

# Nobody Wants A Non-Resident, Mental Escapee

**EDITORS NOTE:** Judy Harrington, second place individual winner in the recent national writing competition, and Lincoln writer in the School of Journalism, wrote the following article which concerns non-resident mental escapees. This story, which was written for the daily reporting class, was carried in many newspapers across the country and we are re-running it in the Summer Nebraskan because of the interesting approach to the subject and also because the Governor and other state legislators are attempting to promote legislation to alleviate the mental escapee problem in Nebraska.

By Judy Harrington

Patrolman Donald Krull took no special precautions when he stopped a speeding car near Seward, Nebraska. One of the two men in the car pulled a gun, shot and wounded Krull, and fled.

That was June 29, 1962. The previous day, the pair had broken out of the security section of the Jamestown, North Dakota, mental hospital.

No law officer in Nebraska could have known he should approach that car with caution. No bulletins on these escapees had reached Nebraska.

The two men fled to Colorado where one was killed in a brief gun battle with a second patrolman; the other is now in the Nebraska State Penitentiary.

This is an extreme case. But daily, somewhere, a law officer is likely to encounter a non-resident mental escapee and what may happen to that escapee seems to bear out the social fact—nobody wants a mental escapee.

### Law Loopholes

For the mental escapee who just wanders across the road from the institution, return is easy. If he is found farther out in the state, negotiation may be necessary to recommit him. But once he finds his way to another state he falls between the cracks of the law.

This happens in Nebraska and feasibly could happen in 24 other states, those which are not members of a relatively new agreement for the care and return of escapees—the Interstate

Compact on Mental Health. This agreement has been discussed in Nebraska. But while there has been no known opposition to such a compact neither has there been a push for its acceptance.

What evidence is there now that the mental escapee slips through the responsible limits of existing organizations?

Law officers understand this problem. For they, at least initially, handle escapees. One Nebraska patrolman who has encountered five such cases, describes these two instances.

Last fall a Nevada mental escapee was arrested as a vagrant near Lincoln. Nevada authorities said they would accept financial responsibility for the man at the Nevada line. "What were we to do?" the patrolman asked. "No one there pays to get him back and the man is still wandering about here."

### Escapee Wanders

Another escapee was apprehended on West O, near Lincoln. The officer said the man was unintelligible but could write enough words to indicate that he was from a hospital in Wisconsin. When notified, Wisconsin authorities said he was not wanted in their state. After a few nights at the city mission, the man left Lincoln on his own.

One officer confided that he is particularly hesitant to stop a hitch-hiker, especially if he's acting a bit strange. "Once you get them, you don't know what to do with them," he said. "If he looks like he's headed out of the state, let him go. That's where he'll wind up anyway."

Others may get only interrogation in the lawman's car, some a trip to the county attorney's office, and some a partial examination at a hospital. Most will be sent on their way if they do not appear to be immediately dangerous.

Generally records are not available to show this because there may never be a charge filed.

"But every sheriff knows

it happens," an outstate county sheriff said. "We send them on their way."

Sometimes, this means with money for transportation. For instance, a man without shoes was reported injured near a railroad track several winters ago.

### Left Alone

His possessions were a letter of transfer from a Nebraska state hospital to a hospital in Chicago, a pack of drugs, and fare to travel to Chicago. But by himself he hadn't made it 20 miles from the hospital.

After his injury, one hospital refused his admission. A second treated him for three days and released him to a county attorney. Again, he was given travel fare out of the state.

Why the reluctance to accept responsibility?

A sheriff cited this example in reply:

"If a man from Idaho, a mental escapee, is found around here, I would contact the Idaho authorities. Most likely they, or any other state, would be reluctant to bear the expense of covering this man. If our sanity board commits him to the state hospital, it will cost our county about \$180 a month for his keep. In the last year we've paid over \$60,000 for our own patients. How can we afford one not originally from our jurisdiction. Where does the out-of-state escapee go?"

The sheriff and other lawmen answered their own question—the escapee will probably go to the county or state line where he becomes someone else's delicate problem.

### Another Solution

But hospital authorities offer another solution. Many say that if the out-of-stater is committed here, that negotiation will begin with the home state for his return. But what happens if the other states refuses, or if transaction takes a number of months?

The sheriff said again: "When you call the state hospital, they ask three questions: Male or female? How old? And who's going to pay?"

The Nebraska statute provides only:

"If any patient shall escape from a state hospital for mentally ill, the superintendent shall order that an immediate search be made . . . if he is not soon found, the superintendent shall notify his home county board of mental health. If the patient is found in their county, the board members shall order him to be returned and shall issue their warrant therefore . . . unless the patient shall be discharged or unless for good reasons they shall provide otherwise for his care . . ."

Nebraska Attorney General Clarence Myer assessed the statute this way: "The law is vague and is likely to stay so."

Most of those who manage state mental institutions (and Veterans hospitals since they also have mental wards) say there are few problems attached to the proper return of such escapees. But between these answers and actual practice there lies that gap through which the escapee slips.

Escapee Unnoticed

For that period of time after his escape he is unattended and unnoticed—until someone calls the sheriff's office to say, "There's a man picking up pebbles on the highway

south of here. He says they are black diamonds. Someone ought to have a look at him."

If that someone is a doctor in a mental institution, then what happens?

Dr. Richard Gray, superintendent of the Nebraska State Hospital, said, "There is a fair exchange method with out-of-state escapees. We transfer them after temporary commitment here. Of course, we don't want to assume permanent financial responsibility for another state's patient, so we transfer him as soon as it is convenient. We may send one of our staff members with him, or, if he's well enough, we may send him by bus or train."

Veterans Hospital Director Dr. J. M. Boykin of Lincoln said, "If we have to care for an out-of-state escapee it's an unanticipated expense. We will pay to send him home and we will pay to retrieve one of our escapees if he's within the state. But if he goes to Kansas, for instance, they have to pay if we're to get him back."

A police chief supported the transfer method. "If we have an out-of-state escapee and negotiation with that state looks like it may take weeks," he said, "we'll find someone to file a complaint, have the person taken before the county sanity board and committed here. Then correspondence is the responsibility of the hospital. Transaction with some states is hopeless. We might turn him loose if he doesn't look dangerous."

Another officer suggested it would be considerable saving to spend say \$1,000 a year to transfer patients under the compact than the \$10,000 to prosecute an escapee who is ignored until he commits a crime.

### Jailing Policy

Another outstate sheriff said his policy has been to jail mental escapees and contact the sanity board. "But if they're not dangerous, we might give them a bus ticket so they'd leave. The bulletins we see from other states say transportation is guaranteed only if he's found in his home state. Once that escapee gets out of the state, he's as good as free."

But other examples are available.

A Nebraska escapee wound up in Missouri. The home county sheriff said, "We did not want to be responsible for what that boy might do in Missouri so I went and got him."

The same sheriff traveled to Wyoming to recover a Nebraska escapee and the expense was borne by the patient's guardian.

But what happens when this officer apprehends another state's escapees?

"We'll try to find transportation for him," he said. "If he's not too bad, we may turn him loose. And granted, sometimes it's just at the county line. The county will jump on me if I leave him around here."

Extradition Problem

Don Brock pointed to the extradition problem with mental escapees. Laws most generally say that no person is subject to extradition (mandatory return to against him in the state a state) until a criminal charge has been made which demands jurisdiction of him. Only to those who have been declared criminally insane could this apply.

"The law concerning apprehension and return of mental patients is inadequate," Brock said. "Per-

haps escape should be made a felony so there would be responsibility for return. Or make a uniform code, reciprocal agreements between all states."

Those who support the interstate compact, like Dr. Harold Freund, clinical director of the state hospital in Fulton, Missouri, would agree with Brock.

"Between compact states exchange works fine," Freund said. "Expense is charged to the returning state. Negotiation is much more difficult with a noncompact state. If a guardian will not pay the expense of return, then we assume responsibility at the state line. Illinois, for example, is not a compact state, so we may meet them on a bridge at the state line for exchange."

South Dakota is Nebraska's only other compact neighbor.

Dr. Cecil Baker of the Yankton State Hospital said, "If our escapee is apprehended in another state, it becomes a matter of in-agreeable to all institutions involved, he may be returned. On the other hand, he may not."

### Provides for Return

The compact does not obligate return, only provides for it. The best interests of the patient and the hospitals are paramount to the mandatory return to the home state. Exchange between noncompact states or one compact member and a noncompact state takes place more by chance than by prearranged agreement, it would appear.

Dr. James O. Cromwell, Iowa commissioner of mental health, said "If a Nebraska patient winds up in Iowa and is dangerous, we will commit him and contact Nebraska authorities. If he is to be returned, we will bear expenses. Of course, if he's not dangerous, we may never have picked him up."

Kansas Director of Institutional Management, Dr. Robert A. Haines, said the sending state must bear ex-

pense to return Kansas escapees. "And we would do the same for another state, once we verify residence."

(But here again, a hospital may list escapees as "discharged" and former residence is difficult to establish.)

More effort seems to be spent for the return of the criminally insane.

Dr. J. Douglas Sharpe, assistant superintendent for the Colorado State Hospital at Pueblo, said, "If the escapee is a felon, we will go to the ends of the globe to recover him. When apprehended, he will be returned under police escort at our expense."

### Handled Individually

"If they are not dangerous and not a felon, each case is handled individually. Yes, sometimes they are released outright. But each case should depend on the safety of the individual and society."

In spite of the intentions and methods of the law and hospitals, a great number of escapees are never recovered. An accurate comparison is not possible because bookkeeping varies from state to state. Roughly, the comparison for Nebraska and border states is this:

Nebraska, 1957-1961	Returns
Escapes (4 hospitals)	716
Returned	474
Colorado, 1957-1961	Returns
Escapes (State Hosp.)	2,553
Returned	2,298
Iowa, 1960-1962	Returns
Those on unauthoriz-	Returned
ed leave, de-	discharged
parted or changed	or separated
status	
(Iowa state hosp.)	
410	344
South Dakota, 1958-1962	Returns
Escapes (State hosp.)	146
Returned	103
Missouri, 1961-1962	Returns
Those on unauthor-	Returned
ized absence	or separated
(5 state hosp.)	
492	415
Kansas, 1961-1962	Returns
Escapes	357
Returned	257
(3 state hosp.)	

"Practically all" The Missouri statistician said that under the interstate compact, fiscal year 1961-62, Missouri received 85 escapees who were legal Missouri residents and transferred 20 back to home states under compact provisions.

Those provisions were first approved in 1955 by the Northeast State Govern-

ments Conference on Mental Health and has been adopted by 25 states. The compact is in the form of a legally binding agreement among party states, to be adhered to by uniform ratification by the legislatures.

It outlines procedures on escape bulletins, jailing, commitment, transfer and cost. While no state commits itself to provide space and treatment if facilities are unavailable, the compact does declare that no person in need of care shall be denied it on the ground that his legal residence or citizenship is elsewhere.

Parties to the compact say the results have been more satisfactory futures for the patients and more adequate protection of the public safety.

### Interstate Compact

Is the Interstate Compact on Mental Health advantageous? Does it grouch the cracks in state laws? And, if so, does Nebraska need it?

Dr. Cecil Wittson, director of the Nebraska Psychiatric Institute, agrees that the compact would be helpful, "but maybe not as necessary here as in some other states."

"Nebraska law is not specific," Wittson said, "but we have been liberal about the care of all patients. We can and do admit out-of-staters who can't afford it otherwise. The fear is that we would be taking care of more out-of-staters than we would normally."

Wittson said he had tried to introduce the compact proposal before the legislature four years ago and that it is under study again.

"The compact as a humane purpose," he said, "and when accepted by the country as a whole, it would pay dividends both in dollar terms and in terms of better care."

Meanwhile, the calls come in to police and sheriff offices: "There's a fellow picking up pebbles on the highway south of here. He says they are black diamonds. Someone ought to . . ."

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