

psychiatric  
drug deaths  
**WARNING:**  
back page

# DENDRON

monthly news first issue January 1988 one dollar



## organizing movements

The beginning of the black civil rights movement offers vital lessons to activists today. Here are reviews of two excellent books that look at that movement from very different points of view.

**book:** *Let the Trumpet Sound, The Life of Martin Luther King, Jr.*, by Stephen B. Oates (NY, Harper & Row, 1982).

**review:** This is a very exciting book. It's also fascinating to read along with *Origins of the Civil Rights Movement*, by Aldon D. Morris (see next review). Why?

Any book about M.L. King naturally focuses on his abilities, charisma and adventures. The book by Morris about the civil rights movement, on the other hand, shows the painstaking groundwork performed by thousands of activists who did not get the attention of King. This movement was not spontaneous!

Also, many people are concerned about control of movements by a few elites, especially male elites. Morris' book explores these problems in the civil rights movement. But leadership is valuable, too. It's so valuable that perhaps a movements' top goal should be to make everyone a leader -- and unveil everyone's charisma -- rather than to not have any

**continued on page 6**

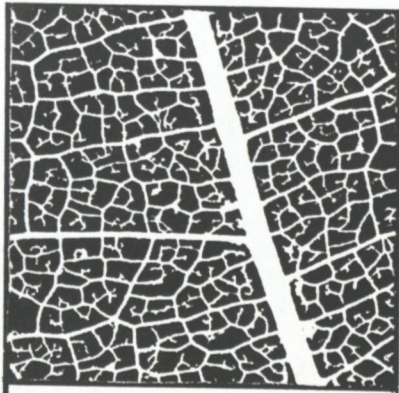
**book:** *The Origins of the Civil Rights Movement: Black Communities Organizing for Change*, by Aldon D. Morris (NY, The Free Press, 1984).

**review:** *Origins* is a rigorous look at the crucial first ten years of the modern black civil rights movement, from 1953 to 1963. While unfortunately written in a more academic tone than Oates' personal biography of King, it is still superb.

As a lesson from the past of a massive, peaceful and -- to a limited extent -- successful revolution in the face of skilled, brutal oppression, this book is as riveting as the low rumble of an earthquake. The author interviewed many activists. He combed through the details of strategy, groups, and hard work that created one of the largest, non-violent social disruptions for human rights in US history.

Readers can tell the author Aldon D. Morris (who teaches sociology at the Center for Afro-American & African Studies at the University of Michigan) seems to

**continued on page 7**



Organization in nature found in a leaf skeleton of a poplar.

## SHOCK!

Electroshock survivors win important -- but partial -- victories with the US government.

An organization of survivors of electroconvulsive treatment (ECT) has achieved two important victories recently. But both victories are partial, and will require vigilance and long-term effort to complete, reports Marilyn Rice, who is the Washington, D.C. representative of the group, Committee for Truth In Psychiatry (CTIP).

First, in the shock-survivors' lengthy battle with the Food & Drug Administration (FDA) over a possible loosening of ECT-regulations, CTIP has succeeded in the most they feel they can get at this point: delay. Just a few months ago, Rice had warned supporters there was "very bad new" of "imminent disaster." But now Rice says she has been told by Joseph Sheehan, an FDA attorney, that, "I think you people have probably slowed down the process."

The second victory is in another arena but on a similar issue. The proposed bill HR 2595 in front of a US Congressional subcommittee would change general FDA regulations. A "side effect" of this bill would be to re-designate ECT machines as "no risk" devices. Rice said that Dr. Peter Budetti, a pediatrician who is a

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See  
fact sheet  
on  
page 9!



# DENDRON

The goal of *Dendron Monthly News* is to provide an independent service to the many individuals and groups concerned about human rights in -- and alternatives to -- the current psychiatric system.

Published by the non-profit organization Clearinghouse on Human Rights & Psychiatry (CHRP). Edited by David Oaks. Made possible by a grant from the Levinson Foundation, with the co-sponsorship of the McKenzie River Gathering.

**Dendron covers:** Human rights campaigns for people with psychiatric labels in the US, and internationally. The strategy & tactics of organizing for social change. Exploring and creating effective, humane alternatives for emotional support.

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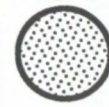
To make an additional donation, tax exempt under 501(c)(3), please make the check to "McKenzie River Gathering," and sent to CHRP.

Your articles, poetry, letters & art work are encouraged: *Dendron* will serve as a clearinghouse between individuals and groups. Please understand space is limited. Type, or write clearly. Use of your name will be assumed unless you say otherwise. Return isn't guaranteed, but will be helped by including a self-addressed stamped envelope. Thanks.



Billions of brain cells, known as neurons, have tree-like dendrites to gather information from each other. In fact, the word *dendrite* even comes from the Greek word for tree, *dendron*. This form appears widely in nature, as you can see in this aerial photograph of the Colorado River delta in California.

## SNOWBALL!



You've probably felt the intense frustration of knowing urgent news, but not being able to get this news out.

One answer is to take direct action: handouts & posters. During a referendum campaign against ECT in Berkeley in 1982, some posterers rubbed their hands raw with staple-guns, but their souls felt satisfaction.

You'll see that the back 8 pages of this issue are fact sheets and a quote.

These are made to be copied and used as posters & handouts, especially to reach former psychiatric inmates. Please encourage people who take copies, to in turn make copies themselves to post and hand out.

The huge numbers of cheap photocopiers make this an easy way to get out vital -- even life & death -- facts that the media is just not reporting.

Gene Sharp's book (reviewed on page 5) reports that this idea has a name: Snowball Letters. In Nazi Germany, the underground used Snowball Letters to get out news. When a person got one of the letters, they would make as many copies as they could by hand, and give them out to people, who would in turn make copies by hand and give them out, etc. Like a snowball rolling downhill, copies multiplied exponentially.

NPR radio recently reported the same method -- but with photocopiers -- is being used by the underground resistance in Panama.

In *Dendron*, each "snowball" is designed to be used independently. Three-quarter inch margins and 10-point type will hopefully help make good copying, and help re-copying.

Anyone who sees one and sends in a stamped, self-addressed envelope will get a resource list of movement newsletters, publications, and articles on alternatives & human rights.

If you want to add local news and contacts, one way is to photocopy with legal sized (8 1/2 x 14) paper, giving an extra three inches at the bottom. And send in your ideas for Snowball Letters! Be sure to include citations for any references or quotes.

## Editor's note: Welcome!

Thanks to Tom, Debra, Charlotte, Lynda & many others for support. And to Ed, Steven, Dale & Leslie for computer help. And to SOS for ordering special recycled paper.

And thanks to all of you who have written -- sometimes more than once -- to get this first copy of *Dendron*.

As I was preparing this first issue in Spring of 1987, I developed a form of spinal arthritis called *ankylosing spondylitis*, which spread to a dozen joints, at times disabling me. In six months I've largely recovered. A team of friends helped me. For instance, they drove me daily to swim at a heated Easter Seal

Pool. Breathing exercises and getting back to better nutrition also helped.

One benefit of this temporary disability was having time to reflect. So please have mercy on the number of reviews by me, especially of books on organizing!

Future issues -- this is up to you -- will also have articles by other former psychiatric inmates & allies. I've talked to a few of you about this. It's time to begin:

What helped your group win a victory? What pitfalls should we look out for? What are your current campaigns and activities? In what direction should the movement head? What helped you feel better? How can we reach the vision of human rights and alternatives that so many have worked so hard to achieve?





# WHITE COATS

**book:** *Mass Murderers in White Coats*, by Lenny Lapon (Springfield, MA, Psychiatric Genocide Research Institute, 1986).

**review:** In one paragraph in a *Phoenix Rising* magazine review, former psychiatric inmate Mel Starkman summed up this book's significance:

"Lapon opens a chapter in the history of Nazi Germany that has been closed for forty years: the systematic slaughter of over 300,000 mental patients in Germany and across Europe, a tragedy that should be indelibly etched in the consciousness of humanity. Just as the Jews spend Holocaust Day in special remembrance of six million dead, so should we in the movement observe a day of mourning for this slaughter in the name of racial purity."

To research *White Coats*, the author examined 24,000 entries in the *Biographical Directory of the Fellows and Members of the American Psychiatric Association*.

Lenny lists 63 psychiatrists he reports had "easily observable connections" to Nazi Germany. Many attended German schools or actually worked in German psychiatric institutions during the Nazi era. The book has interviews with 11. Some interview excerpts are stunning. For example, Dr. Gisela Ebert Fleischmann directly told Lenny, "We knew they would be exterminated . . . it was common knowledge but everyone kept pretty quiet about it . . . some of them we had to transfer [for extermination]."

These facts are still relevant today:

First, Nazi war criminals are being sought by the world community for highly-publicized trials. Many of the Nazis who killed psychiatric inmates so far

seem to be ignored, but perhaps Lenny's book can help bring them to justice.

Second, it is documented that many psychiatric inmates are dying *now* from the "side effects" of psychiatric drugs, electroshock, poverty, etc.

Some people might feel, "Well, that's different. Today, deaths are occasional and accidental." Today the doctor might say of a dead psychiatric inmate, "We did the treatment for their own good. We felt the potential benefits outweighed the unlikely risks. This is unfortunate, but their mental illness is also unfortunate and sometimes deadly." And so this is just different enough from Nazi Germany to keep the issue a little out of the range of some people's outrage.

This reminds me of those gradual or distant or microscopic disasters that people find so easy to ignore. For example, it is proven that some pollution is causing inheritable genetic defects that are microscopic, but still deadly or disfiguring. Nicaraguan civilians are being killed in distant jungles with US bullets. Whales deep in the ocean are still hunted. Plutonium is being created that must be stored for tens of thousands of years into the distant future. Everywhere children, just out of view, starve to death each day.

Such atrocities creep up to lines of the population's numbed hearts and numbed minds, and sometimes seep through the cracks. If we don't watch out, people might wake up to the shock of a nuclear holocaust. Author Leonard Frank calls that the *Big* shock treatment. Luckily, some people are like Lenny. They know how to resist. They are willing to resist. And they do resist.

*White Coats* also explores the philosophic origins of the killing of psychiatric inmates in Nazi Germany. This was not a fluke by Hitler. Scientific literature at the time, including some by American doctors, "objectively" argued for killing psychiatric inmates. The book includes extensive sections on current psychiatric human rights violations, plus a brief history of the liberation movement.

**sample, pages 106-13:** [editor's note: Here are excerpts from Lenny's interview with psychiatrist Dr. Werner

Kohlmeyer, born in Hanover, Germany, May 21, 1921 and educated in the University of Goettingen in Germany, graduating in 1945. Of special interest: Dr. Kohlmeyer later worked with the Canadian psychiatrist Dr. D. Ewen Cameron in the 1950's. During the last few years, exposes in the US and Canadian national press have proven beyond any doubt that Dr. Cameron conducted brutal experiments during the 1950's for the CIA's MK-ULTRA mind control program. This well-documented atrocity, called "depatterning," involved intensive electroshocks several times a day, drug-induced sleep, Thorazine, and the playing of tapes for 16 hours each day to try to change the person's behavior.]

**LL:** I ran across what was called the Euthanasia Program [in Nazi Germany] where a lot of mental patients were killed. . .

**WK:** Well, I couldn't tell you very much about that. That took place, apparently from what I heard later, you know, in some of the mental hospitals out in the country. . . This was very secretive, I mean, this wasn't known at all that this was going on at the time. . . I had an aunt who was the director of a mental hospital. . . She used to tell us about some of these things. . . that some patients had disappeared there. . . but we sort of really doubted it, we thought maybe she was getting sort of old. . .

**LL:** What did you think of [Dr. Cameron]:

**WK:** He was a very interesting person, very interesting teacher, very imaginative. He did a lot of research and new programs and things like that. . .

**LL:** . . . Did you participate in the CIA experiments that Cameron did?

**WK:** I didn't know anything about that, you know. I just heard recently that Cameron got some of his funding from the CIA. There were no defined CIA experiments then. . .

**LL:** Did you participate in that?

**WK:** No, not particularly. . .

**how to get:** The 291 page self-published paperback is available for \$9. plus \$1.25 postage and handling from: PGRI; PO Box 80071; Springfield, MA 01138-0071.

## We Remember:

"The first gas chambers were those operated by psychiatrists in 1939 in Brandenburg, one of six 'euthanasia' installations in Nazi Germany for killing 'mental patients.'"



# Organizing is not a skill to be left to experts, says author on the basics.

**book:** *Organizing: A Guide for Grassroots Leaders*, by Si Kahn (NY, McGraw-Hill, 1982).

**review:** *Organizing* is a handy, basic, how-to guide. People organizing to help each other is, of course, as old as tribes. The current wave of activism which helped make "Community Organizing" a much more recognized, named ability -- even a paid career for some -- began in the 1970's. People quietly developed a pool of effective techniques and experience that is now drawn upon by many groups, such as the 25-state Citizen Action coalition with more than one million paid members.

You might find the author's style too simple, as if Kahn were quietly, patiently teaching his child to build a toy. However, he talks respectfully to the reader and he explains complex ideas clearly. Plus, I found this fundamental approach to be refreshing. After learning some of my own lessons from endless -- even laughable -- errors it was so healing to see each step slowly and lovingly described.

Several ex-inmate activists who have read this book agree with my endorsement. After 5 years of recommending this book, I hope I'm not getting monotonous!

The table of contents spells out Si Kahn's direct, pared-down topics: Organizing, Leaders, Organizations, Constituencies, Issues, Members, Meetings, Strategy, Research, Tactics, Training, Communication, Media, Money, Coalitions, Unions, Politics, Culture.

Using questions-and-answers, he begins by emphasizing that leaders are not special elites, but often start out afraid to speak even at a small meeting. Effective leaders tend to like people, he says, they're good listeners, they're friendly and trustworthy.

Kahn covers mainstream organizing beliefs about carefully choosing an issue for a campaign. There are thousands of sub-issues, but the one to focus all of one's strength upon, he writes, should be winnable, involve people, and build the organization. This is the "organizational mileage" model of organizing.

For example, when a new group finally wins its first concrete victory -- even on a seemingly small issue -- members can then go back out to their constituency of dis-empowered people, and say, "Look, we're the group that WON that, we CAN win on this new issue, that's why we want you to join us, because there's strength in numbers."

Some psychiatric inmates have had so many personal losses that they need to see a real victory before they will give a group a chance. With even a small victory an organization can then grow through more members, experience, morale, etc. This makes a bigger victory possible in the next round. And this in turn helps the organization to grow still more, allowing still bigger victories. This victory-recruitment cycle is one of the building blocks of community organizing.

This is *not* an argument for limiting the extent of goals, as some groups have, to demands such as: "We demand a pingpong table in the rec room, *now!*" Even early victories might be significant, and Kahn believes that eventually multiple-issue coalitions leading to enormous peaceful changes must be formed.

Another potential problem is that these techniques have been used by some repressive groups to stop change. But that doesn't make the techniques wrong. Si Kahn, luckily, is solidly in the progressive camp. He even mentions psychiatric in-

mates to encourage other downtrodden people to organize. "Who can organize?" he writes, "Wonderful organizing that made life better for thousands of people has been done by high school students, paraplegics, people in their seventies and eighties and nineties, mental patients, and all kinds of other ordinary people." (One ex-inmate I talked to felt this complement was backhanded, but I feel it's high praise. The ripples from one group organizing can help others in unexpected ways.)

This is a good book for all leaders, and in the best organizations every member is rapidly becoming a leader in some way or another. Taking a few hours to read this sure beats learning it all in the school of hard knocks, as precious time slips away. Or as I'm sure that lover-of-basics Si Kahn would put it, a little too simply, "Don't re-invent the wheel."

**sample, page 279:** "What makes good strategy?"

"Making good strategy is mostly done by asking questions. It's an excellent process to use in a people's organization. Good strategy is best made through wide-open thinking -- when people follow their instincts, their hunches, their crazy ideas. Good strategists are always asking, 'What if we do something really different this time?' They're always looking for new ways to do something, for different approaches, for taking something that worked in one situation and using it in a completely different situation.

"There are a number of qualities that good strategies have in common. They include the following: [editor's note: here are excerpts.] (1) Good strategy is thought out well in advance. . . (2) . . . builds on the experience of people . . . (3) . . . involves people . . . (4) . . . is flexible . . . (5) . . . has depth . . . (6) . . . is rooted in reality . . . (7) . . . is based in people's culture . . . (8) . . . is educational . . ."

**how to get:** The 387 page paperback is \$7.95, plus \$1. for mailing. Ask for ISBN No. 0-07-033215-0 (pbk.): McGraw Hill, Princeton Road, Hightstown, NJ 08520.





# Exploring nonviolent action

**books:** *The Politics of Nonviolent Action: Part One, Power and Struggle; Part Two; The Methods of Nonviolent Action; Part Three, The Dynamics of Nonviolent Action*, by Gene Sharp (Boston, MA., Extending Horizon Books, Porter Sargent Publishers, 1973).

**review:** These three incredible volumes were written by Gene Sharp, who has himself been jailed for nonviolent resistance more than 30 years ago. He has traveled the globe studying nonviolence and has for several years been a professor researching the subject.

Sharp is now researching the possible expansion of nonviolent protest to a concept called *civilian-based defense*. Sharp and others would actually like nations to consider using nonviolent direct action as a substitute for war! Civilian-based defense conceives of using peaceful means even to stop an invasion by one country into another.

But back to the three volumes reviewed here, which were published in 1973. Sharp does not make the spiritual defense of nonviolent action, as King so often did. Sharp writes, instead, that realistically speaking, nonviolent action might be more effective and less costly than violence. In other words, he believes nonviolent action could be a practical technique which can convince or pressure or even coerce an opponent to end oppression.

Sharp certainly expands the horizon of what most people might consider as nonviolent alternatives. In Part Two he covers more than 22 different types of strikes and 25 varieties of boycotts. He cites historical examples of guerrilla theatre, petitions, picketing, mock awards, demonstrative funerals, protest disrobings, sanctuary, and on and on. He sketches out alternative communication, social, transportation, market and economic systems. And he doesn't just list sit-ins, but also describes cases of stand-ins, ride-ins, wade-ins, mill-ins, pray-ins, stay-ins, speak-ins, stall-ins.

One activist I talked to considers these encyclopaedic books as excellent for sampling here and there, but not to be read from start to finish. There are no doubt briefer descriptions of nonviolence available! If you have the time, however, Sharp's volumes are worth reading closely for his vision of a society becoming so conscious -- and so unified

-- people could peacefully rid themselves of violent dictators, like Marcos.

There isn't room in this review to talk in depth about the relevance of nonviolent direct action to the movement for the rights of the psychiatrically-labeled. Before activists decide one way or another, I hope they'll keep an open mind on the subject. Two points about nonviolent direct action that most psychiatric inmates know from personal experience:

1. As most inmates have noticed, the power system often gets far more upset with us when we violate the unwritten rules of society, than with someone who is violent. That is, a person who is supposedly acting "irrational" or "disruptive" or "inappropriate" frequently gets a harsher punishment than a person who is simply using force. Why? We have discovered a very powerful lever here. When organized and creative, protesters have been able to accomplish peaceful change by directly using the social and economic fabric that entwines an oppressor.

2. What has actually been effective in ever really changing behavior or feelings? For many of us, in the long run, shock and forcible drugs and incarceration and other violence -- if they didn't kill us or destroy our spirits -- convinced us that the people harming us were our very dangerous opponents. On the other hand, at times when we actually felt bad, then it was mutual, open, equal, loving, support offered -- not forced -- that might have reached our heart, comforted, and changed our feelings for the better. What do these examples say about changing society?

**sample, from book jacket:** "*Power and Struggle* begins with an examination of political power. It is often assumed that power derives from violence and can be controlled only by greater violence. Actually, power derives from sources in the society which may be restricted or severed by withdrawal of

cooperation by the populace.

"The political power of governments may in fact be very fragile. Even the power of dictators may be destroyed by withdrawal of the human assistance which made the regime possible.

"Nonviolent action is based on that insight.

"Basic characteristics of nonviolent struggle are described, misconceptions about it are corrected, and part of its vast history sketched. This has been action by ordinary people, not pacifists or saints, struggling imperfectly for their diverse causes.

"Using nonviolent action, people have won higher wages, broken social barriers, changed government policies, frustrated invaders, paralyzed an empire and dissolved dictatorships.

"*The Methods of Nonviolent Action* examines in detail 198 specific methods of this technique

-- broadly classed as nonviolent protest and persuasion, noncooperation (social, economic and political) and nonviolent intervention.

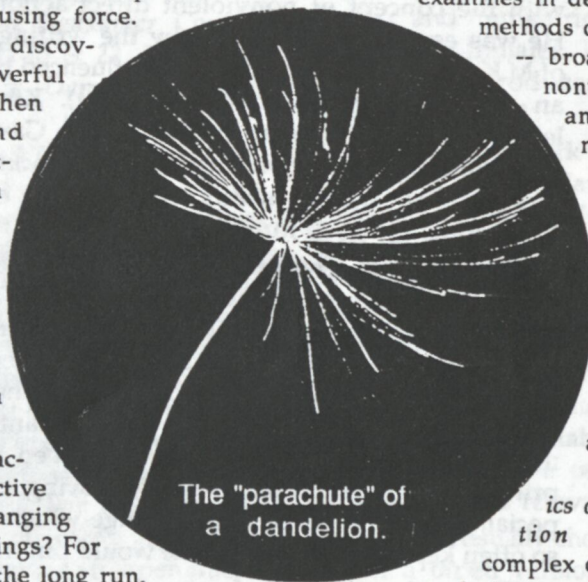
"Each of these specific 'non-violent weapons' is illustrated with actual cases.

"*The Dynamics of Nonviolent Action* examines the complex operation of this technique against a violent, repressive opponent. . .

"The resisting group itself is also changed: it gains self-respect, confidence and power.

"Empowerment of the struggle group, the accompanying strengthening of the non-State institutions, ability to defeat repressive elites, and the extension among the populace of a nonviolent struggle capacity, contribute to long-term social changes by redistributing power."

**how to get:** Part One is \$2.95; Two is \$5.95; and Three, \$6.95. So all three paperback volumes, 902 pages, are available for \$13.85, plus \$2.00 for postage and handling, from: Civilian-Based Defense Association, PO Box 31616, Omaha, NE 68131-09156.



The "parachute" of a dandelion.





## KING - continued from page 1

leaders. That's one lesson from the canyon left by King's death.

*Let the Trumpet Sound* is eye-opening in terms of the positive side of King's leadership, which to some extent was selected by his congregation, the Montgomery Improvement Association, the Southern Christian Leadership Conference (SCLC), many (though, significantly, not all) local & national organizations, and by millions of black Americans.

Now, with his birthday a national holiday, more and more white Americans are joining in calling King "a true 21st Century leader," because the values he stood for can help bring us into the precarious future.

Much of King's base of organizing was spiritual & emotional, hallmarks of the black church. His education brought him in touch with the concept of nonviolent direct action. He was especially influenced by the writings of M.K. Gandhi (who, in turn, was influenced by an American, Henry David Thoreau). King learned, and throughout his life taught, Gandhi's concept of *Satyagraha* (pronounced *saht-ee-a-gra-ha*), which means "soul force" or "truth force" or "love force."

King was not afraid to bring together other social change issues. In fact, the stated goal of King and many in the civil rights movement was to save the soul of America, and all Americans. Excerpts in this book from his speeches connect union organizing, poverty and anti-militarism with the black struggle. Even in print his speeches are unbelievably moving, especially for the topic of social change which is so often kept "dry as dust," as he would put it.

The author is a professional biographer who uses a personal, story-telling style. Did you know, for instance, that as a child King tried to commit suicide twice? As an adult, too, King was often willing to risk his life to confront the tragic imperfections of our world. The book covers the many now-forgotten close brushes King had with violent attacks, to which he often responded with courage and love.

*Trumpet* explores King's wider, global role as a Nobel Peace Prize winner. And, of special interest to our movement, the book covers attempts by the US government, but in his case often personally by US Presidents and their associates, to control, deflect, discredit, and co-opt King. Some of these attempts worked, but take heart, many definitely did not work!

sample, page xi: "Like everybody, King had



Martin Luther King in jail with Ralph Abernathy, St. Augustine, Florida, June, 1964.

imperfections: he had hurts and insecurities, conflicts and contradictions, guilts and frailties, a good deal of anger, and he made mistakes . . . [He] was cut down at the age of only thirty-nine and . . . labored against staggering odds -- not only the bastion of segregation that was the American South of his day, but the monstrosly complex racial barriers of the urban North, a hateful FBI crusade against him, a lot of jealousy on the part of rival civil-rights leaders and organizations, and finally the Vietnam War and a vengeful Lyndon Johnson. . . . [H]e became . . . a master of direct-action protest, using it in imaginative and unprecedented ways to stimulate powerful federal legislation that radically altered southern race relations."

**how to get:** You can buy an inexpensive paperback edition, published in 1985, for just \$4.95 plus \$1. postage. Along with payment, request "Code ME 2350" from: New American Library, P.O. Box 999, Bergenfield, NJ 07621. (Phone 201-387-0600). Allow six weeks delivery. (An evidently larger-size paperback, published in 1983 by New American Library, is \$9.95, 576 pages. The original hardcover, which my local library had, is available from



# Psychiatry: Books, pamphlets & tapes about human rights & alternatives, produced by former psychiatric inmates

• **booklet:** *Dr. Caligari's Psychiatric Drugs*, 3rd Edition, copyright June 1987.

**description:** This absolutely necessary guide, written by a Berkeley medical doctor and published by ex-inmates, is one of the few sources of information about the harmful effects of psychiatric drugs, including neuroleptics, lithium, anti-depressants, minor tranquilizers, etc. It has information on informed consent, overdosing, drug withdrawal, and general precautions. This new edition updates each drug category.

**how to get:** \$6. each, or \$4. each for orders of 5 or more. Postage is included in price. From: Network Against Psychiatric Assault; 2054 University Avenue, Room 405; Berkeley, CA 94704.

• **book:** *Reaching Across: Mental Health Clients Helping Each Other*, editors: Su Budd, Howie the Harp, Sally Zinman (1987).

**description by editors:** "This manual consists of 24 different essays on every possible aspect of self-help development, from the definition of mental health client self-help groups, to the initial steps of starting a group, to membership and community outreach and fundraising, to kinds of deci-

sion making and governmental structures, to a discussion of common problems that arise in self-help groups.

"The manual was written by 12 different mental health clients from across the country, all of whom have started self-help groups, many of whom have been active in the mental patients movement for 10 or more years."

**how to get:** The 338 pages paperback is available for \$16.50 each, or \$7.50 if current or former psychiatric inmate, from: California Network of Mental Health Clients; 3773 Tibbets Street, Suite C; Riverside, CA 92506.

• **booklet:** *Conference Report: First National Consumer Conference, June 19, 20 & 22, 1985, College of Notre Dame, Baltimore, Maryland.*

**review:** Published March 1987, this 42-page booklet describes some of the workshops and events at a 1985 conference of 400 former psychiatric inmates. This was the first of three annual large gatherings that have since raised controversial questions among some ex-inmates about federal funding and leadership. However, the report is a helpful introduction that is at times moving. For instance, one part reports on many ex-inmates who spoke during an "open microphone" session (see sample below). This communicates very well the feeling for the cultural and spiritual ties which can nurture along our movement.

**sample:** "The final session ended by singing softly, 'We Shall Not Be Moved, just like a tree standing by the water, fighting for our freedom . . .' The group held hands and offered a spontaneous prayer; a Hindu prayer

meaning, "I see God in you," and a prayer in Hebrew . . . The tears and emotions in the room seemed to reflect a sense of sharing pain and sharing beauty; knowing others had exposed something deep within themselves about themselves, about American society, about humanity . . ."

**how to get:** No price is listed, though a donation would no doubt be welcomed. Available from: On Our Own, 5422 Belair Road, Baltimore, Maryland 21206.

• **tapes and transcripts:** Broadcast regularly for several years over FM radio in New York City, "The Madness Network" program regularly featured shows on psychiatry and human rights. Former psychiatric inmates, lawyers, authors, film producers have all been interviewed.

Madness Network coordinator, ex-inmate Allan Markman, has collected these broadcasts. Along with other radio programs, conferences, and speeches that he's recorded, Allan has compiled more than 85 presentations on human rights and alternatives in psychiatry. From the free catalogue he has available, it looks like most of these programs are still timely and relevant.

You can usually choose between either a taped version or a transcript, and prices are reasonable, between about \$2. and \$5. The fact that tapes are available also makes this an especially good resource for visually disabled individuals.

**how to get:** Allan Markman, APAPA, Box, Bayside, NY 11361.

• Some of the many other resources will be covered in future issues of *Dendron* (see below).

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Eugene, OR 97440



# PSYCHIATRIC DRUGS

**Forcible drugging widespread,  
street people now targeted.  
The drugs used can kill!**



People are routinely pressured or even forced to take psychiatric drugs in several ways. Too often, the full range of harmful effects are not explained. In most cases effective non-drug alternatives are not explored, funded and offered.

Inside psychiatric institutions, outright physically forced drugging is common, using pills, liquids, or injections. The powerful effects of some injections, such as Prolixin, can last for weeks.

### **Spreading to streets:**

Now, many states are passing new *outpatient commitment laws* making it possible to order people *out in the community* to take psychiatric drugs against their will. New York City has roving vans forcibly pick up street people to be brought in for "treatment," which often means coercive drugging with neuroleptics (see box).

Compounding the human rights violation of forcible drugging is that scientific studies show the major psychiatric drugs, even at "therapeutic levels," can kill.

Instead of this coercion -- which can even kill people -- alternative forms of emotional support should be made available to those who want it. The possible voluntary non-drug alternatives are inexhaustible. Many are working today, such as mutual support groups, user-run drop-in centers, skills-training, and much more.

For the hungry or homeless, necessities such as food and housing should be provided immediately.

The freedom of nonviolent citizens to control their own minds and bodies must be absolutely respected.

### **Debate held:**

The American Psychiatric Association endorses forcible drugging and electroshock. They reported a debate on this subject in *Psychiatric News*, June 5, 1987, page 9.

Jeannie Matulis, former psychiatric inmate and now a law student at the University of San Francisco, was one representative of the National Alliance of Mental Patients in the debate with psychiatrists at the 1987 Annual Meeting of the American Psychiatric Association, in Chicago.

Matulis said that involuntary

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Common neuroleptic brands include Thorazine, Stelazine, Mellaril, Haldol, Navane and Prolixin. Other trade names are Compazine, Dartal, Daxolin, Lidone, Loxitane, Moban, Orap, Permitil, Proketazine, Quide, Repoise, Serentil, Sparine, Tactan, Tindal, Trilafon, and Vesprin.

"treatment" would be unnecessary if services that were really useful to people existed. She pointed to a pilot program in Oakland, California, run by former homeless and incarcerated psychiatric inmates, to which, she said, "people are coming in droves."

"When you provide decent services, real services that provide help for people in their basic human needs -- like benefits counseling, housing, food, peer counseling, moral support -- then people will come in off the park benches. Because people know a good thing when they see one and don't need involuntary services if the services themselves are good.

"So before we go running off trying to find ways to force people into services, we should put our energy into services that have proven effective," she said.

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# PSYCHIATRIC DRUGS

## DRUG INDUSTRY PROFITS ARE ASTRONOMICAL!



### Mega-money:

Peering into the reported profits of the biggest industrial corporations in the US shows that the drug industry has recently been the most profitable of all industries in three key ways!

You've probably heard of the Fortune 500. It's the fascinating list published each year by *Fortune Magazine* of 500 industrial corporations in the US with the highest sales. On April 27, 1987 *Fortune* published its 1986 rankings.

Now, in terms of just plain gross sales, automobile-related companies took the top three positions. General Motors topped the list with a huge \$102. billion dollars in sales. They had \$3. billion in profits! But look -- this means about 3% of GM's sales were profits, and surely a profit-hungry company can make more. That's where you get a window into the drug industry.

Turning to the back of the magazine you can look at these vital percentages. Here, *Fortune* ranks the types of industries by their

profits as a *percent* of three important measures: profits as a percent of *sales*, of *assets* (their factories, cash, inventory and other wealth), and of *stockholders' equity* (the capital stock).

### Drug industry wins big:

An incredible 13.1% of the drug industry's sales in 1986 were profits, which is more than three-times the median for all big industries of 4.1%, and more than four-times GM's now-paltry 3%! By all three of these crucial tests, in fact, the drug industry had the highest percentage median for all industries, and was way up from the year before!

Profits as a percent of assets for these big drug companies was 12.2%, more than double the all-industry median of 5.2%. And profits as a percentage of stockholders' equity was an astounding 23.6%, double the median for all industries of 11.6%!

### P\$ychiatric drug\$:

Psychiatric drugs make up more than one-fourth of all US pharmacy prescriptions. Here are sketches of just three of some of the Fortune 500 drug companies that produce psychiatric drugs:

**SmithKline:** You or a loved one might have had *Thorazine* or *Stelazine*, their famous neuroleptics. Along with other drugs, they also package the simple element Lithium and sell it as *Eskalith*. SmithKline reports that their 33,747 employees pulled in sales

This is one in a series of fact sheets about psychiatric drugs. Many people are given these very powerful drugs without their full informed consent, and alternatives are often not explored or or funded.

of \$3.7 billion, ranking them up there as the 99th largest in the US. And of these sales the owners pulled in \$521. million profits, the 31st largest. So . . . 13.9% of their sales were profits, making them number 16 in all the US by this revealing standard.

**Pfizer:** Their 40,000 employees make the neuroleptic *Navane* plus other drugs. Pfizer is the 84th biggest US industrial corporation in terms of sales, with \$4.5 billion. But they're the 23rd biggest in terms of profits, with \$660. million. So 14.8% of their sales were profits, making them 9th by this rank for all corporations in the US!

**Merck:** *Elavil*, *Triavil*, *Vivactil* are all anti-depressants made by some of the 30,700 employees at Merck, which had a big year by still another interesting criterion: total return to investors was an unbelievable 85%, the 12th best. Merck had \$4.1 billion in sales (91st highest) and \$676. million in profits (20th highest). So profits as a percent of sales went through the roof at 16.4%, making them number *three* in the entire US!

How did the Crash of '87 affect these folks? The new listing comes out in Spring of 1988. For the sake of their health, hopefully stockholders didn't use their own products to calm down. Maybe they might now realize the importance of effective, non-drug alternatives to help in "depressions"!

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# Martin Luther King on the word "maladjusted":

"Today, psychologists have a favorite word, and that word is maladjusted. I tell you today that there are some things in our social system to which I am proud to be maladjusted. I shall never be adjusted to lynch mobs, segregation, economic inequalities, 'the madness of militarism,' and self-defeating physical violence. The salvation of the world lies in the maladjusted. By resisting nonviolently, with love and unrelenting courage, we Negroes can speed up the coming of a new world . . . in which all . . . will respect the dignity and worth of all human personality."

From a speech paraphrased in the excellent biography *Let the Trumpet Sound, The Life of Martin Luther King, Jr.*, by Stephen B. Oates (NY, Harper & Row, 1982), pages 101-2.

This is not an ad, it's a recommendation! The paperback edition is only \$4.95 plus \$1. postage. Request "Code ME 2350" from: New American Library, PO Box 999, Bergenfield, NJ 07621.

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# PSYCHIATRIC DRUGS

## Neuroleptics can cause death!

### SCIENTIFIC STUDIES SHOW:

### Death rate higher than previously reported.

#### Overview:

One of the most common and powerful types of psychiatric drugs is the neuroleptics. In a recent scientific study, during one year 1.4% of those given neuroleptics developed a potentially life-threatening effect that is called *neuroleptic malignant syndrome* (NMS). Other studies have already shown that between 20% to 30% of those with NMS die.

Some people experience NMS after being on neuroleptics for only a day, but NMS may occur after being on the drug for years.

If these rates apply generally, then about one out of every 300 neuroleptic users dies annually from NMS. Nationally, this would mean 10,500 Americans die each year from NMS. In addition, there are several other ways besides NMS that neuroleptics can cause death.

These facts reinforce the necessity of informed consent, and of creating and funding alternatives.

#### Quotes from scientific literature:

*Science News*, 10/25/86, page 260:

"Neuroleptic drugs, also known as antipsychotic agents, are among the most commonly prescribed medications in the United States, used by up to 3 million people annually. . . .

"Yet, according to a report in the October *American Journal of Psy-*

*chiatry*, a dangerous but little-known complication of antipsychotic drug use appears to be more common than previously thought. It often goes unrecognized in its early stages, add psychiatrist Harrison G. Pope, Jr. and his colleagues of McLean Hospital in Belmont, Mass.

"The complication is referred to as neuroleptic malignant syndrome, or NMS. . . . Death can result from respiratory, cardiovascular or kidney failure.

"[S]ome patients develop NMS years after going on the medication . . ."

*American Journal of Nursing*, June 1986, pages 671-3:

"[N]euroleptic malignant syndrome (NMS) . . . can be life-threatening. . . . The cardinal signs of NMS are muscle rigidity, fever, and altered consciousness, ranging from confusion to delirium."

*American Journal of Psychiatry*, October, 1986, pages 1227-33, by Harrison G. Pope, Jr., M.D. and others:

"In an extrapolation from our results, even a conservative estimate would place the annual prevalence of neuroleptic malignant syndrome in the United States in the thousands of cases, a significant number of which may have fatal consequences."

An American Psychiatric Association editorial, in the same issue as above, pages 1273-5, by David

This is one in a series of fact sheets about psychiatric drugs. The major family of psychiatric drugs for the past 30 years has been the *neuroleptics*, also known as *major tranquilizers* or *antipsychotics*..

Common neuroleptic brands include Thorazine, Stelazine, Mellaril, Haldol, Navane and Prolixin. Other trade names are Compazine, Dartal, Daxolin, Lidone, Loxitane, Moban, Orap, Permitil, Proketazone, Quide, Reipoise, Serentil, Sparine, Tactan, Tindal, Trilafon, and Vesprin.

Psychiatrists pressure some people to take neuroleptics without full informed consent. Physically forced injections are common. Alternatives are often not explored.

E. Sternberg, M.D:

"Pope and colleagues found that of the patients at McLean Hospital who were exposed to neuroleptics in 1 year, 1.4% developed definite or probable neuroleptic malignant syndrome. Since the diagnosis was probably missed in some patients, even this 1.4% annual risk is probably an underestimate. Moreover, the lifetime risk of neuroleptic malignant syndrome should prove even higher. This high prevalence supports [S.N.] Caroff's statement that 'NMS is a neglected clinical problem of major proportions considering the large number of patients treated with neuroleptics.' . . .

"Estimates of the mortality rate [of those who develop NMS] range from 20% to 30%. . . .

"All patients treated with neuroleptics are at risk . . ."

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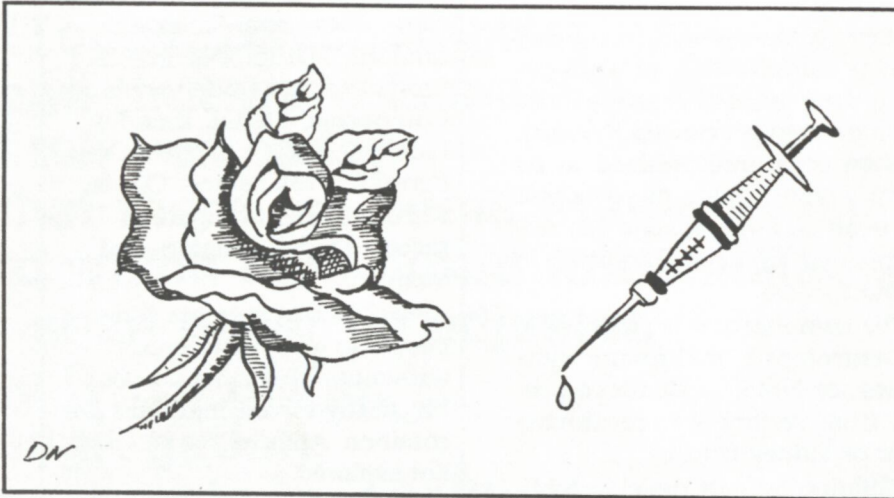


# PSYCHIATRIC DRUGS

## Neuroleptics can cause death!

### WARNING:

Death rate higher than previously reported.



Neuroleptics are one of the most widely prescribed drugs in all of medicine. An estimated 3,000,000 Americans are given neuroleptics each year. Now the American Psychiatric Association, an organization representing most US psychiatrists, states that the death rate from neuroleptics is higher than they have previously reported.

Neuroleptics are used most heavily in psychiatric institutions. But they are also given at times to elderly nursing home residents, prisoners, and people labeled retarded. Even family doctors write many of the neuroleptic prescriptions. As with all psychiatric drugs, women are far more likely than men to be given neuroleptics.

Deaths from the neuroleptics have been documented since the 1950's, but most psychiatric pro-

fessionals have said these deaths were rare. Neuroleptics have caused death in a wide variety of ways, even at the "therapeutic dose" level. One of these ways is through a potentially fatal effect on the body called neuroleptic malignant syndrome (NMS).

In October 1986, the American Psychiatric Association (APA) stated that the rate of NMS was higher than previously reported. A new study found 1.4% of users each year got NMS. The APA said the true rate is probably even higher than this. Of those who develop NMS, the APA estimated 20% to 30% have died.

If these rates apply generally, then that means about one out of every 300 people given neuroleptics die from NMS each year! Nationally, this would mean 10,500 Americans die annually from NMS alone. Again, this NMS

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psychiatric drugs.

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Psychiatrists pressure some people to take neuroleptics without full informed consent. Physically forced injections are common. Alternatives are often not explored.

rate is a conservative estimate. Also, there are several other ways that neuroleptics can cause death. As just one example, Dr. Frederick Zugibe, Rockland County New York coroner, showed a decade ago that neuroleptics were causing many choking deaths.

These facts make the basic human right of full, informed consent even more important, and show the urgent need for creating and funding effective alternatives.

#### Sources of Information:

*Science News*, 10/25/86, page 260.

*American Journal of Nursing*, June 1986, pages 671-3.

*American Journal of Psychiatry*, October 1986, pages 1227-33 and 1273-5.

*Legal Medicine 1980*, Cyril Wecht, series editor (Philadelphia, Saunders), pages 75-90.

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