PATIENTS AND PRISONERS

"Homicidal loon" Phillip Paul took off. Then one patient strangled another with an electrical cord. And that was it: Life at Eastern State Hospital dramatically changed. To some, it's no longer a place to heal, but rather a grim prison from which there is no escape

BY DEANNA PAN

They found Phillip Paul three days later, on a Sunday afternoon, walking toward a two-lane country road in Goldendale, Wash., 10 miles or so from the Oregon border. He had emerged from the brush, red-faced and weary, with a backpack and an acoustic guitar slung over his shoulders.

State Patrol hovered in a chopper overhead. He was the only soul they'd seen all day as they combed the back roads and highway, passing an occasional cattle yard or languid wind farm and otherwise boundless, wheat-colored hills.

When plainclothes deputies burst onto the scene from an unmarked van, guns drawn, tensions high, an exhausted Paul sunk to his knees.

"I'm done," he said.

They cuffed him and gave him some water to drink. At the finale of the region's largest manhunt in years – a $37,000 undertaking involving local, state and federal agents – Paul's capture took less than a minute.

Paul was a patient in the forensic services unit at Eastern State Hospital in Medical Lake, one of Washington's two state-run psychiatric hospitals for adults, and until three days earlier, he was, in the words of then-hospital CEO Harold Wilson, "a fairly model patient." He had been admitted 22 years before, after pleading not guilty by reason of insanity to the murder of an elderly neighbor, a retired teacher named Ruth Mottley, in the farming town of Sunnyside, Wash., where he grew up.

The details of the crime were especially grisly: Paul had strangled the 78-year-old, slit her throat and doused her body in gasoline. He dug a shallow grave in her garden. Paul, who had been diagnosed with paranoid schizophrenia, told deputies voices in his head insisted he "kill the witch on Emerald Road."

So on Sept. 17, 2009, after hospital staff notified authorities that Paul was missing from a supervised field trip with 30 other patients to the Spokane County Interstate Fair – one minute, he was smoking a cigarette; the next, gone – local media seized on the story: A psychopathic killer was on the lam and ready to claim his next victim.

But Paul just wanted to go home.

STATE of MIND
A MENTAL HEALTH SYSTEM IN CRISIS

A few days later, during a phone interview with a local TV reporter, Paul admitted he "messed up." He said he never planned on escaping, as law enforcement officials claimed, or hurting anyone (no one was). But after more than two decades spent in the hospital, he couldn't resist the temptation to quietly slip away.

"When I got down to the fairgrounds, I just thought I'd try and go see some sunshine for a few days or something," he said. "I guess I want freedom, and it eats at me so bad sometimes."

How did this happen? How did a "homicidal loon," as *Spokesman-Review* columnist Doug Clark pondered in one of his polemics on the episode, elude his sentries? And what was Paul – along with 30 other "criminally dangerous" patients – doing at a family event in the first place? ("Here's a thought," Clark goes on in another column. "Next time Eastern State decides to make it Hannibal Lecter Day at the fair, how about letting the public know so families can skip the giant pumpkins and barnyard fun and head to a mall for a movie?")

The realization that institutionalized patients with criminally violent pasts live and work among us rocked the public consciousness. People demanded answers – from Eastern State, the Department of Social and Health Services, lawmakers, the governor – and assurance that this horror-flick fiasco would never happen again.

Meanwhile, the patients whose lives were suddenly thrust under the microscope watched as their privileges were eroded, and access to the outside world was cut off. Forensic mental health providers face a unique challenge of treating patients' mental illness, which includes helping them reintegrate into society, and ensuring public safety. But advocates say the pendulum has swung too far on the side of public safety, at the expense of patients' rights and recovery.

"The purpose of this confinement is supposed to be treatment," says Mary Pat Treuthart, a constitutional law professor at Gonzaga University. "You're putting them in the corrections system basically, when the result of their circumstances should not be punishment. ... I seriously question the constitutionality of this."

Public defenders say the process by which patients gain free-

EDITOR'S NOTE: This special report is part of our continuing "State of Mind" series delving into the issue of mental health. Besides exposing serious problems, we will also strive to tell success stories and examine potential solutions. If you have feedback or a story to share, please email us at editor@inlander.com. For the entire series, visit Inlander.com/stateofmind.

Ketema Ross, left, and David "DB" Brent wait for a bus near Eastern State Hospital in January, after receiving court permission to attend Narcotics Anonymous meetings in downtown Spokane. YOUNG KWAK PHOTO

dom is mired in bureaucratic red tape; they say their clients are stuck. Patients feel disposed of; they say they've given up hope. And when policymakers institute barriers that hamper these patients' ability to transition into the community, one has to wonder: Does it really make us safer? Or does it, as some say, do the exact opposite?

On the day we were supposed to meet, Ketema Ross called me, unusually agitated. He told me he was dragged out of bed at 8:30 in the morning by five hospital staffers who discouraged him from talking to a reporter. It was like "an ambush," he said. They warned him that he'd get taken advantage of, that he'd make the hospital look bad.

"It's a symptom of a greater problem here at the hospital where they treat us like kids," he railed. "It's very insulting, it's very degrading and it's very dehumanizing."

Administrators told me I was the first reporter to speak with a patient inside the hospital in at least 12 years. After Ross sent a letter to the American Civil Liberties Union of Washington, the hospital arranged a meeting for the two of us in a secure basement conference room below the forensic services unit.

Ross was admitted to Eastern seven years ago after pleading not guilty by reason of insanity, or "NGRI." Like Paul, Ross, who's 36, was diagnosed with paranoid schizophrenia. Like Paul, his disorder manifested in a violent crime that landed him in court and eventually institutionalization. He's clean-cut with straight teeth, a self-effacing smile and a neatly trimmed beard dusting his chin. He's built like a wide receiver – tall and sturdy with wide hands and broad shoulders – but his affect is pensive and strikingly self-possessed. He speaks somewhere between a hush and a whisper in a tranquilizing tenor that draws you in like a current – carefully, clearly.

It's been five years since Ross showed symptoms of psychosis, but his odds of getting a final release have hardly improved. This past fall, he finally obtained his first partial conditional release from the court allowing him to walk on hospital grounds unescorted. On a crisp November day, he strode back and forth from the hospital cafe to a bus stop on the grounds. It felt surreal, his first taste of freedom in years, simply existing without being watched.

Ross lives with 39 other patients on 2 South 1, one of Eastern's two long-term commitment wards for the "criminally insane." They arrive with different diagnoses, levels of stability and functioning capacity. Some charged with lesser crimes will max out of the system in a few years. Some may die here. He shoots pool with murderers, rapists and necrophiliacs. He learned early on not to ask about the others' pasts. You don't judge.

To enter 2 South 1, Ross passes through a set of secure Sally Port doors and a metal detector. On the ward, a control panel operator monitors 18 different cameras at a time on her computer screen. The gray hall is dimly lit and unnaturally quiet while the patients are away. The hospital has recently installed 75 new cameras in this ward alone.

There are two patients to a 172.5 square-foot bedroom, about the size of a college dorm room. But inside, no posters hang on the walls or curtains over the windows. Here, there are no television sets, videogames, lamps, computers or books. Just two parallel twin beds separated by a steel cabinet and a desk. Ross doesn't bother hanging photos on a set of bulletin boards. (As soon as he does, he figures, pushpins will be banned from the ward.) A laundry basket full of socks and underwear sits on a chair. Everything must be picked up off the floor.

"We try to make this as much as a living experience as we possibly can," explains Bob Mair, the forensics services unit nurse manager.

Days begin and end largely the same: Coffee is served between 7:10 and 7:30 am. Breakfast is at 7:45, along with morning medications. A medstation dispenses 21,000 pills in a single month. Yard starts at 8:15. At 8:50, staff inspects every bedroom. From 9:05 until 2 pm, Ross goes to the "treatment mall" across the street where patients take classes in anger management, pharma-

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After a three-day manhunt, deputies captured Phillip Paul, then a patient at Eastern State Hospital, in the Goldendale, Wash., area. SPOKANE COUNTY SHERIFF'S OFFICE

"PATIENTS AND PRISONERS," CONTINUED...

ceutical education and substance abuse addiction, but also in volleyball, table games, billiards and basket weaving. In one class, patients watch TED Talks; in another, they read magazines; in a third, they scour Ancestry.com for distant relatives. As far as psychiatric treatment goes, Ross says he spends an hour a week with a counselor – a session he specifically requested. Most patients don't have this one-on-one time with their therapists.

At 3 pm, he checks his mail. At 3:30, he's back in the yard. Dinner starts at 4:20 on the ward or 5 in the patient dining room; at 6, they can visit the store. At 7, the weight room opens. The day ends with snacks at 8. Ross is in bed by 10. And on and on.

Learning to live at Eastern as a forensic patient is like a grieving process, says Ross: First there's the denial. You arrive thinking you're an exception to the rule, that despite your maximum lifelong sentence, you'll prove to your judge that you've recovered, that you're no longer dangerous. You aren't like *those* people – the chronically mentally ill. You think you'll be out the door in less than a year.

But that doesn't happen. So then comes the anger – at your attorney, the hospital and the criminal justice system. You bargain for your release. You petition the court every six months. You try to work the "levels system" at the hospital. And if you're Ross, you eventually accept the inevitable truth: You may very well live under DSHS supervision for the rest of your life.

"Is it right?" Ross asks me from the other side of the conference table. "If this happened to you, is this the way you'd want to be treated? If this happened to your son, your mother, your father, your daughter, is this the way you'd want them to be treated? Would you want to be forgotten, ignored, marginalized to the point where you are literally voiceless. … Is that right?"

LETTERS
Send comments to editor@inlander.com.

At one time, Ross was a promising law student with a scholarship to Yale. He admired Thurgood Marshall and had dreams of becoming a Supreme Court justice. But during his first year at Yale Law, his mental health began to deteriorate. He believed the FBI and the CIA were using satellites to beam messages into his mind. His paranoia drove him into deeper isolation. He went to one class during his second year of school before he dropped out.

Ross flew to Thailand. He thought he'd get a job teaching English but instead "completely lost touch with reality." He started responding to the voices in his head. He thought he was talking to God. He lost his passport and spent all of his money. While traveling to another beach on the island of Ko Pha Ngan, he dove headfirst from a boat taxi into the water in an attempt to drown himself. He thought he'd "transcend to a higher state."

If it wasn't for a group of tourists who found him sleeping on a beach, Ross might have ended up in a Thai prison or dead. When he returned to the States, he checked into a psych hospital for the first time in his life and received his first diagnosis: bipolar disorder with psychotic features, which doctors later changed to schizoaffective disorder, a sort of combination of schizophrenia and bipolarism.

> "If this happened to your son, your mother, your father, your daughter, is this the way you'd want them to be treated?"

Ross didn't take comfort in his diagnosis; it was a nightmare. "I just thought it was a character flaw or a weakness or a mental defect," he says. He resisted taking medication or listening to his psychiatrist. When he moved to Pullman, where he spent his childhood, Ross was a time bomb waiting to explode.

A few months later, on June 24, 2007, around 6 am, an unmedicated Ross broke into his neighbors' apartment, stark naked and deeply psychotic, and hit them repeatedly with a broken broom handle. Earlier that morning, Ross had woken to the voice of President George W. Bush, telling him that his neighbors, a couple in their 70s, were government traitors who needed "to be dispatched."

For Ross, in the throes of psychosis, it was a matter of "life or death." His only option. If he didn't listen to the things he heard, he believed he'd be killed. He left five minutes later, his neighbors bruised and beaten, but alive. "If I got to formally apologize to [them], I would," he says. "Tell them I'm very sorry. ... I regret it to my core."

Afterward, he walked to a supermarket and called the police.

In the aftermath of Paul's escape from the fair, DSHS officials immediately suspended all off-ward outings for forensic patients at state psychiatric hospitals and launched an investigation into the facilities' security measures. The CEO of Eastern State resigned. Seven Eastern employees were formally disciplined.

It wasn't long before changes to the

hospitals' field-trip policies were codified into state law. Four months after Paul's escape, Rep. Matt Shea, R-Spokane Valley, introduced legislation effectively banning patients committed to state psychiatric institutions from leaving hospital grounds except under special circumstances, like funerals of immediate family members or necessary medical and legal appointments. For those, DSHS mandated that they leave in shackles. Anything else required a court order.

"There was quite a bit of concern in our community that he had escaped at the fair and was within feet of our children," Shea said, testifying before the House Human Services Committee. "It was a very traumatic event for Spokane County."

His bill was ramrodded through the legislature. Not a single Senator or House member voted against it. By June 2010, reintegration trips for high-level, NGRI patients had officially ended. No more shopping trips to Walmart or Auntie's Bookstore or lunches at McDonald's. No more Spokane Indians or Chiefs games. No more bus rides to see the Christmas lights downtown. For the first time, they couldn't go outside and take a stroll on the grounds without a judge's approval. Before, patients even could attend community college. But that opportunity was snatched away, too.

Then, on Nov. 20, 2012, an Eastern NGRI patient named Amber Roberts murdered another patient, Duane Charley, by strangling him with an electrical cord. In the wake of Charley's murder, the hospital cracked down on the forensic patients again. Anything that could be used as a weapon or strangulation device – potted plants, portable gaming systems, headphones, corded alarm clocks, stereos, guitars, belts and multiple shoelaces – was banned. Television sets were locked up. Patients weren't allowed to sit in any rooms with ceiling fans.

"There was almost a full-scale riot here. There was no time to even grieve," Ross recalls. "We've gotten back a

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Western State Hospital, near Tacoma, works to transition patients gradually into the community. Of the hundreds released on staff recommendation, only 0.6 percent committed new crimes.

"PATIENTS AND PRISONERS," CONTINUED...

FACT

People who plead not guilty by reason of insanity often are hospitalized for far longer periods than convicted criminals serving time behind bars.

few of the things we lost, but we're still definitely in a state of recovery from the loss of our quality of life."

Chad McAteer, a community forensics social worker, admits patient morale has taken a hit in recent years, but he says things are getting better. Patients are "learning to adapt" to the new rules and restrictions, and adapting is instructive for patients, he says.

"If they can handle [stress] here in a controlled environment, they're much more able to handle it in an uncontrolled environment with less eyes on them and less supports available," McAteer says, adding, "I think the pendulum is hopefully swinging back to where it's more of a happy medium and we can start getting things back for patients. Anything we can do for the patients, no matter how small, is a benefit to their mental health."

Amy Sullivan, a Spokane County public defender who represents civil commitment cases, remembers a time when Eastern wasn't so closed off to the public. Every October, during Mental Illness Awareness Week, the hospital would bus patients to a spaghetti dinner with community members at a downtown church. During the "Walk a Mile in Our Shoes" event, the public was invited to join patients for a march on campus. Now, it's only a handful of patients with grounds privileges and Eastern staff circling the softball field.

Rep. Tami Green, D-Lakewood, is trying to repeal a 2010 state law confining patients inside hospital walls, unless they obtain a court order.

"Back then, they were real human beings," Sullivan says. "To penalize everyone for just one thing, it takes away people's hopes and their humanity."

There's a misconception that people who plead NGRI are taking the easy way out by bypassing prison time. But that couldn't be further from the truth, Sullivan says. The sentences in hospitals are often much harsher. Studies show that for the same offense, NGRI patients are hospitalized for far longer periods than convicted criminals serving time behind bars. One such study in California found that insanity defense acquittees spent twice as much time in confinement as defendants found guilty of similar offenses.

"I try to advise the attorneys in our office to not enter 'not guilty by reason of insanity' under most circumstances, because you end up usually doing significantly more time under an NGRI than most prison sentences," says Jeff Leslie, a Spokane public defender. "I find a lot of times, even though [hospitals] say they're more treatment-oriented, they tend to be more punitive and hold people back on minor rule violations."

Leslie's most frustrating case involves David "DB" Brent, an Eastern patient who's been committed since 2006. In that same basement conference room, DB saunters in to meet me. He's a big man and, as usual, he's dressed to the nines: Blue tinted glasses, blue plaid shirt, blue newsboy cap and Air Jordans. Two quarter-sized gold hoops hang from his ears. He lifts the bottom seam of his sweatshirt (also blue), revealing that in place of a prohibited proper belt he has a thin, black strap of Velcro tied around the waist of his jeans.

"Look at this, girl. Look at that," he says. "It's undignified and it's *inhumane*."

If you meet DB, he'll tell you he has schizophrenia, that he's *not* schizophrenic. "There's a difference." He says, in spite of nearly a decade of institutionalization, staff at the hospital don't really know him.

"They have me labeled," he says. "They say I'm a hustler, a wheelin' dealin' kind of guy."

But he's not anymore, he says. DB grew up in Mississippi, where he started selling marijuana at the age of 13: "You learn to do what you gotta do to survive." His rap sheet spans from Olympia to Spokane: assault, domestic violence, violation of a protection order and receiving stolen property. He's been in and out of prison. His drug of choice was crack cocaine, and it exacerbated his symptoms. He heard voices, saw "tree people."

One night in May 2005, DB came home to his West Broadway apartment when the electricity had been cut off. His aunt, his payee, had forgotten to pay his bill. DB was high and off his medication. He thought he heard people on the balcony threatening him. Scared and unable to see, DB lit a match and set his curtains on fire.

He was facing 28 to 48 months in prison and one to three years of probation for first-degree arson. His public defender at the time entered an NGRI plea. Because first-degree arson is a Class A felony, his commitment at Eastern is indefinite. So far: seven years and counting.

DB says he only experiences symptoms when he uses drugs or alcohol; he hasn't exhibited any signs of psychosis since he's been at Eastern, which even his treatment team acknowledges in his most recent court order. DB only takes 15 mg of Abilify, an antipsychotic, which his doctors prescribe "as a safeguard." He pulls out a shiny gold Narcotics Anonymous coin from his pocket and slaps it on the table. He'll be 10 years clean on his birthday, April 6.

"I'm in the wrong system, girl. I shoulda gone to prison," he says. "If I been stable since 2006, why am I here?"

Leslie is working to get DB a conditional release that would allow him to live with his aunt, a school administer and his uncle, a Pentecostal pastor, in Spokane. Leslie also is in talks with the state prosecutor to bring DB's case back into the criminal arena. He says there's a slim chance this tactic will work, but if the prosecutor agrees to charge DB with a felony, DB would get credit for the time he's served at Eastern. He'd be on probation for just a few years.

"Then he would know he'd have an ending to this," Leslie says. "Otherwise, with first-degree arson, DB will have this hanging over his head for the rest of his life."

Eastern officials won't comment on specific patients' cases, but Dorothy Sawyer, Eastern's new CEO, touts a close working relationship between the hospital and the courts that allows patients to reintegrate into society when the time is right. And she personally hasn't heard any "significant" patient complaints.

"One of our main concerns as a state hospital is to make sure we provide a safe environment for our patients and our staff, and also to provide for a safe community," she says. "For those patients … who are here for very long terms, it's really our commitment to work with those patients to be integrated as appropriately within our clinical setting as possible."

Public defenders and disability rights advocates say it's unconstitutional to keep patients like DB

warehoused in psychiatric institutions when they no longer need treatment. The statute in question, RCW 10.77.200, says a committed person who no longer presents a "substantial danger" or "likelihood of committing criminal acts" as a result of mental illness has to be released. Otherwise, says David Carlson, the legal director of Disability Rights Washington, "legally we have no legitimate purpose for detaining them.

"There's a lot of concern about when it's appropriate for them to be discharged. That's a completely legitimate and important question to be asking, and we should be answering that question with the best knowledge we have about how their mental illness is impacting them," Carlson says. "Unfortunately, a lot of times politics gets in the way of that."

During last year's legislative session, Rep. Tami Green, D-Lakewood, introduced House Bill 1458 to repeal the 2010 law confining patients inside hospital walls. It had its first hearing in the new session last month. Green, a psych nurse who represents the district where Western State Hospital is located (she worked at Western for a time), bowed to the furor surrounding Paul's escape and voted for Shea's bill even though she secretly opposed it. It wasn't until NGRI patients at Western invited Green to a meeting that she realized "how horrible the consequences had been."

"At that point I was like, 'I don't care if people say I'm not tough on crime,'" Green says. "I feel like if I don't work to get this repealed, then I'm giving credibility to that stigma that the mentally ill are dangerous and should be locked up forever."

Western State Hospital sits on a sprawling 274-acre campus near Fort Steilacoom, a 19th century military outpost, in Lakewood, Wash., near Tacoma. There are 56 buildings – chapels, offices, patients' wards, historic cottages, a morgue and a butcher shop. Western has almost three times the capacity of Eastern. Of the 827 patients living at Western, about 120 are NGRI.

Roberta Kresse runs Western's community program, which helps high-level NGRI patients gradually transition back into society. It's a five-level program for patients who've obtained a court-approved conditional release. They start by taking escorted walks around the campus with staff, then with their peers, and finally alone. As they demonstrate their ability to responsibly handle each additional privilege, they gain increasing autonomy. They take trips to the local strip mall. They visit their families. They move into their own places, where therapists stop by as often as once a week. It's a slow transition – often taking 18 to 24 months – that involves intense monitoring and consistent treatment. There's a very low threshold for patient error. One man was brought back to Western from his community placement after his therapist found a beer in his fridge.

What's unique about Western's program is there is no oversight from the Department of Corrections, unlike at Eastern, where patients with conditional releases allowing them to visit the outside world are supervised by a community corrections officer.

And the program works: Since its inception in 1978, 0.6 percent – yes, less than 1 percent – of the hundreds of patients released into the community on the hospital's recommendation have committed new crimes. By comparison, the recidivism rate for mentally ill offenders in state prison facilities is 25.8 percent. (For offenders with acute mental illness, the recidivism rate is lower, 13.3 percent.)

"From my point of view, they are not guilty," Kresse says. "Something has gone right for us, and I think it's our intense focus on mental illness."

A DSHS workgroup comprised of clinicians, corrections officials and attorneys is currently meeting to standardize community release orders for NGRI patients at Eastern and Western. But according to Sonja Hardenbrook, the sole public defender on the committee, most of of the members have endorsed Eastern's model and would like to involve DOC at every step of a patient's transition into society.

Prompted by Paul's escape, in 2010 the legislature also created the Public Safety Review Panel, an independent board appointed by the governor, to examine petitions for release from NGRI patients at the state's psychiatric hospitals. The panel adds an extra layer of scrutiny to NGRI cases that go to the court. And the process by which patients are reintegrated into the community has naturally become longer, or as Richard Mathisen from the Spokane Public Defender's Office says, "built of delays." In 2004, for example, long before the creation of the Public Safety Review Panel, 16 patients at Western were granted conditional releases. Last year, only three were.

Ross as a college student

"They end up getting people who run out of time and they've done nothing toward transitioning them into the community," Mathisen says. "So they basically set them up for failure."

This is true for NGRI patients who have committed lesser felonies, and as a result have a five- or 10-year maximum sentence under DSHS supervision.

"They would like to be better prepared to go out into the community through a gradual transition," says Dr. Marylouise Jones, the clinical director at Western. "And in some ways, this makes it more difficult to do that."

Beyond elongating NGRI patients' petitions for release, experts worry about the public safety risk of delaying patient reintegration.

"If we're interested in public safety, which of course we are, the more integrated a patient is, I believe, the safer he is," Kresse says. "Some of these patients have been in the hospital for years and years, so it's contraindicative to suddenly just shoot somebody home without preparation."

Somebody like Mark Grable.

He lives on 2 South 1 with Ross and DB. He's bipolar with psychotic features. Next month, on March 30, five days before his 50th birthday, Grable will "max out" of DSHS supervision and return to Walla Walla to live with his aging father. He's a mid-level patient at Eastern, meaning he's not eligible for a partial or conditional release allowing him to explore the grounds or make trips into the community. He also hasn't been given a reintegration or discharge plan.

When we meet on the ward, he's wearing a black leather jacket and a silver Mayan calendar ring, his long hair tied back in a braid. In his most recent hospital progress report, his forensic therapist and psychiatrist describe him as "very articulate and charismatic," but with "maladaptive personality features." A self-professed anarchist, Grable is known for resisting rules he doesn't agree with.

"They give you a real nice frosting over a really crappy turd with NGRI," he says.

A decade ago, Grable made a series of threatening phone calls to a Superior Court judge in Walla Walla County. His psychiatrist at the time had put him on a "med holiday" to see how he'd manage without, and Grable was angry and symptomatic. For the charge of intimidating a judge, a Class B felony, he faced 16 to 22 months in DOC. But he's spent a decade at Eastern.

"I did 10 years on a 16-month sentence. I would have gotten five off for good time. I would have been out in two months with my county jail time and instead I'm here," he says. "So yeah, I am mad. I am bitter. But you would be too if you did 117 months extra because you have a mental illness.

"I'm so angry right now, I don't know what I'm capable of and that scares me."

On Ross' first day of "authorized leave" during the second week of January, he takes the No. 62 bus to downtown Spokane and walks straight to Our Club on the corner of Madison and Second. It's a path he, DB and their buddy "Zoop," another NGRI patient, aren't allowed to deviate from.

They arrive almost two hours early to their Narcotics Anonymous meeting at noon. They order coffee from the liquor-less bar and make their "surveillance call" to hospital security at 11. At one of the mismatched tables, an old man in a Stetson plays cribbage with a younger man with a tattoo sleeve. "God bless you all," the old man says.

Normally, Ross calls his time away from the ward his "zen time." But on this first trip out he's anxious. Meeting new people. Blending in. He steps outside, his hands in the pockets of his leather jacket, onto the snow-covered sidewalk. Around the corner, DB smokes from a pack of vanilla BlackStone cigarillos.

"DB… I'm tempted, man," Ross says. He hasn't smoked in six months.

"Don't. Don't. It's not worth it," DB says.

"C'mon. Give me a puff."

DB laughs and takes one last drag before handing his cigar to Ross, who cradles it between his thumb and index finger, draws it to his lips and takes three puffs.

"I ain't seen nothin'!" DB says, chuckling. "And I didn't give it to ya!"

At Eastern, sharing smokes in the yard is considered a "major rules violation." Here, it's a gesture of freedom. A moment not dictated by doctors, therapists, nurses, men and women in suits who tell you when to wake up, when to sleep, what to eat and when, from sunup to sundown, with no end in sight. No clear path to independence. Maybe Phillip Paul wasn't all wrong with his three days in the sun.

"Are you feeling less stressed?" I ask.

"I am," Ross says as he inhales warm smoke deep into his lungs.

DB laughs again. "Look at him smiling!"

There's a perpetual scarlet letter attached to an NGRI acquittal. There are the unavoidable comparisons to James Holmes, who pleaded insanity in the murder of a dozen people at an Aurora, Colo., movie theater; Jared Loughner, who was diagnosed as paranoid schizophrenic after his shooting rampage in Tucson, Ariz., that claimed six lives; and Adam Lanza, whom countless have speculated was mentally ill when he massacred 20 children and six adult staff members at Sandy Hook Elementary in Newtown, Conn. "The stigma part… " Ross says. "It's devastating.

"I feel like I'm not given a chance to be who I am," he says. Ross hopes that one day he'll leave Eastern forever, travel the world, write poetry and advocate for people like him. "I'm judged instead by the mistakes I've made and the disease I have. It's hard to swallow sometimes, but that's how a lot of other people see me. It takes away even a chance of hope. It takes away hope before you even have a chance of recovery." ■

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