

- news items from throughout U.S.A.
- readers respond!

DENDRON

monthly news issue # 3 March 1988 one dollar



Another type of forcible injection: airplanes & helicopters sometimes directly spray farm workers with chemicals that can kill or maim.

Psychiatry & Pesticides: Learning from Cesar Chavez and the grape boycott

People concerned about human rights & alternatives in psychiatry, could glean helpful tips from a totally different campaign: The United Farm Workers are again boycotting, focusing on fresh table grapes from California.

This time the central demand -- along with fair treatment of unionizing -- is "a ban on the five most dangerous pesticides used in growing grapes," plus a testing program for pesticide residues on grapes sold in the stores.

Picture this: Farm workers and consumers are now -- without their informed consent -- exposed to extremely harmful and at times deadly chemicals. All for the sake of a few corporations' enormous profits. Even while effective alternatives exist. Survivors sometimes experience permanent physical damage. They and their supporters are organizing nonviolent grassroots efforts throughout the country to fight back. Beginning to sound more familiar?

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Working to prevent brain damage!

Psychiatric drugs caused Ira Gruber's permanent movement disorder.

Now he's starting a national association to say "NO" to this massive health cover-up!

In the summer of 1985, Ira Gruber found out why his muscles were twitching uncontrollably.

Ira discovered he had "tardive dystonia," a movement disorder that was a sign of brain damage. He learned it was the result of taking the psychiatric drug Haldol. And he learned the awful news that the twitching might never go away for the rest of his life.

Ira has been traveling around the U.S. trying to ignite a national campaign to prevent others from developing such psychiatric drug-caused disabilities, now an epidemic harming literally hundreds of thousands of Americans. The syndrome's existence is a scientifically-proven fact that has been well-known by most psychiatrists for years, but is still hardly known at all by the general public.

When Ira isn't on the road, he lives in Seattle, working as the

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dust still (cough) swirling in: The Peter Breggin Controversy!

Last month, *Dendron* held a dialogue about controversial statements by psychiatrist Dr. Peter Breggin on the Oprah Winfrey television show. In his TV appearance, Dr. Breggin severely criticized psychiatry, especially psychiatric drugs. In response, the National Alliance for the Mentally Ill (NAMI), a parents' organization, tried unsuccessfully to revoke Dr. Breggin's license. Bill Uhlhorn, on the NAMI board, personally defended NAMI's action to *Dendron* editor David Oaks, who wrote an open reply to Bill. Follow it all?

Now, former psychiatric inmate Thomas M. Posey -- under the letterhead of the Consumer Council of Montana's NAMI -- continues this dialogue in a recent letter, excerpted here:

Dear Mr. Oaks:

... Since I am the person that reported to NAMI that one death might be attributable to the totally irresponsible remarks of Dr. Peter Breggin, on the Oprah Winfrey Show, I will fill in some of the details that Bill did not know. First, after I saw the show, I called

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DENDRON

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

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

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

Subscriptions: No one will be denied for lack of money, please write for details of a brief work exchange. Rates for others for one year:

Rate for very low income: \$10 (or \$5. for six months).

Regular rate for individuals and groups: \$20.

Rate for agencies, libraries & groups with paid employees: \$40.

Please make the check out to CHRP and mail to:

CHRP

PO Box 11284

Eugene, OR 97440

Editor's note:

The *Dendron* office is in Eugene's Growers Market, which features many other low-income high-ideal organizations, such as a food co-op.

Outside our office, enormous ten-foot letters have been painted on fabric. These letters will soon be rolled up, driven to Nevada, and hoisted to spell out "TEST PEACE."

The event, as you might have heard by now: civil disobedience in Nevada to halt nuclear testing.

By "specializing" a bit, I hope you & I also test peace, even though only a few readers will be in Nevada. We're testing peaceful ways to

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

Your articles, poetry, letters & art work are encouraged: *Dendron* is a clearinghouse, but space is limited. Please type, or write clearly. Your name & address will be printed, and your writing edited, unless you ask us not to. Return isn't guaranteed, but will be helped by including a self-addressed stamped envelope.

Thanks for your response!



help each other emotionally, and to heal a "disturbed" society.

Some announcements: Thanks to everyone for their fantastic support, moral & financial. A good start!

About 200 activists, groups & agencies are now the main readership, the original goal of the paper. You readers are (as I carefully avoid labeling!) mostly a very informed bunch, already active in this struggle before seeing this paper.

There is a need for more papers to reach out and network the general, interested public. *Dendron's* goal is currently far more limited. Hopefully readers will understand this role & support it: Here we are "talking to ourselves," about what has worked, and what hasn't, and what will.

To do more with the resources now at the *Dendron* office, we would soon be like Scotty calling up to Captain Kirk on Star Trek: "Captain, the ship can't take much more of this."

As it is, this issue is late. Sorry, all you Captains! To stay on time, future efforts will be far more trim.

reader response begins!

A goal of *Dendron* is to be one of many networks between concerned people, with news, strategy, tactics, opinions, experiences, etc. A "test run" -- this first time mainly gauging interest in the project -- has been fairly successful.

Here are excerpts from some readers' letters. To help direct communication between readers, in the future we will assume we can print the writer's address, unless they ask us not to.

Randolph Hack, Honolulu, HI: I really found your first issue very good, especially the book review on the psychiatric Holocaust during and before WWII. I showed it to a German-born psychiatrist, and he was shocked! (He was a refugee from Hitler.) He stated, "People have an infinite capacity to deny responsibility for what they have done."

Please continue to send me issues - I am circulating this here.

We have a self-help group here.

Peter Elias, Portland, Oregon: Congratulations!

Well-planned, laid out, etc. Can you print as comprehensive as possible [a] list/summary of all movement groups?

Initially surprised by King/organizing/nonviolence coverage, but upon reflection, it makes sense. Well-written. *Deondron* does need more voices -- hope you are successful in soliciting material from other writers. . . . What are other ways of snowballing? Good luck!

{Editor's note: In the next few months, we hope to make an organization list available to everyone in printed form, sticky-labels, and a Macintosh disk with a Microsoft Works data base.}

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SHORTS

WHITE COATS SALE: Here's a special offer: *Mass Murderers in White Coats*, the 1986 book by Lenny Lapon about the killing of psychiatric inmates in Nazi Germany and about psychiatric resistance in general, is now available directly from CHR.P. The 291-page paperback is \$9., plus \$1.25. postage & handling.

Plus, if you buy three or more copies the price is \$6. each, postage & handling included free! That's like buying two books and getting the third one free! Write: CHR.P, PO Box 11284, Eugene, OR 97440.

ECT UPDATE: Anti-shock activist Marilyn Rice says she is expecting to see this month, in the *Federal Register*, an announcement about whether or not the Food & Drug Administration will re-classify electroconvulsive therapy (ECT) devices as "no risk," or keep them classified as "high risk."

In the meantime Marilyn, who is the Washington, D.C. representative of the shock-survivors group Truth In Psychiatry, has stepped-up their campaign in Congress. She is asking people to lobby a House subcommittee that could take the next step, and require ECT to remain classified as high risk. This would help to eventually require an FDA investigation of ECT hazards.

To help the campaign, write a letter citing the bill HR 2595, and simply ask, "Please pass legislation to keep the ECT device in Class III." The address:

The Honorable Henry A. Waxman
Chair, Subcommittee on Health
& the Environment
U.S. House of Representatives
Washington, D.C. 20515

MINNESOTA TELECONFERENCE BEGINS: STRIVE has organized teleconferencing between three Minnesota sites: Minneapolis, Eagan and Bemidji. "It is for use by mental health clients or consumers," reports Sheryl Lesch, who says they are the

fourth state to begin statewide teleconferencing. "The purpose of talking together on conference calls is to discuss mental health issues." For information call Sheryl at 612-331-6840 or write: STRIVE, 328 E. Hennepin Ave., Mpls., MN 55414.

LETTER WRITING & THE

HOMELESS: Fred Barnett has had three excellent letters-to-the-editor published in Santa Cruz newspapers on the subjects of psychiatry and homelessness. If 200 of you readers published a letter in your hometown newspaper, with the average size of the city's readership at 100,000 . . . then at least twenty million people would be informed. Here's an excerpt from Fred's letter to the *Santa Cruz Sentinel*, November 26, 1987.

"... Unfortunately, psychiatry is being advocated as a popular method of social control. Despite its lack of pathological proof of mental illness, psychiatry tries to treat (or torture) its victims into social conformity with the use of psychotropic drugs. These drugs can cause brain damage. Because of limited hospital stays and lack of residential units for psychiatric victims, the victim is thrown out to the streets. With psychiatric induced brain dysfunction and social stigma, this new psychiatric homeless victim will become less able to escape his homelessness.

"The state must stop spending \$400. a day to the psychiatric industry for the forceful incarceration of the homeless person. This amount of money could be spent on minimum monthly provisions for the homeless person. Besides the enormous savings of money, these homeless persons would be treated as human beings instead of biochemical inferior creatures."

PRELIMINARY RESULTS OF SOCIOLOGY STUDY READY: Sociologist Robert Emerick of the California State University has issued a

CLARIFICATION: On page three of last month's *Dendron*, there appeared a list of sentences entitled "Aphorisms" (such as "The mystical are psychotic."). These should be taken *only* as ironic. The author, Leonard Roy Frank, is a well-known critic of psychiatry. He has expressed concern that some readers might not know these sentences were purposely written as lies. Leonard writes, "I intended them to be examples of shrink-think, of the ways psychiatrists label as symptomatic of 'mental disease' a variety of human traits and characteristics." He wishes he had used quotation marks on words such as "psychotic." He notes that this list of sentences is just one of 24 aphorisms, and in this context the meaning would be clear.

preliminary statistical analysis of a sample of more than 100 organizations composed all or in part of former psychiatric inmates. He found that only 18 of these groups (16.5%) were "separatist." Only 8 of these (7%) were "radical separatist," that is they were totally self-funded and only composed of former inmates.

However, Emerick stated that the main value will be "when you begin to cross tabulate this 'raw data' and see how factors interact." For instance, no separatist groups (that is, composed ONLY of former-psychiatric-inmates) gave psychiatry a positive rating, while about one-fourth of mixed-groups did rate psychiatry "positive" or "very positive."

For information: Robert Emerick, Dept. of Sociology, College of Arts and Letters, San Diego State University, San Diego, CA 98182 or call 619-265-5449.

SENATE SMOTHERING THE HOMELESS? Judith Hanlon reports that the US Senate's plans to help homeless people are loaded with psychiatric coercion, especially pressure to take psychiatric drugs.

She says the bill has been "sponsored by such folks as Kennedy, Dole, Dodd, D'Amato, Weicker, Moynihan, Gore, Hatfield and others. . . Can you believe it???"

For information, write to J. Hanlon, 1195 Cork Road, Victor, NY 14564.

[more SHORTS on next page]

Berserk in the Bluegrass

by Andrew January Grundy III
Kentucky NMHCA Representative

One of the greatest pleasures in life, in my opinion, is eating peanut butter by the spoon straight from the jar!
It's an instant protein fix!

Kentucky struts its stuff on May 7, the famed Kentucky Derby. Any consumer who wants to is invited to camp on our farm in Lebanon, Kentucky, and go to the Derby.

Our farm is located about 70 miles from Churchill Downs, and parties galore always happen that first Saturday in May.

The infield at the track is usually the wildest place, but you can't actually see the horses run unless you're lucky. I usually settle back with a "significant other" and bourbon and branchwater and watch the whole mess on TV!

For a good time, there's nothing like the Kentucky Derby!

As does any other state in the Union, Kentucky has its share of Indian artifacts.

Our farm contains a variety of such relics, mainly of Archaic origin, dating back 6,000 years or more.

The Archaic Indians are something of a mystery in history, because their level of stone technology was greater than that of later Indians.

Imagine, if you will, a paradise of water springs, limestone outcroppings, and lush greenish-bluegrass. To the Indians, Kentucky must have been like an ancient Greek paradise, a veritable land of milk and honey.

The Indians who hunted here, although they did not live here permanently, called Kentucky the "dark and bloody ground."

I believe there are Archaic Indian graves on a large hill on our farm. I've contacted a University of Kentucky archeologist to see about excavating this ground.

At the same time, some amateur "pothunters" have dug 400 holes in the ground at a Cherokee graveyard near the Ohio river. Local citizens, along with the American Indian Movement, have been up in arms about this desecration of recent Indian graves.

These ravaged graves leave little now to be discovered about Indians in Kentucky. Perhaps a chapter of history will unfold in the excavation of our "big hill."

If you have a stamp and a yen to express yourself, write your Congressperson in favor of the INF (nuclear
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MABEL WHITE GROUP: At annual conferences of former psychiatric inmates, Mabel White would be there with her tape recorder, her gravelly voice and her steady determination. She died several years ago, but her spirit is remembered by a group named in her honor, based in Buffalo, New York.

They encourage former psychiatric inmates to make -- at the minimum -- a commitment to meet with at least one other former psychiatric inmate every week, to work together for human rights & alternatives. The Mabel White Group maintains a list of supportive people, but organizing has had -- as usual -- its ups and downs.

Don Johnson reports that, "Our level of functioning is beginning to return. The addition of about 400 new addresses has been great but at the same time a big burden of time & money." How many are meeting, Don?

Don states he has had a Macintosh SE computer since November, but has been too busy to use it. Meanwhile, the group has "held local public meetings at a local 'street people' drop in center for October, November & December. Now we have agreed to another three months -- one meeting a week -- for March, April and May."

You can contact them by writing to: Mabel White Group, PO Box 428, Buffalo, NY 14222.

HUMAN SUBJECT? Jocelyn Topham Hollis, editor and publisher of the American Poetry and Literature Press, is campaigning for an investigation of research & human experimentation at Bellevue Hospital.

He says he was incarcerated there "solely for research purposes" and "seriously hurt by experimentation." He has not been able to get his medical records after two years of trying. "Since Bellevue has been chosen as a place to send the homeless, I think it is imperative that their safety and that of the other patients be ensured."

To help, and for his packet of information about his campaign, write to him at PO Box 2013, Upper Darby, Pennsylvania 19082.

SPIDERMAN FOLLOW-UP: You might have already heard that the hero Spiderman was committed and forcibly drugged, but struggled on valiantly to spark a psychiatric-inmate rebellion on his ward.

In last month's *Dendron*, columnist Andrew Grundy mentioned that the Spiderman comic-book featured that story about psychiatric institutions. You'll be glad to know this story was a "special three-part adventure" that was ran across ALL THREE of the different varieties of Spiderman. (Yes, there are three kinds of Spiderman comic books, and they are read by many, many people!)

Unfortunately, Spiderman does not try organized non-violent direct action, which explains the rather sad surprise ending. Maybe a future issue will feature a happier conclusion, with everyone a heroine or hero. The specifics: Back issues are available in your comic book specialty store, at about \$1. each. Ask for the December, 1987 issues of: *WEB OF SPIDERMAN*, Vol. 1, No. 33. *THE AMAZING SPIDERMAN*, Vol. 1, No. 295. And *THE SPECTACULAR SPIDER-MAN*, Vol 1., No. 133.

reader response -- continued from page 2

Paul Dorfner, Johnson, Vermont: Well it certainly is good to have an anti-psychiatry publication back rather than all that consumer pap. But I probably have had enough Lenny Lapon and anti-psychiatry party line to last me a life time.

Sheila K. Batey, Pullman, Washington: I'd like to hear others' thoughts on what they think the nature of "mental illness" is? Is it indeed pathology? What is the metaphilosophy? Who are the theoreticians? Are there any? What/where are the alternatives to psychiatry? Survival tips?

I take a lot of meds but fear going off them; what to do in psychosis instead of being picked up and hospitalized? I believe my "mental illness" more of a peak-experience/transcendental experience. I feel your out-right rejection of psychiatry too "black & white," YET, you are going in the right direction.

Psychiatry is coming out of Dark Ages — where do we go from here? I read R.D. Laing, John Weir Perry, et al. Any others? Thank you so much — for your work, for recommending Martin L. King as organizational guru, et cetera... Will you be printing art in *Dendron*?

(Editor's note: Art work — especially pen & ink line drawings — are welcome. If possible, please send a good photocopy instead of an original. If you would like it returned, please include that self-addressed stamped envelope. Thanks! As you can tell by the scarce graphics in this March issue, we need reader help.)

Tobin Jones, MD, Albuquerque, NM: 1/25/88: I was recently "relieved" of my clinical duties as a resident psychiatrist after I had worked for only one week on the East Ward at the University of New Mexico Mental Health Center (MHC).

Frankly, I was SHOCKED and OUTRAGED by the woefully inhumane conditions the patients had to live in. My former supervisor, an incompetent and harmful attending

psychiatrist by the name of Glenn Hirsch, has been working at the MHC East Ward during the past 18 months, setting up a psychiatric ward with rules left unclear, an "intensive treatment area" that serves as a "jail" or "punishment area," and no definite visiting hours for families.

I invite *Dendron* and CHRP to help me to improve the terrible conditions which exist, such as the East Ward at the UNMMHC, for the benefit of "psychiatric" patients. I witnessed what I considered to be gross violations of human rights.

I have even thought about inviting the crew of CBS's "Sixty Minutes" to investigate the horrors of the East Ward and its deranged sociopathic leader, Dr. Glenn Hirsch.

Marilyn Rice, Arlington, Virginia: [letter #1] It was certainly a pleasant surprise to receive your first issue of *Dendron* and find all that splendid publicity for the FDA shock issue and the CTIP. Thanks most heartily!

I'd like to make a correction, however, of something that apparently got garbled in our phone conversation [reported in issue #1 January 1988]. You have me saying that doctors don't mention "in all cases" that brain damage and permanent memory loss will result from ECT. What I probably said was that doctors never mention that these things will happen, even though they happen IN ALL CASES.

To put this still more exactly, the doctors positively assure patients that shock is harmless and that the memory loss will be only temporary. In other words, they are guilty of willful deliberate lying. This is the evil that CTIP is fighting against. Shocking by force is very rare nowadays but shocking by deception is universal.

[letter #2] Not only are you GOOD but you are FAST. Susan Stefan called me up after reading your excellent and timely shock article in the February *Dendron* — then wrote TWO letters to Villforth [of the FDA], one on behalf of NARPA and one on behalf of the Mental Health

Law Project.

Alice Polson, Rocky Mount, NC: Delighted! God grant everything ANY SIMILARITY well rewarded CONSTANTLY with MUCH LASTING GOOD! LOVE, KINDNESS.

Michael Krumper, North Bend, Oregon: [letter #1] [Regarding the Alliance for the Mentally Ill:] David, this group needs the participation from someone in CHRP in order to resist its tendency toward authoritarian-like control.

[Regarding *Dendron*:]

A. First Impressions: 1. Lots of provocative language, 2. Focus on activist recruitment & development.

B. Ideas for improvement:

1. Focus and specify criticisms:

(a) First person report of pre-shock situation including mental stuff (feelings), family & economic.

(b) What led to the ECT? Psychiatric jailer attitude. P.S.: If "psychiatric inmates" exist than surely there are "psychiatric jailers,"

(c) Detail post ECT suffering,

(d) Detail emotional and personal rewards of activism.

2. Focus & specify alternatives (to ECT & neuroleptics & antidepressants):

(a) Show alternatives in action,

(b) Show symmetry of ECT & alternatives, that is take two similar cases (specifying the similarities) and show (in a detailed way) the differing experiences and effects of ECT and alternatives,

(c) describe an ideal psychiatric jailer and ally.

3. Get on the money trail!

(a) Detail who benefits in current system and in alternatives system(s)

(b) Develop empowering legislation which changes the national structure to encourage alternatives. Seek more than just more money. Seek structural change, ie, why are psychiatrists and hospitals so influential?

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The National Teleconference:

It might "meet" less frequently, but information packets will continue

Each month, at about 35 sites throughout the U.S., former psychiatric inmates from a wide variety of grassroots groups gather, often around speaker phones, to share their latest news and their sometimes conflicting views.

After each enormous phone call, ex-inmate Judi Chamberlin, working out of the Center for Psychiatric Rehabilitation at Boston University, usually coordinates the mailing of a follow-up packet with photocopied information compiled from what participants send in.

The teleconference has provided a monthly service for years, but future teleconferences might be less frequent. The U.S. General Services Administration will no longer provide inexpensive teleconferencing services after the end of March, announced Judi.

The basic funding from the federal National Institute of Mental Health will continue however, reports ex-inmate Paul Dorfner of Vermont, who helped start the teleconferences. In the past, costs have been about \$5,000. a year for the phones, \$10,000. a year for the monthly packet of information. By moving to a private service, teleconference costs would increase from \$450. to \$2,000. per call.

Possible solutions include having the teleconference every two or every three months. Judi said the packets would be sent out each month no matter what happens.

The current month's packet of information, distributed to former psychiatric inmates, includes minutes, plus a wealth of news and article reprints.

Sample news from this month's teleconference minutes:

Ex-inmate groups in Daytona, Florida; Atlanta, Georgia; St. Louis, Missouri; Portland, Maine are each applying for self-help/advocacy grants; the one in Maine are asking for \$150,000. . .

An ex-inmate in Denver, Colorado submitted a successful \$50,000 Community Support Program grant to the Federal Government . . .

Vineland, New Jersey reports that a local drop-in center is now running, and a state teleconference is planned. . .

A consumer rap group has formed in a local state psychiatric institution say the folks from Asbury, Park, New Jersey . . .

Ex-inmates in Austin, Texas are planning a "second consumer caucus"; those in Wisconsin and West Virginia are planning state-wide consumer conferences this summer; Kentucky just had their state-wide conference.

YOUR CHOICE, published by the National Mental Health Consumers Association, has just been mailed . . .

Ohio ex-inmates are fighting an attempt to pass an outpatient commitment law. . .

A Leadership Training Institute for former psychiatric inmates will be held in Philadelphia on June 27 to 29, sponsored by the National Mental Health Consumer Self-Help Clearinghouse. For information write to Paola del Vecchio; Room 902; 311 S. Juniper St.; Philadelphia, PA 19107. Phone: 215-735-2481 or 215-735-2465.

Sample news in the teleconference packet:

. . . A successful Berkeley, California Drop-In Center -- totally organized and run for the past 2 1/2 years by former psychiatric inmates - is facing opposition during its attempt to move to a new neighborhood, but has defended themselves at hearings, in the media, and with a special leaflet. . .

Neal B. Brown of the federal Department of Health and Human Services has announced that the Community Support Program (CSP) has been combined with the Protection and Advocacy for the Mentally Ill (PAMI) to form the new Community Support and Advocacy Branch (CSAB) of which he will be Chief.

Jacqueline Parrish will continue to be CSP Program Director. Natalie Reatig is Program Director for the PAMI Program. How both advocacy and programs will be run without conflict of interest by the same agency was not explained in this February 19th memo. . .

The *Psychiatric News* ran a February 5th article reporting that an American Psychiatric Association task force concluded those on psychotropic drugs did not have a higher rate of "sudden, unexplained death" than those not on psychotropic drugs.

The study featured a narrow definition of what was "sudden & unexplained." For instance, excluded from the study were those found, according to autopsy reports, to have died from such "explained" causes as choking (which has been linked to psychotropics), or those who died more than 24 hours after onset



of symptoms.

In any case, the task force strongly recommended efforts to "use the lowest effective doses of anti-psychotic drugs," research into development of alternatives to these drugs, and mandatory training of CPR and antichoking techniques for all hospital staff. Vital signs should be checked regularly with "eyes-on" examinations, they stated.

This month's teleconference included a warning sheet on Neuroleptic Malignant Syndrome (available from CHRP or the teleconference). The story behind this one: The APA has recently published studies (October, 1986, American Journal of Psychiatry) reporting the rate of death from one "explained" cause — called Neuroleptic Malignant Syndrome (NMS) — is higher than previously reported, and stated in an official editorial that this makes NMS "a neglected clinical problem of major proportions." (See *Dendron* #1.)

Joyce Brown, the first of many streetpeople committed through the efforts of Mayor Koch of New York, spoke at a Harvard Law School forum on February 18th. She attacked the Mayor's policy, saying, "It's a national disgrace," and called for affordable housing. "We must understand that we have a homeless crisis. More shelters will not do it. We need real housing."

The 40-year-old former secretary stated, "My problems were not that I was mentally ill, my problems were that I did not have a place to live. I am the same here as when I was put in the hospital, but now my clothes are clean." In the psychiatric institution, where they tried to forcibly drug her, she said, "I was a political prisoner. I had no rights."

She lost much sympathy with the public when it was reported she had urinated on the streets and defecated in her clothes. To this responded, "When you don't have a home, you have to urinate on the street. You have to defecate because the restaurants and stores won't let you go to the bathroom there. Then they come and handcuff you and take you away. My crime was that I was homeless."

She was released January 19th after an appellate judge ruled she could not be given psychiatric drugs against her will; the hospital said they then had no reason to keep her because they could not "treat" her, admitting that often-dangerous druggings are their major form of "treatment."

Canadians are suing the CIA for the right to a trial: A U.S. judge on January 19, 1988 refused efforts by the Central Intelligence Agency to dismiss this lawsuit against them. They will

have their day in court. The nine plaintiffs were among dozens of adults who became human guinea pigs at McGill University's Allan Memorial Institute in the late 1950's in Montreal.

The project is well-proven to have been funded by the CIA through the late Dr. Ewen Cameron. The program has been documented to have included: forcible doses of LSD, enormous amounts of electroshock treatment, sensory deprivation, drug-induced sleep or sleep deprivation, and repeated tape recordings to drill messages into people up to half a million times.

Jury orders doctor to pay disabled woman \$1.25 million, reports the Atlanta Journal, on January 16, 1988. Phyllis M. Vincent, a former executive secretary, sued Dr. Peter D. Walz in 1986 for giving her the neuroleptic Mellaril for seven years without monitoring her condition. Now 61, she was prescribed the drug to treat "symptoms of menopause," according to her attorney.

She developed "permanent and disabling" tardive dyskinesia. She suffers from involuntary muscle movements of her arms and face, and has difficulty breathing. The judge stated the doctor was in default for not answering the complaint in time.

The doctor said he forwarded the claim to his malpractice insurance company, but the company claims they never got it. The doctor said he was "astounded" at the decision.

"Power in Strange Places," about user-empowerment in "mental health services," has just been published in England and is available for £4.5 (approximately \$9. U.S.). Topics include advocacy in Holland, a national self-advocacy network in England, and a critique of the legislative approach. Judi Chamberlin has added a chapter on "The Case for Separatism." Available from: Good Practices in Mental Health; 380-384 Harrow Road; London, England W9 2HU.

HOW TO GET:

There's a waiting list for the phones. No charge is listed for being on the mailing list for the teleconference packet, but covering the costs of printing & mailing (probably about \$2. each month per packet) would no doubt be appreciated and — with increased costs — needed. Judi might be open to an exchange with your organization's publication.

Write: Judi Chamberlin; National Teleconference Project; Center for Psychiatric Rehabilitation; 730 Commonwealth Avenue; Boston, Massachusetts 02215.



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[letter #2] Feb. *Dendron* was EXCELLENT.

Please keep up the great work.

I'm excited about Judith Sara's "consumer survey" to create a Healing Place. I look forward to reading and sharing the results.

I also liked the Wilderness Trip - article. Reminds me of a time when I [a mental system worker] took a group [of former psychiatric inmates] down to Jedidia Smith State Park. I asked them to hug a tree, with me. Their social sense was threatened and they said I was the crazy one. It turned out OK. All our spirits were reconnected through contact with a tall redwood.

Peter Breggin, Bethesda, MD: In general, you do a very good job, indeed, an excellent job, and are providing a much-needed service to the former inmate and psychiatric reform movement. I hope all ex-inmates and everyone in the movement will start reading *Dendron*.

Flo Prago, Plainfield, NJ: Nice start, but the movement really appears to be dead for the following reasons: . . .

a. Movement "activists" for the most part have been co-opted (i.e. castrated) into "reforming" psychiatry; I submit it's virtually impossible to "reform" an inherent evil.

b. "Activists" are talking, but mostly to each other, thus running in circles, accomplishing nothing and winding up exhausted and burnt out in the end.

c. Consider the following options and/or alternatives:

1. Stop talking to ourselves alone. Use the media!

Stage different sorts of media events.

2. Raise consciousness of ex-inmates by having frequent local consciousness raising ("C-R") meetings -- that's how the women's movement started and grew.

3. A multitude of class-action suits (both civil & criminal?), against hospitals, individual doc-

tors, drug companies, insurance provider, boarding home owners, etc. (including local, state and national governments). Consider help from ACLU, Nat'l Guild of Lawyers, P&A's.

Stop begging the State, the APA, NAMI, etc., for "help." We may be winning minor skirmishes (a.k.a. "reforms") but we're losing the war! One must make a TRUE commitment, and not flinch in the face of fire. Why hasn't one "activist" group in New York or anywhere else fought in court re outpatient commitment, Mayor Koch's round-up of the homeless, ECT, etc., etc., the APA has us contained and they know it!

4. Fund, through individual donations, foundations, money-making, short or long term events, etc. REAL drop-in centers, safe houses, crash pads, start up ex-inmate run businesses, full-time PEER counseling and advocacy, detox centers, food/clothing banks, etc.

5. Develop a computer-based central data bank re all aspects of movement so local groups can work within a national coordinated frame of action.

6. Consider developing local/national trust/escrow bank accounts for ongoing funding.

7. Develop INDIVIDUAL patient networks for mutual reliance.

8. David Briggs of Project Release is working on a sequel to his "Handbook of Psychiatric Drugs" and ways to disseminate it to ex & current psychiatric patients.

Dennis F. Nester, Phoenix, AZ: [letter #1] ... Marilyn Rice wrote and tells me that Dennis Clarke did a "Sonya Live in LA" on electroshock

June 28, 1987. I bet it was terrific. I will keep in touch.

[letter #2] Thank you for the second issue of *Dendron* . . . it is terrific and probably will be one of the best movement publications.

Enclosed are three cassette tapes of public talks with Dr. Thomas Szasz and Peter Breggin which I thought you would enjoy. . .

Enclosed are materials about the 'Roy Process' . . . a method that can neutralize lethal radioactive waste products by changing them into HARMLESS elements!

I met Dr. Roy, professor of Physics in 1981 and I am now his agent for the Roy Process. . . It is a very political problem as I have found out. But since the Roy Pro-

cess is . . . and will be the only way that we can ELIMINATE lethal radioactivities, not just store them, which is not a solution, the governments of the world will eventually accept this new method.

Larry McCleery, Salt Lake City, Utah: *Dendron* looks like it is very informative and worthwhile. Keep up the good work!

Andrew January Grundy III, Lebanon, Kentucky: Your graphics are great, and your writing style is good!

Patrick J. Irick, Madison, WI: [letter #1] Excellent debut issue! I'd be jealous if I could have done the same. . . Great accomplishment. Not enough adjectives to describe the value of this paper.

[letter #2] This day begins at 4 a.m. when, no longer able to sleep, I answer my partner's mumbles with a declaration that instead of lying in bed contemplating thoughts of what I must engage in, I would prefer a

INFORMATION NEEDED

ON CHILD ABUSE: Do you have information about people who have experienced both abuse as a child and then human rights abuse by psychiatry? A reader has written to talk about this double-oppression that has affected her life. "I was hospitalized as a cover-up to child abuse," she writes. "Inside, I found that others were in similar circumstances. In the process of freeing myself from patterns of abuse I have been doing considerable research and thought on the subject." Hopefully she'll send these into *Dendron*. Your thoughts are also encouraged, and will be printed and/or forwarded to her.

more concrete, action-focused response to my circumstances.

I enjoyed receiving my *Dendron* in the mail yesterday, but waited until returning from my part-time janitor job to open the envelope and attempt to peruse the contents. But with *Dendron*, perusal isn't possible. The eye latches onto one interesting article after another . . .

[M]y co-worker . . . lives in a sparsely populated county in Wisconsin where, after attending Alternatives 88 with me in West Virginia, he has initiated a support group for persons who have been labelled M.I. or otherwise treated by the mental health system in that county.

This person is . . . on the Board of Directors of the fledgling Wisconsin Network of Mental Health Consumers as Vice President.

The Second Vice President is a woman who regularly receives shock treatments and finds them useful in treating her depression, proving only that it is easier to choose forgetfulness than deal with a society that finds it hard to value someone who can't seem to get their shit together, especially when such pressures direct one to thoughts of suicide as the ultimate escape.

The Treasurer . . . motivates himself in a wheelchair, a "victim" of C[erebral] P[aralysis], also having been labeled M[entally] I[ll]. . . .

Although NAMI got its start in Wisconsin, it has mushroomed into a politicking body rather than staying its course as an advocacy group for parents of the emotionally dissident. . .

Our P & A is one of the best in the nation and our First Consumer's Conference will hopefully end with the announcement that NIMH has chosen our Consumer Operated Demonstration Project proposal for funding.

In closing, I wish to underline the fact that all of us are engaged in a long process of rebuilding community, and that such an effort will survive our petty differences of opinion.

We know what we're dealing with. We know this is a fragile world. We know that recycling plas-

tic, glass and tin cans is unsightly and without financial profit. That is not the point.

So let us draw together within our own communities and be voices of reason for those who haven't yet experienced what we have. We've been blessed through our trials of fire, and we need to spread it around as best we can.

{Editor's note: Recycling is a little bit profitable here in Oregon: We were the first state to require a deposit on cans and bottles! If insanity exists at all, then helping to destroy the planet by wasting resources might be one definition. Luckily, alternatives exist to offer support for these tragic global emotional disturbances. And we can help!}

Rae Unzicker, Sioux Falls, SD: David, you did a great first issue. Thanks for including NAMP.

Louis & Jane Frydman, Lawrence, KS: We found your first issue extremely worthwhile -- intelligent, well-written, thoughtful. Made me head for the library to see which of the books you reviewed I could find.

Virginia Davis, Portland, Oregon: Congratulations! A fine first issue. It came just in time, as usual.

I am going to become involved with "alternative" healers and learn how to use all this energy the (paranoid) "They" are so afraid of. . . "God bless the work" as they say in Ireland.

{Editor's note: We hope you follow through on an article or column or poem for *Dendron*, as we discussed, right readers? As one of the early workers on *Madness Network News*, your contributions would be especially interesting!}

Royal Murdock, Eugene, Oregon: Nothing about local action and/or groups mentioned in *Dendron*.

{Editor's note: Small, monthly gatherings in Eugene & Portland, Oregon are now happening. We'll try to keep you in touch locally.}

Maria Abdin, Seattle, WA: This is the best thing I've seen lately. Very, very effective. Will you be running classified or display ads?

{Editor's note: Yes, free ads for

non-profit products & services. Please write for information on paid ads.)

Carmen Lee, San Carlos, CA: We were MOST IMPRESSED with the recent issue and would like to know more about you, i.e., who are you? Who finances you? etc., etc.

We are a newly formed client network in the San Mateo Area (County) and we're one of the four Bay Area Networks which are active, self-sustained (grants & foundations) all a part of the California Network of Mental Health Clients.

Please let us know more about you and where we can contact you.

Right now, we're in the midst of moving our office . . . so please let me give you my home address:

Peninsula Network of Mental Health Clients, Peninsula Network of Mental Health Clients attn: Carmen Lee, 766 Chestnut Street, #9, San Carlos, CA 94070, 415-592-2345.

{Editor's note: Start-up funds were provided by the Levinson Foundation. I am an ex-inmate who does clerical work to make a living. Tom Wittick, who is also an ex-inmate, helps out in the office and is a student. Several other ex-inmates & allies meet in a local group, Full Moon Rising. Supportive people -- which now includes you activist/readers -- help by writing, drawing, funding, advising, pointing thumbs up or down, & mailing.}

Laura Ziegler, Copeague, NY: Thank you -- I appreciate the free mailings. On the fact sheets: They're well laid out, the shock graphic was excellent, but I think the info. might be a bit more comprehensive (within limits of space).

Carol Nagy, Toledo, OH: As an editor of a Consumer Support Newsletter, initially I felt excited to read the articles seeing how professional the publication is. I hope to feel as excited with the future issues.

Also I would like to respond to the editor's questions addressed in the column in regard to alternatives to nonviolent approach to schizo-

continued on page 14

grapes -- continued from page 1

In fact, groups working for alternatives to pesticides sometimes defend their right to informed consent by citing court cases fighting forcible psychiatric drugging.

In each copy of this month's *Dendron*, a copy of a blue "Toxics Report" leaflet about pesticides has been inserted. The

**"What is a leaflet about pesticides doing in my *Dendron*?
What are you, crazy?"**

leaflet is a good example of background information now being produced by one of the most skillful and enormous boycotts in the U.S. today. (Another example of a large scale action: The anti-nuclear boycott of GE products has now reached 2,000,000 Americans according to a survey commissioned by INFACIT.)

The national grape boycott seems well planned and executed. The United Farm Workers carefully studied the economics of grape growing in the U.S., and found they only needed to convince about 5 to 7 percent of the public in order to leverage the grape-growers' profit margin so hard they must negotiate.

One of their main techniques is the massive free distribution of a 16-minute video (in English or Spanish) called "The Wrath of Grapes." 50,000 requests for the video have been received, reports the UFW. Those who receive the video are encouraged to show it to many different groups, and to "pass it on."

There are fascinating, general ties between the issues of psychiatry and pesticides. These are found in such topics as economics, racism, culture, violence, health, ecology, democracy, and control of our own bodies. (Not to mention that we're ALL exposed to pesticides, and we're ALL vulnerable to psychiatry.)

And there are some interesting specific similarities between our movement's issues and the United Farm Workers effort. For example, in the blue leaflet, look at the second paragraph in the section about "Captan." You'll note that the pesticide is chemically similar to the

tranquilizer thalidomide, which deformed so many children in the 1960's. (By the way, did you know that phenothiazines -- the class of chemicals to which Thorazine belongs -- have been used as deforming agents?)

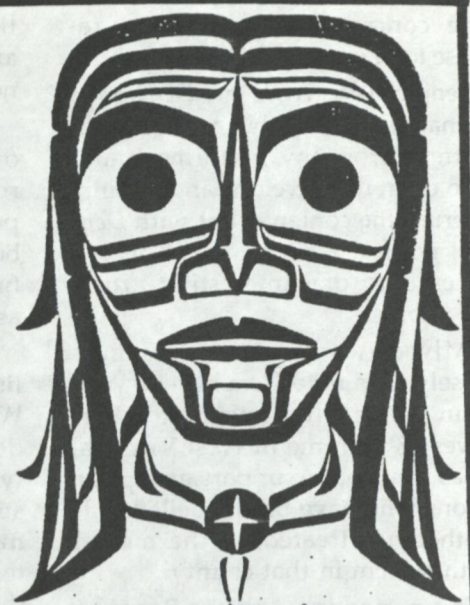
As in the anti-electroshock struggle, the FDA has been one focus of the UFW's work. The FDA recently stated two major grape growers could

test their own grapes for sulfur dioxide residues, with their own laboratory equipment and their own paid staff. An FDA spokesperson, James Taylor, said "quite a few" similar grower residue-testing operations will be approved in the near future.

Activists for rights in psychiatry once organized a boycott of SmithKline consumer products, because that company manufactures Thorazine and Stelazine, which are often given forcibly despite their sometimes deadly effects. Over the years, the boycott fizzled, but helped reach thousands of people. (Though probably not because of the boycott, SmithKline has since sold off some of their more vulnerable consumer product lines.)

A central connection between the movements of psychiatric and pesticide survivors, is this: In our often despairing confrontation with psychiatry's incredible brutality and the need for alternatives, we need to know we are not "the only ones." Just seeing that photograph of the farm worker's kid born with no arms or legs confirms that. In a very positive way, the grape boycott is a ray of hope that more people are grappling with these difficult questions. The UFW is responding with increasingly effective and powerful methods, organizing literally millions to take some type of action.

Tell your friends, "Don't buy grapes." Raisins, wine, and organic grapes are not targeted. For information on the boycott or a copy of their newsletter FOOD & JUSTICE, write to the United Farm Workers of America, La Paz, California 93570.



Tsimshian Woman by Roy Vickers, in Looking at Indian Art of the Northwest Coast, U. Wash.

Another ex-inmate's view on drugs. Stephen Mendelsohn:

**On odd-numbered days,
we are bombarded with
lies about prohibited
drugs; this is called "the
War Against Drugs."**

**On even-numbered days,
we are bombarded with
similar lies about far more
dangerous drugs forced
on unwilling or
misinformed people; this
is called "biological
psychiatry."**

**The only remedy to this
mendacity about drugs is
to speak the truth and
assert the principle that
given free, fully informed,
and uncoerced consent,
individuals have the
absolute right to use or
refuse any drug,
regardless of alleged harm
or benefit, and should be
responsible for their
choices.**

breggin --
continued from page 1

the five mental health centers in the State plus the director of admissions at the State Hospital and ask[ed] them to attempt to track the number of persons who quit taking their medication directly attributable to the show under discussion. After two months I checked back with my sources and found that five to seven people went off their medication and gave the reason as being that they had seen a TV show where a Doctor had said "don't take your medication." One also reported that one consumer had seen his therapist and told him he was going to quit taking his medication, because of Breggin's remarks. A week later he shot himself. This is what I reported to NAMI and was one of the reasons they took the very courageous action that they did. Yes, the end does justify the means if only one life is saved as a result of NAMI's response.

You state that "According to many people who have actually tried to take their own lives, alternatives to psychiatry can help prevent . . . such crises." What you should have also said, but failed to do, was that according to many people who have actually tried to take their own lives (myself included), no alternative to psychiatry and medication could have prevented it. When I am bent on taking my own life no form of "hug" therapy and all the love and emotional support in the world is not going to stop me. Thank God there has been a way, seven times in the past, to keep me from completing the action and that way has always been medication. Psychiatry now keeps me from even contemplating the act. If you are going to tell the story, tell both sides.

I take offense that you are using the Breggin issue and Bill Uhlhorn letters as an excuse for NAMI "bashing." While you may not like NAMI and their positions, I challenge you to name one other organization or group that has done more to

improve the living conditions and social acceptance of the consumer/ex-inmate, or what ever else you want to call us. [I do] not like all of their positions but I will give strong testimony that my life as a mental health consumer has improved as a direct result of their advocacy. I cannot say that of any other organization.

In closing, since you like to quote Gandhi, let me leave you with my favorite in hopes it might temper your biases, "The only tyrant I accept in this world is the 'still small voice' within me."

**Response from
David Oaks, editor:**

Somehow, Tom, you seem immune to Dr. Breggin's remarks, even though you are a former psychiatric inmate. This is censorship's flaw: You believe you can sort true from false, while other former inmates somehow can't handle a free flow of information. Yet our movement says each of us is entitled to the same rights & responsibilities as any other human being. A central U.S. principle, often ignored, is that all people are created equal. That truth is self-evident.

As you say, there are many sides to a story. You must know from some ex-inmates you've talked to that non-drug alternatives have at times been effective for them. You know that some psychiatrists disagree with their colleagues about prescribing drugs. Mainstream psychiatry, in fact, even states neuroleptics can cause brain damage, or even death (although their clients are often not warned).

Then why don't you want these many sides aired, without invoking the chilling power of the state? An argument could be made that if these seldom-told sides were revealed, a great deal of brain damage, death, and suicide could be prevented. Plus, alternatives would more likely be made available.

One ray of hope in your action is that NO ONE should have a psychiatric "license" if that includes un-

checked power to commit & force. Psychiatry means "soul healing" in Greek, and that doesn't require unbridled violence.

You asked about a more helpful group than NAMI. Just one of many: the Boston-area Mental Patients Liberation Front (MPLF). When I was forcibly & dangerously drugged in solitary confinement at McLean's Hospital in Massachusetts in 1976, MPLF members visited me and helped me exert my legal rights. They gave emotional support and information. Later we went on healing camping trips. Plus, they showed me ways to help others, and give feedback to society about these issues. Thanks for reminding me, Tom, of what MPLF offered.

Here in Oregon, on the other hand, NAMI has just helped pass a new law allowing forcible drugging of people out in the community, even if they broke no laws and are sitting peacefully at home. It's called "outpatient commitment." Far from helping me, NAMI's leadership would perhaps push forcible drugging into my own living room!

As was stated on page 1 of the February Dendron, NAMI's "membership is diverse." Some members & chapters have done good work. But many haven't viewed the horizon of effective alternatives that can help themselves and their loved ones. If NAMI leaders censor, members might never see this horizon. If NAMI leaders continue to turn their backs to alternatives and human rights, members should vote in new leadership, before other nationally-publicized errors further damage NAMI's credibility.

I met you after you gave a great speech here in Portland, Oregon, so I know there is much we agree upon. Let's explore these areas. I think most former psychiatric inmates are against "outpatient commitment," for example. What is your position? Addressing the hopes of our brothers & sisters -- not the delights of controversy -- is our true goal. Though this might seem otherwise to people who know us!

Dialogue

TD -- continued from page 1

travel editor for the *Seattle Gay News* and as a movie critic for the *Seattle Downtown Newsmagazine*. A former social worker from New York City, he says he has been in intense pain for the past four years as the result of this drug effect.

First, some background: The drug Ira took -- Haldol -- is one of the Thorazine-type chemicals known as "neuroleptics." This family of psychiatric drugs is one of the most commonly prescribed drugs in all of medicine.

Doctors estimate about 20 percent or more of neuroleptic-users eventually develop a twitching -- often beginning in the tongue & face, and sometimes reaching the arms & legs -- that in many cases does not go away, even after the drug is stopped. In fact, for many the syndrome is only revealed AFTER the drug is stopped, because the drug can mask the movements. For some people the twitching is continuous, stopping only when they sleep.

This grimacing & twisting is a sign of neuroleptic-caused brain damage, and has even been given its own medical name: "Tardive Dyskinesia" for some varieties, "Tardive Dystonia" for others. Both are called "TD" for short.

TD sometimes goes away by itself, but for many people it does not, and medical authorities state there is no known effective treatment.

"Tardive Dystonia -- unlike Tardive Dyskinesia -- hardly ever becomes reversible," reports Ira. "Both are considered irreversible, but Tardive Dystonia is usually much more severe and can cause 'blepharospasm' or functional blindness." Treatment to try to help this condition involves expensive injections to the eye area, costing about \$400. Ira says he has had seven series of these injections.

Ira begins campaign:

Nancy Grant of the Washington Neurological Alliance (see the review of their newsletter in this issue) helped Ira begin the anti-TD campaign. He has founded the Tardive

Dyskinesia-Tardive Dystonia National Association. Ira took a trip around the U.S. to build his group, bringing his cause to prominent psychiatrists and to activists such as Judi Chamberlin in Boston, and Joe & Susan Rogers in Philadelphia.

Dr. Robert Wettstein, editor of the *Bulletin of Law and Psychiatry*, encouraged Ira to keep up the fight, as did Dr. Mark Mills of UCLA, and Dr. Seth Cohen of the University of Washington. These doctors, and others, have joined Ira's group. His current hurdle is to raise funds for the national organization to fight TD. Ira is also beginning another trip, this one to the West Coast and the South.

How to win?

"The key," says Ira, "is for people all over America to know about TD. Psychiatrists are basically used as 'hit men' by the pharmaceutical industry. Academic psychiatrists are much more aware of TD, and treat neuroleptic use very differently than the average psychiatrist. The academic psychiatrist cannot afford having their institution being involved in lawsuits."

Ira has also been building a list of attorneys in the U.S. who might be interested in suing on the issue of TD.

"But what really has to happen is that the media must focus on TD. For 30 years they have kept this subject mum from the public," said Ira. "Individuals in every state must work on legislation to get their pharmacy boards to put a label on the medication: 'THIS DRUG MAY CAUSE A PERMANENT MOVEMENT DISORDER.' There must be a discussion between the psychiatrist and patients on TD by the twelfth week of medication. The discussion must be noted in the medical record, and the psychiatrist should provide the patient with a receipt that this discussion transpired."

Ira is worried that, as he develops his own lawsuit over his TD, psychiatrists who have known him, such as Dr. Pietro Poletti, will label him "mentally ill." "The minute you take an antipsychotic drug, you are

considered psychotic. Scream about it and they might even raise the dosage."

But Ira is a hopeful person. "There are too many ethical psychiatrists that are young and upcoming who are getting sick and tired of this TD fiasco. It's their Watergate and it is making psychiatrists lose a lot of prestige."

Ira dreams of having people all over the country talk to their Senators and Congresspeople about TD. Ira has found an individual to act as their lobbyist. "We need an address in Washington, DC for him to get mail," and Ira asks that Dendron readers with leads to please contact him. Ira also openly invites all TD survivors and allies -- and donors -- to write or call him (see information below).

He knows it's uphill. "Most people think TD means 'touchdown.' It is very difficult to talk about this to the uninitiated." Still, he feels the general public will come around. "Many caring people -- when they discover in a culture that 'says NO to drugs' that the media neglected those on neuroleptics -- will ask 'How come?' 'Why?' 'Could this really have happened?'"

He adds, "I admit I probably would have little interest in this if I wasn't personally victimized and permanently neurologically damaged."

Support saves day:

"TD is worse than prison," states Ira, "It can be living hell when it is severely debilitating. Fortunately, I have developed a terrific support system. My parents have assured me that they will go on every television show that is interested in the story."

If you can't meet Ira during his tour, he asks that you "speak to your Congressperson about the indiscriminate use of neuroleptics."

continued on next page

To contact the Tardive Dyskinesia-Tardive Dystonia National Association:

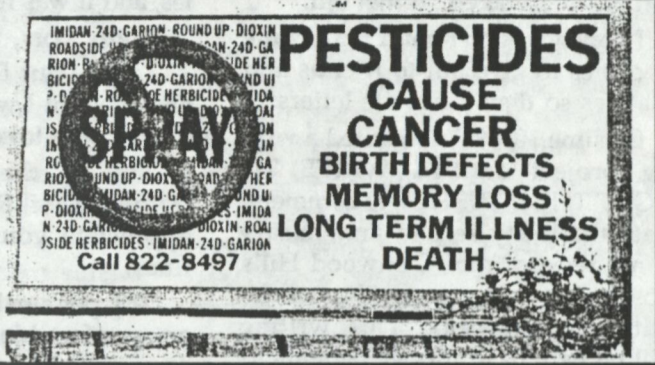
Write to 600 East Pine Street; Seattle, Washington 98122. Or call 206-522-3166. Ira also states that pharmacist/attorney Ralph Pittle can be contacted about the stop-TD campaign at 206-623-7007.

Conference Planned on the "Legal, Medical and Ethical Impacts of Anti-Psychotic Drugs"

Source of news -- Washington Neurological Alliance -- also reports on variety of "mental" issues

"A concerned group of mental health professionals, attorneys who have been involved in Tardive Dyskinesia lawsuits . . . and other lay and professional people is meeting every three weeks with representatives of Central Washington University Continuing Education Department to plan what is anticipated will be a major conference" on neuroleptic drugs, reports the Washington Neurological Alliance (WNA). A two-day conference in October or November, 1988 is being considered, with either a Northwest-Region, Western-States or national scope. They are looking for co-sponsors and speakers. (For information call Dave Austin at 509-963-1504.)

Billboards for peace!!!



bluegrass -- continued from page 4

reduction in Europe) treaty. Many "Neanderthals" are writing Congress against this treaty. If it doesn't pass, we may never again see a reduction in nuclear arms happen between the United States and the Soviet Union.

"Psycho," my cat, is showing signs of intelligence. The other morning I found my Bic razor next to his empty food dish.

I guess he was trying to tell me: "If I don't eat, you don't shave."

Following the ALTERNATIVES '86 in Cincinnati, I wrote a news story saying that the next such conference would see the melding of both mental health consumer organizations.

This didn't happen. NAMP and NMHCA are still battling it out. In one sense, this is unfortunate -- we are still divided. In another sense, though, this situation may be beneficial, like the balance between the Democratic and Republican Parties.

This may be a bad analogy, but it's the best I can find. I just hope that whenever there is a needy consumer, both groups will help as much as possible.

Next month I will delve into mysticism. You will learn about the Illuminatus, and how to distinguish between telepathy & "hearing voices."

Until then, stay tuned!

In other State of Washington news, WNA reported that a hearing on an informed consent bill was held on February 3rd, but the bill won't make it to the State Senate. One mother testified she was told by a doctor that the Haldol prescribed for her child was no more serious than aspirin in its effects. Medical authorities said informed consent was already in effect, but that it would be too much paperwork to have the patient actually sign a written consent form.

The source of this news: The two items above were published this month in WNA's regular one-page newsletter, edited by Nancy Grant. WNA often mentions psychiatric topics, even though it mainly covers people with a wide variety of neurological disabilities, such as Alzheimer's Disease. One focus has been on local legislative activities.

In the past few months, WNA has also reported on a number of successful grass-roots fundraising efforts they have undertaken, including small grants & in-kind donations. They will soon be "booting up" two donated computers. The King County Council put \$6,000 into their budget for WNA to serve as a county-wide umbrella group for information & referral -- plus to act as a crisis hotline -- for people with neurological conditions. "The budget passed unanimously and includes a sales tax increase," reports the WNA newsletter.

How to get:

While a sample copy of this small newsletter is almost certainly available by just sending a self-addressed stamped envelope, subscriptions are \$10. per year. (The editor might be open to a newsletter exchange.) Write to: Washington Neurological Alliance (WNA); 1809 15th Avenue, #101; Seattle, WA 98122.

reader response --
continued from page 9

phrenic behavior in opposition to the use of current leather strap technique and/or therapy. Is this considered psychological therapy or mental abuse? Must the mentally-ill still accept physical punishment and restraint as part of the procedure for feeling too far out of touch with the normal world? Characteristically, the after shock of mental treatment within institutional care can sometimes be referred to as still rather seemingly barbaric yet, the mental populace has few alternatives and should fight for the right to asylum; Asylum being the issue of defense. Throwing the mentally ill out on the street like shaved animals wearing a label of a psychological trait endangers all human forms of existence where the shadow of outcast thwarts its heavy whip for all to speculate upon.

Jon Rasmusson, Colfax, WI: A friend showed me your first issue, and I was impressed, but he refused to let go of it and I didn't get a chance to read it all.

Stephen Mendelsohn, New Britan, CT: [letter #1] Seems a bit old-hat, 60's-ish collectivism, not in touch with contemporary ex-inmate issues and controversies.

[letter #2] One criticism: you should have GRILLED Laing on his past statements supporting commitment and forced drugging. He is our enemy. According to M.E. Grenader, a professor English at SUNY at Albany (she is a friend of our movement and an admirer of Szasz and Breggin), Laing would "impose by force a cruel collectivist tyranny." Others (see esp. Szasz's *INSANITY* and Judi Chamberlin's *ON OUR OWN*) have also pointed out Laing's coerciveness.

Ellyn Ruthstrom, Cambridge, MA: Very interesting. We look for women who are doing groundbreaking work such as yours and would like to see another issue. Have you seen our "Healing" issue [in *Women of Power* magazine]? If not, write and we will send you a copy.

{Editor's note: Readers can write

to find out about this special issue to: PO Box 827, Cambridge, MA 02238-0827. A future issue of *Dendron* will hopefully include a description of this resource.}

Eva M. Elikeman, Tucson, Arizona: I received a copy of your letter regarding proposed bill HR 2595 dated November 12, 1987 from a patient activist living in Phoenix.

I called my representatives office yesterday and was told that no action has been taken on that bill.

I hope you don't mind but I made 25 copies to give out to friends and relatives so they can write letters.

On June 30, 1987 I initiated a writing project entitled WRITE TO RIGHT THE INJUSTICE to commemorate the thirty second anniversary of my release from Glenwood Hills Hospital, a private psychiatric facility in Minnesota. This writing will be helpful to former patients to give them the opportunity to share poems, prose, statements from their journals of thoughts they have probably kept hidden because they have been embarrassed and humiliated by their experience. They may also give examples of their sense of humor that helped them survive.

Keep up the good work! We all need each other's support!!

Ron Thompson, Bethesda, Maryland:

1) Very impressed with your **FACTUAL** data about ECT (I know Marilyn Rice & her work), and your factual (estimated) data about drugs -- I am often at St. Elizabeth Hospital in Washington D.C., because of two friends. There is an enormous amount of casual drug abuse going on. I also take note of your mention of McLean Hospital, where I once did some time many years ago.

2) I would like your "networking" page of other publications EXCEPT it does not include mAD LIB, a copy of the latest issue of which I enclose. (I humbly mention that I have an article in same.)

3) I like your **BOOK REVIEWS**, which attempt to extend the focus of your readers who might think psychiatric abuse is a narrow problem, with no past history.

4) While I admire modesty, still, I wonder if one person wrote everything in the issue, and generally like some background on others -- but that is an idiosyncratic matter.

5) Summary -- congratulations on the **DEGREE** of your originality, that is, filling a valuable niche not covered by three or four other very good publications.

{Editor's note: Thanks for mAD LIB, several readers passed on copies, and it was reviewed in Issue #2.}

John Corr, Seattle, WA:

I read your *Dendron* with interest and thought I would take advantage of your offer to comment:

1) I feel there is much to learn from the Civil Rights movement and appreciate your input along these lines.

2) I personally take Haldol and I am comfortable with that choice but appreciate knowing more about possible side-effects. I see myself more interested in a partnership with Psychiatry than in fighting them. It seems your magazine is identified with NAMP -- I would prefer you give space to NMHCA points of view. I think free exchange of ideas is best for the development of a democratic grassroots movement.

3) I hope you are not a "one person" show. Seems to me there is strength in numbers.

4) Keep up the good work.

{Editor's note: The intention of the paper is to be just one of many independent hubs for people's viewpoints, even when they differ, in order to join the thousands of people who are helping build this movement.}

Laura Opler, Philadelphia, PA: Please send me a free sample copy . . . There is nothing really good for psychiatric patients in the Philadelphia area, as far as I know. The Mental Health Association is all establishment. I would like to see a drop-in center in the area, to start with. I am willing to put my time into it but no money because I am poor. Send me everything you have on drop-in centers and alternative treatments for psychiatric

patients. This is badly needed in Philadelphia.

Shirley Burghard, Syracuse, NY: I don't believe a person commits suicide because they stop taking psychiatric drugs.

They end it all because life has become neverending misery (the drugs themselves are torture); they fill out page forms for \$10. a month worth of food stamps plus having to verify everything with cancelled checks, receipts, etc.; then having to be recertified for public housing (more forms and more proof of everything); then being physically sick with totally inadequate medical care under Medicaide; just in general being lonely and feeling abandoned by family, church, society.

Sometimes I think about suicide as I try to scrape together some money for toilet paper. Poverty is hell on earth! Plus trying to do anything about our problems gets us labelled "crazy" and given "treatment."

Judith Sara, Belchertown, MA: Thanks for putting the questionnaire [for women] in *Dendron* [issue #2]. I will let you know if I get any response. I've run it before in *Women's Press* and *Lavender Network* and only got two or three responses -- so we'll see.

Regarding the focus of *Dendron*:

I agree dangers [of psychiatric treatment] need to be known -- but NOT dwelled on -- there is a difference! A balance has to be sought with more weight on EMPOWERMENT than on detailed info on dangers.

{Editor's note: That poster on women & alternatives is working. *The Alliance*, an alternative publication with a northwest circulation of 20,000, just re-printed it in their March issue! Please let us know what women who write you see as their "perfect healing place."}

Gayle C. Schucker, Atlanta, GA: I'd like to commend you on your newsletter. I think it presents an equilibrium of ideas from both the political & personal perspectives.

I liked especially the interview with RD Laing, the letter and response to Bill Uhlhorn (especially I liked the wording of your response),

the emphasis on political organizing, and the interesting articles such as "Berserk in the Bluegrass," and "Hit Movies."

One of my interests is the personal as political so I like the down to earth articles on personal experiences, healing, positive alternatives such as the Wilderness Adventure article. It would be nice to dig up little known alternatives as well as cover our own self help alternatives.

There is a house run by RD Laing principles up north (Wisconsin?) where ex-patients are living together with professional intervention. At one time I had an article on it but am not sure where it's at.

Perhaps you could have some personal interest stories. I plan to be starting a newsletter here very shortly called *Self Direction*. I will certainly send you a copy when it's done.

I will look forward to meeting you. I frequently go to conferences and am a NAMP coordinating committee member.

Keep up the good work.

{Editor's note: The teleconference packet reports that in Atlanta, Georgia ex-inmate Abraham Gilbert has camped in front of the federal building there for 18 months, saying the government poisoned his wife and caused their child to be stillborn 10 years ago. Any news on that? As for the RD Laing house -- any response from Wisconsin readers?}

Annelly Germaine, Palmer, Alaska: hi from up north, love the new *Dendron*

Judi Chamberlin, Boston, MA: Thanks so much for sending me the first two issues of *Dendron*. I'm quite impressed with both the material and the format.

Judith S. Carroll, Albany, CA: . . . Love the name "*Dendron*." It's so neurological. You read a lot. You've put that good education to excellent use.

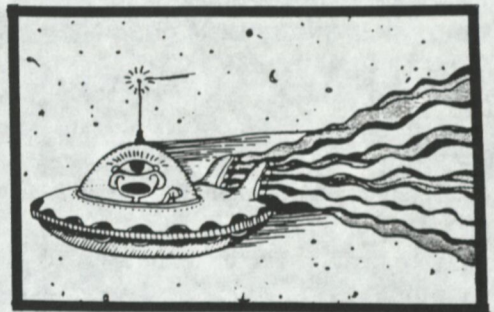
Stephen A. Mallery, Eugene, OR: Looks great! Keep up the good work!

Bernie Elbinger, Detroit, Michi-

gan: Hay! Hay! Terrific! I'm preparing a short paper on "Why NAMI people tried to silence Dr. Breggin." Best of luck. You beat us to doing what has to be done, get out what I call "Alternative Intelligence." All my love. Bernie Elbinger.

PS Can I write a regular column for you. When I was locked into the Mad House, I wrote a regular column for the Hospital paper, called "One Man's Opinion." I'd like to continue it for you. It was well received by both staff and inmates.

{Editor's note: The column idea sounds great. How about "One Person's Opinion," though, for a more feminist title? This paper isn't the only avenue open, though!}



There must be thousands of ways to communicate between the thousands of former psychiatric inmates & allies. If there are just a few limited ways available, then our efforts amount to total failure.

Everybody -- please get out your walking shoes or your phone or your pen or your paint brush or your nickels for photocopying or your quarters for postage stamps or your prayers or your computer or your voice or your drum -- and network, network, network!

Not later, **NOW!**

Re-evaluation counseling (RC)...

... is a large international community of people engaged in a particular kind of mutual emotional support, which they teach. Individuals in RC actually take turns co-counseling each other, mainly by encouraging the other to express emotional feelings, which are so repressed in our society.

Janet Foner, a former psychiatric inmate, has been involved in RC for 14 1/2 years. She has helped publish RC's latest 114-page paperback manual by and about survivors of the psychiatric system, entitled RECOVERY & RE-EMERGENCE. It's packed with information and will be reviewed in a future issue of DENDRON. But if you'd like a copy now send \$3. to Janet Foner, Director; LEAD Project; c/o MHAP; 900 Market Street; Harrisburg, PA 17101.

Here are some excerpts from a recent letter from Janet:

"[T]horazine . . . is the drug I was forced to take for about a year back in '67-'68. My experience with thiorazine was . . . that I felt like I was going to die, among other things, upon being injected with it. However, at the time, I thought that was coming from my emotional state; didn't know it could have been from the drug itself. The more I've retold my experiences as a psychiatric inmate, the more I've begun to realize that a lot of the behavior for which I was labeled 'psychotic' was coming from the drugs injected into me by mental health professionals, not from the feelings I was having at the time . . .

"I've been involved with Re-evaluation Counseling [RC] for 14 1/2 years. It is through RC that I began to raise my own consciousness about many social issues and began to come to grips with my previous experiences in the mental health system. I and some other ex-inmates began speaking up about this issue within the international RC community around 1977-79. We began building a movement within RC of ex-psychiatric inmates, people who had therapy, and

commentary:

Psychiatry & War

"Mental illness is biochemical" is an increasingly common statement.

Have you ever wondered what happens when a psychiatrist who believes in the strictly biochemical causes of "mental illness" talks with a psychiatrist who tries to help war veterans for so-called "post-traumatic stress disorder"?

This revealing question comes to mind if you read an article that appeared a year ago in the *American Journal of Psychiatry* (March 1987, p. 299). The APA reported a study of veterans who "hear voices" years after being in combat. The authors describe some of these veterans' heart-breaking experiences.

Rapid review: "Man Facing the Southeast" is a recent film from Argentina now available for video rental, but unfortunately only a few video stores carry it.

Hugo Soto plays a psychiatric inmate, and Lorenzo Quinteros is a psychiatrist. Soto claims he truly is an extraterrestrial who must telepathically communicate with his home star in the Southeast sky.

The doctor -- leading a sad & cynical life -- tries at the same time to befriend & destroy this "alien." The realistic scenes of drugs & electroshock killing inmates are brutal. It's a powerful, depressing tragedy with a sprinkling of uplifting moments about the shared meanings of craziness & normality: South America's Cuckoo Nest.

Some ex-inmates will probably like this film because it exists at all! But it is also worth liking, as a film.

relatives of same, all of whom seem to have some similar issues. In recent years we've realized that while we all share some of the same issues . . . we still need a 'movement within a movement' . . . I'll be leading the first RC weekend workshop for ex-psychiatric inmates in a few weeks."

For example, according to the study, some Vietnam veterans said they still hear enemy footsteps, or they hear voices telling them to commit suicide, or they hear the groaning of wounded men calling for help. Would it be normal not to?

Common sense tells you that, if the reports are true, then war hurt these people deeply & emotionally. But wait, what about those many psychiatrists who would solemnly say, "Auditory hallucinations, as your symptoms are called, are signs of schizophrenia, a primarily genetically-caused biochemical imbalance, which can usually be helped only by medication"?

Perhaps they should talk to one of the "subjects" in the study: A 55-year-old Hispanic Korean war veteran. Back in the 1950's, he fought for six months in the Korean War when he was 18 years old. Afterward, they say he felt guilt, experienced suicidal thoughts, heard things, had nightmares, felt depressed. In fact, he says he started having "auditory hallucinations" one week after he shot a young North Korean soldier. For more than 37 years he has heard the voice of that Korean telling him to commit suicide, researchers said.

Is the answer to this a pill? Perhaps, for immediate relief, a pill could help to ease his severe pain.

But isn't war itself the real cause of the problem? Isn't this soldier's reaction a healthy sign of his underlying humanity? Doesn't he have something helpful to teach society?

Protesters like veteran Brian Wilson, who gave his legs on a train track to stop the U.S. war against Nicaragua, has a very good idea: preventive therapy. Far from suicidal, Wilson gave life-affirming feedback to a society that has perpetuated such proven atrocities as the Contra's maiming of children.

Wilson's act helped "heal souls," which, as is pointed out elsewhere in this issue, is what the word "psychiatry" used to mean in Greek.