

STATEMENT OF DALE C. CAMERON, M.D., SUPERINTENDENT, ST.
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Dr. CAMERON. Mr. Chairman, members of the committee, my name is Dale Cameron. I am Superintendent of St. Elizabeths Hospital, Washington, D.C. I deeply appreciate your invitation to present my views on H.R. 7525. Because of time limitations, the Department of Health, Education, and Welfare has not approved nor disapproved my statement. It will later submit its views in response to the committee's request for a departmental report on this bill.

H.R. 7525, an act relating to crime and criminal procedure in the District of Columbia, concerns itself, in title II, with modifications in the District of Columbia Code relating to "Insane Criminals." I shall limit my comments to that title. The proposed changes deal with such things as competence to stand trial, the definition of mental disease or defect excluding responsibility, burden of proof, and the legal effect of acquittal on the ground of mental disease or defect.

It is apparent that a very sound and long-honored concept underlies this act—that is sound insofar as it goes. That concept is well expressed by the quotation "our collective conscience does not allow punishment where it cannot impose blame."

The difficulty with this laudable, but limited concept is that it focuses attention in criminal procedures on the moral issue of blameworthiness to the almost total exclusion of what I believe to be at least equally important issues. It is to be hoped that at some future happy time "our collective conscience" in relation to criminal law will be as concerned with the prevention of unlawful acts resulting from mental disease and disorder and the treatment of mentally ill persons who have committed unlawful acts, as it now is with the determination of guilt and the appropriateness of imposition of blame.

If title II of H.R. 7525 is enacted in its present form—and I sincerely urge that it not be—it will perpetuate, but with substantial modifications of details, the present system that requires jurors to consider simultaneously two distinct and essentially unrelated but separable questions; namely (1) did the defendant commit the unlawful act charged, or as it is phrased with moral judgment connotations, "Is he guilty," and (2) if so, has the defendant an abnormal mental condition directly or indirectly so related to the unlawful act that he should, because of our "collective conscience," be excused from blame? The first is a question of fact, the answer to which may be and usually is expressed in moral terms, though it need not be so expressed. The second is both a medical and moral question; that is, Is he so sick (a medical question) and his illness so related to the act charged (a medical question with substantial moral overtones because of the unlawful nature of the act) that he should be held blameless (a moral question)? The second question is almost always answered in moral terms.

The unnecessary comingling of these essentially unrelated issues in a single question, (1) makes for a needlessly difficult answer, (2) tends to lead to unduly rigid disposition of "guilty but ill" defendants, and (3) introduces unfortunate complications into the process of answering the first or primary question of fact as to whether or not the defendant committed the act charged.