

State Hospital Cemetery Restoration In Massachusetts

It's About Time

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Massachusetts Cemetery Restoration Groups:

- Danvers State Hospital
- Northampton State Hospital
- Worcester State Hospital
- Medfield State Hospital
- Metropolitan State Hospital
- Tewksbury State Hospital

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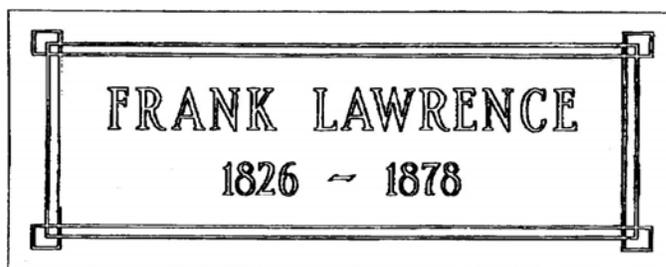
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Danvers State Memorial Committee's Cemetery Restoration Nears Completion

In the spring of 2001, the Danvers State Memorial Committee met with Marylou Sudders, DMH Commissioner, and David Perrini, Department of Capital Assets Management (DCAM) Commissioner, to advocate for money for the purchase and installation of grave markers for the two cemeteries at Danvers State Hospital. To their pleasure, in July 2001, DCAM released sufficient funds to the DMH North East Area Office that monument companies could be invited to bid on a contract. This past fall, DSMC members Sandy Fallman and Mark Giles met with bidders at the cemeteries and later helped review their proposals. The company se-

lected to do the work is Wellsmere Monumental Works, Inc. in Boston. There are 768 people buried in two cemeteries on the grounds of Danvers State Hospital. The DSMC has been able to

is preparing four large granite stones with bronze plaques listing the names and dates of birth and death for those people who can't be matched with numbered markers. The DSMC is planning an



match the names and grave numbers for 375 people in the larger cemetery. Individual grave markers are now being cut and should be installed by June 30, 2002. In addition, the company

early autumn gala and dedication ceremony for the cemeteries. Everybody who reads this newsletter will be invited to join in all the events surrounding the dedication.

Medfield State Hospital Group Wrestles with Difficult Issues

Members of the Medfield State Hospital Cemetery Restoration Group are confronting some difficult issues in their work to restore and properly memorialize the graves of former patients. Originally, the group planned to purchase and install individual markers for each grave, but Medfield State Hospital COO, Joel Skolnick, has said he would prefer

a monument with patients' names. In response, the group has researched the costs of individual markers vs. monuments and has worked to collect opinions from various consumer/survivor groups. During this process, the issue of confidentiality was raised: should patients' full names be used, or just their first names to protect theirs and their

families' privacy? These are difficult issues. It is to the credit of the Medfield group that they have sought the wisdom of consumer/survivor groups already experienced in dealing with these questions. Both issues are discussed at length on page three of this newsletter.

What's Happening Nationally ...

*Consumers/survivors and their allies in South Carolina have successfully protected a state hospital cemetery from being used as a golf course. The following excerpts from **The State** newspaper in Columbia, South Carolina chronicle their victory.*

Jan. 22, 2001 by Mike Ramsey

Scattered around Columbia are the remains of a forgotten population. Thousands of former South Carolina mental hospital residents are buried in obscurity. If anything marks their graves at all, it is a tiny stone block carved with a number. "Stigmatized in life and stigmatized in death," said Marcia Morris, a member of a group seeking to restore six graveyards where former mental health patients are buried. Around Columbia, there are more than 5,000 graves of former state mental hospital patients, dating to the early 1800's. Several lie forgotten and untouched in overgrown or barren landscapes, but one is now covered in newly sprouted grass that will serve as a landing area for golf balls. A city driving range on Slighs Avenue, meant to make golf accessible to poor children who normally wouldn't get to play, has been built over the graveyard but not opened. The number of graves at Slighs Avenue is unknown, but the area,

denoted on old maps, encompasses the size of three football fields, a large portion of the driving range.

March 9, 2001 by Mike Ramsey

The State Law Enforcement Division will investigate whether the city of Columbia should be held criminally responsible for desecrating graves by building a city driving range over them. Attorney General Charlie Condon sent a letter Thursday to SLED Chief Robert Stewart asking him to investigate who, if anyone, could be charged with the felony of desecrating graves. Condon writes that since the gravesite was marked on a property deed, city officials could be responsible for knowingly desecrating them. This announcement comes a day after city officials attempted to reach a compromise over how to keep the driving range and still bring respect to the dead.

May 10, 2001 by Jeff Wilkinson

The Columbia City Council has approved a new design for the controversial First Tee driving range on Slighs Avenue. The



revamped design, which the council requested in March, preserves the range's 250 yard length and ensures that no golf balls land in an unmarked graveyard that halted work on the project. The redesign will add about \$250,000 to the project's cost. The city has already spent about \$732,000, about half of which is for labor from city workers. Mayor Bob Coble said the extra expense ensures the project will benefit the community and be respectful of those buried in the graveyard. City Council also plans to maintain the wooded graveyard and develop a design for a "contemplative park" on the site.

A poem by Hazel Robb, written following a visit to abandoned state hospital cemeteries in Columbia, South Carolina

I had a mental illness. Did you take a tour today? Did you walk around my unmarked grave or did you see a number on a small stone?

I was a daughter, a sister, a wife, a mother, or I was a son, a brother, a husband and a father.

Yet we were not deserving enough to have our names on tomb stones. So much shame and stigma are present

if you have a mental illness.

I was taken to a State Hospital, left there, and forgotten. No one came to visit me except Doctors and Nurses. No one cared when I died, maybe a friend at the state hospital missed me, but then I was again forgotten.

I was born and died . . . no one remembered me.

Have you forgotten me?

Maybe I died in the 1800's. How could you know? Maybe before 1986 when some kind soul saw fit to put a real tomb stone on the new graves with names, birth dates and dates of death. Have you forgotten me? Did you shed a tear for me? Did you wonder "What if that had been me?" Have you forgotten me again?

Individual Gravestones vs. Monuments

Should former patients buried in state hospital cemeteries be given individual gravestones or should their names be inscribed, collectively, on a single monument of remembrance? This is a question many cemetery restoration groups, both locally and nationally, have had to deal with.

In Massachusetts, members of the Danvers State Memorial Committee are unanimous in their conviction that each of the patients buried at DSH should have an individual marker. Committee members have spent countless hours researching death records at Danvers Town Hall in an effort to match gravestone numbers with names. Their efforts have paid off with the documentation of names for 375 of the people buried in the larger of two cemeteries at DSH. Because records do not exist for the cemeteries and not all of the numbered stones can be matched with names, the group has

decided to memorialize other people buried here with monuments listing their names and dates of birth and death.

Often it is impossible to connect names with numbers on grave markers. In this case, consumer/survivor groups have opted for collective memorials. But generally, cemetery restoration groups led by consumer/survivors have felt strongly that whenever possible, individual markers with names are preferable.

The cultural norm in our society is to bury people in individual graves with their names on a marker at the site of the grave. How many of us would feel comfortable burying a loved one in an anonymous grave with their name inscribed on a collective monument at some distance from the grave. This wouldn't, by the standards of our culture, be a decent burial. So why do we even

consider doing this to former state hospital patients? If we memorialize the people buried in state hospital cemeteries differently than other people, isn't this just perpetuating the message that people with mental illness are different and it's okay to treat us differently? Don't we deserve to be remembered as people first?

The essence of institutionalization is to strip people of their identity as individuals. For instance, mental patients live on wards with 4 or 5 people in one room with no privacy, they are all marched to dinner and activities at the same time, awakened at the same time, put to bed at the same time. Individuality is sacrificed to ward routine and the rhythms of institutional life. It's bad enough when this happens to consumers/survivors in life; do we really want it to continue after their death?

Gravestones and the Question of Confidentiality

Last year, as part of their work to restore the cemeteries at Danvers State Hospital, members of the Danvers State Memorial Committee (DSMC) had a series of face to face meetings with DMH Commissioner Sudders to advocate that people should be buried with their proper names, not with numbers. In planning for their discussion with the Commissioner, they reasoned that the state might oppose the idea of having names on individual markers because it is a "breach of confidentiality". They decided to reframe this issue. They decided that putting names on grave stones was not an issue of confidentiality. It was an issue of respect. Patients had not been asked if they wanted to have their names on their grave. It was hospital policy to put

numbers on graves and that policy most probably came out of a sense of shame and a desire to protect families from the "shame of mental illness." The Danvers State Memorial Committee decided to

*DMH Commissioner agrees:
putting names on gravestones is
not an issue of confidentiality,
it is an issue of respect .*

argue that they were no longer buying into the mythology of shame. The time had come for respect. It is the norm to bury people with proper

markers and committee members wanted that same standard to apply to former patients of state hospitals. They also prepared for their advocacy on this point by taking photographs of cemeteries at state schools for people with developmental disabilities. It is more traditional in the Department of Mental Retardation to bury people with proper names, especially in the last 30 years. If confidentiality laws do not apply to DMR facilities, why should they apply to DMH cemeteries? A group of about 10 DSMC members went to meet with Commissioner Sudders and presented these arguments. The Commissioner was quite in agreement with their point of view. She supported putting individual markers with proper names at state hospital cemeteries.

Advocating for the Re-Use of State Hospital Property

Several state mental hospitals in Massachusetts have been closed and the property they were on is in various stages of being sold. It is possible that even more state hospitals will be closed in the future and those properties sold as well.

The sale of state hospital property raises some important questions for consumers/survivors and for cemetery restoration groups:

- Will the land that state hospital cemeteries are on be sold?
- What should happen to state hospital properties when they close?
- Should the buildings be torn down?
- Should the history of the state hospitals be buried under new

shopping malls and apartment complexes?

- Should the state retain the land and build affordable housing for ex-patients and other people with low incomes?
- Should the land be sold and privately developed?
- Should the state keep the money from the sale of these pristine lands or should that money go towards housing and jobs for DMH clients?

The next issue of *It's About Time* will include the story of how the Danvers State Memorial Committee has struggled to have a voice in the sale and re-use of Danvers State Hospital. Several important lessons have been learned about what consumers/survivors might

advocate for and how they can become effective participants in the decisions about the disposition of state hospital property.

Members of the Danvers State Memorial Committee pack a Citizens Advisory Committee meeting in Danvers to give themselves a voice in the re-use of state hospital property

Status of some of the closed state hospitals in Massachusetts

Boston State Hospital

- 62 acres are being used as a wildlife sanctuary by the Massachusetts Audubon Society
- 18 acres have been sold to a developer who will build housing
- 15 acres are being used by a state biologics lab
- The remaining 60 acres are

still being "master planned" before being disposed of

- The property manager is Elizabeth Bent at DCAM (ext. 416)

Foxboro State Hospital

- A re-use committee is still working to formulate a viable economic plan for the disposition of the property and it will be another 8-9 months before it goes up for sale.
- Property manager is Mary Beth Clancy at DCAM

Grafton State Hospital

- Much of the property has already been disposed of to Tufts Veterinary School, the Action Core, and a Worcester

Investment Corporation

- There will not be an RFP for the balance of the property before next year

Metropolitan State Hospital

- The property has not been advertised yet
- There will be a meeting of a Task Force, soon, to approve a final subdivision plan
- An RFP won't be issued before January 2002

Northampton State Hospital

- This property has been transferred to the Massachusetts Development Finance Agency for marketing

DCAM =
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Management
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It's About Time: Discovering, Recovering and Making Consumer/Survivor History In Massachusetts

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We're on the web!
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It's About Time is a completely consumer/survivor-run and controlled empowerment education project that seeks to advance the consumer/survivor movement and to build a stronger sense of pride and heritage in our community. The project involves significant numbers of consumers/survivors from across the state in researching and celebrating the consumer/survivor movement in Massachusetts. In addition, the project involves consumers/survivors in *making* history by restoring and properly memorializing abandoned state hospital cemeteries: training consumers/survivors to advocate for how closed hospital property should be used and how the money from the sale of the property should benefit ex-patients; and fighting stigma through TV, radio and newspaper coverage of these efforts.

Giving Names and Faces to Cemetery Restoration: Martha

Martha is buried in grave # 3 at Danvers State Hospital. She died on July 16, 1878, 27 days after her admission to the hospital. She was 74 years old. This was her first admission. She had been ill for 18 months before coming to the hospital. Her doctor had ruled out any hereditary illness and had diagnosed her with senile dementia.

Martha was born in Enfield, New Hampshire. At the time of her admission to Danvers, she was living in Haverhill, Massachusetts. She was a widow and had been working as a housekeeper. Had Martha always worked as a housekeeper or did she become one only following her husband's death? Women without husbands to support them had very few options in the 1800's. Had she and her husband lived in Enfield, the town of her birth? Or did she move to Haverhill after getting married? Little is known about Martha's life before her hospitalization. There is no record of her having family, only a brief mention of a friend who lived in New Hampshire. Did Martha have any sisters or brothers? What about children?

Martha was admitted to Danvers State Hospital on June 19, 1878. The exciting cause was listed as old age. Soon after her admission, the nursing staff made note of the fact that Martha tended to talk in a childish way and was very apt to strike out without warning. She didn't want to be confined to her bed. For a woman who had taken care of herself to the then very old age of 74, it must have been quite an indignity to be placed in a hospital and expected to remain in bed. Perhaps this is part of the reason that in early July she began attempting to beat her head against the wall and was placed in restraints. Could Martha's behavior be explained simply by her diagnosis of dementia? Whether or not she was senile, it's easy to imagine Martha feeling angry about the circumstances she found herself in.

It was also early in July that Martha began refusing to eat. Concerned about her weakness, the nurses tried feeding her three oz. of brandy every two hours. When she refused this as well, they fed her with a stomach tube. Following this, Martha began to accept food again but continued to grow weaker and weaker. The staff tried sustaining her strength with stimulants, but she continued to fail. On July 15th, Martha spent the night moaning constantly. She was given tincture of opium and this seemed to provide some relief. Did Martha have some sort of physical illness? Something that was sapping her strength and causing her pain? Whatever the case, Martha died the next day, July 16, 1878 at 8:30pm in the evening just 27 days following her admission. Given the fact of her burial in the hospital cemetery at Danvers, it's unlikely she had any family or friends with her at the time of her death. And, obviously, no family members, if there were any, stepped in to ensure a proper burial for her.

It's About Time

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