

Disability History Association Podcast

Interview with Ayah Nuriddin

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Caroline: Hello, and welcome to another episode of the Disability History Association podcast. My name is Caroline Lieffers and it's my pleasure to have Ayah Nuriddin as my guest today. Ayah is a PhD Candidate in the Department of the History of Medicine at Johns Hopkins University in Baltimore, Maryland. Ayah, thank you so much for joining me today.

Ayah: Thanks for having me.

Caroline: Oh, it's absolutely a pleasure. So today we're going to be discussing your recent article, titled "Psychiatric Jim Crow: Desegregation at the Crownsville State Hospital, 1948 to 1970," which was recently published in the *Journal of the History of Medicine and Allied Sciences*. Ayah, can you just start by telling everybody, what is Crownsville State Hospital?

Ayah: So, Crownsville State Hospital opened in 1911 as the Maryland Hospital for the Negro Insane because basically what happens in the state of Maryland prior to that is that black patients either were served by county almshouses or charitable institutions, or they were sent to the psych ward at the Baltimore City Hospital, which is now Johns Hopkins Bayview, or they were sent to Maryland - the Maryland Hospital for the Insane where they were put in segregated wards, or they lived in tents on the grounds of the hospital. And so the Maryland Lunacy Commission decided to purchase a 566-acre willow and tobacco farm in Crownsville, Maryland, which is just outside of Annapolis, that was meant to serve this growing number of African-American patients who had limited options due to segregation.

Caroline: So, from what you can, you've been able to tell over the course of your research, was it common for psychiatric hospitals in this period to be segregated?

Ayah: Yes it was actually very common. Most hospitals and medical facilities in the country were segregated in this period just in general, and so African Americans had limited options. With psychiatric hospitals, access was even more limited because some hospitals would, would not see African-American patients at all. Some would have segregated wards, and then some states like Virginia, Maryland, and Oklahoma had a single, would have a single all-black institution for mental patients. And so what happens with places like Crownsville is they sort of become a kind of, of quote unquote dumping ground, where black patients of, with all kinds of diagnoses, all kinds of conditions are just, all ages, are all just sent to one institution.

Caroline: Yeah, you mentioned that even sometimes patients with tuberculosis would be sent to Crownsville?

Ayah: Yes. Yes. So before they, before the opening of the Henryton Asylum - Sanatorium which was for black patients - it doesn't open until 1922, so it before that opens black TB patients are also just sent to Crownsville even if they don't actually have a psychiatric condition.

Caroline: I would imagine that with so many people, with so many different sets of needs, right, being served by this hospital, life at Crownsville might not have been particularly good? I mean, your article opens in the late 1940s - can you kind of paint us a picture of what it was like to be living at Crownsville in that period?

Ayah: So by the time we get to the point where I open the article, things had actually deteriorated. So when the hospital initially opens, basically it relies on patient transfers from all of these other institutions that I mentioned before. And so it quickly becomes overcrowded, because Crownsville's the only hospital for African - the only psych hospital for African-American mental patients in the entire state. And so in addition to the issue of severe overcrowding, the, the other issue was that Crownsville was chronically understaffed, mainly because white physicians and nurses weren't really interested in working in an all-black hospital. And because of segregation, African-Americans were also not allowed to work there. So it creates this interesting scenario where actually most of the clinical staff by the 1940s, most of the clinical staff are actually Jewish refugees fleeing from World War II. And so this, this combo of overcrowding and understaffing led to some pretty, pretty horrific conditions for patients.

Caroline: I mean, not to get too too graphic, but you mentioned that you came across some photos that kind of really hit home for you about, you know, what these conditions were like.

Ayah: Yeah, so one of the, I've seen photos of, where patients are just sort of packed into these really crowded wards, where you see that they're just bed, like, beds with no spaces between them, and there'd be like two or three patients to a bed. There are pictures of patients who are sort of locked in isolation rooms that are, that really just have a mat on the floor and nothing else. And in institutions that existed prior to the opening of Crownsville you'd have instances of patients just being like chained to the wall. It's really graphically horrific stuff.

Caroline: Wow, so you do mention though, that in the late 1940s, you know, obviously things at Crownsville had kind of reached this crisis point, but people started to sit up and take notice. So what happened to compel people to take an interest in Crownsville?

Ayah: So, there was certainly some awareness of the conditions at Crownsville through basically word of mouth or patients reporting things back to their families, as well as instances of patients getting letters sent into black newspapers. So one instance, one letter I found in the *Baltimore Afro-American* was a patient who described themselves, or the newspaper described them, actually, as an inmate, describing the conditions that that they suffered at Crownsville and that patients were more likely to die than be discharged. And then there was a let - a note from the editor saying that this was typical of the letters that they received from patients, indicating that this, this isn't sort of an anomaly. And so, so there's already, this is already sort of in the larger ecosystem of African-American life in Maryland.

And then I think what really exposed the situation was a series of articles in the *Baltimore Sun*. It was a series entitled "Maryland's Shame." And Maryland's Shame was an exposé of all of Maryland's state mental hospitals and it appeared in January 1949. It was written by Howard Norton, who is actually a Pulitzer Prize-winning journalist for his work exposing Maryland's unemployment compensation system. And so this exposé really highlighted the problems with all of Maryland, Maryland's mental hospitals, but also showed the particular problems that segregation created for Crownsville.

Caroline: So with all of this attention, did things start to change at Crownsville?

Ayah: Yes. So as a result of Maryland's Shame and sort of the preexisting pressures that existed from African-American activists, Crownsville begins the process of desegregating its staff. So, as I had mentioned before, previously African-Americans were not employed at Crownsville in, in any capacity. But in 1948 the superintendent, Dr. Jacob Morgenstern, who was a Jewish refugee who fled Vienna during World War II, hired the first African-American clinical staff member, who was

a psychologist named Vernon Sparks. In 1952, Sara Maddox was hired. She's one of the African-American nurses that I interviewed for the article. And from there, Crownsville started hiring more African-American staff like psychiatrists, physicians, dentists, and attendants, and this also led to the development of internship and residency programs for African-American, for African-Americans studying to be psychologists, psychiatrists, nurses, social workers, etc.

Caroline: It seems like a lot of these changes that you're describing definitely would have opened up new opportunities for black professionals, black clinical staff. What did this mean for the people who were living at the hospital? Did things get better for them as well?

Ayah: So it's, it's kind of a mixed bag. I think one of the - that a lot of folks believe that if black staff were allowed to work at the all-black hospital that they would provide a better level of care for black patients than, than white staff would. And so people see desegregating the staff as this really positive thing. I would, I think the, what it does, sort of materially, is improve the staff to patient ratio. And so this, there's a huge increase of staff, of African-American staff in the 1950s. And this led to what I call in the article the "desegregation of therapeutics," meaning that pre, therapeutics that were previously unavailable were made available because the, this desegregated professional staff was equipped to provide things that were, would have been considered state of the art in the period. And so prior to this, patients at Crownsville are mostly, sort of, confined and contained rather than actually treated. And so this increased professional staff could actually provide what was then considered state of the art treatment - so things like hydrotherapy, electroconvulsive therapy, malaria therapy, etc. Lobotomy was also an important therapeutic, but Dr. Morgenstern actually didn't think they were very effective so very few of them were performed. And these, even though these therapeutics are considered sort of state of the art, they're embedded with their own set of problematics, especially coupled with the kinds of racial and class politics that existed between practitioners and patients. So things, things improved, but they were never quite good, is maybe how I would frame that.

Caroline: Yeah, yeah, they improved perhaps in a racial dimension, in the sense that there is this desegregation of the therapeutics. But you're almost just exchanging one kind of violence for another, right?

Ayah: Yes, yes yes, exactly.

Caroline: Yeah. Do you mind if I ask a few follow-up questions about the nature of these therapeutics? [**Ayah:** Sure, absolutely]. So in your article you refer to these as quote unquote somatic therapy. Can you explain what it - for people who aren't, you know, knowledgeable about this - what is the kind of principle behind somatic therapy and how are these supposed to work?

Ayah: So somatic therapies are therapies that are used, that are supposed to act on the body as a way to improve the condition of the mind. And so the idea is that by altering or shocking or doing something to the body, mostly, somehow shocking or jolting the body, that it will improve the, or alter a psychiatric condition. And so that's the sort of underlying principle for things like electroshock therapy - or now we call it electroconvulsive therapy - that by shocking the body, the mind will sort of return to a quote unquote normal rhythm. And a lot of these therapies, even though these are considered, as I've mentioned, state of the art, a lot of them are pretty, I think it wouldn't be a stretch to call them violent on the body. So I mentioned electroconvulsive therapy, hydrotherapy is a really big therapeutic that has a very long life history at Crownsville. It's basically this kind of - patients are put in a tub of water and then wrapped in, they could either be wrapped in sheets that are soaked in water or placed in a tub of water, with the idea being that cold water or warm water would affect different kinds of psychiatric conditions differently, and so patients could be placed in a tub for a few hours or even days at a time as a way to calm, for example, a nervous

patient.

Caroline: You also mentioned malaria therapy? Can you explain what that is?

Ayah: So malaria therapy is, it's a really, it's interesting, but also very concerning. So what happens at Crownsville, and happens at a lot of other institutions as well, is that there are a lot of patients who are sent to a psychiatric hospital because they're suffering from complications of neurosyphilis. So third stage of syphilis basically begins to atrophy the brain. And so patients exhibit symptoms that people would, you know, they would call it general paresis of the insane, basically was the term for it. And what happens is that patients would be given malaria-infected blood because the, like they would, the malaria would give them a high enough fever that it would actually kill the syphilis bacteria. [**Caroline:** Gosh] So it, it actually effectively cures you of syphilis. It doesn't reduce, it doesn't actually undo any of the complications that already exist, but the patient will no longer have the syphilis bacteria. And so that was actually a pretty common therapeutic as, as well, especially before we have, before penicillin. It, it continues after the penicillin is made available. But it's a pretty, it's a pretty common therapy in a, in a, in a strange way it actually works, right, because the patient is effectively cured of syphilis, but then they have malaria that they need to be treated for, which, malaria has its own set of complications. So it's this really, it's a, it's kind of a mixed bag.

Caroline: Absolutely. Well, and I mean, we're, we're really getting at this right now, which is that disability historians of course have often made the case that psychiatric hospitals, among other kinds of medical institutions or institutions for people with disabilities, could often be these sites of oppression, isolation, even violence. So, this is a big question, but what happens when we add race to this conversation, too? What does your article make of this?

Ayah: So, race adds a layer of complexity to the already existing politics and problematics of medical institutions. And so because of prevailing beliefs about mental illness in this period and the sort of existing racial politics that African - upper, that sort of middle and upper-class African-Americans have about lower-class African-Americans being in the, desegregation puts them in these positions of power, effectively, over African-American patients, and these power dynamics kind of perpetuate the kinds of oppression and violence that existed in other contemporary institutions. But I would say that the fundamental difference with institutions like Crownsville is the way that the sort of, the ways that African-American practitioners saw their work as part of a larger project of improving the race. And so many African-Americans did not believe, for example, that white doctors, physicians, etc. could be trusted to provide quality medical care for African-American patients. And this idea provided some of the motivation and the impetus to desegregate the staff. But then, an African-American staff was still using comparable therapeutics, restraint, the similar kinds of tactics, and basically the same problematic treatment and labor regimes that were, that ultimately were oppressive to their patients. And so even though African-Americans have like a different, had a different kind of vision for what they thought the hospital could do, they're sort of constrained by the existing ways that people understand what mental health care needed to look like in that period.

Caroline: Interesting. So is it safe to say that no one was particularly interested in empowering the residents at this hospital to make their own choices about their bodies, their minds, and their therapies? Is that accurate?

Ayah: From all of the documentation that I've seen, that's not the case at all. I think there's a, a sort of belief that these, that, that African-American professionals were equipped to act in the best interest of black patients, regardless of what the patients thought for themselves.

Caroline: Can you talk a little bit more about this larger context of what your article and of course the larger historiography calls quote unquote racial uplift? So what is going on in the African-American community in this period and how is what the doctors are doing supposed to kind of benefit the race, if you will?

Ayah: So, racial uplift is a kind of broad vision that takes on a lot of different forms in the twentieth century, where African-Americans are sort of collectively, in varying forms, interested in improving the race on many levels. So there's a lot of social, political, economic, health, all kinds of different problems that are plaguing African-Americans in the 20th century, especially in the sort of, I mean, starting, really, after Reconstruction. And so people become really invested in saying we need to address x y z problems so that the race can reach its full potential. And what my other work argues is that part of these conversations about racial uplift aren't just about things like respectability and chastity and temperance and religiosity and education, which is what a lot of scholars of uplift focus on. But what I argue is that added to this is there's a sort of biological and medical component, right? That improving the actual physical bodies and minds of black people is part of this project of improving the collective race. And so there's the, that's the sort of ecosystem in which a lot of African-American medical practitioners are operating. And that's the sort of ethos of a lot of African-American or, you know, historically black institutions. This is how, this is sort of embedded in the kinds of training that people receive. So even though it, uplift takes on a lot of different forms and means different things to different people, there's this sort of collective vision that, that black people need to improve as, as a, as a, as a race, like as a population. And for some that is wrapped up in a kind of middle-class politics where middle and upper-class African-Americans have a responsibility to sort of be the stewards or the vanguards of the race and thus bring along the people that, you know, need the most help, and so they have to act in the best interests of people who are, for example, psychiatric patients or who, who are poor or who are uneducated, that it's, it becomes the responsibility of the middle class to uplift the rest of the race. [Caroline: Mmm hmm] So there's a lot of, it's a, it's a complicated idea that there's a lot of different strands of but that's sort of the, the core component as I understand it.

Caroline: No, that that makes a lot of sense. There's a couple follow up questions I want to ask about that if you don't mind me [Ayah: Sure!] going off-script a little bit. The first one is, was it common for people to be discharged from Crownsville, or if you went to Crownsville was it kind of like a life sentence?

Ayah: It was certainly a long, for most people it was long-term. There are some patients who maybe if they had an acute or had an acute episode of a condition they might say stay and then be discharged. But for the most part it's a long-term sentence. And there is, there's definitely also because of the kinds of conditions that exist there, patients could die quite regularly from things that were unrelated to the condition that brought them there in the first place. So for example tuberculosis is rampant and so a patient might go in for something unrelated, catch TB while they're hospitalized, and die from TB while they're in the hospital being treated for something else. That happens - that happened quite a bit at, at Crownsville. There is also, you would, there were also patients who would sort of be in and out a lot. They might be discharged but then they'd be back in in a couple of months. Then they'd be treated, leave again, come back in six months. There's a lot of patients that are in and out as well.

Caroline: And given the segregation politics, you know, Jim Crow era, would you say that most of the people who are in Crownsville were living in poverty before they arrived? Is that sort of part of the reason they ended up in Crownsville in the first place, was a lack of support financially or otherwise from, from their community?

Ayah: I would say so. The, the reason that I think a lot of folks end up in a state hospital generally

are because there aren't other options for care, and there's certainly not a sort of community-based form of care that exists in this period in, in Maryland. I think other places were beginning in the 1940s and 50s to think about kind of moving towards a more outpatient model. But, but when Crownsville was sort of in its, I don't want to call it heyday, but at its, when it's, when it has its peak population it's not really the dominating paradigm of mental health care. And so I think people who had other options might be able to utilize psychiatric clinics at places like Johns Hopkins or the University of Maryland. There are also private psychiatric hospitals that exist at this time that people with, that, with more resources could use, but people that don't have that kind of access essentially end up in Crownsville because that's the main organ for mental health care for African-American patients.

Caroline: Absolutely, so this is not only a story about race and about mental health - it's also a story about poverty.

Ayah: Absolutely. Absolutely.

Caroline: Yeah, that's really interesting. So over the course of this desegregation in the staff in the 1950s and into the 60s, did the hospital's patient population also desegregate?

Ayah: So there is - yes - there is efforts to desegregate. So Crownsville's patient population was completely African-American until about the early 1960s. Other hospitals in the state had begun, had begun a limited form of desegregation with patient transfer, transfers out of Crownsville to hospitals for more specialized care. So, for example, in 1956 African-American children who were designated as quote unquote feeble-minded, which is a sort of broad, catch-all term for a lot of different things, were sent to the Rosewood State Training School, and then start, starting in 1960 African-Americans designated as quote unquote criminally insane were sent to the Clifton T. Perkins Hospital for the Criminally Insane, and it was actually the only one of Maryland's state mental hospitals that began as an open institution, meaning that it was not previously segregated. [**Caroline:** Oh okay] And so you see these, there are these beginning forms of desegregation. And then in, in anticipation of a test case from the NAACP, the Commissioner for Health and Mental Hygiene is, for Maryland, Isadore Tuerk, issued the official order to desegregate all of Maryland's state mental hospitals. So at that point the state created a regional zoning system so that patients from particular counties would go to the hospital in their zone. So basically it reorganized the system along geographic rather than racial lines. And so Crownsville's zone, interestingly enough - each zone would base, each hospital would be zoned for its surrounding, surrounding counties. So Crownsville was zoned for the counties that were immediately adjacent. So Crownsville is in Anne Arundel County, Maryland - for folks who are slightly familiar with this geography. There's two or three adjacent counties: St. Mary's County, Calvert County, and Charles County. All of those are zoned for Crownsville, which is, it's in southern Maryland. But what also happens is that Crownsville's zone also included East Baltimore, which is not, which is geographically - lies in, in a different zone, which is an interesting development. So basically because of that Crownsville's patient population remains predominantly black even after desegregation. And I should also mention that even when Crownsville as an institution is desegregated, a lot of the chronic care wards remain segregated until the 1970s. [**Caroline:** Oh wow, that's really interesting.] So it's really fraught.

Caroline: Yeah, so the zones are essentially - like, to use a political term - they're gerrymandered [**Ayah:** Yes] to kind of ensure that segregation continues in a *de facto* way even if legally it's not permitted anymore.

Ayah: Exactly. It's - in the article I call it psychiatric gerrymandering, because it's it's, it's about ensuring that the population looks a certain way, and so that certain kinds of ideas can, can endure

even after the legal, even after legal obstacles are lifted.

Caroline: Yeah, yeah, yeah. So, I mean, getting into the - by this point the late 1960s - your article includes this really nicely written line which is, quote, "almost as soon as African-Americans began to win the game, the rules changed." So what happened to Crownsville and the people who lived there starting in the late 1960s?

Ayah: So basically what happens is that just as African-Americans are starting to make the state hospital system work for them, the system itself changes. And so the desegregation of Maryland's mental hospitals is part of two major, broader shifts. So it starts with - the first is the, the push for desegregation as part of a larger Civil Rights movement, where African-American organizations, activists, and, like the NAACP, among others, are working on desegregating lots of other aspects of Maryland life in the 1960s, and mental hospitals become just another location for that larger project. And so once the, once patients at Crownsville - once mental patients, mental health patients are desegregated and the new zoning system is in place, they actually start to move the patients around and transfer people, and transfer them to their, the hospital for their zone. So, for example, if someone is from, so someone who is from the Eastern Shore of Maryland, a black person from the Eastern Shore of Maryland would have been sent to Crownsville. Under the new zoning system they would be zoned for Eastern Shore state hospital. And so they get shuttled - basically they transfer them to the hospital that would have been in their original zone. And so it's kind of like, what I call it, basically, it's like hospital bussing, which in a lot of ways is similar to the kinds of bussing you see for the desegregation of schools in the same period.

The other major shift in the late 1960s, or in the 60s more broadly, is this, the state hospital model of inpatient care is, is basically in decline. And so physicians and policymakers alike believe that long-term inpatient care was costly and ultimately not as helpful to patients, and so many states move towards, sort of, outpatient or community psychiatry programs. So Crownsville partnered with Johns Hopkins Hospital and the University of Maryland Hospital to have outpatient programs in Baltimore, and then Crownsville also opened its comprehensive psychiatric center on its grounds in 1965. And so even, so, this is where it gets tricky, right, because these outpatient, these community psych programs are supposed to be more humane, and supposed to give patients a bit more autonomy, but in a lot of ways they're not adequate to support the needs of patients who are discharged from long-term residential care. And so a lot of these patients end up in halfway houses, they end up in prison, or they just end up on the street. And so less money is funding these hospitals, the state hospitals as well, because it's being funneled into these outpatient programs. And so the condition of the state hospital once again declines. And so the problems created by this new paradigm of mental health care are, are not answered by desegregation in the ways that they were before.

Caroline: And what could have been, or could be perceived as a win for, sort of, deinstitutionalization and the rights of people with disabilities or mental health issues ends up in a way actually failing them, because you talk about how without adequate supports to enable people to live the lives that they want to live, they often end up in prisons and things like that.

Ayah: Exactly. Yeah, deinstitutionalization has this kind of really complicated effect because on one hand you don't have people, you know, being forced to live in a state mental hospital for twenty or thirty years, but without adequate support there's, there's not a, it's, there's no sort of adequate, viable alternative that helps people to live their best lives. And so they get shunted into other kinds of institutions and, or, ultimately sort of fall in between the cracks.

Caroline: This is really a question about justice.

Ayah: Absolutely. Absolutely.

Caroline: Yeah, yeah, so, I mean, we've led right into this. What lessons should we take from the history of Crownsville that will speak to health care and disability rights today?

Ayah: I would say a few things. So we can, I think the big one is that, that there are so many political factors that go into shaping clinical decisions. And so Crownsville helps us to think about the role of different kinds of politics, and how they shaped the work of medical institutions, and how race and racism shape clinical, clinical work. And we can think about the, sort of, many layers of medical injustice that existed in, in this hospital and in other hospitals in, in different forms and how, how certain kinds of injustice and violence are perpetrated against patients - specifically patients from marginalized backgrounds.

And then also thinking about, like, the complicated outcomes of deinstitutionalization. Like we had just mentioned that without any sort of alternative adequate support structure, that in a lot of ways it sort of backfires, right. And then what happens particularly with Crownsville that is really useful for thinking about mental health care today is that people are, get moved into different kinds of institution, institutions, and a lot of those institutions are carceral. So I had mentioned the Clifton T. Perkins Hospital for the, for the Criminally Insane, that opened in 1960. That hospital still exists. It's now a maximum security hospital that's part of a massive prison complex in, in Jessup, Maryland. And so it's, it's, it's called a hospital, but it's effectively prison. And then, so you have a lot of patients that end up there. There's another facility in Maryland also that is specifically for holding people who have pled insanity as a legal defense and they just also are held. It's also a carceral institution, right? It's not part of the Department of Health and Mental Hygiene. It's part of the Department of Corrections. [**Caroline:** Oh, interesting.] Right. And so it tells you a lot about the ways that people are thinking about mental health more broadly. And so people, I mean, a lot of people, a lot of the patients that get discharged from these state hospitals, sometimes they're just, literally, just sent straight into a prison like, or prison-like facility or a carceral facility, which I think is, is really relevant to a lot of the, the conversations we're having today about incarceration and prison abolition, among other things, that these carceral institutions - that we just have replaced one kind of incarceration with another kind of incarceration.

Caroline: It's important that you're talking about this, yeah. So, your article draws on, really, an impressive volume of research. You have patient files - I'm impressed that you found those - hospital annual reports, and you even have a couple of oral histories. So, take me through the process a little bit about how you research and develop an article like this - how did you get started on it? Where'd the research take you?

Ayah: It's sort of, very, sort of, organically. The, it's, it originally started as a second-year paper, which is a requirement in my department, and I wanted to do some, do some local history. And I had only heard of Crownsville because my mother and grandmother who are from Baltimore originally, originally said that when they were kids if they were being bad their parents would say, "if you, if you keep acting up I'll send you to Crownsville," and that was apparently a very scary thought. And so I started doing a little reading online and came across some news articles about a, about the sort of current issues with the hospital grounds. And I came across an article by a man named Paul Lurz, who was a social worker at Crownsville and trained there, back in the 1960s, and worked there almost until it had closed. And he pointed me towards the materials at the Maryland State Archives - so the patient records, all the administrative files, all of that is all at the State Archives, and he was the one that pointed me there. And then he put me in touch with Essie Sutton and Sara Maddox, with whom I did the oral histories. And he also connected me to some of the local activists and historians who are trying to preserve the former hospital grounds and the cemetery that still exists there. And so, it started off as a project where I was interested in the

clinical practice of African-American psychiatrists because so much of the practice, so many ideas of mental health and questions of insanity and things like that are, had, sort of, really interesting racial dynamics. So I was interested in how African-American psychiatrists navigated those kinds of questions, but then I became really interested in how segregation and desegregation shaped clinical practice at the hospital.

Caroline: So the hospital closes in 2004, and you mentioned that it's basically abandoned? So there is this movement to kind of preserve the grounds - tell me more about what's going on there.

Ayah: So, when they, when the hospital closes in 2004, they effectively transfer the last four hundred patients to other facilities, and effectively kind of lock the doors. There's not really - the buildings are just sitting there. There's been some effort to add some, there's been some new facilities that have opened up on the grounds, so there's a drug addiction treatment facility that now is on the grounds, and there's also the, the local area food bank is still there. There's, but there's been, I mean, it's basically 500 acres of land that's just empty with the exception of the buildings, and so there's been efforts to have the buildings torn down. At one point they wanted to turn the area into a strip mall. And there's been a lot of resistance from - the most recent thing is, is an effort to turn the grounds into a lacrosse stadium for the local lacrosse team, and have the stadium and sports complex. And there's been a lot of resistance from the community in Crownsville, for one because it seems, for a lot of people, it seems disrespectful to the history and memory of people that lived and died at this hospital. But that also, Crownsville is still basically a very rural area and people don't, and people would like it to stay that way. It's just outside of Annapolis, so it's about seven miles from Annapolis, and Annapolis is the state capital. But it's still kind of a small town in a lot of ways, it's not a massive city, and so people want to keep this rural designation and it's really important to them.

And so there's been a lot of pushback, and a lot of this is also because, not just because of the, the grounds themselves and the buildings, but also because there's a cemetery on these grounds and there's somewhere between fifteen hundred to two thousand patients who are, who are buried there. And it's, where it's situated, it's situated on the grounds of the first, it's situated near the building of the original hospital, which is now right by where the interstate cuts through. And it was a willow farm so it's really marshy - it was really marshy and damp back there. So that affected the, sort of, natural conditions of the area. But it's currently protected by the Scenic Rivers Land Trust, but there's, there's concern that if any additional, any, if anything was built on the grounds that it would affect the cemetery. And so there's been a lot of efforts to preserve and honor and respect the memory of the patients that died there.

Every year there is a, there's an annual cleanup of the cemetery and there's a memorial service also to honor, to honor those who are still buried there. And it's, there's still even - there is a woman who's been really leading the charge. Her name is Janice Hayes-Williams and she organizes these efforts every year, and she still gets contacted by people who will say, "oh, we had a grandparent, a great aunt, a cousin who died at Crownsville, and we don't know what happened to them. Can you help us figure out if they're buried in the cemetery?" And there still - and the tricky part is, is that there is, a lot of these, a lot of the headstones don't have names, they just have numbers. And there was a ledger that had the names that corresponded with the numbers, but the ledger has since been lost [**Caroline:** Oh my goodness] and so there's people who we may never know who they are, who are buried there. And so it's, it's this really complicated history and there's a lot of really great local work to sort of try and honor and dignify the memory of those who are still buried there. But it's a really, it's a really complicated and fraught set of problems that's happening now.

Caroline: I think it's also a really interesting reminder of how psychiatric institutions like Crownsville sort of settle into the local ecosystem. They become part of the community's culture,

they become part of the sense of place, right? Is that kind of what you found in your research?

Ayah: Yeah, that's - especially with the, having the opportunity to go to some of these memorial services and cleanups and meeting people from the surrounding community. A lot of people have some kind of connection to this hospital. A lot of people in the area were volunteers. Some people were staff. There are people whose houses basically are adjacent to the grounds and they can just walk from their homes right onto the hospital grounds because family members used to work there. And so there are a lot of people who have, who feel a really personal connection with the hospital because it had such a long history in the area. It was open for almost 100 years. [**Caroline:** Wow] So you have also generations of people where, "oh yeah I worked there, my aunt worked there, so-and-so worked in this part," where you have these really entrenched histories with the hospital and people want to see some of that honored even if they don't necessarily - even if they don't, even if they want to see something done with the grounds, they still think that there's, there's some kind of respect that needs to be accorded for that memory.

Caroline: Well, I agree. Is this project part of your dissertation or is it kind of a stand-alone thing?

Ayah: Right now it's kind of a stand-alone thing. I think there are parts of this are going to be worked into a chapter of my dissertation but it's not the, it's not the focus. I think - there was a point where I was considering sort of writing an institutional history of Crownsville as, as, as a dissertation. But I've moved back to the project that I really came into graduate school interested in working on, which is how African-Americans take up questions of racial science and eugenics to make arguments about racial equality and black liberation. And so the, some of this Crownsville material is going into a chapter where I look at how public health and mental health are sort of infused with particular kinds of eugenic questions about improving the biological composition of the race by improving its health. And so like there's, I'm going to have a nice quotient, a nice chunk about mental health in there and then also looking at other kinds of public health programming and infectious disease control.

Caroline: Wow. Interesting. And what's the kind of time scale of your project? Are you starting in the late nineteenth century and moving into the, you know, the, into the twentieth century?

Ayah: Yeah, it's starting in the mid to late-nineteenth century - I'm still getting my arms around it. [**Caroline:** Yeah] Late nineteenth-century - and moving, basically I'm going into the 1970s, tracing ideas of what I'm calling like a different, like different iterations of ideas of racial science. And the, it started off as a project trying to look solely at the eugenics movement, but I'm seeing that there are these really interesting connective tissues that bleed all the way back into the, all the way back to like the 1850s and bleed forward after World War II into the ways that black people talk about black liberation in the 60s and 70s.

Caroline: Oh, that's fascinating. OK, wow, well we'll just have to stay tuned for that.

Ayah: Yes please! [Both laugh].

Caroline: I think you're going have a lineup of people wanting to read your book.

Ayah: I hope so. [Both laugh]

Caroline: So thank you so much, Ayah, for your time, for your very thoughtful research and comments on Crownsville, the staff who worked there, the people who lived there, and the people trying to preserve its memory today. This is really important history and I really appreciate you talking to us about it.

Ayah: Thanks for having me. I really enjoyed it.

Caroline: Thanks to everyone out there for listening or reading the transcript. Please join us again next time! Bye bye!

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