

MENTAL PATIENTS LIBERATION FRONT NEWSLETTER



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Mental Patients Say NO! to

For too long mental patients have suffered from the devastating side-effects of powerful mind-controlling drugs. Blurry vision, muscular tension, the inability to sit still, drooling, eye-rolling, shaking, dryness of the mouth, shuffling walk, sleepiness, dizziness, and slurred speech are but a few of these side-effects. These drugs are forced upon mental patients indiscriminately, in large amounts, by psychiatrists in mental hospitals in order to control and punish patients.

For too long mental patients have also been locked up in seclusion rooms for long periods of time, merely because they do not conform to the de-humanizing hospital rules. Patients are secluded arbitrarily for such minor "offenses" as swearing, talking too loudly, crying, or being unable to sleep at night.

Now, finally, these gross violations of human rights are being challenged in a lawsuit crucial for the rights of mental patients, which is now underway in Federal Court in Boston. With the help of lawyers and legal workers from the Boston Legal Assistance Project, seven patients at Boston State Hospital's May Unit and Austin Unit are bringing a class action suit, entitled Rogers v Nacht, against the hospital and the Department of Mental Health



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for the overuse of medication and the misuse of seclusion.

At present there is a restraining order against the misuse of seclusion and the overuse of medication at Boston State Hospital's May and Austin Units. This means that if the hospital forces anyone to take medication or puts anyone in seclusion except in an "emergency" situation (e.g. that she/he is endangering the safety of other patients or her/himself) then the hospital is violating a court order. Patients and sympathetic staff are on the lookout for such violations.

Six days of hearings were held during November before Judge Tauro in Federal District Court to decide if the restraining order against forced medication and the misuse of seclusion at Boston State Hospital will continue to be in effect permanently. The hearings will resume in February.

"Treatment"

Rogers v Macht is a crucial lawsuit because it deals with the issue of a mental patient's right to refuse treatment. A victory for the plaintiffs will mean that mental patients in Massachusetts will have the legal right to refuse medication and legal protection from being locked up in seclusion, except in "emergency" situations. This will set a precedent for the right to refuse "treatment" in other states as well. If we have the legal right to refuse "treatment", then we will be better able to stand up for our rights and exercise greater control over our own lives.

If you are a patient or worker at the May or Austin Unit of Boston State Hospital, and have testimony to offer concerning the use of forced drugging and seclusion, or if you have been a mental patient in any mental hospital in Massachusetts and can offer testimony regarding your experience with adverse reactions to and side-effects of medication, you can contact Richard Cole (the attorney for the patients) at the Boston Legal Assistance Project (BLAP). Telephone: 442-0211

Barbara Wallen
ex-patient, Mass. Mental

National Mental Patient Conference Planned for Boston

At the end of May, a Conference on Human Rights and Psychiatric Oppression will be held in Boston. This will be a conference by and for current and former mental patients. Ex-patients and concerned people from all over the United States and Canada will be joining us. Many will be ex-patients affiliated with groups similar to Mental Patients Liberation Front. This conference has become an annual event, and has been held three times, last year in San Francisco. In the past, it has proven to be a great opportunity to share experiences and to build energy and ideas for a national mental patients movement.

The conference this spring in Boston will last for four days. The first two will be open only to current and former mental patients. Workshops will be offered and democratically run. Some suggested topics for workshops include organizing patients and ex-patients, alternatives to psychiatric institutions, work and alliance with other liberation movements, nutrition and megavitamins, and an analysis of the power and hang-ups of shrinks. We look forward to an exciting four days.

Two Autobiographies

ex-mental patients

Ruby



My story begins in the year 1965 in that cold, remote atmosphere, the Institution for the Mentally Ill. I didn't even know if I was really mentally ill, as I saw so many others far worse, even violent. My visit there was especially frightening since I had never been in a hospital of that sort before.

A week before, I had started hearing these awful voices. I related the voices with real people. I was so frightened. Every time I heard a knock on the door I would be very quiet and cover up. I had three small children and I was really scared of being separated from them.

I called a neighbor, who was a social worker, so he understood what I was going through. He told me the voices weren't really reality. I hadn't been able to understand that because I was

really hearing different voices. They were wicked.

My neighbor took me to the walk-in clinic at Boston City Hospital, where the doctor was very rude. It seemed to me that someone had told him something about me. He asked me questions such as who do you think you are? and why do you think you have a reason to judge people anyway? I ran out of the room because I was afraid of being committed. Another doctor was kinder, so I answered questions for him. I tried so hard not to hear these voices, but afterwards my neighbor took me to Boston State Hospital.

It was such a lonely, cold place. I was put on some medication. One was thorazine and there was some others. Every time I received the medication, this ringing would go off in my head all day and night, because whenever I took the medication the room I was in would look like it was turned upside down and the ringing in my head would never stop. But I would never scream. I would just cry.

Several times, for not wanting to take my medication, I was secluded in a room that was filthy with a mattress that smelled of urine. A nurse and a male attendant came in several times to give me a needle. They also tore

my buttocks. It was most painful and they were very rude and rough.

They kept the doors to the ward locked. It was horrible since I had never been locked up before. After three months, since they kept giving me these awful pills and since I hadn't seen my children, I wanted to be released. They had taken my nice knit clothes and shoes and given me this awful state dress. I kept asking for my belongings, but they never returned them. So one night I escaped, without money or adequate clothes. I didn't have any money so I asked a storekeeper for a dime to call my neighbor, the social worker. He came, picked me up, and took me home.

As I entered my home, I saw that someone had been living there, stolen almost everything, and that my children weren't there. A couple of days later my social worker came and asked me if I wanted to be discharged legitimately. After a few days back at the hospital, I returned home, and the children came home too.

My second time in the hospital was only for five weeks. I could not stand the place. One day, when I had my wits about me, the doors were open and I walked out. I had a new social worker for the children, not the one who had been so understanding. I called her, and she said I couldn't have my children. I was so disappointed

that I stayed in those seven rooms for weeks longing for my kids. Then, my house burned down and I lost my apartment. So I really was in despair- no clothing, no money, and a hard life to look forward to.

Eventually, I got an apartment that was sparsely furnished. I was depressed all the time. The landlord was hard on me. He found out I had been in the hospital, called the police, and had me taken back to that awful place, Boston State Hospital. I was kept there for a year.

After all this time, I was given just two weeks notice to leave the hospital. I had no money but a friend gave me \$25. An ex-patient found me a room. He had to lie and say I was white,



since the apartment building was in an all-white neighborhood. The landlady was nice and she accepted me. She waited until I got a check to catch up with the rent, which was very little money. Later, I was hired to look after the building, and my rent was free. I loved the job and the owner, so I bought curtains and fixed the room up.

A nurse at Boston State had insisted that I take this medication called Haldol and Prolyxin. They said I would be taken back in the hospital if I didn't. I started getting a bad reaction. I was in the room and couldn't get up and couldn't hardly sleep for six months. This was due to the Prolyxin shots and the Haldol pills. I couldn't comb my hair or get dressed. My hands were affected.

Finally I went to City Hospital. After six months, they treated me for the reaction. When I left, they insisted that I take the medication or else, they said, I would end up back in the hospital. But I stopped taking the medication and then became healthy again.

Ruby Rogers

(ed. Ms. Rogers is one of seven patients and ex-patients suing the Department of Mental Health for the abuses at Boston State Hospital. There is more to her story. We may print more of it in succeeding issues.)

Joan

I was nineteen when I first saw a psychiatrist. I was very withdrawn, and lived in a fantasy world. He asked me no questions about my life, put me on medication, and saw me briefly once a month as an outpatient. He made no effort to find out what conditions in my life had caused me to become the way I was.

Life with my family was intolerable. I was completely under the control of my parents. Until I started seeing the psychiatrist, my mother had treated me like an infant. She dressed me, washed me, combed my hair, and even cleaned me after bowel movements. I had no friends since I was fourteen. During my teens, I retreated more and more into a fantasy world. After graduating high school, I stayed at home for a year. I spent hours washing my hands, talking to myself, and rocking back and forth.

I saw the psychiatrist for almost two years. Because I did not improve, in fact I made several attempts to run away from home, he gave me psychosurgery by threatening me with commitment. I was twenty-one, and he did not even ask for my consent.

The psychosurgery had no effect on me. After spending a month and a half in a psych ward at Deaconness Hospital, I was sent back to my family. Within a year,



my depression and all my other symptoms had returned.

I went to college while living at home. Since I was very lonely and had no friends, I flipped out in my junior year. I was hearing voices. My parents sent me back to the same doctor who had given me the psychosurgery.

Again, he didn't really listen to me but put me on stellazine. Although I had side effects from it, such as stomach aches, constipation, loss of energy, and nose bleeds, I was able to complete college.

I lived at home until I was twenty-five. When I moved out, I fell apart. I was like a child in terms of dealing with everyday life. Since I was very unhappy and kept getting fired from jobs, I saw a therapist. All she did was keep telling me I had to keep a

shit job. It was while I was seeing her that she put me on valium. For a while it seemed to help, but I became immune to it. She then put me on tofranil to which I became addicted.

During the four years I was taking it, my life got much worse. Although I had roommates, they broke up with me because I was too "spaced out", and I was living alone. I had no friends. I couldn't get any job and went on welfare. I spent most of the day in bed, and spent my nights drinking, because I felt so miserable.

I quit therapy after several years because although I had made a couple of friends, my life had not improved. My life only started to improve when I became involved in Mental Patients Liberation Front. Last year I withdrew from tofranil. Withdrawal was hell. I had several mercifully brief breaks with reality, daily stomach pains, and four to five-hour withdrawal headaches. But I did kick it.

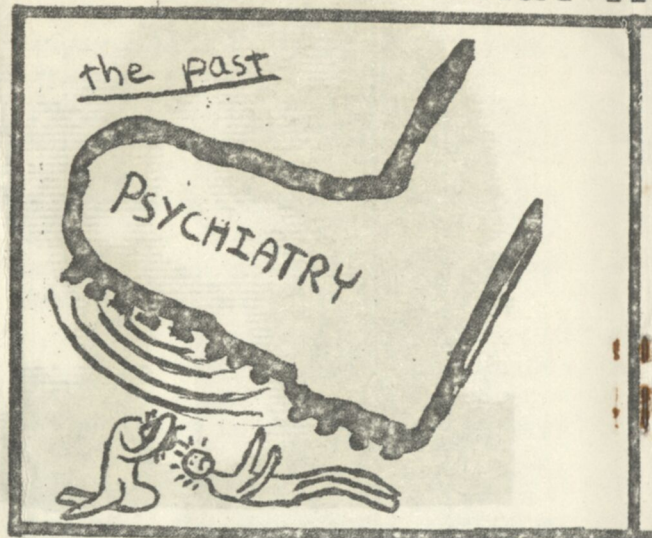
Although my life is better, there have been no happy endings for me. I often get periods when I feel miserable. I still can't get up in the mornings and I feel a tremendous amount of pain and anger. I am furious at what psychiatry has done to me. But I know that the only way to stop these terrible things from happening to us is for mental patients to work together to destroy psychiatry.

Joan Goldberg

MPLF: What W

Mental Patients Liberation Front is a group of patients and ex-patients based in Boston. It has existed since 1971. From our own experiences, we share a view that the mental health system smothers, rather than helps, the so-called patient. Unhappy and upset, we are confronted with endless drugs with long unfamiliar names, petty and insulting rules, and a threatening cell called the isolation room. As patients, we have absolutely no control over our fates. Our minds and bodies are, rather, controlled by a psychiatrist who we rarely, if ever, see. If we are lucky enough to be released from these jails - falsely called hospitals - we often end up in depressing boarding houses, trying to get by on slim SSI disability funds or working at boring and low-paying jobs.

Mental Patients Liberation Front (MPLF) was formed with the idea that the primary way to radically change the mental health system was through the united protest and action of its victims - patients and ex-patients. We cannot count on psychiatrists and social workers to do this for us. Their prestige and power is the foundation of the system. The drug companies reap big profits off our misery with their ever-growing lists of "medication". The politicians are satisfied as long as we are out of sight and not creating disturbances. Even



the professional "do-gooders", who breeze through hospitals on their inspection tours, look upon us as strange and "disabled". The mental health system will not change until we force it to. To do this, we must overcome our fear and end the fake divisions amongst us - the division between patient and ex-patient, between short-term and "chronic" patient, between men and women, black and white, young and old.

MPLF has engaged in a wide variety of activities during the past five years. We have written a "Mental Patients Rights Handbook", focussing on rights and illegalities in hospitals in Massachusetts. We have held a workshop for lawyers sympathetic to the cause of mental patients. As a part of our effort to distribute the handbook, we

e Stand For



visited hospitals within the Boston area, including Boston State, Metropolitan State, Mass. Mental, Cambridge City, Danvers, and McLean. Patients welcomed the handbook and presented in vivid details the abuses they had been subjected to. Out of our visits, the Patients Rights Group at Boston State was formed.

We managed to get the handbook to the inmates of Bridgewater State Hospital, the most brutal jail in the state. When they were confiscated by staff and their readers punished, a lawsuit followed. Meanwhile, patients at Boston State initiated a lawsuit against the overuse of medication and the abuse of the isolation room. Two of our members are currently working on a suit to establish the right of patients to see their records.

We discovered as we developed that MPLF was not alone. We have gone to East Coast and national conferences of organizations attacking the mental health system. The last conferences was this past summer in San Francisco.

In an effort to get the word out, we have talked on radio and TV. We have also been asked to speak at a wide number of schools.

Our experience in Mental Patients Liberation Front has strengthened our belief that the mental health system is inhumane. While seeking to combat that system, we have been learning to personally support each other in everyday problems and emotional crises. We have felt the bond that exists between those who have been labeled "mental patients". Many people have had contact with and expressed sympathy for the group. But we must build an organization that ties us together and focusses our energy. With this in mind, we have decided to print our newsletter. We hope that future issues will have many present readers becoming contributors. Any articles, poems, or art-work will be welcomed.

Ken Schlosser
ex-patient, McLean Hospital

DRUGS:

Beware



If you are being given Haldol, Compazine, Mellaril, Navane, Prolixin, Quide, Repoise, Stelazine, Taractan, Thorazine, Tindal, Trilafon, Moban, Loxitane or Vesprin, you may experience the following side-effects: (1) Extrapyramidal reactions (tremors of the hands and face, stiffness, robot-like posture); (2) Tardive Dyskinesia (permanent brain damage after long-term drug use, which results in habitual involuntary movements of parts of the body, especially the face, mouth, tongue, jaw, arms and legs); (3) Akathisia (restlessness, nervous pacing); (4) Drowsiness; (5) Blurred vision; (6) Dryness of the mouth; (7) Toxic psychotic reaction (an increase in any bad feelings you were having before you took the drug). All of these drugs are called the "anti-psychotic drugs", or the "major tranquilizers". The exact way in which they work (termed their "action") is unknown.

If you are being given Tofranil, Adaptin, Aventyl, Elavil, Norpramin, Pertofrane, Preamine, Sinequan, or Vivacril, you may experience the following side-effects: (1) manic episodes; (2) Increased psychotic symptoms (this means the drug makes you feel worse); (3) Change in blood pressure; (4) Irregular heartbeat; (5) Extrapyramidal reactions (tremors of the hands and face, stiffness, robot-like posture); (6) Confusion, hallucination, delusions, disorientation; (7) Dizziness; (8) Fatigue; (9) Headache, (10) Weight change; (11) Impotence; (12) Dryness of the mouth; (13) Nausea; (14) Blurred vision. All of these drugs are called "the Tricyclic Antidepressants". The exact way in which they work (termed their "action") is unknown.

Who Profits?

The Hoffman-LaRoche Corporation holds an exclusive patent on Librium and Valium. Librium and Valium have brought in more than \$2 billion in sales and have contributed to making Hoffman-LaRoche what Fortune

magazine calls "one of the most profitable enterprises on earth". The most valuable stock certificate in the world is a share of Hoffman-LaRoche. It is currently worth nearly \$45,000. (from Ms. magazine).

Boston State Patients Fight Back



MENTAL
PATIENTS
UNITE!

Mental patients' liberation is not a new concept. For years we as mental patients have in one way or another struggled for our civil and human rights. But previously we were doing so as individuals, and as individuals we were smashed. During the past ten years, mental patients, following the example of other oppressed groups, have come to realize the necessity for the collective struggle of all mental patients against the mental health system. As a result, we began throughout the country to organize ourselves into ex-patient groups, and, more recently, into in-hospital patients' rights groups.

It has been almost two years since the patients' rights group

at the May unit of Boston State Hospital was initially created. Since that day in May 1974, when John Kierney, the then head of volunteers, invited Mental Patients' Liberation Front to speak at a Current Events Meeting, the group has undergone many changes.

In the beginning, before Mental Patients' Liberation Front and the patients' rights group was sanctioned by the hospital authorities, we of MPLF came under the umbrella of the volunteer program. We were met with an enthusiastic response from our sisters and brothers, the patients of the May unit. They invited us to come back weekly, and meetings became a lively and angry forum for discussion about the way we as mental patients and ex-mental patients were oppressed by both the hospital and the "outside world." At first, the group focussed mainly on in-hospital issues, such as the right to refuse medication, the psychiatrists' attitude that they know what is good for patients more than patients themselves, the overuse of seclusion, the use of Bridgewater as a threat hanging over all patients, and the lack of dignity and respect in the way we as patients had been treated. Later, we began to discuss more "outside"

related issues: the difficulty in finding a place to live, the hassles with welfare and SSI, the hospital's callousness in discharging people who had no place to go, etc.

Due to the furor MPLF seemed to have caused (patients began to demand their civil and human rights), the hospital personnel forced the patients' rights group to disband, and said that MPLF could not come into the hospital to lead a group. The patients of the May Unit responded to this action by getting together a petition asking that MPLF be allowed to return and the patients' rights group resumed. Eighty per cent of the patients on the May Unit signed it, and it was sent to Dr. Kahn, the then director of the May Unit. He subsequently arranged a number of meetings with members of MPLF and patients of the May Unit, and in a short time MPLF was allowed to return and the patients' rights group was allowed to resume, with the stipulation that there would be a staff liason present at the meetings.

The patients' rights groups has continued to meet weekly since that time. There have been both high points and low points. At times we have all felt overwhelmed by the oppressiveness of the system, both in and out of the hospital. But at times we have truly worked together and felt the potential possibilities of our collective strength. During



the year we, as a group, attempted to tackle some concrete problems through collective action. The patients' rights group wrote up a petition demanding better food, which many patients signed, and which was sent to the Governor, the Commissioner, the Director of the May Unit, and other people. Unfortunately, the petition was responded to merely in writing, and not with any real action. The group also wrote up a complaint against an attendant who was being brutal to patients. Although neither the hospital nor the Department of Mental Health took any action on the complaint, the attendant's behavior changed for the better.

Furthermore, with the legal help of the Boston Legal Assistance Project, a lawsuit has been initiated against the hospital for the overuse of medication and the misuse of seclusion. Many patients from the May Unit are taking part in this suit as both plaintiffs and witnesses. We feel that it is an important suit, for it touches on the critical issue of the right to refuse treatment.

The patients' rights group at the May Unit is an important vehicle through which patients can work together to demand change in the way we are treated by the hospitals and by the society. The group at the May Unit is well-established and will continue, but in order to be effective, we need to figure out together how we can go about it. The composition of the group is constantly changing. While there are a number of people who have attended the group regularly from the time it was created, there are others who, due to a brief hospitalization, attend only for a short while. Furthermore, the hospital has recently resorted to

rather suddenly discharging people who are active in struggle for patients rights (as a method of retaliation). Many of the most active in-patient leaders of the patients' rights group and participants in the lawsuit have been disposed of in this way. This is as effective a threat as overmedication or seclusion (which are now prevented by the Court order) because most people have no place to go, and a sudden discharge will leave them on the streets.

How can we prevent the hospital from subverting the patients' rights struggle in this way? How can we make the patients' rights group meaningful for people so that they will continue to work with it even after they are discharged? How can the group become a viable political force in the hospital? How can we collectively demand and obtain our civil and human rights? How can we keep from getting co-opted by the hospital? These are questions which we need to answer, and we hope the answer will come from the group as we continue to work together.

Many thanks are owed to Carl (a former patient at the May Unit, now at Bridgewater), Ruby, Harold, Ernestine, Sonny, Monica, Teddy, (all present or former patients at the May Unit) and many other people who have at one time or another offered so much to the group and struggled to keep it going. Together, let's keep up the struggle.



Voices from the Asylum

Trying

Paula Dignan
ex-patient, Lindemann

People try to help,
But yell instead and that's no yelp,
People try to help,
Instead of asking the young welp,
People try to help,
They criticise and lecture you until
you cry for help.

Asking

Trying to ask, but it is hard,
Feelings come through from the past,
Trying to ask, and trying so hard,
Feelings of fear happen to last,
Trying to ask, afraid of the past,
Feelings finally stop, what should
happen at last.



Guilt-edged rulers
make you think
you read their mind
when they read yours

want you to think
each little mistake
shortens your life

Fuck off you insane bastards
What makes you think
I want to snatch
or weigh
your phony guilt?

John Siegel

DEMANDS: The Abuse of Mental Patients Must End

For too long, mental patients have suffered abuse and torment under the guise of psychiatric "treatment". We do believe that asylums are needed for people who have become emotional victims of an oppressive society and its failures. Unlike the jails - mislabeled hospitals - of the current mental health system, these asylums must guarantee that people's fundamental human rights are not violated. Accordingly, we DEMAND that Massachusetts' Department of Mental Health recognise the following rights and issue regulations to guarantee them.

MENTAL PATIENTS HAVE THE RIGHT TO REFUSE "MEDICATION". Along with this, we have the right to be informed in clear language of all side-effects of drugs offered.

MENTAL PATIENTS HAVE THE RIGHT TO UNCENSORED COMMUNICATION BY PHONE, LETTER, AND IN PERSON WITH WHOM-EVER THEY WISH. Phones should be available on each ward, and there should be no obstacle to use them.

MENTAL PATIENTS HAVE THE RIGHT TO RECEIVE AT LEAST THE MINIMUM WAGE FOR ANY WORK ASSIGNMENTS WHILE IN THE HOSPITAL.

MENTAL PATIENTS HAVE THE RIGHT TO SEE AT ANY TIME THEIR HOSPITAL PSYCHIATRIC RECORDS.

MENTAL PATIENTS HAVE THE RIGHT NOT TO BE SUBJECTED TO PHYSICAL ABUSE. THE ISOLATION ROOM MUST STOP BEING USED TO INTIMIDATE US INTO "APPROPRIATE" BEHAVIOR.

JOIN US

MPLF holds weekly meetings every Sunday at 7:00 P.M. at 353 Broadway in Cambridge. These meetings are open to all mental patients and ex-patients. We also have an office located at Project Place, 32 Rutland Street, 4th floor, in Boston. Our office is open 9-5 on weekdays and the telephone number is 262-9268. Drop by or call, and come to our Sunday meetings. We welcome new people and new ideas.

MPLF has written a handbook entitled "Your Rights As A Mental Patient in Massachusetts", which contains information on your legal rights and how to use them to get out of the hospital. The handbook is free to all mental patients and ex-patients. You can obtain a copy by writing to: MPLF

PO Box 156
West Somerville, MA
02144

**We would rather be insane with
the truth than sane with lies!!**