1980

Madness Network News

"ALL THE FITS THAT'S NEWS TO PRINT"

FALL 1980 VOL. 6 NO. 1 75¢

WELCOME A SYCHIATRIC ASS CIA IO

Some members of the 8th Annual Conference on Human Rights and Psychiatric Oppression form a "human chain" to block the entrance to the meeting of the American Psychiatric Association.

SHRINKS, WE ARE EVERYWHERE!

page 12

VICTORY FOR THE HAVERFORD FOUR

by Arrow

On March 31, a Media, Pennsylvania judge overturned the convictions of four members of the Alliance for the Liberation of Mental Patients arrested on April 17, 1979, while trying to distribute literature to Haverford State Hospital inmates. The four, Diane Baran, Bob Harris, Lenny Lapon, and Lynn Sereda, had been found guilty of "defiant trespass" last May 2 and fined $300 each. (Lynn Sereda has since moved out of the state.) Judge Joseph deFuria ruled at the March 31 appeal that there was insuffiecient evidence for the convictions.

Members of the Alliance, which is based in Philadelphia, were attempting to distribute literature about the legal rights of psychiatric inmates ("mental patients"), about the dangerous effects of psychiatric drugs, and about the firing of ALMP member Lenny Lapon from his job as a paralegal at Haverford State Hospital. Lapon had been a strong advocate of inmates' rights during his employment at Haverford. The literature which the Alliance members were distributing also suggested ways in which inmates can protect their legal and human rights while incarcerated. Haverford director John Fong ordered the Alliance members--all former inmates themselves--to be arrested for trespassing.

During the hearing in Media about 30 ALMP members and supporters filled the courtroom. While there was a court recess for lunch, supporters marched in a cold rain down State St. and then rallied in front of Borough Hall. They distributed a leaflet to passersby which read in part: "We believe that Haverford State Hospital should be put on trial, not Diane, Lenny, and Bob. People are railroaded at commitment hearings. They have committed no crime, and are not even accused of doing so, except for the 'crime' of 'mental illness'. We believe that mental illness is a myth. People's feelings of rage, frustration, and despair are labelled by psychiatrists as symptoms of a disease, rather than being seen for what they really are--natural reactions to living in an exploitative and unjust society where profits are put before basic human needs. It's no accident that members of oppressed groups such as women, blacks, old people, lesbians and gay men, and poor people are found in disproportionate numbers in psychiatric institutions. At issue in this case is the right of inmates to have access to advocates, and to information that crucially affects their lives."

At the rally, Lenny Lapon spoke of "the horrible atrocities I observed working at Haverford. One man was tied with restraints, spread-eagled across two beds for five days, 24 hours a day--that was the first time. The second time, it was for eight days. Afterwards he was in bad shape; he could only hobble." The ALMP was also protesting the forced drugging of inmates with drugs of the pheonthiazine class such as Thorazine, Stelazine, and Prolixin. Said Lapon "one side effect is a form of permanent brain damage called Tardive Dyskinesia which develops in a significant number of cases." Tardive Dyskinesia is characterized by grotesque and uncontrollable jerking of the face and limbs.

Lapon had been fired from his job with the American Bar Association legal advocacy project in March of 1979. While working at Haverford, he had been actively advising inmates of their rights and distributing Alliance literature. This was perceived as a threat by Haverford administrators who put pressure on the project to have him dismissed. After an article by Lapon that was critical of the public defender, William Halligan, appeared in the ALMP newsletter, Halligan increased the pressure for dismissal. (Halligan, who supposedly represents inmates at commitment hearings, is also the personal lawyer of the hospital director, John Fong.) After Lapon was fired, fifty-nine inmates signed a petition asking that he be re-instated. At a grievance hearing held before members of the board of the advocacy project, it was decided that Lapon was not fired for reasonable cause and he was able to collect back pay for the time during which he was wrongfully fired.

Ten days after he was fired from his paralegal job, Lapon went to Haverford to visit friends who were inmates there. Even though it was during regular visiting hours and Lapon was peacefully talking to his friends, he was ordered by hospital authorities to leave. When he refused he was arrested by the State Police. These charges were later dropped.

On April 17, Lapon and six other Alliance members returned to Haverford to distribute literature about the reasons for Lapon's dismissal. Since they had notified the inmates that they were coming, they were met in the hospital driveway by a large crowd of inmates, security guards, state police, reporters, and camerapeople (the latter had been asked to be there by the Alliance). Alliance members were told they could not cross an imaginary line drawn by security chief Mills. Four members crossed the line and were charged with trespassing. They were taken to jail and a few hours later released on $500 bail each. Two weeks later District Judge Burton fined them $300 each, plus court costs, the maximum penalty. At the appeal hearing, Judge deFuria sustained a motion by the defendants' attorney David Ferleger for a "demurer", or a ruling that insufficient evidence had been presented by the prosecution. DeFuria stated "Dr. Fong does not own Haverford Hospital."

The ALMP meanwhile has filed suit in federal court against Haverford administrators to demand access to the institution. The Alliance plans to actively continue its organizing efforts there and at other psychiatric institutions.

EPILOGUE

On June 19 of this year, Lenny Lapon returned to Haverford to distribute Alliance literature and talk to inmates. He was handcuffed and then released when he managed to convince the guards that there had been a court decision in favor of the ALMP's right to visit the institution. Lapon again visited Haverford on June 27 and this time was forcibly escorted off the grounds of the "hospital". He immediately returned and was arrested. After he was taken to jail, the magistrate offered to release him on bail, but only on the condition that he not return to Haverford during the four days until his court hearing was scheduled. Lapon refused, and spent four days in Broadmoor Prison, part of the time in maximum security because he refused to give blood. Despite short notice, ten ALMP members and friends attended the hearing on July 1. Lapon successfully defended himself, and the charges were dropped. As the leaflet which Lapon had been distributing said: "The Patients United Will Never be Defeated!"

MOVEMENT NOTES

Toronto, Canada

Back in the spring of 1977, some of us ex-psychiatric inmates got together and rapped about starting our own group. We felt we had to do a lot of things. We had to start reaching out to our brothers and sisters still imprisoned in psychiatric institutions, and people just released--friendless, powerless, scared, with little or no money and nowhere to go for friendship and support. We felt we had to provide a real community alternative to psychiatric institutions, where people-in-crisis would not be stigmatized, humiliated or patronized by bullshit, identity-destroying labels, where they wouldn't be involuntarily committed, abused and often permanently damaged by shock, massive drugging, physical restraints, etc. Armed with these idealistic convictions, we approached an understanding Toronto Star reporter. He agreed to write a story for us; it was that story which was largely responsible for bringing out almost 150 people to our founding meeting. We've come a long way since that time; we now have over 90 members and many supporters and we're still growing. In the last 2½ years, these are some of the things we've accomplished: Held weekly social gatherings and monthly business meetings, set up a democratic self-governing structure, run our own flea market (raising roughly $15,000), organized a successful rummage sale and raffle, written a civil rights brief which was presented at government hearings.

In 1979 we submitted a proposal to the Ontario Ministry of Health for "job training" for former inmates. This spring we were finally gaanted abuut $40,000--enough to rent space for the store, drop-in, and office, buy a truck and hire a full-time co-ordinator and a half-time truck driver (both ex-inmates, and both now on the job). We know we'll have to rely on a huge amount of help from volunteers for a long time. But we hope that soon we'll be doing well enough with the store to provide a third job to an ex-inmate from our own earnings, and with his or her help a fourth one, and so on. In 1979 we also received a $5,600 grant from Ontario PLURA (a mult-church organization) to publish our own magazine, Phoenix Rising. We recently changed our name from Ontario Patients' Self-help Association to On Our Own. (The government would not allow them to incorporate under the name Free Psychiatric Inmates, since it implies that people in psychiatric institutions are prisoners...Ed.) (Information excerpted from Phoenix Rising)

Continued on page three.

MADNESS NETWORK NEWS

a quarterly journal of the psychiatric inmates'/ anti-psychiatry movement

subscriptions (6 issues):

__individuals $5 __institutions $10 __overseas $6

__prisoners $1 __free to psychiatric inmates

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Madness Network News, P.O. Box 684, San Francisco, Cal. 94101

The Madness Network News Reader, a 192-page softbound book of poetry, essays, illustrations, and personal accounts, is available from Madness Network News for $7 (which includes postage). It is published by Glide Publications.

BACK ISSUES AVAILABLE FROM MNN

(available for 50¢ each)

Vol. 1 No. 4: What is Madness?

Vol. 1 No. 5: What It's Like to be Labelled Crazy; Dr. Caligari on Tardive Dyskinesia; Book reviews

Vol. 1 No. 6: Dangers of the Violence Center; poem by Aaron David; Neologisms by Leonard Frank

Vol. 2 No. 1: The myth of the dangerous mental patient; the training of a psychiatrist; Peter Breggin visits the Bay Area.

Vol. 2 No. 2: Diary of a Psychiatric Student Crazy. Interview with lawyer Bruce Ennis. Lawsuit against Lobotomists. Computer Spying

Vo. 2 No. 3: Shock Treatment at age 6. Anti-shock doctor loses job; You and California's Commitment Laws; the beginning of N.A.P.A.

Vol. 2 No. 4: All Labelling is Lethal; Stelazine Cold Turkey; Nurses protest ECT; poems

Vol. 2 No. 5: Prison Issue. The Murder of Fred; Behavior Mod at C.I.W.; Conservatorship; The Frank Papers; Topeka Conference on Psychiatric Oppression; The Wilhelm Reich Symposium

Vol. 3 No. 2: Children's Issue. Screening children; Sissies and Soldiers; The Rights of Minors; Hyperactivity; A Season in Hell

Vol. 3 No. 3: Freeing the Whitfield 4,000; Conference on Psychiatric Oppression in S.F.; Szasz on the Donaldson decision; Nurses Resign

Vol. 3 No. 4: Excerpt from *Too Much Anger, Too Many Tears*; Consciousness-Raising for ex-inmates; Caligari on Lithium; review of *Reality Police*

Vol. 3 No. 5: Third World Issue. Message from an Asian Sister; Goddam the Pusher; That Nigger's Crazy; review of *Black Anger*; Unexplained Deaths

Vol. 3 No. 4: Four articles by women ex-inmates; Slave Labor in South Africa and California; The Boston State 7; Ruby's story Portrait of an Ex-Vegetable; The Mad Librarian; Valium

Vol. 4 No. 1: Mental Patients Demands; Boston Conference on Psychiatric Oppression; The NAPA sleep-in at Gov. Brown's office; review of The Eden Express; Prolixin

Vol. 4 No. 2: Psychiatry as Social Control; Feminism and the Mental Patients' Movement; Why Am I in Project Release?; Experiences with EST

Vol. 4 No. 3: Special Women's Issue; Interview with Zelima; Psychiatric Drug Withdrawal; Psychosurgery Recommendations; Demonstrations against the National Commission

Vol. 4 No. 4: Testimonies of ex-inmate activists before President's Commission on Mental Health; The Road to Health/ The Road to Revolution; Richard Stanley on Mental Health Advocacy

Vol. 4 No. 5: Human experimentation; L.A. Conference on Psychiatric Oppression; SB 1437; Dr. Rosen's "Cure"; Amphetamines; National Protest Against Psychosurgery.

Vol. 4 No. 6: The Unmaking of a Dissident; Review of *On Our own*; Psychiatric Terrorism in Suburbia; Caligari on the Tricyclic "anti-depressants"; Board & Care

(available for 75¢ each)

Vol. 5 No. 1: The Philadelphia Conference; Gloria Bohannan's Story; Dangerous Psychiatrists Released; Smith, Kline & French boycott; President's Commission on Mental Health Recommendations.

Vol. 5 No. 2: The Tardive Dyskinesia Epidemic; California Feminists Expel Ex-inmate; Conditions at Atascadero State Hospital; Reviews of *The Mind Manipulators* and *Shadowland*; Elizabeth Stone.

Vol. 5 No. 3: Crazy or Criminal?; Psychosurgery Approved; Demonstrations Against SK&F; Fighting Psychiatric Oppression in Europe; Review of *The History of Shock Treatment*; Deaths in the State Hospitals.

Vol. 5 No. 4: My Career as a Professional Mental Patient; Does the Constitution Stop at the "Hospital" Gate?; The "Mental Patient" Movement in Holland; Review of *The Rights of Mental Patients*; Crazies and Cripps Unite.

Vol. 5 No. 5: Lithium, the Great Pretender; 7th Annual Conference on Human Rights & Psychiatric Oppression; Computer Shrink

Vol. 5 No. 6: Parents Groups as Advocates?, Courts Rule on Forced Drugging, Psychiatrists I Have Known

MADNESS STAFF FOR THIS ISSUE:
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MADNESS NETWORK NEWS SPEAKERS BUREAU
Madness staff people are available to speak to classes and organizations about the psychiatric inmates' liberation movement. Fee negotiable. Call 548-2980 (keep trying).

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We assume that all submitted correspondence can be reprinted in our "letters" page unless it is stated other otherwise.

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FRONT COVER Participants in the human chain are, from left to right: Lenny Lapon, Jay Mahler, Carol Finnegan, Anne Boldt, David Oaks, Leonard Frank, George Odell, Bob Harris, Fred Maston, Richard Stanley, Christine Beck, Wilma Stone, Judi Chamberlin, Sally Zinman, George Ebert, unidentified, unidentified, John Parkin. An anonymous person removed some of the letters from the sign welcoming the American Psychiatric Association to San Francisco. Photo by Kelso Walker.

BACK COVER Photo by Jaap Valkhoff.

MOVEMENT NOTES...continued

Traverse City, Michigan

There's a tremendous amount of energy in Michigan and it's busting out all over! Every day it seems brings a flood of new developments. Things started to happen for Head-Lines practically after its inception, last May. We'd scarcely gotten ourselves organized, when we were verbally abused by a County Mental Health Board member as we presented a massive petition for reinstatement of a work program that was being axed from the CMH budget. We won the reinstatement of the program, and filed a much-publicized rights violation complaint against the individual. It didn't stick, but in support of us and in response to his abuse, the Board reinstated the work program, and provided us with money to send several of our people to an "advocacy" conference in Madison, Wisconsin. (Please see Judi Chamberlin's article "Parents' Groups as Advocates" in the Volume 5, #6 issue of MNN).

We left that conference aghast and depressed, and more determined than ever to get organized in this state and help one another to speak out and to struggle. We met Judi there, and that was a moment that we will never, ever forget, as we will never forget what went down at that conference.

Back in Michigan, our groups have reached out to find one another, and we're meeting once a month to find the best ways to give one another support and organize ourselves constructively against our oppression. For that purpose, a gift we've given one another is an organizational exchange called "The Alliance" and its voice, "The Alternative."

It developed out of the collective efforts and reflects the collective interests of the many ex-inmate groups. Its purpose is to strengthen the mental patients' liberation movement in Michigan, to promote the development of alternatives to psychiatry and the elimination of psychiatric coercion, and to work for change so that the Mental Health System becomes directly accountable and responsive to those who use it.

Parallel to the development of the (ex)inmate movement in Michigan, Dr. Frank Ochberg came on the scene as Michigan's new Director of the Department of Mental Health. He served for several years on the National Committee for Patients' Rights, and he entered this state as a strong activist, seeming to struggle to bring down the walls of oppression, so that our voice could be heard. Now, with great pain, we see that the voice he wants and the advocacy he's after probably must exist on his terms, as he's asking one of our people, a law student, to step down from an Office of Recipient Rights Advisory Committee because she dared to file a 504 complaint on behalf of all of those who are lost behind walls of the institutions...

We recently held a march on the Department of Mental Health, celebrating the birth of the (ex)inmate movement and to recognize its supporters. Now, we are planning for a state-wide advocacy conference to be held in late May for current and ex-inmates, and working with a variety of rights activists in launching the Michigan Consortium for Rights Protection and Advocacy, and working with people on the NIMH-funded Mental Health Recipient Rights Evaluation Project. Moving into our own first statewide conference, we are prepared to see it become a living exercise in confronting our oppression... (by Kelli Quinn)

Chicago, Ill.

We are in the process of forming a group here in Chicago. We have 6-8 firm members, plus several other potential ones. It looks as if our name will be: Fire and Rain--Psychiatric Patients for Self Determination. At present we alternate in meeting at various members' apartments. (by Carol Waltrip)

Syracuse, NY

In December we changed our name from the Mental Patients' Liberation Project to the Mental Patients Alliance of Central New York. In March of this year the Safety Zone Drop-In Center opened in Oswego. At the end of March, the MPA had a community fund-raising dinner at the Westcott Cooperative Cafe. On the legal front, the MPA, along with several other groups, helped banish the question about having ever been in a psychiatric institution from the U.S. census. In November of last year, ex-inmate Debbie Pillsbury of the MPA mustered 1,157 votes, about 4% of the vote, on an off-beat platform for city auditor for Syracuse. Among other things she called for a mass citywide recycling effort. This spring, Peter Anderson had "the disabled" added to the Liberal Party's stand against discrimination. The Mental Patients Alliance meets every Sunday 3 to 5 p.m. at the Plymouth Congregational Church at 232 East Onondaga St. (by Peter Anderson)

Oswego, NY

The Mental Patients Alliance in Oswego and Onondaga counties recently met with mental health board members from surrounding counties. The MPA told these workers clearly that psychiatry "uses forced and clandestine drugging, electroshock, solitary confinement, behavior modification and psychosurgery." The confrontation received a fair amount of publicity in local papers. The MPA's drop-in center "The Safety Zone" which started earlier this year, is facing a two-fold problem. Their funds are very scarce, making it difficult to continue paying rent. The other problem they face is that the Alvin Krakau Community Mental Health Center where the MPA holds their drop-in group will no longer rent them the space they've been using. The reason given them was that the MPA gives out anti-psychiatry information to people under traditional psychiatric "treatment" at the center. (information from George Ebert)

Albany, NY

The organization named Albany Mental Health Advocates is a group of inmates and ex-inmates of psychiatric institutes. It is a self-help group formed to give support and moral encouragement to each other. No mental health professionals are allowed in the group. The inmates and ex-inmates help each other through relating their experiences in psychiatry to each other and finding ways of dealing with abuses in the mental health system. Our main purpose is to fight for patient liberation and the civil rights of patients. We are opposed to shock treatment, psychosurgery, and forced drugging and forced committals. We are also designed to be a social group. (by Marin Lee Erwin)

Pontiac, Michigan

O.P.E.N. (Oakland Patient Environment Nexus) is a forum, a network, a group, an idea. O.P.E.N. began as a product of the recognition that society is not without its shortcomings. This recognition sees the world containing too much suffering, too little justice. In a more specific sense, O.P.E.N. addresses the suffering felt by a portion of society's population, those labelled "mentally ill". O.P.E.N. sees no shame in being or having been a mental patient in a world where "sane" people regularly poison the air, water, and soil, build nuclear weapons, and otherwise provide evidence of behavior which is truly a "danger to self or others." O.P.E.N. does not see our problems as medical in nature. We are not sick, only different, in a society which treasures sameness. One solution we suggest is that together we form self-sustaining communities, peopled by ourselves, where we can help each other, but can at the same time observe that most basic of rights, the right to be left alone.

Santa Cruz, Calif.

Psychiatric Inmates Rights Collective has regular biweekly potluck meetings, Wednesdays at 5 p.m. They are working on the distribution of their booklet "Alternatives to Mental Institutions" and are actively visiting Harbor Hill, the only locked permanent facility in Santa Cruz. PIRC has also been attending conservatorship trials.

Philadelphia, Pa.

The Alliance for the Liberation of Mental Patients lost their controversial grant from the National Institute of Mental Health. The official reason given was "for the convenience of the government." Informed sources say that the real reason was ALMP's refusal to compromise their politics. The Alliance is continuing to publicize the boycott of over-the-counter products made by Smith-Kline Corp. (manufacturers of Thorazine and Stelazine). New additions to the list of boycott endorsers are: The Nat'l Women's Health Network (Wash. D.C.), WIN Magazine (N.Y.), The Lavender Left (Phila.), Bread and Roses Coffeehouse (Baltimore), and Phoenix Rising (Toronto).

psychiatric inmates' liberation/ anti-psychiatry groups

This listing includes all the psychiatric inmates' rights/ "anti-psychiatry" groups MNN knows to exist as of August '80. MNN does not necessarily endorse the politics and strategies of every group. Please write to tell us about any other groups you know of, changes of address, etc.

On Our Own Network of Western Massachusetts
c/o Second Congregational Church
395 High Street
Holyoke, MA 01040

Project Liberation from Psychiatric Oppression
c/o Charles Hobbs, Indian Hill Road
Groton, MA 01450 (617) 448-5336

Elizabeth Stone House
108 Brookside Avenue
Jamaica Plain, MA 02130

Mental Patients Liberation Front (MPLF)
230 Boylston, Room 204
Boston, MA 02116 (617) 266-4846

Coalition to Stop Institutional Violence
c/o Women's Center
46 Pleasant St.
Cambridge, MA 02139

Connecticut Legal Services, Inc.
87 Main St.
Norwich, CT 06360 (203) 889-1365
Contacts: Francie Taylor and Kathy Linsley

Psychiatric Advocacy and Rights Association
P.O. Box 84
Leonia, NJ 07605

Madness Advocacy and Defense (MAD)
PO Box 2134
Teaneck, NJ 07666

N.Y. ACLU--Mental Patients' Rights Project
84 Fifth Avenue
New York, NY 10011 (212) 924-7800

Project Release
P.O. Box 396, FDR Station
New York, NY 10022

Albany Mental Health Advocates
c/o Frances Wolfe
67 Morriss St. apt. 1A
Albany, NY 12208

Mental Patients Alliance of Central NY
1210 N. State Street
Syracuse, NY 13208

Mental Patients Alliance, Oswego
c/o George Ebert
R.D. #1
Sterling, NY 13156

Alliance for the Liberation of Mental Patients (ALMP)
1427 Walnut Street, 4th floor
Philadelphia, PA 19103 (215) LO 3-3828

Washington Network for Alternatives to Psychiatric Dependency
P.O. Box 2146
Reston, VA 22090

League Against Criminally Oppressive Psychiatry
Florida State Hospital
P.O. Box 1000
Chattahoochee, FL 32324

Mental Patients' Rights Association
8 South J Street, room 3
Lake Worth, FL 33460 (305) 582-9750

Project Renaissance/ Patients Rights Organization
2112 Payne Ave.
Cleveland, Ohio 44114
(216) 523-1798 Mon.-Sat. 12-5

Survivors
c/o Sue Hotaling
850 N. Grant St.
Wooster, Ohio 44691

Oakland Patient Environment Nexus (OPEN)
70 Whittemore
Pontiac, Michigan 48058

Headlines
126 East 8th St.
Traverse City, Michigan 49684

"A Family that Cares"
1014 Cornwell Pl.
Ann Arbor, Michigan 48104 (313) 994-9652

Dawntreader
P.O. Box 8432
Ann Arbor, Michigan 48107

Project Overcome
c/o Mental Health Advocate Coalition
265 Fort Road
St. Paul, Minnesota 55102

Fire and Rain
c/o Mr. Carol Waltrip
P.O. Box 11475
Chicago, Illinois 60611

Advocates for Freedom in Mental Health
4448 Francis
Kansas City, KS 66103

REAL, Inc.
c/o Lynn Stewart
P.O. Box 38302
Hollywood, CA 90038

Network Against Psychiatric Assault, L.A.
P.O. Box 5728
Santa Monica, CA 90405 (913) 236-6533

Mental Patients Liberation Movement
c/o Vernon Montoya
5728 Bates Street #41
San Diego, CA 92115

Bay Area Committee for Alternatives to Psychiatry/ On the Edge
944 Market Street, room 701
San Francisco, CA 94101 (415) 391-7744

Mental Health Consumer Concerns of Alameda County
P.O. Box 3742
Hayward, CA 94540 (415) 537-4657

Network Against Psychiatric Assault, Berkeley
Women Against Psychiatric Assault
1744 University Avenue, room 123
Berkeley, CA 94703 (415) 548-2980

Psychiatric Inmates' Rights Collective (PIRC)
P.O. Box 299
Santa Cruz, CA 95061 (408) 475-7904

People's Rights Organization
P.O. Box 3784
Santa Rosa, CA 95402

Mental Patients Association
2146 Yew Street
Vancouver, B.C. V6K3G7 Canada (607) 738-2811

On Our Own/ Phoenix Rising
Box 7251, Station A
Toronto, Ontario M5W 1X9 (416) 362-3193

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9 Council St.
Bondi Junction, New South Wales, Australia 2022

PROMPT
c/o Cherry Allfree
323c Lordship Lane
London, S.E. 22, England

Sozialtherapie Frankfurt
c/o Thomas Charlier
ElkenbachstraBe 20
6000 Frankfurt 1, Western Germany

de Gekkenkrant
P.O. Box 3826
Amsterdam, The Netherlands

Clientenbond in de Welzijnszorg
Postbus 13541
2501 EM den Haag, The Netherlands
Tel. 070-458695

Werkgroep Krankzinnigenwet
c/o Stichting 'Pandora'
2e Constantijn Juijfensstraat 77
Amsterdam, The Netherlands

"Amalae"
c/o Bent Knudsen
Høgemosevej 8, 8280 Trige, Denmark Tel. (06) 231087

Psychiatrises En Lutte
BP 447-04
75161 Paris Cedex 04, France

contact persons

Madness lists the names of "contact persons" who are opposed to forcible psychiatric treatment and incarceration and who are interested in starting ex-inmates'/ anti-psychiatry groups, or user ("patient")-run alternatives to the psychiatric system.

Paul Dorfner
RD #1
Johnson, VT 05656
(802) 635-7547

Jeff Reiter
776 Palmetto Drive
Franklin Square, NY 11010

Alan Markman
Box 9
Bayside, NY 11361

Mrs. Hope Knutsson
c/o B. Jonsson
P.O. Box 42, JFK Airport
Jamaica, NY 11430

Mabel White
721 Montrose Ave.
Kenmore, NY 14223
(716)837-5945

Myra Kovary
1099 Taughannock Blvd.
Ithaca, NY 14850

Reuben Stallman
10559 Jason Lane
Columbia, Maryland 21044

Thomas Carwile
Box 126, Route 4
Lynchburg, VA 24503
(804) 384-3392

Terry Posey
416 NW 55th St.
Lawton, Oklahoma 73505
(405) 355-2376

Gayle Shucker
300 Gordon
Atlanta, GA 30307

Edward Jimison
323 Schuler
Newark, Ohio 43055
(614) 345-1327 (leave message)

Mike McClure
1100 Brotherton
Muncie, Indiana 47302

Red Shelven
1719½ S. Burdick St.
Kalamazoo, Michigan 49001

Diane Drayton
625 Knapp N.E.
Grand Rapids, Michigan 49505

Tom Hiller
Box 431
Waupun, Wisconsin 53963

Carolyn Ellingson
1212 S. 8th St. apt. 3
Minneapolis, MN 55404

Richard Johnson
520 James Ave. #315
Mankato, MN 56001
(507) 387-2390

Deborah Taylor
c/o Woman to Woman Bookstore
2023 Colfax Ave.
Denver, Colorado 80206

Mrs. Earl Jones
Box 123
Horseshoe Bend, Idaho 83629

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P.O. Box 2823
Sante Fe, NM 87501
(505) 471-6928

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25073 Lamar Rd.
Loma Linda, CA 92354

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P.O. Box 4132
Town Center Station
Irvine, Calif. 92716

Jan McGrew
P.O. Box 2132
Sacramento, CA 95810

Elliot Char
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Honolulu, Hawaii 96822

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Seattle, WN 98178

Michael Rupert
2600 Center St. NE
Salem, OR 97310

K. Whiteman
Box 701, Station B
Ottawa, Ontario
Canada

MOVEMENT NOTES...continued

Boston, Massachusetts

Two deaths have recently devastated members of the MPLF. John Aleksiuk's death is written about elsewhere in this issue. In addition, David Regan, an active MPLF member, was killed by a hit and run driver while he was riding his bicycle to the occupation of the Seabrook Nuclear Power Plant in New Hampshire. He was described by a friend as a gentle person who loved animals. He worked on MPLF's paper "Acting Out", doing a lot of the layout and editing.

All the material for the next issue of "Acting Out" is in, but the staff is struggling with a lack of people-energy and money to get it into print. MPLF sent an affinity group to the attempted Seabrook occupation on May 24th. They also have been trying to help an ex-inmate group get started in Concord, N.H. (info. from David Oaks et al)

London, England

Greetings from PROMPT (Promotion of the Rights of "Mental Patients" in Therapy). We are an anti-psychiatry group operating in England for the last four years, petitioning Parliament for the abolition of ECT and psycho-surgery, pamphleteering and giving talks, etc. We should be glad of any news of how your campaign is faring, and to exchange our literature for any you may publish. (by Cherry Allfree)

Iceland

No doubt this is your first inquiry from Iceland. I am a former New Yorker, trained as an Occupational Therapist. I've worked in psychiatry for almost 15 years and based on what I've seen and participated in, along with all my readings, I had to drop out of the system and begin to work actively against it. I have lived in Iceland for the past 6 years and have been writing articles and going around doing a lot of public speaking about alternatives to the present mental health system. I recently started a task group on preventative psychiatry along with a tiny band of renegades and have become active in a newly formed ex-patients' group. I am now involved in establishing a halfway house for former patients which is totally independent of all institutions and government agencies. Very few people here are aware of how much progress has been made by patient liberation groups abroad and I feel it is my responsibility to expose this society to these advances and to help them raise their consciousness(es). I wrote to Judi Chamberlin for permission to translate her book On Our Own into Icelandic and also invited her to come and speak here if her path ever takes her up here on the way to the European mainland. I extend this same invitation to anyone in your group, to come and speak (in English) here in Iceland, about alternatives. (by Hope Knutsson. See list of Contact Persons for her mailing address in N.Y.)

Vancouver, Canada

The Mental Patients Association in Vancouver is the oldest self-help anti-psychiatry group in Canada. It was started about 9 years ago by Lanny Beckman, an ex-psychiatric inmate, psychology graduate student and organizer. During its first stormy year of existence, MPA operated out of only one small house (donated by an ex-inmate) which served as drop-in, crisis centre, crash pad and office. Now MPA has not only a drop-in and office, but also 5 co-op houses democratically run by the residents (about ten in each house), and a drop-in/ information centre in Riverview, the largest "mental hospital" in Vancouver. Thanks to various private and government grants, MPA now has 30 paid staff who help organize and support the drop-ins, office, houses, and research. MPA also owns roughly $500,000 worth of real estate.

MPA advocates and practises the philosophy of participatory democracy. All members are free to express their own feelings and ideas, participate in activities, and vote for and be elected to any position. At least half of MPA's paid positions are occupied by ex-psychiatric inmates. There is no chairman, president, or board of directors. There are films on MPA produced by the National Film Board and CBC. (information from Phoenix Rising)

Washington, D.C.

The Washington Network for Alternatives to Psychiatric Dependency had a successful showing of the documentary film Hurry Tomorrow on Feb. 29. They are continuing with their Wednesday night drop-in meetings at All Soul's Unitarian Church at 16th and Harvard Sts. Some of their members appeared on "Morningbreak" talk show.

Western Massachusetts

On Our Own has had a significant degree of public exposure since our last report. A portion of our testimony before a hearing on Restraint, Seclusion, and De-Institutionalization held by a Mass. Senate Sub-Committee was covered by local television and mentioned in the press. We have been interviewed by the Hampshire Gazette and the Valley Advocate (the local alternative paper). Part of one of our meetings and comments by various members were included in a local documentary called "De-Institutionalization: A Closer Look". We also testified at the Department of Mental Health Hearings on the Future of In-Patient Psychiatric Care in Mass. One of our members spoke on "Madness and Society: A Struggle" at Hampshire College. (by Steve Holochuck)

San Francisco, Calif.

BACAP has been organizing around the right of inmates to refuse psychiatric drugs. The Jamison vs. Farabee out-of-court settlement (see leg. and lit column) has resulted in new state regulations. Believing that these regulations are extremely inadequate, BACAP has been organizing community support to demand that drugging of voluntary patients be prohibited under all circumstances.

In December Dr. Allan Gunn-Smith, an electroshock "specialist" from Stockton, sued Leonard Frank, BACAP, Don Schmidt and the Patients Rights Advocacy Service for libel in connection with their efforts to bring to public attention some of Gunn-Smith's practices at Stockton State Hospital. In November, he had been removed as the ward's Project Director for violating a Department of Mental Health policy governing the use of ECT. On July 9 Leonard Frank was depositioned, while charges against PRAS were dropped.

BACAP has a 25-minute slide show on psychiatric drugs which is available locally, and outside the Bay Area for rental or sale.

A support group by and for former psychiatric inmates (and others who have received psychiatric drugs) is meeting every Weds. night from 7 to 9 at BACAP's office. (info. from On the Edge)

Berkeley, Calif.

Since the beginning of March, self-help mutual support groups of former psychiatric inmates have been meeting in the NAPA office. The groups are non-structured and self-directing, dealing with such topics as getting off psychiatric drugs, loneliness, housing, public assistance, job-hunting, etc. We also have "consciousness-raising" discussions on the nature of the psychiatric system, the meaning of "normal" (which we still don't know) and so on. We do not perceive our problems as symptoms of "mental illness" but as very real reactions to conditions we are faced with. We have a Monday drop-in group from 2-5 p.m., and are now open on Weds. as well, from 1-4. The Weds. group has been designing a board game called "Falling Through the Cracks" and plans to be doing improvisational theater. We also have informal potluck get-togethers on Fri. at 6-9 p.m. (by Howie the Harp)

Women Against Psychiatric Assault is starting a support and consciousness-raising group for women who have been in psychiatric institutions and other women who are opposed to psychiatric "treatment". To get involved call WAPA at 548-2980. The group is open to all women who are former inmates; non-ex-inmates must be approved by the group.

Members of NAPA are organizing an Alameda County task force to fight against discrimination in housing for SSI recipients. One of the demands will be that SSI provide first and last month's rent for recipients. The coalition will include members of organizations of the physically disabled, the elderly, ex-psychiatric inmates, and others. An organizational meeting will be held on Fri. Aug. 29 at 2 p.m. at the NAPA office.

Regular NAPA business meetings are on the 2nd and 4th Thurs. of every month at 6 p.m. Membership is open to anyone who is opposed to all forced psychiatric procedures.

Walnut Creek, Calif.

A campaign is getting underway in Walnut Creek to prevent the opening of a 52-bed wing for the "treatment" of adolescents and children at Walnut Creek Hospital. A petition opposing this plan is being circulated. Former inmates and workers at Walnut Creek (a private psychiatric hospital in Contra Costa County) are needed to help give testimony, and all are welcome to help with the campaign. For more information call Kathy or Betty at (415) 798-3825.

STERILIZATION ABUSE, SOCIAL DARWINISM, AND PSYCHIATRIC CONTROL - PART I

by Tanya Temkin

An estimated 70,000 persons in this country deemed to be "mentally defective" were sterilized without their consent from the 1920's until the early '70's, according to a February-March series of articles in the Richmond, Virginia, Times-Dispatch. The paper detailed the legally-sanctioned mass sterilization program of about 8,300 institution inmates in Virginia over a 50-year period from 1922 to 1972. Over 4,000 procedures were done at the Lynchburg Training School and Hospital, the largest facility for "mentally retarded" persons in the country. The sterilizations were performed not only on those deemed "mentally ill" and "retarded" but also on "social misfits", prostitutes, unwed mothers, criminals, physically disabled people, and others considered socially undesireable. Children, women, and men, especially women labelled "feebleminded", were subjected to these operations.

With these disclosures picked up by wire services and investigated by reporters from various papers, public attention was again brought to the practice of forced sterilization as a means of social control over certain populations. The use of coercion and deception by social welfare agencies to impel Native Americans, Black people, Latin American people, and welfare mothers to be sterilized has, in recent years, been well documented and strongly protested. Remedies have been attempted through legislation, regulation, and state and federal courts. The Times-Dispatch news also reflects another repressive social policy, disguised as benevolence towards the "patient" and society, for keeping the "mentally disabled" segregated and suppressed. Like other psychiatric policies, forced sterilization of the "mentally disabled" has had a series of pseudo-scientific and social-welfare rationales offered to justify its practice.

The practice began in the 1880's when several British and American male doctors, convinced of some link between the threatening forces of madness and female sexuality, removed the ovaries of a number of women confined in insane asylums. These "experts" debated whether ovarian disease caused insanity or vice versa, challenged each other's conclusions in windy medical journal articles, and could not offer their medical brethren or the public any consistent reason for their drastic practices. The eugenics movement, which began in the 1880's also, had the trappings of social as well as medical science and was much more widely accepted by affluent professionals and lay people. It flourished well into the 20th century.

Francis Galton, an Englishman, invented the term "eugenics" in 1883 to mean "the study of the agencies under social control that may either improve or impair the racial qualities of future generations, either physically or socially." Thus, those of "superior" genealogy were encouraged to intermarry and produce "superior" offspring, whereas people with "inferior" traits were to have their reproduction limited or suppressed completely. "Mental illness" was at that time said to be hereditary and to be the concomitant of crime and poverty. The professed goal of the eugenicists was the eventual breeding-out of "insanity", "feeble-mindedness", and hereditary physical disability in order to achieve a society free of criminals and paupers. Eugenicists tended to correlate evidence of "superior" heredity with their own characteristics: white skin, wealth, social prestige, and native U.S. birth. Those whom they identified as innately inferior, and who began to fill the wards of public institutions where sterilizations were performed, were mostly, poor, often dark-skinned and immigrant, and otherwise beyond the standards of respectability and public tolerance.

-IWD Press Gang

Eugenics ideology exploited both Mendel's research on genetic patterns in insects and plants and Darwinian theories of human evolution. Malthus had predicted in the late 18th century that if the rate of human reproduction was not curbed, the global population would become so large that the world's natural resources would be insufficient to sustain the masses; widespread famine was seen as the inevitable result. Eugenicists contended that "mental defectives" propagated so wildly that society would become overrun with a race of degenerates, and were determined to save the world for the best, brightest, and whitest. The social-science and medical elite that led the eugenics movement, wishing to stem the incipient tide of misfits, formulated and lobbied for laws to legitimize the existing but as yet unofficial practice of sterilizing the "mentally disabled."

In the 1890's, the superintendent of a Kansas home for the "feeble-minded" castrated 58 children, but public revulsion was so great that he stopped this unauthorized practice. Somewhat later, Dr. Harry Sharp used his new invention of vasectomy to sterilize six to seven hundred boys at the Indiana Reformatory. Salpingectomy, a more expedient and less hazardous means for sterilizing women than removing the ovaries or uterus, also came into use. Indiana legalized eugenic sterilization in 1907, the first state to do so, and many other states soon followed suit.

The eugenics rationale helped the powerful constrain the oppressed in other ways. Even before the advent of eugenics in America, the upper classes had started a campaign for restrictive immigration laws to keep immigrants from swelling the ranks of an impoverished and increasingly militant working class. Eugenicists were on hand with "proof" that foreigners, especially those with dark skin, were hereditarily inferior to U.S. whites and should thus be kept from infecting the crowded slums with bad genes, typhus, and socialist/anarchist politics.

As the birth control movement, spearheaded by Margaret Sanger, urged the development of safe and effective means for all women to control their own fertility, it colluded with and was exploited by those who wanted to control the fertility of all others. Sanger herself shifted from her original radical, anti-capitalist stance to state that the "chief issue" off the birth control movement was to ensure "more children from the fit, less from the unfit," and in 1918 she asserted that "all our problems are the result of overbreeding among the working class." This sentiment was embraced by conservatives who pushed birth control as a means of stemming the masses of sweatshop workers and unemployed persons who demanded social change rather than resigning themselves to their alleged lack of genetic graces. The Rockefeller and Carnegie Foundations contributed heavily to spread birth control/eugenics propaganda. Universities offered classes in eugenics theory and careers in the field; the Carnegie-backed Eugenics Records Office trained field workers to track down and monitor people with suspect genealogy.

Psychiatry, at the same time, was developing its own plans to expand its power and gain popular support. Involuntary confinement and sterilization were not its only contributions to human betterment. With the advent of the mental hygiene movement, especially the founding of the National Committee for Mental Hygiene in 1909, came a noble-sounding program for lay people as well as physicians to interfere with the lives of deviants outside as well as inside institution walls. (The NCMH was founded by an ex-inmate named Clifford Beers who protested asylum conditions, campaigned for better "treatment", and exalted psychiatrists.)

This movement, like eugenics, was largely orchestrated by institution doctors and wore the trappings of social reform. It called for an expanded state hospital system, more staff, more research, more "treatment", more psychiatric labels, and prompted the founding of numerous psychiatric training programs over the course of the next two decades. Like eugenics, the mental hygiene movement held that social problems like crime and delinquency resulted from medical faults within the offenders and that such troubles were amenable to preventative public-health programs. Mental hygienists advocated early detection and "treatment" plans for schoolchildren whose budding neuroses might lead to anti-social acts. The middle and upper classes welcomed and generously funded this movement. The Rockefeller Foundation was a major contributor to the NCMH, and the Commonwealth Fund, Carnegie Corporation, and other benefactors gave substantially to the group's propaganda efforts. The NCMH even pitched in for the anti-immigrant effort when, in 1912, it resolved to urge Congress to pass laws requiring mental examinations for all aspiring immigrants. Soon after, the movement started to train policemen in mental hygiene ideology. Better mental hygiene was even exalted by some enthusiasts as the solution to labor disputes, class struggle, and international problems.

Psychiatrists were eventually brought in as school consultants to de-fuse juvenile symptoms of social unrest, and promoted the growth of child psychiatry, residential "treatment" centers, state hospital children's units, child guidance clinics, and social welfare agencies. The creation of all these new career opportunities appealed to the well-to-do, who were urged to form local and state-level mental hygiene committees to carry on the crusade. Culturally biased and racist IQ tests, developed and advanced in the U.S. by eugenicists since 1908 to weed out and categorize the "feeble-minded", were looked upon with approval by mental hygienists. They lauded the expanding use of such tests in school systems through the 1920's.

By the early 30's, the mental hygiene epidemic had infected 30 states with their own committees, led to the eruption of numerous local chapters, and had even spread internationally.

The mental hygiene movement did not, however, approve of compulsory sterilization. Some within the ranks expressly opposed it. It seemed too harsh a measure to benefactors who believed inmates should receive more "humane", more subtle, and less visibly repressive "treatments." Nevertheless, this movement's demands for better hospitals, more staff, more research, and more labelling gave institutional psychiatry even more credence and authority. This influence, along with the passage of Indiana's precedential sterilization law in 1907, may well be reasons why more state legislatures passed such laws at the prompting of institution officials throughout the following years. As with psychiatric commitment laws, eugenic laws were touted as beneficial to both society and the "patients"/victims.

Proponents of sterilization and mental hygiene advocates both professed concern that children raised in poverty by "unfit" parents would grow up to be anti-social, dangerous, and financially burdensome to society. Many states permitted sterilization of institution inmates whose potential offspring might, in the reckoning of the "experts", have ended up as charity or welfare cases. Eugenicists also argued that poor and "defective" mothers should not have to bear the stresses of pregnancy and raising children for whom they could not adequately provide. Thus, unwed mothers, prostitutes, alcoholics, and other outcasts came to be targeted for sterilization. In some states, laws were passed designating "hereditary criminals, "degenerates", and "sexual perverts" as appropriate sterilization subjects.

The elite of the medical and legal professions drew up a "model sterilization statute" for national enactment in 1922, proposing the mass sterilization of drug addicts, syphilitics, lepers, others with chronic illnesses, the blind, the deaf, the deformed, orphans, "ne'er-do-wells", tramps, paupers, and others regarded as a drain on society. An estimated 15 million persons would have been affected by this act, which never passed but which reflected the official and unofficial practices in some states. It may be noted that this act apparently served as the model for the Nazi mass-sterilization program started in Germany in 1933, and which resulted in the sterilization of 2 million "unfit" Europeans. One drafter of the act was Harry Laughlin, once superintendent of the Carnegie-funded Eugenics Records Office. According to researcher C.L. Gaylord, Laughlin received an honorary degree in 1933 from Germany's Heidelberg University, a major Nazi research center on "race purification", for his contributions to eugenics.

By the 1920's, eugenics theory started losing its credibility among the lay public and some segments of the medical profession. The affluent had other philanthropies, such as the ever-growing mental hygiene movement, to balm their consciences and preserve their class interests. If public sentiment towards compulsory sterilization began to lessen, the practice was encouraged by the state sterilization laws that had passed. For hospital administrators and doctors, the use and threat of forced sterilization were powerful means of physical restraint and coercion to keep their charges under control. The U.S. Supreme Court bolstered that power in its 1927 decision in the case of Buck vs. Bell.

Emma Buck, a white woman from the Virginia hills, was committed to Lynchburg in the early 1920's as "feeble-minded." She was known as a "loose woman", often had minor brushes with the law, and was an unwed mother. Her daughters Carrie (also an unwed mother) and Doris were subsequently committed for being "slow." Lynchburg was then directed by Dr. A.S. Priddy, a eugenic-sterilization enthusiast. He had been sued several years before by a woman he had sterilized at a time when there was no state law permitting him to do so. To protect himself from future lawsuits, he engaged a lawyer friend to draft a law giving him the right to order a sterilization for any inmate, upon approval by the hospital Board. According to the current director of Lynchburg, K. Ray Nelson, Priddy had 17-year-old Carrie sterilized so he could use her as a test case to uphold the new law, and thus to prove that his belief in eugenics was valid. Emma and Doris were also sterilized. When Carrie sued Priddy, the Virginia Supreme Court ruled in his favor, and, on

by Laurie White

appeal, so did the U.S. Supreme Court. Justice Oliver Wendell Holmes said in the written opinion:

> "...It is better for all the world if, instead of waiting to execute degenerate offspring for crimes, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind... Three generations of imbeciles are enough."

The third generation of "imbeciles" Justice Holmes passed such judgment on was Carrie's one-month-old daughter!

The case has never been overruled or reconsidered by the Supreme Court. 16 states had involuntary sterilization laws before the Buck decision; 20 more passed such laws in the 10 years after, despite the declining popularity of eugenics theory.

Virginia law still allows involuntary sterilization to be performed on inmates, although the Board of Mental Health claims to have banned the practice in 1972. In 1974, under threat of lawsuit, the state amended the old law to add the requirement of judicial hearings on any proposed sterilization. Under the current law, a judge can order sterilization on a "mentally ill" or "retarded" person if the court finds that the operation would be *in the "best interests" of either society or the patient.* Though some institution officials insist that no sterilizations are permitted at their facilities, inmates can be taken out of institutions by parents or guardians who file incompetency proceedings against them and then seek court-ordered sterilizations by outside doctors. Thus, "incompetent" persons may be sterilized with the use of private funds rather than state monies.

Many sterilized inmates were never even told what kind of operation they were undergoing. As Doris Buck told the Times-Dispatch, she was led to believe that she was receiving an appendectomy. The Richmond chapter of the American Civil Liberties Union is preparing to sue the state to compel it to notify all persons who were sterilized under state auspices and award money damages to the victims. The ACLU would also like to see the current law declared unconstitutionally vague.

Twenty to twenty-five states still have laws on the books which allow for the involuntary sterilization of the institutionalized and legally "incompetent." The laws vary in the amount of legal protection they afford such people and the frequency with which they are applied. In Delaware, for example, a "mentally ill" or "retarded" person can be sterilized upon petition by an institution official or the parents, if a medical review board gives its approval. The victim has no right to be notified or to attend a court hearing on the matter. Mental health officials claim that no sterilizations are now conducted, but the law remains on the books despite legislative efforts last year to give "retarded" inmates some due process rights. Brian Hartman, a Delaware attorney, told the Times-Dispatch that he is aware of several cases in which parents have taken their children out of state to be sterilized. South Carolina law still provides that state hospital inmates afflicted with "hereditary" insanity, idiots, imbeciles, epileptics, and "feeble-minded" persons may be sterilized unconsentingly. Maine permits sterilization upon "feeble-minded" people for the purpose of "the prevention of the reproduction of further feeble-mindedness or for the therapeutic treatment of certain forms of mental disease." And in Vermont, as of 1979, "retarded" and "mentally ill" persons who are allegedly "likely to procreate mentally retarded or mentally ill persons" could be sterilized under what Vermont calls its "voluntary" sterilization laws, which let the guardian of an "incompetent" person give consent once the procedure has been approved by a medical review team. The ward may then "voluntarily submit" to the operation, as if there were any choice in the matter.

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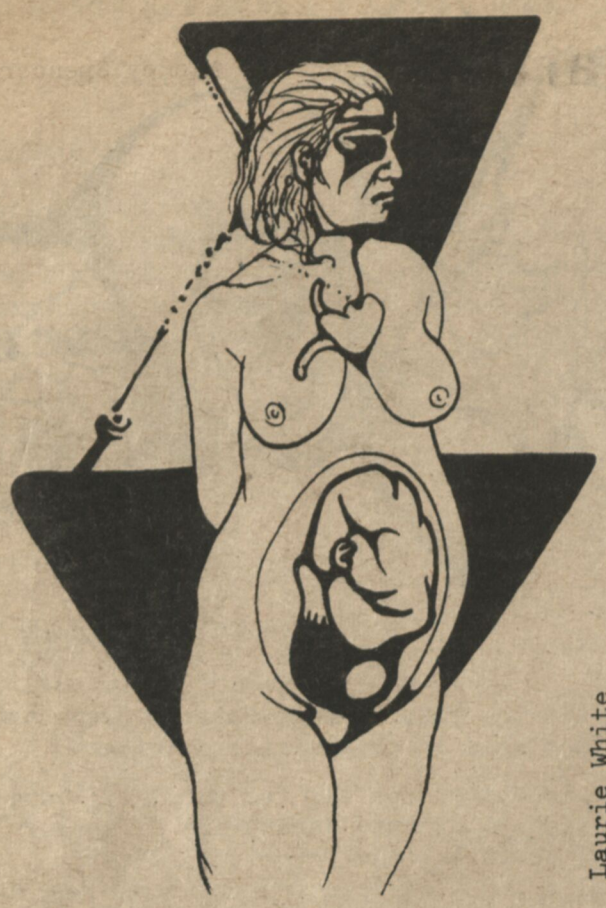


Laurie White

It is difficult to get an accurate appraisal of the total number of "eugenic" and other non-therapeutic sterilizations done in the U.S. on stigmatized people. Operations that were done before states began keeping records of them can not, of course, be accurately reflected in official tallies, nor can procedures that have been done illegally. Some states maintain records of sterilizations done in state facilities but do not keep track of operations done on out-patients or in-patients in private facilities or doctors' offices. According to researchers' estimates, at least 63,000 and as many as 70,000 sterilizations were done on persons identified as "mentally disabled." Overall, such operations declined in the early 40's as notions of hereditary criminality and hereditary "mental illness" were put into dormancy by medical debunking. *(Such theories have not, sadly, been left to die completely.)* The public reacted with horror to disclosures of Nazi Germany's program of genocide via mass sterilization of the "unfit." Probably few were aware of the U.S.'s ideological contributions to that scheme. New techniques, such as electroshock and insulin coma, had come to provide other means of subduing the sexuality and spirits of institutional inmates. It may be noted that as sterilization of the "mentally ill" became less common throughout the 1940's, lobotomies were deployed on a mass scale on hospital inmates and left tens of thousands to vegetate for life on the back wards.

California has a long and voluminous history of subjecting inmates to state-sponsored sterilizations. Its first eugenic sterilization law, passed in 1909, gave institution officials the power to authorize the procedure for persons in their care. Records kept by the Department of Mental Hygiene from then until 1960, when the state claims such operations were stopped, and statistics compiled by Dr. Jonas Robitscher reflect the rise and drop-off of eugenic sterilization. At least 19,300 and as many as 21,108 California inmates were sterilized, accounting for one-third of all operations done nationwide. Over 16,000 sterilizations in California were done before 1943.

Much of this dubious credit goes to Dr. F. O. Butler, superintendent of the Sonoma State School for the "retarded" from the 1920's through the 1940's. He expressed his strong belief in eugenics by ordering the sterilization of 5,000 Sonoma inmates, and came close to fulfilling his goal of sterilizing everyone in the School. Most of the inmates were sent there by the courts after they committed, or were accused of committing, various criminal offenses. Children were admitted to Sonoma after running afoul of the juvenile authorities or after their parents secured commitment orders from the courts.

For many years, nobody was allowed to leave the institution without first undergoing sterilization. Parents and guardians could usually be induced or coerced into giving consent for the inmate's sterilization, and their refusals, which were few, were legally overruled. The school even took in a number of young girls who were court-committed solely for the purpose of sterilization because they were thought to be too sexually active. Many of them never got out.

About one out of every five or six inmates sent to state institutions for the "mentally ill" were forced to undergo sterilizations. The victims tended to be labelled "schizophrenic" and were usually identified as being homicidal, aggressive, and violent -- labels that have traditionally been used to justify the most drastic forms of institutional constraints and "treatments."

The practice of sterilization survived the decreasing lay and medical popularity of eugenics theory. Eugenicists began to doubt that criminals inherited their tendencies to break the law, though they still clung to the belief that some forms of mental "disorder" or "deficiency" were best dealt with by eugenic sterilization. In 1930, such selective sterilizations were endorsed by the White House Conference on Children. However, in 1936 the American Neurological Association took the position that heredity was being overemphasized as a cause of "mental disorder", and said that state compulsory-sterilization laws were unjustified. By the next year, the staid American Medical Association conceded that it saw little scientific basis for practicing sterilization for eugenic reasons. It had become apparent by this time that "mental defectives" did not possess the boundless sexuality formerly ascribed to them, and that institution inmates under strict confinement had little opportunity for sexual expression. California doctors, however, were unshaken by this evidence and by the conclusions of their medical brethren, and continued to sterilize with impunity. They reached their most prolific years from 1936 to 1942, when nearly 5,200 inmates went under their knives. Despite official rhetoric about sterilizations allowing the victims to be released from the institutional captivity they would otherwise allegedly "require", thousands of sterilized inmates never left the hospitals. Forced sterilization seems to have been used as a raw punitive exercise of medical power, as have other psychiatric "treatments" in the name of human betterment. The victims' chances for "productive" lives were destroyed in more ways than one.

(A 1951 law added judicial due-process rights for state hospital inmates for whom sterilization was proposed, and the number of sterilizations dropped sharply. Though state officials insist that no non-therapeutic sterilizations have been performed in state hospitals since 1960, the 1951 law remained on the books until it was repealed in early 1980.)

Part 2 of this article will appear in the Volume 6, # 2 issue of Madness Network News, with a bibliography. Particular thanks to Judith Grether for information in Part 1 on sterilization abuse in California.

AN OPEN AND SHUT CASE

I do adore
A door
That acts like a door
That opens like a door
And doesn't ever lock
like a door
Cause I've had that
galore before

Molly Dexall

from "Madness Unmasked"

Getting Help ... part 2

by Mickey Spencer

(This is a sequel to Part I, "Psychiatrists I Have Known", which appeared in the last issue (Vol. 5, #6) of MNN.)

Between the ages 20 and 39, almost a dozen psychiatrists influenced my life. In all that time, I was never coerced, drugged, hospitalized, or shocked. I sought all the "help" I got and obeyed the experts I went to faithfully. Only after repeated disasters at their hands, culminating in my husband's suicide, was I finally cured of my severe psychiatrophilia (irrational belief in the efficacy of psychiatry). But I didn't become psychophobic either. I don't believe that my "cure" requires that I refuse to accept ANY help from ANYONE. A cured alcoholic doesn't refuse to drink any liquid, only those that are harmful to her. I have wanted help many times since my "cure," and I am sure I will continue to want it in the future.

I recognize that getting help for myself does not do anything for the many others who have not been helped by traditional psychiatrists. I know I must keep fighting for real help for everyone at the same time I get the best help I can for myself. For myself, I am trying to learn from past experience what works for me and whom to ask for help.

The two most dangerous attributes of the psychiatrists I have known are their power vis à vis their "patients" and their reactionary and individualistic world view.

My therapists decided which problems to discuss; they chose the labels to brand me with; they told me whom to blame and what to do about it. They believed that they could ignore their own conflicts of interest, and could use deceit, manipulation, and intervention to assure the outcome THEY had chosen. (If, at this point, you object that I allowed -- nay -- even asked them to do this, you are right; I'll get to that later).

I think that many traditional psychotherapists feel OK about exerting all this power they have over other people's lives because they feel that by doing so they are allying themselves with society against what they consider the anti-social impulses of the individual. Most of them are honest, well intentioned people who believe that what they are doing is for the ultimate good of both society and the individual. However, when people come to them with problems, they too frequently absolve society of responsibility and locate the source of the trouble within the individual. Our psychiatrists failed to recognize the fatal pressures of societally imposed sex roles on both of us and on our relationship. Both Jim and I felt 'wrong' because I had a more "forceful" personality than he. I was more of a doer while he was more of a thinker and dreamer. When we first met, I enjoyed his "quietness" and he my "liveliness." It was only when we began to see these traits in the light of our prescribed sex roles that they made us uncomfortable and eventually resentful.

Jim's psychiatrists also ignored the social pressures on him to "succeed" as a scientist. I believe that it is no coincidence that Jim killed himself just before his 40th birthday, the magic age by which a scientist was supposed to have "made it" if he was ever going to.

They also ignored problems created for Jim because he could relate to abstract ideas much better than to people. To them, this seemed a "normal" male trait, not a problem. Instead of recognizing Jim's problems with success and isolation (the manly virtues), they focused his attention on the inadequacy of his wife. They gave him a scapegoat to blame for his troubles, so he never recognized the role society, and his psychiatrists as its representatives, played in his suffering.

In my case, they ignored factors such as fatigue after the birth of my children, Jim's behavior, the stereotypes about female sexuality, and sexist assumptions about my role as a girl child and as a wife and mother. Instead, they probed my childhood fantasies and my relationship to my mother in order to consolidate my role of scapegoat.

I see now that I LET them do what they did to me -- I empowered them. I did this because of the reverential attitudes of that period toward psychiatry, especially within my social class, and my own personal reverence born of my own indoctrination and training. In those days, I totally believed in education as the road to understanding and in experts for solving problems. ("You wouldn't try to fix your own toilet, would you?" -- now of course I do). I also believed devotedly in my unconscious as a cess-pool of antisocial impulses which I had denied and repressed, and which I needed to understand so I could control them for my own and society's good.

Now, when I have a problem, I approach it from a perspective that recognizes the part the oppressive structure of society plays in creating these problems: I understand that because I am a woman, the pervasive sexism of society robs me of self confidence, pushes me into uncongenial and limiting roles, and blames me when I don't fit into them; it tries to destroy my sexuality, my ambition, and my perception of myself and of reality.

I realize now that sex role stereotyping also robbed Jim of his self confidence, pushed him into uncongenial and limiting roles, and convinced him to blame me when he wasn't comfortable in them. They destroyed his sexuality, twisted his ambition, and distorted his perception of himself and of reality.

These distortions killed Jim. I survived them.

Now I no longer see myself as a ladylike shell precariously containing a dangerous inferno of unconscious desires. On the contrary, I now see myself as a basically good person -- it is only the distortions of my self which may be harmful to me and to others.

Now when I feel that I need help with a problem, I insist on getting it without giving up my control over my life. I know I don't know everything and I realize that someone else can often help me see a situation more clearly than I can see it by myself. But it is MY life and MY problems; now I know I am the one who has to solve them. I suppose there are some people who cannot do this -- who are really too weak to take this responsibility for themselves. I suppose what I am saying here might not apply to them. I do know that there are many women who have denied their strength and given in to the myth that we cannot take care of ourselves. Even if you think you are one of the "weak" ones, thinking "strong" can go a long way -- at least it has with me.

Keeping the control over my life in my own hands means that I decide what I want to work on. I choose which problems I feel I can face and which ones I don't want to deal with (yet?). It also means I trust my perceptions, my feelings, and my intuition -- if something my helpers say doesn't sound right to me, this isn't "denial," this is ME and I accept it. Maybe someday I'll come to see it their way, but that is up to me to decide.

Being in control also means accepting responsibility for my own actions, which gives me a chance to change them, while not indulging in guilt and self-blame for anything I might conceivably have caused or prevented. That's a hard one. The line between responsibility and guilt is so obscure that I have trouble drawing it. The best I can do with this one is: If it feels bad, it can't be all good.

Finally, since I am in control, I don't ask for help from people who are in a position to snow me with their power or to tempt me to turn over control of my life to them. So I don't choose very rich people, or people with a lot of status from professional degrees.

Now that I have cured myself of my psychiatrophilia, I can see that there is a much wider range of helpers available to me than I had known about. I realize that I will make use of different ones at different times in my life, and for different kinds of problems. I see now that for many of the things I thought required an expert, I can get the help I want from a peer. So now I make a preliminary decision about the kind of help I want: a friend, a peer group, one-to-one peer counseling, one-to-one counseling with someone with more experience than I, a group with trained leaders, or a combination of these. I am sure there are other options -- I hope I will find out about them soon.

Whether I choose peers or women with more training and experience than I have, the people I turn to for help must have a clear understanding of oppression and the role it plays in my life. For me that means a feminist.

I don't want to get help from someone who reduces my choices by agreeing with stereotyped roles and limitations. Nor do I want the "help" of those who believe our problems are all inside ourselves, that we make our own reality, as many Human Potential advocates claim. Finally, I don't want my helpers to be too optimistic about what or how much I can change. I want them to recognize my physical and financial limitations, my emotional burdens, and my social restriction. I want my helpers to recognize that I often have to make compromises with my politics in order to survive in this society so they will not insist on "political purity" -- many feminists wear skirts, stockings, makeup, and even wigs because their jobs require it.

Continued on p. 10

GETTING HELP -- continued from p. 9

Naturally, I want the people who help me to believe I am a fundamentally good person and not only to be supportive of me but actually like me. When they help me to recognize the things about me that are hurting me and others, I want them to let me know their reasons ane hear mine. Under these circumstances, I have found that fundamental changes may be hard work, but they do not have to be painful and can actually be exciting and energizing.

I now realize that in many of the situations for which I used to think I needed professional help, a friend is as good and often better. However, if I realize that I am likely to need concentrated help over a fairly long period, I often prefer to pay someone to listen to my sad tale rather than to wear out my friends with it.

If I decided I need help from people with special experience or training, I look carefully at the question of power. This goes beyond choosing helpers with whom I *am relatively equal in societal power and who have no conflicts of interest. I look for helpers who know their* own limitations and can admit them to me. I trust someone who says "I don't know!"

Since they know they are fallible, they will respect my decisions about what directions I want to move in, what insights I want to accept or reject, when I am ready to work on a problem and when I need to stop. To do this, they must not have any "hidden agendas." I don't want a therapist to reach conclusions about me and try to get me to act on them without sharing them with me and getting my agreement. Freudian therapists I went to in the past "knew" that my problems must stem from my childhood, so they insisted that I talk about my childhood relationship to my mother and my father rather than about the problems I felt were bothering me. (As I grow older, my childhood gets farther and farther away and seems less and less important to my life relative to the many years and experiences since then). Similarly, many therapists "know" that older women are anxious about losing our femininity when we reach menopause so they urge us to discuss this "problem," whether it seems like a problem to us or not. Phrases like "You are being defensive" or "you are blocking" tell me that someone is not being open with me; that s/he has hidden agendas that s/he is trying to manipulate me into accepting, sight unseen.

Finally, I expect the people I get help from to be willing to be vulnerable around me -- to reveal something of their own lives and their own weaknesses as I reveal mine. This is the direct opposite of the traditional therapeutic stance which pretends to be objective and uninvolved. I expect the people who help me to remain in their own personalities, not to adopt a special therapeutic persona that keeps me from seeing their individuality. To me, helpers are not just experts with special training in helping others to solve problems, comparable to the experts who know more about how to fix toilets than I do. The personality and life style of the people I go to for help are very important to me. I want them to be similar to me in those ways that are important to me at the time. Right now I seek helpers who are not only women and feminists, but also Jewish and close to my age, since I am working on cultural and age-related problems. As I grow and change, I expect my priorities to change too, and I will look for different kinds of helpers. But I am sure I will continue to want my helpers to be women, to be feminists, and to be real, fallible human beings.

(Part II first appeared in Broomstick (Vol. II, # 3, Feb. 1980). Broomstick is a feminist periodical by, for, and about women over forty. For information, write to 3543 18th St., San Francisco, Cal. 94110, or call (415) 431-6944.)

THERAPY AS OPPRESSION

by Lenny Lapon and Arrow

Can psychotherapy be radical? For us, the concept of radical psychotherapy brings to mind the idea of "corporate ethics." Something is either corporate or ethical, but not both. Likewise, something is either psychotherapy or it is radical. To many, this might appear to be an over-simplification. However, there are several reasons to view therapy in this way.

Therapy tends to focus on the individual, to blame her/him for her/his problems rather than the various forces and conditions in our society that cause people to have problems and pain, and to "freak out." The "client" or "patient" is supposed to deal with real material conditions such as poverty, alienating work, powerlessness, sexism, and racism by adjusting herself/himself to them, by changing personal attitudes, rather than by attacking the oppressive conditions directly and politically.

Strong emotions (rage, despair, elation, etc.) are invalidated. Anger is supposed to be talked about, let out and dissipated, rather than turned against real oppressors.

Therapy proponents say this is not so. "You're talking about traditional therapy. Radical therapy is different. It's progressive. It's political. It really helps people to change society, not merely adjust to it." However, in practice, many aspects of all therapy sets up an unequal, hierarchical relationship where one person (the therapist) is set up as an "expert" in human emotions, relationships, etc.

Frequently when someone "freaks out" (is in a lot of pain and acts in a way that disturbs others), friends and family members feel they're not qualified to help, and that a "professional" is needed--someone with a degree in psychiatry, psychology, or social work. This further isolates the person and forces her/him to go to a "professional" just to have someone to talk to. These therapists have been indoctrinated in the medical model which sees problems as "symptoms" of "neuroisis" or "psychosis". Even many "radical" therapists subscribe to the medical model since it is the philosophical basis that justifies their work. Almost all therapists are from more privileged class backgrounds than their "clients" and consequently can't relate to the oppression they face.

More often than not, therapy creates dependency of the "client" or "patient" on the therapist, although the theory professes to create independence or at worst, only temporary dependence. There is also an exchange of money. One has to pay for the attention and "caring" (real or feigned) of the therapist. It is not a mutual, caring relationship between equals.

The purpose of this article is not to pass judgement on people in therapy, but rather to understand why people are in therapy and to offer alternative ways to deal with personal pain and oppression. Why do people go to therapists, even voluntarily? We go because we live in a very alientating society. We are lonely and alone. We go seeking support--someone to listen to us and to care about us. We go because we are afraid to be "open" with each other and to talk with others about intense feelings and thoughts. Some of us go and talk and feel better afterwards. We feel we've been helped. Others of us feel worse or the same.

"What's the alternative," you ask, "given that we live in such an alienating world?" In the long run, the only alternative is to organize politically, to fight inequalities and oppression, and to change our society radically--eliminating the roots of our pain. In the meantime, we can also build our own networks of friends. We can build communities of people within which it is safe to be open, sharing and caring with each other in equal, mutual relationships.

"What about people who have no friends?" Again, we must examine the political basis--the causes of people's loneliness. It is misleading to see loneliness mainly as a personality problem. It is rather a problem stemming from a society which often makes friendship a commodity

based on youth, articulateness, and "attractiveness."

The support communities we build must be politically active, directing anger and other responses to oppression against our oppressors. We're not talking about building "utopias," but rather places where we can work with each other on a daily basis both against external oppressors and against the oppressive ways in which we've all learned to deal with each other. This includes changing the way we work together politically to make expressing and responding to feelings part of our work, rather than seeing them as obstructions. Often "inappropriate" feelings are responses to subtle power hierarchies within groups, such as dominance by white males or people with a college education.

The first step to political action is often withdrawal from the group that is oppressing us, in order to gain emotional support and validation from each other--thus the development of caucuses and support groups of women, gays, third world people, ex-psychiatric inmates, etc.

We have a lot of work to do.

(This article first appeared in Community newspaper).

Shock Doctor Roster

Many psychiatric facilities where shock treatment (electroconvulsive treatment, ECT, electroshock, etc.) is administered prepare "shock rosters," naming those people scheduled to be shocked at a given time. The Madness Network News Shock Doctor Roster names psychiatrists who administer or authorize shock treatment and their institutional affiliations. Listed psychiatrists who no longer use this procedure, or who have been mistakenly included on the roster, may notify MNN (P.O. Box 684, San Francisco, Cal. 94101) to have their names removed. Readers who know of shock doctors who are not on the roster are invited to submit their names along with their institutional affiliation (city and state). Names submitted by anonymous sources will not be listed. The entire roster is printed once a year in MNN, with reports of newly added names in each issue. The last complete roster appeared in the Winter 1980 issue of MNN. The 22 additions listed below bring the total roster to 426.

Ernest R Braasch - Duke Univ Med Cntr, Durham, NC
A Corzo-Moody - Elyria Mem Hosp, Elyria, Ohio
David Ray DeMaso - Duke Univ Med Cntr, Durham, NC
Patrick Duffy - Case Western Reserve Univ Scho of Med, Cleveland
Lewis Fabre - Fabre Clinic, Houston
Richard B Ferrell - Dartmouth Med Sch, Hanover, NH
Lester Grinspoon - Harvard Med Sch, Boston
David S Heath - Kitchener-Waterloo Hosp, Kitchener, Ontario, Canada
Charles Reynold Hillenbrand - 128 W 10 St, Michigan City, Ind
Marshall D Hogan - Med Arts Bldg, Kingsport, Tenn
Grant Hughes - Univ of Oregon Med Sch, Portland
Daniel J Kennelly - McKennan Hosp, Sioux Falls, SD
R B Leander - McKennan Hosp, Sioux Falls, SD
Thomas P Lowry - Napa State Hosp, Napa, Ca
Harold Lubing - St Mary's Hosp Med Cntr, Madison, Wisc
Stanley Miezio - St Mary's Hosp Med Cntr, Madison, Wisc
Richard E Mintor - Univ of Michigan Med Cntr, Ann Arbor
Margaret R Read - St Joseph Hosp, Lorain, Ohio
Julius Rice - Health Sci Cntr, State Univ of New York, Stony Brook
Quinton Schubmehl - Wilson Mem Hosp, Johnson City, NY
Maxwell Smith - St Mary's Hosp Med Cntr, Madison, Wisc
Lewis M Williams - Baptist Hosp of Southwest Texas, Beaumont

WE'RE FIGHTING FOR OUR LIVES:

The Death of John Aleksiuk

In April, Mental Patients Liberation Front of Boston received an anonymous phone call: an inmate at Glenside Hospital, a private psychiatric institution in Jamaica Plain, had just died. "The circumstances look suspicious," we were told. "You should check this out."

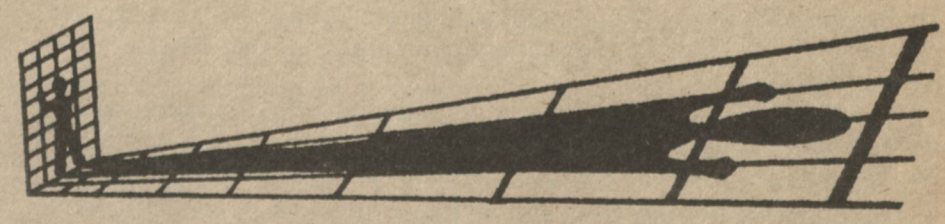
In order to find out more, an unnamed person phoned Glenside posing as a doctor. We discovered that John Aleksiuk was brought in by police to Glenside under a court order on April 7. The institution called him very uncooperative. He received at least one dose of Thorazine. Early in the morning of the next day, actually within hours of his admission, he was found dead in an isolation cell, or "seclusion room." Blood stains were found on his head and on the wall next to the mattress on the floor.

John Aleksiuk was an MPLF member. He had been in touch with MPLF on and off over the years. John lived poorly like many other ex-inmates. In his fifties, he lived in a hotel, played the saxophone, and also did a large amount of research on the harms of psychiatric drugs. For instance, he found medical studies connecting phenothiazines to heart attacks. He wrote that it was vital that the truth about these drugs be publicized for everyone's benefit.

Glenside Hospital has about 100 patients and is rich. It is a shock shop, and one study showed they shocked 20% of their inmates, and many out-patients. Adolescents to nursing home residents are pressured to sign the consent form which merely states, basically, "I have been informed of the side effects of electroshock treatment." If one doesn't sign, a guardianship is easily obtained and the guardian can then consent in lieu of the inmate.

MPLF demanded an investigation of John's death. The police, district attorney, and the attorney general's office refused to do anything. Massachusetts Sen. Backman's committee, formed to investigate inmates' deaths, said it couldn't get involved beyond minor assistance, because Glenside was private, and it had no jurisdiction. *Everyone said, "Wait for the autopsy report."*

Glenside Hospital at first was very open about John's death. A spokesperson talked at length with a reporter from John's home town, filling the article with quotes implying John was a brutal person. John's family was very angry. As soon as Glenside discovered people were pushing for an investigation, all employees were informed they could not discuss the case or say John's name to anyone.



Meanwhile there was no word from the medical examiner, Dr. Curtis, about the autopsy. He did say that John's skull was not fractured, and that he had made a tentative ruling of "heart attack." He claimed to be sympathetic to the dangers of psychiatric treatments. "You'll have to wait for the full report," he said.

How did John Aleksiuk die? Were the drugs responsible? Why is no one investigating his death? Mass. Department of Mental Health Commissioner Robert Okin has long proposed moving most inmates from state hospitals to private facilities. Yet these private institutions like Glenside are even less accountable and just as dangerous as state institutions.

MPLF called for a demonstration. A neighborhood association near Glenside which had been working to stop Glenside's expansion into their community agreed to help. A small but well-publicized demonstration was held in late April.

Two recent developments: First, hospital employees are privately discussing the role of police brutality during John's admission as a possible cause of death. Second, Dr. Curtis said a final autopsy report could take years. "We haven't found the cause of death. The family and Glenside are both interested in this case. I have to wait to find out what litigation occurs before I say anything. This could be pending for quite some time. It is a complex case." A toxicology report was negative; but do they know that Thorazine kills?

With no investigation conducted, and so many delays, one fact is certain: it is likely that John was killed by the psychiatric drugs, brutality, or a combination of both. How many more must die?

THE EIGHTH INTERNATIONAL CONFERENCE ON HUMAN RIGHTS AND PSYCHIATRIC OPPRESSION: IMPRESSIONS AND OBSERVATIONS

Leonard Frank

Although I had very little to do with the planning and organizing of this year's Conference, I was close enough to the scene to know and appreciate the enormous amount of work that made it all possible.

On Friday evening, May 2nd, several of us arrived at the Gillespie Campsite in Berkeley's Tilden Park for dinner. Everyone had gathered in a sturdily built stone-and-wood lean-to, warmed and lighted by a campfire, where our first meeting had just gotten underway. Eventually we all had the chance to introduce ourselves and tell a little about our backgrounds and concerns.

Later in the evening plans were made concerning the various workshops that were to take place during the Conference. By midnight the fire was burning low, and it was very cold as I stumbled off to my tent. Before dozing off, I remember having positive thoughts about the evening's events but also some doubts about our demonstration/rally at the American Psychiatric Association Annual Meeting scheduled for Monday, in San Francisco. As I was about to fall asleep I was feeling the need for us to come up with something special and was disappointed in myself for not having even the vaguest notion of what it might be.

I awoke early the next morning and recalled a dream that I had had during my sleep. It went like this: I was in a beautiful wooded area with 10 or 12 others. Apparently we were there to attend some kind of seminar. For some unknown reason, there was an air of pessimism about the place and then these words came to me, "A Christian without hope is no more possible than Swiss cheese without holes." In a personal sense the dream symbols struck me as odd, for neither am I a Christian nor do I eat cheese. Nevertheless, the dream's meaning was perfectly clear and quite understandably put me into a good frame of mind. Several times at key junctures in the days that followed I reminded myself of this dream, with the same effect.

After pondering the dream for a short while I went back into a very light sleep and during this trance-state I allowed my mind to entertain whatever ideas it wanted to with as little direction from me as possible. A host of images and ideas appeared bearing on the subject of the demonstration. They were scattered and non-sequential. but when I finally awoke into full consciousness I realized that there really might be something worthwhile to them if I was able to separate the wheat from the chaff, discard the chaff, and arrange the wheat in an orderly fashion. That's what I did for the next half hour as I lay in my sleeping bag, and when I was finished I knew I had something in the way of a "special" event that was worthy of presenting to the Conference as an option for Monday's demonstration.

This plan was to have a number of us (as many as volunteered) split off from the main body of demonstrators at the Civic Auditorium rally at a pre-arranged time and form a line, link arms, and seat ourselves directly in front of one of the building's three main entrance ways. This human chain so placed would clearly violate city ordinances prohibiting the obstruction of public entrances and as such would subject the violators to police arrest.

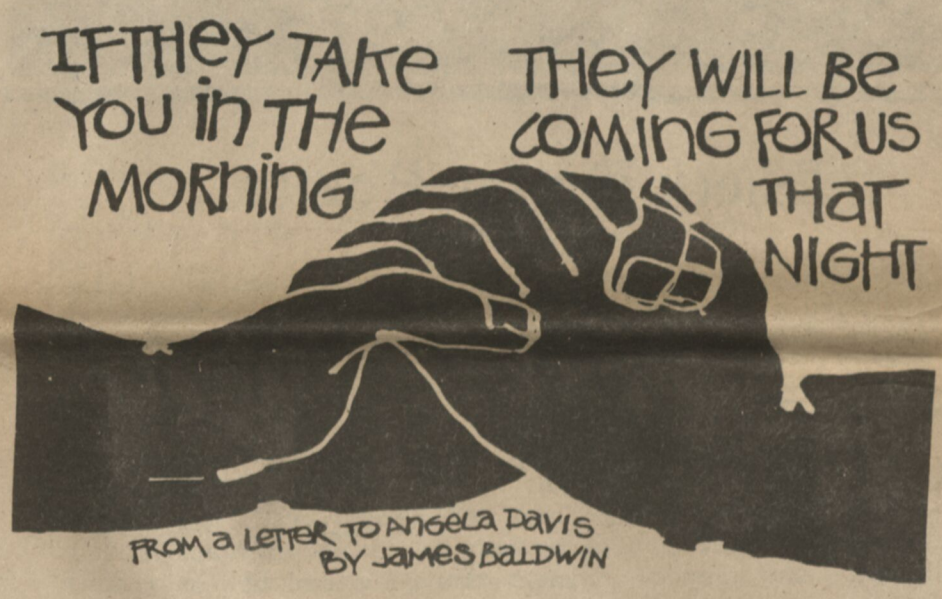
Later in the morning, after the sun had burned away the fog and warmed the air to everyone's delight, the "direct action" workshop met for the first time. Before about 20 people I proposed my plan and was sorry to see it greeted with no enthusiasm, and very little support of any kind. An alternative plan was introduced. It called for a few of us to gain entrance into the Civic Auditorium surreptitiously, to open one or more of the numerous entrances to the building to allow others at the rally to enter, and to then assemble inside one of the APA meeting rooms for the purpose of creating a disruption. After some discussion, the workshop accepted this latter plan and agreed to resume in the afternoon to work out the details.

I decided not to attend this meeting and busied myself with other workshops and activities. I did not want to be a part of a losing effort which the disruption was in my view most likely to become, given our overall inexperience with this type of action, the little time available for planning, and the enormous amount of private and public police power which could be tapped by the psychiatrists to suppress the disruption before it could have any real impact.

During the afternoon I also thought about the possibility of bringing the human-chain-versus-disruption question before the next general meeting of the Conference later that evening. One factor influencing my decision to do so was my one-on-one discussions with several people that afternoon indicating there was quiet but growing support for my idea; the other factor was my reading of Mark Connolly's excellent paper on Gandhi and nonviolence which he had written two months earlier for a college course. Mark had spoken at the morning direct action workshop, stressing that whatever action we chose, it should be a "noble" one. That word and his paper had a powerful effect on my thinking for the remainder of the Conference.

That night at our general meeting I asked the Conference to adopt the human-chain proposal. Following a lengthy and sometimes intense discussion, we voted to abide by whatever decision the direct action workshop came up with at its next gathering the following morning.

The human-chain action was finally approved. Everyone in the Conference was invited to become a link in the chain. The risk of being arrested, which we considered to be very high at the time, weighed heavily in the minds of most of us. Other than being locked up in psychiatric prisons (called "mental hospitals"), few of us had ever been jailed. How would the police arrest us? Would we be carried or dragged away? How would we be treated once jailed? Would we be sent to psychiatric facilities, where we might be subjected to forced drugging? How long would we be detained? What about bail or fines? And in the case of Sally Zinman, who would take care of her baby Rachel? In spite of our concerns and fears, about 20 Conference members volunteered to participate in the human chain. This surprisingly high number and the obvious spirit of camaraderie among all Conference participants was a tremendous lift. The remaining daylight hours were spent in planning and practicing our tactics for the next day.



Early the next morning I arrived at the BACAP office (Bay Area Committee for Alternatives to Psychiatry) to make last-minute media calls with Ted Chabasinski. These and previous efforts of the organizers to contact the media paid off handsomely, as the three key local TV stations, numerous newspapers, and radio stations covered our demonstration. Jay Mahler joined us in the office to make up little slips of cardboard with names and phone numbers of legal contacts and two taped-on dimes for each of the human chain participants, which of course would have been very useful had we been jailed.

At 10 I arrived at Glide Church where the "Tribunal on Psychiatric Crimes" was in progress. At 10:30 all the human-chain volunteers met in a room at the church to discuss last-minute changes and to hear from two supportive attorneys on the legal ramifications of our actions. Although outwardly the group was calm, I sensed a good deal of underlying tension -- of the positive sort.

At 11:30 about 150 Conference members and supporters from the community-at-large assembled in front of the church to begin our half-hour march through downtown San Francisco to the Civic Auditorium where the APA was conducting its opening session. Balloons reading "Smash the Therapeutic State!" floated overhead; many of us wore black tee-shirts with "Psychiatry Kills" lettered across them, while all of us shouted our slogans as we marched together: "One two three four, we won't take your drugs no more; five six seven eight, smash the therapeutic state!", "APA go away, APA go away", and "Hey, hey, APA, how many people did you kill today?"

In front of the Civic Auditorium we were joined by 100 more demonstrators who had been waiting for us. After seven gripping personal statements were presented over the loudspeaker system and an inspiring rendition by Howie the Harp of his own song "Crazy and Proud", a signal was given and 25 of us separated from the rest of the demonstrators and began forming our human chain in front of one of the three entranceways to the auditorium. Two Conference-endorsed statements, "Survivors of Psychiatric Assault

photo by Jaap Valkhoff

Accuse APA of Crimes Against Humanity" and "Why We Are Here" were read. By the time the statements were finished, we were firmly entrenched directly in front of the entrance through which, for the next five hours, not one psychiatrist (nor anyone else for that matter) was to pass. Incidentally, five or six psychiatrists actually made individual attempts to enter through the blocked doorway during the course of the afternoon. In each case, our determined resistance soon discouraged them.

The afternoon was, for myself, the highlight of my eight-year involvement in the psychiatric inmates' liberation movement. Never before had I participated in a movement demonstration as spirited, disciplined, and purposeful as this one. Active nonviolent resistance to psychiatric oppression has now been established as a practical option in our movement. Short of renewed violence to my person by the psychiatric system, I pledge my life-long active support for this type of resistance. I feel in my bones that it is the best hope we have to awaken the public's conscience to the injustice of civil commitment and the barbarism of forced psychiatric "treatment," so that these practices may be ended once-and-for-all. End

Jaap Valkhoff

As a member of the Dutch "Clientenbond" (the national "Union of Clients"), I was chosen as one of our delegates to the 8th International Conference on Human Rights and Psychiatric Oppression. When I told this to the shrink and A.P.A. official during the May 5 demonstration, the expression on his face suddenly changed from smiling to worried. Maybe he was realizing what our slogan "Shrinks, we are everywhere" meant.

Our movement is growing. The national and international ties among the organizations of (ex-)inmates and anti-psychiatry activists are becoming stronger every year. Indeed, the inmates united will never be defeated!

The conference was one of the most inspiring and supportive experiences I ever had. Almost everybody I met had decided "never again" and was committed to radical resistance against psychiatric oppression. Some had made this commitment many years ago.

I sometimes felt embarrassed by their courage. Why didn't I resist being observed and humiliated by the shrinks so much earlier? I was subjected by my parents and "voluntarily" submitted myself to the shrinks' gaze and treatment for eighteen years. I was isolated and held in captivity just by words, words like normality, disturbance, complexes, maturity, symptoms. Everything I said, felt, or thought could be a symptom of a disturbance, could be part of a mental illness which had to be cured by an expert. And I was made to believe that even my resistance against all that was part of my pathological make-up.

The conference opened up many new perspectives for me. A lot of the meetings used the procedure of the "rotating chair", which I had never seen before. (NOTE *FROM M.N.N.: Meetings using a rotating chair have no single chairperson. Rather, each person speaking* recognizes the next person to speak. Thus, no one person has control over the meeting.) Although it was sometimes difficult for me to understand fully what was discussed and why (as this was the first conference I participated in), it was clear to me that when all participants share the responsibility for structuring the discussion in a non-oppressive way, a productive meeting is possible.

New to me also was the way we dealt with "internal disruptions". This issue, especially the oppressive behavior of certain men towards women, was discussed thoroughly from the very beginning of the conference. My consciousness was raised by these discusssions as I realized how important it is for us to be in solidarity with other liberation movements like those of women and gay and Third World people, and to fight sexism, racism, and other oppression in our own movement.

I got a lot of horrible information during a workshop on government mind control. (This workshop discussed in part the complicity of certain psychiatrists in secret CIA mind control experiments on psychiatric inmates, soldiers, and others -- M.N.N.) Here once again it was shown overwhelmingly that fear of psychiatrists is realistic and should not be labelled as "paranoia". As long as any psychiatrist collaborates with secret agents or is involved in secret operations, we must try to stop them.

I think that all the preparations we made during the conference for our demonstration a ainst the A.P.A. and their crimes were worth it. Our message was clear: we're not gonna take it any more. Some of the shrinks were apologetic -- "I'm not like the others". But most reacted aggressively or tried to ignore us. When one of them shouted "You have too much freedom" I could hardly believe my ears.

I will show my friends in Holland the slides and pictures that I made of our conference and tell them about the many courageous and stimulating people that I met. After this conference I am convinced that by cooperation and mutual support and inspiration, we will be able to abolish the oppressive psychiatric system, everywhere and for ever.

Judi Chamberlin

The setting was beautiful. The food was delicious. People were happy to be together and eager to work, and the demonstration was the most exciting we have ever had--a direct confrontation with the American Psychiatric Association. The only thing wrong with the Eighth International Conference on Human Rights and Psychiatric Oppression was that it had to end too soon.

Optimistically, a lot of energy went into putting together a workshop schedule, with demonstration planning just one workshop among many. But as the Conference actually got down to work, it quickly became clear that most of the very short time remaining before the demonstration would have to be devoted to important decisions concerning it. Because of the collective structure of movement groups and the unclear nature of how much responsibility is delegated to the local organizers, many decisions had been left until the Conference started.

Although I know that some scheduled workshops did take place (Dealing with Disruptive People and Military Psychiatry, for example), I got totally wrapped up in meetings on the demonstration, and specifically, those discussing the proposed act of civil disobedience. So, for me, the entire Conference became one large and joyous demonstration planning meeting, interrupted by the occasional realization that we were going to have to end long before many other important issues could be discussed.

One thing that helped us to be able to focus so totally on our work was the smooth organization of the details by the Coalition Against Forced Treatment. The logistics were incredibly difficult--up on the hillside, with the nearest phone two miles away, tents, meals, and people appeared when they were supposed to, which would not have happened without great coordination by the Conference organizers. It was also wonderful to see that the people who put so much work into the logistics were less burned out than has been the case at past Conferences.

Although the discussions about the demonstration and the civil disobedience action were held in several place--the shelter, the picnic tables, and the field--what I remember best is sitting in a circle in the grass, under the bright sun. I've never seen our democratic method work better than it did at this year's Conference (that doesn't mean it was perfect). In general, the rotating chair functioned to open up discussion and insure that decisions were made with the widest possible participation.

Finally, it was the day of the demonstration, and we were as ready as we were ever going to be. Although I had been told that our parade permit would put us very close to the Civic Auditorium, I did not quite believe until we marched there that we would be on the sidewalk directly in front of the doors. But there we were, with our loud sound system, practically right in their laps, proclaiming the truths that the American Psychiatric Association attempts to ignore or obscure. We were telling the shrinks and the world that we, former psychiatric inmates, had been damaged and tortured in the name of "treatment."

As the rally progressed, those of us who were ready to join together in a human chain to block the doors got ready to make our move. At the signal, we linked arms and moved in front of the doors, then sat down on the sidewalk, still linked, directly in front of the main entrance. The exhilaration--we had done it!--was mixed with fear, as we were sure that we were going to be

photo by Jaap Valkhoff

arrested very soon. But the rally progressed and the chain was left undisturbed. Gradually, it became clear that the police would do nothing unless the A.P.A. insisted, and the A.P.A., realizing, perhaps, that we would only gain more attention and sympathy by being arrested, did nothing. Now the sensation was pure exhilaration, and our chants became even louder and more joyous.

The reactions of those shrinks who tried to come through the line were most peculiar. "It's closed, shut down," we yelled at one, and his face went blank in disbelief. "But I paid for this," he pleaded, his face worried and confused. Another looked for all the world on the verge of tears. But the encounter with another shrink was even more astonishing. "You should go to Russia! You should go to China!" he admonished us, waving his finger and jabbing the air. "You have too much freedom." Too much freedom! Those words reveal the true attitudes of psychiatrists toward questions of individual autonomy and political awareness--if the shrinks had the power, any questioning of psychiatry would be defined as "illness," not personal opinion, and all of us would be drugged, shocked, and lobotomized out of our persecutorial delusions.

The hours we spent on the human chain were deeply satisfying. I remembered back through all the years to when I was locked up, to my frustrated rage at the people who claimed to be helping me, who I knew even then, through the fog of mystification and Thorazine, to be my jailers and torturers. Even then, I knew that somehow I would get even, I would let them know how I felt in a way that they couldn't ignore. Now we were doing it. I turned to Sally, one of my links in the chain, and she was experiencing the same thing. "I used to say to myself," she told me, "when I was in that dungeon, that they didn't know who they were doing this to--that I would get even." Wanting to share this joy, I turned to George, my other link, and asked him if this was his experience. He thought about it for a moment, and suddenly his face lit up. "Yes, yes," was all he could say. The realization that we were fulfilling a long-time dream didn't need words.

That night, back at the camp, everyone was exuberant--people were dancing around, shouting, and finding all sorts of ways to express our satisfaction at coming face to face with the enemy and succeeding in letting them know of our anger and our determination. I remember putting my arms around Anne and becoming a pair of human pogo sticks--jumping up and down, around and around, in the crowded shelter, becoming breathless but continuing to circle, laughing and laughing. I also remember stepping outside and looking up at the stars, feeling the joy of our group filling the night.

continued p. 15

On the final day of the Conference, we tried to squeeze in some of the topics we hadn't had time for. Quite a few people had already left, and people continued to leave all day. First the tents had to be taken down and packed away, and the site cleaned up. Once again, our cooperative spirit really showed, as the work was accomplished with a minimum of drudgery and a lot of fun. As one of the last people to leave, I looked around sadly. Memory transformed the now empty meadow back to our tent encampment, our tiny community that had lived such a short, beautiful life.

It started in 1973 in Detroit. Then Kansas, San Francisco, Boston, Los Angeles, Philadelphia, West Palm Beach, and now Berkeley. I have attended all but the first, and there is no question in my mind but that this was the best Conference of all. I look at how far we've come--the first Conference was started by a psychologist, who knew enough to get in touch with an ex-patients' group (Mental Patients' Liberation Project in New York City), but whose idea for a conference title was "The Rights of the Mentally Disabled"! The fabled Topeka Conference was peaceful and harmonious, to be sure, but it was also loaded with professionals, students, and other non-inmates; separatism was still a dream. In S.F. in 1975, hip shrinks were everywhere, even trying to invade the one "mental patients only" space we finally set up to try to get away from them. It wasn't until 1976 that we had a Conference that was ex-inmates only--the first half, at any rate.

There were still a lot of things wrong with this Conference--still too much hassling over petty details. One of my biggest frustrations was that we never discussed the structure and direction of our movement. I want to see us look at how to delegate responsibility and how to establish and carry out national policies. I was distressed that some people reacted so negatively to CAFT's decision to impose a 15% quota on non-ex-inmates. I believe that we simply must leave the local group free to make decisions that carry out the spirit of previous Conferences. The 15% rule was CAFT's reaction to the realization that non-inmates were being endorsed by movement groups in such numbers that they would form a sizable presence, rather than the few among many that was the original intention of a past Conference decision to set up the endorsement procedure. Democracy, like anything else, can be carried to extremes, and I think we could quickly paralyze ourselves by an insistence that everybody must participate in every decision.

As I watched our tent city being dismantled, I got the idea for a movement encampment that would last several weeks, bringing together a reasonable number of movement people with as wide a geographical distribution as possible. We could devote half of each day to logistics (such as getting and preparing food) and fun (hiking, Frisbee, etc.), and half to a serious discussion of an important topic. I think such an intensive experience would result in a higher level of consciousness and dedication among the participants, and then, as they returned to their homes, perhaps infusing their local groups with that spirit. I simply can't see how we can get through all the various important topics that people want to discuss in *the confines of a single extended weekend, even without* simultaneously having to plan a demonstration. Another proposal would be to spend several weeks in whatever city the A.P.A. will be meeting in next year, and to focus all our energies on a dramatic and successful action at their convention. I suggest these in addition to continuing our tradition of a single large Conference, an attempt to bring together as many national and international ex-inmate activists (and would-be activists) as possible, but I think it is important that we rethink the whole question of what purposes we want the Conference to serve. Is it a decision-making body? How are decisions to be made, and how are they to be implemented? Should we continue our loose association of groups, or should we devise some kind of national (and international) organization? Should we move more in the direction of legislation, or litigation, or setting up alternatives, or all of these, or none? To ask these questions is not to suggest that I have the answers, but to point out areas where I think we need to clarify our thinking if we are to become an even stronger and more effective force in the struggle for autonomy against forces that seek to imprison our bodies and minds. End

photo by Richard Cohen

Commando Squad Report by a Commando

The Conference was over, but the shrinks were still in town. Several ex-inmates suffering from a bad case of post-Conference letdown invaded the Civic Auditorium on Wednesday, May 7th, making our way into the building by one of the many secret routes we had devised. We checked out the various meetings, looking for the one with the most obnoxious subject matter, and finally decided to disrupt one called "Values in Psychotherapy," attended by about four hundred shrinks. We rushed to the front of the room, and started making an announcement concerning our opposition to forced treatment and other psychiatric violators of human rights. The shrinks listened in stunned silence for several minutes, until finally one of them got up the nerve to yell, "Get out!" We then joined in chanting until we were approached by a security guard and asked to leave, at which point we quickly disappeared.

A later commando action was street harrassment, where individual shrinks were escorted for several blocks by angry ex-inmates who confronted them with questions about psychiatric crimes. Not surprisingly, the shrinks singled out for such attention without exception declared their own personal innocence, and most denied knowledge of the A.P.A.'s role in promoting forced treatment. Also not surprisingly, most of the shrinks receiving commando treatment objected--nevertheless, treatment was continued for as long as possible. Two shrinks interrupted treatment by wandering out into traffic in an attempt to get away from commandos who were only trying to help them see the error of their ways, thereby providing evidence of being gravely disabled.

Other commando units should be reporting in soon.

Howie the Harp

Got there, Whew! Long ride, but we took the scenic route. See some people tossing frisbees in a large clearing. Quiet, peaceful.

"Hi! How are you?"

"Where are you from?"

"You were at the last conference, right?"

Meeting old and new friends. A celebration! Joyous putting up of tents very haphazardly, very cooperatively. Not knowing what we were doing, we did it. Large empty clearing miraculously becomes home of strange new tribe.

More people coming all throughout. A beginning, a reunion, and both.

Look around! all this beautiful space successfully in the control of those who have no control (at least that's what they say).

Old, cave-like wood and stone shelter. Warm fire burning, people gathering round. First general meeting. In our tradition, everyone says who they are and everyone is appointed chairperson. Meeting begins, Issues discussed and disgust. First general meetings are always frustrating, sometimes all general meetings are frustrating, generally all meetings are frustrating. But somehow eventually Decisions are made, the conference goes on, the evening fog rolls in and it's cold!

Next morning, good morning! Light but nice breakfast, Workshops are scheduled but most never happen. WOTTA DAMN SHAME! Many vital issues never discussed in groups, but are individually in twos, threes and fours, and sometimes fives. Oh well, I guess it's understandable, after all, in only a couple of days we're gonna do battle! The most important battle in our movement's history. Against the very embodiment of our oppressors (excuse me while I get rhetorical), THE Anti People Association, the one, the only APA!

WOW! the APA! In everyone's minds, the APA. Plans, discussions, decisions, meetings, meetings, and more meetings. Disruptions? Civil disobedience? Lawful, unlawful? How do we relate to THE APA besides the legal rally?

Finally...a human chain is planned, barring entrance to the psychiatric monster. People may get busted. More plans, tactics. And, right in the middle of these battle plans, this radical hotbed of controversy, is...a serene clearing lined by colorful tents, people talking and laughing, playing football, frisbee, music, taking walks in the woods, and loving each other (at least most of us).

Each night our new spontaneous community huddles together gathering warmth from the fireplace in the wood and stone shelter. More meetings, conversations, good feelings, people close, together.

One night the fog was so bad, I couldn't find my tent.

Two other nights, no fog, clear skys, stars, you can see the lights of the bay! Beautiful, good omen!

All nights are cold, penetrating.

Monday morn, 6:30 a.m., Day of Protest! Shouts of "REVOLUTION!" pulling us out of slumber.

"Let's get the APA!"

"AW SHUT UP AND LET ME SLEEP"

Hasty breakfast, walk to bus, WOW, wotta bus! Mostly without seats, padding instead--a padded bus. This is no ordinary bus, these are no ordinary people. I think I'll lie down and catch a few winks.

At the rally site, busy with two brothers making last connections of P.A. system. Hear chanting coming close, loud and spirited. Large band of oppressed confronting oppressors. Signs, costumes, more chants. ON WITH THE GENERATOR! Powers four loud speakers. Loud! Real loud! OUR VOICES WILL BE HEARD! and were heard above the din of buses depositing shrinks onto our rally site. Many shrinks very reluctant, uncomfortable, chuckling nervously. "Please let us off up the street away from that unruly crowd of mentally ill people." Buses and taxis went up the street. Shrinks longed to be back at their institutions where such freedom of speech would never be tolerated. Here we could not be silenced by drugs, restraints, shock, or surgery. It must have been very frustrating for them.

Powerful statements, songs. Righteous anger, TV cameras, microphones. Chants, a lotta people. Exciting, sensational, inspiring, invigorating, etc. etc.

A bunch of people link arms, form human chain across entrance to the APA, symbolically closing down the APA. An inspiring act of defiance which will be remembered until and after its symbolism becomes reality!

Finally we're back at our campsite, dinner, and so on...we're all huddled together again in the shelter. "Who wants to have a meeting?"

"NO ONE!!!" Instead we have a victory party.

WE DID IT, WE DID IT, WE DID IT!

VICTORY!

Solidarity, good feelings, laughter,

HURRAY

And so on, throughout the night.

Next morning--last morning, aw, too bad, but it's O.K. We're all tired.

"Where are we gonna have our next conference?"

"Cleveland looks good."

People bring in newspapers, articles about us, we crowd around and read, not bad coverage, could be better, media could always be better.

Conference is over, people go home, most with good memories. Some say they would like to re-live this experience.

WELL SEE YA NEXT YEAR

We're only trying to help you?

To: Committee for the 8th Annual Conference on Human Rights and Psychiatric Oppression

This is to introduce myself and to offer to assist with your program for the 8th Annual Conference on Human Rights and Psychiatric Oppression.

The part of the program where I can help the most is the demonstration against the American Psychiatric Association on May 6 at their conference in S.F.

I will be serving as their "security consultant." That title really doesn't describe what I do which is to mediate and broker relationships. My purpose is to work out ways to enable those who have a message to get it across most effectively, with as little disruption as possible.

If you are willing, I would like to work with you and help with your demonstration against the APA.

This year, for the first time, I have a disadvantage I've not had before, and that is that as of last November I became part of the oppressive system against which you're struggling. My reasons for doing so are compatible with and empathetic to your purposes and aims, but I know there is no way for you to judge that.

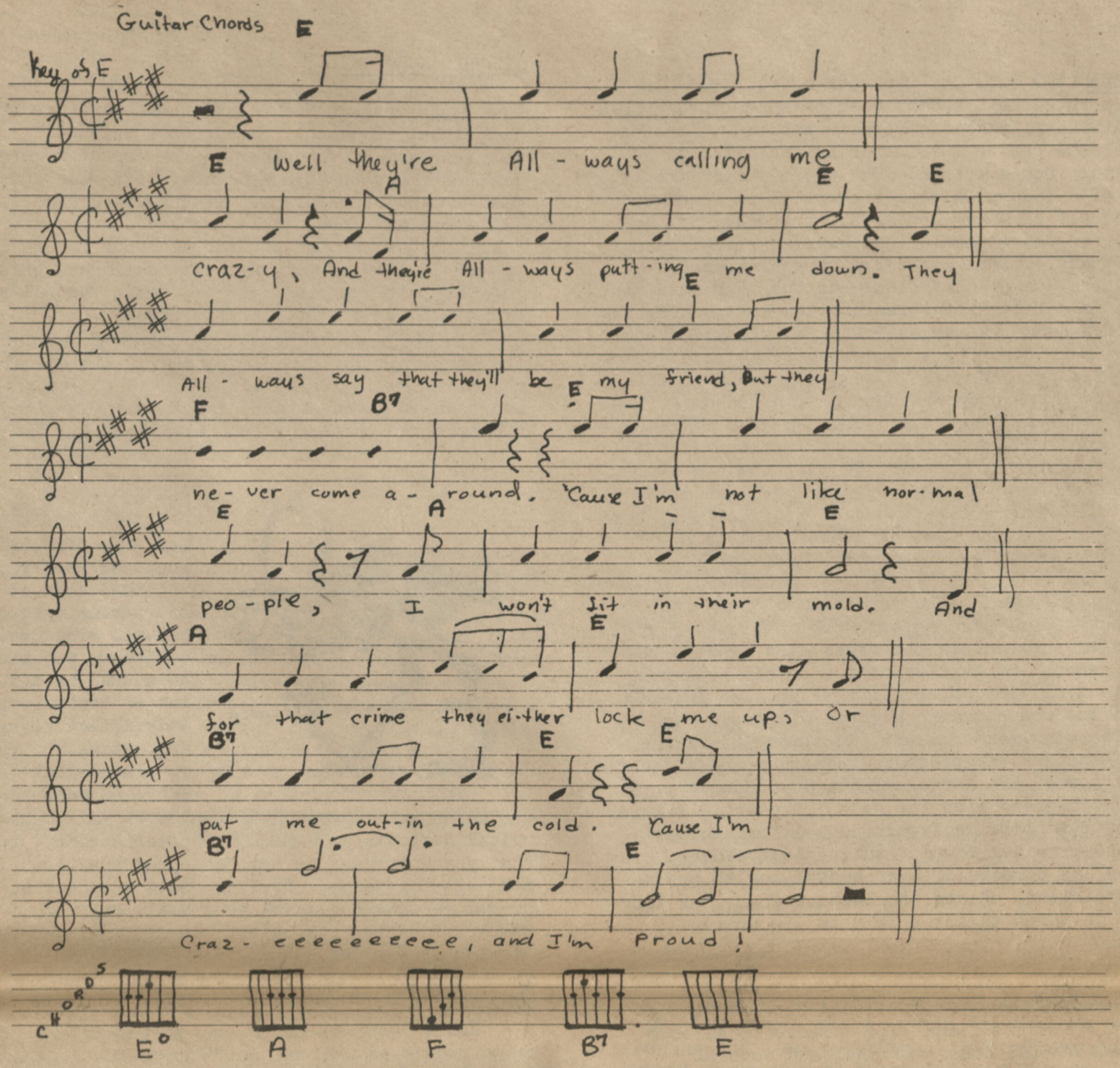
You can find out easily, however, about what kinds of things I've done and how I've done them by checking with people in the Bay Area with whom I've worked in the past. I would very much like for you to do that so that hopefully we can begin to develop a mutually trusting and respecting relationship.

Sincerely,
Wesley Pomeroy

Ed. note: Wesley Pomeroy is currently Chief of Staff of the Department of Mental Health in Lansing, Michigan. Formerly he was the Chief of Police of Berkeley. He has also written to MNN asking for information about ex-patient groups in Michigan and the U.S. His picture appears on p. 15, standing behind the three shrinks.

CRAZY & PROUD

by Howie the Harp



Well they're always calling me crazy
And they're always putting me down
They always say that they'll be my friend
But they never come around.
'Cause I'm not like normal people
I won't fit in their mold.
And for that crime
they either lock me up
or put me out in the cold.
'Cause I'm Crazeeeee, and I'm Proud!

Well I won't be a 9-5 robot
Well-oiled and made of chrome
I'll never have your ulcers
or your split level home
You tried so hard to change me
You bullied and you sneered
But I'll always remain just like I am
Loony, Crazy, and Weird!
'Cause I'm Crazy... And I'm Proud

Well, you say I'll always be locked up
Unless I stop being me
But I'm not like that so stay off my back
I just wanna be free
'Cause I'm telling all you people
Don't give me those funny looks
You think you're great but you're the
Kind I hate
American Psychiatry Crooks
'Cause I'm Crazy... And I'm Proud

photo by Richard Cohen

Ninth Conference to be held in Ohio

Project Renaissance and Patients' Rights Organization (which meets at Renaissance) have decided that Cleveland should and could be the site for the next Conference on Human Rights and Psychiatric Oppression, as this city is ripe for a confrontation with the massive and tight psychiatric system which exists and is growing here. Our groups think that together we can handle the responsibility as our financial situation seems to look better recently. Our problem of maintaining a drop-in center without compromising with funding sources is strengthening us in our determination to exist and reach out to all present, future and ex-psychiatric prisoners in our area. All involved in the movement who feel they would like to share information and news with us, are encouraged to write us, call our center, or drop in--if you're coming from out of town, we can put you up with some notice. (by Christine Beck) See list of groups on p. 4 for address.

Legislation & Litigation

NATIONAL

Vitek v. Jones (100 Sup. Ct. Reporter 1254). The U.S. Supreme Court ruled that a convicted prisoner in Nebraska has a constitutional right to certain procedural protections before s/he can be involuntarily committed to a mental hospital from a prison. The decision affirmed the 1977 ruling of a federal district court which found such a right on behalf of Larry Jones, the prisoner.

The Supreme Court upheld the lower court's finding that such a transfer implicates a liberty interest protected by the due process clause of the 14th amendment. First, there is a liberty interest rooted in the Nebraska law under which Jones was transferred, which allows for commitment of a prisoner to a mental hospital if a doctor decides that the prisoner has "a mental disease or defect" that "cannot be given proper treatment" in prison. This law, said the courts, leads a prisoner to have a "reasonable expectation" not to be transferred without such a finding. The courts also recognized that the mental hospital Jones was sent to imposed "greater limitations on freedom", including forced behavior modification, than the prison did. This, as well as "the stigmatizing consequences of a transfer to a mental hospital for involuntary treatment", further warrant procedural protections for a prisoner facing psychiatric commitment.

The Supreme Court also agreed with the lower court that in transfer proceedings the State must provide the minimum requirements of written notice to the prisoner; a hearing; the qualified opportunity to present defense witnesses and to cross-examine adverse witnesses; an independent decision-maker; a written statement of the facts and reasons for the proposed transfer; and effective and timely notice of the above safeguards. However, the Supreme Court disagreed with the district court's finding that the State must provide legal counsel for indigent inmates. State-provided "qualified and independent assistance" by lay persons or even mental health professionals is sufficient, opined the Supreme Court, as long as the person is "free to act solely in the inmate's best interests."

UPDATE: S. 10. The U.S. Senate passed the latest draft of the "Civil Rights of Institutionalized Persons Act", which would authorize the U.S. Attorney General to file suit on behalf of institutionalized persons to enforce their rights under U.S. constitutional and federal statutory law. The Attorney General could file suit in federal district court when s/he has "reasonable cause" to believe that residents of public institutions are being systematically deprived of such rights. The bill is meant to protect inmates of state-operated institutions for the "mentally ill", "retarded", or "disabled"; jails, prisons, and juvenile facilities; and rest homes, nursing homes, and other long-term facilities. Private institutions are not covered by this Act, unless a significant number of residents have been placed in such an institution as a result of State action. the Attorney General could bring suit only after s/he is convinced that all state administrative remedies have been exhausted.

The bill authorizes the Attorney General to devise minimum standards for an administrative procedure by means of which penal inmates can attempt to resolve grievances. States could develop or alter their own penal grievance procedures to bring them into compliance with the Attorney General's standards.

UPDATE: S. 1177. The "Mental Health Systems Act", which includes a "Bill of Rights" for mental patients and a mandate for federal funding of state advocacy programs, passed the Senate on July 24. The "Bill of Rights" reflects the "sense of Congress" that states should review and revise their laws to ensure mental patients "the protection and services they require." These include the "rights", among others, to inpatient treatment in the least restrictive setting; an individualized treatment plan; periodic review; participation in planning her or his services; freedom from restraints or seclusion in non-emergency situations; confidentiality of and qualified access to her or his records; and the qualified right to "informed consent" to treatment and experimentation. The "Bill of Rights" is intended to serve as federal back-up to the rights states provide and not to replace them.

To receive funds under Title II of the Act, states would have to develop advocacy systems independent of any agency that provides treatment or services. The amount of funding for each state advocacy system would be worked out between the Secretary of Health & Human Services and the state on the basis of the state's annual report on its population, need for services to the "chronically mentally ill," and financial need. The General Accounting Office would be required to assess and report on each state's rights and advocacy needs.

FEDERAL LOBOTOMIES?

The Department of Health and Human Services (formerly the Department of Health, Education & Welfare) is considering new regulations to authorize the use of federal funds for psychosurgery through Medicare, Medicaid, and Public Health Service programs. The proposed regs follow former HEW Secretary Joseph Califano's decision, issued in late 1978, to ban the use of federal funds for psychosurgery on involuntary mental patients, children, prisoners, and "incompetent" persons, and to permit federal reimbursement for psychosurgery on eligible persons.

In 1974, Congress set up the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, which was mandated to study the extent and uses of psychosurgery and to come up with recommendations on its use under federal auspices. The Commission's report and recommendations, published in 1977, approved the use of psychosurgery on children, mental patients, and prisoners, with the supposed "safeguards" of informed consent procedures, court hearings, and review panels. The Commission did not think psychosurgery has been used as a form of social control, but acknowledged that it has that "potential." The Commission concluded that most of the subjects reported in the studies it contracted did not show any significant neurological deficits as a result of psychosurgery, but conceded that psychosurgery is not "accepted practice" in the medical profession. However, said the Commission, the procedure was beneficial to a small but significant number of patients studied. These findings were duly blasted by many as being medically and ethically unacceptable: prisoners, children, and mental patients, in particular, are in no position to give truly voluntary consent.

HEW's response was to ban psychosurgery for all the above groups as well as for "incompetent" persons -- that is, until psychosurgery is proven to be "safe" and "effective." Califano decided not to institute any federal controls over psychosurgery, favoring instead the development of procedural guidelines which practitioners would not be obligated to follow unless they so desire.

The proposed regs would allow federal reimbursement for psychosurgery on an eligible patient only if the procedure is done in a hospital that has a psychosurgery review board which would have the power to approve or disapprove the procedure for each aspiring patient. The board would be made up of two people from the community, a lawyer, a psychologist, and three medical doctors, none of whom may be a psychosurgeon. The board is supposed to ensure that a prescribed "informed consent" routine is fulfilled, that the surgery is "appropriate", and that the surgeon is "qualified."

The Medicare program does not pay for any services unless they are deemed "reasonable and necessary" for the diagnosis and treatment of the recipient's illness, and are generally accepted by the medical community as safe and effective. The proposed regs state, however, that "...for some patients, after all other therapies have been tried, psychosurgery becomes the treatment of choice, being relatively safer and more efficacious than doing nothing or continuing inadequate treatment."

CALIFORNIA

Jamison v. Farabee ( ). Earlier this year, the local federal district court issued a consent decree ordering the Department of Mental Health to draw up regulations granting voluntary inmates the conditional right to refuse treatment with "anti-psychotic" drugs. For two years the court had been hearing a class-action suit against the State brought by psychiatric inmates asserting U.S. Constitutional rights to refuse drug "treatment."

The DMH regulations provide that all voluntary inpatients must be informed of their right to accept or refuse "anti-psychotic" drugs. The person for whom "treatment" is proposed must be told by the prescribing doctor of the reasons for giving the drug; the nature of his/her "mental condition"; the chances for "improving or not improving" without the drug; and the right to withdraw consent at any time. The doctor must also tell the patient what alternative "treatments" are available; the type, frequency, amount, and duration of the proposed drug; the "probable side effects" known to commonly occur and "par-

-ticular side effects likely to occur with the particular patient"; and the possibility of tardive dyskinesia developing after three months of drug use. There is to be a written record of consent, if it is given.

However, a drug may be given without the person's consent in "emergency" situations. Such a situation is defined as "a sudden marked change in the patient's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others", and where gaining written consent is "impracticable." Violations of any of the rights afforded by the regulations are to be reported to the local patients' rights advocate.

The provisions of the Department's final draft of the regulations are much looser than those stipulated in the consent decree. For instance, a written consent form including a list of specific side effects was mandated by the decree, but is not required by the Department. Its regulations do not protect outpatients. The Department even allows for written consent by the patient to be bypassed if the doctor notes that the patient gives consent but does not want to sign the written notice that consent is being given. The Department also allows the doctor to decide what "sufficient information" to give the person about side effects.

These regulations went into effect June 1 as part of the state Administrative Code.

The federal court has not yet addressed the suit's claim to the constitutional rights of involuntary inmates to refuse psychotropics. In a separate proceeding, such a right has been sought in a habeus corpus proceeding filed in a state appeals court on behalf of an individual inmate. His motion to be drug-free during his continued hospitalization after a 72-hour hold had been denied by a lower court judge who did not wish to "interfere with the doctors in this particular case." The appeals litigation claims that the inmate has a constitutional right to privacy which ensures that, unless there is a finding of legal incompetence and there is no less restrictive alternative, he has a right to refuse psychotropic drugs.

COLORADO

Goedecke vs. State of Colorado, Dept. of Institutions (603 P.2d 123), Sup. Ct. Colorado. The Colorado Supreme Court ruled that an inmate had a right, under state statutory and common law, to refuse the administration of Prolixin. The case had been appealed from a state district court which held that the county mental health center where Goedecke was confined could give him the drug in spite of his objections.

The Supreme Court held that the state law providing for short-term commitment "appears to recognize and protect the dignity and legal rights of patients treated pursuant to its provisions", since the law's stated intent is "to provide the fullest possible measure of privacy, dignity, and other rights to persons undergoing care and treatment for mental illness." State law also provides that an inmate does not lose any legal right or suffer legal disability because of confinement, except upon court order. There was no such order in Goedecke's case, so he was entitled to exercise his common-law right to refuse medical treatment. The Supreme Court also concluded that his unwillingness to take Prolixin was not "irrational or unreasonable", since his objection to the drug was based on his past experience of its severe short-term "side" effects. The court also noted expert testimony given before the lower court on the possibility of permanent tardive dyskinesia resulting from this "therapy." The higher court refrained from considering Goedecke's claim to a Constitutional right to refuse treatment. It did affirm his claim that an indigent appellant in legal proceedings for involuntary hospitalization and treatment has a right, under due process provisions of the U.S. and Colorado Constitutions, to a transcript at state expense.

HAWAII

Suzuki vs. Yuen (#78-1830, 9th Cir. App.). The Ninth Circuit Court of Appeals has held that the standard of dangerousness in civil commitment proceedings must be limited to "imminent" dangerousness to oneself or to others, and has also struck down as unconstitutional a state law allowing commitment of a person found to be a "danger to any property regardless of value or significance." The court thus upheld two rulings of a federal district court from which the case was appealed, and overruled two other findings of the lower court.

The district court had found unconstitutional a state law which allows involuntary confinement for a five-day diagnostic evaluation of a person when there is "sufficient evidence" to believe that s/he is "mentally ill" and dangerous, if the person will not undergo this exam voluntarily. The appeals court disagreed with the district court's opinion that this law violates the inmate's Fifth Amendment right to remain silent. The higher court also reversed the district court's ruling that the standard of "proof beyond a reasonable doubt" must be used to commit a person. The district court had made this judgment before the U.S. Supreme Court ruled, in the case of Addington vs. Texas, that this standard is not constitutionally required in civil commitment cases. The Supreme Court also decided in that case that the standard of mere "preponderance of evidence" was not sufficient. The Suzuki appeals court, using this precedent, reasoned that Hawaii's standard of "sufficient evidence" could and should be construed to mean "constitutionally sufficient" to meet the Supreme Court's standards.

NEW YORK

Doe v. N.Y. University involves a medical student who had taken a leave of absence from school to recover from a "breakdown" and was then denied re-admission. Doe went on to get her degree from another university, but filed suit against NYU, contending that the school discriminated against her as a "handicapped" individual by refusing to re-admit her, thus violating Section 504 of Title V of the federal Rehabilitation Act of 1973. This provision prohibits discrimination in any federally-supported program or activity against a "qualified handicapped individual" solely on the basis of her or his "handicap." Doe filed both an administrative complaint through H.E.W. and a legal complaint in federal court. The court would not hear the case, but H.E.W. ruled in her favor, agreeing that her past academic performance, not the assessment of psychiatrists, should be considered by the University in deciding the matter of re-admission. This is the first "504" case that H.E.W. has ruled on concerning a "mentally ill" individual.

OKLAHOMA

In Re: The Mental Health of K.K.B. ( ), Ok. Sup. Ct. The Oklahoma Supreme Court ruled that an an involuntarily committed but legally competent inmate has state statutory and U.S. Constitutional rights to refuse psychotropic drugs. This decision reversed a lower court's order for K.K.B. to submit to the prescribed "treatment" at the state hospital where she was confined.

The Supreme Court noted a state statute which says that an inmate cannot be presumed to be incompetent without a hearing, separate from the commitment hearing, on the matter of competency. The trial court, although acknowledging that K.K.B. had never been found incompetent, said that her legal competence was a matter separate from her competence to accept or refuse treatment. The Supreme Court disagreed, and rejected the State's argument that involuntary commitment by itself implies that a person cannot capably make treatment decisions.

The higher court relied heavily on recent federal case law to uphold K.K.B.'s claim to a Contitutional right to refuse treatment based on the right to privacy. Absent an emergency situation, said the Supreme Court, "the only purpose of forcible medication...would be to help the patient. But the basic premise of the right to privacy is the freedom to decide whether we prefer to be left alone." Involuntary but legally competent inmates therefore "have a right to decide whether they wish to be helped." If the hospital wants to force K.K.B. to take drugs, it must undertake judicial proceedings to have her declared incompetent and then have a guardian make an informed decision for her, said the court.

UTAH

A.E. vs. Mitchell (

This lawsuit filed in state Supreme Court challenges the power of the State Division of Mental Health to drug inmates without their informed consent. State law allows drugs to be administered to people against their will, even if they were not, at the commitment hearing, found to be dangerous or incompetent to give informed consent. The complaint details the severe and continuing side effects suffered by the plaintiffs from the drugs Haldol and Prolixin.

The plaintiffs ask that there be a determination separate from the commitment hearing as to whether drugging is warranted. They seek the right to refuse drugs in favor of alternative forms of treatment. The suit also asks that involuntary inmates be afforded a formal informed consent process so that they can decide whether or not to accept the drugs.

Mad Librarian by Arrow

New additions to NAPA/ALMP's bibliography. For latest revised version, send $2 to ALMP (address on p. 4).

LeGuin, Ursula K., The Lathe of Heaven, Avon Books, 1971
A fantasy about a mindless shrink's attempts to change reality by programming the dreams of his patient who has the ability to create new continuums through his dreams. Sarcastic commentary on involuntary voluntary treatment and the apparently limitless extent of the shrink's hypocrisy and lust for power.

Steir, Charles, Ed., Blue Jolts: True Stories from the Cuckoo's Nest, New Republic Books, 1978
An uneven collection of articles relating to psychiatric oppression. Some are dramatically powerful--such as Eileen Walkerstein's description of an ice-pick lobotomy that she was forced to observe during her medical training, Robert Perruci's description of a staff interview where the inmate is labelled paranoid for thinking that her treatment (psychosurgery and electro-shock) constitutes torture, Lloyd Cotter's smug account of how he starved and electro-shocked Vietnamese inmates to force them to work, and Robert Cole's description of the incarceration of a young black civil rights activist ("A Need to Disrupt the Lives of Others"). However, much of the book seems bogged down in trying to make anti-psychiatry respectable, to the point where the perspective merges into a definitely pro-psychiatry one. There are very few articles from an ex-inmate perspective, and those are by established authors. The editing is choppy and confusing. It does give interesting little sidelights into the incarceration of such notables as Hemingway, Artaud, Ezra Pound, Tennessee Williams, and Gov. Earl Long.

Millet, Kate, Sita, Ballantine Books, 1976
Personal account of a doomed lesbian love affair. One wonders how much Sita's role in having Kate Millet committed to a state mental hospital contributed to the disintegration of the relationship. Expressive but very brief description of her experience being institutionalized.

Milford, Nancy, Zelda, Avon, 1970
The biography of Zelda Fitzgerald who was railroaded into a psychiatric institution by a sexist society and by her husband F. Scott Fitzgerald, who passed off much of her writing as his own and was terrified of the possibility of her achieving recognition on her own. Texts of letters showing the conspiracy between Scott and her psychiatrists to convince Zelda that she had no talent either as a writer or as a dancer. Like Frances Farmer, she was a woman idolized by millions who was destroyed by forced psychiatric treatment. She died on a locked ward during a fire. Unfortunately, the author accepts many of the psychiatric pronouncements about Zelda, but it is easy to read between the lines.

Morgan, Robin, Going Too Far, Vintage Books, 1978
In the section entitled "Paranoia", there is an intensely reverberating dream-story about an asylum (The House the People Fear), beneath the pleasant facade of which is "one massive torture chamber to 'recondition' rebels and misfits". Among the patients is a "small but effective underground resistance".

Plath, Sylvia, The Bell Jar, Bantam, 1972
A fictionalized account of the events leading up to and including Plath's suicide attempt and incarceration, which form an eery counterpoint to her "success" as an Ivy League student, writer, and guest editor for a women's fashion magazine. Although there is much in this book and elsewhere in her writings to indicate her hatred of electro-shock (including a poem written shortly before her real-life suicide), this book ends ambiguously with her "cure" by a kindly woman therapist who hugs her before giving her shock.

Johnny Panic and the Bible of Dreams, Harper & Row, 1978
The title story of this posthumously-published collection is a surrealistic version of Plath's experience as a worker in a psychiatric hospital, culminating in a terrifying confrontation with electro-shock.

Rosenhan, David Leonard, "On Being Sane in Insane Places", Science, 179, pp. 250-258 Jan. 1973
The classic study, in which a number of researchers had themselves admitted to mental hospitals. Although they each reported that their initial "symptom" (hearing voices) had disappeared, they were all diagnosed as having a variety of mental illnesses. Their note-taking, for example, was seen as a symptom: "excessive writing behavior".

Wertham, Frederic, A Sign for Cain: An Exploration of Human Violence, Macmillan, 1966
The most complete description of the development of the psychiatric theory and practice of "mercy killing" of mental patients in Germany, paving the way for Nazi genocide in the concentration camps.

Russ, Joanna, The Two of Them, Berkley Publishing Corp., 1978
A woman from earth goes to another planet where women are drugged and electro-shocked into submission and those who persist in their "madness" (e.g. writing poetry, an occupation reserved for men) are caged in dungeons. She meets a woman-child nicknamed Scribble whom she rescues, and in the process is taught a lot about her own "madness".

DeLynn, Jane, Some Do, Collier, 1978
A stimulating novel about a group of feminists/radicals/hippies in Berkeley. One of the main characters is a mental patient whose disaffection is a clear reflection of the horrors of the oppressive society we live in. Her attempts to befriend a child labelled autistic are mercilessly thwarted.

Publications of the Mental Patients' Liberation Movement

Addresses of organizations are listed on p. 4.

THE ALLIANCE FOR THE LIBERATION OF MENTAL PATIENTS, Phila.
The Politics of Phenothiazines ($2) Twenty-page booklet about the harmful effects of psychiatric drugs, in particular, Thorazine and Stelazine, and how they are used for social control. Includes an economic analysis of Smith-Kline Corp., testimony by drug recipients, and an article about tardive dyskinesia by Dr. Caligari. List of Smith-Kline products being boycotted, and list of endorsers.
Shock Packet ($1.50) A lot of excerpts from former inmates and doctors, exposing shock as a form of torture, big business, and mind control. Contains an article from "Psychology Today" by neurologist John Friedberg, author of Shock Treatment is not Good for your Brain. Excellent for dissuading people who think they might want shock.
The Farview Papers ($2.50) A large booklet documenting threats, beatings and murders of inmates at the hands of guards at Farview State Hospital (the institution discussed on the Phil Donahue Show about patients' rights). Until publication by A.L.M.P. and attorney D. Ferleger, this was a secret Pa. Justice Dept. report.
The A.L.M.P. Newsletter ($2 sub., or whatever you can afford) Most recent updates on the struggle at Haverford, and other Alliance projects.

THE MENTAL PATIENTS LIBERATION FRONT, Boston
Acting Out (subs are free-$4 if you're broke, $4-$10 reg.) A new anti-psychiatry journal. It is "written, organized, typeset, and laid out completely by survivors of psychiatric assault." Their anger and energy is inspiring.

THE MENTAL PATIENTS ASSOCIATION, Vancouver
In a Nutshell (donation) One of the oldest journals published by psychiatric inmates. Perspectives from Canada.
Head-On: A Self-Help Model ($1) An impressive account of MPA's beginnings, philosophy and activities, interspersed with samples of creative writing.

BAY AREA COMMITTEE FOR ALTERNATIVES TO PSYCHIATRY, S.F.
On the Edge ($6 sub) The newsletter of BACAP, an organization composed of ex-inmates and "mental health" workers.

ON OUR OWN, Toronto
Phoenix Rising ($5 sub, $10 institutions) Another new ex-inmate journal, very informative and beautifully designed.

ELEMENTAL--UNION FOR PSYCHIATRIC CHANGE, Australia
Elemental (donation) Ex-inmate organizing in New South Wales.

CLIENTENBOND IN DE WELZIJNSZORG, The Netherlands
Bulletin van de Clientenbond

GROUPE INFORMATION ASILES, Paris
Psychiatrises en Lutte (Psychiatric inmates in Struggle) (12 Francs)

de Gekkenkrant (Lunatic Paper), Amsterdam

continued p. 21

REVIEW: Anti-Psychiatry Bibliography and Resource Guide 2nd edition, revised & expanded

by K. Portland Frank. Press Gang Publishers, Vancouver, B.C., 1979. 160 pp. $4.50 paperback, $12.50 hardbound.

reviewed by Anne Boldt

Three years of work have gone into this revised and expanded second edition. The book contains over 100 listings, mostly annotated, and includes books, articles, pamphlets, newsletters and audio-visual materials. The influence of the anti-psychiatry/mental patients' liberation movement can be clearly seen throughout the entire book. Frank's book is an invaluable guide for those already involved in the movement and an excellent introduction for those who are new and want to find out more.

Unfortunately, some of the material is already outdated. Listings for newsletters, pamphlets, publications by movement groups and small presses may have incorrect prices and availability information. In spite of this, the Bibliography is probably the most complete and accurate compilation of information about the anti-psychiatry movement to date.

The author realizes that information in this area may be outdated almost as soon as it comes out and has made special mention of this. In addition, Frank makes an appeal to her readers to send corrections and additions for the third edition which is already being planned. Frank also wants feedback and help in planning for the next edition.

Special mention must be made of the graphics which were designed and carved by Frank. There are 11 full-page woodcuts which greatly add to the book's overall political statement. The images in the woodcuts are a combination of symbols frequently used by the anti-psychiatry movement and original material based on Frank's own personal perceptions and experiences.

The book is prefaced by an introduction, acknowledgements and a note which states that "the main purpose of the Anti-Psychiatry Bibliography is to provide a useful handbook for persons wishing to explore the failings of the present mental health system, how to change and/or abolish it, and what alternatives there are to this system. It is intended as a political tool for fighting psychiatric oppression in its diverse and ever-expanding ramifications." (p.5).

The first chapter, "The Mental Patient Experience", lists autobiographical accounts (both pure and fictionalized) by inmates and ex-inmates about their experiences with psychiatry. Some famous "cases" are also cited. In addition, general fiction from the past and present is listed, including some views of future mental health systems portrayed in science fiction.

The chapter on "The Politics of Sanity and Madness" explores sources on the British anti-psychiatry school which was spearheaded by R.D. Laing and David Cooper. According to Frank, the earlier writings of the British anti-psychiatry movement, which appeared in the 1960's, are important because they paved the way for the current anti-psychiatry movement.

Chapter III lists sources which deal with "Psychiatry and the Law". Frank explains, "The central idea in this section involves discussion of how the medical model came to be applied to 'problems in living' and why this model should be discarded." (p. 36). Some basic texts about the "History of Mental Illness" are listed, followed by a section devoted to Thomas Szasz. The last half of the chapter deals with "Patients' Rights" which is "...central to the anti-psychiatry movement because although the movement's ultimate goal is to smash/eliminate the present mental health system, it is crucial in the meantime to work towards protecting people's rights within the system." (p. 43). Frank recommends Madness Network News, State and Mind, and movement groups newsletters as excellent sources for current news about the legal struggle.

The fourth chapter, "Psychiatry and Institutions", explores the repressive institutions of psychiatry: mental hospitals and prisons. "Mind Control and Technology" is the subject of Chapter V. This chapter, in and of itself, is a storehouse of information. Each of the "hard" techniques (referred to as such because they destroy healthy brain tissue) - psychosurgery, shock treatment, and drugs - are explained from the political perspective of the anti-psychiatry movement. Frank has done an outstanding job summarizing the history, effects and uses of these psychiatric "treatments." The "soft" control techniques of behavior mod, psychological testing, etc., are also discussed. Frank points out that although most mind control techniques are used on specific target populations, almost everyone is subjected to the "soft" controls of mass media advertising.

by K. Portland Frank

Chapter VI examines "Professionalism and the Mental Health Industry", particularly as it exists in capitalist societies. The writings listed cover a broad range of perspectives.

Chapter VII gives a comprehensive survey of "Women and Psychiatry". Chapter VIII deals with "Psychiatry and Other Oppressed Groups" and is subdivided into: Third World, the poor, children, gays and political dissidents.

"The Mental Patients' Liberation Movement" is the topic covered in Chapter IX. A history of the North American movement, the Conferences on Human Rights and Psychiatric Oppression, and the European Network for Alternatives to Psychiatry is given along with a listing of sources, consisting mainly of articles in movement publications.

The tenth chapter discusses "Some Alternatives to Institutional Psychiatry". The Vancouver Mental Patients Association is covered in detail and there is also a sizable section on Berkeley Radical Psychiatry.

The final chapter contains listings of general works which would not fit into any of the previously mentioned categories and miscellaneous resource materials. There is a lengthy section on anthologies. One of the unique features of the Anti-Psychiatry Bibliography and Resource Guide is the listing of pamphlets, catalogues, audio-visual materials, periodicals, posters, buttons and T-shirts. Wherever possible, Frank has given addresses where these materials may be ordered from and price information. There are three useful appendices: a glossary of anti-psychiatry terms, a directory of anti-psychiatry groups and related organizations, and a chart which summarizes the sources, premises, and programs of the major anti-psychiatry schools of thought.

PUBLICATIONS -- continued

PROTECTION OF THE RIGHTS OF MENTAL PATIENTS IN THERAPY, London
Prompt pamphlets (20p for each)

PROJECT RELEASE, New York
Consumer's Guide to Psychiatric Medication ($2.50)
Describes physical characteristics of 37 common psychiatric drugs. Also lists maximum daily recommended dosage of over 20 drugs. Unfortunately uses some mentalist terminology. Written by ex-inmate David Briggs.

MENTAL PATIENTS RIGHTS ASSOCIATION, Florida
MPRA Newsletter (donation) Testimony, news and analysis from a very active ex-inmate organization.

NETWORK AGAINST PSYCHIATRIC ASSAULT, Berkeley
Psychiatric Drugs ($2.50) The politics and "side-effects" of psychiatric drugs. Written by a California physician.
Bibliography on Psychiatry as Social Control ($1.30)
Over 60 mini-reviews by the Mad Librarian.

PSYCHIATRIC INMATES' RIGHTS COLLECTIVE, Santa Cruz
Alternatives to Mental Institutions. Descriptions of 14 California facilities and other programs outside California which claim to be alternatives but which, as PIRC recognizes, are not controlled by the users. Includes information on PIRC and other mental patients' liberation groups (20 pp., $2.00)

FORCED DRUGGING IN THE WOMB AND AT THE BREAST

by Dr. Caligari

If there is one group of people most vulnerable to the effects of involuntary drugging, it is developing babies, both those in the womb and newborns nursing at the breast.

Generally, the very young and the very old are most likely to experience toxic, damaging effects from drugs, for a number of reasons. The smaller and lighter one is, the more likely one is to have adverse reactions to an ordinary drug dose for the "average" adult. Both the very young and the very old are less able to metabolize and inactivate drugs because of changes in the liver, which is the organ primarily responsible for the degradation of drugs. Similarly, the kidney's ability to excrete drugs in the urine is reduced in the very young and very old, as are the abilities of other body systems to eliminate drugs. Thus, one tends to get an accumulation of drugs to eventually toxic levels. In addition, the tissues of very immature body organs (brain, heart, muscles, liver, kidney, etc.), as well as those of older body organs which invariably degenerate to some degree with aging, are more sensitive to the effects of most drugs. (The effects of psychiatric drugs on the elderly will be the topic of a future Caligari column.)

Thus, those most likely to be damaged by drugs - developing babies and newborns - are also those who are totally helpless and unable to protect themselves. The burden of responsibility for caring for the unborn child and the neonate (newborn) rests completely with the parents and "professionals." In this situation, there is no validity to "informed consent" by the infant.

It was once thought that the placenta, marvelous organ that it is, was an effective barrier preventing unwanted substances from passing through the mother's body and bloodstream to the fetus. (During the first eight weeks after conception the developing human is an embryo; that is, its organs are just forming. After eight weeks the organs are basically formed and get larger and more mature and the baby is then referred to as a fetus.) In the early 1900's, with the advent of X-ray technology, it slowly became apparent that X-rays of the mother's abdomen or pelvis could pass through and damage the developing baby. By the 1940's, maternal rubella (German measles) came to be recognized as a potent cause of fetal death and a variety of fetal malformations (birth defects) e.g. cataracts, deafness, heart deformities, mental retardation, etc. It is now known that certain other maternal infections, such as toxoplasmosis or the rarely occuring cytomegalovirus, may destroy or damage the pregnant mother's unborn baby. German measles can be avoided by vaccinating the woman of childbearing age (about 14 to 45 years) who has not had the disease as a child. Blood tests can determine if a woman has or has not had German measles, if the past medical history is unclear.

Toxoplasmosis can be avoided by not eating uncooked meats (a common source of the toxoplasmosis organism) and by not touching kitty litter boxes, since cats also get infected with toxoplasmosis and can give it to their pregnant owners. During your pregnancy, let someone else do this job.

In the late 1950's and '60's the Thalidomide tragedy forced the medical profession to accept the fact that the placenta is not an impermeable barrier to maternally used drugs, and now it is understood that almost every drug or chemical that enters the mother's body will, to varying degrees, enter the fetus's as well!

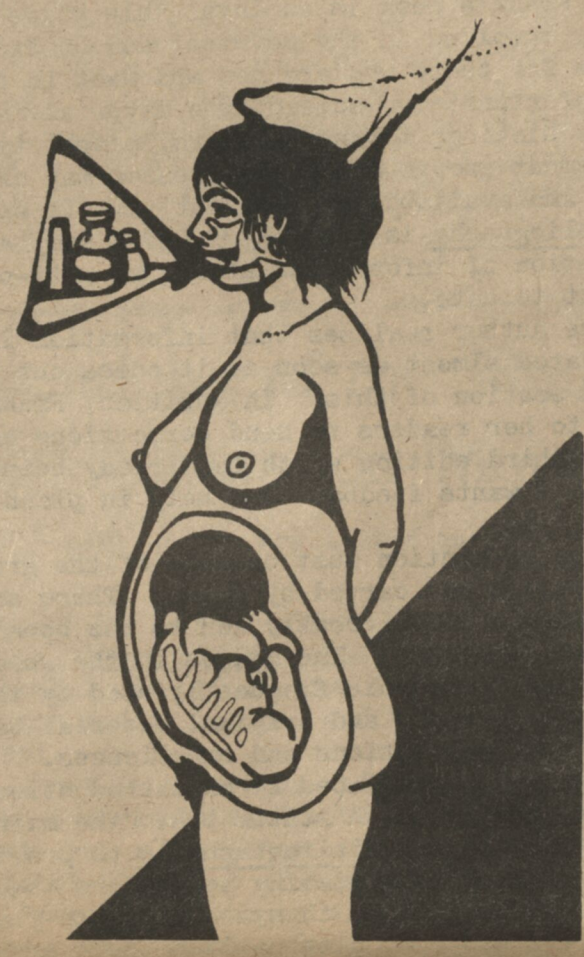
Approximately two or three babies out of every 100 born will have some form of birth defect. Most of the time, the reason for the birth defect is unknown.

Causes of Birth Defects in 2 - 3 out of Every 100 Live Births:

Cause unknown (65 - 70%) a combination of factors ?	Cause is known (30 - 35%)
1. Racial differences	1. Genetic defect, inherited (20%)
2. Individual sensitivity	2. Chromosome abnormality, not inherited (5%)
3. Interactions between drugs, chemicals, pollutants	3. Effects of radiation (1%)
4. ??????????????????????	4. Maternal infections (2 - 3%)
	5. Drugs & chemicals (2 - 3%)
	6. Maternal disease, e.g. diabetes (2 - 3%)

In some instances it is obvious what the defect is and why it occurred, e.g. Down's syndrome (also called Mongolism, trisomy 21, characterized by mental retardation, abnormal facial features, etc.). Humans normally have two chromosomes for each 23 sets of chromosomes; Down's babies, however, have three chromosomes on their # 21 sets of chromosomes. The older a mother gets, the greater the risk of her having a Down's baby; however, the odds are still greatly in favor of her having a healthy child. Nowadays, pregnant women over 35 are advised to have amniocentesis, where a sample of amniotic fluid from within the womb is removed and inspected by microscope to detect the extra # 21 chromosome. Abortion is an option if such an abnormality is discovered.

Another sad example of birth defects with a known cause occurred in 1953 in Minamata Bay, Japan, after industrial wastes containing the heavy metal mercury got into the waters and fish of the Bay. This created Minamata's disease, or mercury poisoning, in adults and in the unborn children of pregnant women who ate the contaminated fish.



Laurie White

However, in most cases of birth defects, it is not clearly understood why the defect occurred or whether it may have been the result of numerous factors. Nowadays, having learned the tragic lesson of Thalidomide, one would imagine that pregnant women and those who take care of the health of such women to be extremely cautious about drug use during pregnancy. However, numerous studies have all shown that women take an average of four to eight different drugs during pregnancy. These include iron (which I do think should be taken by pregnant women), analgesics such as aspirin or bufferin, laxatives, antacids, vitamins, cough and cold medicines, antibiotics (i.e. tetracycline, which stains and damages the teeth of unborns and newborns), drugs put on the skin, tranquilizers, etc., all of which can create problems of varying degrees. Adverse effects can also result from the use of medically indicated drugs such as anti-convulsants (i.e. Dilantin, which can cause the fetal Dilantin syndrome, with physical malformations, mental retardation, etc.), anti-tuberculosis drugs, anti-hypertensive drugs, etc., where the risks and dangers to the mother's health are balanced against the risks to the fetus's health. We must also consider the very seriously damaging effects of alcohol (which can cause the fetal alcohol syndrome), nicotine/cigarette smoking, and the questionable effects of caffeine, marijuana, cocaine, etc. (which I believe should be totally avoided). The fetus may be affected by the mother's nutrition and diet, use of diuretics (water pills, which should be avoided during pregnancy), and weight gain (25 - 35 pounds appears optimal).

Pregnant women also face occupational hazards such as exposure to radiation; heavy metals such as lead, mercury, cadmium, selenium, etc.; organic chemicals such as benzene, toluene, acetone, and those in paint and cleaning materials; toxic gases (which operating room personnel are exposed to), fumes, and vapors; and others. There are also environmental hazards such as pesticides, nuclear fallout, Three Mile Island reactor-type leaks, household chemicals, chemicals used in hobbies, fluoridation, etc., which expecting mothers are exposed to.

There are different ways in which the developing baby can be damaged by drugs or chemicals that enter the mother's body. The mother's health and body biochemistry can be disturbed and then, secondarily, the fetus's. The placenta can be damaged leading to fetal damage, or the fetal tissues themselves can be directly affected. There are also different ways in which drug-induced damage may be manifested by the developing baby. The embryo may be so severely damaged that it dies and is aborted. If the damage occurs very early, the embryo may die and often

the woman may not realize that this has happened, since she may have only a delayed or slightly irregular period. Psychiatric drugs can even, for a variety of reasons, result in a woman's inability to become pregnant. Such infertility may be caused by the drug's interference with normal ovulation and sexual functioning. (In men, psychiatric drugs may interfere with sperm production and sexual functioning.)

The period from about 20 to 80 days after conception is the time that the embryo is most vulnerable to the teratogenic (malformation- or defect-creating) effects of drugs. Days 10 to 25 are when the nervous system is most vulnerable and also when pregnancy may be least suspected; days 20 - 40 are when the heart is developing, and days 24 - 26 are when the arms and legs are most vulnerable. Unfortunately, during this critical time, the woman may not realize or may just begin to suspect that she is pregnant, and may continue to drink coffee and alcohol, smoke cigarettes or marijuana, use aspirins or tranquilizers, etc., all of which may have damaging effects.

With Thalidomide, for example, all it took was one or two pills taken at the sensitive period of arm and leg development, i.e. around 28 days after conception, to cause a child to be born with phocomelia (arms and legs that are just small stumps with deformed fingers and/or toes). Thalidomide had been tested on various animals and found to be safe for them before it was marketed for use on humans. It was then sadly recognized that humans are uniquely sensitive to its teratogenic effects. It is only by giving drugs to humans that human sensitivities can be recognized.

Drugs can also affect babies via mutagenic effects, where the drugs damage chromosomes, especially the sperm or egg cells, causing mutations or gene defects possibly affecting future generations. Drugs can also have carcinogenic (cancer-causing) effects later in the baby's lifetime. This is now recognized as a result of the use of the female hormone DES (diethylstilbestrol), which was used in the 1940's to 1960's to try to prevent miscarriages. Only recently, DES has been recognized to (1) cause malformations in the genital systems of men and women whose mothers were given DES while they were in utero; (2) cause a formerly rare form of vaginal cancer in the daughters of DES-treated pregnant women; (3) cause possible increases in the risk of breast and genital cancer in the women who were given DES while they were pregnant; and (4) cause fertility and pregnancy problems in DES daughters more often than in women whose mothers were never given DES.

Thus, drugs taken in the first trimester of pregnancy can either destroy or severely damage embryos and fetuses, and drugs taken in the second or third trimester can (1) cause abnormal growth of the fetus (i.e., make it smaller, lighter, less mature, etc.); (2) create higher chances of premature or postmature delivery; (3) create higher risks of miscarriages and placental abnormalities; (4) cause problems during labor and delivery and in the neonatal (newborn) period (i.e., problems breathing, sucking, moving, crying, keeping warm, etc.); and (5) create drug withdrawal reactions in the newborn.

In addition to physical malformations (physical teratogenesis), it is just now being realized that even if the baby appears physically to be normal, it is possible that drugs may have had more subtle effects on the brain and nervous system development, creating a condition called behavioral teratogenesis. Behavioral teratogens are substances (including food dyes, food additives, small amounts of pesticides, and other chemicals that get into the food chain) that create non-structural abnormalities or functional changes which may cause subtle long-term effects such as decreased learning capacity, decreased motor skills and coordination, defects in exploratory behavior, a tendency to over-react to stress, etc. The detection of these subtle drug effects has just begun, and so far there is little if any specific information on the effects of psychiatric drugs, which primarily affect brain function, on unborn children in their later life. Thus, in addition to genes and genetic influences, environmental stresses and influence, parental conditioning, etc., as explanations of so-called "mental illness", must be added the effects of drugs taken by the mother.

Besides considering the effects of drugs taken during the mother's pregnancy, one cannot ignore the effects of drugs given to the mother during labor and delivery, such as anaesthetics (spinals, epidurals, local nerve blocks, inhaled gases, etc.), analgesics (pain killers, i.e. narcotics), muscle relaxants, or sedatives (valium and valium-type drugs) on the newborn's struggle to make the transition from the womb to the world outside. There are many incredible changes that occur as the newborn is cut off from the umbilical cord and its symbiotic connection with the mother to confront a world where he or she must breathe, move, suck and cry to survive. The heart and circulatory system go through profound changes, as do the lungs and virtually every organ. During this critical period, the brain's regulatory centers of muscle movement, breathing, temperature regulation, etc., are immature and very sensitive to drug effects and the lack of oxygen (hypoxia), which could cause permanent damage such as cerebral palsy or mental retardation. Fortunately, humans are very hardy creatures and most of the time are able to fight successfully for life in these first crucial moments and hours.

The final way in which newborns may be put at risk of drug-induced damage, either immediate and obvious or subtle and delayed, is via the passage of drugs through the mother's milk. It was once believed that drugs and chemicals would be prevented from entering breast milk. However, it is now known that most drugs and chemicals will enter breast milk and can cause damaging effects and may cause as yet unknown effects on the suckling baby. In 1956, in Turkey, women who ate wheat seeds treated with the chemical hexachlorbenzene and were breast-feeding unintentionally created an illness in their babies as the chemical caused diarrhea, fevers, vomiting, skin rashes, etc. Heavy metals like lead and mercury can come out in breast milk; formerly there were breast shields or breast ointments with lead which entered the baby. Mothers with beri-beri, a severe vitamin B_1 (thiamine) deficiency unknowingly affect their breast-feeding infants' nutrition also, and death of an infant may at times be a consequence. In the U.S. this is rare but occurs primarily with severely alcoholic mothers. Radioactive fallout or nuclear reactor pollution, in particular Strontium 90 (which goes into bones) and radioactive iodine (which goes to the thyroid gland), can cause cancer later in the life of a child after such substances enter him or her as a baby through breast milk. Adrenal steroid drugs like Prednisone and hydrocortisone can damage suckling babies, as can anti-migraine headache drugs with ergot alkaloids, such as *Cafergot, Migral, Ergocaf, Wigraine, etc. All psychiatric drugs appear in breast milk in variable amounts. Lithium* is clearly the most toxic to nursing babies and thus ANY WOMAN, WHILE TAKING LITHIUM, SHOULD NEVER BREAST-FEED HER CHILD.

The more one studies the differences between human milk and animal milk like cow's milk, the more obvious the differences in milk proteins, milk fats, and milk sugars and other milk substances become, and the more one recognizes the uniqueness of human milk to fill the needs of human growth and development. Early use of cow's milk when the infant's digestive tract is immature leads to more problems with allergies, asthma, eczema, etc. Even though infants fed cow's milk tend to be fatter, this does not mean they are healthier; in fact, the opposite is true. Human milk proteins and fats, etc., are uniquely suited for the development of human brains, hearts, muscles, and other organs. In addition, there are many ways in which human milk provides protection against infections and diarrhea for the newborn via protective white blood cells and antibodies that are secreted into breast milk.

Thus I strongly support the resurgence of breast feeding and deplore the scandalous attempts by greedy multi-national corporations (i.e. Nestle's) to "brain-wash" Third World women into accepting bottle feeding and its risks of insterility, infection, and poorer nutrition.

Political activism can be a powerful tool for improving public health in numerous ways, and the purer the environment, the purer women's wombs and breasts are. Though this is a long-term struggle, a more immediate way to ensure the health and development of the next generation is via an increased awareness of drug effects on developing babies during pregnancy, labor, and delivery, while breast feeding, and at all ages. As a start, one way to maximize the potential of future generations is to minimize and/or eliminate maternal drug use from conception up through weaning.

Letters

Dear Madness Network News,

I've been listening to the nationwide syndicated news show, "The News Blimp" on my radio. Seems that Electro-Convulsive-Shock is on its way back in, and the folks at "News Blimp" couldn't find more cute puns on a subject if they tried. I quote "...and so despite arguements against its use, it seems that Electro-shock will remain a 'current' practice in the treatment of mental illness."

I'd like to relate a bit of my experience with 'current' treatments: I'd always been the shy type. I was in my first year of college, and rather disillusioned with the whole scene. I was lonely and wanted to learn to make friends, so I went to a counsellor at the university, fully believing that a nice little bearded man would sit me down, ask me questions, and then give me precise instructions on how to stop being shy, and how to turn the university programs to my advantage. No such thing occurred. I dropped out of college, and began seeing a professional psychiatrist. My father's Blue Cross covered it, so what the Hell? The Hell began when he prescribed Haldol. During this time I had been trying to get involved (totally on my OWN initiative), meet people, find an interest, and so it came to pass that on election day, 1972, I was at the polls handing out literature and greeting the public. It snuck up on me over several hours. It did my shyness no good when more and more my face was twitching and frowning, I began losing co-ordination and control of movement in my hands, and I shivered head to toe. I was certain I looked like some kind of freak. It took hours to get home. I was drooling on myself by then, and couldn't stand another person's eyes on me. This was their first cure for my shyness.

Well, because the reaction to this legalized dope was so severe, I was asked to commit myself "for observation" while some other type of dope was chosen for me. Blurred vision, "pill rolling" (finger movements), and inability to salivate were the results of these new drugs, the ones that were "more compatable with my delicate system." Being turned loose on the world in this condition with the added label of "ex-inmate" turned my loneliness into withdrawal and depression.

Again I was induced to commit myself. Once there I was told that I needed Electro-Shock as an alternative to the dope, and that if I did not sign the shock papers "freely", then papers would be filed for my involuntary commitment before I could file papers to get myself released. I signed. I would like to point out here that the "News Blimp" program stated that doctors were returning to shock because of the "alleged dangers" of some psychoactive drugs. When this reason was given for my treatment with Electro-Shock, at no time during the treatments did the amount of dope I had to take go down, in fact, it was increased. I was further demoted to the status of freak by having to go around (and, yes, part of their "progressive" treatment was to let crazies out into a relative's custody on weekends) with burn marks on my temples from improperly insulated electrodes. Seeing my family side with the doctors who were doing these things to me hurt even worse. There was one additional side effect to the shock process. One of the additional drugs administered either to further dry up the patient's saliva (so they don't choke to death on it during the convulsion) or else the drug given to ease muscle spasms (patients have been known to tear muscles during the convulsion), was causing me to lactate. I was not pregnant, not ill in any way, but you can bet I was terrified by this phenomenon, and plenty embarrassed over my perpetually soggy blouse. At no time did any of the staff explain this to me; the connection with the shock process only occurred when several women who were lactating got together and compared the "treatments" that we were receiving in common.

Summing up, they had responded to my plea for a cure to shyness by giving me a soggy shirt to feel embarrassed about, twitching "pill rolling" fingers, blurred vision such that I couldn't find solace even in a book, inability to salivate enough to even enjoy food, and a "Mark of Cain", the burns on my temples, just in case anyone was capable of overlooking all the rest of my medically induced abnormalities.

After all this, my family couldn't understand why I wanted to crawl in a hole and die. My torment went on for several more years at the hands of those "who were trying to help me". One more incarceration, then five years an out-client. Finally in 1978, I discovered that the "miracle drug" lithium was killing my thyroid. It was the straw that set the camel free. The doctor's solution was to let the damage be done, keep me on lithium, and keep me functioning on doses of artifiecial thyroxin. I am happy to say that MY solution was to gradually ease off the dope and tell the doctor to go to Hell. My thyroid condition proved reversible in the absense of lithium, its cause. My depression and self-disgust reversed itself too. I've been honestly happy and glad to be me for two years since that monumental decision. No more dope or shock.

I'm dedicated to helping others survive the torment, too. So I'd like any and all information you can send me on starting an "anti-psychiatry" chapter in my new hometown. I volunteer at a drop-in center where the staff has a propensity to shoot up all the clients with weekly Prolixin. I don't know this drug (like I know 19 others) first-hand, so could you send me some information about it, so that I can better offer help to its current victims.

Keep up the good work, spread the word,

Linda Jencson
Oregon

Dear Madness Network News Staff,

Hi. I received your letter of Feb. 13. I am very happy to know somebody outside cares to take the trouble to write me here.

Yes! I am a current psychiatric inmate in a place they call a Forensic Unit! This place is wonderful. Forensic means, thirty-seven electro shock treatments in a row, a world record.

And if you like medication, Yes? They will medicate you so much, you will not walk, talk, eat or go to the bathroom. For days and weeks all you do is stay in bed and look at the ceiling for weeks.

Yes! Creedmoor Psychiatric Center is a first in Mental hygiene?

The staff here beats patients and kick them around the day hall then handcuff them and drag them once around the ward for Luck.

Put them in seclusion for three days, strip and medicate me.

When I call my father and he ask the doctor why did they do this, he didn't know it happen. My father ask the guards here and they told him for my own protection against the other patients.

My father ask the Doctor here why is my son is beaten unconscious and treated so bad here.

The Doctor told my father they didn't have to answer any questions to anyone. "We the staff here are the law and the law to our self, we answer to no one. You should not complain." Then he told us what they did to patients before?

May God have mercy on their soul, for they don't know what they do.

Please help me

Steven Whelan
New York

Dear Friends,

It has been around 6 months now since my last shot of Prolixin and I am able to walk normally and am beginning to deal with the reality of incarceration.

I am still in contact with a lawyer about filing a restraining order to prevent the prison from forcing drugs on inmates, but have not talked to the lawyer personally in about two months.

They have opened a psychiatric unit here for female inmates in the prison system (federal) and are keeping three Black women there for seemingly an indefinite period of time.

Thank you for sending past issues and for changing my address.

For the continuing effort toward social, political, and economic justice, I remain,

In struggle,

Susan Farris
Lexington, Ky.

Dear Madness;

I am a Psychiatrist.
I am in doubt that psychiatry is really useful.
My mother told me that I should not be a psychiatrist, because some relations of mine were in mad-house and others committed suicide, but I was a psychiatrist because I felt drawn to psychiatry and my father was in favor of my free choice.
I had a military psychiatrical visit because it was known about my relations but I was declared fit for national service.
After a degree in medicin, I worked two years in a psychiatrical university clinic where I learned the use of psycho-drugs and EST.
Then I began to work in a "Psychiatric Hospital".
Here, I was declared by the Director and colleagues a very good psychiatrist because I practised to patients EST and many psycho-drugs; moreover I spoke like a true psychiatrist (i.e. cacoforico, egosintonico, scizofrenico and so on).
In the meanwhile I frequented psychiatrical specialty in Rome where some colleagues began to speak to me about the experiences of Trieste, Perugia, Arezzo (therapeutic community, non-use of EST, destruction of mad-houses, reintegration of inmates into community).
My wife was a Triestener.
I went to Trieste, I saw that what I had heard was true, and then I tried to make something like Trieste in my mad-house.
From then I was not declared any more a very good psychiatrist but, on the contrary, with gradual increase, an unsuccessful sociologist, a non medical man, a poet, quixotic, drugged, psychopathic, paranoic psychopathic, fanatical psychopathic, maniacal, maniacal-depressive.
Although such be the case, in my mad-house a colleague follows a treatment by taking Largactil and has a brother suicidal, another follows a treatment with antidepressant drugs, another had a nervous break-down that prevented him from studying for ten years, another was submitted to treatment of 17 EST, another was afraid to read papers for not knowing bad notices, and so on.
What is then the difference between the psychopathology of psychiatrists and their patients? And who is a good psychiatrist? Who has political protections, who is against the mental patients liberation movement, who more use psycho-drugs, who has more money.

In 1978, law 180 which provided the gradual overcoming of mad-houses, produced hard reactions against those who were in favor of the liberation movement.
Slanders, threats, blackmail, insults...
When a patient of our equipe committed suicide, it was told that we killed him.
It was told that I had not prescibed psycho-drugs (but it was not true) and that I deserved prison.
I then became depressed, and I am depressed also now. I had suicidal ideas.
My wife helped me, and I followed a treatment of antidepressive and ansiolitic drugs.
I, too, now am a psychiatric patient. My friends know that I had a nervous breakdown and my colleagues and even some of my patients know it.
I now ask you if in this condition I can be useful to mental patients.
Who thinks to be more wise than others he is the most mad.

Dott. Romualdo Castelli

Dear Madness and NAPA:

I appeared briefly--very briefly--on Channel 3 T.V. Feb. 19th as an opponent of forced drugging. Nothing I said about the torture of being the victim of the shrinks' chemical lobotomies was put on the air. The whole week was dedicated to the miracles of psychiatric drugs! All the other patients taped (3) said the drugs "changed their lives" and help them "cope". I was only aired saying that drugs "only mask the symptoms of hypoglycemia..."

The next night in the weekly series they glorified Stanford U.'s research and a breakthrough in the study of "neuro-transmitters"--and a shot that costs $6,000!!

I was furious. But Channel 3 would lose too many sponsors if they told the truth!!

The whole week's news about "drugs and psychiatry" was slanted--to say the least!

Yours in struggle,
Ms. Jan McGrew
Sacramento, CA

People--

I've been meaning to write for a long time now, ever since I heard about you a year ago in a clipping my mother sent me out of the N.Y. Times. For two years I have been working with the University of Tennessee department of psychiatry as a technician, first in the psychiatric emergency room of the City of Memphis Hospital, and since last March in the private inpatient unit at the U.T. hospital.

Now, I'm not a psych student. I'm a paramedic student. The closest class I had to prepare me was Psych 101 as a requirement. All that I know about the business is what I picked up at work, from reading the DSM, and asking the shrinks. Being at the City Hospital gave me the chance to see how an evaluation works and what clinical signs are looked at. It was also the most violent episode of my life.

Let me tell you about the emergency room. We took people in on "emergency committments", brought in by the police if they are a possible threat to themselves or others. This was by far the majority of our clients. Some came voluntarily, but they frequently could not leave once they got in.

The floor was divided into three parts. One was the psych ER, another was the county prison ward, and in between was a section known as "the grey area", a seclusion set-up for "unmanageable" patients, both medical and psych. A patient gave birth in the grey area, unattended, while in four-point restraint. Throughout her term she was given Haldol regularly. Often it was administered simply because she was obnoxious. She had her baby while in a room directly across from the nurses station, but wasn't discovered until some time later by an alert technician. The baby lived.

Next door, rights guaranteed to people accused of murder and rape were denied to people accused of being insane. Never were they informed that they were under arrest or what the charge was, no phone calls were ever allowed (except when they wanted to send somebody home--to call for a ride). People were abused, intimidated, denied bathroom privileges, food withheld...sometimes in restraints for days...I've seen them sit in their own excrement for days at a time in the hot sun.

I was disgusted and surprised and angry, and I made no secret of it. More than five times I came near quitting in protest, but decided that more can be done by staying there than leaving. I'd go up against a shrink about demanding that one set of handcuffs be used on a patient. To begin with, we were never supposed to use steel on a patient, and one pair of cuffs would anger rather than restrain the patient. I got myself up to my ass in trouble many times about "oppositional attitudes".

Then I moved over to the U.T. hospital, where the patients are private and voluntary, and tended to be of a higher "socio-economic" status. The City Hospital took in the dregs, the poor and powerless. Now I had the comfortable. We are a theraputic community, with group therapy, encounter, and all that progressive jazz. The dichotomy is amazing. Everything is so peaceful, such a facade of healing.

I am sure psychiatry is a fraud. Listening to the staff in meetings and at change of shift, and paying attention to the diagnoses and symptoms tossed around like small change, I can't help but

continued p. 26

think of an analogy of a patient with an ailment of the leg:

"Umm," says one, "it looks like he's busted the bone."

"Naw, yer crazy," says another, "it's not broke, just infected."

"Neither of you are even close," offers a third, "his leg is fine, but his liver is shot."

Well, I have nothing to offer but my thanks for knowing that such a group as yourselves exist. If I had the time I'd start a chapter here, to have some help and start some changes. What can I do? It's criminal, inhumane, that an institution such as psychiatry should continue to exist.

We have nothing to lose but our complexes!

Sincerely,
Bruce Goldfarb
Memphis, Tenn.

Dear MNN,

Why, oh why, did I let my subscription expire? Please renew it, starting today.

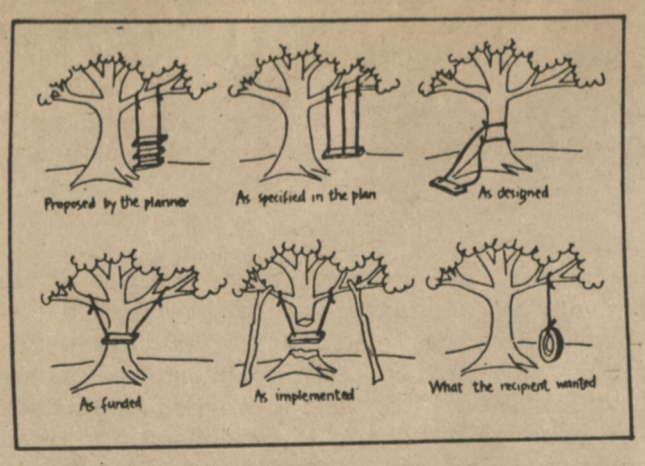
Though the national MHA has been woefully dragging its feet with the moderate-to-conservative stance of hand-holding the psychiatric system, I want you to know that the South Dakota Division is alive and more-or-less well, and is taking a strong stance in favor of consumer awareness and patient rights.

I am trying now to put together a model advocacy project for state-wide application. The state is willing to come through with a little money, and I need ideas and input from others who have been successful. It should be things that are quantifiable with numbers, etc....well, you know the bureaucratic game.

By the way, I am enclosing the names of two psychiatrists who are using enough electricity to heat Boulder Dam. Enough said.

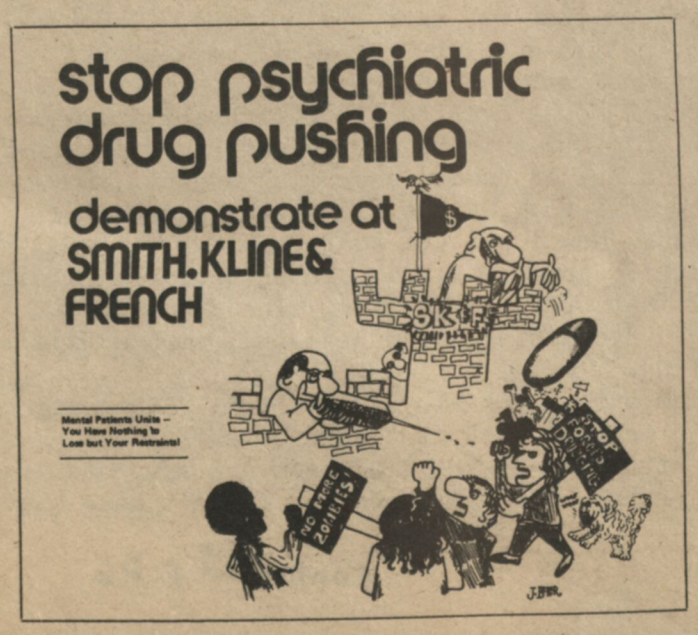
Thanks,
Rae Unzicker
President, S.D. Mental
Health Association
804 S. Phillips
Sioux Falls, S.D. 57104

Editors' note: Rae Unzicker spoke several months ago on The Phil Donahue Show about her own experiences as a psychiatric inmate. Among others appearing on the show were ex-inmate activists Janet Gotkin and Ken Donaldson.



SMITH-KLINE BOYCOTT UPDATE

SmithKline Corp., which is being boycotted because they manufacture deadly psychiatric drugs, is selling one of their subsidiaries, Sea & Ski. Earlier this year SmithKline had acquired Allergan Pharmaceuticals, which makes a competing sunscreen. The new list of over-the-counter products to boycott includes all Allergan products, Contac, Sine-Off, and Allergy Relief Medicine. To obtain a copy of the poster pictured below, send $1.50 to ALMP, 1427 Walnut, Phila. PA 19102.



Gentlepersons:

I was kicked out of UCLA Day Treatment Psychiatric Hospital (after 3 months) for refusing to use psychotropic drugs which had earlier depressed me for a year. Psychiatrist tried to involuntarily hospitalize me at UCLA prior to discharging me against me against medical advice. I tried to enter Day Treatment at Cedar Sinai Hospital but the psychiatrist there was only willing to admit me as a voluntary overnight commitment where I had to sign away my rights to refuse psychotropic drugs...In the past two years I have seen about a dozen psychiatrists and have been labeled with a dozen different diagnoses. When I told the psychiatrist at Gateway Hospital that I was angry, he told me "That is not a category."

Very truly yours,
Martin Goldman

CHILDREN AND PSYCHIATRY NAPA member Ted Chabasinski, who was locked up in psychiatric institutions for many years as a child, is doing research for a possible article or book about children who are locked up or otherwise abused by psychiatry. If you have any information you think would be useful (such as books or articles, names of groups already working on this problem, or particular institutions where children are being mistreated), contact Ted at 2923 Florence St. apt. 301, Berkeley, CA 94705 or call (415) 843-6372. Ted is especially interested in interviewing people who had first-hand experience with psychiatric oppression as children.

ON OUR OWN PEN PAL CLUB

A Pen Pal Club has been formed by ON OUR OWN, a new support group sponsored by the Bay Area Committee for Alternatives to Psychiatry (BACAP). Psychiatric inmates and former inmates who are interested in becoming pen pals are invited to fill out the form below and mail it to us.

We think that an open communications line such as this could have extrememly beneficial effects. In this way, we can give moral and social support to one another, friendships can be formed, news and information spread, and new ideas developed and shared.

From time to time, we will send an updated list of club members to all the newsletters and journals in the psychiatric inmates liberation movement, which they will be asked to publish. And, upon request, club members will be furnished with a copy of this list.

We hope you like this idea and will want to participate.

On Our Own Pen Pal Club Form

Name_____

Address_____

City_____ State____ Zip Code_____

List your interests in ten words or less (to be published as space allows)_____

_____

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Mail to: BACAP, 944 Market St. rm. 701
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(Please notify us of any address changes)

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A powerful new documentary about the killing of a naked unarmed man by a policeman--and the official investigation that followed.

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Tom Shales, The Washington Post

"A major contribution to the discussion and debate in this highly explosive area...A powerful piece."

Lee Weinberg, J.D., Ph.D.
U. of Pittsburgh Legal Studies

HURRY TOMORROW

The landmark documentary filmed inside a locked psychiatric ward in California.

"An agonizing, involving spectacle...with more bitterness and outrage in any three-minute sequence than in all of 'One Flew Over the Cuckoo's Nest'... It is enough to make you swear off anything stronger than warm milk forever."

Vincent Canby, The N.Y. Times

"A masterpiece of documented nightmare."

Paul Krassner, Crawdaddy

Both films available for purchase and rental from:
Houndog Films, 466 22nd Ave., San Francisco, CA 94121
(415) 752-7808

JOIN NAPA — SUPPORT NAPA

NAPA — Network Against Psychiatric Assault — is an organization dedicated to the elimination of involuntary commitment and forced psychiatric "treatment".

TO SUPPORT NAPA FINANCIALLY:

___I pledge a monthly donation of __ for the next year.

___I donate __ as a gift (tax-deductible).

TO RECEIVE NAPA LITERATURE:

___$3 per year for the NAPA newsletter (bimonthly), a listing of Bay Area meetings, demonstrations, and events related to the struggle against psychiatry.

___$2.50 for "Psychiatric Drugs" by "Dr. Caligari", a 24-page booklet on the politics, purposes, and "side effects" of psychiatric drugs. Special section on tardive dyskinesia, its "cures", and drug withdrawal.

___$1.30 for the newly revised Bibliography on Psychiatry as Social Control (13 pages).

___Poster against forced drugging designed for the mental patients movement by the San Francisco Poster Brigade. Donation requested.

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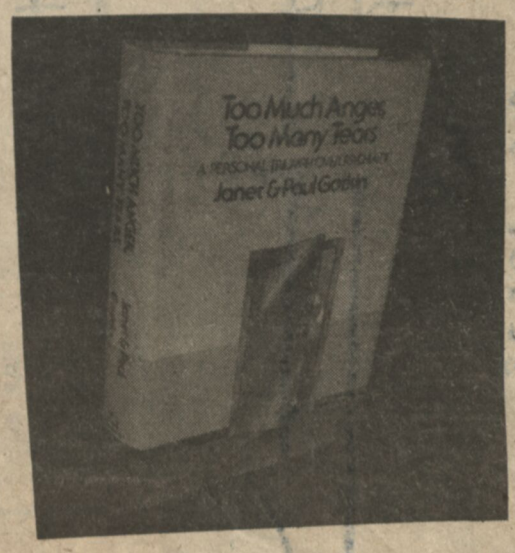
Mail to NAPA, 1744 University Ave., Berkeley, CA 94703



"Too Much Anger, Too Many Tears is a work of staggering artistry as well as one of the most important documents in the history of psychiatry. The alternating accounts of Janet and Paul become the facets of the anguish between them that comes to us like a jewel rotating before our eyes, each facet casting a splash of light that carries with it some of the refracted brilliance of the other...As human beings they have managed to overcome their pain and helplessness. As writers they have provided a stinging indictment of psychiatry. As political activists they have sparked the mental patients movement."

N.Y. Times Book Review

Too Much Anger, Too Many Tears: A Personal Triumph Over Psychiatry, by Janet and Paul Gotkin, Quadrangle

It's just too good to miss!

The New Women's Times bi-weekly feminist newspaper from my hometown. It features, as a regular supplement, the NWT Feminist Review (6 times a year, no less!) Reviewers have included: E.M. Broner, Andrea Dworkin, Shere Hite, Robin Morgan, Adrienne Rich and Gloria Steinem (all my favorites). So don't waste time - Sign up now!

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Rochester, NY, 146

*From the hometown of SUSAN B. ANTHONY

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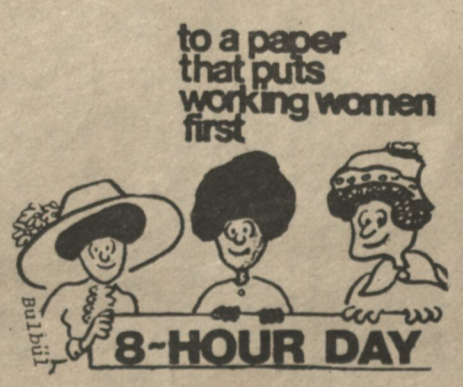

$4.00/year

UNION WAGE

P.O. Box 40904, San Francisco CA 94140

posters, t-shirts, buttons

The recent Conference is selling posters, T-shirts and buttons to pay off debts (any excess will go to next year's Conference fund). These items will be available out of the NAPA office. Checks and money orders are to be payable to the 8th Annual International Conference on Human Rights and Psychiatric Oppression and mailed to NAPA, 1744 University Ave., Berkeley, CA 94703. All orders outside the U.S.A. are payable in U.S. dollars via International Money Order. Overseas orders will be sent via surface mail.

The poster is 17" x 11" and has an original drawing of women inside a mental institution. One poster is $2.00 -- plus a 35¢ mailing charge folded or 85¢ in tube (please specify folded or tube). Orders beyond one poster will be considered special orders.

The T-shirts are black with white lettering saying "PSYCHIATRY KILLS." Sizes are Large and X-Large -- please allow for shrinkage and please don't forget to state the size when ordering by mail. One T-shirt is $3.00 for psychiatric inmates and ex-inmates and $4.00 for those who have never been psychiatric inmates -- plus a 75¢ mailing charge. Orders beyond one shirt will be considered special orders.

The buttons are black with white lettering saying "ABOLISH FORCED PSYCHIATRIC TREATMENT" and "CAUTION: PSYCHIATRY MAY BE HAZARDOUS TO YOUR HEALTH." Please designate which slogan you want and how many of each slogan. Each button is 25¢ for psychiatric inmates and ex-inmates and 50¢ for those who have never been psychiatric inmates -- plus a 25¢ mailing charge up to 4 buttons. Orders over 4 buttons will be considered special orders.

¡BASTA!

A WOMEN'S CONFERENCE ON IMPERIALISM AND THE THIRD WORLD WAR at the YWCA, 15th and Webster, Oakland, CA. A national conference to examine the relationship of imperialism to the women's movement, national liberation struggles, and the U.S. military build-up. Speakers, slide-shows, movies and workshops. Fri. Aug. 22 (6-9 pm), Sat. Aug. 23 (9 am-10:30 pm), Sun. Aug. 24 (9 am-4 pm). For more information call 444-5676 or write BASTA, 2930 McClure, Oakland, CA 94609.

MADNESS NETWORK NEWS, INC.
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Address Correction Requested

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U.S. 40c

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