

Chapter Title: FIGHTING PSYCHIATRIC ABUSE The BPP and the Black Disability Politics of Mental and Carceral Institutions

Book Title: Black Disability Politics

Book Author(s): SAMI SCHALK

Published by: Duke University Press. (2022)

Stable URL: <https://www.jstor.org/stable/j.ctv2vr9d7z.6>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <https://about.jstor.org/terms>



This book is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License (CC BY-NC-ND 4.0). To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>. Funding is provided by University of Wisconsin.



Duke University Press is collaborating with JSTOR to digitize, preserve and extend access to *Black Disability Politics*

JSTOR

FIGHTING PSYCHIATRIC ABUSE

The BPP and the Black Disability Politics of Mental and Carceral Institutions

Content note: This chapter contains extended discussion of psychiatric abuse in prisons and psychiatric hospitals.

On December 31, 1977, the *Black Panther* published a guest commentary article titled “Principles of Radical Psychiatry” by Claude Steiner, a white founder and practitioner of radical psychiatry. The article opens with a quote by Malcolm X and then asserts that “psychiatry is a political activity” because “the psychiatrist has an influence in the power arrangements of the relationships in which he intervenes.” Steiner argues that psychiatry and the psychiatrist can never be neutral because “when one person dominates or oppresses another, a neutral participant—especially when he is seen as an authority—becomes a participant in the domination.” Steiner goes on to state that psychiatry’s false and oppressive claim to neutrality makes marginalized people rightfully avoid psychiatric services. He then offers the alternative of radical psychiatry, writing, “A radical psychiatrist will take sides. He will advocate the side of those whom he is helping. The radical psychiatrist will not look for the wrongness within the person seeking psychiatric attention: rather, he will look for the way in which this person is being oppressed.”¹

The Black Panther Party (BPP) believed that overmedicalization of disability, illness, and disease depoliticized and individualized these experiences in ways that obscured the effect of the social and political on people’s bodyminds, especially those from oppressed groups, who are more likely

to be subject to state violence. This critique of overmedicalization was not limited to the physical alone but included the mental and psychiatric. In “Principles of Radical Psychiatry,” Steiner uses language and frameworks with which BPP members and other *Black Panther* readers would already have been familiar. For instance, he discusses internalized oppression and refers to the inner voice of internalized oppression as “the Pig,” the same term used by the Panthers to refer to police and others complicit in racist imperialist capitalist oppression. Further, Steiner writes that within radical psychiatry, anger is understood as “a healthy first step in the process of liberation rather than an ‘irrational,’ ‘neurotic,’ or otherwise undesirable reaction” and that “violence, not equivalent with anger, may be a product of demystification [the process of understanding one’s oppression], when anger is discounted.”² This framing of anger as an appropriate reaction to oppression and of violence as a valid response to the dismissal of anger produced by oppression aligns directly with arguments made by the BPP that framed Black anger as justified and in need of productive expression.³

In his concluding paragraphs, Steiner argues that rather than being “the art of soul healing . . . [t]he practice of psychiatry has been usurped by the medical establishment.”⁴ In contrast to this medical usurpation of mainstream psychiatry, Steiner asserts that “radical psychiatry is community control of soul healing. It has as its goal to demystify the oppressive practices of establishment psychiatry and the artificially generated scarcity of psychiatric resources. Radical psychiatry proposes to make psychiatric skills available to large numbers of people, so that it will be possible for people to heal each other’s alienation without needing to resort to the mystified oppression and isolation promoted by establishment psychiatry.”⁵ Once again, Steiner’s rhetoric here parallels many of the ideological positions of the BPP, such as advocating community control (of police, of clinics, of schools), serving people “body and soul,” and providing education, skills, and tools to individuals who will continue to help improve and uplift their communities—including through improving their personal well-being. This article is one concrete example of how the BPP raised awareness about and fought against psychiatric abuse, thereby participating in Black disability politics.

In the previous chapter, I argued that the BPP supported disability rights during the 504 demonstration because they understood disabled people as one of the oppressed communities, as mentioned in their ten-point platform, for which they sought freedom. As a result, the incorporation of disability into the BPP’s work, as Elaine Brown states, “wasn’t hard” because it fundamentally fit within the BPP’s overall radical liberation ideology.⁶

While the Panthers' support for the 504 sit-in marks the most direct engagement with disability rights in the BPP's history, it was neither the first nor the last time the BPP worked on issues of disability, as my discussion of the Oakland Community School in chapter 1 demonstrates. Studying the intersectional, complicated, and often obscured ways in which the BPP enacted disability politics helps document how Black disability politics have been articulated and enacted in the United States. Understanding disability politics in the work of the BPP definitively requires a disability justice approach because issues of disability within the Panthers' activism were often interlaced with issues of police brutality, access to health care, housing, incarceration, food access, and more.

This chapter addresses the Panthers' critiques of psychiatry, particularly their fight against psychiatric abuse. I use *psychiatric abuse* here as an umbrella term for oppressive or violent practices within the psychiatric industrial complex, including, but not limited to, involuntary commitment, forced pharmaceutical treatment, psychosurgery, electroshock therapy, prolonged restraint, solitary confinement, coercion, and a variety of other harmful conditions and practices within institutions, such as forced unpaid labor or the denial of access to food or human contact. Psychiatric abuse is more likely to be targeted at marginalized populations, especially people with diagnosed or assumed mental disabilities. I use *mental disability* after Margaret Price, who employs it "as an umbrella term to encompass cognitive, intellectual, and psychiatric disabilities, mental illness, m/Madness and a/Autism, as well as brain injury or psychiatric survivorship. Mental disability is not intended to replace any of these more specific terms or erase differences, but rather to enable coalition."⁷ Both of these terms are purposefully wide and inclusive because the BPP's work on these issues overlapped and intersected with the prison industrial complex, the military industrial complex, white supremacy, and state violence.

The BPP protested psychiatric abuse on a variety of fronts throughout the 1970s. On multiple occasions the Panthers worked with and/or supported mental disability and psychiatric activist groups to protest abuses within mental institutions, hospitals, and wards, including those associated with prisons. The BPP collaborated at different times with the Network against Psychiatric Assault (NAPA), the Coalition against Forced Treatment (CAFT), the Committee Opposing Psychiatric Abuse of Prisoners, and the California Mental Health Coordinating Council.⁸ The *Black Panther* also published numerous articles detailing mental disability and antipsychiatry activist work on issues like forced pharmaceutical treatment, unpaid labor

inside of mental institutions, and involuntary commitment.⁹ Although the deinstitutionalization movement to reform, downsize, or close institutions for mentally (and sometimes physically) disabled people began in the late 1960s in the United States, the movement gained more public recognition, prominence, and success in the 1970s as journalists, former (ex-)patients, consumers, survivors, and their family members exposed and spoke out against the often inhumane conditions, abuses, and neglect occurring at many state and private facilities.¹⁰ The *Black Panther* followed suit, along with other major papers during this period, by publishing stories about conditions in and lawsuits against a variety of institutions nationwide, from mental hospitals to nursing homes.¹¹ The Panthers also worked with lawyer Fred J. Hiestand on several “public interest lawsuits,” including *Black Panther Party v. Kehoe* in 1974, in which the BPP “successfully sued Oakland area nursing homes and convalescent hospitals to compel them to make public certain information about health code violations.”¹² Through political action, activist collaboration, and the publication of consciousness-raising articles and news reports, the BPP worked against the proliferation of psychiatric abuse in multiple arenas.

The most prominent matter within the Panthers’ fight against psychiatric abuse was their protest of psychosurgery. *Psychosurgery* is another umbrella term, this time referring to surgical procedures on the brain intended to have therapeutic mental and behavioral effects. The most infamous form of psychosurgery is lobotomy, which was first used in the United States in 1936 and remained a popular and respected medical practice for nearly twenty years.¹³ However, owing to botched procedures, growing lay concern, and the advent of modern psychiatric pharmacology, lobotomy specifically ceased to exist as an American medical practice by the late 1950s. Nonetheless, psychosurgery more generally continued to be used in research as well as in experimental and therapeutic procedures, notably experiencing a resurgence in the late 1960s and early 1970s.¹⁴ As Jenell M. Johnson notes in her rhetorical history of lobotomy in American culture, during this resurgence neuroscientists proposed that certain areas of the brain housed violent impulses and therefore sought “to use psychosurgery as a way to mitigate aggression and violence.” In creating these arguments, medical researchers often used racially coded language about “urban” people and used riots occurring in predominantly Black cities and neighborhoods as illustrative examples.¹⁵ The racialized nature of this language was not lost on the BPP, whose members kept up with publications in a variety of academic, scientific, and medical journals in order to share developments

and new knowledge via their intercommunal newspaper, the *Black Panther*. The paper was one of the main venues the BPP used to raise awareness about and protest psychosurgery and other forms of psychiatric abuse.¹⁶ The *Black Panther* responded strongly to the return of psychosurgery and often did so in relation to the prison industrial complex and race.

In this chapter, I detail how the BPP enacted Black disability politics via questioning the power of the psychiatric-medical industrial complex and its violent, coercive practices, especially among poor, racialized, and/or incarcerated populations. The BPP's Black disability politics entailed protesting the immense power of psychiatric and medical professionals over their patients and making important intersectional connections between institutionalized and incarcerated populations. I begin with an exploration of how the BPP made connections between prisons and mental institutions in solidarity with mentally disabled people, followed by a discussion of the BPP's arguments against psychosurgery specifically. The conclusion links the work of the BPP with the work of Black cultural workers today, in the hopes that we can affirm, learn from, and build on the Panthers' legacy.

Making Connections: Prisons and Mental Institutions

While disability studies and prison scholars have started to trace the relationship of institutionalization and incarceration historically and contemporarily, the Panthers understood this connection intimately in the 1970s because of the regular incarceration of members, who witnessed and/or experienced the use of psychiatric drugs in prisons as a means of control.¹⁷ Of particular importance is the *Black Panther*'s June 26, 1971, story "Vacaville—America's Headquarters for Medical Genocide," which detailed the medical and legal abuses occurring at the Vacaville Medical Center, part of the California state prison system. The detailed and relatively lengthy article argues that "Vacaville is reminiscent of the medical centers at the infamous Nazi concentration camps during WWII, in which bizarre 'scientific experiments' were conducted upon Nazi victims," citing specific drugs and dosages being forced on prisoners. The article further contends that "these drugs and lethal chemicals can and do permanently impair and damage the minds and bodies of its prisoners, and are administered in an attempt to destroy the revolutionary potential or the will to resist in any of the brothers who have been courageous enough to speak out against the injustices in this society.

Most men are shipped to Vacaville because they are considered 'discipline problems' at other penal institutions."¹⁸ Here the BPP directly argues that psychiatric medications are used in prisons and prison medical centers as a means of control targeted at activists and revolutionaries who protest the circumstances of their incarceration as well as the overall state of oppression in the United States, an argument repeated in later articles as well.¹⁹

The BPP's arguments are supported by historical research in the history of science and medicine such as Johnson's work cited above and Jonathan Metzler's *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Metzler's book traces the political and cultural circumstances that caused members of the American Psychiatric Association to change the diagnostic criteria for schizophrenia, redefining it from a relatively benign condition common among white housewives to a violent mental disability often directly associated with Black men, especially those involved in civil rights activism. The Panthers were astutely aware of the racialized norms of able-mindedness, which constructed "appropriate" behavior, mental states, emotions, and reactions based on white male middle-class norms.²⁰ The BPP's approach to this fight against psychiatric abuse and forced pharmaceutical treatments consistently emphasized the relationship between prisons and mental institutions, while centering the voices of those most impacted by psychiatric abuse and the prison industrial complex.

In 1976 the *Black Panther* published several letters to the editor that reasserted the similarities of and connections between prisons and mental institutions. These letters are worth quoting at length because they provide direct statements from Black individuals being held in psychiatric institutions whose voices and perspectives are too often absent from the historical record and academic writing. Importantly, in this same year, the *Black Panther* also published two articles that provided some state and federal legal context for the claims of the letter writers detailed below. One article explained the CAFT's proposed California state bill to mandate the right to refuse "psycho-organic procedures" such as psychiatric medication and psychosurgery, while the other article reported on the congressional National Commission for the Protection of Human Biomedical Behavioral Research's decision to allow the continued use of psychosurgery as an experimental research procedure.²¹ These articles demonstrate that the BPP was aware of and promoted the more macrolevel policy and political work of antipsychiatry, Mad pride, and consumer/survivor/ex-patient (C/S/X) movements while still attending to the microlevel experiences of

individual Black people who were incarcerated and institutionalized by publishing their letters in the paper.

In the first letter to the editor on these issues, published on January 24, 1976, the author, Kevin Crockett, refers to himself as “currently incarcerated in the Chester Mental Health Center” in Chester, Illinois, after being “found incompetent to stand trial for robbery in Chicago.”²² Crockett’s use of the word *incarcerated* rather than terms like *committed* or *treated* provides an initial association with prison rather than therapeutic psychiatric/medical care. Crockett continues by describing the forced treatment at the Chester Mental Health Center, explaining, “I am compelled to take medication four times a day, medication that is supposed to modify my behavior because the psychiatrist said that I have an explosive personality. I am supposed to be schizophrenic. We, the patients of Chester, have to take the medication orally, and if we refuse it, we are, through the use of force, compelled to or given a shot.”²³ Note that the particular designation of “schizophrenic” in association with an “explosive personality” for a Black man mirrors Metzler’s work on the history of schizophrenia in the United States. Crockett’s rhetoric of “supposed to be” encourages readers to question or doubt this diagnosis. He then argues against the widespread and compulsory use of psychiatric medication, contending that “mental patients confined in security hospitals who are not violent in their actions and reactions to the people in their environment should have the right to appear in court every 90 days to appeal their cases before a psychiatrist appointed by the court to review patients in general to determine if a patient needs medication. . . . [B]ecause many of us who are waiting to go to trial are competent and don’t need medication, we should have mandatory hearings every 90 days by a court appointed attorney and psychiatrist [to determine competency for trial].”²⁴ Here Crockett clearly lays out a proposed plan based on his experiences at Chester. The plan—to reevaluate a prisoner’s/patient’s need for medication and their competency for trial on a regular basis—acknowledges that some people may indeed need or desire medication, temporarily or permanently. It does not deny the reality of mental disability nor distance Blackness from it. Rather, Crockett’s proposed plan for individuals deemed incompetent to stand trial insists on the possibility of changes in mental capacity or stability and the need to frequently assess who is being forcibly confined and medicated and why. Doing so, Crockett implies, would prevent people like himself from being permanently held in psychiatric, medical, and prison institutions under the assumption that they are incompetent and therefore, apparently, not worth close attention and care. Crockett’s first letter therefore clearly reveals how

people, particularly marginalized people with limited resources, can be lost and forgotten in these intersecting institutions.

In a second letter on May 1, 1976, written by Crockett and cosigned by five other patients, Crockett charges the Chester Mental Health Center with mental health code violations and requests legal assistance from the BPP.²⁵ He reiterates the patients' experiences of forced pharmaceutical treatment, emphasizing that "medication is the only therapy we receive here as treatment."²⁶ Crockett then states, "Many of the patients are nonviolent and do not act out, but yet we are subjected to chemotherapy. Most of us patients have criminal charges pending against us and were found incompetent to stand trial by the psychiatrist and the court, and in need of mental treatment. The charge aides treat the Black patients with contempt."²⁷ The experience of Crockett and the other patients of being held and forcibly medicated in the Chester Mental Health Center against their wills in lieu of trial, potentially indefinitely, further demonstrates how mental hospitals and institutions work in conjunction with the prison industrial complex to segregate, confine, and control Black people with and without disabilities. In the earlier-mentioned Vacaville article, the *Black Panther* noted that even once people were put on trial and convicted, the time during which they were held at the Vacaville Medical Center in California "for these 'medical observations and treatments' does not count in the overall time served by an inmate in prison. For example, there is documented evidence of an inmate who was arrested in 1963 for parole violation and was immediately shipped to Vacaville. He has remained there since that time. None of this time is applicable to his record. So that in fact, according to prison records, he has yet to begin finishing his time in prison for violation of parole."²⁸ Together these stories indicate how psychiatric and medical treatment can collude with the carceral and judicial system to both indefinitely suspend the trial process for people like Crockett and extend prison sentences for people like the man who violated parole. The psychiatric industrial complex therefore emerges as a space in which to permanently contain those initially confined via the prison industrial complex under the auspices of care, performing what Eunjung Kim calls *curative violence*. Kim uses this term to describe "the physical and material violence against people with disabilities that are justified in the name of cure."²⁹ *Cure* here refers broadly to any attempt to lessen or eliminate illness or disability. Thus, curative violence recognizes that society's ableist obsession with curing disabled and chronically ill people can often be damaging, resulting in further disability, debilitation, or even death. In the case of the Chester Mental Health Center, curative violence

was enacted on prisoners/patients who were medicated without their consent and without regard to how the medication could impact their ability to stand trial in the future or otherwise advocate for themselves. By understanding the *Black Panther's* publication of these letters as public documentation of curative violence against Black people, we can recognize how the BPP's critiques of psychiatry align strongly with those in disability studies and disability rights even as their language does not always reference disability explicitly.

The connections between mental and criminal institutions are made further explicit in another letter published in the *Black Panther* on August 7, 1976. Within, the author, Rayford Anderson, writes:

So far the circumstance of "political or just plain prisoner" has been limited to prisons and jails. I will not attempt to give you a complete comparative study of life style similarities or dissimilarities of mental institutions and prisons. What I do have to say is that Atascadeso State Hospital (prison) is not a shade different from the joint. The only difference is that we don't have a gun tower overseeing the yard. Yet on second thought security is so tight they don't need a gun tower. They got the staffing gun of psychotropic medication and the brainwash tactic of institutionalization.³⁰

Here Anderson directly compares prisons and mental institutions, seemingly influenced by the BPP's position on the role of prisons as a means of social control for marginalized people. Historical evidence shows that the *Black Panther* was delivered to people in some prisons as a means of connection, education, and empowerment. There was also an official chapter of the BPP inside the Louisiana State Penitentiary at Angola. Crockett's and Anderson's letters suggest that the paper was also distributed to or sold near state hospitals and prison hospital wards.³¹ Anderson's letter indicates that the revolutionary, typically race-focused, framework regarding prisons provided by the *Black Panther* was useful in developing his own critical perspective on his confinement in a mental hospital.

While antipsychiatry, Mad pride, and C/S/X movements were already active at this time, as a Black man, Anderson was drawn more toward—or perhaps had easier access to—the political arguments of the Panthers instead. Existing studies of and books emerging from antipsychiatry, Mad pride, and C/S/X movements provide limited but clear evidence of the involvement of people of color.³² According to Linda Joy Morrison, the "core leadership" of the C/S/X movement in the 1970s were all white activists, the majority of whom were "still considered active leaders, twenty-five and thirty years later."

Writing based on her interviews with C/S/X activists in the late 1990s and early 2000s, Morrison notes that this overwhelming whiteness has continued “at the highest levels of visibility [of the movement], while at the local levels more racial and ethnic diversity is apparent.”³³ Existing scholarship, activist literature, and the letters analyzed here make clear that Black people and other people of color participated in antipsychiatry, Mad pride, and C/S/X movements. They simply were not considered leaders as often. This relative absence in the movement’s literature further underscores the historical, scholarly, and ideological importance of the *Black Panther*’s attention to Black experiences with psychiatric abuse and their particular Black disability political perspective.³⁴

As a whole, the letters of Crockett and Anderson make three things clear. One, the operations and effects of prisons and mental institutions have significant overlap. Two, the BPP’s political positions and newspaper were important for developing the critical consciousness of Black men held in psychiatric institutions and shaping their individual articulations and enactments of Black disability politics from within the prison and psychiatric industrial complexes. Finally, the publication of these letters by the BPP represents their own enactment of Black disability politics. By putting these letters in the *Black Panther*, the BPP helped Black and allied readers understand and respond to this shared oppression within these institutions. As I argued in the previous chapter, there is immense value in the distribution and influence of these ideas for Black people and allies across the United States who received the paper. By sharing Crockett’s and Anderson’s experience-based Black disability political thinking, the BPP therefore implicitly supported and advocated for people who were institutionalized or being given forced treatment. That this expression of disability solidarity is contextualized within the experience of Black people, particularly Black men, in carceral institutions only further demonstrates how Black disability politics qualitatively differ from mainstream disability rights politics and thus require a change in our scholarly and activist approaches. In other words, the BPP’s approach to disability politics looks different from much disability political work because it emerges directly from the experiences of Black people, both disabled and nondisabled, experiencing the effects of racism and ableism. To study, articulate, or enact Black disability politics, therefore, we as scholars and cultural workers must similarly ground our work in the mutually constitutive relationship of Blackness and disability as it is experienced by Black people, particularly Black disabled people, in social institutions like the law, schools, prisons, and psychiatric hospitals.

I have spent significant time emphasizing the connections the letters and articles in the *Black Panther* made between prisons and mental institutions because they collectively underscore the intersectional, multi-issue approach that the Panthers took to disability politics. Understanding the BPP's work on psychosurgery and institutions as Black disability politics means grappling with the deeply racialized, gendered, and classed dynamics of psychiatry and its role within the prison industrial complex. It is important for disability studies scholars and critical race scholars alike to not read the rhetoric in these articles and letters as merely oppression analogies.³⁵ The BPP was not using disability as a metaphor for racial oppression; rather, the Panthers understood mental disability, race, prison, and forced psychiatric treatment as inextricable, materially connected issues that could not be dealt with separately. As a result, they partnered with and published about mental disability activist groups like the NAPA, the CAFT, the Committee Opposing Psychiatric Abuse of Prisoners, and the California Mental Health Coordinating Council without needing to distinguish between what was most properly in the realm of antiracist versus anti-ableist activism. As I detailed more extensively in the previous chapter, the BPP was invested in freedom and the "power to determine the destiny of our Black *and oppressed communities*," including access to "completely free health care."³⁶ These issues were fundamentally inseparable to the BPP within their overall revolutionary ideology. In other articles the *Black Panther* focused on protesting psychosurgery more specifically, but the role of the prison industrial complex remained central to the BPP's Black disability politics.

Fighting the Return of Psychosurgery

In 1971, the same year that the article "Vacaville—America's Headquarters for Medical Genocide" appeared in the *Black Panther*, doctors from Vacaville's Psychiatric Diagnosis Unit applied for federal funds to support a psychosurgery program aimed at prisoners deemed to be "biologically violent."³⁷ When news of the planned program reached the public, Vacaville attracted national attention, becoming one of the programs that raised mainstream alarm over the potential for abuse in the return of psychosurgery.³⁸ The Black Panthers reported on this planned program in two stories titled "Burn Your Brains Out" and "Vacaville 'Medical' Facility," each of which exhorted readers to write to the facility's warden, L. J. Pope, to "let him know that we will not allow him to turn our incarcerated brothers into mindless men."³⁹ While neither of these stories used the words *psychosurgery* or *lobotomy*,

discussion of potential psychosurgery is nonetheless present. For example, “Burn Your Brains Out” details how doctors diagnosed “rebellious” inmates with “Temporal Lobe Epilepsy” and proposed that if their “serious psychological disorder” proved resistant to forced pharmaceutical treatments, then the prisoners would undergo a procedure during which “long electrode needles are inserted into the man’s brain. These needles will search out and locate that part of the brain, that lobe, which is causing the ‘seizures.’ When it is located, that portion will be burned out, electrically.”⁴⁰ This description likely refers to the psychosurgery procedure amygdalotomy. Although the funding was denied and the program never officially initiated, “it was later revealed that in 1968, three inmates at Vacaville had received amygdalotomy to treat ‘violent’ seizures,” just as the *Black Panther* article describes.⁴¹ Undoubtedly, the BPP’s accusations and fears about the Vacaville Medical Center, which coincided with the center’s attempts to begin an experimental psychosurgery program for prisoners, were far from unfounded.

Importantly, the BPP’s awareness of the injustices within Vacaville arose from the imprisonment of several members who reported back, including Black Panther leader David Hilliard.⁴² In his autobiography Hilliard describes Vacaville prisoners, stating, “Prolixin-medicated HVP—high violence potential—inmates shuffle down the halls, the drug leaving them palsied, their hands and legs constantly shaking. In some way the hold of the authorities over you here is more insidious than the brute force displayed in Folsom [State Prison].”⁴³ Later in the same chapter, the autobiography includes two brief mentions of disabled prisoners at Vacaville. First, Hilliard shares how he asked the Panthers to help ensure that a diabetic prisoner would be kept at Vacaville rather than sent to San Quentin, where he would receive no support for his chronic illness. Second, Hilliard quotes Sandy Turner, his “spiritual advisor” while he was in prison, who recalls Hilliard telling her about a newly paraplegic prisoner who had been shot in the spine during a shootout. The man was locked alone in a maximum-security cell and provided no assistance with eating, bathing, using the bathroom, or going into the yard. Hilliard personally carried the man into the yard and eventually helped get him into a nearby hospital program for paraplegics that taught bladder control.⁴⁴ Though brief, these descriptions of disability in Vacaville reveal that BPP members witnessed how disabled people, particularly Black disabled people, were at increased risk of harm and neglect within prison facilities. They also saw how psychiatric labels were used to justify medically unnecessary pharmaceutical treatment of nondisabled “high violence potential” prisoners with drugs like Prolixin (fluphenazine), which is used

to treat schizophrenia and psychosis. BPP members' experiences with prison, like Hilliard's, undoubtedly grounded and shaped the BPP's Black disability politics, particularly their fight against psychiatric abuse. For the BPP, the issue of psychosurgery was inherently tied to the racial and carceral logics of the United States. The BPP critiqued the excessive control exercised by the combined psychiatric, medical, and prison industrial complexes over Black people deemed too aggressive, violent, rebellious, or resistant for white colonialist middle-class social norms. The Panthers' legal, political, and social battles over psychosurgery occurred over several years in a variety of venues, which I now discuss in turn.

The *Black Panther's* first article to actually use the word *psychosurgery* was published on January 6, 1973. The article, titled "Tearing Out Our Thoughts: Psychosurgery and the Black Community," states directly in the second sentence, "If it is not blatantly exposed, psychosurgery could become a major tool of repression."⁴⁵ The article proceeds to provide relatively neutral, detailed information on what psychosurgery is, how the operations are performed, how it had been used on animal and human subjects in the past, and what results it had. In its final two paragraphs, the article shifts to contemporary use of psychosurgery and funding for psychosurgery research, especially among Black and poor populations, stating, "Today psychosurgeons are homing in on revolutionaries and other people who struggle against the massive oppression we are faced with. Psychosurgery could become the primary weapon used by prison wardens *and hospital administrators*."⁴⁶ I have emphasized "hospital administrators" in this sentence to highlight the obscured yet nonetheless present disability politics of this statement. In this and other early articles on psychosurgery, the *Black Panther* focuses heavily on its potential use as a means of genocide and social control targeted at so-called violent Black people, especially radical activists.⁴⁷ However, as the inclusion of hospitals in the above statement suggests, the BPP did not ignore or overlook psychosurgery's potential for abuse of disabled and sick people of any race subjected to the control of medical practitioners, who could similarly use resistance to treatment as a sign of mental disorders requiring psychosurgery. The BPP was aware of the racist, classist, *and ableist* dynamics of psychiatric treatment and the heightened potential for abuse among marginalized groups, especially those already under state control via prisons and hospitals.

Later in 1973, the BPP took their concerns to a public, quasi-legal battle when the Panthers, represented by their lawyer, Fred J. Hiestand, addressed the California State Senate in hearings about the potential creation of the

Center for the Study and Reduction of Violence at the University of California, Los Angeles (UCLA). The details of the BPP's fight against the creation of the center have already been deftly charted by Alondra Nelson in her important book *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination*. As a result, here I briefly summarize the events Nelson discusses more fully and place them within my own argument about how we can read the Panthers' work as enacting Black disability politics. The Center for the Study and Reduction of Violence was a proposed UCLA research center that was publicly supported by Governor Ronald Reagan in his state of the state address in January 1973. While the proposal for the center underwent several revisions in response to increased public scrutiny, its creators generally sought to use psychiatric and neuroscientific research to discover causes of and treatments or cures for supposedly biologically driven violent behaviors. Drafts of the proposal included planned research projects focused on urban populations, mental hospital patients, prisoners, and women.⁴⁸ The BPP, along with several other organizations such as the Committee Opposing Psychiatric Abuse of Prisoners and the California Mental Health Coordinating Council, formed a coalition to protest the creation of the center and to block its state funding. Hiestand testified as a representative of the coalition in State Senate hearings and filed an administrative complaint against the center on behalf of the coalition as well. Hiestand's testimony was directly informed by the work and ideology of the BPP. He highlighted the vagueness of the proposal, the potential for abuse among marginalized populations, and the problems with the biologization of violence. The coalition, in concert with much public outcry as well as with student and faculty protests at UCLA, was successful in preventing funding for the center, which stopped its creation entirely. In this moment the BPP actively worked with disability rights groups and women's rights groups to fight against the pathologization of oppressed communities, promoting instead a social and political approach to addressing violence, poverty, and more. This particular success, however, was not the end of the BPP's fight against psychosurgery and other psychiatric abuse.

The Panthers' final articles on psychosurgery appeared in 1977, published concurrently with stories about the 504 sit-in. These final three articles echoed the situation of Crockett and others at the Chester Mental Health Center but focused on the story of Lou Byers. The first article about Byers in the *Black Panther* was published on April 30, 1977, as a reprint from another Black newspaper, *Black Thoughts*. This first article warrants extensive quoting to relay Byers's narrative and to allow for more in-depth

analysis of the BPP's arguments and rhetoric surrounding Byers in the two subsequent articles.

Lou Broadus Byers of Oakland, California, had joined the army at age seventeen. According to the first article on Byers, "Before entering the military, Lou had not known or experienced the bitter prejudices of overt racism and prejudice. But he was rudely awakened when he got to Germany and discovered that the military was perpetuating racism at a level much more accelerated than that in the United States."⁴⁹ Disillusioned and angry, Byers began writing and calling home expressing suicidal ideation. Although his mother's calls for assistance from the Red Cross yielded no results, eventually Byers was dishonorably discharged on account of "apathy towards the military and his inability to adjust."⁵⁰ Once back in the United States, the then nineteen-year-old "expressed an obvious hatred and resentment for all Whites. Several times this resentment and U.S. military-induced hatred was displayed in minor public altercations which led to subsequent incarceration."⁵¹

In the fall of 1976, Byers violated his parole, and "to avoid being sent to prison he asked to be committed to the psychiatric ward of the American Veterans Administration Hospital in Menlo Park, California."⁵² While under observation in the psychiatric ward, Byers complained of pain in his leg, arm, jaw, and abdomen, and the doctors contacted his mother, Margerite Wallace, to ask "for parental consent to perform a spinal tap" for suspected meningitis, which was later diagnosed as herpes encephalitis.⁵³ Shortly afterward, however, the doctor also "requested permission for an experimental brain operation," explaining "that if Lou recovered he would live as a vegetable." Byers's mother asked for time to consult with family members and "at no time gave either written or verbal permission for the Veterans Hospital to perform this 'experimental brain operation' and was shocked to find him already in surgery when she got down to the hospital minutes later!"⁵⁴

The story continues by explaining, "After the operation, Lou remembered no one and referred to his mother as 'you.'"⁵⁵ Byers received little to no postoperative follow-up or treatment. Upon visiting later, his mother found Byers sitting alone by a door, "beating his head against the wall and muttering incoherent language."⁵⁶ Eventually Byers was discharged, and the article concludes, "Today, Lou lives as a vegetable unable to pronounce his own name or communicate with his family. A caseworker from the clinic used to pay occasional visits to the Wallace home in an effort to pacify and console them, while subtly discouraging any legal actions against the hospital."⁵⁷

BLACK WOMAN SUES ALAMEDA COUNTY D.A., OAKLAND POLICE

(Oakland, Calif.) - A former Black employee of the office of Alameda County District Attorney Lowell Jensen has filed a four million dollar lawsuit against Jensen and the Oakland Police Department (OPD).

In her suit, Ms. Barbara Mason charges Jensen, Donald McWilliams, and Robert Bernard of the D.A.'s office and Lt. Connie Blevins and Sgt. Clay Campbell of the OPD with:

- Conspiracy;
- Racial discrimination and retaliation;
- Defamation of character;
- Damages;
- Wrongful termination of employment;
- Violation of the 1965 Civil Rights Act; and
- Retaliation from a civil rights lawsuit.

Ms. Mason, was employed by the D.A.'s office from July, 1974, to April 18 of this year when she was unjustly fired. She contends that her firing came as a direct result of her filing a racial discrimination complaint against Jensen's office on March 9, 1976.

Her firing came after she was found guilty on dubious charges of giving false information to a police officer, for which she was fined \$71 dollars and placed on 90

days probation. Ms. Mason charges that Jensen conspired with OPD Chief George Hart and the department to concoct a criminal case against her to facilitate the termination of her employment.

At a press conference held last week, Ms. Mason explained that on March 29 of this year, Inspector Donald McWilliams was directed by Jensen to work with Lt. Connie Blevins to create a case against her. On that day, Ms. Mason's car was tagged and towed off private property (where she had been parking her car for two years), and the Black stenographer was then harassed by police over the registration of the vehicle.

When the case went to court, Ms. Mason was wrongfully convicted of giving false information to a police officer while another charge of parking on public grounds was dismissed.

Trial judge Roderic Duncan charged that the police acted illegally by towing Ms. Mason's car since it was not on public property. As Duncan explained, the owner of private property is the only person who has the right to make a complaint to tag or tow a vehicle on his grounds. The damage had been done,



BARBARA MASON announces filing of a four million dollar lawsuit against the Alameda County district attorney's office and Oakland police.

however, as Jensen, — who made a name for himself by framing Black Panther Party leader Huey P. Newton in 1968 on charges of killing a White racist Oakland cop — fired Ms. Mason on April 18 due to her conviction.

Jensen has been under fire from federal, state and county law enforcement agencies to comply with affirmative action employment procedures since the time Ms. Mason filed her complaint last year. The Law Enforcement Assistance Administration (LEAA), the California Fair Employment Practices Ad-

ministration (FEPA) and the Alameda County Office of Commission Administration (OCA) have all given Jensen specific directions to eliminate the racism in his office.

Jensen has been directed by the Alameda County OCA to establish an Affirmative Action Advisory Committee to review the practices of his office. The district attorney was given a deadline of March 1 of this year to comply with the order. As with other directives concerning racial discrimination in his office, Jensen has totally ignored this order.

Mother Of Psychosurgery Victim Appeals For Community Help



Mrs. MARGARITE WALLACE and son, LOU BYERS.

Due to extreme pressure and because she wanted to consult other members of her family, Mrs. Wallace did not give her permission for the operation. But upon her arrival at the V.A. hospital she found her son in a death-like condition, the doctor having performed the operation without her permission.

"By the time I got to the hospital," Mrs. Wallace told THE BLACK PANTHER, "Lou

was so deranged he didn't know me at all." Mrs. Wallace asked the doctors how her son "could get so sick since he was well when he went into the hospital."

A diagnosis of "schizophrenia" was given. Lou Byers stayed in the hospital for two months, during which date he received very poor treatment. He was allowed to wander throughout the hospital unattended.

"At one point during his stay," Mrs. Wallace said, "Byers left the hospital without anyone's knowledge and had to be returned by the police, who may have beaten him. Lou has been home since November 24 and is still in extreme pain and discomfort."

Byers can't count over 20 and the only way he can remember his little brother is by "nanny's baby." Many things, such as if lamp, he is unable to distinguish at all. At several points during the interview, Mrs. Wallace nearly breaks down and cried.

There were certain events which led up to Lou Byers being

placed in the V.A. hospital. One of them was his experience in the military.

Mrs. Wallace explained how she was used to call her from Fishback, Germany, where he was stationed, telling her, "I'm going home to see you and to comply with the order."

"I really believed that my son wanted to kill himself," recalled Mrs. Wallace.

"Lou told me it was hell there," she said. "He had to fight the Ku Klux Klan in the Army and against racist Germans in the Army."

Finally, he was given an "Under Honorable Discharge" and came home. With the help of his family he kicked his drug habit but the hatred built up within him led him to get into several altercations, all of them with Whites.

After a fight with some White sailors, for which he was arrested, Lou volunteered to go to the U.S. hospital instead of going

CONTINUED ON PAGE 28

FIGURE 2.1 *Black Panther* story on May 7, 1977, about psychosurgery and with a photo of Lou Byers and his mother.

After reprinting this initial story on Byers, the following week the *Black Panther* published their own article based on an interview with Byers's mother, Margarite Wallace, titled "Mother of Psychosurgery Victim Appeals for Community Help." This article, pictured in figure 2.1, includes a photo of Wallace and Byers standing together. Wallace is in a black shirt and light-colored pants on the left, standing with her lips pressed together in a straight line. Positioned slightly more forward, with his arm and shoulder covering part of Wallace's body, Byers wears an abstractly patterned colored button-up shirt, khakis, and a belt. He holds his hands low in front of his body with his head tilted down as he looks up toward the camera, unsmiling, with a mustache and trimmed beard. The image, which appears to represent the mother and son at the time of the article, depicts the two as solemn, yet put together—neither rich nor poor. Their expressions and poses do not evoke strong emotion, neither pitiful nor angry. Positioned at the top of the second column of the text, directly below the title, this image humanizes Byers and Wallace, but it does not give any strong visual cues as

to how the reader/viewer should feel before reading the article, despite the use of the words *victim* and *appeals* in the title.

In terms of content, the article briefly recaps the previous week's story and then provides new details from Wallace. The article explains that after the surgery Byers was treated poorly and ignored by staff, who allowed him to wander the hospital; at one point he even left the building entirely, only to be returned by the police. The article highlights specific details of Byers's new mental impairment, such as being unable to count above twenty or identify many everyday objects, such as a lamp. Wallace reiterates her son's threat to kill himself and expresses her belief that he was suicidal as a result of racism specifically. She states, "Lou told me it was hell there. . . . He had to fight the Ku Klux Klan in the Army and against racist Germans in the area."⁵⁸ The article concludes by noting that "the probation department is threatening to revoke his parole" and his mother is seeking "competent and concerned legal and psychiatric help" for Byers.⁵⁹

This second article emphasizes race and racism as coconstitutive of disability and disablement in three ways. First, Byers's experience of racism in the army is framed as a cause for Byers's suicidal ideation and severe mental distress, a claim that research now supports.⁶⁰ Second, Byers's race is represented as a key factor in his treatment at the hospital, both in that surgery was performed without his or his mother's permission and in that he was ignored after the psychosurgical operation. Third, Byers's mental disability resulting from the psychosurgery is framed overall as having been produced and sustained (via lack of follow-up treatment) by multiple racist and ableist social structures: the military industrial complex, which subjected him to various forms of racism and placed his bodymind at increased risk for violence; the medical industrial complex, through which doctors operated on and then abandoned him; and the prison industrial complex, which Byers sought to avoid by going to a veterans hospital for psychiatric treatment but which nevertheless remained a threat via the potential revoking of parole. In multiple ways, therefore, this interview, performed and edited by Panther members working for the paper, exemplifies the necessarily complex nature of Black disability politics in a violently racist and ableist society.

A week later the *Black Panther* published a third and final article featuring Byers called "v.A. Hospital Pays for Human Guinea Pigs: Performs Psychosurgery on Black Oakland Youth." The story first describes a classified ad from the *San Francisco Chronicle* seeking healthy male veterans for a paid research study that would involve two spinal taps over two days. The article then introduces an abbreviated version of Byers's story from previous weeks

before bringing the two examples together, arguing, “Byers’ case and the *Chronicle* ad raise serious questions about practices at the V.A. hospital. It is noteworthy that the hospital is seeking veterans for its human experimentation. The majority of Vietnam era veterans, in particular, are unemployed, thereby likely candidates for human guinea pigs.”⁶¹ Here the *Black Panther* again addresses the specific intersection of the military industrial complex, the medical industrial complex, and, now, class to highlight the potentially coercive or abusive practices of medical research and experimentation among veterans, especially those who are unemployed.

Furthermore, this article’s focus on the predatory nature of medical research studies advertising to marginalized and oppressed populations highlights a continued concern within the medical industrial complex. Harriet A. Washington writes that “geography, tradition, and culture intersect to make blacks likely research subjects for new technologies, but race and economics tend to place them outside the marketplace for these same technologies when they are perfected.”⁶² Even today people of color are more likely to be the paid participants of phase I clinical trials that test the safety of a drug or device, volunteering because of financial need, whereas white people are most likely to be the participants of phase III clinical trials that test effectiveness, volunteering because of medical need.⁶³ While not explicitly or exclusively about disabled people (though many people in later-phase clinical trials are disabled by illness and disease), the Panthers’ argument about medical research reflects a larger issue in regard to the relationship of race and disability: that developments in medicine have historically relied on the bodyminds of people of color for testing in order to primarily benefit the health and well-being of white and wealthy people. Take, for example, the development of modern gynecological methods through testing on enslaved women by Dr. Marion Sims, the use of poor and racialized populations as living educational tools at teaching hospitals, the historical reliance of medical schools on Black bodies as cadavers, or the use of Henrietta Lacks’s cells in medical research.⁶⁴ Each of these examples demonstrates that in articulating and assessing Black disability politics, we must think about not only the ways that racism and ableism collude and collaborate to target disabled, Black, and Black disabled populations but also the ways that certain disabled subjects at times benefit from the debilitation, impairment, and disablement of people of color by the medical industrial complex, even if that benefit is decades or centuries removed.

Throughout all of its articles on psychosurgery and psychiatric abuse, the *Black Panther* primarily focused on the harm and potential harm to the

bodyminds of people of color, especially to the bodyminds of disabled people of color, created by the convergence of the medical, prison, and military industrial complexes. The BPP encouraged a wariness and critical stance toward medical professionals while raising awareness about existing wrongs and centering the voices and narratives of Black disabled people. The newspaper did not argue that psychosurgery or pharmaceutical treatments were wrong because they were used on Black people who were not actually disabled; rather, the BPP contended that psychosurgery and forced pharmaceutical treatments were problematic because they were primarily being done in coercive and nonconsensual ways among prisoners, mental hospital patients, and veterans while also largely targeting Black and other people of color for experimental purposes. In other words, the BPP did not distance Blackness from disability in their fight against psychiatric abuse. The BPP did not discount the realness of psychiatric disability or the need and desire among some people for psychiatric care—a move possibly attributable to their various collaborations with the NAPA, the CAFT, the Committee Opposing Psychiatric Abuse of Prisoners, and the California Mental Health Coordinating Council. What the BPP emphasized most in their newspaper coverage of psychiatric abuse was the danger and potential harm in forced treatment, especially irreversible treatment like psychosurgery. This emphasis echoes the arguments of psychiatric disability activist groups, but in the *Black Panther* articles, psychosurgery, forced pharmaceutical treatment, and institutionalization were always discussed within the framework of race and the prison industrial complex, with additional intersections with class and the military industrial complex in the multiarticle coverage of Lou Byers. This intersectional but race-centered approach to fighting psychosurgery and other forms of psychiatric abuse distinguishes the BPP's Black disability politics from much of the work by white disabled activists of the same period. The BPP offered nuanced, contextualized, intersectional critiques that are being more widely circulated in the twenty-first century, though rarely with recognition of how the BPP was engaging the relationship of race, disability, psychiatry, and prisons in the 1970s.

Conclusion

As a whole, the Black Panthers' activism around psychiatric abuse is an excellent example of Black disability politics. The BPP collaborated with multiple mental disability activist groups, remained attentive to the relationship of mental institutions and prisons, and often centered the voices and experi-

ences of Black men subjected to psychiatric abuse and control. The Panthers' work in this area was intersectional but race centered, not based in disability identity, but contextualized (within the prison and medical industrial complexes) and holistically articulated by attending to both micro- and macrolevel change. From the numerous newspaper articles on psychiatric abuse in prisons to their involvement in the fight against the proposed UCLA Center for the Study and Reduction of Violence, the work of the BPP discussed in this chapter demonstrates that Black disability politics are also often necessarily coalitional, requiring alliances among nondisabled Black, non-Black disabled, and Black disabled people. The Panthers emphasized the connections between psychiatric facilities and prisons not to create analogies or comparisons but to build and encourage these alliances and coalitions, to trace larger operations of power, and to identify the relationships between systems of oppression in order to dismantle them. Like their work on the 504 sit-in, the Panthers' approach to protesting psychiatric abuse demonstrates how Black disability politics have been articulated in ways that do not necessarily center or explicitly name disability and yet nonetheless work in solidarity with disabled people, especially Black disabled people, and people at high risk of disablement by the violence of oppression.

In concluding here, I want to note that despite the BPP's relatively recent existence—with former leaders and members still living and several still imprisoned—the Black Panthers are often relegated to the place of lore in the mainstream. The BPP is consistently misunderstood and misrepresented in the US cultural imagination as a group of unequivocally violent, sexist/masculinist Black thugs with black berets and guns.⁶⁵ Take, for example, the conservative backlash to Beyoncé's 2016 Super Bowl performance of her song "Formation," in which the singer and her dancers wore black leotards, afros, and black berets reminiscent of the Panthers' attire, at one point raising their fists in the air. In response, conservative news outlets denounced the performance, perpetuating skewed, selective, and at times outright incorrect information about the BPP. On Fox News, former New York City mayor Rudy Giuliani claimed Beyoncé used the halftime show "as a platform to attack police officers," while Milwaukee County sheriff David A. Clarke Jr. compared the BPP to the Ku Klux Klan, referring to the Panthers as "a subversive hate group."⁶⁶ The conservative outrage resulted in social media calls to boycott Beyoncé and plans for a protest demonstration outside of the National Football League headquarters, the online component of which asked potential attendees, "Are you offended as an American that Beyoncé pulled her race-baiting stunt at the Superbowl? Do you agree that it was a slap

in the face to law enforcement? Do you agree that the Black Panthers was/is a hate group which should not be glorified?”⁶⁷ Although the demonstration ultimately had almost no attendees and Beyoncé’s career continued to soar after the performance—she even sold ironic “Boycott Beyoncé” shirts and phone cases on her Formation world tour and website—the strong reaction to her performance’s homage to the Black Panthers demonstrates a continued gross misunderstanding among many Americans about the totality of the BPP’s sixteen years of work, nationally and internationally.⁶⁸

The two chapters on the BPP in this book represent one small part of a larger effort to correct this societal misunderstanding. In particular, I align myself with scholars who seek to move away from a predominant focus on the most recognized men of the organization and the BPP’s work before 1972 and toward investigations of the work of rank-and-file members and leading female members of the Panthers, like Elaine Brown and Ericka Huggins, particularly in the later years of the BPP’s existence. This work is being done by scholars like Alondra Nelson, Robyn C. Spencer, Angela D. LeBlanc-Ernest, and Joshua Bloom and Waldo E. Martin, as well as by cultural workers like Stanley Nelson, who directed and edited the documentary *The Black Panthers: Vanguard of the Revolution*.⁶⁹ This cultural reassessment of the Panthers is especially important in the wake of the Black Lives Matter movement, which emerged initially in response to police brutality against Black people. In 2017 a leaked Federal Bureau of Investigation (FBI) report on the movement warned about “premeditated, retaliatory lethal violence against law enforcement” by “black identity extremists” (BIE) within “the BIE movement” influenced by “BIE ideology.”⁷⁰ The parallels between the FBI’s label of “black identity extremists” in the twenty-first century and that same organization’s claim in 1969 that the Panthers were the greatest internal threat to US security are striking. History, it seems, is repeating itself right in front of us. Therefore, learning from both the successes and the failures, the admirable attributes and the faults, of earlier Black activism is essential to our collective future liberation.

In the next section of this book, praxis interlude 1, I critically engage the failure of the BPP to avoid ableist language and sentiments in their fight against psychiatric abuse. Once I critique the Panthers’ ableist language in this arena, I draw on the knowledge of my contemporary interview participants as well as on disability studies scholarship to provide alternative rhetorical approaches for future Black disability political work.