

## **They Don't Like to Talk About That**

*Richard W. Arterberry*

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I was content living out the rest of my 20-to-life sentence. I have 44 years of it already completed – how much more can there be? I no longer attend my futile parole hearings. I have come to terms with my situation. Then they killed Louie – a prisoner, a person who lived in the bed across from mine. I did not know him very well. He was somewhat irritating. Early in the morning someone woke us up and said that they killed Louie. Louie had a bad reaction when his psychiatric medication was abruptly changed. He was acting strange for a couple days, then attempted to follow the pill nurse into the locked and secured prison pharmacy, because that was where the pills that worked were located. Louie was rushed to be examined and evaluated by one of many mental health professionals on staff available just one floor above the incident.

A memo came out a couple weeks after Louie died, but they don't like to talk about that now. Like so many other prisoners living with mental health issues (Rodriguez, 2011), when Louie sought help, he was placed in the hole. Rapidly de-compensated and acting-out, he was subdued and sprayed with a chemical agent. He was placed on Crisis Watch (constant suicide watch). He spread feces on the wall of his cell. He was again subdued by guards and sprayed with a chemical agent. In the struggle some feces got on the guards' supervisor. Consequently, Louie's face hit the wall and his nose was broken. Later that day, the guards bragged about what they did in defense of their supervisor. In their defense, this was before the guards knew that the events they had set into motion would contribute to Louie's death.

Louie was transported to a local hospital where his chemical burns and broken nose were treated. His nose was reset and packed with gauze. Remember this last sentence. One must wonder why the civilian medical professionals at the hospital were not concerned with the injuries this prisoner, in mental distress, presented. When Louie returned to the prison, he was placed in a crisis cell (in name only) in the prison infirmary, back to where this all began. Of course, since his mental state had not been addressed, he again acted out. Louie was once again sprayed with a chemical agent and then placed in 4-way restraints with all four limbs strapped to the bed, laying down on his back. He was observed by a staff member who tracked Louie's every action and move in a minute-by-minute log. The observer was just a couple feet away on the other side of the glass. The door was

closed when Louie died, his death was observed but not logged until it was too late. You cannot breathe through a gauze packed nose, you cannot clear your airway when you are strapped on your back.

This was the last straw for me. Now, I would like you (the reader) to understand this did not happen in one of those prisons on basic cable. This is a faith-based prison. “God walks the hallways”, we are told. That is what they say when citizens come for the tour. We have four chaplains instead of the standard-issue one. This prison is located in Ohio, a self-proclaimed rehabilitation enlightened state. The previous Department of Rehabilitation & Corrections Director touted “evidence-based programming” and something called “best practices”, every time his switch was turned on for an interview (Mohr, 2015). He is a “former” corporate officer of one of the largest private prison operators in the world that was here to bring corporate values to the state prison system. The reporters love him. This represents the latest effort to spin the same old worst practices as something new and savoury, which ultimately fail as is evidenced by Director Mohr’s resignation following years of encountering barriers to implement his vision (Welsh-Huggins, 2018). It is like all other prisons, worse than some, better than others, with a shiny new mission statement.

Ohio’s prisons have had a lot of reforming to do. In the 1960’s, Ohio contracted to have prisoner “volunteers” injected with live cancer cells, which was a scientific practice at the time to determine if cancer could be caught like a cold (New York Times, 1964). Nazi doctors performed similar experiments (Spitz, 2005). This experiment was one that the states of Alabama and Georgia declined to participate in. Ohio had no problem taking the contract as it was seen as being for the good of humanity and the bottom line. What could be the downside? They don’t like to talk about that now. In fact, they banned the issue of the *Columbus Dispatch* that exposed the experiment decades after the contract was fulfilled by the State. The contract will never be closed for the prisoner subjects.

The experiments took place in the Old Ohio Pen, located in downtown Columbus – a place, like those seen on basic cable and old prison movies, a place of many riots, fires, deaths and atrocities. Luckily cancer is not contagious. I wonder what they would have said if it was contagious and the disease spread beyond the overcrowded Civil War era prison. I assume they already had a good cover story ready. But they don’t like to talk about that now.

They initially got away with it, but it did come back to haunt them in April 1993 during an incident at the Southern Ohio Correctional Facility located in Lucasville, Ohio – called “Luke” for short – which replaced the Old Ohio Pen. This new state-of-the art, 1970s style prison, now called a “Correctional Facility”, was designed to emphasize rehabilitation – a new, radical concept. That lasted only a year or so as the site quickly became a shiny version of the Old Ohio Pen. Back to Easter weekend 1993, there was to be a mandatory TB testing. The new warden, an ex-FBI agent, announced it would be in the form of an injection containing phenol, an alcoholic substance that prompted Muslim prisoners to protest because its administration into their bodies would go against their faith. Other prisoners joined them as well, including those who remembered or knew prisoners who were victims of the Old Ohio Pen experiments, and were alarmed and concerned to put it mildly. They did not trust anything the administration said. All they heard was “mandatory injection”. Some thought the State, hard-up for money, signed another contract. No information was forthcoming. No trust was warranted.

In a meeting with the warden, prisoner representatives requested alternative options and were told that they would all take the shot if he personally had to administer the injections himself. Facing resistance, not so secret plans were made to lock down the prison for the testing. An uprising on 11 April 1993 during Easter weekend followed. Ten people were murdered, including nine prisoners and one guard (Lucasville Amnesty, 2012). An untold number of prisoners (because they just do not care) were tortured and traumatized (ibid).

After all the investigations were over, reports filed, order of timelines established, and action reports written, indictable offences, trials and death sentences were handed-down, event narratives and academic papers were written and even careers were made. Policies also got changed. Now the bag lunches began to be served during a prison lockdown and were packed secretly at another facility and delivered only on the day of the event. Rapid response teams, both strategic and tactical, are ready to settle the score. All commanded by a new “Critical Incident Manager” who works somewhere in a secure location. No one ever asked why did the prisoners find their conditions so hopeless and oppressive that they took over the prison. Prisoners live in a concrete box. Most of your life and possessions are in that box. The only information that comes into that box about prison

life comes from institutional staff and prisoners with first-hand knowledge. There is no trust in prison staff. Rumours were the truth. The match was struck when kitchen prisoners were tasked to make the sack lunches that are always a part of a pending prison lockdown. Your life and death are subject to the whims and competence of prison staff. Nothing has been done to ensure that at least some trust is restored. Millions have been spent to crush it when it happens again.

Back to Louie. After his death I wrote a three-page letter to the new warden expressing my concern over what happened to him. I inquired about a memorial service and expressed my concern that the administration's routine was merely business-as-usual. I noted that I felt we were in a race to the bottom since the new warden took over. The new warden was truly offended by that statement. She had no understanding that something went wrong. In our face-to-face meeting where she attempted to handle me, I was assured that she and her staff cared, but could not talk about Louie's death because of the investigations. I was assured that all was done according to policy – the Nuremberg defense. She did not see a problem and she never will. Something went wrong. They should admit it, at least to themselves just like prisoners must admit their guilt to the Parole Board before they can be considered for release. But they don't like to talk about that now. Arrogance.

A few days after my meeting with the new warden, another prisoner living with mental health issues was placed in the hole. He did not even make it into his cell. He was locked in a recreation cage prior to being processed into the hole where, in full view of the guards, security station and other prisoners, he hung himself.

One good thing came out of my talk with the new warden. At the time of our talk there was a prisoner who had been on a hunger strike for 15 days. I brought this up to her and was assured by her assistant, who apparently keeps track of such things, that they were within policy number such-and-such in terms of their (lack of) response. That was their answer. I told the new warden that after 15 days the prisoner was either nuts or serious, and asked if she wanted to bet her life and her career on a policy and the competence of the medical staff. The prisoner was transferred to the Department's mental health crisis facility within a couple days. Yes, they have such a thing, but I think the prison administrators consider it a failure on their part if they cannot handle a prisoner and "correct" him in-house without outside intervention.

I asked to be shipped-out to another prison for health reasons while fearing retaliation. I am now in a Management and Training Corporation prison contracted by the State of Ohio called the North Central Correctional Complex. I am here wondering why, never, in my 44 years of incarceration, not once, did any student, professor, researcher or anyone else for that matter take the time to talk with me or others like me. You would think they would be at least curious to examine the damage their theories have done to a prisoner after 44 years. Perhaps someone inside the system for 44 years, give or take, may just be a subject matter expert with insight and valid ideas and something to say. It seems some scholars believe that it is safer to regurgitate the “correctional” models and theories they have learned and refined, and that it is safer to teach fantasy prison than play in the real game. Better to absorb retired “correctional” administrator’s self-serving war stories allowing them to relive and rewrite their past. There are many sides to those stories, but they don’t like to talk about that.

## REFERENCES

- Lucasville Amnesty (2012) “Factual timeline based on evidence presented at trial” – June 30. Retrieved from <<http://www.lucasvilleamnesty.org/2012/06/chronology-based-on-testimony-and.html>>.
- Mohr, Gary C. (2015) “Reforming the Criminal Justice System”, *Corrections Today*, 77(6): 46-50.
- New York Times (1964) “Many scientific experts condemn ethics of cancer injection” – January 26. Retrieved from <<https://www.nytimes.com/1964/01/26/archives/many-scientific-experts-condemn-ethics-of-cancer-injection.html>>.
- Rodriguez, Sal (2011) “Fact Sheet: Psychological Effects of Solitary Confinement”, *Solitary Watch*, Washington (DC). Retrieved from <<https://solitarywatch.org/wp-content/uploads/2011/06/fact-sheet-psychological-effects-final.pdf>>.
- Spitz, Vivien (2005) *Doctors from Hell: The Horrific Account of Nazi Experiments on Humans*, Boulder: Sentient Publications.
- Welsh-Huggins, Andrew (2018) “Long-serving Ohio prisons director, Gary Mohr, steps down”, *U.S. News* – September 2. Retrieved from <<https://www.usnews.com/news/best-states/ohio/articles/2018-09-02/long-serving-ohio-prisons-director-gary-mohr-steps-down>>.

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