



# phoenix Rising

THE VOICE OF THE PSYCHIATRIZED

November 1987  
Volume 7 Number 2  
\$3.00

## The ADVOCACY Game

Getting out of the  
department store

You've got an  
advocate ... maybe

No advocacy in  
New Zealand





# Are you rich?

*Do you know someone who is?*

*Phoenix Rising* desperately needs help to keep on publishing.

You may have noticed that we are not able to keep to a regular quarterly production schedule, and that the magazine has been thinner lately. This is the result of our extreme difficulty in getting funding on an issue-to-issue basis. It means that we have to put a lot of time and energy into applying for funding and, worse, that we never know until the last minute whether we have money to put out a given issue or not.

We can't go on this way forever. Please, if you (or someone you know) can help us out with a generous donation, send (or have them send) a cheque or money order to *Phoenix Rising*, Box 7251, Station A, Toronto, Ontario, M5W 1X9. Thank you.



### THE ADVOCACY GAME

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## EDITORIAL

*Phoenix Rising* gives a voice to psychiatric inmates and ex-inmates who are speaking up for our rights and exposing the abuses perpetrated upon us by the psychiatric industry. But many inmates, whether currently or formerly incarcerated, are not able to speak up for themselves. Many are threatened with, or presently being subjected to, "treatment" with brain-damaging procedures like electroshock, or with debilitating and sometimes lethal "medications." Many who should be free are locked up, or are threatened with being locked up. Others, who have survived incarceration and "treatment," have been so badly damaged that they can't live their lives the way they want to.

People in any of these situations need other people to speak up on their behalf. The advocacy game as it is now played involves Psychiatric Patient Advocates employed by the Ministry of Health – which also happens to run the hospitals and psychiatric institutions where we are locked up. This means that the government branch of the "health" industry is taking our rights away with one hand, and patting us on the head with the other.

This year, the Ontario government conducted a review of advocacy for "vulnerable adults." On Our Own – the ex-psychiatric inmates' self-help group that publishes *Phoenix Rising* – was one of the groups that submitted a brief ("Rights Now!") to the review. Some of its recommendations were:

- that the term "Psychiatric Inmate Rights Advocate" replace the term "Psychiatric Patient Advocate";
- that Psychiatric Inmate Rights Advocates be completely independent of government ministries, and that they fully and promptly inform all inmates of their rights, and of the rules of the institution they're locked up in;
- that not less than half of these advocates be ex-psychiatric inmates; and
- that Community Advocates, at least half of whom should be ex-psychiatric inmates, be hired to support the rights of other ex-psychiatric inmates, and that these advocates work together with community legal clinics.

The review of advocacy resulted in the report "You've Got A Friend" – which fails to guarantee that a reasonable number of ex-inmates will be involved in advocacy for ex-inmates, and, of course, ignores the proposed term "Psychiatric Inmate Rights Advocate." The report does admit that advocates should be independent from government ministries. But then it turns around and says that advocacy should be "non-legal" and "non-adversarial"!

"Non-adversarial" advocacy is non-advocacy.

This issue of *Phoenix Rising* critiques the report (Page 11); looks at a part of the world where there is no advocacy (Page 14); and explores a whole new approach to advocacy (Page 15).

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## Corrections

We regret that we were unable to credit the funders for the October 1987 issue of *Phoenix Rising* (Vol. 7 No. 1) on the masthead (Page 2). The publication of that issue was made possible through a grant from the Ministry of Housing (Ontario), International Year of Shelter for the Homeless Provincial Secretariat.

We also apologize to our readers for having blown it with last issue's inside front cover, where we had a sample form for appointing a personal representative to protect yourself from psychiatric "treatment." We have since found out that such a form is *not*, in fact, legally binding. What you should use instead is a copy of Form 44 under the *Mental Health Act*, which a lawyer or legal worker can get for you. We hope this mistake hasn't caused any trouble. The complete text of Form 44 will be reproduced in an upcoming issue of *Phoenix Rising*.



### Editorial collective

Irit Shimrat (editing, writing, research); Ryan Scott, Donna Lyons (research); Maggie Tallman (correspondence, business, circulation)

Design: Chris Bearchell

Production: Chris Bearchell, Irit Shimrat

### Contributors:

Laurie Bell, Joe Belo, Bonnie Burstow, Bernard Langlois, Peter Lehmann, Phyllis Moss, Mary O'Hagan, Marilyn Rice, Jeff Rowe, Bethany, Duff Waring, Don Weitz

Photo-illustration: Konnie Reich, Maggie Tallman, Yvonne-Marie

Printing: Delta Web

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The opinions of the editorial collective are expressed in the editorial and in unsigned articles. Otherwise, articles, stories and letters reflect the views of the writer. We will not accept advertising which in any way supports forced drugging, electroshock, involuntary confinement, or psychiatry's medical model of mental illness. *Phoenix Rising* reserves the right to edit material submitted. Material should be submitted typed and double-spaced. Persons wishing to have material returned must enclose a stamped, self-addressed envelope. *Phoenix Rising* is published quarterly by On Our Own, and may be contacted at Box 7251, Station A, Toronto, Ontario, M5W 1X9, or by telephone at (416) 699-3194. Second-class postage number 5342. Copyright 1987 On Our Own. November issue. ISSN 0710-1457.

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*Phoenix Rising* is listed in the Alternative Press Index.



*Phoenix Rising assumes that any correspondence sent to us may be printed in "Write On" unless otherwise specified. Please tell us if you would like your name withheld if your letter is printed.*

### **WLG system a farce**

I have been incarcerated at Oak Ridge for eleven years now. As far as I can see, nothing has changed here to accommodate the patients. Sure, we can refuse our medications. But just ask how many patients are told they are going to stay here for the rest of their lives. I've been working at hard physical labour for nine years now here at Oak Ridge – for a maximum of 77 cents per hour.

Staff/patient relations are very poor. Most of the staff do not have the common sense to treat us in a natural way, like people are treated in any other human environment. They seem to give off an "air" of negativity whenever a patient wants or needs something. They seem to think we are only capable of doing *bad* things, and can never change.

As for the Warrant of the Lieutenant Governor system, I think it is a farce. If I'd gone to the penitentiary for what I did, I would've been out on the street at least nine years ago.

Sincerely,  
**Tom Turkey**  
Oak Ridge  
Penetanguishene, Ontario

### **Mabel White Group Networking Success**

Thank you so much for finding a group with someone willing to correspond! I wrote the Mabel White Group in Buffalo; they will be putting my name in their newsletter under "correspondence wanted." In the interim, one of their members – a retired gentleman – has written me. He mentioned the possibility that someone from my state may write as well. I thought you might be interested in knowing that your networking efforts have been successful in helping me.

Again, Thanks.  
In appreciation,  
**Carol Billing**  
Milwaukee, Wisconsin, USA

# WRITE ON

*Phoenix* congratulates the Mabel White Group for its initiative in keeping the Ex-psychiatric Inmates' Communication Network For Human Rights and Against Psychiatric Oppression alive – it's obviously working. To get into the network, or for more information, write to *The Mabel White Group, Box 428, Buffalo, New York, 14222, USA.*

### **Drug-induced hell in prison**

Hello, and thank you!! We have been getting *Phoenix Rising* lately and I have been meaning to write and thank you. Your writings have served to help some prisoners here both to be informed and to see how the state is using psychiatry for purposes entirely devoid of humanity. Here we have prisoners punished by many additional years of imprisonment for "psychological reasons."

Even the old Nazi theories of persons being born deficient (i.e. "constitutional psychopathy") have cropped up here, although this racial theory has been denounced outside.

Violent prisoners are often forced some of the drugs which star in your articles, and you have served to educate some as to the dangers thereof.

The practice of building "behaviour modification" units in US prisons has started. Prisoners have forced rectal probes inflicted as a punishment, and are routinely beaten. Also as a punishment, they are fed "Nutri-Loaf" and "grue," which is basically a normal meal without spices, run through a blender and baked as a loaf.

Prison psychologists have experimented with designing new and cleverer means of behaviour modification, which would meet the definition of torture if anyone else were using them. Prisoners have been chained outside naked overnight, and even the managers of this system admit that some have become so deranged as a result that they might never function in society, or might try to take revenge on their captors.

No doubt this is common in psychiatric institutions. I am beginning to be of the opinion that a psychologist or psychiatrist is merely a modern witch doctor, and allowing these eccentrics to ply their trade is morally similar to allowing Torquemada's Inquisition.

If one of these characters could demonstrate, to an objective person's satisfaction, how they materially improved one of their victims, that would be one thing. But when I see people walking around here muttering to themselves, having only a pronounced facial tic to show for several years of drug-induced hell ...

At any rate, your magazine gets well used here. Thank you again.

**Jeffrey Lee Thompson**  
Washington State Reformatory  
Monroe, Washington, USA

In addition to letters, **Phoenix** would like to publish your cartoons and drawings in "Write On." Please send your submissions to **Phoenix Rising, Box 7251, Station A, Toronto, Ontario, M5W 1X9.** (Don't send your only copy, though!)

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# PHOENIX PHEATHER

We proudly present the Phoenix Pheather to AWay Express, a worker cooperative courier business (the workers own and run the business) serving Metropolitan Toronto.

All AWay members are ex-psychiatric inmates. They have developed this business to provide a useful service to the community and, at the same time, create a supportive work environment for themselves. They use sophisticated communication equipment, and get around on public transit. They can work part-

time or full-time, and their working hours are flexible. Profits are distributed among the membership based on number of hours worked.

Community groups, together with Co-operative Work Ltd., helped develop AWay – which has been in operation since June 1987, and has already built up a small but loyal clientele.

Congratulations to everyone involved on their efforts and their success. Look for more on AWay in an upcoming issue of *Phoenix Rising*.

# TURKEY TAIL

“As far as their friends can tell ... Anne, a bank executive, and her husband Bob, a corporate financial officer ... lead a busy, happy married life. Only Anne and Bob know the truth.... In their eight years together, Anne and Bob have enjoyed only one year of what she calls ‘quasi-normal’ sex....”

“Psychiatrists and psychologists say they’re seeing a growing proportion of patients with such complaints – people whose main response to the sexual revolution has been some equivalent of ‘Not tonight, dear.’ Clinically their problem is known as

Inhibited Sexual Desire (ISD), a condition marked by the inability to muster any interest in the great obsession ...

“By varying estimates anywhere from 20 to 50 percent of the general population may experience it at some time, to some degree. One clinician goes so far as to call it ‘the plague of the ’80s.’ ... The full dimensions of ISD may never be known.”

Are the above quotations lifted from a humour magazine? From the bogus self-help column of a sleazy sex tabloid? No. They come from the Oc-

tober 26, 1987 edition of *Newsweek* magazine.

The article goes on to say that ISD may be caused by hormone deficiencies, fear of intimacy, performance anxieties, men’s fear in the face of “the new aggressiveness of women,” fatigue, boredom, or anxiety about AIDS. “Marital unhappiness” is cited as “one of the most frequent causes.”

One academic says she has seen “so many such turned-off young professional couples that she calls ISD ‘the new Yuppie disease.’” But “in truth,” the article warns, “it can hit anyone.”

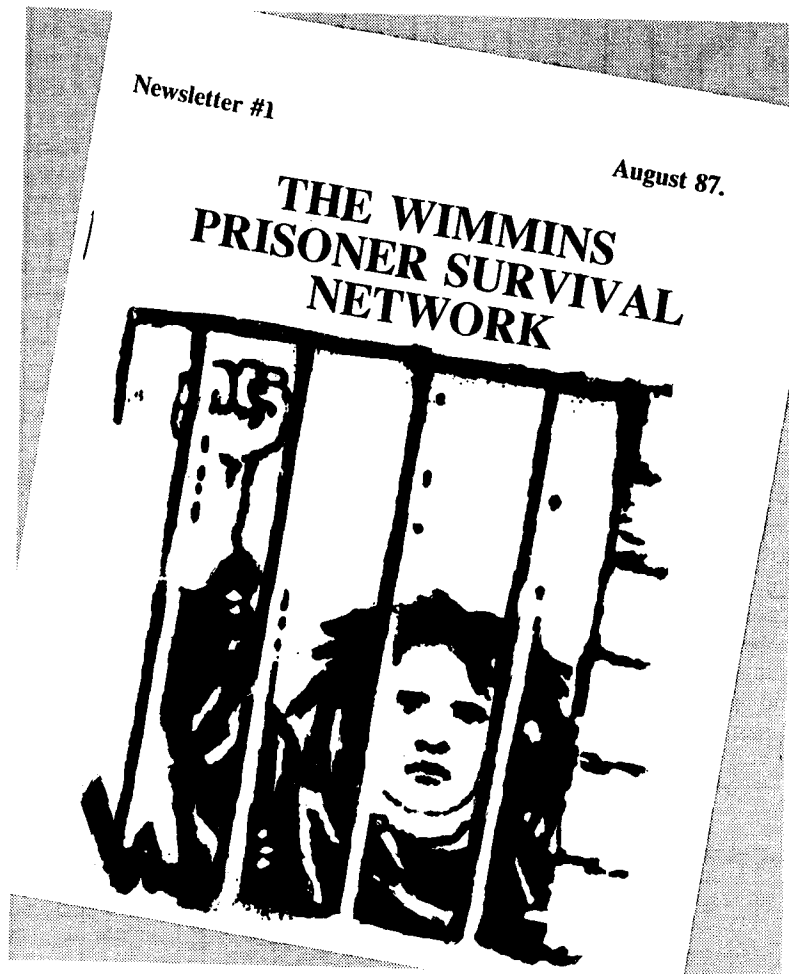
Research data on ISD, not too surprisingly, is described as “still skimpy, since it was identified as a clinical entity only in the past decade.”

“Patients” are “treated” for ISD “with a combination of talk therapy – to get at the source of the difficulties – and behavioural exercises that help them relearn desire.” Behavioural exercises might include a series of “non-sexual touching and cuddling sessions,” conducted in progressive states of undress. “Many therapists encourage patients to set a romantic mood before approaching sex – have a glass of wine, read a sexy book, fantasize, even masturbate – anything to minimize anxiety....”

This year, the American Psychiatric Association “changed the name of the disorder to the more technically accurate ‘hypoactive sexual desire,’ though it is still generally referred to by its old name.... Treatment remains problematic, success rates vary.”

This issue’s Turkey Tail goes to the American Psychiatric Association – for cooking up this “diagnosis” in its ceaseless effort to turn all human feelings and experiences into diseases – and to all the “therapists” who are making big bucks for “treating” this “disorder.”

**Resist and survive; the spirit is free!**



**The Wimmins Prisoner Survival Network (WPSN)** is an effort of the women of the Anarchist Black Cross Toronto, a prisoner's support group. The Anarchist Black Cross involves mostly men prisoners, so the WPSN is an attempt to establish a more effective network of support specifically for women prisoners, and increase public awareness of the conditions of women's incarceration within an anarchist-feminist analysis.

Women suffer from many different kinds of prisons, which seek to restrict our control over our bodies, our education, our economic status and our right to live as we want to. If property-control is an expression of

the distribution of global capital, the fact that women own fully one percent of Mother Earth is a sharp reflection of women's oppression within a white-male-dominated society. (Or maybe it is a coincidence that most lawyers are very rich white men who happened to be good at Latin.)

Today, 80 percent of the people in prison are incarcerated for non-violent crimes, while the \$tate conducts a war of ecocide against our Mother Earth. As anarchists, we attempt to practice means of subsisting upon this earth without serving the luxury demands of the rich and without shredding the land into useless deserts. In defence of this struggle, we support all acts that target or ex-

pose those instruments of the \$tate designed to restrict access to alternatives that would sustain and heal this planet.

The WPSN hopes to act as a forum for ideas, art and writing of women in prison, as well as a bulletin of related prison issues. Although we will be focusing our concerns on political prisoners and prisoners of war, you don't have to define yourself as either to be screwed by the \$tate, and the WPSN is happy to hear from everyone.

Wimmins Prisoner Survival Network  
Box 6326, Station A  
Toronto, Ontario, M5W 1P7



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# OUT OF THE ASHES

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## The Days After

### The Preface

Saturday, October 3, 1987

It has been many months since I wrote the story that follows. I have shown it to a few friends. I have often thought of mailing it to you, to have it printed. I have been shy; I have been scared; I haven't mailed it.

This morning: seven a.m., 40 degrees Fahrenheit. I am walking my dog on a street near my house. It is still dark, cold and windy; because it is Saturday, there are not many others out this early. I watch. I always watch.

Two cross-streets away, I see a man walking very fast. It looks as if he is wearing a long robe. I decide it must be a cloth coat or long sweater blowing open in the wind. But the picture doesn't look quite right, so I keep my eye on him. (Just a few weeks ago, I had trouble in this very spot.) He crosses to the other side of the street and I think he is hurrying to the bus stop. But he passes the bus stop. He is across the street from me now, walk-

ing fast in the opposite direction. I can see him clearly under the street lights. He is wearing a robe. A brown-and-white striped seersucker robe. He has pyjamas under it, and disposable foam slippers on his feet. He is lurching forward, looking almost propelled, walking that weird way one walks when given certain drugs. His face has that stretched-tight blankness that matches the pos-

scared. And if he did come with me, then what? What would I do with him after breakfast, send him back to the sidewalk? I have nothing to offer. I continue walking my dog.

I decide to send you the story. Today, immediately, when I get home. I try to pray, but some things seem bigger than God, and I find no words for prayer.

***I know no place for him to stay where they will not turn him in to whatever institution he is escaping.***

ture. And he is walking very fast.

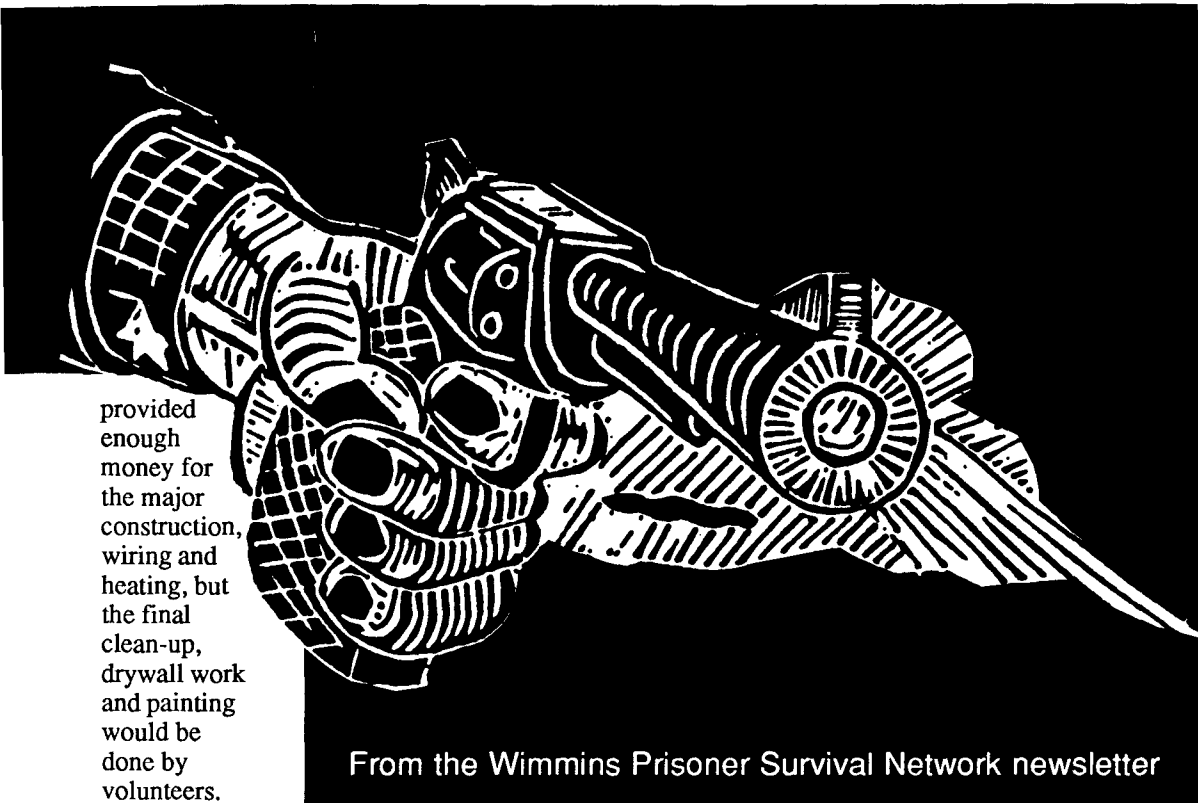
I want to go over to him. To offer him something. To help him find some warmth, maybe a cup of coffee, a place to stay. I do nothing but continue walking my dog. I know no place for him to stay where they will not turn him in to whatever institution he is escaping. I have no money in my pocket to buy him a cup of coffee. I do not want to ask him home with me. I am a woman and I am

as an instructor at a community school for drop-outs, in a poor neighbourhood. The classes met in small, rented rooms in an old Catholic grade-school and convent. Arrangements had been made for a long-term lease on the spacious top floor of the grade-school building, with the community school footing the bill for the necessary renovation. The fund-raising was done. Grants and donations

### The Story

This is a story about Tom Bubenhofer and about me. Mostly about me. This story is true.

I worked



provided enough money for the major construction, wiring and heating, but the final clean-up, drywall work and painting would be done by volunteers.

From the Wimmins Prisoner Survival Network newsletter

Tom Bubenhofer volunteered. I don't know how he heard about the school. But when he showed up, strong and willing, he was put to work with the other volunteers – mostly guys from the neighbourhood, who either attended the school or at least hung out there.

Tom never fit in with this painting crew. But because he worked hard and fast, he was well respected. He was built large and muscular and, because of how he looked when he was angry, the other guys never bothered him. He washed woodwork and windows, and painted, and hauled out debris. He was the most dependable and productive worker on the painting crew. When the rooms were completed, they were beautifully done.

Because there was another guy named Tom working at the school, people simply called this Tom "Bubenhofer." I always had such trouble getting his last name out of my mouth that I called him Tom. We had casual conversations when he came around. I knew from things the others said that he had been in and out of mental institutions for years, that he took psychiatric drugs (sometimes this was evident to me from his appearance), that his mother died

when he was young, and that he had trouble dealing with anger.

Sometimes he talked about what he was going to do with his life. Once he told me about some job-training program he was considering. The Bureau of Vocational Rehabilitation was going to finance it. I told him that I had been in and out of mental institutions, too. We talked about that, but not much.

One day in May, I was on my way to an interview for a temporary job, to fill in while school was out for the summer. Tom had a shiny new red sports car. (I think his family had helped him buy it.) He offered me a ride to town. We talked more in the car. School would be out in about two weeks. He asked for my phone number, so we could keep in touch. Reluctantly, I gave it to him. I was getting the feeling he wanted to ask me for a date. I had never told Tom I was a lesbian.

I couldn't risk telling him. The neighbourhood I worked in was violently homophobic. I had heard about people throwing stones at young gay men on the street, for sport. I'd never heard about violence to lesbians, but I wasn't going to take any chances. Gay-hating and gay-bait-

ing were routine parts of life there. I knew that, if the students realized I was lesbian, that would be the end of teaching. And then, I had no idea how Tom himself might react. Whether he would tell others. I just couldn't risk it.

Two days later, Tom called me at home. I was courteous, but distant and formal. He called again. And again I was courteous, distant and formal. He never called back.

I would like to remember if I saw him in the fall

when school started again. Perhaps he dropped in one morning to say hello. Perhaps I was there and said hello back. Maybe I was gone that day, but heard later that he'd stopped by. Maybe he didn't come at all. I would like to remember, but I don't.

On Sunday, February 8, I was grocery shopping. Taking a large Sunday newspaper – *The Cincinnati Enquirer* – from the stack, I laid it on the counter with the rest of my purchases and lazily scanned the top half of the front page. "Victims's kin say killing unnecessary," said the headline. I read a little further: "Thomas Bubenhofer, 37, died at University Hospital about 1:25 a.m. Saturday after being shot by three Cincinnati police officers Friday night in his Clifton apartment."

Tom Bubenhofer was on a two-hour pass from Rollmans Psychiatric Institute. He was visiting his sister, Russo. He ran away from her. He resisted returning to Rollmans. Russo called the police to return him.



## From the Cincinnati Enquirer:

Police said Saturday that they were not going to release any more information about the shooting.

Col. Edward Ammann said Friday night that the 5-foot-11, 200-pound Thomas Bubenhofer lunged at the three officers with two knives after a 50,000-volt shot from a Taser gun had little effect. The officers had forced their way into his Clifton apartment after confronting him near his apartment door about 7:45 p.m.

The officers fired their service revolvers, Ammann said, and Thomas Bubenhofer fled into a hallway and collapsed on a landing. They fired a second Taser shot, which also had little effect, and then fired their revolvers again.

Ammann said Friday that he did not think the gunfire was excessive, but said he did not know how many shots were fired or how many hit Thomas Bubenhofer.

"We walked in to see him, and the surgeon said he had at least 10 bullet holes in him," Donald Bubenhofer said. "The surgeon said there were six marks from the Taser gun. They abused him. That's unnecessary force. We're checking into legal action."

Russo and her brother said they heard three separate rounds of gunfire, and that the third came so long after the second that television news crews had time to arrive on the scene and tape the sound.

"The policeman told me it (the third round) was the Taser gun," Russo said. "All three sounded the same to me. No way could we believe it was Taser guns, but I don't know what a Taser gun sounds like."

The pair had arrived at Thomas Bubenhofer's apartment about 7 p.m. Friday, and called police for assistance in returning him to Rollmans a half-hour later.

Donald Bubenhofer said his brother "did show the knife."

"They couldn't reason with him, and he went back in the apartment and shut the door," he said.

"I told the police he didn't have a gun and there was no reason to shoot him," Russo said. "They didn't pay any attention. I have dealt with him for 18 years. They could have gotten so much information from me, and they didn't have the time."

An eyewitness to the shooting, who was standing just outside apartment 2 at 323 Terrace Ave., where Thomas Bubenhofer was shot, said when police broke into the room and shined lights on Thomas Bubenhofer, he was down on the floor on his hands and knees.

"I didn't see any knives or anything. I just saw him on his hands and knees in the front room," said the man who asked not to be identified. "Then I heard the shots fired. I guess I heard about five or so shots. He (Bubenhofer) fell out of the apartment and landed on the steps, where I was standing after I backed away to get further away from the shooting. He didn't run down a hallway because there is no hallway there."

"I saw blood from his waist up, all on his arms, stomach, chest and also from the throat area. He looked up at me and said something like, 'I love you man.'"

"I was told by police to get out and I climbed through a basement window. After I got outside, I heard more shots. I couldn't understand why there had to be more shots. The man was down and looked to be wounded very badly."

The shooting victim had been in and out of hospital for the past 20 years, his brother said, ever since their mother died of cancer, also at age 37.

It has been a month since Tom Bubenhofer was killed. I have stopped buying newspapers altogether. I do not know if the internal police investigation of the shooting has been completed, or what has been decided.

For almost a week, I was terrified that police were looking for me, to force me back to Rollmans, to shoot me. The knowledge that they weren't did little to calm my panic. For a while I wanted to check myself in, just so they wouldn't shoot me. Time has taken the edge off that panic. Now it's the chronic, aching fear and anger that I feel. I think every one of us who has been locked away suffers that pain. It is nothing new to me.

I dreaded going to work that week; I dreaded going out of the house at all. I anticipated overhearing conversations at bus stops, in store lines, during lunch break at work. Conversations about the madman the police had shot. I went out of the house that week anyway. Going out of the house regularly is one way to keep the police from coming to take me back to Rollmans. The conversations were there, as I had anticipated. A bookkeeper at work made jokes with the receptionist about the crazy man and then said, "They should have shot him." I tried to interrupt her. "Please don't talk about this, I knew him." She went on and on. "They should have shot him." I said nothing more. After all, I don't want them to stone me. I will be courteous, distant and formal.

- Bethany



# When was I charged, and with what crime?



Joe Belo. Photo by Konnie Reich

*Joseph Belo wrote the following after he had been labeled "manic-depressive" and incarcerated and drugged in a psychiatric institution. He is now out, and studying computer programming.*

I, Joseph Belo, appear before you to appeal a decision made by others concerning my future. Others have appointed themselves my protectors, disenfranchising me through no due process of law.

Where are my accusers and their sworn representations? When were my rights read to me? When was I charged, and with what crime? When

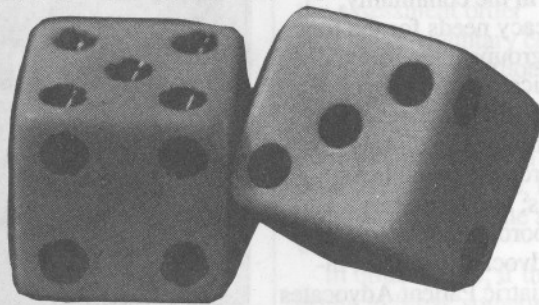
did I plead not guilty by reason of insanity? When did I give you legal consent to act as my guardians?

If your calling as doctors is to enoble and enrich human life, why do you wish to take away my fundamental human rights?

That which makes me human is the mastery of my own destiny: my self-determination, the will to plot the course of my own life. If I were to relinquish my freedom to you or anyone else, I would threaten my own personhood.

The surest way to prove that I am a threat to myself or others is to hand my self over to you: this I shall not do.

# You've Got an Advocate ... Maybe



## Don Weitz looks at the Ontario government's report on the review of advocacy for "vulnerable adults"

A comprehensive advocacy system may be put in place in Ontario within the next two or three years, based on a government report released in September 1987. *You've Got A Friend: A Review of Advocacy in Ontario* is the result of the government's response to complaints about problems in the current advocacy system, including gaps in advocacy services, the fragmentation of community and institutional advocacy, and the conflict of interest that occurs when employees of the Ministry of Health advocate for people incarcerated in Ministry of Health institutions (as in the case of Psychiatric Patient Advocates).

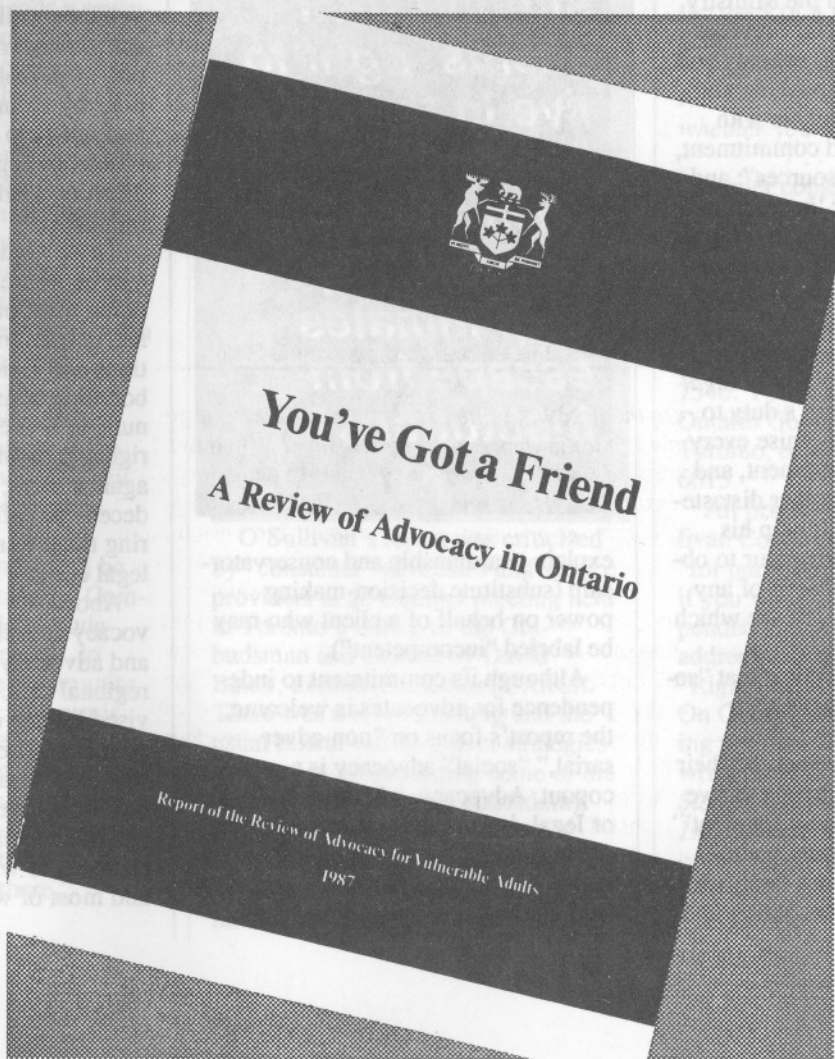
Most of the criticism and pressure for change have come from such advocacy and self-help/"service-consumer" groups as Concerned Friends of Ontario Citizens in Care Facilities, the Advocacy

Resource Centre for the Handicapped (ARCH), People First (a self-help/advocacy group for developmentally handicapped people), the Advocacy Centre for the Elderly, and On Our Own (Toronto's self-help group for ex-psychiatric inmates). On Our Own has been very critical of the Ministry

of Health's Psychiatric Patient Advocates for their lack of independence—see Pat Capponi's "Patient Advocate Office: good intentions aren't enough," *Phoenix Rising*, June 1986).

In the spring and summer of 1986, an *ad hoc* coalition of these and other groups got together to discuss

and endorse a progressive brief entitled "Advocacy Ontario," drafted by Concerned Friends, which strongly recommended independence for all advocates and a provincial board of directors, 60 percent of whom would be "consumers." In December 1986, Attorney General Ian Scott announced in the legislature that he was establishing the Review of Advocacy for Vulnerable Adults committee, chaired by Father Sean O'Sullivan (formerly a Tory MP, now a Catholic priest), to bring some order and sense to





the current chaos.

O'Sullivan's committee was to examine the need for advocacy in institutions and in the community; analyze advocacy needs for the four "vulnerable" groups ("the frail elderly," "the physically handicapped," "the developmentally handicapped" and "the psychiatrically disabled"); analyze and propose possible advocacy models; and propose a strategy for coordinating or integrating existing advocacy services, including Psychiatric Patient Advocates and Adult Protective Service Workers (social workers advocating for developmentally handicapped people). Unfortunately, children in institutions, prisoners and members of other vulnerable groups were not included in O'Sullivan's mandate.

After discarding four other advocacy models – including "Advocacy Ontario" – the report comes out in favour of "shared advocacy," and recommends "social," rather than legal, advocacy. It also recommends that advocates be independent of the Ministry of Health and the Ministry of Community and Social Services.

"Social advocacy," is vaguely and naively described as "speaking and pleading on behalf of others with vigour, vehemence and commitment, using non-legalistic resources"; and as "'client-directed' or 'instruction-based,'" "administratively and fiscally independent of the human service delivery system," "accessible," and "not necessarily adversarial."

Contrast that with the Canadian Bar Association's definition of legal advocacy: "The advocate's duty to his client is to fearlessly raise every issue, advance every argument, and ask every question, however distasteful, which he thinks will help his client's case, and to endeavour to obtain for his client the benefit of any and every remedy and defence which is authorized by law."

O'Sullivan's report claims that "social" advocates will protect their clients' legal and human rights, freedom and dignity; "enhance" their autonomy; support their right to live in the "least restrictive environment" (help inmates escape from institutions?); protect them from financial, physical or psychological abuse; and



Father Sean O'Sullivan

**O'Sullivan's report claims that "social" advocates will support their clients' right to live in the "least restrictive environment." But will they help inmates escape from institutions?**

explain guardianship and conservatorship (substitute decision-making power on behalf of a client who may be labeled "incompetent").

Although its commitment to independence for advocates is welcome, the report's focus on "non-adversarial," "social" advocacy is a copout. Advocacy, whether non-legal or legal, is *inherently* adversarial and confrontational – as psychiatric inmates, prisoners, other institutionalized victims, and lawyers know all

too well.

For example, many inmates who try to refuse "treatment" are subjected to physical force, and drugged against their will. And all inmates are faced with psychiatrists' traditional resistance to human and civil rights for "patients." Psychiatrists commonly – and fraudulently – complain that allowing an inmate his or her civil rights "interferes with treatment."

Unless the plan is radically altered from what is outlined in this report, "social advocates" will be passive, compromising, safe people, who won't rock the boat. They won't really fight for their clients – so the advocacy system won't be very different from what we've got now.

### **Right-wing "secondary consumers"**

So how will "shared advocacy" work? Not too well. This nice, liberating term simply means spreading around the advocacy responsibilities, so that the government, community and self-help groups, and volunteers all get into the advocacy act. However, as the report points out, most front-line advocacy will be done by volunteers from community and self-help groups, recruited and trained by regional advocacy coordinators, working in their local communities.

These volunteers will be at the bottom of a bureaucratic hierarchy, doing most of the work – visiting and befriending inmates in institutions and residents in run-down boarding houses, group homes or nursing homes; explaining inmates' rights to them; exposing abuses against them; helping them find decent and affordable homes, referring them to a lawyer or community legal clinic – and not being paid.

Above the volunteers will be advocacy coordinators. The volunteers and advocacy coordinators will staff regional offices monitored or supervised by one of seven community boards of directors. The report states that these boards should be "broadly representative" of the community, and have a maximum of 25 members each, all of whom are to be elected, and most of whom should be "con-



sumers" (no specific ratio of "consumers" to board members is mentioned, and the report fails to suggest how board members will be elected, or by whom).

According to O'Sullivan, there are two classes of consumers: "primary consumers" (victims of Ontario's health-and-social-services industries) and "secondary consumers," including relatives or friends. This distinction creates a very real danger that the community boards will be dominated by such "secondary consumers" as the right-wing, pro-psychiatry members of the Ontario Friends of Schizophrenics. The "primary consumers" will end up being outnumbered and outmaneuvered by middle-class "community people," who always seem to know what's best for us.

The community boards of directors will report to the Advocacy Commission, which will oversee and administer all major aspects of the advocacy operation, and have final authority over hiring, firing and funding. The report recommends a seven-member commission, appointed by the Lieutenant Governor for a maximum five-year term (which is at least three years too long).

There is no recommendation that any "consumer" or "disabled" person be appointed to the commission, so it is very possible that most, if not all, commission members will be do-gooding "experts" or "liberal" bureaucrats. (The report doesn't even recommend the hiring of "consumers" for the commission's Central Office staff, which will include the Psychiatric Patient Advocate Coordinator and one advocacy coordinator for each of the other three vulnerable groups.)

On top of the totem pole will be either the Legislative Standing Committee of Advocacy and Ombudsman, or the Attorney General, to which all advocates, the community boards and the Advocacy Commission will be accountable.

The report's failure to recommend any affirmative-action hiring policy is inexcusable in light of O'Sullivan's professed respect for "consumers" who've "been there."



***There is no recommendation that any "consumer" or "disabled" person be appointed to the commission, so it is very possible that most, if not all, commission members will be do-gooding "experts" or "liberal" bureaucrats.***

O'Sullivan's report was criticized by "consumer" advocates and service providers at an October meeting held in Toronto's Office of the Ombudsman and chaired by David Baker, executive director of ARCH. There was a lot of bitching and the usual liberal waffling over strategies and tactics for protesting some of the report's most blatantly patronizing recommendations.

For instance, the report states that, in the case of a person refusing to have their "mental capacity" as-

sessed, an advocate will have to "visit or attempt to visit the person ... in order to explain the significance of the assessment order" and "attempt to arrange voluntary compliance with the assessment without the need for an enforcement order." An enforcement order would allow "certain officials to enter a person's residence with the use of force, if necessary, in order to carry out the assessment order."

In other words, if the police were going to break someone's door down in order to force them to be assessed "incompetent" – so that all their rights and everything they own could be taken away, on the say-so of a psychiatrist – an advocate would first have to go to their home and try to persuade them to cooperate with the assessment! It was concluded at the meeting that this section of the report should be "rephrased."

According to the minutes of the meeting, participants came to a "general agreement" that, with alterations, O'Sullivan's report "can form the basis of a future advocacy scheme."

*You've Got a Friend* should be retitled, *You've got a token advocate, whether you like it or not.*

To order copies of *You've Got a Friend*, send a cheque or money order for \$6, payable to the Treasurer of Ontario, to *Publications Services Section, 5th Floor, 880 Bay Street, Toronto, Ontario, M7A 1N8*. In Ontario, call toll-free at 1-800-268-7540. You can also get a copy at the Ontario Government bookstore in Toronto, or by calling (416) 965-6015.

All briefs submitted to the "O'Sullivan Committee" were destroyed "for purposes of confidentiality," but, if you want read any of them, see Appendix 4 in the report for names and addresses of groups. Copies of "Rights Now," the brief presented by On Our Own, cost \$2.50 each, including postage, and can be ordered by writing to *Phoenix Rising, Box 7251, Station A, Toronto, Ontario, M5W 1X9*. (Please make cheques or money orders payable to *Phoenix Rising*.)

# No Advocacy in New Zealand

*Mary O'Hagan is the contact person for Psychiatric Survivors, a newly formed support, education and human rights advocacy group that promotes the reform of mental health legislation, "a better quality of life for users, keeping in mind the particular needs of oppressed groups such as Maoris and women," and the implementation of an effective advocacy service for psychiatric "patients." This is an excerpt from O'Hagan's paper, "Acting On Instructions: There's Advocacy for Psychiatric Patients in Ontario – What About New Zealand?":*

If god helps those who help themselves, then advocates should surely be praised more than him for helping those who can't. Committed psychiatric patients often experience complete helplessness when they discover that they have lost the right to move location, refuse treatment, manage their finances or drive their cars. In this country, 3,000 citizens each year have these rights taken from them, without legal representation, and kept from them, sometimes for years at a time, without independent review or effective, ongoing advocacy. This is a gross violation of human rights. No one, not even the perpetrators of this violation, would dare to disagree.

Since the sixties – a decade that is remembered for its promotion of human rights – advocacy programs for psychiatric patients have appeared across the globe. Down here in the South Pacific, we are among the last to feel the ripples that beacon justice for committed psychiatric patients. There are plenty of offshore advocacy programs that can guide us in establishing one here. The Psychiatric Patients Advocacy Office in Ontario, Canada is one of them.

New Zealand-born Donna Hall, an Ontario advocate, recently addressed

the Mental Health Foundation. Hall told us that the opening of the Ontario advocates' office in 1981 was catalyzed in part by legislative changes, the inception of the law guaranteeing people at committal hearings due process (a fair hearing), and a section of the same law giving patients access to their medical files. Further catalysts were three deaths in Ontario psychiatric hospitals which, according to the coroner, could have been avoided by the presence of patient advocates. Hall also mentioned user groups and others who lobbied hard for the advocacy program.

Comparable catalysts are either active or waiting in the wings here in New Zealand. A Bill of Rights is being promoted. New legislation – such as the new *Mental Health Act* and legislation granting patients access to their files – is currently being, or soon to be, shunted through parliament. But the outcomes are all uncertain. Michael Watene's death, after ECT in Oakley Hospital in 1982, forced the official admission, as in Canada, that psychiatric institutions can kill through neglect. And recently several groups have been preparing to lobby for effective advocacy for New Zealand psychiatric patients.

Hall is the sole full-time advocate in the 400-bed Hamilton Psychiatric Hospital in Ontario. Most of her clients are committed patients. Nearly half of them go to her for legal information or action. The most common concern she deals with is consent to treatment or the right to treatment options. Hall says she negotiates, argues, and makes links with other agencies on patients' behalf. She can take her clients' concerns to the hospital administrator or medical director, launch a suit against the hospital, file complaints against the College of Physicians and

Surgeons, or press criminal charges against hospital employees.

Like New Zealand's "official visitors," the Ontario advocates have slim statutory powers, albeit with the right to view all hospital records. But official visitors, appointed by the Health Department to be advocates, are unpaid, untrained and unsupervised. Some of them are also virtually unseen. (If you haven't heard of an official visitor, don't let your ignorance embarrass you; nor had 90 percent of the psychiatric patients I interviewed in Auckland last year!)

Some have found fault with the Ontario patients' advocacy program: patients are left to initiate contact with the advocate, and both hospital staff and patient advocates are employed by the Minister of Health. Can a system realistically employ someone to police its own practices? Says Donna Hall, "Our advocacy stems from the patients' instruction; we are totally accountable to them."

A professional advocacy service like that in Ontario seems bound to happen here, but there are serious obstacles. We have our current legislative uncertainties. An advocacy service needs funding, but there's never enough money in the government coffers to go around. People pretend we have an advocacy service now. Mental illness workers fear that an effective advocacy service would make their jobs more difficult.

But it would be distracting and dishonest to stop here. All these obstacles are made and fed by a common source, which needs to be exposed before all else: deep in the minds of those who control the system lies the insidiously implicit assumption that basic human rights for psychiatric patients in New Zealand are not important enough to have priority. No one in their right mind could leave this assumption unchallenged.

For more information, contact *Mary O'Hagan, Mental Health Foundation, 272 Parnell Road, Box 37 438, Parnell, Auckland 1, New Zealand.*

# Off the Shelf and Into the Community

*Laurie Bell offers citizen advocacy as an alternative to the "social services" solution to people's problems*

If you asked people who know me to choose one word to describe me, I wonder what each would say. The responses would probably include "hard worker," "lazy," "athletic," "clumsy," "thoughtful," "forgetful," "lover," "fighter," and so on. I am in truth made up of all these contradictions and more. I have many qualities and as many shortcomings – I can be as patient as a saint and as short-tempered as a fuse. I am as predictable and reliable as a clock and as spontaneous and erratic as a sudden storm. I am, as we all are, diverse and complex.

But what if someone were to take one of these aspects of me and use it as a label to identify who I am? And what if they chose one of the descriptions of me that focused on something I wasn't good at, or one of my deficiencies? What if this label came to stand for who I am as a person? What if where I lived, where I went

to school, where I worked and where I was entertained were all determined by this label?

Many people have labels applied to them at some point in their lives: "mentally ill"; "mentally handicapped"; "physically disabled"; "old." All these labels strip people of their name, their personality, their qualities, their complexity and diversity, and reduce their identity to a disability, or a deficiency.

Usually labels are put on containers to identify contents to be marketed and sold. This is essentially what has happened to labeled people in recent decades. They have become a very important product in a large medical and service industry.

It is common practice to stick a label on someone and then put them into a world that has been constructed for people "like them." This world is removed from the rest of us and it is full of professionals

Photo by Konnie Reich



and experts who attempt to treat, fix, cure and modify the people who are sent there.

The world created for labeled people is a world of departments. For this reason, I call this place the "department store." There have been efforts to make the department store look like the rest of the world, but we should never confuse it with the community. The community and the segregated world of institutionalization are very different places.

In the community, where I live, people have homes; in the department store, people receive residential services. In the community, people go to work; in the department store, people receive vocational services. In my world, there are movie theatres and the YMCA; in the department store, there are recreational services and play therapy. I am surrounded by family, friends, co-workers and associates; in the department store, there are counsellors, therapists, supervisors and consultants. Let's face it: the department store is big business. And in this business, some people's "deficiencies" are other people's bread and butter.

Those working in the department store have an interest in making sure there are people in the store to label. More and more people who have been labeled – and consequently psychiatrized, institutionalized, and behaviour-modified – have been speaking up about their situations. One such person asked the profound question, "How would you feel if you realized that every person you see in a day is paid to be there?" Too many people have been sold the department store bill of goods.

For many years, I worked in the department store. The group home where I worked looked like every other house on the street, but there is more to institutionalization than location. I met some good people who also worked there – people who wanted to get past the labels. But every step of the way, you have to battle the labels "staff" and "client," and the rules of the department store that keep everybody in their assigned place: in the proper aisles, according to label. Even so, some of us – out of sheer determination and love – over-



Laurie Bell. Photo by Konnie Reich

came some of the barriers between us.

### Friends

Last week, one of the women who lived at the group home was killed in a car accident. At the funeral service, the minister referred to Lynda's co-residents and the staff and volunteers who would miss her. No mention was made of friends.

For many years, Lynda spent every Saturday roaming the city with Virginia. Aren't they friends? Lynda spent every Christmas with John and his family. Aren't they friends?

"Friend" is not a label that we frequently attribute to people with disabilities. I believe this is the very heart of the challenge facing people who have been labeled as having a disability. They have become many things to the rest of us: client, patient, charity recipient – but they are seldom the people we call friends. I am convinced that the most severe consequences of segregating services – of the department store system – are the deprivation of personal relationships and the exclusion from

community life.

I left my position as a service provider and, for the last few years, I have been a part of Toronto Citizen Advocacy. For me, it was a departure from the department store and an entry into the community. This is the soul of citizen advocacy: the community is its home. And we believe it should be everyone's home. Citizen advocacy wants to welcome exiled people back into the community, and we believe that personal relationships and friendships are the key to making that happen.

John McKnight, a community organizer, has observed that "you can't service someone to freedom and liberty." Citizen advocacy is not a service. Rather, it is the invitation to people living full lives in the community to get to know people who have so far been excluded.

Citizen advocacy invites people to be more well-known, more well-liked and more responsive to each other. Citizen advocacy seeks to connect people who may not otherwise have the chance to meet, because some



people have been spending their whole life in the department store instead of at the places where the rest of us meet. Citizen advocacy encourages us to get to know and like each other and, at times, to be there to lend each other a hand.

Labeled people need to be disentangled from the web of services and embraced in the warm hold of community. Relationships with people who are committed to friendship and support can provide the bridge between the two, if that's what is needed – and the rescue effort, if that's what it takes.

Service providers are not necessarily ecstatic about this proposition. They may not object to volunteers who they recruit and monitor, but what if someone has their own friend who is not under the jurisdiction of the agency? What if this friend is willing to speak up on behalf of their friend? What if the person who has been labeled and put on a shelf no longer needs the department store and its employees to survive? What if people in the community find out that everything isn't all that great in the department store? What if people in the community start to wonder whether the department store is doing a very good job? Or whether people should be labeled and sent there in the first place?

There has been a sense that labeled people belong in and to the department store. We in the community must start to claim people with labels on them as our own, and bring them home. We must bring people out of the department store and into the streets, the movie theatres, the YMCA, the bridge club, Christmas dinner, and on and on – into every part of community life.

### A review of advocacy

Lately, there has been some recognition that all is not well in the department store. More and more people have been realizing – and learning from those inside – that the system allows for many abuses and “gaps.”

Over the past year, a Review of Advocacy for Vulnerable Adults was conducted in Ontario. Recently, the report of that review was presented to the provincial government (see “You’ve Got an Advocate ... Maybe,” Page 11). We are waiting to see what will come of it.

The report recommends what is called a “shared advocacy model” for Ontario. In simple terms, it is saying that advocacy offices, which would respond to requests from people in institutions and in the community, should be established in centres throughout the province. The advocacy offices would train volunteers to be advocates. I do not support the model of advocacy proposed in this report.

First, the review concludes that vulnerability results from “gaps in the service system.” I maintain that vulnerability and abuse result from the *existence* of the service system. Being excluded from the community and the opportunity to have supportive relationships *is* vulnerability. The review presents advocacy as a helpful band-aid to patch up the gaps in (and scars from) the system. I

store. It will be cost-efficient because, although the person at the counter may be paid to be there, all the people handling the complaints will be volunteers. Who, I wonder, will go find people who are tucked away in some corner of the department store and haven't got the voice to register a complaint? I am concerned that the advocacy model proposed reinforces the notion that “these people” need to be taken care of and protected.

This fall, one of the citizen advocacy programs in Ontario ran out of money, so the coordinator couldn't go on working. Instead, she used her time to take advantage of the harvest; she was bringing in the vegetables, preserving them, canning them, labeling them and putting them on the shelf. I do not want to see our role as citizen advocacy coordinators resemble this activity.

People who have disabilities or handicapping conditions do not need to be protected, labeled and shelved. The proposed advocacy model leaves people in the department store, stuck on the shelf. True advocacy by one citizen on behalf of another must

begin with our recognition that the community, with all its inconsistencies, failings and unpredictability, is the proper and rightful place of all citizens, whatever our label may be.

Proponents of the “shared advocacy model” may be successful in obtaining government funds to do institutional problem-solving. What remains unclear is, who will support efforts to build strong communities that will welcome the exiled home? Who will see people's potential to contribute, instead of their weaknesses? Who will support people through the challenge of living in the community, rather than nurse the vulnerability of existing in institutions? Who will introduce people to the world beyond the department store? For this is the true role of advocacy.

***How would you feel if you realized that every person you see in a day is paid to be there?***

think that true advocacy is guiding someone out of the system and into the community, where every Ontario citizen has the right to make their home.

I also object to viewing advocacy as a problem-solving effort only. The focus still remains on labeled people as problems, or at least as having problems. This does nothing to shift the focus onto people's gifts, qualities and contributions; it does nothing to bring these to light in the community.

I understand the “shared advocacy model” to be, in essence, the establishment of an independent “complaints bureau” in the department

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# MAD NEWS

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## Psychiatry in a "Friendly" Province

**Bonnie Burstow analyzes the alarming state of psychiatry in Manitoba**

Manitobans are strangely enthusiastic about psychiatry. They are especially interested in the dreaded "disease," "schizophrenia" — and are willing to fund anything connected with it. Many restaurants provide little tins for people to contribute money to Friends of Schizophrenics or to the prestigious Schizophrenic Research Foundation. The foundation held a "walkathon" to raise funds in October 1987, and, sure enough, Winnipeggers turned out!

Even otherwise benign organizations in Manitoba accept the myth of "mental illness" and buy into the system. Klinik, a valuable and usually sensitive centre for women, has been known to refer incest victims who "hallucinate" to psychiatric institutions. And the Society for Self-Help (Manitoba's major self-help group for ex-inmates) borders on being pro-psychiatry.

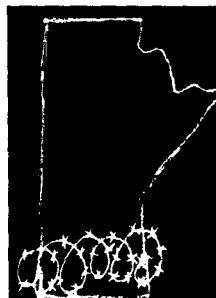
People have attributed the enormous popularity of psychiatry in "friendly" Manitoba to the allegedly high quality of "treatment" available here. But the main trends in "treat-

ment" are to lock people up and to drug them. According to a recent Canadian Mental Health Association (CMHA) report (*Community Reinvestment*, June 1987), Manitoba spends

The push toward drugging and institutionalization is accompanied by a climate of openness to bizarre "solutions." Sheila Kantor, who recommends nicotine as a treatment for

"schizophrenia" (see "Turkey Tail" in *Phoenix Rising*, December 1986), is the respected director of the Schizophrenic Research Foundation.

Hand-in-hand with strange solutions go strange diagnoses. Colin Ross, a psychiatrist at Winnipeg's St. Boniface Hospital, claims that "as many as 100 Winnipeg women, some of them married, have multiple personality dis-



**Psychiatry is enormously popular in Manitoba, where the main trends in "treatment" are to lock people up and drug them.**

more on "institutional treatment," and less on "community treatment," than any other province in Canada. And a 1987 survey, also from the CMHA, indicates that the vast majority of both institutional and non-institutional psychiatrists in Manitoba use drugs as a major "treatment" approach. This means that people on the outside, going for their weekly chat with their shrinks, are likely to find themselves on psychiatric drugs.

orders and work as prostitutes without knowing it." The *Winnipeg Free Press* quotes Ross as saying that "There's usually one personality or two who do the prostitution. When it's time for them to come out, the (main) person has a blank spell. It's not unusual at all to have worked for years as a prostitute and not know a thing about it."

Ross thinks as many as 500 Winnipeggers may have multiple per-

sonality disorders. And Ivan Rutner, a Winnipeg psychologist, says there are "lots of cases of Susie Homemaker who would really like to go out to biker bars to boogie all night." Ross has devised a questionnaire to help people "discover" their "multiple personalities."

On the issue of racism, a Native Canadian nurse I know acknowledged, when pressed, that transient Native people who end up in the big city (Winnipeg) can and do end up in psychiatric institutions as a result of their interaction with white people who are insensitive to their culture. Native people committed to psychiatric institutions, she says, tend to "get lost in the system."

There are not many Native Canadians in psychiatric institutions in Manitoba. This may be due in part to the tradition that Native people who are having difficulties are looked after within family networks. But it may also have something to do with the staggering number of Native people in prison. Eighty-three percent of the women in Manitoba's provincial jails are Native Canadians.

### **A Nasty "Mental Health" Act**

The oppression licensed by the *Manitoba Mental Health Act* is formidable. There is no review board, and no viable avenue of appeal for people institutionalized against their will. An inmate can be locked up for 21 days, and nothing can be done about it. After that, the psychiatrist must go to a judge to get a certificate of renewal, but the granting of such a certificate is more or less a matter of routine.

Involuntarily committed "patients" can be treated against their will with relative impunity. There is no formal route of appeal for refusing "treatment" — only an informal one, which may or may not be offered to the inmate. Although this route is not

enshrined in any piece of legislation, an inmate may appeal to the provincial Director of Psychiatric Services, who may grant an inmate's request for a second psychiatric opinion. But even if the inmate is able to contact the director, the director can refuse. And even if the request goes through, and the second psychiatrist disagrees with the first, a third psychiatric

must obey. Probationers must also satisfy conditions that often include seeing a psychiatrist once a week, taking their "medication," and abstaining from alcohol. Anyone who assists a probationer in breaking any of these conditions is guilty of an offence and can be charged. The similarity of this set-up to the prison system is painfully apparent.

The most insidious provision of Manitoba's *Mental Health Act* is the "committee." People deemed "incompetent" to manage their estate and their own affairs, whether they have been institutionalized or not, are put in the charge of another human being who becomes their "committee." A relative may be a person's "committee," and so may the Public



***In Manitoba, a "committee of the person" can dictate where, how, and with whom a person lives. Upon the person's death, the "committee" becomes executor of the will.***

Trustee. opinion must be sought to confirm the second one. Needless to say, the chances of getting two shrinks "on side" are pretty slim.

It is frighteningly easy to end up in an institution in Manitoba. Anyone who believes that another person is "in need of psychiatric treatment" may force that person to undergo a medical examination, as long as the "minimum force necessary" is used. A psychiatrist does not have to find that the person is "dangerous to self or others." The ambiguous criterion "in need of psychiatric treatment" is sufficient to commit someone against their will. Until a couple of months ago, inmates so committed did not even have to be informed that they were committed. And two surveys conducted in the eighties suggest that most Manitoba psychiatric inmates are *not* informed that they are committed.

People are often released from psychiatric institutions on "probation." A probationary term lasts for six months and can be renewed for another six. People on probationary leave are placed under the supervision of a "guardian," whom they

Trustee.

A "committee of the person" (as opposed to a "committee of the estate") can dictate where, how, and with whom the person lives. A "committee" has authority to perpetrate these blatant violations of the person's freedom until such time as a judge dismisses or replaces it. For some people, this means forever. Upon the person's death, the "committee" becomes executor of the will.

### **Life under the Public Trustee**

Jeanine was a successful businesswoman when she was younger. She developed a clothing business out of garments she had designed for people while working as a stripper and as a belly dancer. Now in her seventies, Jeanine is still intelligent, and likes to do things her own way. She suffers from some memory loss, as people her age normally do. Aside from that, she manages fairly well. Nevertheless, she was deemed incompetent to manage both her estate and her affairs, and entrusted to a Public Trustee.

The Public Trustee, named "committee of the estate" and also "com-

mittee of the person" for Jeanine, is a middle-class woman who disapproves of Jeanine's past and present way of life, and uses her licence to meddle. She bullies Jeanine. She openly sneers at her. Recently, she ordered Jeanine to get rid of her car. Now she has taken measures to rid Jeanine of her only friend, Glenda.

Glenda is the middle-aged woman who lives with Jeanine. She cooks, buys groceries, and cleans, in exchange for accommodation. Despite Jeanine's protests, the Trustee has recently given Glenda two weeks to move out, claiming that Glenda did not pay her rent on time. Also, the Trustee is not satisfied with Glenda's cleaning. The fact that Jeanine did not even want rent from Glenda is treated as irrelevant. So is Jeanine's satisfaction with Glenda's work. Jeanine, who wanted Glenda's company and help, may find herself forced to live alone.

Jeanine's "community mental health worker" is helping the Trustee get rid of Glenda. So is Glenda's "community mental health worker." At the request of the first, the second has contacted Public Assistance and requested that Glenda be cut off. The grounds? Glenda's worker says that Glenda, having been given notice that she has not yet acted upon, no longer has a legitimate place of residence, and is therefore not entitled to provincial assistance. Provincial Assistance has agreed.

Any of us could end up in this kind of predicament. Particularly at risk are ex-inmates, elderly people, working-class people, immigrants, refugees, and people whose relatives object to their lifestyle. We all know how psychiatrists collude with families to control inmates. The existence of a "committee of the person"

makes such collusion very easy indeed. Disobey the "committee," and you may find yourself institutionalized.

### Small Comforts

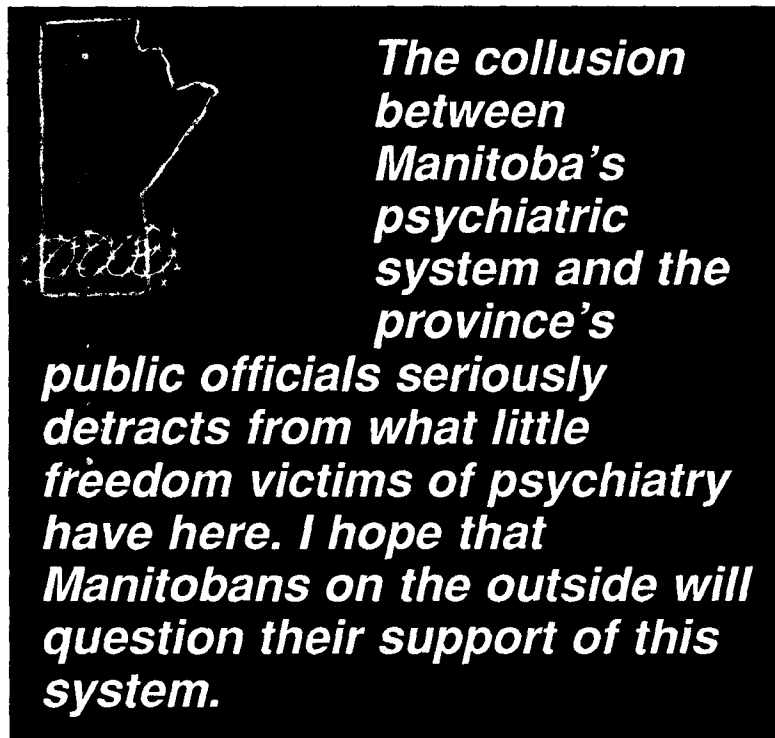
There are only two bright spots in this bleak picture, and they are nowhere near as bright as I would wish. The first is the advocacy office

dangerous); review boards will be created; inmates will be able to challenge involuntary committal and status at a review board hearing; and psychiatrists will only be able to "treat" involuntary "patients" (who are deemed competent to decide on "treatment issues") against their will if authorized to do so by the review board, a relative (if the inmate is a minor), or the Public Trustee (ouch!).

That's the good news. The bad news is that, if the amendments are proclaimed (and they may well be), shrinks will be able to have an audience with the review board without the inmate present; there will be no provision for cross-examination at hearings; and, worst of all, probationary leave as well as "committees" of estate and of the person will remain intact. In fact, the amendments spell out the dreadful power of the "committee" in greater detail than before.

The collusion between Manitoba's psychiatric system and the province's public officials seriously detracts

from what little freedom victims of psychiatry have here. I hope that Manitobans on the outside will question their support of this system, and that inmates and ex-inmates of Manitoba institutions will recognize their oppression and organize against it. And I ask that anti-psychiatry activists in other provinces not only protest the atrocities perpetrated by this system, but also learn to question the faith we have tended to put in the NDP. There are some wonderful individual allies in the party, and that's great. But for those who expect "deliverance" from the NDP, please note: Manitoba has been NDP for years – and just look what's happening here!



**The collusion between Manitoba's psychiatric system and the province's public officials seriously detracts from what little freedom victims of psychiatry have here. I hope that Manitobans on the outside will question their support of this system.**

set up by the Winnipeg CMHA in July 1987. Modeled on the Windsor, Ontario office, it provides advocacy of a sort for psychiatric inmates and ex-inmates. But the people involved are middle-class, uncritical of psychiatric "treatment," and unwilling to assume an adversarial role against psychiatrists. They have no real power and, when asked, are willing to provide information on how to institutionalize one's relatives!

Then there are the amendments to the *Manitoba Mental Health Act* passed in the summer of 1987, but not yet proclaimed. If they ever are proclaimed, the following beneficial changes will occur: a person will have to be deemed dangerous to self or others before being involuntarily committed (of course, shrinks are only too willing to find people



## Being There for Each Other

*Phyllis Moss gave the following speech at Toronto's Women Take Back the Night rally in September*



**M**y name is Phyllis Moss. I am here as a woman and also as a representative of On Our Own – a self-help group for survivors of psychiatry. I am the coordinator of On Our Own.

On August 9, ten years ago, three ex-inmates formed their own “mutual

support system” rather accidentally – they just got together and started talking out their problems. They decided that it had worked so well for them that they would like to share this concept with others. They placed a small ad in the *Toronto Star*, saying that, if other ex-inmates would be interested

in this kind of alternative, they could attend a meeting at a particular church one evening. Instead of the ten or 20 people they expected to see, 150 people showed up.

The Ontario Mental Patients’ Association was formed. To assist with expenses, members started working

the flea markets. The markets proved to be successful enough to start a drop-in. More important, this activity brought out the fact that there was a desperate need for alternative forms of "rehabilitation." We had to get back into the swing of living and working and giving ourselves back the feeling of self-worth that was sorely lacking in our lives.

It's ten years later, and we have become a visible part of our community. Our group is now called On Our Own (based on the title of a book by activist Judi Chamberlin). We have a drop-in, offices, a used goods store (The Mad Market) and a newsletter (*The Mad Grapevine*) – and we publish *Phoenix Rising*. We operate a community food bank through the organizations Daily Bread and Second Harvest. We have also become recognized as an active advocacy group. Our views and voices have been raised and heard. Eventually, we will open a hassle-free clinic, staffed by our own members, for people going through life-crisis situations.

Although I can't speak for all our members, my story is probably quite typical. When a public health nurse I knew told me about this group, it was a very low time in my life. I had just come out from over a year in the mental ward of a hospital – a year that seemed like a lifetime. My hospitalization had brought about the breakdown of my marriage, causing a separation.

For the first time, I was faced with living for myself – considering *me* first. I wasn't equipped for this new life, nor was I strong enough to handle it. I couldn't work. I was medicated, and confused about some of the demands of day-to-day survival. I was fortunate, though, because I still had my children as a support system. (Most mothers don't have that when they get out.) It was time to get on with my life – but alone this time.

I started out doing what I could – volunteering for a few hours each week at the Mad Market. Later, I took part in a learning program set up by the market, to learn electrical appliance repairs. I was able to start a full-time job, and have just recently left that to become the coordinator of

On Our Own. During those years, as I became more involved with the group, I became active on the board, and worked my way through to the presidency. Without that initial phone call, I don't really know what my life would be today. In fact, I don't know if I would still exist.

I will always feel grateful to have found this "alternative" – a group of people who really do know the meaning of the word help, and who really care about each other.

Since taking over the position of coordinator, I've become so much more aware of other people's problems. It isn't just ex-psychiatric inmates who are going through hell – it's a very large percentage of our population. It's people like you and me, who can't find housing, who are going hungry, who can't find work. And then there are the additional problems of the loneliness of the elderly and the vulnerability of the young. Where do they go with their questions – and how do they eat the answers they are given? Next year, next month, next week – even tomorrow may be too late.

Most people have no idea where to turn or how they can get answers. I hope that On Our Own has been able to help in one small way. But have you actually ever sat down and asked yourself what you can do as an individual?

We have been able to accomplish a great deal just by being there for one another, understanding the daily trials and tribulations of trying to recover, and helping ourselves and others become active members of the community again. What we have learned, through all our pain and confusion, is that we are good human beings – able to extend our hearts and hands to our brothers and sisters. There are many days when you may wonder if it is all worthwhile; but then you have someone give you a hug and say, "Thank you for loving and caring about me," and you know that it is.

Let 'em know  
how you feel!

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# Trashing the Shrinks

**Don Weitz  
reports on the  
first protest  
against the CPA**

On September 16, 1987, members of the Ontario Coalition to Stop Electroshock held a protest demonstration against the Canadian Psychiatric Association (CPA) at the Holiday Inn Civic Centre, in London, Ontario, where the CPA was holding its 37th annual meeting. It was the first demo ever staged against the CPA.

Although there were only a few of us psychiatric survivors and our supporters (including Dorothy Kent, Yvonne-Marie, Alf Jackson, John Craven, Larry Morris, Jack Wild, Paul Rodgers and myself), we got our message across to the public and to some shrinks.

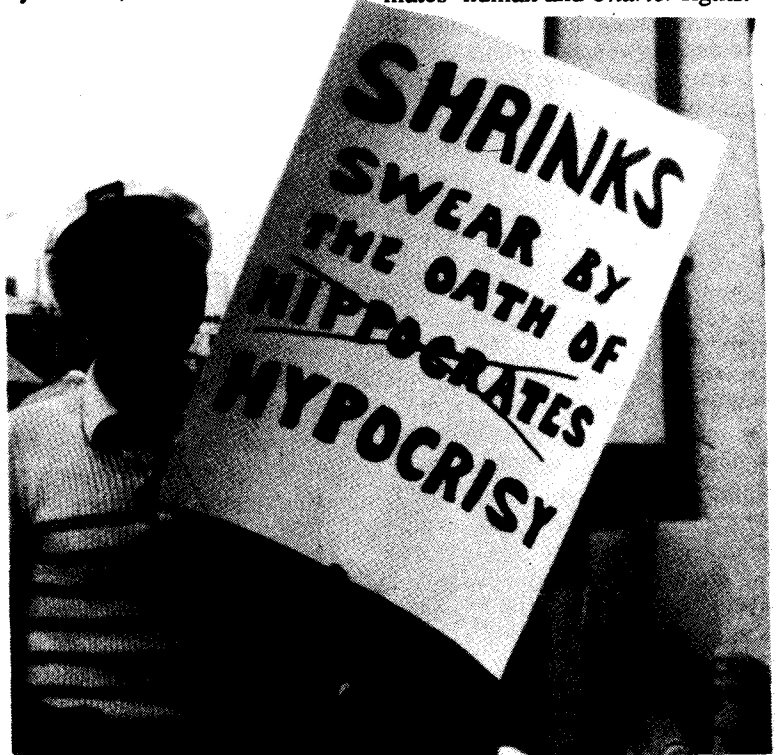
During the four hours of our demo, we picketed and chanted such slogans as "One, two, three, four, we don't want your drugs [or shocks] no more. Five, six, seven, eight, smash the psychiatric state!" and "Hey, hey, CPA! How many people did you kill today?"

Carrying placards and wearing anti-psychiatry buttons, we handed out

hundreds of copies of our news release and our bright orange, anti-CPA brochure. The brochure specified the practices perpetuated by the CPA – including involuntary committal, forced drugging and ECT – and explained that "people who already experience social stigma are most likely to be deemed non-conformist. Poor people who are forced to live on the streets are called 'homeless' or 'bag ladies.' The elderly who want to live at home by themselves are labeled 'senile.' Native people, angry at the robbery of their lands, are often portrayed as 'drunken Indians.' Gay men and lesbians are often diagnosed as 'sexually perverted' or 'sick.'"

In the news release, we said we were demonstrating against the CPA because it supports stigmatizing and invalidating diagnostic labeling; involuntary committal; forced treatment; brain-damaging procedures such as drugging, electroshock and psychosurgery; and violations of inmates' human and Charter rights.

WHAT IS  
THE  
CANADIAN  
PSYCH  
HIA  
TRIC  
ASS'N ?



Jack Wild. Photo by Yvonne-Marie (above).

The coalition would like to thank Lilith Finkler, who designed and laid out our anti-CPA brochure (above left) and helped with the news release.

We also explained that we are angry that, for 30 years now, the CPA has refused to publicly criticize the notorious brainwashing experiments of the late Dr. D. Ewen Cameron – “father of Canadian psychiatry” and former CPA president. (See “The Cooper Report – Another Government Whitewash,” *Phoenix Rising*, October 1986); and “A Psychiatric Holocaust,” *Phoenix Rising*, June 1986.)

The news release included our demands: that the CPA call an immediate halt to psychiatric abuses and human rights violations; that it break its unethical silence on Cameron’s experiments; and that it publicly discuss psychiatric abuses and inmates’ rights at this meeting and at all future annual meetings. (So far, the CPA has made no attempt to meet any of these demands.)

While the demo was going on, some shrinks started reading our leaflets, but didn’t look too concerned – a few snickered. Dorothy Kent shouted at a shrink and called him “ignorant” after he made a smart-ass remark as he sped by her.

However, one shrink (Susan Penfold, author of *Women and the Psychiatric Paradox*) was more

receptive. She started telling me about how male-dominated and sexist the CPA is (more than 85 percent of its members are men, and no women are on its executive or standing committees). I urged her to speak out and take our message back to British Columbia. She said she would.

Inside the Holiday Inn, hundreds of shrinks were smugly strolling around, listening and obediently nodding to the traditional “effectiveness” bullshit on drugging, shock and other “treatments.” The titles of some of their papers and workshops were intriguing: “The Effects of ECT on the Hypothalamic-Pituitary-Gonadal Axis”; “Does ECT Cause Brain Injury? A Computerized Tomography Study” (they’re finally asking – and undoubtedly coming up with the wrong answer); and “Informing Schizophrenic Patients About Tardive Dyskinesia” (shrinks all over Canada are still misinforming or lying to inmates about this “side-effect” of neuroleptic drugging, which involves permanent brain damage and causes “bizarre” behaviour). We haven’t seen or read any of these papers, but we’re trying to get copies.

Although our demo was very small, it was reported in the local

press: the conservative *London Free Press* carried a medium-length story the next day. The story mentioned some of our reasons for the demo, but had a pro-shock bias, and included lies about shock by psychiatrist Quentin Rae-Grant (chief shrink at Toronto’s Hospital for Sick Children – wonder if he authorizes shock for kids?). Not one of our key demands was even mentioned. I was so angry that I wrote a letter to the editor, which was published about three weeks later.

Protest demonstrations against the CPA should be an annual event, like the US protests that have been staged against the American Psychiatric Association (APA) for the past five years. Our next demo should be a hell of a lot larger, and attract more media attention. For now, we’ve let Canadian shrinks know that we’ll be watching them closely.

Hope to see you at the demo against the 1988 annual meeting in Halifax, Nova Scotia – and also at the one against the APA, to be held at its annual meeting in Montreal. Look for more details in future issues.



Left to right: Don Weitz, Jack Wild, Alf Jackson, John Craven. Photo by Yvonne-Marie



# One country's "treatment" is another country's "torture"

In a *New York Times* article by Felicity Barringer, entitled "Soviet Abuse of Psychiatry Said to Linger," Vladimir Titov – a political dissident recently released from a Soviet psychiatric hospital – claims that "habitual use of punitive psychiatric treatment in the Soviet Union" has not been affected by recent public criticisms of such practices in the Soviet Press.

Titov's "most vivid recollections," the article goes on, "were of the two strong psychotropic drugs that caused fever, pain, slurred speech and left him unable to lie, sit or stand comfortably."

The Soviet "ideological journal" *Arguments and Facts* is quoted as saying that 1,923 of every 100,000 Soviet citizens were registered as having psychiatric disorders. The *Times* calls this a "surprising revelation, indicating that more than 5 million in the country have such disorders." (It is interesting to note in comparison that, according to the Canadian Mental Health Association, one in every five Canadians has suffered or will suffer from "mental illness.")

Titov, who has spent twelve of the past eighteen years confined in psychiatric hospitals, is described as having been given "harsher punitive 'treatment,' in the form of injections," than would be received by psychiatric inmates who are not seen as dissidents.

The article winds up with a quote from a representative of the Moscow branch of the International Committee on Human Rights, who says that the "only crime" of these incarcerated dissidents "is speaking their minds."

As North American ex-psychiatric inmates, we should be demanding to know why the use of psychiatric drugs "behind the Iron Curtain" is ac-

knowledged to be torture, when identical practices pass for "treatment" in the so-called free world.

## More News

### Psychiatric Discrimination

According to Wayne Govereau, Manitoba's coordinator of Native Child and Family Services, Native Canadian children adopted by US families are often diagnosed by US shrinks as "racially inferior." Govereau told *The Globe and Mail* he has seen assessments that describe these children as suffering from genetically inherited problems, which he says are seen by professionals as "being caused by their race.... A lot of kids were diagnosed as schizophrenic or psychotic. They're given a label because they're adopted and native." When the youths return to Manitoba, reassessments often reveal that there is "nothing clinically wrong with them."

### Great revelations

The City of Toronto Board of Health's Report on the Inquiry into the Effects of Homelessness on Health has come up with some astounding "mental health" findings: "With empirical research, scientists have drawn the link between homelessness and children's mental health problems. One study assesses 50% of homeless children to developmental lags, [sic] anxiety, depression, and learning difficulties."

"Most surveys of homeless people show that approximately one in three suffer from major psychiatric illness. Psychiatrically impaired persons are rendered homeless because, unsupported, they are unable to effectively compete for scarce affordable housing.... When one witness from the Roomers Association was asked to find a link between being evicted at 3 am and admission into a mental hospital, he replied, 'Ya, it's the only place open at that hour of the morning.'"

### US activist banished

Anti-psychiatry activist George Ebert was banished from the Willard

Psychiatric Centre in Ithaca, New York in 1986, because administrators were afraid he would advise patients not to take psychiatric drugs or submit to shock treatments. According to *The Progressive* (February 1987), Ebert says he "never talked to any patients about not taking medication, because they really don't have a choice when they're in a psychiatric centre." Ebert petitioned the centre's Board of Visitors and was told he could visit if patients requested his visit and if he had written permission from staff. Robert Levy, Ebert's attorney, says the restriction is clearly "aimed at preventing Mr. Ebert from advising patients of their legal rights regarding medication and treatment." Attorney Paul Litwack, who represents Anthony Mustille, the centre's director, defends Willard's right to restrict visits "when it determines that a visit would have a demonstrably negative effect on an individual patient." Levy points out that "quite often, hospitals justify unconstitutional action by saying they're just trying to protect their patients."

### Rats zapped in "research"

A strange experiment is being conducted at the University of Alberta. Scientist Andrew Greenshaw is electrically stimulating the pleasure centre in the brains of rats that have been drugged with anti-depressants, to compare their reactions to those of undrugged rats. Greenshaw's aim, according to the *Toronto Star*, is "not simply to make rats feel good – he wants to find out more about how anti-depressant drugs work. He also hopes to find out more about how the brain functions and how human moods are controlled." The *Star* comments that "An obvious obstacle – the inability to communicate with rats – dictates the research method of using pleasure to find out about depression. Greenshaw has no way of knowing if his rats are depressed." The astute scientist is quoted as saying that "Asking an animal how it feels is well-nigh impossible." Sounds like Greenshaw may be on his way to realizing that rats aren't people, after all.

# RIGHTS & WRONGS

## Psychiatry Serves the Ruling Class

By 1976, Roger Lambert had been working at the Perreuse psychiatric clinic for two years. Although he was hired as a house-painter by this institution, it turned out that he was required to do various jobs at his employer's residence. He also had to take his car to get there, and pay for his own gasoline. When he protested to various people in authority, his complaints were brushed aside by the clinic's administration. He finally found himself in open conflict with the clinic, and was fired.

The letter informing him of his dismissal stated, "The very fact that you wrote so many letters and your incredible vanity in judging our doctors leads us to the conclusion that you are mentally ill."

Mr. Lambert is not a man who allows others to walk all over him, so strong-arm tactics were brought to bear on him, and it soon became a battle between David and Goliath. This house-painter intended to insist on his rights in the face of psychiatrists – members of the Order of Doctors.

On January 19, 1978, the Appeals Court of Paris ruled that the Perreuse clinic had to give Mr. Lambert 2,100 francs severance pay. This symbolic sentence was not enough to pacify him. He wrote many letters to officials, describing what he knew about the clinic and the way certain people were being treated there.

The inquiry that was finally set up was held in secret – and directed against Mr. Lambert! In the fall of 1978, he received numerous summon-

ses, initiated by a team of psychiatrists, a psychologist, and a social worker, concerning his charges against the clinic. One of the psychiatrists, Dr. Dreyfus, came to his home several times and, on August 10, 1979, wrote him, inviting him to come and see him "with the aim of getting help in redressing the harm you have suffered."

In March of 1980, the persistent

*It soon became a battle between David and Goliath. This house-painter intended to insist on his rights in the face of psychiatrists ...*

Dreyfus rang Mr. Lambert's doorbell. Mr. Lambert was prepared to strike by surprise, so as to attract attention and prevent his original action from falling into oblivion. He greeted Dreyfus with a loaded but non-functioning pistol, then symbolically barricaded himself in his home and threatened to commit suicide. The psychiatrist was stunned by these theatrical antics.

On March 22, 1980, two police officers accompanied by a third party came looking for Mr. Lambert at his home, and proceeded to drive him to a local police station. Mr. Lambert explained his actions as a means of drawing the attention of the authori-

ties to what was going on at the Perreuse clinic.

That afternoon, Mr. Lambert was transferred to the Fitz James Special Hospital by order of Mr. Baddour, mayor of the Jouarre district. This hospital is a subsidiary of the Clermont Psychiatric Hospital, the largest of its kind in Europe. He remained there for nearly eight months by order of the mayor and, subsequently, by order of the Prefect of the Seine and Marne.

In November 6, 1980, the Superior (Appeals) Court of Beauvais, petitioned by four of Mr. Lambert's relatives represented by lawyer Ms Dugon-Giraud, ordered Mr. Lambert's immediate release.

In March, 1983, while preparing the documentation on what had really taken place, Mr. Lambert, with the help of the Asylum Information Group of Paris, asked for damages from the Public Prosecutor of Meaux for illegal arrest, illegal confinement, the issuance of a false certificate, and mistreatment.

This suit implicated the mayor of Jouarre and the prefect of the Seine and Marne. The facts were damning and the irregularities obvious. The Public Prosecutor's Office was so embarrassed that it petitioned the Supreme Court directly to determine which kind of court should conduct a preliminary hearing. This was an exceptional procedure.

On June 22, 1983, the Supreme Court, sitting to hear criminal cases, designated the Prosecutor's Office of the Paris Appeals Court to appoint an Examining Magistrate to carry out its directives and be under its control. The Supreme Court indicated in this decree that Mr. Baddour, mayor of Jouarre, might have to be charged.

The Asylum Information Group of Paris denounces the role that psychiatry played in this case, by transforming a just complaint into a symptom of illness, and by stifling legitimate opposition by means of confinement and neuroleptic drugs. In France, it is definitely dangerous to protest against a miscarriage of justice.

– Bernard Langlois  
Asylum Information Group of Paris.

## Locked Up for Talking About Violence

Eddy Haymour was poor when he moved to Canada from Lebanon in 1955. He became a barber, and invested his earnings in commercial real estate. Within a decade, he had made a small fortune. In 1971, he bought Rattlesnake Island on Lake Okanagan in BC and invested more than \$100,000 in building an amusement park with a Middle East theme. The Social Credit government decided that the area should not be developed and, according to *The Globe and Mail*, moved arbitrarily and illegally to close him down. Two years later, Haymour was bankrupt. His wife had left him, taking their four children. When Haymour "talked wildly of violence, he was arrested and charged on 37 counts of possession of a dangerous weapon - a pair of aluminum knuckle dusters.

"He was found not guilty by reason of insanity. When he told court psychiatrists he was being persecuted by the Government, they decided he was a deluded paranoid."

Haymour spent eleven months in a BC asylum before being released "on the promise that he leave Canada forever. While locked up, he had signed over Rattlesnake Island to the province for \$40,000." In Beirut, Haymour "assembled a commando troop of cousins and on Feb. 23, 1976, took the Canadian Embassy without firing a shot." Haymour and company held the embassy for eight hours, demanding justice, and the Canadian government "promised to help him in his battle with British Columbia."

Eventually, he was permitted to return to Canada. Haymour sued the BC government for his loss. He received about \$200,000 in damages in August 1986, and has since been awarded a further \$140,000 in compensation for the pain and suffering caused him.

## Ontario woman wins right to keep her job, with pay

Gwen Vander Kooij, a developmentally handicapped woman in Bradford, Ontario, was fired from her

laundry-folding job at the TLC Nursing Home after Local 2381 of the Canadian Union of Public Employees (CUPE) protested her working in a non-unionized position, for which she received government benefits, but was paid no wage. According to the *Toronto Star*, CUPE spokesperson Philip Carter said that "the union was concerned about employers hiring the handicapped for low wages in order to replace unionized workers." In October 1987, after an eighteen-month struggle, in which she was aided by CUPE and by the Newmarket Association for Community Living, the Ontario Human Rights Commission has assured Vander Kooij of a permanent, wage-paying job as an assistant laundry clerk.

## Man awaits his trial, in solitary confinement

Karol Kusyszyn has been held in solitary confinement at Ontario's Hamilton-Wentworth Detention Centre "for his own protection" since last July awaiting trial, after allegedly breaking into a yacht and taking a twelve-inch diving knife. Kusyszyn was labeled "schizophrenic," and remanded for psychiatric observation, for a period of up to 30 days, at Hamilton Psychiatric Hospital. Psychiatrists from the hospital have examined him in jail; the hospital was not prepared to admit him for assessment "for security reasons."

## Hundreds in jail waiting for psychiatric reports

Judge Lorenzo DiCecco, according to the *Toronto Star*, says that hundreds of people in Ontario are being unfairly held in jail each year because of delays in getting psychiatric assessments. DiCecco says a three-week wait in custody is routine for those awaiting psychiatric evaluation to determine their fitness to stand trial: "In many cases, these people are not even guilty of the crimes of which they stand accused ... this is a serious deprivation of their liberty. Many would have spent less time in jail if they had simply pleaded guilty.... I had one man before me who was accused of breaking a window. Not only did he spend three weeks in jail



Most of us cannot fight back individually against assaults on our basic rights and freedoms. We need organizations to fight for us. That is why concerned Canadians have set up civil liberties and human rights associations across Canada. If you think your rights or liberties have been violated and you need advice and assistance, contact the Canadian Rights and Liberties Federation at 323 Chapel Street, Ottawa, Ontario, K1N 7Z2 or at (613) 235-8978.

awaiting an evaluation, he was assaulted and beaten in custody by another prisoner. Nobody should be sent to jail for breaking a window, but that is in effect what happened in this case." The waiting period is said to be due to a backlog of cases at Metropolitan Forensic Services, which handles the evaluations. Metropolitan Forensic Services' spokesperson was not available for comment.

# SHOCK WAVES

## FDA denies CAT scan petitioners

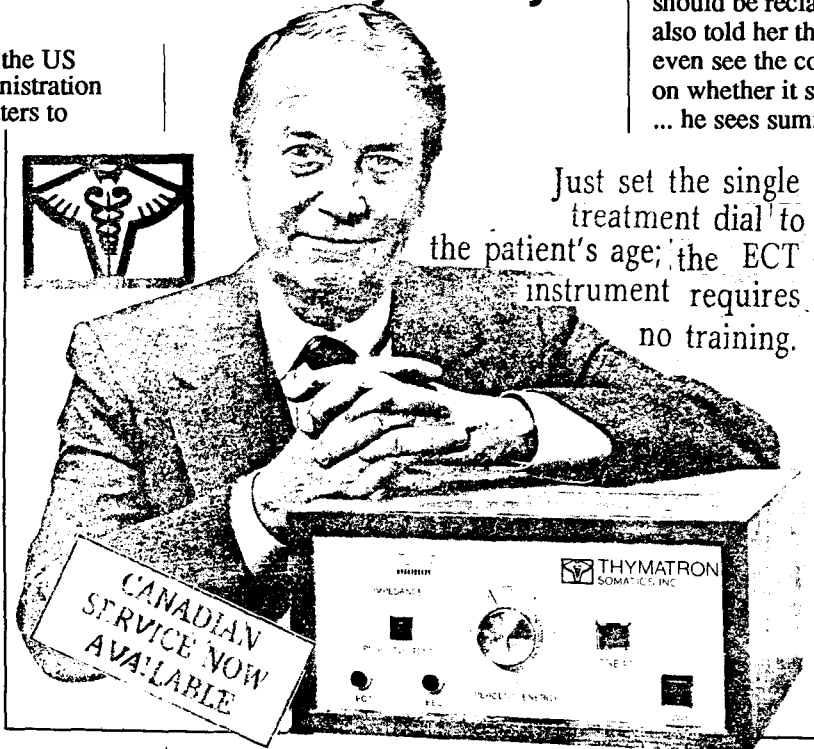
### Update from Marilyn Rice of the Committee for Truth in Psychiatry

On September 1 1987, the US Food and Drug Administration (FDA) sent 123 denial letters to shock survivors who had been organized by the Committee for Truth in Psychiatry (CTIP) to petition for their brains to be examined in a procedure known as a CAT scan. The CAT scans were meant to prove that their brains have been damaged by shock, in an effort to stop the FDA from reclassifying shock machines so that they would officially be considered completely safe (see "Shock Waves," *Phoenix Rising*, October 1987). In the US, shock machines have long been classified as potentially unsafe, and in need of regulation.

Says Marilyn Rice:

"Buried in the fatuous and contemptuous language of the letter were three excuses for denial, all of them howlingly phony:

"1. There weren't enough petitioners for a valid scientific study. (They pretended there were only 'several,' suggesting four or five.)



Just set the single treatment dial to the patient's age; the ECT instrument requires no training.

"2. They don't have enough money.

"3. We didn't petition for reclassification in the proper way: 'The burden is on the petitioner to achieve a device reclassification.' (Since we are not trying to achieve reclassification but to prevent it, this third excuse wasn't even rational.)

"I have recommended to the denied petitioners that each one send

the letter to his or her congressman, demonstrating a personal injustice on the part of a federal agency. This is the kind of thing a congressman's office will almost always pick up on, asking the agency for an explanation. The FDA hasn't shot us down; they have only provided us with ammunition to fire back at them, if we are astute enough to use it.

"One thing this formal letter makes clear and official is the FDA's absolute unwillingness to determine the safety of ECT, whether by the requested study or by any other means. Equally clear is that nothing anyone has said or written has shaken the FDA's resolve to reclassify."

Rice has it from her most cooperative FDA contact that it is John Vilforth, the director of the Centre for Devices and Radiological Health, who is insisting that ECT devices should be reclassified. Rice's contact also told her that Vilforth "doesn't even see the comments that are made on whether it should be reclassified ... he sees summaries of the comments."

Canadian shock policy and procedures are based on decisions made in the United States. To make your views on the dangers of shock known, write to any or all of the following people:  
**John Vilforth,**  
*Director, Centre for Devices and Radiological Health, FDA, 5600 Fishers Lane (HFZ-1), Rockville, MD, 20857, USA; Hon. Henry Waxman,*

*Chairman, Subcommittee on Health and the Environment, US House of Representatives, Washington, DC, 20515, USA; Hon. Edward Kennedy, Chairman, Committee on Labour and Human Resources, US Senate, Washington, DC, 20510, USA. (If you write, please send a copy of your letter to *Phoenix Rising* and indicate whether we may publish it.)*



# PHOENIX PHARMACY

## Elementary school pushes pills to modify kids' behaviour

Michael Lorenzo, a seven-year-old California boy, was prescribed the psychiatric drug Ritalin last year by county psychiatrist Alvin Yusin, on the basis of a diagnosis of "hyperactivity" made, not by a doctor, but by Diane Hawley, the principal of Michael's school (Balboa Elementary).

Michael's mother, Adelia Lorenzo, was told by the psychiatrist that the drug had no "side effects." But Michael started suffering from frequent headaches, nausea, weight-loss, stomach aches, pains in his joints, recurring nightmares and hallucinations.

According to the Los Angeles *Daily News*, when Lorenzo asked that her son not be given Ritalin, Hawley told her that Michael would not be allowed to go to school unless he took it.

District spokesperson Vic Pallos commented that, ordinarily, recommendations for drugging children are made by a school committee, with the parents present. Pallos declined further comment.

Doctors and school officials who advocate the use of Ritalin say that it "allows hyperactive students to concentrate more on their studies and leads to improved academic performance."

Others, however, have charged that students are given Ritalin because of unruly behaviour caused by emotional problems and/or poor instruction.

Kendrick Moxon, Adelia Lorenzo's attorney, says that a psycholog-

ist retained by Lorenzo to examine Michael concluded that the boy was not hyperactive, but was "a healthy kid with a little more energy than other kids."

When Michael had been on Ritalin for three months, his mother went to the school to see him under the drug's influence, and found him "in a stupor," according to Moxon.

Adelia Lorenzo is convinced that Michael has suffered brain damage, and is suing the Glendale Unified School District and Los Angeles County for five million dollars.

## Forced Drugging in Oklahoma Prison

*This letter was passed on to Phoenix Rising, at the request of the prisoner who wrote it, by the Anarchist Black Cross Toronto prisoner's support group.*

I was intimidated into taking Haldol when I first came in here, by guards who closed in on me and began clenching and unclenching their fists. If I'd refused the Haldol, I would have been "ganged" and injected with it, and that is exactly what happened that night. I refused it and attempted to explain myself. I was cut short and they brought the Haldol, grabbed me and strapped me to the bed, and shot me up with it.

The people I have met who are employed in the "fields" of criminology and psychology are very unreasoning, constantly sliding into arbitrary directives (often experienced by victims as vicious). After that first night, I took the Haldol, because I didn't want to be gooned and

strapped to the bed.

So far as I've seen, anyone who refuses "medication" when brought onto the "ward" is intimidated. I was told by "Dr. Lizarragas" when I came in that it was *up to me*. When you are brought onto the "ward" and the door shuts behind you, though, your choice is gone. Right up the hall is the medicine window, with some strong-arms (guards) there. They tell you to *take it*. There is no "treatment," no choice. People are merely drugged.

There's a lot of Haldol as well as Navane, Prolixin and some others. The Haldol and Navane especially have drastic side effects. Most everyone I've talked to says that, like me, they talked to "Dr. Lizarragas" and were given a "choice" by him, which did not exist when they came onto the "ward." You are "medicated," if need be, *forcibly*.

When you talk to Lizarragas again, days later, he asks "Does it work for you? Is it helping?" etc. And if you say, as I did, that it *isn't*, that it's bad for your health and so on, then he will *increase* the dosage. That's what he did to me. The man does not reason at all.

In January 1987, I was sent from here to a prison psycho ward (torture chamber) called "Fantasy Island," at Joe Harp Correctional Centre, where I broke my neck in an attempted suicide - which directly resulted from my being continually drugged with Haldol. (The "doctor" who drugged me at "Fantasy Island" is called Feliciano.)

The surgeon who set my neck took me off the drugs because I was slobbering all over myself and couldn't function. He was disgusted at how much I was on. I haven't been on anything since about March. But now Lizarragas is threatening to put me on drugs again, after all the damage that he and the drugs have caused. He is dangerous.

Since then they have sent me back and forth between here and "Fantasy Island" several times. I don't talk to cops or shrinks at all. A shrink named Peters came to my cell in October 1986 and attempted to ask me some lame questions about my "problems." I told him I had no

"problems" outside of my mail getting in and out, and dismissed him.

I am trying to be sent back to McAllistair and be left alone by "mental health." I do not want to be shuttled back and forth from one "mental health" institution to another

and possibly drugged again. I've already been forced to undergo "psychological testing." I want all conclusions drawn from their "tests" struck from my record, on the grounds that they have knowingly and willfully endangered my life

through forced "treatment" of a "condition" that *did not exist*.

Jeff Rowe  
Eastern State Hospital  
Vinita, Oklahoma

## The Chemical Gag: Why Psychiatrists Give Neuroleptics

From asthma to "schizophrenia," from bed-wetting to "neurosis," from skin-irritation to depression, there is scarcely a diagnosis that cannot result in the application of neuroleptics (including Haldol, Stelazine, Thorazine, Chlorpromazine, Modecate and many others).

Peter Lehmann's new book, *The Chemical Gag – Why Psychiatrists Give Neuroleptics*, is based on unpublished investigations conducted by psychiatrists and by companies that manufacture neuroleptics.

Lehmann is a founding member of Irren-Offensive, Berlin's anti-psychiatry group, and has himself been "treated" with many psychiatric drugs. His years of research have resulted in a vividly-written book that allows non-physicians to comprehend how neuroleptics work by paralyzing the transmission of nerve impulses. The book also details the severe physical, mental and psychic damage caused by neuroleptics, which include parkinsonism (shaking palsy), disorders of the brain rhythm and of the hormonal glands, fatigue, apathy and confusion – even when neuroleptics are used briefly, and in low doses.

Lehmann shows that these "secondary effects" are in reality the main effects desired by psychiatrists, and argues that neuroleptics are poisonous agents, the use of which should be stopped immediately.

Lehmann draws comparisons between the older psychiatric practices of sterilization (common during the German fascist dictatorship, and before) and the sterilizing effect of long-acting neuroleptics, and also between the mental and psychic consequences of lobotomy (surgical brain-mutilation) and those of neuroleptic treatment.

The book's extensive supplement includes an itemized-catalogue of both North American and European

neuroleptics, concrete proposals for a system of humane assistance to replace psychiatric treatment, an inventory of more than 150 shocking photographs of psychiatric practices, and an exhaustive reference list of essential research works. There is also a chapter especially dedicated to withdrawal from neuroleptics.



Do you know what malformations were found in babies of mothers treated with neuroleptics during pregnancy?

Do you know that neuroleptic-induced damage develops after even the shortest treatment, and regardless of dosage?

Do you know why neuroleptics can drive people into a state of despair and, especially together with certain external life-circumstances, even to suicide?

Do you know that psychiatrists are researching the possibility of implanting deposits of neuroleptics into people's internal organs to secure long-term, or even lifelong treatment?

If you are interested in these questions and understand some German, you should read *The Chemical Gag – Why Psychiatrists Give Neuroleptics (Der chemische Knebel – Warum Psychiater Neuroleptika*

verabreichen).

This hardcover book, 448 pages long, was published in Berlin in 1986 by Peter Lehmann Antipsychiatrieverlag, and costs DM 29,80, or about \$13 Canadian.

Your local bookstore can order *The Chemical Gag* by contacting Rotation at 1000 Berlin-West or at Sale, Mehringdamm 51. Or you can order it directly from the author (free of extra postal charges), by sending DM 29,80 to the Peter Lehmann Antipsychiatrieverlag Berlin, Postgiroconto 8929-104 Berlin (clearly indicating your address).

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# REVIEWS

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**Acid Dreams: The CIA, LSD and the Sixties Rebellion**  
by Martin A. Lee and Bruce Shlain  
New York:  
Grove Press, 1985  
343 pages (\$19.50)

## Review by Duff Waring

Once LSD became the popular drug of choice in the mid-sixties, it left an indelible stamp on those heady times. As transcendental experiences went, this was the big one. Acid was the pivotal rite of passage into the new sensibility. You didn't just do acid to go to a movie in your head. It was an existential transformation that opened you out into a new way of seeing things. There was an oceanic sense of relation to greater realities. You were inside every note you listened to. LSD took you, in Hunter Thompson's words, to the place of definitions.

Paul McCartney once prophesied that if all the world leaders took acid, there would be no more wars. Unbeknownst to McCartney, the establishment warriors had been playing with LSD for years. Now it turns out that the official sacrament of the counterculture was, in fact, a government hand-me-down.

As Martin A. Lee and Bruce Shlain reveal in *Acid Dreams*, LSD was fast becoming an obsolete weapon in the chemical arsenal of

the Central Intelligence Agency (CIA) by the time the counterculture adopted it. Most of the black-market drugs of the sixties were tested (and some were refined) by CIA and army scientists, as part of their multi-million dollar, 25-year quest to control the human mind. None received as much enthusiastic attention as LSD.

*Acid Dreams* is an excellent addition to the history of psychedelia. The first part of the book – the result of extensive research into declassified CIA files – is tightly-written, first-class muck-raking.

LSD was first synthesized in 1938. By 1942, the US military had begun research on developing a truth serum for use in intelligence operations. Peyote, barbiturates and a highly potent cannabis extract were used with little success. The CIA picked up on this research in 1947 – the year it was formed.

From its inception, the CIA was committed to developing a chemical means of mind-control to continue what the Nazis had begun in the second world war. American investigators had learned of the mind-control experiments conducted with mescaline at the Dachau concentration camp. Mescaline was the going concern until the end of the forties, when cocaine and heroin were used as interrogation aids.

But none of these drugs gave the CIA what it was looking for. Clinical reports on the psychological properties of LSD were published as early as 1947. The CIA research operatives who first tested the drug in 1951 picked up a heavy flash of acid zeal that lasted more than a decade. After years of searching, they were on the

verge of finding the Holy Grail of the spy trade. Here was a means of psychologically shattering an unwitting subject by inducing mental derangement.

LSD made people "extremely anxious," and broke down their character defences. This vulnerability could be exploited by a skillful interrogator who threatened to keep a prisoner indefinitely tripped-out unless he spilled the beans. CIA documents show that LSD was used as an interrogative aid until the early sixties.

Research psychiatrists employed by the CIA felt that LSD produced "transitory insanity," thus raising the possibility that "model psychoses" could be studied "objectively" in the laboratory. The "model psychosis" notion fit well with the CIA's appraisal of the drug's ability to blow minds, which raised the further possibility of brainwashing.

The work of the late Dr. D. Ewen Cameron, then chief psychiatrist of Montreal's Allan Memorial Institute, attracted CIA funding in the fifties. Fifty-three "patients" were subjected to insulin coma for as long as two months. This was called "sleep therapy." During the coma, they were given massive amounts of electroshock and frequent doses of LSD, to wipe out behaviour patterns. This was called "deprogramming." Cameron then tried to "reprogram" their minds through "psychic driving." The sedated "patients" were confined to "sleep rooms" where tape-recorded messages, designed to instill new behaviour patterns, were played over and over from speakers under their pillows.

Cameron, who participated in the Nuremberg Tribunal that heard evidence against Nazi war criminals, violated the Nuremberg Code of medical ethics by sponsoring experiments on unwitting subjects.

The US army jumped on the acid bandwagon in the late fifties, with the notion that LSD could be used as a means of chemical warfare, to demobilize enemy troops. More than 1,500 military personnel were dosed, without their knowledge, in an attempt to confirm this hypothesis.

Like the Nazi doctors at Dachau, the CIA research psychiatrists victimized people who were unable to resist. Prisoners and psychiatric inmates were an excellent source of data. Dr. Paul Hoch, who served as a paid consultant for both the Army Chemical Corps and the CIA, administered intraspinal injections of LSD to psychiatric inmates, just to see what would happen. Sometimes the inmates were lobotomized, so that he could compare the effects of acid before and after psychosurgery. Hoch later became the New York State Commissioner for Mental Hygiene.

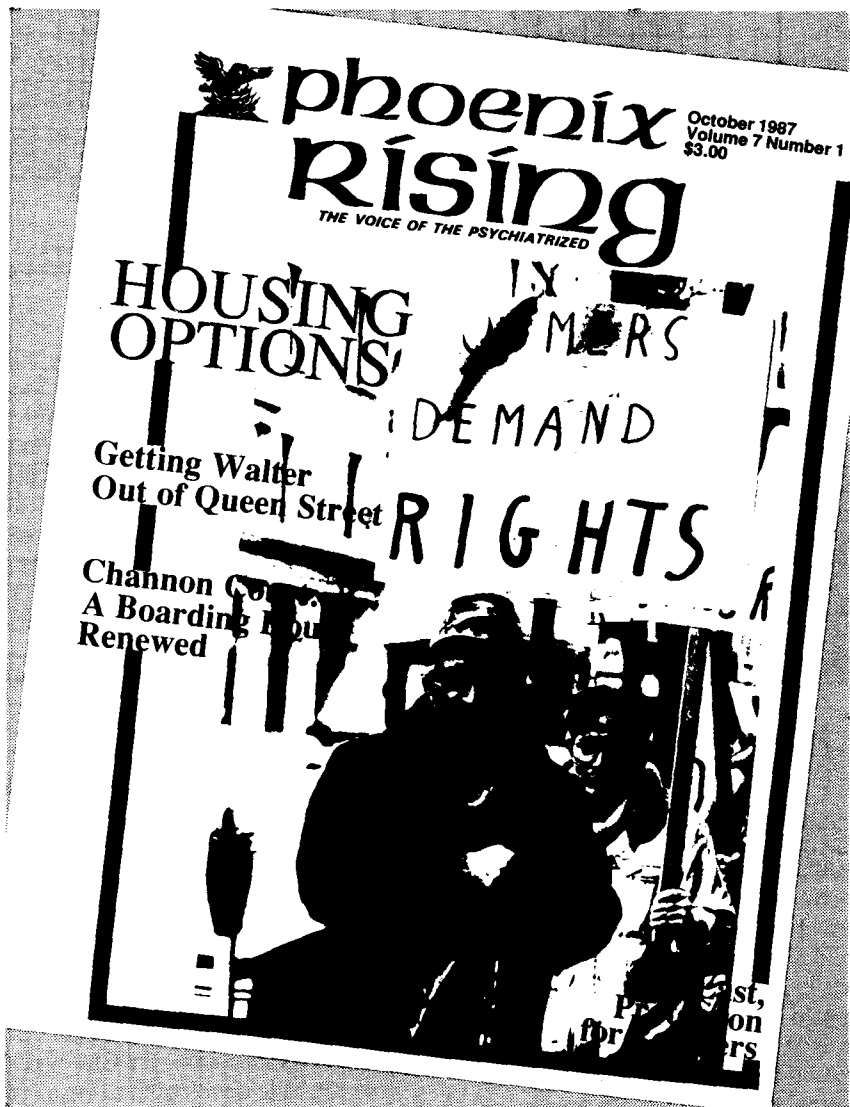
"Safehouses" were set up in major American cities, where prostitutes, hired by the CIA, would bring johns and dose their drinks with LSD. CIA agents would film the ensuing festivities from behind two-way mirrors. These in-house acid tests were phased out in the early sixties, when the agency began to lose interest in LSD as a chemical weapon. By then, gathering data on the effects of acid was the least of its problems.

The remainder of the book deals with the spread of LSD through the counterculture, and is basically a who's-who of hippiedom, presented without fabrication, and with a sober lack of nostalgia. The authors let the facts and the people tell their own story.

*Acid Dreams* recaptures the formidable sense of awe that LSD inspired before it became just another watered-down street drug. It was originally the drug of choice for cultured, establishment mandarins. The authors give us some fascinating glimpses into an upper-crust acid culture composed of doctors, artists, ruling-class businesspeople and prominent Washington socialites.

*Acid Dreams* also presents a horrifying reminder of how prevailing medical standards could sanction the dehumanizing barbarities of Cold War psychiatry, and the politics of mind-control.

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