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The New York City jail system, with its hub on Rikers Island, manages approximately 1,000 people with serious mental illnesses on any given day, more than in all of the inpatient psychiatric units in the NYC public hospital system combined. While the volume is staggering and the implications for our society immense, the individual stories of these incarcerated men—who have been central to my experiences as a psychiatrist—are at once incredibly humbling, terrifying, and inspiring. Through them, I learned about survival and hope.

Like most jails, Rikers Island is primarily a detention center, a place originally intended to hold people charged with—not convicted of—crimes and considered too dangerous to be living in the community. For the eighty percent of detainees who are not serving a short misdemeanor sentence, the jail should be a quick stopover on the way from a judge's decision to retain them in custody to the decision to either release or transfer to prison. However, since the closure of many state psychiatric hospitals in the wake of the 1963 Community Mental Health Act and the escalation of the “war on drugs” in the 1980s, mental illness has been increasingly represented in the criminal justice system. The courts in New York City are overwhelmed, with long delays in case processing times. Rikers Island has become a jail where detainees stay for months, sometimes even years.

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I wasn't aware of much of this when I began my internship at Bellevue Hospital in 2000 and had never given much thought to the island jail hidden in Flushing Bay. When I elected to do a month-long clinical rotation on Bellevue's 19th floor—a maximum-security hospital ward and the inpatient psychiatric unit for men at Rikers Island—I was quickly introduced to a world that was unlike any other. In only a few weeks, it was clear that being a doctor there was hard and confusing. One of my first patients, a cocaine addict with bipolar disorder, had "F.T.B." tattooed in scraggly block letters across his neck and scars all over his arms. I cringed when he proudly deciphered his neck for me as "Fuck the Bitch" and then melted when he showed me the cigarette burns from his mother and the self-inflicted razor cuts to his wrists from a recent suicide attempt. The many layers of complicated emotion underneath his violent body scars were both intriguing and scary.

This story describes my complicated and painful, yet sometimes incredibly joyful, journey into the world of psychiatry in jail. The seeds of this book began in 2007, in the eighth month of my second pregnancy, only days after I left my position as a psychiatrist on the Bellevue Hospital Prison Ward to start early maternity leave. At the time, my doctor had advised me to take it easy, not so much because of a specific physical risk but because my mental state was suffering. I was not sleeping well and I was constantly anxious and fearful. I started to write about my troubled thoughts and chaotic emotions as a way to download them from my brain—an attempt to get rid of them and, I hoped, make them less scary. The decision to publish some of those thoughts and stories was not made lightly. I am still deeply embedded in this work and have no interest in jeopardizing relationships or placing blame. I wish only to show this world through my own eyes, and in doing so, bring it a little more into the light.

For most doctors, working behind bars with patients whom others see as criminals, inmates, even "bodies," is not very appealing. The barriers to relieving suffering can be overwhelming and the rewards can

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seem few and far between. Yet, while the challenge has tested my spirit, my relationships with family and friends, and even my health, I feel lucky to have been given—and taken—the opportunity to learn and grow in an environment that brings out the best and the worst. I have come to see my success as a doctor not by how well I treat mental illness but by how well I respect and honor my patients' humanity, no matter where they are or what they have done.

The worlds described in this book—both the hospital and the jail it serves—are heartbreaking at times, infuriating at others, and always compelling. These worlds can easily shape the lives of patients, staff, or officers into hardened, angry, and traumatized versions of themselves. The characters in this book, including me, have all been exposed and transformed in various ways. While some of the stories involve behavior by clinical staff and officers that may seem callous, even cruel, every action and word should be seen in the context of the whole system—a complicated tangle of courts, jails, laws, unions, bureaucracy, and public opinion—that struggles to support the men and women tasked with caring for and keeping safe a population that many would like to forget. The simpler, sometimes inevitable, path for the staff is to absorb the chaos and culture, to decide that nothing can be done. The harder road is to fight, every day, to resist that transformation and find inspiration and hope in even the most dire situations.

The events described in this book take place from the year 2000 through 2014. I witnessed much progress during those years—progress that has more recently escalated at a rapid pace—at Bellevue, at Rikers Island, and in the city. However, many of the episodes that I recount here relate to complicated personal and professional situations that, from another's perspective, could be viewed differently. They are as I remember them and not the opinions of Bellevue Hospital, the City of New York Department of Correction, or any other agency or individual. I believe that the lives and health of the patients in this system will be diminished if their stories remain hidden.

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To balance these considerations, and because my guiding principle as a physician is to “do no harm,” I have changed the names of all of the characters except myself, and in many instances, I have changed physical features and other potentially identifying characteristics as well. Some individual staff members and patients depicted are actually composites of a few people who shared the same experiences. Conversations and dialogue are primarily reconstructed from memory, with only a few exceptions, and so are susceptible to the limits of my ability to recall those details. At the end of the day, I hope that I have succeeded in presenting these compelling narratives while also respecting my colleagues and, above all, my patients.