two hours in the shower, the steam caused Rainey to lose consciousness.

In the weeks after Rainey’s death, Hempstead told several mental-health counsellors in the T.C.U. that he felt haunted by what he had heard and seen. They warned him that if he told them too much they would have to write an incident report, which would be forwarded to security officials, exposing him—and, by implication, them—to retaliation. Around this time, two of the guards who took Rainey to the shower, including a former football player named Roland Clarke, were promoted. (Both later resigned; their files included no indication of

wrongdoing.) But Hempstead, who had been given a diagnosis of obsessive-compulsive disorder, wouldn't let the matter drop. He told Krzykowski that he had begun filing grievances about Rainey's murder.

Krzykowski wasn't sure if Hempstead, who professed to be a devout Christian, was motivated by compassion for Rainey or by a less high-minded impulse—a desire to embarrass Dade or to leverage a transfer out of the T.C.U. In the end, however, she encouraged him. “I thought that, therapeutically, writing it all down would be good for him,” she said. This advice was consistent with her general approach, which was to try to make small differences in the lives of the people under her care while ignoring problems that she lacked the power to solve. Krzykowski was the only mental-health professional at Dade who did not pressure Hempstead to remain silent about Rainey's death, and he was grateful to her. He asked Krzykowski whether she would back him up if he succeeded in drawing attention to the abuses at Dade. “I said, ‘Well, yeah,’ ” she told me. “But I didn't honestly know if I would honor that.”

 On May 17, 2014, Julie Brown, of the Miami *Herald*, published an article in the paper about the abuse of mentally ill inmates in the T.C.U. at Dade. Below the headline was a photograph of Darren Rainey, dressed in prison blues. Brown's main source was Hempstead, who had turned over copies of the complaints that Krzykowski had encouraged him to write. The article indicated that Hempstead, after being interviewed, had been threatened with solitary confinement and other forms of punishment by three corrections officers.

After the *Herald* article appeared, Jerry Cummings, the warden, was placed on administrative leave, and many people questioned whether the Department of Corrections had tried to cover up a case of lethal abuse. Far less attention was paid to why an inmate had exposed it, rather than one of the prison's mental-health or medical professionals. The duty to protect patients from harm is a core principle of medical ethics. According to the National Commission on Correctional Health Care, an offshoot of the American Medical Association which issues standards of care for prisons, any mental-health professional who is aware of abuse is obligated “to report this activity to the appropriate authorities.”

In a recent survey by the Bureau of Correctional Health Services, in New York City, more than a third of mental-health personnel working in prisons admitted to feeling “that their ethics were regularly compromised in their work setting.” There was a pervasive fear that “security staff might retaliate if health staff reported patient abuse.” Violence toward inmates flourished at the city's main prison, Rikers Island, and it was often ignored by the dozens of counsellors and psychologists on staff. One counsellor who did not ignore it was Randi Cawley. In December, 2012, she reported having seen guards beat an adolescent inmate who was handcuffed to a gurney. But other witnesses refused to confirm her account, and Cawley began receiving threats: dead flowers placed on her computer, ominous phone calls. She felt so unsafe inside Rikers that she quit.

In May, 2015, Jamie Fellner, a senior adviser at Human Rights Watch, released a report documenting the use of force in U.S. prisons against inmates with mental disabilities. The report, titled “Callous and Cruel,” offers a grim account of tools that are routinely used to incapacitate and punish the estimated three hundred and sixty thousand prisoners with serious

mental illnesses: full-body restraints, chemical sprays, stun guns, extended solitary confinement. “Mental-health staff in prisons all too often acquiesce,” Fellner told me. “There is this culture of ‘It’s none of our business’ . . . which means that nobody ends up advocating for the patient.”

Kenneth Appelbaum, a psychiatrist who spent nearly a decade as the mental-health director of the Massachusetts Department of Corrections, agrees that deference to guards is common. He also faults professional organizations such as the American Psychiatric Association for paying little attention to the ethical challenges facing their members who work in prisons. At the A.P.A.’s annual meetings, Appelbaum says, “barely one per cent of the sessions have anything to do with care and treatment in a correctional setting.” He adds, “Prisons are where so many of the sickest people with the most serious psychiatric disorders in our society end up, and as a profession we constantly lament this. Yet our professional organizations are not very engaged in asking how we should care for patients in those settings.” The lack of engagement, he says, likely reflects the fact that the vast majority of élite psychologists have no experience in prisons, and consider such work beneath them.

“Group Five may now board.”



By the time the *Herald* article on Darren Rainey’s death appeared, Krzykowski was no longer working at Dade. She had quit in 2013, and she and Steven had moved back to Missouri to be closer to his mother, who had health problems. When I met Krzykowski, in March, 2015, she told me that she had tried to forget about her experiences at the prison. But after learning about the *Herald* story Krzykowski became depressed. She couldn’t eat, and she lost so much hair that she shaved the rest off.

At our meeting, she was wearing jeans, a simple blouse, and a black wig. She recalled, “There was one particular night I couldn’t sleep because I was crying too hard, thinking, Oh, my God, all this time has gone by and I didn’t say anything, even when I was out of the situation. I let it continue. These guys are still suffering. They’re still there. Why didn’t I do more?”

In April, 2015, I had lunch in Miami with another former employee in the Dade T.C.U., a behavioral-health technician named Lovita Richardson. She told me that, when she started the job, she “couldn’t wait to get to work.” But one morning, at around ten-thirty, she walked out of the nurse’s station and saw, through a glass wall, a group of guards pummelling an inmate who was handcuffed. They took turns administering the blows while one of them stood watch. The inmate was a tiny man, “maybe a hundred and ten pounds soaking wet,” Richardson said. She stood there, in stunned silence, until the lookout guard spotted her.

She wanted to report what she'd seen, but a co-worker warned her that she would be imperilling herself. In the days that followed, the guards involved in the beating dropped by Richardson's office to tell her that they had "taken care" of everything. Their tone was polite, but the message was clear, she said: "We're running this place, this is *our* house—you're just visiting." Richardson started having nightmares, and questioned what kind of person she was. "It makes you feel like you're letting them down," she told me, tears filling her eyes. "They are at risk for their very life, and you know it, but you're not helping them out." (Disturbed by her experience at Dade, Richardson quit after less than a year on the job.)

The co-worker who advised Richardson also spoke to me, though she did not want her name to be published. She understood Richardson's feelings of guilt, because she was the mental-health counsellor who had witnessed the stomping incident. After seeing that, she recalls, "I wanted to cry—I wanted to scream." Yet, when she was instructed to fill out a report, she wrote that she hadn't seen anything.

In September, 2013, a forty-year-old inmate in the T.C.U. named Richard Mair hanged himself. A note was found tucked into the waistband of his boxer shorts. It was written in a fury—Mair called it his "FUCK THE WORLD" note—and it contained racist comments about black prisoners. But it was dominated by accusations of mistreatment in the T.C.U., which, he said, was "supposed to be therapeutic." Mair wrote that guards punished inmates by putting them on a "starvation diet," and that a crew on the night shift pulled inmates out of their cells, arranged for them to fight, and placed "bets on winners." One guard, whom Mair named, had ordered him to "strip out" and then, promising cigarettes in return, commanded, "Stick a finger in your hole." Mair refused. "He knew I'd gotten raped," he wrote, and went on, "I'm supposed to be getting help for my depression, suicidal tendencies, and I was sexually assaulted." Mair said that he filed "grievance #AW13-08-126," but a security lieutenant intercepted it. The lieutenant, Mair wrote, "slammed me against the wall, kicked me in the groin . . . and told me to keep my mouth shut or else."

The co-worker who advised Richardson found out about Mair's suicide note, and felt that his charges should be investigated. But she feared that her life would be in danger if she pursued the matter, and she was sure that she would receive no support from her supervisor, Cristina Perez.

Reached by phone, Perez declined to comment, telling me that I could direct any questions to Wexford Health Sources, the private contractor that now provides mental-health services at Dade. In 2013, Florida privatized all the health services in its prisons. According to a series of investigative articles by Pat Beall, of the Palm Beach *Post*, this policy change has resulted in grossly substandard care. One difficulty with entrusting mental-health services to a for-profit company is that there is a disincentive to acknowledge abuse, because doing so could jeopardize the contract. Wexford's Web site describes "integrity and ethics" as the "foundation" of the company's culture. Wexford, too, declined to comment.

"If they say 'Rubensesque' in their profile, they mean they're a Botero."

OCTOBER 10, 2011



Not long ago, I met with Mallinckrodt. He is six feet three, with a lanky, athletic build. Though he didn't fear for his physical safety during the three years he worked at Dade, he nearly had a nervous breakdown. When he was fired, he almost found it a relief. He, too, was plagued by awful memories, among them an exchange that he had with an inmate who kept flinging his food tray at the window of his cell, as though it were a Frisbee. After failing to persuade him to stop, Mallinckrodt concluded that the inmate was in the throes of a psychotic episode. He also noted, with surprise, that there were no food stains on the window. Only later, when he heard about inmates receiving empty meal trays as a form of punishment, did he realize that the prisoner was outraged because the guards were starving him. "I was seeing inmate abuse, but I was labelling it as 'Oh, he's psychologically compromised,'" Mallinckrodt told me. In 2015, Mallinckrodt self-published a memoir, "Getting Away with Murder." In one passage, a prisoner tells Mallinckrodt about an inmate who, after receiving an empty food tray, stuck his arm through the flap on his cell door, demanding something to eat. A guard grabbed the inmate's arm; then another officer came over and kicked the door flap, smashing the arm again and again. Mallinckrodt talks to the victim, who shows him his bruises, and reports the incident. Nothing is done.

Harriet Krzykowski also had the impulse to document her worst experiences at Dade. Halfway through our first conversation, she handed me a manuscript of fifty-two single-spaced pages. She wrote it in feverish outbursts, she said, sometimes jotting down details on her arm when she didn't have paper or a laptop nearby. She called the manuscript, which wasn't finished, a "trauma narrative." (She'd been seeing a therapist.) In it, she recalls seeing a guard repeatedly taunting an inmate by calling him Tampon, until the inmate flew into a rage. When Krzykowski asked the guard about the insult, he said, "He got his ass raped, and now he needs a tampon to stop the bleeding." Krzykowski later spoke with a nurse, who confirmed that the inmate had been sexually assaulted.

At our second meeting, Krzykowski showed me excerpts from a diary that a T.C.U. inmate had shared with her—scraps of paper that were covered in a looping, childlike script. The inmate was a convicted drug dealer with a range of physical and mental disabilities. At one point, he had been hospitalized after he had tried to swallow pieces of his wheelchair. He was a victim of

childhood abuse, and his wife and two daughters had died in a car accident. This won him no sympathy from one of the guards, who called him a “loser” and once tipped him out of his wheelchair. Krzykowski said of the inmate, “This is a *real* person, with a real life.”

Sometime later, I met Harold Hempstead, Krzykowski’s former patient, at the Columbia Correctional Institution, in Lake City, Florida. He had been transferred there in 2014, after his sister, Windy, convinced officials at Dade that his life would be in danger if he remained there. We spoke for an hour in a featureless gray room while a sergeant stood watch. Hempstead said that after Rainey’s murder several mental-health counsellors urged him to stop “obsessing” over the crime. One told him that he was being “delusional”; another cautioned him to keep any accusations “vague.” Hempstead acknowledged the pressure that mental-health counsellors in the T.C.U. were under. “Their hands were tied,” he said. But too many of them had internalized the view that the inmates in the unit deserved rough treatment. If more counsellors had been willing to stand up for the prisoners, he said, “the majority of that stuff wouldn’t have happened.”

Hempstead told me that he had a confession to make. A few weeks before Rainey died, he had informed a guard that there appeared to be dried excrement on a Koran that Rainey owned. The guard seized the Koran and, over Rainey’s protests, threw it away. Rainey later confronted Hempstead and called him an “effing cracker.” Hempstead said that he regretted talking to the guard, because losing the Koran had caused Rainey to have a breakdown that made him a target of prison staff.

The only therapist who had helped him with such feelings was Krzykowski, whom he affectionately called Ms. K. “She would actually listen,” he said. “She attempted to enroll me in some classes dealing with trauma.” He paused. “I really didn’t like to see her go.”

Earlier this year, the Miami-Dade medical examiner delivered a copy of Rainey’s autopsy report to state prosecutors. The report has not been made public, but its contents were leaked to the media. It concluded that the guards at Dade had “no intent” to harm Rainey, and that his death was “accidental.” This was technically correct—the aim of the “shower treatment” was to punish and torture Rainey, not to murder him. But the report implicitly absolved the guards, at least legally. No criminal investigation was recommended. Howard Simon, the executive director of the Florida A.C.L.U., criticized the report, telling the *Herald* that it underscored the need for a federal investigation.

At least eight other inmates in the T.C.U. endured abuse in a scalding shower. Among them was Daniel Geiger, who is now at the Lake Correctional Institute, near Clermont, Florida. When I spoke with his mother, Debra, who lives in North Carolina, she told me that she had not seen her son in several years, because prison officials had denied him visitation rights, claiming that he was dangerously unstable. She said that she had last talked to him in 2012, on the phone, shortly after he was transferred out of Dade. It was a brief conversation, and he appeared to have been overmedicated: he spoke with a slur and could not pronounce simple words. He told her that his weight had dropped from a hundred and seventy-eight pounds to a hundred and five. Although she was alarmed by this news, she did not suspect that he had been abused, only that “something was being hidden” from her. (The Department of Corrections says

that she initially “asked about visitation,” but hadn’t actually attempted to schedule a visit. When she did make a request, according to department records, she was informed that her son was “not approved for visits at that time.”)

“I would die, but I have a rent-controlled apartment.”

AUGUST 5, 2002



I told Debra Geiger that, according to several sources, her son had been forced multiple times into the same shower where Rainey had died. He was also among the inmates who had been denied meals. “I’m heartbroken,” she said, her voice cracking. When we spoke again, a few days later, she told me that she had called the Lake Correctional Institute and learned that her son was being given two psychiatric medications, to which he was allergic. Later, she sent the facility a note from her son’s former psychiatrist, Dr. James Larson, confirming the allergies. She received a two-line response, saying that the information would be forwarded to the medical staff. She has no idea if the treatment has been discontinued. “It’s hard for me to digest all of this,” she told me. She compares the treatment of mentally ill inmates to the detention of suspected terrorists at Guantánamo.

In late February, Geiger was finally permitted to visit her son. She described him to me as being “at death’s door,” a gaunt figure with sunken eyes who mistook her for his wife and growled at the guards when they called his name. His arms were skeletal—“no wider than my wrists,” she said—and there were deep-red marks on his neck. When she asked him what had happened at Dade, he peered up at the ceiling, pressed his face against the glass partition separating them, and said, “I don’t want to talk about it.” She said that when her son was taking the right combination of medications he was relatively stable—a point that she impressed on the warden before leaving. “I told him that I kept him more or less normal for thirty-three years, and you all have destroyed him in seven,” she said.

In September, 2014, Disability Rights Florida, an advocacy organization, filed a lawsuit charging the Florida Department of Corrections with subjecting mentally ill inmates at Dade to “abuse and discrimination on a systematic and regular basis.” According to the terms of a settlement reached last year, the Department of Corrections agreed to make several changes, including the installation of a new camera system at Dade, better training of guards, and the hiring of an assistant warden of mental health.

One morning this past September, I drove to Dade to meet the new assistant warden, Glenn Morris. The prison is on the outskirts of the Everglades, on a two-lane road flanked by fields and by signs advertising alligator farms and airboat rides. Morris met me at the prison's public entrance. We passed through a metal detector and beyond a heavy steel door that opened onto a cement path. After walking a quarter of a mile across the prison campus, we arrived at a cream-colored building with a sign saying "TRANSITIONAL CARE UNIT." The path wasn't shaded and, although it was early, the heat was stifling. Much to my relief, the air-conditioning inside the T.C.U. was functioning well. (Krzykowski told me that when she worked there it was often broken.) The walls were a dull gray, but the place looked clean: an orderly in faded scrubs was sweeping the cement floor. We walked down a nurses' hall and stopped at the entrance to the west wing, a cavernous chamber lined with single-person cells, each of which had a small rectangular window.

Morris told me that the inmates were out in the rec yard. He pointed to several TV sets that had been installed recently. On one wall, an inmate had painted a mural—a cheerful ocean scene.

"When I first got here, the mentality was 'This is confinement,'" Morris told me. "I had to change that." The Department of Corrections now has an "open cell" policy at Dade, which is supposed to allow lower-risk inmates to move around more freely.

Earlier, Morris had introduced me to the unit's major, a large man with a broad smile, and to several corrections officers. All of them were recent hires. When we crossed to the east side of the T.C.U., which houses inmates who are deemed more stable, a staff meeting was ending, and Morris introduced me to Cristina Perez. "She does a very good job," he said. Dressed casually in sneakers and sweatpants, Perez extended her hand. "Nice to meet you. Oh . . .," she stammered, evidently recalling that we had spoken on the phone. She smiled uneasily and walked away.

Afterward, in an office, I asked Morris if the desire to appease security might affect how well mental-health counsellors did their jobs. "Dr. Perez, I'm sure, tells her staff to report things to her," he said. "And I'm very confident that if she found out something she would report it to us." I said that I had heard otherwise. Morris rolled his eyes, telling me that he assumed my understanding came from a "disgruntled" ex-employee—meaning George Mallinckrodt. I said that other former employees had the same misgivings. "Obviously, that was way before my time," he said.

Morris came across as well-intentioned, but his assurance that inmates were getting their "basic needs" met was disputed by a source who spoke to me confidentially. Prisoners, I was told, still came to the inpatient unit of the T.C.U. and languished after being placed in what amounted to solitary confinement. Many prisoners received no treatment at all. In one case that was described to me, a young inmate afflicted with paranoia had been degenerating for more than a year. Though he was not disruptive, he had spent prolonged periods in lockdown, because he had stopped taking his medication. Nobody had encouraged him to try different medication; nobody had tried to engage him in activities that might have lessened his feelings of distrust. As a result, the source said, the patient was "undergoing a quiet decompensation where he just gets sicker and sicker."

The mental-health staff continued to defer to security, acquiescing when inmates were disciplined for misconduct that was clearly related to their illnesses. An inmate with diagnosed impulse-control problems had his privileges taken away after an outburst. Mental-health officials checked a box indicating that the inmate's issues had played no role.

Bob Greifinger, a professor at the John Jay College of Criminal Justice who studies mental-health conditions in prisons, told me that routine neglect is no less pernicious than flagrant abuse. "Most of the coercion that happens goes relatively unrecognized," he said. "There are very few people who can step back and say, 'Hey, wait a minute—the guards are trying to interfere with my taking care of my patients.'" One observer who sat in on a recent staff meeting at Dade said that the counsellors and the psychiatrists seemed "oblivious" of the mental-health needs of the inmates.

MARCH 29, 2004



The civil-rights division of the Justice Department has launched an investigation to determine whether the death of Darren Rainey is part of a broader pattern of abuse. It is not the first time that the Florida prison system has been the subject of federal scrutiny. In 2006, the secretary of Florida's Department of Corrections, James V. Crosby, was sentenced to eight years behind bars for accepting kickbacks from prison vendors. Ron McAndrew, a former warden, told me that while Crosby was in office guards regularly beat up inmates for sport. (Crosby himself was the warden of a prison where, in 1999, an inmate named Frank Valdes was brutally beaten to death.) Crosby's successor at the D.O.C., James McDonough, dismissed dozens of prison officials who were suspected of corruption. Yet tougher sentencing laws filled Florida's prisons beyond capacity, and the system was weakened by severe budget cuts. In 2011, the Correctional Medical Authority, an independent agency that monitors the medical and mental-health care of inmates, was gutted. Additional savings have come from extensive layoffs, which result in guards at many prisons having to work twelve-hour shifts. Placing the staff under such stress only increases the likelihood of abuse.

Julie Jones, the current D.O.C. secretary, has promised to change the culture of Florida's prisons. A few months after taking office, she issued a "statement on retaliation," in which she vowed that no employee "who comes forward with an issue of concern would face retaliation." On the wall of the main administrative building at Dade, I spotted a framed copy of the statement. A few months earlier, however, Jones had circulated a memo requiring all D.O.C. inspectors to sign confidentiality agreements about any investigations they conducted. Some employees viewed this as the equivalent of a gag order.

In 2013, four senior inspectors employed by the D.O.C. alleged that Randall Jordan-Aparo, an inmate at a prison south of Tallahassee, had needlessly suffocated to death. Corrections officers had sprayed Jordan-Aparo with chemicals, even though he suffered from a disorder that compromised his lungs. The inspectors also alleged that Jordan-Aparo had committed no disciplinary infractions; he had angered corrections officers by demanding medical attention. Two years ago, the inspectors sued the D.O.C. and Jeffrey Beasley, its inspector general, claiming that their inquiry had led to retaliation. (According to the Department of Corrections, the inspectors' cases were dismissed.)

Krzykowski, who now works as a counsellor at an agency for at-risk youth, was clearly appalled by the behavior of some security guards at Dade, but she didn't seem to blame them. Many of the guards she met were decent people who treated the inmates with respect, she told me. And the ones who were abusive, she suggested, acted in ways that are to be expected in a society that has resumed warehousing mentally ill people like Darren Rainey, as if they were beyond hope.

Before I left Missouri, Krzykowski told me that she wanted to take me to a place called the Glore Psychiatric Museum, in St. Joseph. The museum, which occupies a drab brick building, offers an unsettling commentary on how people with mental disabilities have been treated in the past. We walked through a series of rooms filled with arcane devices—a fever cabinet, a lobotomy table. At one point, we stood before a full-scale replica of a nineteenth-century cell at the hospital of Salpêtrière, in Paris. Michel Foucault wrote about the hospital in his 1961 book, “Madness and Civilization,” and he called the era it represented “the Great Confinement.” Krzykowski peered into the cell, a dingy chamber littered with straw, and read the label on the wall:

At the hospital of Salpêtrière the insane were kept in narrow filthy cells. . . . When frostbite resulted, as it often did, no medical help was available. Food was a ration of bread once a day, sometimes supplemented by thin gruel. The greatest indignity was the chains.

Afterward, we sat in a gazebo outside. “We don't learn very fast,” she said.

As I subsequently found out, the Glore Psychiatric Museum is situated in the medical wing of a former state psychiatric hospital. Curious to see the main compound, which closed in 1997, I went back a few days later. Following a narrow walkway shaded by pines, I arrived at a more secluded area, where the hospital's residential quarters once stood. The path ended at a security barrier. A chain-link fence topped with razor wire now encircles what the hospital once known as State Lunatic Asylum No. 2 has become: a prison. ♦

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