

Reports: Human rights in psychiatry. Options for emotional support.

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DENDRON

NEWS * issue #17 * May 7, 1990 * \$1.

Brian's forced drugging:

from abusive Mom to coercive psychiatry

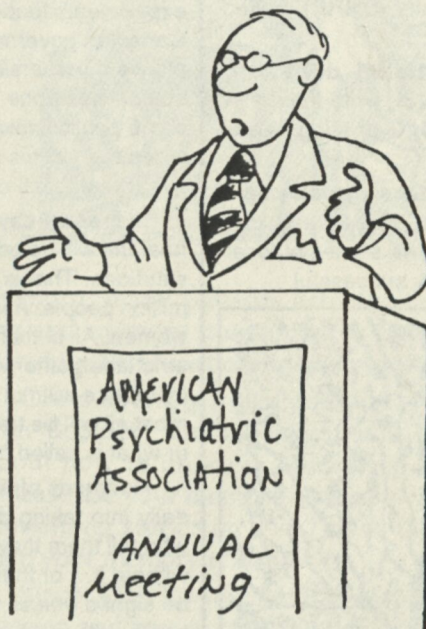
by Sandra Everett
Birmingham, Alabama

On April 7, 1990 fourteen-year-old Brian Pharo called me by phone from the Salvation Army's Youth Emergency Services here in Birmingham, Alabama. His voice was filled with desperation! He said, "Please help me, Sandra! I want to come off the Ritalin! My mom won't let me stop. My psychiatrist, Dr. Morrison, says I need it, says I have to take it."

Ritalin is a drug doctors administer to many children who have been given the label "attention deficit hyperactivity disorder" or ADHD. Ritalin is chemically similar to the street drug known as speed.

Brian told me on the phone, "I usually think positive. But when I take Ritalin I think negative. I can't help it." Ritalin has many harmful hazards, such as addiction, but countless kids are forced to take it. Brian tried to refuse. "I did hide the Ritalin pill

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"And so, in the decade of the 1990's, our most severe challenge will be to stop people from helping themselves."

New human rights coalition to be launched!

A new coalition opposing forced psychiatric procedures and involuntary psychiatric commitments announced its first action to take place in New York City, May 11 to 15: The North American Support-In to Celebrate the Human Spirit. The intention of this coalition is to "Break the Silence about Psychiatric Oppression." A special emphasis of the coalition will be outreach to other groups with common interests, including people with disabilities, progressive health & emotional support workers, people of color, gays & lesbians, homeless, prisoners, Greens, seniors' & children's activists.

As an estimated 14,000 U.S. psychiatrists arrive in New York City for their Annual Meeting, ex-mental patients will hold a counter-conference in an American Youth Hostel featuring a "festival of alternatives." Two protests are planned, one outside an all-day how-to workshop on electroshock.

Simultaneous "Support-In" events are planned in other parts of the country, including Birmingham, Alabama; San Jose, Calif.; and Estes Park, Colorado.

The Support-In will call for positive, humane alternatives to: • The U.S. Supreme Court approval of forced psychiatric drugging of prisoners. • Court-ordered forced drugging of people living at home in their community ("outpatient commitment"). • The come-back of electroshock. • Locking up and drugging the homeless & hungry, instead of housing & feeding them.

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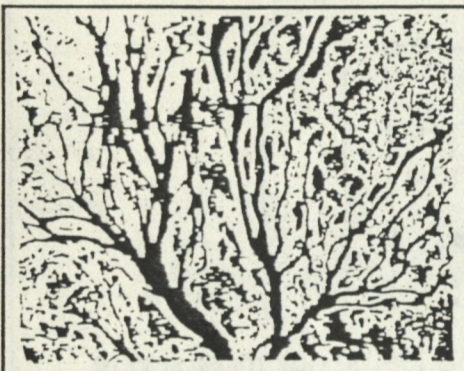
... is an independent non-profit information service to the many individuals and groups concerned about human rights in psychiatry, and interested in exploring options for emotional support.

Write: *Dendron News*; PO Box 11284; Eugene, OR 97440

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Editor's note:

I turn over the editorial to Roy Bonisteel, who wrote this commentary which was broadcast on Canadian radio (CBC), March 1, 1990. I edited some excerpts:

In 1965, 100 Canadians were the subject of mind control experiments at Allen Memorial Hospital in Montreal. Dr. Ewen Cameron shocked, drugged, hypnotized and did "psychic driving" on his subjects in experiments funded by the CIA and the Canadian government. Most of these people were irreversible debilitated. This of course was done in secret and only became public knowledge many years later when the victims undertook a class action suit to establish compensation...

In present-day Canada, one in five Canadians will be admitted to psychiatric institutions. That is about five-and-a-half million people. A large percentage will be women. All of them will be given a psychiatric label, otherwise government health insurance will not cover the costs, and almost all will be treated with drugs, shock, or what is called "milieu therapy."

Hundreds of these people are coerced daily into taking drugs by psychiatrists who tell them they will never get better without it... or their disability forms will not be signed unless they comply. This is hardly informed consent.

About eight to ten thousands patients are shocked yearly in Canada. Shock consists of between 6 to 30 treatments of electric shock (between 130 and 175 volts) which penetrate the skull and produce a grand mal convulsion. The side effects of brain damage and memory loss are well known to the psychiatric profession... but not so much to the public.

There is also little public knowledge of the MAP program which is popular in some Canadian institutions. MAP stands for Motivation, Attitude and Participation. Inmates are drugged & handcuffed, often to each other to "improve" their interpersonal skills...

Very seldom does the public see any investigative reporting of this in the media. In only rare occasions are television cameras allowed access. Patients tell us that when they complain about the treatment they are having difficulty with authority. "Let's face it," they say, "who is going to believe a psychiatric patient?"

Today the general public is learning about child abuse, spouse abuse and even parent abuse but psychiatric abuse remains hidden... It's time it was treated with the openness and honesty it deserves.

networking:

readers... write

Here is an excerpt from an open letter by an electroshock-survivor to Sen. Edward Kennedy. This letter is part of a campaign reported in *Dendron* #15/16 to investigate electroshock and keep it labeled "hazardous" by the Food & Drug Administration (FDA), as it presently is. You, too, are encouraged to write the Senator and ask, in your own words, "Please don't reclassify electroshock devices from their Class III hazardous category at the Food & Drug Administration! Electroshock should be investigated for safety, especially long-term memory loss."

To: The Honorable Edward Kennedy; Chair, Committee on Labor & Human Resources; U.S. Senate; Washington, D.C. 20510

Dear Senator:

The line between help and harm is often thin, and the electroshock device can be, and sometimes is used, as an instrument of coercion and at worst, punishment. Humans who are in absolute power over others are sometimes so convinced that they know what is best that the ones affected are not informed or consulted...

Whatever you care about my opinions, I can state these facts: I received electroshock in 1972 and 1987. Both times the side effects, including permanent memory loss, were either not discussed with me or my family or were minimized.

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Correction: Janet Foner corrects an article in *Dendron* #15/16 about her firing for allegedly political motives. She notes it was a proposal by Mark Davis that decided to move her office. The board vote came after she had actually left. [Editor's note: Both Joe Rogers & Mark sent long responses, which they want printed in full, but neither answered the two questions posed. Meanwhile, Janet is an independent consultant, speaker & trainer. Write for her new free brochure: 920 Brandt Avenue; New Cumberland, PA 17070. Or phone: (717) 774-6465.]

"New" electroshock guidelines just recycle same old cover-up.

Did American Psychiatric Assoc. forget that *MANY* report long-term memory loss?

In a widely-covered media conference, the American Psychiatric Association (APA) announced supposedly "new" guidelines for electroshock usage and informed consent. The APA reassured the public, but actually continued a simple and obvious cover-up. The background:

The reason for the APA action was to repair damage caused by a federal report issued back in 1985. This official U.S. "Consensus Conference" by the National Institutes of Health involved negotiation (really scientific, wasn't it?) between appointed so-called experts to come up with one story about electroshock. Even though electroshock critics were excluded from the panel, the Consensus Conference report did admit that electroshock has possible hazards even under "optimal" conditions. They made a revealing admission (which they hedged by calling subjective): "...research conducted as long as three years after treatment has found that many patients report that their memory was not as good as it was prior to the treatment."

This basic, common sense fact is left out of almost all present-day informed consent sheets for electroshock.

The APA "new" informed consent guidelines continue to cover up that fact, namely that many people report memory problems long after shock. The "new" informed consent claims the rate for long-term memory problems is "perhaps 1 in 200." That word "many" is reserved for this subjective point: "However, in part because psychiatric conditions themselves produce impairments in learning and



memory, many patients actually report that their learning and memory functioning is improved after ECT compared to their functioning prior to the treatment course."

One perversely funny addition is a new APA "Information Booklet" for shock patients that includes this tip about how to improve a shattered memory after shock: "Please use your memory — read — ask questions — watch continuing stories on TV. This is the best way for you to help your memory return."

Since APA leaders haven't responded to reason, compassion and now even to their own biased "Consensus Conference," obviously other motivators must be used, including economic pressure, bad publicity and new laws.

FINALLY! **Media expose rips apart shock's revival!**

One of the best articles critical of electroshock in a big-circulation publication has just been published by the *San Francisco Guardian* April 18th, complete with front-page photo. The in-depth piece, by Vince Bielski, was funded by the Northern California Fund for Investigative Journal. He did more than a dozen interviews in over months of research.

A sidebar in the article gives hope that shock protests are making a comeback, too. A protest in Eugene, Oregon by the Clearinghouse on Human Rights & Psychiatry (which publishes *Dendron*), was mentioned as a sign things were "heating up." Also noted was a campaign against

shock in Berkeley led by Mental Health Advisory Board members Andrew Phelps & Sally Zinman. They want to use Berkeley's refinancing of hospital bonds as a bargaining chip. Plus, the planned New York City Support-In protest of electroshock, May 14, was also listed as a sign that citizens were once more becoming active.

Excerpt:

Electroshock's quiet comeback: Bay Area hospitals are secretly bringing back electroshock therapy, saying it's now "safe and effective." But critics say it's just a lucrative quick fix that can cause brain damage.

Critics call it "barbaric." Not too long

ago, former mental patients chained themselves to the doors of Langley Porter Psychiatric Institute to stop the "torture." Most San Francisco hospitals stopped using it in the '70's. In 1982, the city of Berkeley banned it from all city hospitals.

But quietly, shrouded in secrecy, some local hospitals are bringing electroshock back into their psychiatric wards. "It's definitely coming back," says Mary Anne Belchik, a psychiatric nurse at Providence Hospital in Oakland. "Just about every hospital that has a psychiatric unit will be using it soon."

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The U.S. Supreme Court recently ruled that prison officials may give powerful — at times deadly — psychiatric drugs to prisoner against their will, without any due process procedures, even a judge's signature. Many types of institutions have commonly used coercion to drug their inmates, but this blanket endorsement is dangerous. The same government supposedly waging a war against drugs is also waging a war in which it forcibly administers mind control drugs. Ron Thompson — who is both a psychiatric survivor and an attorney — is outraged:

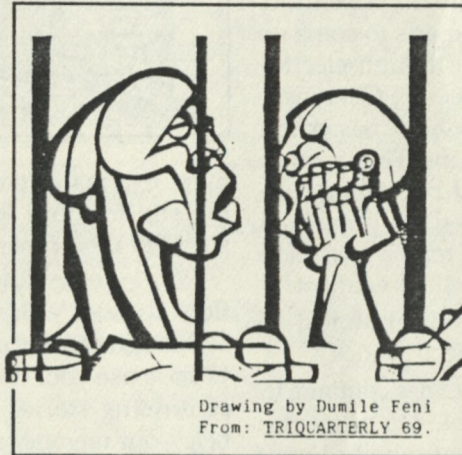
U.S. government approves physically-forced dosing of prisoners with deadly mind-control drugs

by Ron Thompson

The decision by the Supreme Court on Feb. 28, 1990 in the Washington v. Harper case greatly expands the power to force mind-numbing and behavior-stunting neuroleptic drugs (such as Haldol and Prolixin) on imprisoned criminals who have been labelled "mentally ill." The ruling is so very bad... it is almost good. As an ex-patient, lawyer and advocate, I offer this interpretation of the decision for two reasons.

First, the "reasoning" which attempts to explain and justify this result is so mystifying, and at times even incoherent, that I believe most who read and ponder the opinion of the six-justice majority will feel that the vital intangible of Moral Legitimacy does not attach to their decision. It will for them smolder and fester, a glaring error of Law moving too far from Justice. To read this decision is to be angered at the court's majority, but to be embarrassed for the institution.

Second, the mortifying (to a lawyer) and expediency-based surrender by the majority of its own legal and



Drawing by Dumile Feni
From: TRIQUARTERLY 69.

moral judgement to the pseudo-medical claims of psychiatry provoked a fiery and closely-reasoned dissenting opinion, which in turn seems to account for the tone of the majority, at once defensive and unpleasantly unctuous.

This powerful minority opinion is in every way superior to the effort the majority. Indeed, it should be read first in order to understand both the facts and the law of the case. Alas, it must also be said that this rugged mountain of a dissent labored to bring forth a mere mouse as a rec-

ommended alternative! But more on their ironic anticlimax later.

Taken together the weakly reasoned and shockingly unfair majority opinion, alongside a ringing jeremiad of a dissent, should offer an opportunity for increased public advocacy against forced "treatment." That is, this case could be analogous to the Webster case, which galvanized women to demand freedom of choice for their reproductive decisions. [Editor's note: Like the pro-choice movement, right-to-refuse activists might consider giving more attention to state legislatures.]

Sadly, it will probably take the effortless extension of the Harper decision from the criminally committed to the civilly committed to wake up more of the psychiatrically labelled, advocates, and even the general public to the extent of the danger to Freedom in this confused decision.

Behind the scenes.

In the spring of 1989 I attended a couple of meetings of attorneys who planned to submit "friends of the court" (*amicus curiae*) briefs which would supposedly argue the "rights" issues.

To my dismay, not one of the attorneys present was willing to use available legal concepts to argue there might be something fundamentally wrong in allowing the Law to commingle the concept of Force (associated with punishment of a wrongdoer) with the concept of Treatment (associated with medical assistance to a victim).

Mixing these two antithetical →

Who is Walter Harper?

In 1976, Walter Harper, then a teenager, was found guilty of a night-time purse snatching and robbery outside a department store in his hometown of Pasco, Washington. He was given a twenty-year sentence. Doctors began administering neuroleptics such as Haldol, Prolixin, Mellaril and Navane. Prison officials claim it was only after six years, in 1982, that he first refused to take his "meds" voluntarily, beginning the legal battle eventually reviewed by the U.S. Supreme Court. Like a disproportionate number of prisoners and people with psychiatric labels, Harper is Black. Only when the neuroleptic drugging started does his record show a pattern of fighting, assault, and setting fires.

concepts is like mixing the words "torture" and "fair." Torture cannot be fair.

Therefore it is no surprise that the introductory synopsis of the Supreme Court's opinion says, "... the policy [of forcible drugging] comports with substantive due process requirements, since it is reasonably related to the State's legitimate interest in combating the danger posed by a violent, mentally-ill inmate." What does "combatting...danger" have to do with medicine as practiced according to the Hippocratic Oath?

There was a strange self-censored silence of lawyers who should have been trying to persuade the court. This silence is like Sherlock Holmes' dog that didn't bark — it pointed; this silence points to the reason most patients' attorneys and "advocates" are so far not up to the historic challenge posed by this Orwellian monstrosity of forced treatment.

The inner sanctum.

Last October, I attended the Oral Argument of the Harper case in the Supreme Court chamber. I heard the arguments by — and judicial questioning of — the parties' attorneys. This room is a sort of secular holy of holies, providing the only public viewing at the pinnacle of the judicial system.

Although a thread of farce was to enter the proceedings, the Harper portion of events, lasting less than an hour, was quietly dramatic throughout. There were three sets of actors: First, the Justices of the Court. Second, the three attorneys, for the State of Washington, the Federal Government, and for Harper. The first two argued the same side, for state-enforced inmate drugging. The third "actor" was the audience of perhaps seventy-five. A good portion of that audience were members of the advocacy network on both sides of the debate. I recognized only two other ex-patients.

The arguments of all three attorneys were dismal, abysmally inadequate to the issue and occasion. Alas, the single slender reed on which any hope of verbal patients rights' representation to the Justices in this case

rested, was breathtakingly unequal to his task. It is a marginal act of kindness to forbear mentioning his name (Editor's note: Without judging them, Harper's lawyers were public defender Brian Reed Phillips and Mental Health Law Project's Susan Stefan.)

It is inevitable that unprepared lawyers will appear as foolish as this fellow did. The Court in its whim picks an otherwise unremarkable case to consider a much broader issue of law. Thus, the suddenly important legal issue bears no relation to

"...it would appear that members of the court majority simply gave up thinking like lawyers, and transformed themselves into half-baked psychiatrists."

the specialized competence of the attorney who will argue it.

Remarkably, the conservative justices asked the best questions. Scalia, Kennedy (who wrote the anti-rights majority opinion), O'Connor and Rehnquist, and in lesser number Stevens (who wrote the dissent) and Blackman, asked tough questions. Oddly, the Court's famous aged liberals, Brennan and Marshall, who joined Steven's pro-rights dissent, asked nothing, sitting there as immobile as buddhas.

Antonin Scalia asked questions which most revealed an underlying judicial philosophy of extremes: maximum rights to the law-abiding individual, but woe unto them if they become a burden to society as a law-breaker or locked-up mental patient. Harper of course was both.

For instance, Scalia began by asking questions based on a libertarian attitude. Then he blind-sided the attorney with questions based on a stern authoritarianism. Then Scalia re-

versed again, and asked a scornful follow-up question about inmate choice. At this point, after an agonizing thirty seconds of total silence the lawyer said, "I don't think I mean what I just said, your honor." Things had reached bottom.

Befuddled justices.

The heart of the Court's confusion comes on pages nine to eleven. The court first says, "As a matter of state law, the Policy (on forced drugging) itself undoubtedly confers on respondent a right to be free from the arbitrary administration of antipsychotic medication."

But this statement is a cruel illusion, an example of what one critic calls "ceremonial chanting." The statement is an endlessly repeated ritual that means nothing.

A couple of paragraphs later the court writes, "The extent of a prisoner's right [sic] under the (Due Process) Clause to avoid the unwanted administration of antipsychotic drugs must be defined in the context of the inmate's confinement." Plausible enough.

But then follows the single most remarkable sentence in the entire opinion, a non-thought: "...the fact that the medication must first be prescribed by a psychiatrist, and then approved by a reviewing psychiatrist, ensures that the treatment in question will be ordered only if it is in the prisoner's medical interests, given the legitimate needs of his institutional confinement."

With that amazing sentence, it would appear that members of the court majority simply gave up thinking like lawyers, and transformed themselves into half-baked psychiatrists. The majority opinion then got a bit defensive. In a footnote to this sentence, the court huffily says, "Unlike the dissent, we will not assume that physicians will prescribe these drugs for reasons unrelated to the medical needs of the patients..."

In other words, the Supreme Court majority says, we will shut our eyes and ears, and close our minds to any doubts about entrusting these "physicians" with the unparalleled →

What effect did the ruling actually have? Would a better ruling have really made a difference?

by David Oaks

Did the Supreme Court ruling that prison officials may forcibly administer psychiatric drugs without any due process really change the way things are done anyway? The question was raised in Dendron #15/16. Let's answer it.

After all, for three decades countless institutions — for the young, old, those with disabilities, those called "developmentally disabled" (formerly "retarded"), prisoners — have pushed psychiatric drugs, often by injection, to control confined restless populations. Studies show that even the five or so states that require a court-order before forcible drugging of psychiatric inmates have a judge-approval "rubber-stamp-rate" ranging from about 90% to 100%. And all states have a gigantic loophole for the all-encompassing "emergency."

In other words, even after a court hearing, usually a rich white male orders a forced drugging — does it matter if he wears a white coat or a black robe?

Historians note that centuries ago many psychiatric inmates lacked front teeth. That's because to forcibly drug inmates then, officials hammered the tip of a funnel through the captives' teeth. Back then medicine claimed that two illnesses could not co-exist in the same body at the same time. Therefore, doctors administered well-known poisons through those funnels with the excuse that it would "chase out mental illness."

The excuses have become a little fancier, but it's business as usual: War against the different. Witch burning.

However, probably all advocates felt their heart sink when the Supreme Court recently turned its back on the American ideals of freedom of thought,

the right to privacy, and the need for due process. The Court missed a chance to check the power of an enormous organization: corporate medicine. Even a compromise would have spared some the horror of a forcible drugging, which is spiritual rape.

The ruling raises frightening memories of fascism. Mainstream science admits these drugs (neuroleptics such as Haldol & Prolixin) can cause brain damage and death. Forcible drugging has now moved out to the community with so-called "outpatient commitment" in which people living at home are court-ordered to take psychiatric drugs. If they refuse, sometimes a van now shows up at their doorstep: It's the thought police with brain-scrambling chemicals in long-acting injectable form.

This is a nation whose leaders command you to "Just say 'No' to drugs." The same leaders allow the forced administration of mind control drugs. In the same prison that punishes drug pushers, other drug pushers run the prison. The same people sent to prison for drug possession are at risk of forced drugging with chemicals often far more dangerous than those they chose to take.

The Supreme Court's hypocrisy shows that the war on drugs is, in fact, a civil war between two camps of drug pushers: legally-sanctioned corporate pushers and illegal street pushers. At least illegal pushers usually don't hold down their targets to forcibly inject their deadly, addictive chemicals. At least illegal drug pushers do not cower behind a socially-approved halo of morality, as does the psychiatric profession today.

The Supreme Court's hypocrisy yanks back the propaganda curtain and shows the U.S. government's goal today is neither to stop nor to promote drugs — their main goal is to control the thoughts of the population in any way possible, even through torture and murder.

Yes, the ruling had an effect: Evil.

Thompson & The Supremes

→ continued from previous page

power of forced "treatment."

We do have a clear and forceful analysis by Justice John Paul Stevens in his dissent. Unlike the majority opinion the dissent closely examines, first of all, Harper's medical records. Second, the dissent also examined well-known past Supreme Court rulings.

Stevens' wrote, "Nor can the Court possibly believe that any (i.e., every) 'treatment' is talismanically in a patient's 'medical interest.'" He compared the issue to the banning of inmate-to-inmate correspondence, a constitutional free speech issue. Stevens would follow the line of state and federal cases which have concluded that "a competent individual's right to refuse such medication is a fundamental liberty interest." Stevens would conclude that this right to refuse neuroleptic drugs "is an aspect of liberty requiring the highest

order of protection under the Fourteenth Amendment" Due Process clause.

Unfortunately, the dissent stumbles and falls shy of the "finish line." In Stevens' view, the ultimate fault of the majority opinion is in its failure to provide "the independence of professional judgment required by due process." That is, there is nothing wrong with the vast power of forced "treatment," as long as it is exercised by a psychiatrist free from the infection of institutional, non-medical reasons for forced drugging. Put another way, in Stevens' view once a person is found "incompetent" by a judge or "independent" medical "professional," then the person sought to be drugged becomes a legal non-person, and forced "treatment becomes all right.

For more information: Ron Thompson; 6406 Bells Mill Road; Bethesda, MD 20817. Phone (301) 897-8779. Ron is on the board of National Assoc. for Psych. Survivors, & helped start the Support-In.

Kate Millett, well known as a feminist author, may now become well known as a psychiatric survivor author. Kate's new book is finally being released, by Simon & Schuster, shortly after she appears at the New York City Support-In, and at a debate during the American Psychiatric Association annual meeting... on their own turf! Kate's book, *The Loony Bin Trip*, describes

the web of friends & relatives & rumors & phone calls that for years pressured her into psychiatric incarceration. She resisted, sometimes with exhilarating success, but at other times — in both the U.S. & Ireland — she landed in the bin.

She wrote the *Dendron*: "Your readers, ex-patients, are the readers I want to reach the most." (Don't worry, we won't give away the plot!)

The Loony Bin Trip: final chapter

by Kate Millett

I wrote *The Loony-Bin Trip* between 1982 and 1985. The last section was written first, in a hangover of penitence and self-renunciation, that complicity with social disapproval which is depression. Now, when I re-read it, I find something in it rings false. True, it describes depression: the giving in, the giving up, an abnegation so complete it becomes a false consciousness. But typing it over I want to say wait a moment — why call this depression? — why not call it grief? You've permitted your grief, even your outrage, to be converted into a disease. You have allowed your overwhelming, seemingly inexplicable grief at what has been done to you — the trauma and shame of imprisonment — to be transformed into a mysterious psychosis. How could you.

I was trying to find my way back. Acceptance. Out of the unendurable loneliness of knowing. I could not bear to be the only one anymore. I could not pit my truth against so many, against the power of science, nor could I live without other people. I surrendered my understanding, lost myself trying to survive and accommodate. And I went on taking lithium. It seemed a condition of parole: if I stopped taking it and were found out I might be confined again. A sort of Pascal's bet: I was terrified that without the drug I could plummet again. What if they were right after all? My own mind was too dangerous.

For years the urge to break free of lithium tugged at me, but my fear of consequences was too great: another

fall, another capture? Then I was invited to attend a conference of the National Association for Rights Protection & Advocacy, professionals recently authorized by the federal government to protect the rights of persons with "mental illness." There is a liberal faction within the Association which has consistently permitted the veteran organizers of the anti-psychiatric movement to attend and speak out. I met them and was able to connect finally with others of my own persuasion, to discover their energy and support. I went to a few more conferences, still on lithium, deploring aloud the system and its drugs, in secret taking lithium, hedging my bets, maintaining my crutch, aware of bad faith, but frightened.

Finally my comrades Paul and Dayna asked me if I were on drugs. The movement attitude is tolerant: take them if you like; if you want to withdraw there is help and support. Dayna had withdrawn from lithium several years before. She told me, "Drink lots of milk, don't get overtired, have faith, and tell no one." Paul and Dayna would be the only ones to know; they'd call me every Sunday night and I'd report.

In fact there was never anything to report. On my birthday, September 14, 1988, I took 600 mg of lithium instead of the usual 900, going below the therapeutic level for the first time. On January 1st, I reduced it to 300 mg, and on March 15, daring the Ides of March, I went to sleep for the first time in seven years having taken no lithium at all. Nothing happened.

Nothing ever happened. None of the anger I had feared: indeed it seemed that lithium had created a stifled fury in me for years which abated and then fell away. To my surprise I had a new patience now and serenity, was more tolerant and open, even able to fall in love again. And this time I kept my secret.

Over a year went by without incident. I still kept mum. Then one day when Sophie was visiting the farm — a flourishing place now, our trees full grown and our harvest at last able to support the art colony — it seemed the right moment, there was a great harmony between us. "I've been off lithium for over a year now, Sophie." The astonishment in her face, then relief. "What happened?" "Nothing, that's it, nothing." And then we laughed and the laughter freed us. She shook her head: had it all been for nothing? The psychiatric diagnosis imposed upon me is that I am constitutionally psychotic, a manic depressive bound to suffer recurrent attacks of "affective illness" unless I am maintained on prophylactic medication, specifically lithium. For a total of thirteen years I deadened my mind and obscured my consciousness with a drug consumed under a fallacy. Even discounting the possible harm of the drug's "side effects," it may seem little consolation to discover that one was sane all along. But to me it is everything.

I have been close to suicide because of this diagnosis, remember its terror and logic and despair. One struggles to forgive the personal betrayals, just

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as one must come to analyze the forces that hemmed one round. But it is essential not to forget. In the remembering lies reason, even hope and a saving faith in the integrity of the mind.

It is the integrity of the mind I wish to affirm, its sanctity and inviolability. Of course there is no denying the misery and stress of life itself: the sufferings of the mind at the mercy of emotion, the circumstances which set us at war with one another, the divorces and antagonisms in human relationships, the swarms of fears, the blocks of confidence, the crises of decision and choice. These are the things we weather or fail to, seek counsel against, even risk the inevitable disequilibrium of power inherent in therapy to combat — they are the grit and matter of the human condition. But when such circumstances are converted into symptoms and diagnosed as illnesses, I believe we enter upon very uncertain ground.

The entire construct of the "medical model" of "mental illness" — what is it but an analogy? Between physical medicine and psychiatry: the mind is said to be subject to disease in the same manner as the body. But whereas in physical medicine there are verifiable physiological proofs — in damaged or affected tissue, bacteria, inflammation, cellular irregularity — in mental illness alleged socially unacceptable behavior is taken as a symptom, even as proof, of pathology. (There are exceptions to this: brain tumors, paresis [tertiary syphilis], Huntington's Korea and Alzheimer's Disease — in each of these there is indeed physical evidence of cellular damage. However, these conditions are not what we mean by mental illness. What we generally mean: schizophrenia, manic-depression, paranoia, borderline personality disorders and so forth are all illnesses which are established upon behavioral and not physical grounds. Diagnosis is based upon impressionistic evidence: conduct, deportment and social manner. Such evidence is frequently imputed. Furthermore, it may not even be experienced by the afflicted party, but instead may be observed by others who declare such a one afflicted.

For in the case of "mental illness," the petitioner for treatment is very often not the one said to be afflicted, but someone else altogether. Commitment laws are so written that the afflicted shall be deprived of judgment on the application of next of kin in conjunction with psychiatry. Their purpose is to deny the allegedly ill person the legal entitlement of any and all rights, civil, constitutional, or human. This is unlike anything we know of in physical medicine, where the prevailing attitude is compassion and respect. In fact, the mental hy-



giene code, modeled originally upon the criminal code, binds the afflicted party under every method of legal restraint. The afflicted is in a sense one accused, hospitalization constituting a type of arrest, accompanied by police power and physical force both in seizure itself and in detention, where escape is prevented by locks and bars and prohibited by statute as well. Having committed no crime, one can — while drugged and unable even to comprehend the proceedings, without even council of one's own choosing — within a routine five minute hearing lose one's liberty for an indeterminate period, even for life. Without the right to refuse "treatment," a human being is defenseless before such proceedings.

Indeed the involuntary character of psychiatric treatment is at odds with the spirit and ethics of medicine itself. The historic brutality of the methods of psychiatric treatment is well known — chains and manacles. They continue today in routine therapeutic treatments, such as "four-point

restraint" (whereby a person is bound for days at a time to a bed or table with leather write and ankle cuffs) and the solitary confinement of "isolation" or "quiet" rooms. Such involuntary treatment takes on the character of control, even of punishment. Even worse are the stupefying effects of drugs and of fearsome devices like electroshock machinery. It is difficult to discount the hostility inherent in such courses of "treatment," used on people who are, after all, incarcerated and helpless. Together with the shame and stigma felt upon all sides, the general embarrassment and ridicule associated with the affliction of "madness," it makes the pretense that we are dealing merely with illness and healing quite untenable at least. Far more obvious is the fact of social control, the threat and consequence of a divestiture of human rights and the use of force.

Ethically, and eventually legally as well, there is finally the issue of the Hippocratic Oath: one shall do no harm.

The "medical model" of mental disease has taken a terrible toll on the bodies of its victims as well as on their minds and emotions. Through the world millions of people now suffer from tardive dyskinesia, an illo-tropic disorder of the central nervous system brought on by the ingestion of toxic substances, the neuroleptic (or "anti-psychotic") drugs prescribed as medication. Tardive dyskinesia is an irreversible condition, resulting in (among other injuries) involuntary spasms, physical disfigurement with stigmatize and often isolate the suffer by minimizing social interaction and opportunity.

Tardive dyskinesia is produced by the entire family of neuroleptic drugs: thiorazine, stelazine, haldol — substances derived ultimately of chlorine and coal tar. Lithium presents a threat to the kidneys and the heart. *The Physician's Desk Reference*, by merely reprinting the warnings of the pharmaceutical companies themselves, makes grim reading for any psychotropic drug. It is difficult to understand how anything this physically harmful could continue to be pre-

scribed, even for an offending mind. Mens san, in corpore sano.

Why should one of the thousands and hundreds of thousands who have known the pit and the betrayal — the fear of madness or madness itself — not tell of it. Break the taboo of respectability which has been broken so seldom. Challenge the system that keeps millions in line. Try to explore the region from whose bourne only silent and censured travelers return.

I wrote *The Loony-Bin Trip* in part to recover myself, my mind, even its claims to sanity. But in hope as well that I will relinquish that cunundrum — sanity/insanity. Somehow avoid that trap while trying to find out the truth — what did happen that summer, the summer at the farm in 1980 and the autumn in Ireland. What light from there back to that other time, the first time, in 1973: that summer, that autumn. The winter following in each case the nadir of depression, the hope of suicide, the death in life. I wrote *The Loony Bin Trip* to go back over the ground and discover whether I did go mad. Went mad or was driven crazy — that differentiation. But it is not so cut and dried, cannot be. And if I did go mad, even acknowledging latitude and overlap, then what was madness, the irrational, what was it like? Experientially, rolling back the secret and shame, remembering.

Writing these last words in Paris, sitting before the perfect window, number sixty, Rue de Seine, looking out over the tile roofs of the city, my eyes delight in the spire of Sans Chapelle, chapel of the medieval kings of France, an amazing ornate sculpture, a great work of imagination. Focussing upon it I bring together my own experience and that of the multitude who like me have known the cruelty and

irrationality of this system, that I may plead for anew respect for the human mind itself, its reason, intelligence, perception, acumen and logic. Let there be no more forced hospitalization, drugging, electroshock, no more definitions of insanity as a crime treated with savage methods. No more interventions into grief or ecstasy with state methods. Let sanity be understood as a spectrum that runs the full course between balancing one's checkbook on the one hand and fantasy on the other. Possibly higher

“Let there be no more forced hospitalization, drugging, electroshock, no more definitions of insanity as a crime treated with savage methods. No more interventions into grief or ecstasy with state methods.”

mathematics as well. At one end the humdrum but exacting work of the mind, at the other surrealism, imagination, speculation. In the center there is occasionally a balance between logic and the creative forces, which generally tend to fall upon the wilder side: metaphor, simile, parallelism, abstraction, all along a median range. To one side reasoning, equations, expository prose. To the other, theatre, painting, *deja vu*, recollection. A spectrum. A rainbow. All human. All good or at least morally indifferent. Places within the great still unexplored country of the mind. None to be forbidden. None to be punished. None to be feared. If we go mad — so what? We would come back again if not chased away, exiled, isolated, confined.

It is well we say “go” for it is a place. In as much as it exists, what little “madness” there is, what has not simply been manufactured out of other things: social controls, family disagreements, lover's quarrels, professional interests and advantages, the state's ambition to control private life. What little madness one can still extract from simple eccentricity, the “inappropriate” offenses of deportment — like hippies at high mass or punk costume at state function — since what passes for crazy in one situation is only “crazy” in another.

Say then, that there is still “another country” in consciousness. Visited in drugs. Willingly and for fun. Or unwillingly and for nightmares: for we are in technique only at the beginning of negative pharmacology and its nefarious uses still only in the “seminal” stage and not yet the plague it can surely become among us in an age when torture is revived and institutionalized — unless it's stopped. Forced hallucination, forced delusion. Enforced “insanity,” insanitas itself, because a deliberate sickening of consciousness and perception.

But madness? That small remnant of altered consciousness, pure or in response to circumstances. Those of life, even those of the body itself and its chemistry. How cruel and stupid to punish this as we do with ostracism and fear. Having forged a network of fear, strong as the locks and bars of a back ward. This is the jail we could all end up in. And we know it. And watch our step. For a lifetime. We behave. Fantastic and entire system of social control. By the threat of example as effective over the general population as detention centers in dictatorships, the image of the madhouse floats through every mind for the course of its lifetime. More mysterious than the thief in the night, the hit and run driver. It is death, but death in life, entombment, burial while alive. Only the fortresses of the ancient regime rivaled the entirety of this capture. Or certain places nowadays, private houses on certain streets in certain countries — we know not of. But the madhouse lives for us all.

It waited for Jonathan's Swift's great mind to “break,” to “crack,” to be lost. I have escaped his imprisonment, but I have no more lost my mind than he did. Only my freedom. How tragic that he never recovered his, the great mind in chains for years, a dog collar around his neck. We do not lose our minds, even “mad” we are neither insane nor sick. Reason gives way to fantasy — both are mental activities, both productive. The mind goes on working, speaking a different language, making its own perceptions, designs, symmetrical or asymmetri-

cal, it works. We have only to lose our fear of its workings. I do not speak of Alzheimer's disease or any other condition where the mind's function itself appears to be hampered. I mean plain old craziness. "Insanity." And I say it doesn't exist.

Madness? perhaps. A certain speed of thought, certain wonderful flights of ideas. Certain states of altered perception. Why not hear voices? So what? If you break a window, you pay for it: break a law and you see a cop, a lawyer and a judge, pay a fine or go to jail. But surely it is Thought Crime to forbid, punish or incarcerate different thoughts. Mental activity at the margin. Or over the line. We do not know the mind. Yet. We have forbidden much if not most of human activity, from sexuality to science and learning or thinking aloud, through the greater part of our history. Now we have, through technology, the capacity to forbid and enforce still more.

Unless we stop. And jump — actually jump right past our superstitions. Craziness. Insanity. Still worse, psychosis, episodes, disorders, etc. Let the mind be free. Thought. Talk, expression, exploration. That at least, where so little else is free this short and so often miserable life. Bring down the madhouse, build theaters with its bricks, or playgrounds. Let us leave each other "alone." No longer meddled with we can muddle through our interfering relatives or state psychiatry. The human condition is helped best by being respected.

Let us stop being afraid. Of our own thoughts, our own minds. Of madness, our own or others. Stop being afraid of the mind itself, its astonishing functions and fandangoes, its complications and simplifications, the wonderful operation of its machinery — more wonderful because it is not machinery at all nor predictable. As ingenious and surprising and uncertain of result as the first stroke of a painting, as various in possibility. As full of ornament and invention as the top of San Chapelle out the window, a really crazy steeple full of frills and balls and cuckoos. *

in my jaw," he told me. "I didn't swallow it. They caught me though. Now they crush it up in water and make me drink it."

I first met Brian some years back. When Brian was smaller I remember that one of our church members told Brian to quit running in the halls of the church. She told him, "Be quiet and reverent. You're in God's house." Brian replied, "Ah, God don't care. He knows how I am." Brian was right. Kids are drugged because of adults who can't cope with children.

Last year, during the hottest part of that 1989 summer, Brian said that his mother had locked him out of the house, and she was making him sleep in the car.

Brian was taken home as his mother had requested. It never crossed my mind that she would keep him locked out of the house, keep making him sleep in the car. But that was the treatment Brian received. His mother wouldn't allow him to come in the house to get anything to eat or drink. Brian had to drink out of the hose pipe in the front yard.

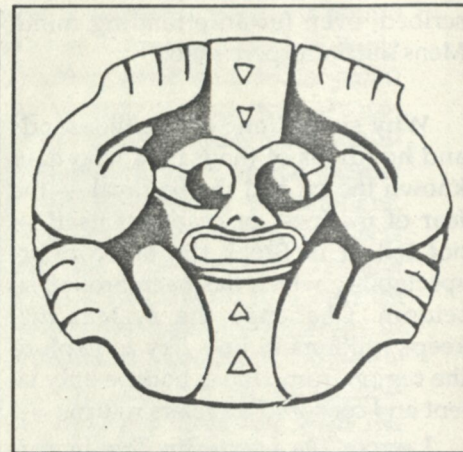
I learned through a friend of mine that Brian's mother was talking about having him locked up. I then took Brian into my home and hid him out. I advocated in Brian's behalf through a local member of the clergy, Bishop Waters. Through this effort Brian's problems were resolved, and returned home. But this solution was only temporarily.

Brian's mother made her choice, because the next time I got word about Brian he was in foster care. I talked to Brian again on April 25th. He was still on Ritalin, his speech was quite rapid. He said he had trouble sleeping and eating. He felt very afraid.

In the name of everything decent, won't someone please help me with this child?

Sandra says Brian's psychiatrist, Dr. Morrison of East Side Mental Health Center [phone: (205) 836-7283], signed the order for a forcible drugging of Ritalin.

You can call Sandra: (205) 836-4319. Or write: 9220 A-1 Parkway East; Suite 153; Birmingham, AL 35206.



networking

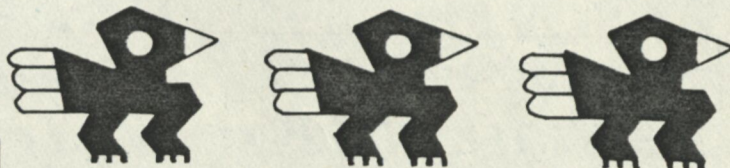
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My son is now three years old. I received electroshock when he was three months old, for severe post-partum depression. I have absolutely no memory of Kenny as a baby. My memory begins gradually from when he was about 1 1/2 years old. Not only did I "miss" my own child's babyhood... the ECT did not help much, if any. It was a dehumanizing, degrading, frightening experience and I left the hospital feeling as badly as when I entered.

I have seen many abuses in the Mental Health System, and ECT has... broken spirits and killed people. Most doctors have traditionally been given god-like power by their patients throughout recent history, and have gladly (eagerly) taken the power handed them!

Senator Kennedy, don't let some "bearded man in a \$500.00 suit" (a stereotype of a psychiatrist) come up to you, nod knowingly, and say, "They are just talking crazy," and simply agree. Listen to us, too, and then decide. Thank you for listening to me, sir! Sincerely, Kathy R. Linn; 5935 Dixon Dr.; Raleigh, NC 27609. Phone: (919) 781-2829.

Special lobbying note: Barbara Peller, a shock survivor, is calling for a campaign to lobby a Congressional committee to have a hearing to investigate electroshock. The committee is chaired by Rep. Henry Waxman (D-Cal.). Contact her about helping this campaign get off the ground: Barbara Peller; PO Box 8159; Northfield, IL 60093. Keep *Dendron* informed of your lobbying efforts!



Multiple Support

Multiple Personality Dignity (MPDignity) says it is an organization by and for "multiples," people who feel they have more than one distinctly separate identities. You may have heard of multiples through books and films about "Sybil" and "Eve." MPDignity says there are far more multiples than commonly thought. Their central office helps start support groups for multiples, and also their non-multiple lovers, friends and relatives (that group is called LOOM, or Loved Ones of Multiples). They have a Guidebook, and educate the public and professionals. Their literature states: "To survive severe and/or repeated trauma, a multiple dissociates, creating mental 'boxes' to store memories. Most often, such trauma includes childhood sexual abuse, physical and/or emotional abuse." Some are survivors of ritualistic abuse as children (which is why the group also sent the below booklet exposing Satanic crime). The group promotes freedom of choice, anonymity, and safety.

Write: MPDignity/LOOM; PO Box 4367; Boulder, CO 80306-4367.

Satanic Ritual Crime Exposed

In the past few years, there has been an increase of media and police reports about individuals committing crimes in which they leave evidence of religious rituals, often symbols of satanism such as the upside-down cross or upside-down star. Some of this activity is associated with right wing hate groups (as in the Ku Klux Klan's famous dunce-headed sheets). There has been an unfortunate backlash against many healthy non-Christian spiritual practices, especially from fundamentalist Christian groups with hidden agendas. They've used fear about ritualistic hate crimes to stir up op-

pression against non-harmful pagan, Native American, witchcraft, & Earth-based practices.

So how do you distinguish between violent satanism and nonviolent witchcraft? Between hate rituals and Earth worship? Between a controlling cult and a group of eccentric but free people? There's a manual on it: *Witchcraft, Satanism, and Ritual Crime: Who's Who and What's What*. It's available for \$3. from Green Egg; Box 1542; Ukiah, CA 95482.

Drug pusher as NIMH director?

A St. Louis community center run by psychiatric survivors is lobbying the Secretary of Health & Human Services, who sits on George Bush's cabinet, to appoint a better director of the U.S. National Institute of Mental Health.

Lewis Judd, M.D., current Director of the National Institute of Mental Health is resigning this summer.

The St. Louis Self Help Center Newsletter says that, "Judd's... background as a clinical biochemical researcher has been evident in the recent priority switches at NIMH, which have for the most part ignored community-based treatment and have instead stressed biochemical and drug approaches to treating mental disorders."

The newsletter encourages psychiatric survivors to write asking that a Director be hired who is less imbalanced: Louis Sullivan, M.D.; Secretary, US Dept. of Health & Human Services; 200 Independence Ave, S.W.; Washington, DC 20001.

And to receive the newsletter write: St. Louis Self Help Center; 305 Sante Avenue; St. Louis, MO 63122.

Looking for tapes of R.D. Laing

Susan Douglas asks, "Do readers now if there are any tape cassettes of R.D. Laing's speeches and seminars that

are available, and if so where could they be ordered? If you know of any cassettes, inform both me and Dendron. Write to her at 1711 Bowie School Dr., Apt. 807; Baytown, TX 77520.

Kids/teen lib in Canada

The "Syndicat des Eleves" says it's a child/youth liberation project dedicated to the liberation of children and teenagers. "All radical youth interested in surviving adolescence in the 90s, and overthrowing the ageism all around you, please write! The Syndicat can provide pen pals for minors in prison. We don't see the difference between a psych. ward and a jail house. Write: Syndicat des Eleves; 2035 Boulevard St.-Laurent; Montreal, Quebec, Canada H2X 2T3.

New shock roster may start

For years electroshock survivor Leonard Roy Frank published a list of doctors who gave electroshock. Now another psychiatric survivor wants to start a similar list again. Says Rodney Smithey: "If you know any doctors who abuse shock treatment please send me his or her name, the office and hospital address where employed, ad as much information as possible about each doctor (and even a picture of each doctor if one can be found)."

Rodney would like to encourage a nation-wide boycott and protest of the most oppressive shock doctors, plus a warning to unsuspecting patients. Write to Rodney W. Smithey; 1020 West Market St.; Louisville, KY 40201.

24-hour care with no force or drugs?

The Spiritual Emergence Network (SEN), which connects progressive new-age oriented counselors, is promoting the creation of support retreats

where individuals could live who are going through emotional crisis. SEN leaders Stanislav & Christina Grof believe many emotional problems have a spiritual aspect that is discounted in mainstream mental health.

In a newsletter outlining their plans, they include the addresses of three other centers which they claim offer 24-hour-a-day sanctuaries. (Editor's note: This is not an endorsement or criticism of any such facilities; anyone with more information please write.)

The facilities are: 1) Pocket Ranch; Barbara Findeisen, Director; PO Box 516; Geyserville, CA 95441. Phone (707) 857-3359. 2) Hanbleceya; Maira Pyle Fitzpatrick, Director; 8215 Mt. Vernon St.; Lemon Grove, CA 92045. Phone (619) 466-0547. 3) Burch House; David Goldblatt, Director; RFD 1; Littleton, NH 03561-9505. Phone (603) 444-6938.

To receive a copy of their plan, ask for their Winter 1990 issue. Write: S.E.N.; Institute of Transpersonal Psychology; 250 Oak Grove Ave.; Menlo Park, CA 94025. Or phone (415) 327-2776.

"Sue the Shrinks" bumpersticker

A bumpersticker saying "End psychiatric abuse! Sue the shrinks!" is available for \$2. (or 3 for \$5) from *Peer Advocate* (a newsletter of and for psychiatric survivors); PO Box 60845; Longmeadow, MA 01116-0845.

Constructive Action News Re-activated

Shirley Burghard's newsletter, which she said she would leave, is back. The new editor could not take over, and Shirley has decided to publish a smaller paper, which will probably contain a lot of her own writing. Write: CAN; 710 Lodi St., Apt. B-504; Syracuse, NY 13203.

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15/16: Special double issue (\$3.) on taking action: Kate Millett tells her story. Psychiatric racism blasted. Clozapine: A kinder & gentler brain damage? 14: U.S. Supreme Court hears forced psychiatric drugging case. World Federation of Mental Health Consumers forms. 1,200 ex-psychiatric inmates gather at U.S. alternatives conference. 13: Lobotomy effect of psychiatric drugs. U.S. government censors psychiatric critic. Protest of American Psychiatric Association meeting. 12: Spirituality & psychiatry: The inquisition continues. Creative spiritual emergence. 11: Psychiatric drugs cause brain damage epidemic. Mass media coverage. Survivor theatre. 10: Anti-electroshock demonstration. Success story of "street crazy." Human rights covered. Self-help solitude & scream rooms. 9: What are the alternatives? Movement unity. 8: Campus mind control. Alternatives '88 Conference gathers more than 1,000 ex-inmates. 7: Forcible drugging, how does it feel? Animal abuse linked to Thorazine, Lithium & shock. 6: Co-operation or co-optation: How can we work with professionals? Gay & lesbian rights. 5: Controversies split the Movement. Kids' lib. 4: Inside a self-help group. Psychiatry & war. Break the silence, by George Ebert. 3: Psych. drugs harm brain. Psychiatry's link to pesticides. Federal teleconference networks. 2: Interview with R.D. Laing. Wilderness as an alternative. Parent's alliance tries censorship. 1: Psychiatric drugs: role of force, death, profits. Black civil rights movement lessons.

Send list on separate page, or check off boxes.

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Berserk in the Bluegrass

by Andrew January Grundy III
Kentucky Representative of National
Mental Health Consumers Association

The ballots have been cast and counted, and the National Mental Health Consumers' Association (NMHCA) has a whole new set of national officers.

Forty of the old House of Representatives cast their votes. We elected: Pres. Paul Dorfner, Chairperson Hikmah Gardiner; Vice Chairperson Patrick Irick; First Vice President Christy Disher; Second Vice President John Basham (from Kentucky, and my buddy!); Secretary Barbara Peller; and Treasurer Dan Link.

∞ ∞ ∞

My pet tomcat "Psycho" lost his ninth and final life in the jaws of a vicious dog recently. I've even dreamed about my cat and seen him in a mystical vision. He wants to come back and sleep with me again. He saved my brain from freezing during the terribly cold weather in December by sleeping on top of my head while I almost froze under my electric blanket in my completely-uninsulated trailer.

∞ ∞ ∞

I've got a simple and phenomenal fundraising suggestion. I've made a donation to get a bunch of special NMHCA stickers made up. If it works for Chiquita bananas, it'll work for us. Almost every psychiatric survivor has a skill or craft to sell on the street. If not, they can buy a bag of good apples at a grocery store. With the stickers on them, they'll sell.

∞ ∞ ∞

That's all folks, have a good summer. See you at Alternatives '90. (The sixth annual federally funded conference of more than 1,000 former mental patients will take place July 11-15 in Pittsburg, PA this year.)

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[Editor's note: Letters of support about Andy's cat can be sent to Andy Grundy; Star Route; Lebanon, KY 30003. Or phone (502) 692-2087.]