



phoenix

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RISING

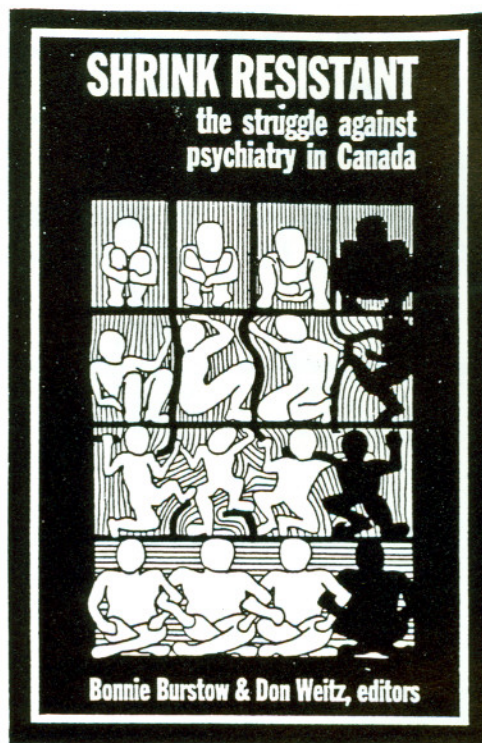
THE VOICE OF THE PSYCHIATRIZED

PRISON

Voices from inside:

- personal stories
- analysis from inmate activists
- inmates and AIDS
- profiles of support groups and events
- resources for prisoners

Plus Shock Waves • Rights and Wrongs • Phoenix Pharmacy • Mad News



SHRINK RESISTANT

Edited by Bonnie Burstow and Don Weitz

“*Shrink Resistant* is both powerful and disturbing and should be read by anyone with an interest not only in mental health, but in the relationship between power and powerlessness, and in social change.” – Judi Chamberlin

“It is disturbing reading but it is essential to hear these voices. No society can afford to submit so many to folly and error.” – June Callwood

“An important piece of work that will stand as a lasting contribution in the struggle against psychiatric tyranny and violence.” – Thomas Szasz

“Poignant personal accounts, dramatic graphics and useful information make this book more worthwhile than all 11 volumes of the *America Handbook of Psychiatry*. That’s because it’s written by those who have endured institutional psychiatry – including drugs and shock – rather than by those who perpetrated it.” – Peter Breggin

***Shrink Resistant* – \$11.95 (soft cover)**

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EDITORIAL

As you are reading this, inmates of psychiatric institutions and prisons all over the world are being stripped naked, physically restrained, forcibly drugged, and kept in isolation in the name of "treatment" and "rehabilitation." Doctors and jailers are administering electroshock "therapy" and other kinds of beatings to the "patients" and "offenders" in their power. Prisons and psychiatric hospitals are different brands of the same product. The people who run governments and their institutions need to keep the rest of us in our place, and when we misbehave, they have to have places to put us.

Shutting us up – our bodies, our minds, our mouths – is a vast industry that keeps a lot of better-behaved types in high-paying jobs.

This issue of *Phoenix Rising* looks at inmates of the kind of prison that doesn't pretend to be anything else. Notice how much they have in common with inmates of psychiatric "hospitals" and "wards."

The lies told about what happens in institutions, and what institutions are for, are very important not only to the people making the money, but to those whose "loved ones" are in "hospital" or prison. Our magazine, because it does not support these lies, is not a popular cause.

We have been forced to suspend publication temporarily. We are going to take one year to stop and find a permanent address, a steady source of funding, and more people to work on the magazine. Our office, phone, and post box will be maintained during this time. Meanwhile, Don Weitz will be involved in freelance writing and advocacy for inmates and ex-inmates of psychiatric institutions; he also plans to co-edit, with Bonnie Burstow, a book about the struggle against electroshock in Canada. Irit Shimrat hopes to help create a magazine for lesbian liberation. Both will write for *Phoenix* when it has risen again.

Take care, be free, and keep in touch. Our address and phone number:

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Phoenix Rising



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

Mad, as in Angry

I have been getting *Phoenix Rising* for some time and am ashamed that this is my first letter to you, as your work has been a lifeline for me. It has been an enormous godsend to have the information, perspective and context that your work provides as I've progressed on my journey as I recover, often in relative isolation, from the workings of the psychiatric industry.

I always know that everything you write about is true; my own experiences are a testimony to that. However, one of the strengths of the psycho-industry is its extraordinary and quite terrifying (not to mention dangerous) ability to invalidate, disempower, and destroy those who threaten its power on any level. It is a system with few checks and balances, and the depth to which it permeates our society (one example being the vast economic psychiatric drug empires) leaves us with little or no recourse. It is work like yours (and how much is there like it?) that makes a profound and courageous and, I believe, effective contribution to beginning to stop this destructive machinery.

Everyone knows that nuclear war is dangerous to planetary well-being, to state it mildly. But people are blind, either innocently or not so innocently, to the threat posed to all of us by the monster of psycho-industrial machinery.

In my own journey over the last eight years, I have integrated, and grown from, the experiences that I went through, which are labeled "mental illness." Many of my experiences, such as drugging, beating, solitary confinement, psychiatric imprisonment, total loss of status as a valid human being – in other words, the usual – were pure hell. But I have brought my own being and life

WRITE ON

to a point where I can make positive use of these experiences to alleviate suffering and end psychiatric abuse.

In rebuilding my life from a shambles (Oh, how the image of the phoenix rising has offered solace!) and dealing with stigma, I have lived with a lot of fear and loneliness. I learned early on that many things are actually "dangerous" to talk about – not only experiences, but opinions and reactions to what is being done to you in the name of "treatment."

I have found that to make a lot of noise about oppression, abuse, and torture when you are quite close to the time of release from incarceration – or unemployed or going to a day treatment centre – opens you up to being called (again) paranoid. Or you may be said to be denying your illness ("Oh dear, maybe she should be hospitalized again so she can come to accept how ill she is, so that finally we can give her treatment that will make her better"), or resisting treatment.

The utter, enraging frustration of not being able to take a stand and say "no" to the insanity of the system, lest you end up in deeper you-know-what, is enough to drive you bonkers!!! Nobody should ever forget the fundamental truth that "madness" has to do with "mad," as in angry.

So I have maintained a very low profile and built a new life, slowly and arduously establishing credibility. I have new friends and co-workers who know nothing about my past. I am shunned or treated like a leper by quite a few who knew me "before" and know about the crack-ups. It seems that people have a very hard time if you were the last person

they thought would ever crack up, and then you do. I understand all the reasons for people's fears and reactions. That doesn't lessen the pain of rejection.

So somehow I seem to have reached a time when I'm ready to start to speak out, and do what I have to do. Despite my personal fears of further humiliation, invalidation, and possible incarceration, I want to be able to be a living embodiment of the fact that an ex-mental patient can be a "normal person," thus strengthening my potential usefulness as an instrument of change.

This is the first "public statement" I've made. I've been too scared to speak out anywhere. I thank you from the bottom of my heart for you all being there for me, for "us." You are part of what has saved my life. I am sorry this is such a long letter, but it is such a relief to be able to speak out fully.

With love,
Linda Salwen
Stone Ridge, New York

Correction

The statistics cited on Page 25 of Vol. 8, No. 1 ("Shocking Stats from Ontario") referred to people incarcerated in psychiatric wards of general hospitals, not in provincial psychiatric hospitals, as reported. We apologize for this error.

Voices from inside

Theresa Giagnacovo

Let me give you a brief run-down on what happened to me when I was transferred out of here to Louis Pinel Psychiatric Institute in Montreal. It wasn't so bad at first – until I began witnessing all the cruelty and abuse that went on there. When I was asked why I came back to Kingston Prison for Women, I just said that I couldn't take being in a hospital environment and left it at that. Not a very good reason, of course, but who would have believed it if I told them that I watched a patient being tied to a chair and choked until she almost passed out – while three orderlies stood and laughed!

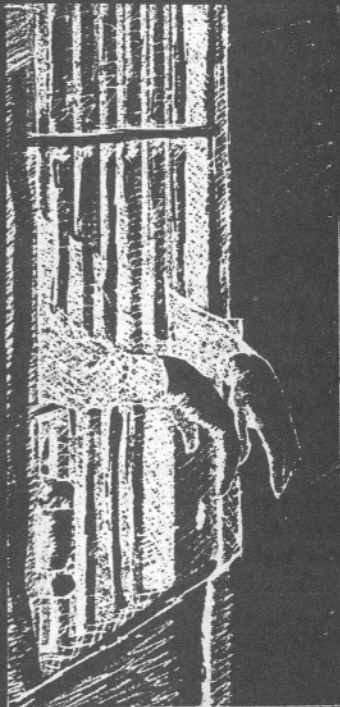
We could all see what was going on, but no one dared say a word because they were too afraid of what would happen to them if they interfered. I'm the kind of person who can't stay silent when someone who can't even defend herself is being hurt. The other women were there on a Warrant of the Lieutenant Governor, so I can understand their fear, but I was there on a voluntary basis and had nothing to lose. I finally got up and protested the way she was being treated. Because of this they locked me in an empty room for 24 hours. The next day I swallowed my outrage and went on as if nothing had happened.

A few days later, an Indian woman who couldn't do her work assignment properly because half of her fingers are missing was being bullied by a male nurse. She got angry and threw down the ashtrays she was carrying. The "nurse" grabbed her by the hair and pushed her to the floor. This time I tried to pull his hands off her. I had made physical contact with a staff, so I was locked up for three days. I had had enough, and asked to return to prison, where the conditions are more humane! I never thought I'd see the day when I would be glad

to come back to prison. Naturally, the report that followed wasn't a positive one. And that is just one more bad report to add to a stack of bad reports on me.

The more I try to cooperate with them, the worse it gets for me. Last Friday I was seen by the parole board and was told that, because of

Who would have believed it if I told them that I watched a patient being tied to a chair and choked until she almost passed out – while three orderlies stood and laughed!



all the negative reports, they were afraid to let me out. They are going to hold a "detention hearing" on me within a few months. That means they can declare me a "dangerous offender" and hold me until my expiry date – which is in another three years. This has been a *Catch-22* situation for me from the start. If I refused to go for these assessments, I wasn't going to be considered for parole; now that I have, they're not going to give me parole anyway! I'm handling it alright and I'm prepared to do the last three years, but I'm angry because I've been "Shanghaied."

James Harris

I am in prison at Rockview in Pennsylvania. I have 24 months left before I'm eligible for parole, which I should have no problem getting. I have the Human Immunodeficiency Virus [HIV, the virus associated with AIDS]. I had to sue the prison to be put into general population, because for sixteen months they had about 20 of us put into one room. Now we are all back in general population. They moved us, but they do little to look out for our health. They should give us the anti-HIV drug AZT if we want to take it, but I guess I will also have to sue for that if I want it. So far my health is okay, but one never knows. They check us once a month but the doctors do nothing but ask how we feel. Do you have any idea how I can get a better check-up than what they do? I'm not gay but I have used drugs in the past. I have a wife, who was checked – she doesn't have it. Any help in this matter would be appreciated. They try to give us help with stress by sending us to a counsellor once a week but how can a counsellor help with stress?

Voices from inside

Fran Sugar

Native people lead the country in statistical categories such as unemployment, alcoholism, infant mortality, death from violence, and crime-related activities. Native women face double, triple, and quadruple standards when entering the prison system. Number one, we are women; number two, we are Native; number three, we are poor; and number four, we do not possess education equivalent to the status quo.

When we come to prison we need to adjust to greater and greater violence in our lives. We adjust to increasingly deadly conditions, and come to accept them as "natural." We adjust to having freedoms stolen away from us, to having fewer and fewer choices, less and less voice in the decisions that affect our lives.

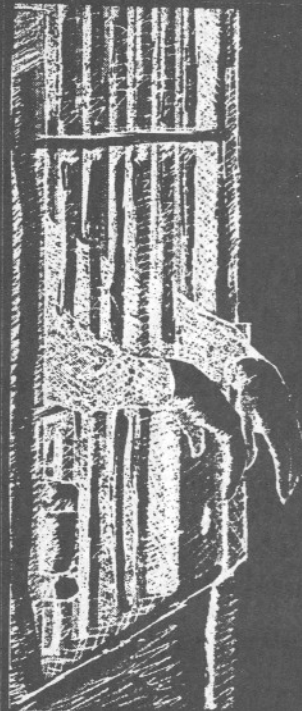
We come to believe that making \$4.20 a day and the things we can buy with it are the most important life goals. We adjust to deafening silence because we are forced to wear headphones. We adjust to deafening screams coming from segregation when our sister has just been stripped of her clothing and maced in the face. We adjust to the deadening entertainment of bingo games that give out prized bags of taco chips, and where we hear gleeful happiness when some pathetic individual who hasn't tasted taco chips since 1979 wins. We adjust to the lack of conversation because some days there is absolutely nothing to say. We adjust to divorcing ourselves from relationships with husbands. We adjust to dreaming of our futures.

We become so fucking numb from the incredible bullshit we are exposed to. Trying to see a case management officer to get a call to our children becomes a major event. It is no wonder that so many of us slit our throats, lacerate our bodies, hang ourselves: we need to ex-

perience our pain in our physical bodies because our whole lives have been filled with traumatic experiences and incredible psychic, physical, and spiritual pain.

When you ask a Native woman why she was placed in a foster home, she'll likely tell you it was because Children's "Aid" arrested her be-

When you ask a Native woman why she finally killed somebody, she'll tell you she was a battered wife and she lost control of her senses when she was taking another beating.



cause her parents didn't send her to school regularly. When you ask a Native woman where she was sexually abused, she'll likely respond that it took place in the foster homes. When you ask a Native woman why she finally killed somebody, she'll tell you she was a battered wife and she lost control of her senses when she was taking another beating. She didn't mean to kill her husband, her lover, her friend, she was just so spun out after each licking she lived through – she was just so spun out.

I am your typical Native woman and one who has survived the Criminal Just-Us System. When I think about the time I've spent in prisons, I wonder how I maintained my sanity. I never conformed in my heart or in my mind, but my body danced. I learned how to cope with lies. I believe justice does not exist for Native people. The battle of will is to see through the wall, to see through the screws and their power plays – their bureaucratic games of power and pleasure.

I learned that there is a certain degree of hypocrisy in the groups that represent women in prison. The money and effort that go into "services" are mere band-aid efforts in a conspiracy with the Criminal Just-Us System, and would be better directed to paying for the families of incarcerated women to travel to the prisons. The time spent conducting study upon study is wasted time, because statistics stay the same, the pain stays the same, the faces of the women change but the stories are identical.

I entered Prison for Women as a young, poorly educated Native woman and I will be released with similar characteristics – but you can add another deficiency – after seven years – I am now an *angry*, young, poor, uneducated Native woman!!!

From Tightwire, Winter 1988

Voices from inside

Dale Gathercole

I came to the Kingston Penitentiary on February 12, 1987, to start my six-year-and-nine-month sentence for three armed robberies, a break-and-enter and theft, and one arson charge.

Since everyone for years and years had been telling me that I had all sorts of things wrong with me, I figured I would get treatment. I started writing to the people at the treatment centre about once every two weeks. I received no answer, either written or verbal, for many months. Eventually, when my headspace was really screwed up, I was told they would see if they could get me over there. But nothing happened. I started writing to them again. I went through this process four times. Finally, on April 29, 1988, I had a complete physical and mental breakdown.

I had been abused as a child and in my early teens. When I was first being abused, at the age of seven, I was put in the psychiatric hospital in Sudbury and told I had a personality disorder and a behavioural problem. I heard these terms over and over again all the time I was there, and all through my life in every psychiatric institution I was in, as well as jails, and now, here.

In recovering from my breakdown, I started to realize that I don't actually have anything wrong with me psychiatrically – even two psychologists here said so. Until then, I'd believed whatever people in the psychiatric profession – and corrections – said was wrong with me. I would get my hands on a psychology book and read up on personality disorders and behavioural problems. Reading this material over and over again, I started applying it to my everyday life to the point where I simply became a functioning robot.

I became a number, a statistic, a report on a piece of paper. I lost my

identity as a human being. I lost my self-worth, my self-respect, and all belief in my own capabilities. I could not stay out after being released, because I had no direction in my life. Psychiatric hospitals and corrections had brainwashed me to the point where I was no longer in control of

my own life.

But since I decided that I am a human being and have the right to be treated as one, my whole life has swung around. I am constructing a very well-put-together release plan on my own, without the help of my case management team or the psychology department.

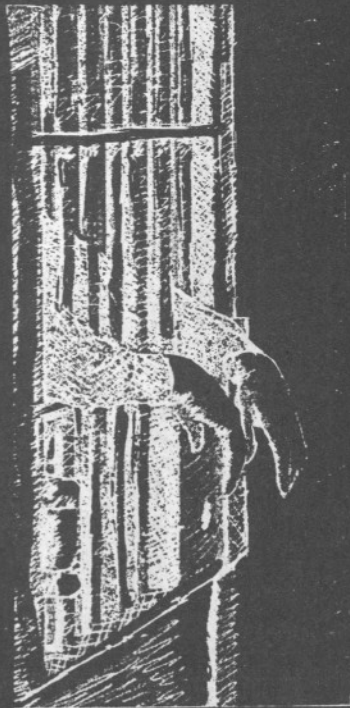
I don't say this in disrespect to my case management officer, or the one psychologist who did help me out somewhat, who are both decent people. But the system itself makes staff members treat inmates as statistics. They are forced to go along with this way of thinking – otherwise they get lost in the shuffle of politics within the system.

I am the first to admit that a person who commits a criminal act deserves to be punished, and, if the offence is severe, incarcerated. His or her freedom is taken away until such time as he or she can be returned to society without being a further threat to society. But a person who is incarcerated and treated as less than a human being becomes bitter, loses his or her sense of identity, and develops a contemptuous attitude towards the system.

Some people get released and feel so disoriented and out of place that they'll commit another crime just so they can get back to where they feel secure – even though they hate the system.

Inmates must be treated as human beings. They must feel like they're worth something, not only to themselves but to society as well. They need to feel that the person talking to them cares about their future, and is not there simply because there is a report to be filed.

When I was first being abused, at the age of seven, I was put in the psychiatric hospital in Sudbury and told I had a personality disorder and a behavioural problem.



Voices from inside

JoDee Martinson

You had a letter from Gwen Williams (she's out now) on forced psychotropics here in Purdy – now the Washington Correctional Center for Women. I asked the nurses yesterday if they knew that it was against the law to force these drugs on people and they said they did, but that they were under orders from the administration. I asked if there were court orders; in 1986 a law was passed that you need a court order to forcibly drug someone. One nurse said no; another said she didn't know. If these women weren't as heavily drugged as they are, I'm sure there would be lawsuits. Is there anything that I can do, or that anyone can write, to investigate these things?

Yvan Larabie

In 1987, at New Liskeard Hospital, my doctor assaulted me by strangulation, and forcefully restrained me with leg irons and handcuffs attached to a stretcher, aggravating the pain of my already irritated stomach as well as an acute kidney condition. She wilfully breached my constitutional rights by injecting me with three large doses of an anti-psychotic drug. She did not inform me of the effects of the drug. Scared and hardly able to believe what was happening, I asked her what she was injecting. She answered sarcastically that it was none of my business, and left the room.

When she came back, she said she was sending me by ambulance to North Bay Psychiatric Hospital. I was in a daze of pain and mental anguish. Though I was still attached to the stretcher by the leg irons and handcuffs, a police officer was now holding me down as well.

At no point did the doctor call my own physician, or consult his file on me.

I was put into an ambulance, neutralized by the drug that had been forced on me. At North Bay Psychiatric I waited for about half an hour in the cold (still on the stretcher), which aggravated my pain still further. When the door opened, two guys in normal clothing rolled the

stretcher somewhere and took me off it. The drugs I had been given were causing severe dizziness, loss of coordination, a throbbing headache, and a burning sensation where I'd been injected. My neck felt as though it had barbed wire around it. They dragged me down the hallway, which seemed as long as a city block, and threw me onto another stretcher.

My throat was so dry and my vocal cords so tight from the drug that I couldn't speak. When I got to the isolation room, I heard a woman say, "What did you do to this poor guy?"

In the room, I was thrown on a mat. I opened my eyes and saw an open window. I hurt so much that I couldn't move. The room was freezing; chills were creeping under my skin and attacking my kidneys. My bladder pounded.

I was left in there for 22 hours. Since then, I have not been seen by a doctor. At no time during this ordeal was my medical condition recognized.

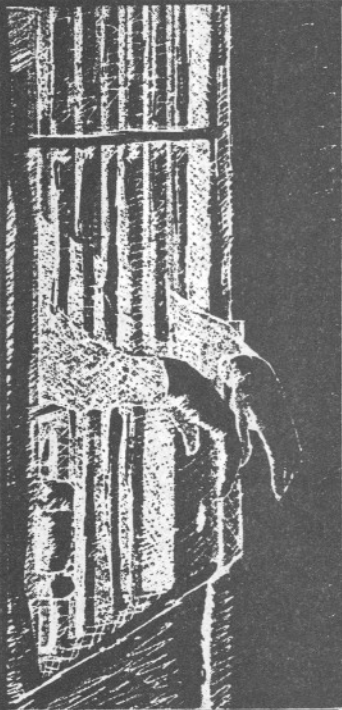
I want the public to be aware of the way some people are treated in Ontario institutions.

Clifford Laurence

I came here back in January 1972 for killing someone, and hurting someone else real bad. I was sick and tired of going to jail all the time. So I told my lawyers that I would like to go to Penetang to try to help myself get better. But over the years I keep saying to myself, I wish the hell I hadn't said that. I kick my ass every day for coming to this hellhole. I've been on every ward at least three times, and they've come up with no help for me at all.

Since I came here, everybody has been telling me that I'm sick. But I'm not sick. I could prove that in court if I had a chance to get there. I have had enough of the bullshit I go

I asked the nurses yesterday if they knew that it was against the law to force these drugs on people and they said they did, but that they were under orders from the administration.



Voices from inside

through up here every day and every year that goes by. If I had gone to the pen, which I should have, I would have been out eight years ago. I could have been on the street, living my life as a good, well-mannered person, making a living for myself. Please do something for me. I want to get the hell out of here, please.

Bonny Walford

When I was sixteen, I started getting into minor trouble with the law. Because I was from a good family, they didn't want to put me in jail, so they sent me first to a juvenile mental hospital and then, a year later, to the adult hospital. Each time, I was only there for the six-week evaluation period and was not heavily drugged — they decided I was normal, for a teenager. So I was acutely aware of the "treatments" they were forcing on the others. Fighting to stay sane myself, I sat for hours every day among patients who were drugged until they became zombies. When it overwhelmed me, I would go into the bathroom, stuff paper into my mouth so no one would hear me, and cry my heart out.

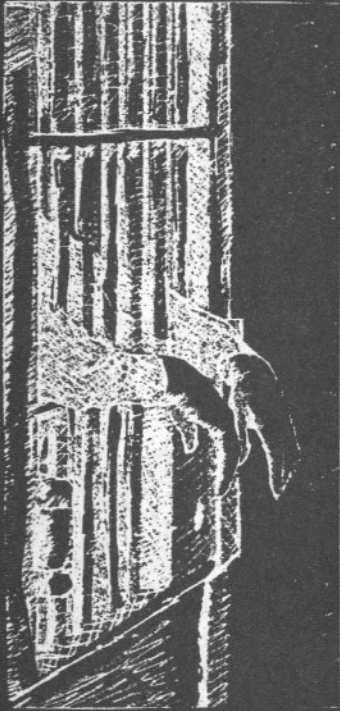
I forced myself to be the good patient in every way. When I found weevils in my porridge and the nurses told me not to tell anyone, I didn't make a fuss. I volunteered for all manner of housekeeping jobs to try to make the time go faster.

Once I helped a nurse wheel a bed into a small room in which there were several doctors and machines. I was curious. No one was paying any attention to me, so I stayed to watch what turned out to be an electroshock "treatment." I stood staring in horror. After the patient's body stopped jerking, I screamed. One of the doctors (none of whom had noticed me until then) shouted for a nurse to take me

out of there.

When I talked to the patient afterwards, she had no memory of any of it. She swore she had been asleep in her bed the whole time. She was sure she couldn't have had shock treatment, because she had specifically told her doctor she did not want it.

I got a life sentence with fourteen years before I had a chance of getting out on parole. I prefer that to even one year in a mental hospital.

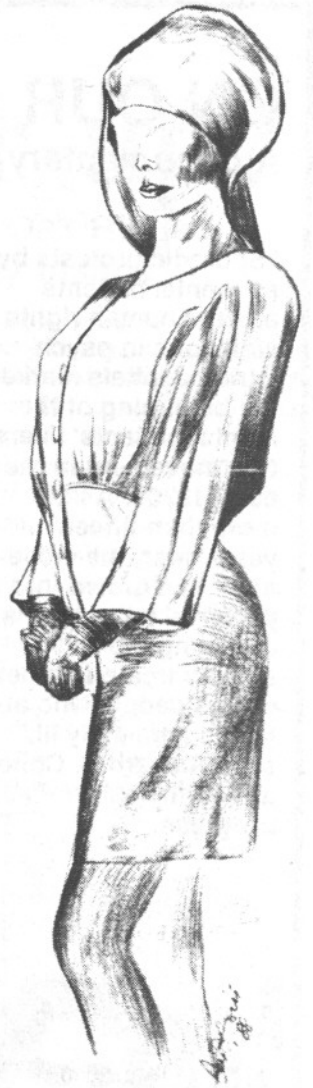
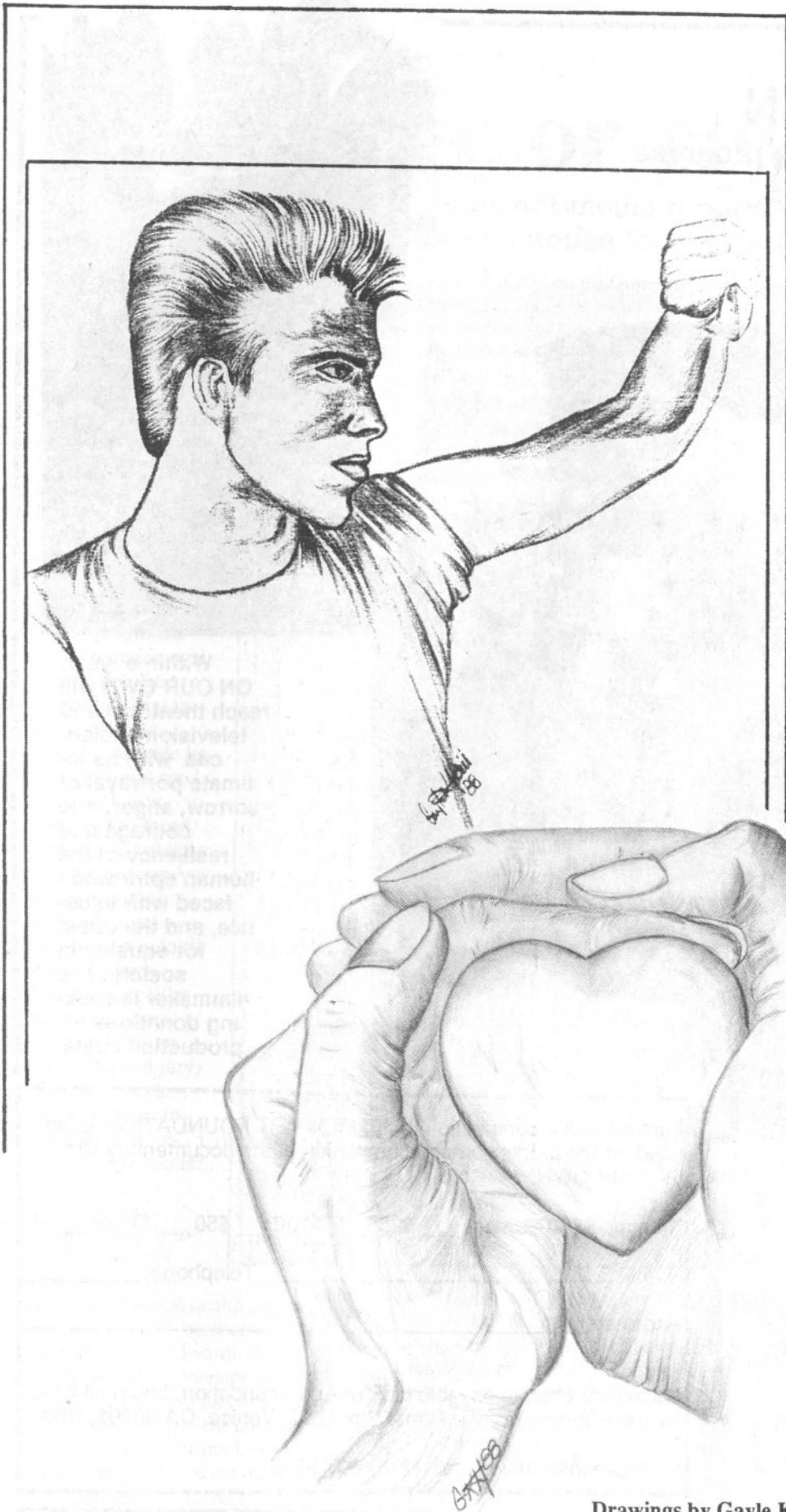


I do not need to tell you the fear that filled me all the time I was there; that fear is still extremely strong in me 28 years later. I have always known that I would die before they would give me ECT or get me in a mental institution again.

I married at 21 and all was fine with my life for some years. After my divorce, I decided to become a nurse and went into training. I was the top student in the class. Then, near the end of my training, I went into hospital for a simple test. The doctor performed an unwanted and unnecessary operation, after which I hemorrhaged for two days, and almost died. I came out of it feeling empty and depressed, with none of my former ambitions, goals, or dreams. I was very angry with the doctor. My vision became blurred after the hospital experience; when my beloved horse died as a result, I blamed the doctor for her death as well as for my own living death.

I attempted suicide. Then began a five-year nightmare of trying to avoid being committed. I was near collapse in 1982. Heavily drugged, after three days of "sleep therapy," I killed someone. I got a life sentence, with fourteen years before I had a chance of getting out on parole. I prefer that to even one year in a mental hospital.

Two years after I came to prison, my deep depression began to lift (no psychotherapy was involved). In 1985, I started taking university courses and started writing again (I had had a book published in 1971). My second book, *Lifers*, was published in 1987, and I received my Bachelor of Arts degree last year.

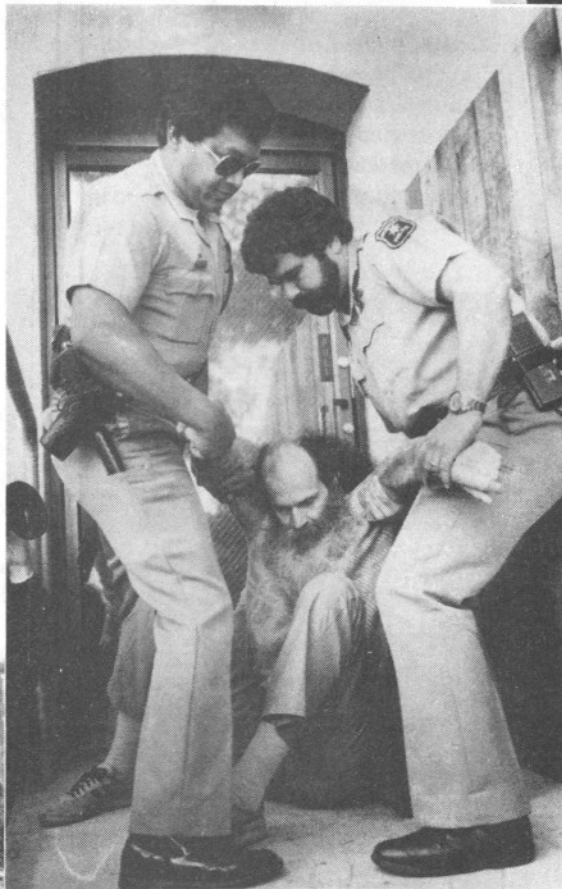


Drawings by Gayle K. Hori, Kingston Prison for Women

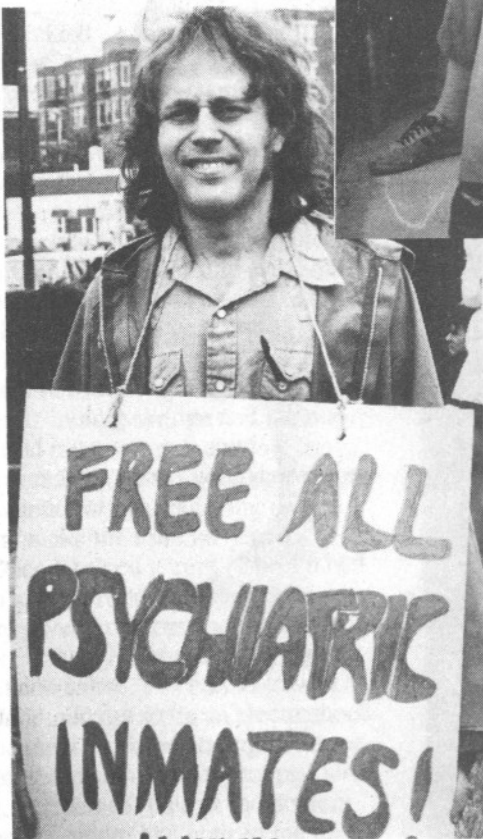
ON OUR OWN

A documentary film in progress

"Sporadic protests by ex-mental patients against human rights violations in psychiatric hospitals marked the beginning of the mental patients' liberation movement in the early 1970s. A little more than fifteen years later, the movement has grown into a powerful force that is changing the way society treats and perceives people who are labeled mentally ill," says Richard B. Cohen about his feature-in-progress.



Within a year, **ON OUR OWN** will reach theatrical and television audiences with its intimate portrayal of sorrow, anger, the courage and resiliency of the human spirit when faced with injustice, and the quest for equality in society. The filmmaker is seeking donations for production costs.



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Coverage or cover-up?

Eldon Hardy analyzes recent media reports about Oak Ridge, Ontario's notorious warehouse for the "criminally insane"

Recent – and unchallenged – reports in *The Globe and Mail* and the *Toronto Star* about the behaviour of patients at Oak Ridge are aimed at manipulating the public into allowing doctors, nurses, and attendants total immunity from being accountable for their actions. Oak Ridge [the section of Ontario's Penetanguishene Mental Health Centre that houses the "criminally insane"] has – for good reasons – been the subject of numerous inquiries.

After years of waiting for relief from abusive and degrading "treatment" programs, Oak Ridge inmates finally saw the Charter of Rights and Freedoms begin to provide us with minimal consideration. But now we are faced with the possibility that the necessary reforms will be further denied – without our side of the story even being heard. Why have our jailers (who also act as our judge and jury) decided to seek public support to endorse their unscrutinized actions?

Psychiatry is often shown to fail to reach reliable or valid conclusions. "Mental health and the criminal law is a backwater," said lawyer Marlys Edwardh in *The Globe and Mail*, January 13, 1988. Edwardh, who had just helped win the release of a patient unfairly held under a Warrant of the Lieutenant Governor (WLG), went on to say that such patients have, to date,

received little benefit from the Charter.

The *Toronto Star* of July 23, 1988 reported that a review of "expert psychiatric witnesses" showed that they were incapable of diagnosing someone's state of mind and that their predictions of behaviour, and particularly of violent behaviour, are rife with error.

These apparently professional people have been getting a lot of bad publicity lately. The prospect of a Supreme Court of Canada challenge



of the constitutionality of indefinitely confining WLGs seems to have panicked those who hold power over inmates here at Oak Ridge and elsewhere. And since psychiatrists can fulfill their own prophecy that thousands more Canadians will need their "help" in the next few years, everyone needs to pay attention to this issue.

Within one week, both the chief psychiatrist and the administrator of Oak Ridge attacked the right of patients to lodge complaints. Both singled out one class of patients – those with "personality disorders." They want to solicit support for the government doing them the service of invoking the Charter's "notwithstanding" clause, which would place psychiatry well above the law.

Those in authority here, who have professed to respect patients' rights, are refusing to be held responsible for their actions and mistakes.

The August 18, 1988 *Globe and Mail* banner headline read, "Mental Patients tying up system with complaints, conference told." In this article, George Kytayko – the administrator of Penetanguishene Mental Health Centre – attacked the right of patients to lodge complaints.

In particular, Kytayko seized the opportunity to arouse hostility towards those diagnosed with personality disorders. He practically bragged about Oak Ridge's ability to hide evidence that would normally support complaints taken before the Nursing

Association. It's odd that he would be concerned about issues being taken to this association, which has already demonstrated that complaints it receives from patients come to nothing.

The hospital simply waited for enough complaints to be dismissed that Kytayko could make a case that

its inmates never make valid complaints, and therefore should be denied access to channels that might provide redress.

For many months, staff have laughed at patients who threatened to complain about their actions, making such comments as "go ahead, see if I care," or "just make sure you spell my name right." It appears that staff are very well aware of how easy it is for Oak Ridge to defeat investigations of complaints – and evade being found at fault – by manufacturing lies.

On August 19, 1988, Oak Ridge's psychiatrist-in-chief, Dr. R. Fleming, took his turn at knocking his patients, under the banner headline "Mental patients hurt by new laws, doctors say." Fleming would like people to believe that we patients should lose the right to refuse treatment – a right we just won this past year. He pretends that we are suffering because he doesn't have the power to forcefully administer drugs, or whatever other forms of "help" he has in mind. He even implies that, if we did not have the right to refuse treatment, he would use this renewed power only over those he considers incompetent.

In fact, we have all been forcefully treated with drugs such as LSD, Scopolamine, Amytol, and Meth (speed); various forms of deprivation; and other cruelties – even though many of us were competent to make the decision to refuse. Our complaints of abusive treatment met with serious repercussions for us, and denials by doctors and staff.

These denials went on for years, until the Ontario Ombudsman did a major investigation of Oak Ridge's programs. As expected, the resulting lengthy report went some way in confirming the therapeutic value of the programs. The Ombudsman used several professionals to give his investigation credibility. Our com-

plaints continued, but we had been conveniently left in a twilight zone [see "Oak Ridge and the Hucker Report," *Phoenix Rising* Vol. 6, No. 2].

On August 20, 1988, the *Toronto Star* proclaimed, "Psychopath treatment program a dismal flop, researchers say." The ensuing article (for which Oak Ridge's research staff takes credit) confirms the complaints we've made for years, while the hospital has claimed world recognition as the only facility with a program for treating personality disorders. Meanwhile, our complaints had been stamped into oblivion by the

Psychiatry has attached itself to the medical profession as a kind of camouflage, so that questioning psychiatrists' authority or integrity is like attacking motherhood. No other profession can decide that you need its services and then force those services upon you, or punish you for refusing them.

media, who got their stories directly from those who supported and ran the programs.

As always, our complaints were put down to our "illness." The very act of voicing a complaint was explained as a manifestation of a disordered personality. Kytayko refers to Oak Ridge patients who complain as "highly skilled manipulators who sometimes manifest their illness through that behaviour" (*The Globe and Mail*, August 18, 1988).

Recent media reports have given extensive coverage to brutal murders involving former Oak Ridge inmates. The gist of Fleming's comments in these reports is that, when a patient's lawyer questions the patient's doctor, the doctor may be

forced to release the patient. Fleming wants the public to support psychiatrists' complete power over people in their custody.

Why do Canadians feel we should limit the authority of judges and police, but not that of psychiatrists? Many people associate psychiatry, which has never been proven to be a science, with medicine. The latter has been demonstrated to do good: surgeons save lives; physicians help us recover from physical ailments.

Psychiatry has attached itself to the medical profession as a kind of camouflage, so that questioning psychiatrists' authority or integrity is

like attacking motherhood. No other profession can decide that you need its services and then force those services upon you, or punish you for refusing them.

The media are unable, or unwilling, to tell the story of those who are subjected to this profession. A patient must amass considerable evidence before he or she can expect to get coverage. But psychiatrists need only make themselves available, or hold a press conference. For people like Fleming, media reports of crime are a cue for hopping up on a platform, in the

guise of being concerned about the public, in order to rabble-rouse for their own ends.

Whenever there is a public questioning of Oak Ridge's programs or practices, doctors and staff go out of their way to promote the idea that they are concerned about patients and want to get us well and out as soon as possible. Thus the administration manipulates the public through the media, just as politicians do. The real intentions and motives of the Oak Ridge administration regarding those in their care go unnoticed by media whose first concern is "news," not people. What comes through to the public, in the end, is just what the doctor ordered.

Modern brainwashing

Suzanne Osgood examines nasty experiments on American women political prisoners in a high-security behaviour-modification unit

The High Security Isolation and Behaviour Modification Control Unit (HSU), located at the Federal Correctional Institute in Lexington, Kentucky, has been in operation since October 1986. In October 1988, the US Federal Bureau of Prisons announced that it would move the five women it currently holds there to a new maximum-security unit housing a much larger number of prisoners.

The first breakthrough in the national campaign to abolish the Lexington control unit came in July 15, 1988, when federal court judge Barrington Parker ordered that political prisoners Susan Rosenberg and Silvia Baraldini be moved into general population. Rosenberg, Baraldini and a third woman, Sylvia Brown, had alleged that they were subjected to cruel conditions and treatment as well as psychiatric experimentation and torture.

In his written opinion, Parker said that the government's concern that political prisoners will persuade other prisoners to share their views "cannot be accommodated at the expense of constitutional rights." Brown was not included in Parker's order because she had not been imprisoned for political reasons. Of the other two of the five women who remained in the HSU at this point, one was Puerto Rican political prisoner Alejandrina Torres, who did not join in the suit because she does not recognize the authority of the US legal system to pass judgement on her.

Parker described the conditions in the unit as having "skirted elemental standards of human decency. The exaggerated security, small group isolation and staff harassment serve to

constantly undermine the inmates' morale," he said.

All the prisoners incarcerated in the HSU were redefined as dangerous and violent because they were transferred there. Their custody classification was automatically increased to "maximum," the staff was made to think they were dangerous and instructed not to interact with them, and extreme security measures were used. The women say they were harassed, provoked, intimidated, terrorized, and abused. All

without incident was told shortly before transfer that she was going to be recommended for lower custody; some were told they were never going to get out.

From these women's testimony emerges a bleak picture of a subterranean tomb without sensory or social stimulation, where "Big Brother" watches the prisoners' every move with cameras placed strategically around the unit. Inmates' every word and action is entered in a log by hostile staff, and humiliating pat or strip

searches are done routinely and at random.

The women are locked up at least sixteen hours a day in small, dark, bare cells. They can't see out the "windows," which are near the ceiling and face concrete. (Prisoners were refused the better rooms across the corridor, which have large windows with views of green grass and trees, until the ACLU complained in a formal report in September 1988.) They are allowed to keep personal belongings on small, open bookshelves, which hold no more than five books

and on which they must also keep the ill-fitting, government-issue clothes they are required to wear.

Newspaper articles on prison life give the impression that prisoners have the leisure to study law and write books. But few prisoners actually do these things, because of such oppressive conditions as having to fold army boxer shorts six and a half hours a day, as these prisoners do in the very small, windowless industrial room.

The women don't feel very much like using the large, well-equipped



Witch Burning

Mansell Collection

Reprinted from *The History of Electroshock*

suffered the severe distress of isolation and confinement for the purpose of behaviour modification.

There is no such thing as due process at the HSU. The prisoners got no hearing before being transferred; their post-transfer and quarterly reviews were shams; little or no information was given about the reasons for their transfer and what they had to do to get released. Their fate was completely out of their own control, and they were deceived and taunted by the staff. A woman who had served two and a half years

recreation room and exercise yard because of the constant camera surveillance and guard monitoring, and the strip searches when they return. The recreation room, the colour TVs, the bulletin boards, suitable for photos – which were put up in the cells just before the ACLU lawyers arrived – and the small law library/day room (with a non-functioning computer in the middle) serve to give visitors the impression that the prisoners are being treated humanely and are allowed to function normally.

If they want a shower, the prisoners have to use shower stalls where they are monitored both by camera and by an officer (often male).

Then there's the visiting room – a very small room for a unit that holds sixteen inmates. Only one prisoner at a time is allowed to have a visit, and she can have no more than three visitors. The family of one woman travelled many miles for her birthday, only to be turned away – even though her attorney, whose visit was scheduled at the same time, offered to leave so they could see her. Only immediate family and lawyers are allowed to visit. Even Lexington chaplains and other religious representatives have a hard time getting in.

Dr. Richard Korn, a correctional psychologist and criminologist, toured the unit in July 1987 with two attorneys from the ACLU's Prison Project. He concluded in his report that the HSU's intentions were to reduce the prisoners first to the state of submission essential for their ideological conversion, and then to a state of psychological incompetence that would neutralize them as efficient, self-directing antagonists. The ultimate aim was to destroy them – preferably by making them desperate enough to destroy themselves.

After his investigation, a few cosmetic changes were made to improve things. However, by November 1987, the health of the prisoners and their living conditions had deteriorated so much – and the hostility, provocation and harassment from the staff had so

increased – that a second investigation was made.

It was found that artificial light burned 24 hours a day on high-gloss white walls, and staff deliberately made noise. When the inmates began to see black spots on the walls, the prison painted the walls beige and the spots went away – but then they came back again. A prisoner who kept vomiting was given the choice of injections before meals or intravenous feedings and hospitalization.

Korn found that all the women's symptoms – from claustrophobic panic, to general physical malaise, to visual disturbances and sleep deprivation, to dehydration from inability to

The HSU's intentions were to reduce the prisoners first to the state of submission essential for their ideological conversion, and then to a state of psychological incompetence.

keep government food down – were directly attributable to the conditions of confinement in isolation.

It was also found that the prisoners were "victims of their own health" – that is, they were able to tolerate the severe suffering, without breaking down mentally, because of their good mental health; and Korn was in agreement with the opinions of others that continuation of the program could have very serious consequences to their physical and mental health.

Parker ruled that the two political prisoners' First Amendment rights had been violated, and ordered that they be transferred out of the High Security Unit into the general population of an appropriate prison. He also told the administration not to con-

sider prisoners' political expressions or associations in assigning them to the HSU, and ordered them to rewrite the overly broad and vague assignment criteria.

He noted that "the United States was founded by people whose beliefs were considered subversive and who offered what many regarded as unacceptable views." But the women feel that they were singled out for psychiatric experimentation in controlling and/or destroying people who have ideas that are disagreeable to the government, and that the government intends to use its findings on others. One of the plaintiffs described the HSU as "designed to destroy those who are in it, psychologically and

physically." Another said the experiments conducted there were meant "to disintegrate people's personalities. They are trying to drive us completely out of our minds."

Adjoa Aivetoro, ACLU counsel for the plaintiffs, was pleased with the judge's decision, and said that it "vindicates the right of prisoners to hold beliefs based on conscience."

But prison authorities will not relinquish their program, and say they are committed to "transferring the mission" of HSU Lexington to Federal Corrections Institute Mariana. Lo-

cated in Florida, HSU Mariana, where they have built another high-security facility, will house more than 100 female prisoners. The authorities say these women will have more freedom of movement, more work programs, and better conditions than do prisoners at Lexington. Those who have campaigned against the HSU at Lexington remain to be convinced and plan to keep fighting against the new facility.

For more information, contact The National Campaign to Abolish Lexington Women's Control Unit, Box 295, 2520 North Lincoln, Chicago, Illinois, 60614, USA, or phone (312) 278-6706.

Daring to dream of "an assembly of hope"

The Justice Group focuses on the crucial issues of poverty, aboriginal peoples, and the criminal justice system

"Think about Canada's poor people. Think about the situation of Canada's Native and Metis peoples. Think about failing prison systems. Why the pain? Why the hardship? Why is there so much blood? Join our coalition of need. We educate others. We educate ourselves. On the streets, on the reserves, and in prisons, we say set people free."
From The Justice Group Update

In 1986, a group of people at Manitoba's Stony Mountain Prison formed an organization to address the issues of the criminal justice system, poverty, and aboriginal peoples. Calling themselves The Justice Group (TJG), they published discussion papers on these three issues, sought members, supporters and consultants (both inside and outside) and began producing a newsletter called *Update*.

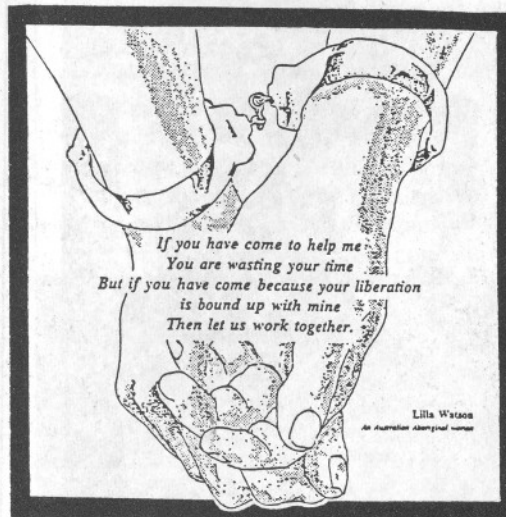
"I have been inside for nineteen years now and I am still here. Murder by capital punishment is an injustice, as is our own slow death penalty of 25 years' imprisonment. To really see justice is to know that it has to heal," says TJG coordinator David Milgaard. "The Justice Group tries to make it easy for members to help any group of people experiencing an injustice. The membership will decide on project ideas that will raise funds to help others."

Milgaard sums up his view of poverty in a paper called "Criminality, Prison and Prisoners" with the comment that "We know there are too many people, especially poor people, who are into crime. This is where the answer to our problem really lies. Poverty is a system all by itself. The government fails to meet needs properly. The issues of our hungry, our homeless, our poor - and our aboriginal peoples, dispossessed of their heritage of land and resources - all demonstrate costs in hard-

ship, pain and death. The conditions of life are the reasons for the growth of wrongdoing. Poverty is a crime and it maintains so much misery."

TJG has no membership dues, but says that "those who can afford to donate upon becoming members can do so if they wish. If you are in a prison or a psychiatric institution, you are asked to join us for free. We ask everyone who cannot afford to donate anything to join for free. The problems we live with are the cost of our newsletter and other general mailings, and our operating expenses."

One of those mailings brought



TJG into conflict with Stony Mountain's administration. According to an editorial in the Winter 87/88 *Update*, an article entitled "Preventative Security Departments Inside Canada's Prisons" was "a shocker. It went to the Administration and also Classification persons." The article, written by Milgaard, was reprinted in the same issue of *Update*. It criticizes the practice of gathering information for parole board decisions from paid informers inside the prison population, explaining that there is no way of telling if information obtained from informers is accurate. If you are denied parole on the basis of confidential information to which you

have no access, you cannot defend yourself, or even find out what you are alleged to have done.

According to the *Update* editorial, the article was mailed out to all medium and maximum security prisons and "most of Canada's parole persons. The cost of this effort was not that serious in dollars and cents. The cost in other ways, though, was great. We are now monitored. Our sealed legal mail (addressed to council for our group) has been opened. Other mail has also been delayed. Rather than being seen as the service group that it is, The Justice Group . . . is attacked in wrongful ways."

Stony Mountain's warden has not approved the Justice Group Assembly project - a proposal for people outside to join those inside in the fight for justice. "Not only was the project not approved" says Milgaard, but "[the warden] says the Justice Group itself is not an institutionally approved group." In December 1988, Milgaard wrote with the good news that TJG was alive and well "inside a dump of a prison just outside of Winnipeg. For more than two years, we have had to fight prison officials just for the right to help people.

Our outside supporters, advocates and members have stood by us. . . . We will eventually have our major membership drive through universities, churches and Native communities. This will be our Assembly of Hope."

Anyone interested in joining the Justice Group's Coalition of Need, or in serving as an advisor on poverty issues, should write to David Milgaard, Coordinator, The Justice Group, c/o City Support Group #1, 1005-253, Edgeland Blvd, Winnipeg, Manitoba, R3P 0S1.

Inmates and AIDS

Kenn Quayle outlines the challenges for inmates battling both AIDS and the ignorant policies of their keepers

The bureaucrats who run prisons and mental hospitals are responsible for the health care of those unfortunate enough to be under their control. One of today's most difficult health-care challenges, for society as a whole, is the care and treatment of people infected with Human Immunodeficiency Virus (HIV), the virus associated with AIDS. Information about, and access to, treatment for people living with AIDS (PLWAs) is very unevenly dis-

tributed. Needless to say, PLWAs in jails and mental hospitals are among those most deprived of information about, and access to, promising new drugs to treat AIDS and related conditions. Lack of information about AIDS makes staff hostile to institutionalized PLWAs, and homophobia also contributes to the oppression of these inmates (the majority of cases in Canada are still among gay and bisexual men).

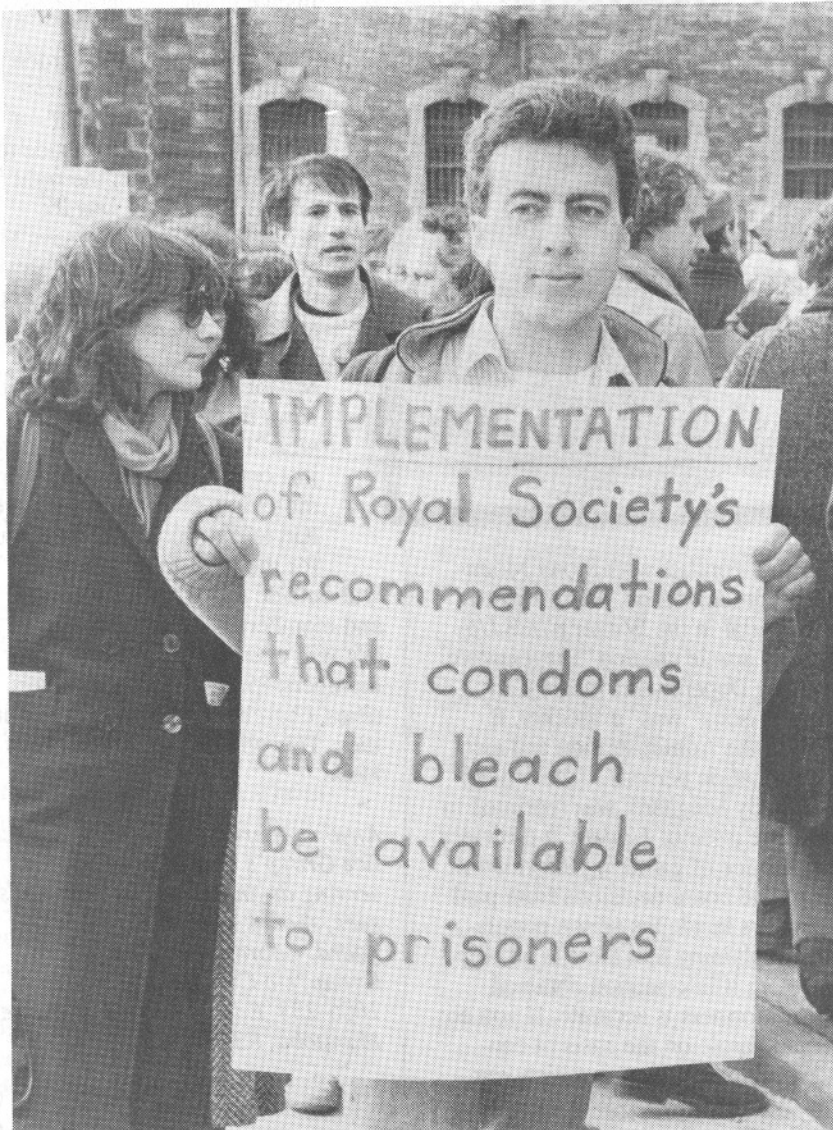
Early this year, Kyle Downey, an inmate of Toronto City Jail ("the Don") who had tested positive for antibodies to HIV, spoke up about his experiences inside.

Even though Downey is not gay, he became the target of continual anti-gay remarks made by the guards. For weeks, he was denied access to his physician, whose treatment recommendations were ignored by jail authorities. Like many HIV-positive people, Downey requires a specially monitored diet, warmth, and rest in bed. Regular jail policy denies prisoners access to their beds throughout the day. Prisoners have no way of being able to stay warm and, of course, must eat regular (bad) prison food. (Downey was made to eat porridge with cigarette butts in it.)

Downey contacted AIDS Action Now! and began working to change his situation. But once he had spoken up, things became much worse for him.

On February 4, 1989, the media reported that Downey had bitten a guard on the ankle, and that some of the guards wanted him charged with attempted murder as a result. A police investigation revealed that the guard had lied about the incident; in fact, he ended up being charged with having assaulted Downey.

In the months leading up to these events, Toronto's anti-psychiatry movement had begun to work together with prison abolitionists and other activists. Members of the Anarchist Black Cross (an international support group for political prisoners), AIDS Action Now!, the Queer Anarchist Network, and Toronto's new Prisoner Support Network participated in a Resistance Against Psychiatry demonstration (see story, Page 29). Many of these people joined forces with other activists — including Community Organizations Mutually Battling AIDS Together (COMBAT), Toronto's Black community AIDS





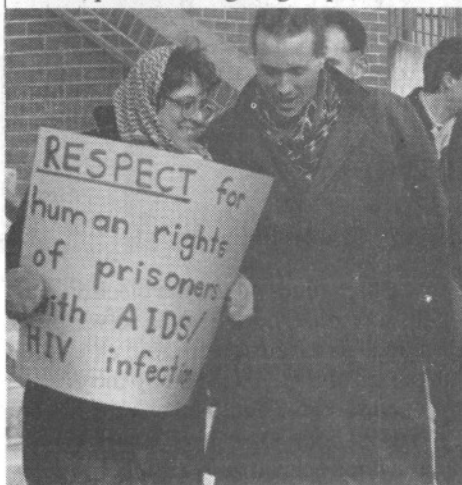
Opposite, above, and below: demonstrators at the Don jail. Photos by Konnie Reich

group – to hold a demonstration at the Toronto City Jail (“the Don”) on February 11, 1989, protesting the living conditions of inmates who have AIDS or who have tested positive for HIV.

Downey was released on bail a couple of weeks later. Judge Ted Wren said he had “suffered cruel and unusual punishment” both at the Don and at Metro East, and added that “The detention system has not yet appropriately responded” to inmates living with AIDS.

Medical and corrections bureaucrats have not provided proper AIDS education to hospital and prison employees, nor have they acted reasonably or responsibly to prevent the spread of AIDS in institutions. Ontario government officials are now formulating a new policy for dealing with HIV-positive prisoners. They plan to submit a proposal to the guards’ union, but are not discussing anything either with prisoners or with AIDS groups. Meanwhile, although the Royal Society of Canada’s report on AIDS recommended that prisoners be given bleach (for cleaning needles; shared needles transmit HIV) and condoms (which prevent HIV transmission during fucking), the guards are opposing the idea of making bleach and condoms available.

The government and union officials who make prison policies are discussing the education of guards and prisoners, as well as the creation of a segregation unit. AIDS Action Now!, among others, is calling for a policy conference to bring together prisoners, community AIDS organizations, prisoners’ rights groups, correc-



tions services, prison guards’ representatives, and the Ministry of Health.

A special segregation unit for HIV-positive prisoners could help provide the protection and medical treatment they need. But there has to be a policy against forced HIV antibody-testing. And only the involvement of community representatives and inmates in decision-making will ensure that such a segregation unit doesn’t become a quarantine camp.

Activists were able to intervene in Kyle Downey’s situation only because he came forward with information about what was happening.

The issues are basically the same for people incarcerated in psychiatric wards and institutions. But there has been no public discussion of AIDS prevention among psychiatric inmates. The Prisoner Support Network would be willing to act on information from psychiatric inmates who could get it to them.

It may be that people in psychiatric institutions are even more powerless than prisoners to bring their situation to the attention of the public. PLWAs are sometimes involuntarily admitted to psych hospitals and wards for depression and suicide attempts. Stereotypes created by exaggerations of AIDS Dementia Complex (ADC) stigmatize and discredit all people living with AIDS. People in the latest stages of AIDS who *do* have advanced ADC are especially vulnerable to abuse in medical and psychiatric institutions.

For more information, contact the Prisoner Support Network, Box 6705, Station A, Toronto, Ontario M5W 1X5; AIDS Action Now! Box 325, 253 College Street, Toronto, Ontario M5T 1R5 (416) 591-8489; and COMBAT, Suite 302, 394 Euclid Avenue, Toronto, Ontario M6G 2S9 (416) 924-0938.

In the prison gang

Zoltan Lugosi's reflections on doing time at Millhaven, and the urgent need for prison reform

Induction

Let me tell you what initiation is like when you join the prison gang of the Federal Penitentiary Service. All the horror stories you may have heard are true.

I arrived at Millhaven on a particularly gloomy day in the midst of an uprising that had even the keepers in fear. I distinctly heard one say, "They're gonna tear this joint down." And so someone should.

I'd been in the induction unit four weeks when I thought whatever they were attempting to induce – unless it was psychological torture – wasn't working. I couldn't get used to living in a 45-foot-square room for 23 hours a day in a million years. Perhaps if there hadn't been two of us in there, it would have been different.

Usually, I wasn't finished eating my meals before my cellmate sat down on the toilet five feet from my tray to defecate. Needless to say, I lost weight. Normally I waited until after he was asleep to do my duty, as I found it pretty embarrassing to relieve myself in plain view of my mate.

Along with the toilet, there was a sink, two bunks, two lockers, a TV, bookshelves and a desk in the "room." One person had to sit on a bunk with a meal tray in his lap to eat. It worked out that there was about twelve square feet of open floor space, so it only took a minute to sweep up. Fortunately, I only fell out of the top bunk once. When they designed the cells in Millhaven, they didn't anticipate the need for a

stepladder to get up to the top bunk. Still, we had all we needed to get by: books, toiletries, lots of clothes, boxes, bags, bedding, cups, bowls, games, ashtrays, headphones and tons of cigarettes – all serving to enhance claustrophobia. I received a greeting card in the mail one day, and there was no place to display it.

that it wasn't a conspirator who was writing letters to her. A week after I left, I heard that prisoners smashed up the cellblock I was segregated on – to the tune of half a million dollars' worth of damage.

Taking Responsibility

Although many inmates of prisons do

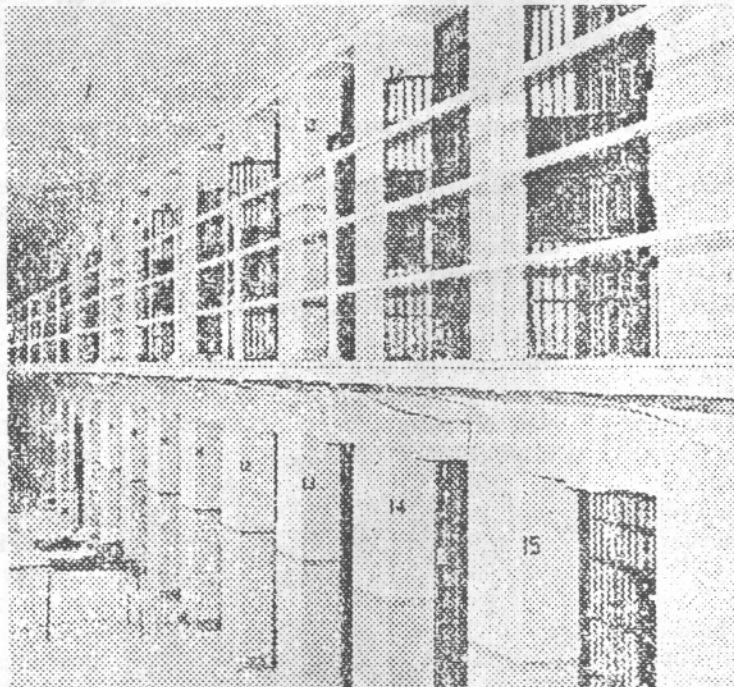
not fit the stereotype of the criminal, all have committed acts that are considered crimes.

People are inherently good, and it is society that makes them unhappy and, sometimes, increasingly vile. Criminal attitudes and behaviour are learned, and are a reflection of society. The huge number of incarcerated people in Canada is evidence that there is something seriously wrong in our society, and that the system of corrections is a failure.

Inmates make many valid complaints regarding the conditions of prison and its adverse effects. The deterioration

of the environment seems to begin with a negative attitude to offenders and the warehouses in which they are kept. One senator said, in reference to custodial treatment, "Believe me, I have watched the system for the past 20 years and I have given up all hope of ever finding logical answers." It seems that the bureaucracy governing the system of corrections is aware of problems, but isn't particularly enthusiastic about implementing prison reform, even if it would serve justice, society, and the victims of crime equally.

Specific incidents involving individual parolees and residents of halfway houses, together with the



Three times a day, the electronically controlled door opened so we could go to the servery to pick up our meal tray. Twice a day the door opened so we could go to yard for half an hour. Once every two days the door opened so we could have a shower. Sometimes my mate didn't have one for six to eight days. Finally, the door opened and I refused to go back in the cell. "What are you gonna do," I asked, "put me in jail?" I spent the remainder of my time there in segregation.

As I was being transferred, after my sixth week, I remembered that I never did get to call my wife on the telephone to say that I was alive and

general level of recidivism (returning to prison after having been released) have resulted in a review of sentencing, conditional releases, and related aspects of corrections under Standing Order 96(2). The House of Commons Standing Committee on Justice and the Solicitor General produced a report in August 1988 – "Taking Responsibility" – that contained 97 recommendations and urged the government to implement them.

The first of these is that all federal participants in the criminal justice system, including the voluntary sector, make educating the public about the operation of the criminal justice system a high priority.

The reality of corrections in Canada is that not very much of the 50-odd thousand dollars it costs to keep one inmate in prison for one year goes to fund programs that are essential in the rehabilitative process. If it were not for programs initiated through community volunteers, some federal institutions would have no programs at all. The reality is that, although all prisoners are eventually released and expected to fit into society, many are confined to cells for 23 and a half hours per day. The most abominable reality is that the Canadian government continues to pour millions of tax dollars into building new prisons where the breeding of anger, resentment, and negative attitudes is the only noticeable result.

If incarceration were a sufficient deterrent, there would be no need to build new prisons. Effective rehabilitation programs would cause a decrease, rather than the present alarming increase, in the crime rate. Keeping human beings locked in cages does nothing to teach them alternatives to a life of crime, nor does it compensate victims. Debts to society only become compounded. If Canadian society doesn't take part of the responsibility, there will never be an opportunity for reconciliation.

People on the inside need friends on the outside

Practical aid and public education occupy PRG, a group with a vision of a world without prisons. Claire Culhane reports from Vancouver.

In 1976, a group of Vancouver-area activists set up the Prisoners' Rights Group (PRG) in order to help prisoners help themselves – especially in such matters as fighting involuntary transfers, finding competent lawyers, filing and following up grievances, qualifying for parole hearings, and getting access to health care. If a genuinely independent investigation were ever to expose the lack of provision of such services in prison, there would be little need to press for abolition.

Our first response to appeals for help from prisoners is to urge them to follow existing grievance procedures. Those who reject this route (out of frustration with previous failures) forfeit other routine assistance, and reduce the possibility of outside intervention. Complaints may be dismissed with the claim that, since the prisoner has not filed a grievance, there is obviously no problem.

Besides helping prisoners directly, PRG helps educate the public. Most people are prepared to accept the stereotype of prisoners as monsters who deserve whatever unfavourable conditions await them in Canadian prisons. Few, for example, are aware of the advantages to the community when university courses are made available to prisoners. This has been found to reduce the frequency of prisoners being incarcerated again

after their release to about 14 percent from 65 percent – the regular rate for those who have not had such opportunities. After all, who stands to gain if not the community when prisoners learn how to work out their problems by reasoning rather than by violent means?

Finally, PRG aims to advance the gradual implementation of the philosophy of prison abolition. There have been three international conferences

on prison abolition since 1983. A broad range of religious, academic, legal, and social activist groups has come together to develop a strategy for creating a world without prisons.

Advocating the abolition of prisons does not mean that we expect to be able to open the gates tomorrow and let everyone out. It does mean that

we call attention to the lawlessness of the prison bureaucracy, and question the need for its very existence.

PRG's priority at this point is to help prisoners stay alive – mentally as well as physically – and get released at their first eligibility date. But our commitment to prison abolition remains strong, even as we are forced to recognize the reality of the present prison system.

For more information, write to Prisoners' Rights Group, 2075 East 12 Street, Apartment 303, Vancouver, British Columbia V5N 2A9, or phone (604) 873-3070.

PRG's priority is to help prisoners stay alive – mentally as well as physically – and get released at their first eligibility date.

Prison Justice Day

Annual protest of conditions in Canadian prisons is marked by community solidarity. By Julia Barnett and Laurie Bell

On August 10, 1974, Eddie Nolan was found slashed to death in solitary confinement at Millhaven Penitentiary. Prison Justice Day was established to commemorate Nolan, and all the other people who have died in detention in Canada.

Prison Justice Day is marked by prisoners fasting and refusing to work in order to call attention to the appalling conditions in prisons. It is also an occasion for people on the outside to show solidarity with men and women in prison, and learn about the oppressive situations existing in our jails and prisons.

On Prison Justice Day 1988, solidarity actions were held in Ottawa, Kingston, Vancouver, and Toronto. Prison Justice Day committee members in Toronto include ex-prisoners, Native people, families of prisoners, feminists, community and human rights activists, and staff members of halfway houses. The committee wants to raise the public's awareness of the racism, brutality, and police violence built into Canada's criminal justice system. Specifically, we want to let the public know about, and put an end to, injuries and deaths in police facilities, cultural genocide against Native prisoners, solitary confinement, Special Handling Units, and forced transfers.

An important issue in Toronto was the police killing of Gardiner Myers at 55 Division, just two weeks earlier. Participants joined Gardiner's family and friends in calling for an independent investigation.

An afternoon caravan to several prison and police facilities gave us a chance to let inmates of local prisons know we were acting in solidarity. At Vanier Centre for Women, demonstrators were able to briefly communicate with some inmates

before guards intervened. At the East End Detention Centre, prisoners were banging so loudly on the bars that the clamour could be heard outside. At Toronto City Jail (the "Don"), more than 60 people gathered for a rally condemning police violence, unacceptable prison conditions, and the refusal of the government to allow prisoners access to condoms in order to practise safe sex.

A public meeting brought together activists from social movements, who made links between many struggles for freedom. The international scope of the situation was brought home by

of this continent.

Patrick Worth represented People First, a self-advocacy movement of people labeled "mentally retarded." He spoke about the incarceration of people on the basis of "disability," reminding everyone that institutions and psychiatric hospitals are, in truth, prisons.

Prison Justice Day is really a call to action against the ongoing systemic racism, violence, and abuse that are as much a part of our prisons as bricks and mortar, and as much a part of our policing procedures as fingerprinting.

On August 9, 1988, Toronto police killed Lester Donaldson in his home. On August 12, many Prison Justice Day organizers and participants joined the Black community in demonstrating at Metro Police 13 Division. Since then, Toronto-area activists have protested the killing of Wade Lawson, a young Black man whom police shot in the back of the head while he was driving a stolen car.

Prison Justice Day 1989 should be marked in many more cities in Canada. And many

more people need to be involved in planning this day, so that we can strengthen our call of solidarity to our brothers and sisters in prison and our protest against the treatment of those who are imprisoned.

To contact the Prison Justice Day Committee, write to Box 681, Station C, Toronto, Ontario M6J 3S1, or phone (416) 537-2617 or 488-4438. The Leonard Peltier Canadian Defence Committee can be contacted at 43 Chandler Drive, Scarborough, Ontario M1G 1Z1 or at (416) 439-1893. And you can reach People First at 180 Duncan Mill Road, Suite 600, Don Mills, Ontario M3B 1Z6.

Racism and violence are as much a part of our prisons as bricks and mortar, and as much a part of policing procedures as fingerprinting.

a speaker from South Africa and another from the International Campaign Against Strip Searches in Ireland. The oppression of Native people in Canadian prisons was addressed by a member of the Leonard Peltier Defence Committee. Peltier is a leading Native American jailed on questionable murder charges for the last twelve years, as the result of an incident stemming from an FBI/US army raid on a North Dakota reserve. He was arrested in Canada and extradited on false evidence provided by the FBI. Imprisonment and abuse of Native people in Canada is part of the murderous campaign being waged against the indigenous people

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Office of Continuing Studies, Simon
Fraser University, Burnaby, BC

Manitoba

The Justice Group Update c/o City
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Tightwire Box 515, Kingston, ON
K7L 4W7 (Kingston Prison for
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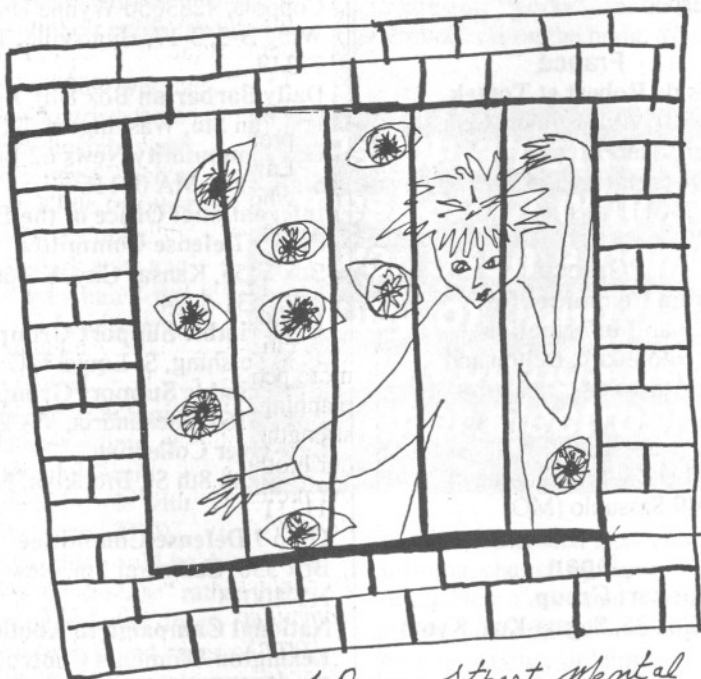
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Outaouais Outrage Box 4051,
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*Impressions of Queen Street Mental
Health Centre*

"Caged"

23.4.86 ☆

Ernie

Drawing by Kristine Starr Erglis

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Les amis de Robert et Tomek BP 4-93 301, Aubervilliers Cedex (Polish prisoners of war)
CRIFA Secretariat 145 Rue Amelot, 75011 Paris

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Libertarian Committee for Solidarity and Information Diethnis Bilothiki, 2 Delfon and Didotov, Athens 44

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Homosexual Prisoners' Project c/o International Lesbian and Gay

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Sweden Anarchist Black Cross c/o ASF Box 5088, S-291 05, Kristianstad

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California Anarchist Black Cross Box 215, San Lorenzo, CA 94580
A New Iron Column 1728 W Ball-4, Anaheim, CA 92804
Committee to End Marion Lock-down 323 South Dearborn #1607, Chicago, IL 60604 (312) 663-5046
Committee to Fight Repression Box 1435, Cathedral Stn, New York, NY 10025
Committee to Safeguard Prisoners' Rights Inc c/o William Crazy-Horse Coppola, #283650 Wynne Unit, Wing B-3, 3-17, Huntsville, TX 77349
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International Office of the Leonard Peltier Defense Committee Box 6455, Kansas City, KS 66106 (816) 531-5774
Jim Trimble Support Group 4930 Pershing, St Louis, MO 63108
Jim Trimble Support Group Box 23164, Alexandria, VA 22304
Left-Over Collective 183 South 8th St, Brooklyn, NY 11211
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National Campaign to Abolish Lexington Women's Control Unit Box 295, 2520 North Lincoln, Chicago, IL 60614
Survival Network/Bayou La Rose Box 2576, San Diego, CA 92112
Through The Looking Glass Box 22061, Seattle, WA 98122 (women prisoners' magazine)

SHOCK WAVES

Keeping tabs on slippery shock shrinks

Linda André's observations on "shrinkthink" at a New York State research conference

At the New York State Office of Mental Health's first annual research conference (Albany, New York, December 6 to 8, 1988) all the "research" was geared towards proving that schizophrenia, depression, and other so-called mental illnesses are biological diseases that psychiatrists are working valiantly to cure. Drug companies provided financial support, and their exhibits touted new products.

Those attending were mostly psychiatrists from state mental hospitals and "research centres" such as the Nathan Kline Institute. Almost all were male. Most wore dark suits and many had grey hair – the image of the benevolent, fatherly shrink.

In one typical workshop, a psychologist discussed his findings of cortical atrophy (brain shrinkage) in people with tardive dyskinesia (TD), but said that this could be due to "the progress of the disease" rather than the use of neuroleptic drugs. He claimed to have found cases of TD in people who had never taken psychiatric drugs. A psychiatrist suggested that the next *Diagnostic and Statistical Manual* ought to do away with the distinction between organic and non-organic disorders – it should say

that *all* mental illness is biological.

My main interest was in finding out what shock doctors were up to, and in confronting them with the preposterousness of congratulating themselves on being at the cutting edge of research when there has been *no* research on how electroconvulsive therapy (ECT, also known as shock treatment) "works" – or on its long-term effects on the brain. With this

Psychiatrists avoid the question of why there has never been a comparative study of brain damage in human beings before and after electroshock.

in mind, I attended a panel on brain-imaging, chaired by Howard Sackeim of the New York State Psychiatric Institute (NYSPI). ECT was mentioned only in passing. (It "turns off" the frontal lobe temporarily, I learned, reducing the blood flow to the front of the brain, just as depression and aging do. Why this is desirable was not discussed.) At the end I questioned how brain-imaging techniques

could be discussed without asking why there has never been a comparative study of brain damage in humans before and after shock. "Dr. Sackeim will deal with that tomorrow," was the answer.

Sackeim's workshop the next day was all about how ECT has been found to be safe and effective for mania and schizophrenia and should be used for people with these diagnoses as well as those diagnosed with depression. He claimed that ECT has strong anti-manic properties and that schizophrenics "show pronounced benefit when ECT is combined with high-dosage neuroleptic treatment." Apparently no one was aware of the fact that high doses of neuroleptics used in conjunction with ECT have the effect of prolonging seizures!

Sackeim talked about the fact that there were political reasons for the former "under-utilization" of ECT, but failed to connect the newly discovered uses for ECT with the political battle over the reclassification of shock machines by the US Food and Drug Administration (FDA). The FDA has proposed that even if it reclassifies ECT machines to Class II (safe) for depression, they will stay in Class III (potentially dangerous) for mania and schizophrenia.

Sackeim also admitted that, in the past, too much electricity was used to produce seizures. He showed a chart indicating that 30 times too much electricity was sometimes used. In the future, he said, they would know how much electricity to use.

I spoke up and confronted him with the question he had refused to answer the day before: Why has there been no research

into whether shock causes brain damage?

His answer was the same one that he has given in the past: We can tell what shock does to humans by looking at what it does to animals and by looking at studies of people with epilepsy. He talked of a study in which brain cells in animals were actually counted before and after shock treatment and they hadn't lost a

single one! As for before-and-after studies on human brains, he reiterated that three such studies had been presented at the American Psychiatric Association convention and should be published somewhere.

One study, by C. Edward Coffey *et al.*, was published in June. Supported by a National Institute of Mental Health grant, it simply says that a long-term study needs to be done.

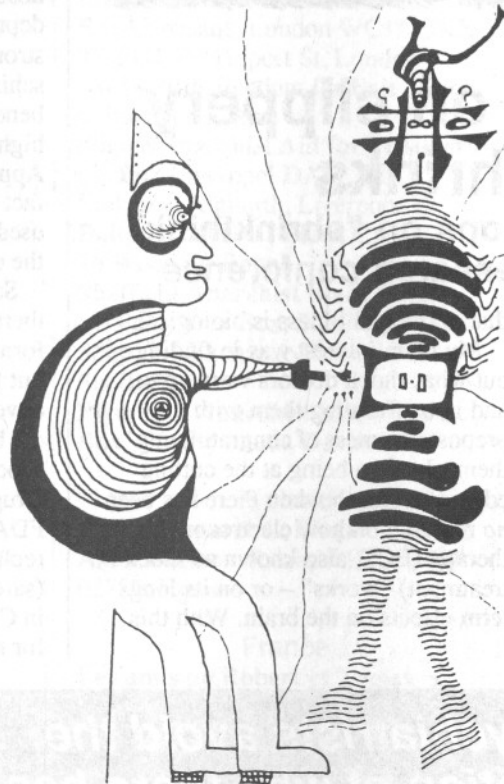
This study looks at the brain immediately after shock – when it is swollen, and permanent structural damage is impossible to discern. I mentioned this to Sackeim. His reply – “there is no swelling after ECT” – confounds both common sense and neurophysiology.

I was curious about a remark made during an informal discussion (that was not part of the conference) by Sackeim’s colleague at NYSPI, Isak Prohovnik, on the subject of brain-damage studies. They are being done, said Prohovnik, at NYSPI.

I was determined to find out more.

My opportunity came at the reception on the last day of the conference. Prohovnik told me the study is to be funded by the National Association for Research into Schizophrenia and Affective Disorders. The project has yet to be approved by NYSPI’s Institutional Review Board, which examines all research proposals involving human subjects. He then asked, as if we were speaking in great confidence, “Can I speak frankly?” The money, he said, was not certain, “because look at the literature, the literature is not supportive of brain damage.” If they *do* get the money, the study will be out in 1990.

How will the study be done? “We are going to start with depressed patients, whom we suspect already have abnormal brains. We think now that depression causes abnormal brain scans.” Yes, that certainly seems like the direction psychiatry is going in, but if the people already have abnormal brain scans, how can you measure the damage done by



Madness Network News

Reprinted from *The History of Electroshock*

ECT? Shouldn't you start with people with normal brains? Yes, he said, and added, “Can I speak frankly? Do you know how much these tests cost?” Yes, I said, not seeing the connection. He seemed to be saying that they would have to do so many tests to find a depressive who happened to have a normal brain that they would not be able to afford it. They are assuming that a depressed person with a normal brain is a rarity. (“What we find is what we’re looking for,” as another doctor had put it.) On that assumption, should they find a depressed person whose brain is normal before shock and abnormal afterwards, they could say

that this was the progression of the “disease” and not the shocks (or “treatments,” as Prohovnik prefers to call them).

I was wearing a name tag saying, “Brain-damaged by psychiatry.” Though no one disputed that I had suffered damage, Prohovnik, again speaking frankly, told me of an operation he had recently undergone in

which he had taken a chance that some side effect that happens to a tiny percentage of patients could happen to him. “So that’s what happened to you. It’s unfortunate that there are incompetent doctors out there. Are you suing?”

I think he already knew the answer, but I said yes, pointing out that my doctor was defending herself by claiming that she had conformed to good and accepted psychiatric practice in not informing me about brain damage and memory loss.

“There’s no brain damage.”

“How can there be memory loss without brain damage?”

“That’s true.”

“And convulsions cause brain damage.”

“No. There’s the possibility of brain damage.”

I had been speaking to Prohovnik alone, but at some point Sackeim made a tentative move to join us. “Linda’s being very reasonable,” Prohovnik reassured him. “Of course I’m being reasonable,” I snapped, “What do you think I am, a mental patient?”

Sackeim says he tells all his patients at NYSPI about the possibility of memory loss. “We’re researchers. We have no financial stake in promoting ECT.” To which I

responded that there are other rewards in addition to money, such as reputation (Sackeim built his promoting shock).

But soon he contradicted himself, flatly denying that any of his patients had ever experienced memory loss. He said they had followed up each of their shock patients for the last seven years or so, and that none had ever had memory loss! I asked him how long after shock they were followed up. He said, "Immediately, at one or two months and then again in a year." I asked him how memory loss was determined. He said, "We have objective tests."

To avoid calling him a liar, I pointed out that I knew hundreds of people who had experienced permanent memory loss. "Where did you find these people," Prohovnik asked. "Somewhere people come together to complain about psychiatry? You don't hear from people who are happy with ECT. Statistics show you are in a minority."

Since they were trying to say that I was just the victim of an incompetent doctor, I suggested to Sackeim that he might like to testify against New York Hospital and my doctor. He said he had just been hired as a consultant by New York Hospital, to teach them how to do ECT better. He said there were ten different ways of giving shock. I guess that means nine of them are wrong. Why use shock at all, then, if you don't know what you're doing? And what about us poor human guinea pigs who have been experimented on?

"You were not a guinea pig," said Prohovnik, and then it was time to eat dinner and watch him receive his research award.

One thing this conference made perfectly clear to me was that we might as well be guinea pigs or laboratory rats, for all the difference it makes to these shrinks.

See "Linda André vs the ECT Industry," Phoenix Rising Vol. 7, No. 1, for details of André's lawsuit.

PHOENIX PHARMACY

Whatever happened to informed consent?

Jim Spencley testifies before a public hearing of the Pharmaceutical Inquiry of Ontario

The following testimony was delivered in Toronto on October 24, 1988.



J. Spencley. Photo by Konnie Reich

In 1982 I was a graduate student at McMaster University. I was a single parent. I'd gone to university with a Grade Ten education. I drove a mail truck on weekends. I was working very hard.

That year, I went through the breakup of a relationship. I had papers to write, I had a child to look after, and I had no social supports. I went into hospital. I was expecting what most people would expect to

find in a hospital – support, compassion, concern. I was told flatly that talking wouldn't do me any good, that I was "severely depressed," that I needed to go on "medication." I asked for information about the medication, which I thought was within my rights. The therapist assigned to me was a fourth-year medical student. I was taken into a room and yelled at, told that I was being "uncooperative," because of my demand for information. I was told that I was going on the drug. I continued to demand information, and was told that I wouldn't be able to understand it.

After a while, the staff in the hospital refused to talk to me. If I approached a staff member to say I needed someone to talk to about my problems, I was asked, "Are you going to be cooperative? Are you going to take your drug?" And I would say, "No, I won't consent until I've been informed." Eventually, I was taken into a room where two doctors and a social worker told me that if I was not cooperative, I would be committed to Hamilton Psychiatric Hospital. I was broken. I went on the drug, an MAO inhibitor, without being told anything about it.

In the next six months, my movements became jerky and my gait unsteady, and I developed problems in

using and understanding language. My short-term memory was shot. I can remember winding up in the living room of my apartment with wet dishes in my hands, not knowing what I was doing, where I was. I had delusions. I developed jaundice. Every time I reported any of this to the psychiatrist, I was told it was "just a symptom of your disease." All these "symptoms" were known, at that time, to be side effects of MAO inhibitors.

I later found out that my doctor had been given a grant to study the use of "atypical [unrecommended] anti-depressants in borderline personality disorder with endogenous depression." In 1969, the American Psychiatric Association had said that these drugs should only be used as a "last resort for depression."

I lost my graduate-school career. I was asked to leave. I tried to work at the post office, where I had driven a mail truck. I couldn't get any further than working part-time - I couldn't remember what I was doing from one second to the next. At one time, I had been a union steward and a safety officer in the union; if it hadn't been for that connection, I would have been fired.

I tried finding alternative help in Hamilton - going to other psychiatrists - and I was always sent back to the same doctor. It was a nightmare. In 1983, a friend who was a doctor made a referral to another psychiatrist. I tried refusing to sign over information forms, because whenever I had signed a "Form 14" in the past, I'd been sent back to my first doctor. I had stopped taking the MAO inhibitors and was starting to come out of the state I had been in. The anger I felt was incredible. I told my new doctor that I was thinking of suing the hospital. He said that if I initiated a suit, he would not continue therapy with me. I expressed my anger and my fantasies - which I had no intention of carrying out - of doing violence to the doctors who had given me the drugs.

He put me on "major tranquilizers" [also known as "anti-psychotic" drugs or "neuroleptics"]. Again, I was not informed about what these were. I had involuntary tongue move-

ments; my mouth was dry; I lost my ability to think rationally. In a seven-month period, I was put on Thora-zine and Mellaril in combination with the anti-depressants Elavil and Clomipramine. I became more anxious and depressed than I had been, and thought more and more about killing myself. I ended up in hospital.

The doctor I was seeing then was a member of Canadian Doctors for Social Responsibility and also belonged to the "radical" Medical Reform Group. He said he was going on sabbatical and told me, "you're going back to your previous doctor." I said no. His response was, "If you think I'm going to stand up to the medical establishment in Hamilton, you must think I'm crazier than you are."

I ended up back with my original doctor. I quit taking drugs and started to recover. But when I told this doctor that I wanted him off my case, he told me that he'd make damn sure no other doctor in the city of Hamilton would take me if I stopped seeing him. I stopped.

I ended up in Toronto, trying to go back to graduate school. You'd think

I would have learned my lesson by this time, but I tried to see another therapist. I was put on quite a high dosage of Ativan, a "minor tranquilizer," to control my anxiety. But again I became increasingly anxious and depressed. I had to quit school again. I wasn't prepared at that time; maybe I never will be.

I ended up in the Queen Street Mental Health Centre, coming off the Ativan. There again, I was taken into a room where several people yelled at and coerced me until I went on a drug. They call this "reality therapy." This is done to just about anybody labeled "uncooperative" - anybody who doesn't go along with them, or who asks questions. At Queen Street, I eventually learned to "tongue" the drugs and spit them out later.

I'm doing well now - I'm not on anything.

If you would like a copy of "Drugged to Death: A Critique of Psychiatric Drugs," Phoenix Rising's brief to the inquiry panel, please send a cheque or money order for \$2 (includes postage) payable to Phoenix Rising. Our address is Box 165, Station A, Toronto, Ontario M5W 1B2.

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RIGHTS & WRONGS

Inmates fought to exercise fundamental rights

Don Weitz analyses a successful battle for the right to vote by those labeled "incompetent"

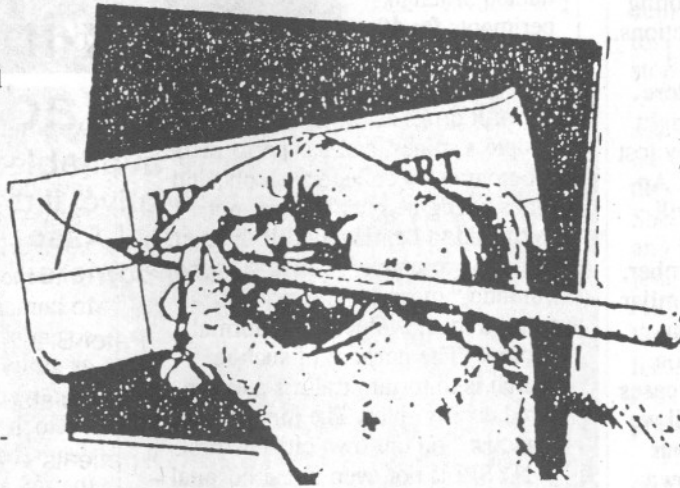
About 50,000 Canadians, who had previously been labeled "incompetent" and denied the right to vote because they were locked up in psychiatric institutions and institutions for the developmentally handicapped, finally voted in the federal election November 21, 1988.

This was not a result of government initiatives or commitment to justice for inmates or the disabled; the Canadian Disability Rights Council (CDRC) achieved this victory through timely lobbying. The two-year-old CDRC is a national coalition whose members include individual activists with disabilities, organizations of the disabled, and civil rights advocates and lawyers. Its main objective is to fight for the rights of people with disabilities in Canada by launching test cases under the federal government's Charter Challenges Program.

Section 14(4)(f) of the Canada Elections Act states that "every person who is restrained of his liberty of movement or deprived of the management of his property by reason of mental disease" is "not qualified to vote at an election, and shall not vote at an election." "Mental disease" isn't even defined in the Act, nor

does it explain what "being judged incapable of handling money or property" has to do with a person's ability to vote. This wording directly contravenes Section 3 of the Canadian Charter of Rights and Freedoms, which states that "every [adult] citizen has the right to vote."

Last year, the CDRC decided to challenge the Canada Elections Act



Reprinted from *The Womanist*

as unconstitutional. On September 15, 1988, the coalition filed a "statement of claim" in the Federal Court, asserting that the Act violates not only Section 3 of the Charter, but also Section 15, which guarantees all Canadians "equal protection and equal benefit of the law without dis-

crimination based on . . . mental disability."

Several member groups of the CDRC served as plaintiffs for the case: the Coalition of Provincial Organizations of the Handicapped (COPOH), the Canadian Association of the Deaf, the Blind Organization of Ontario with Self-help Tactics (BOOST), the DisAbled Women's Network (DAWN), People First (a self-help and advocacy group of the developmentally handicapped), the Canadian Association for Community Living, the Advocacy Resource Centre for the Handicapped (ARCH), and the Canadian Mental Health Association. Six individual inmates were also named as plaintiffs: Marie-Michelle Bédard (Robert Giffard Institution in Beaumont, Quebec), Gilles Hawey (also at Robert Giffard), Denis Duval (Louis H. Lafontaine Institute in Montreal), Tom Last (Queen Street Mental Health Centre in Toronto), Eldon Hardy (Oak Ridge, in Penetanguishene, Ontario), and Clifford Stacey (a former inmate from Port Coquitlam, BC).

The same day the CDRC filed its claim in court, it also held press conferences in Toronto and Montreal to announce the challenge. The Toronto

press conference criticized the government for delaying enactment of Bill C-79, a proposed amendment to the Canada Elections Act that would give all psychiatric and developmentally handicapped inmates the vote. First introduced in Parliament in June 1987, Bill C-79 has been stalled, largely due to Tory House leader and Privy Council President Don Mazankowski. In Montreal, Marie-Michelle Bédard and civil rights lawyer Jean-Pierre Menard spoke out at a press conference.

The federal government had 30 days to respond to the CDRC's court challenge. On October 14, Justice Department lawyer Eric Bowie informed CDRC lawyer Gail Czukur that the government was backing down and would not fight the CDRC

challenge of the Act. On October 17, the case was heard in the Federal Court in Ottawa; Judge Barbara Reed ruled in favour of the CDRC, struck down the offending section as "invalid," and awarded all court costs to the CDRC. The courtroom erupted in loud applause.

Chief Electoral Officer Jean-Marc Hamel immediately instructed election officers across Canada to inform all inmates of psychiatric institutions and institutions for the developmentally handicapped of their right to vote in the federal election. He also ordered them to enumerate the inmates, and to make sure that polling booths were set up in the institutions and that short-term inmates could vote by proxy.

The fight is not over yet. Except in Ontario and Quebec, these inmates still cannot vote in provincial and/or municipal elections. Manitoba has recently changed its laws to allow psychiatric inmates to vote, but still denies this right to developmentally handicapped and "incompetent" people. The Federal Court decision should put strong pressure on all other provinces to change their laws.

Prisoners are still denied the right to vote in federal elections, and most provinces prohibit them from voting in provincial and municipal elections.

In Manitoba, prisoners Arnold Badger, Frank Piche and Theodore Kotyk are still fighting for the right to vote in federal elections. They lost their legal battle in the Court of Appeals in November 1988, and will probably appeal to the Supreme Court of Canada. Also in November, prisoner Richard Sauvé lost a similar case in the Supreme Court of Ontario. He is appealing the decision.

There will be more legal test cases and more political lobbying until we win the absolute right to make our own decisions and control our own lives, wherever we live and whatever our disability or label. This is the real challenge of this victory.

For more information about the Canadian Disability Rights Council, please write to Dick Santos, c/o BOOST, 597 Parliament Street, Suite B-3, Toronto, Ontario M4X 1W3, or call him at (416) 964-6838.

Dachau on the Hudson

A commentary by Jocelyn Topham Hollis on violations of inmates' rights at NYSPI

One of the only places in the United States where American citizens can be held prisoner and subjected to dangerous, perhaps fatal, scientific research by government-paid army, navy, or CIA doctors is located at 722 West 168th Street in Manhattan, New York.

No private citizen wishing to visit a relative is allowed inside the New York State Psychiatric Institute (NYSPI, also known as the Columbia-Presbyterian Medical Center Psychiatric Institute). No lawyer is allowed access to NYSPI's secret files, even when the patient has given signed consent. Not even the powerful American Civil Liberties Union can use its influence here.

This secret "research institute" has conducted brutal experiments for 40 years. It has injected such harmful drugs as mescaline into people's spines, and has performed lobotomies on college students, and other young people, who are not even said to be mentally ill. This unorthodox research is called "psychotomimetic," meaning "intended to cause a mental illness in a normal person." The purpose of such research is to torture traitors and captured enemy spies. The method is to "practise" on our own citizens first.

NYSPI is not even a real hospital – its license has been taken away by the new York State Board of Health.

We hear of torture in far-off totalitarian states. Let us look instead at the records of the torture and human degradation that is going on in NYSPI today. Oh, but we're not allowed to. Not a government investigator, not a private citizen, not a representative of the press or other

media, no lawyer, doctor, or religious counsellor, no relative – and, of course, no "patient" – can see them. If the press ever got hold of them, the place would be closed down immediately.

The doctors operate outside the law, and are protected by the law from the law. They work for New York State, and their secrecy is protected by New York State. Do Americans want to be governed by a secret state? Do they want to live under a government so powerful that it can imprison citizens and experi-

ment on them in secret government laboratories, where no one is allowed to go?

In Nazi Germany, the secret police, the SS, and the government were responsible for secret medical experiments. The Nuremberg trials condemned many of the doctors to death for what they did.

In NYSPI, doctors working under a US army contract on a secret drug study administered a fatal dose of methyl di-amphetamine (MDA) to Harold Blauer. MDA is not a drug used either in psychiatry or in medicine, and is very harmful to humans. The doctors – and the scientist in charge, Paul Hoch – were as guilty as the doctors at Dachau, who were tried and executed.

Hoch was never tried for Blauer's death, because he had a contract with the US army to conduct the experiment.

The War Crimes Tribunal decided in 1946 that Nazi doctors were guilty regardless of the fact that their army told them to kill innocent people. But in the United States, Paul Hoch went on to become New York State Commissioner of Mental Hygiene; he was never tried or punished.

**The doctors
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MAD NEWS

Activists take to the streets to challenge the OPA

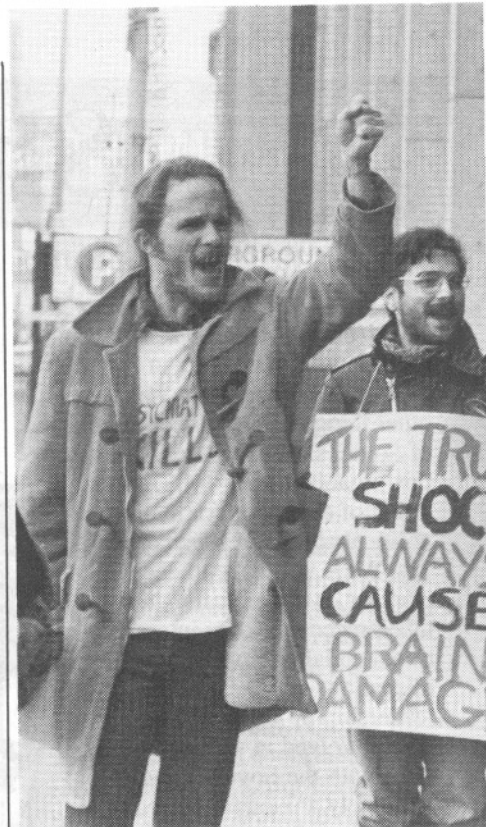
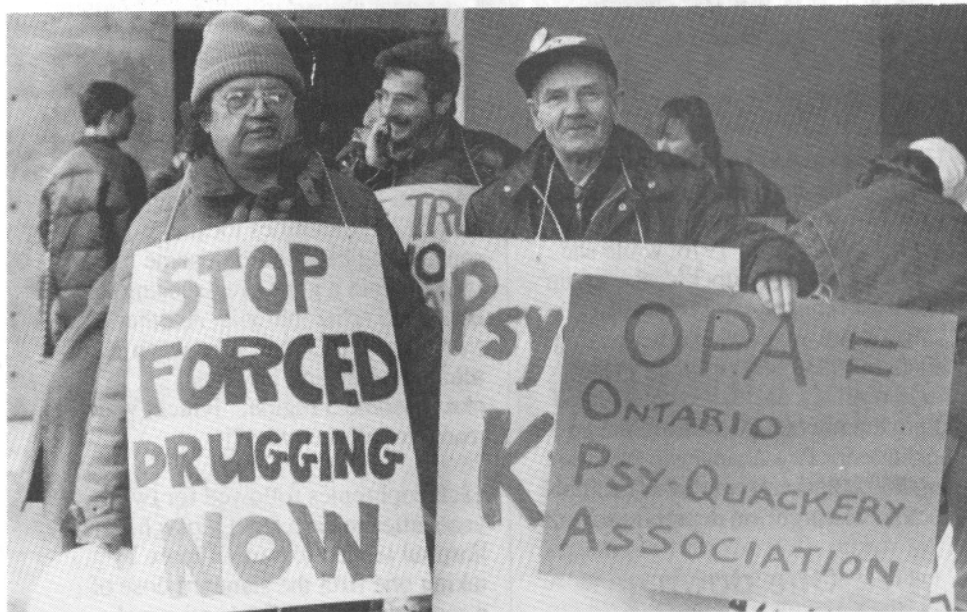
Introducing Resistance Against Psychiatry (RAP), Toronto's newest anti-psychiatry group

On January 28, 1989, Toronto's newest anti-psychiatry organization, Resistance Against Psychiatry (RAP), made its political debut with a protest held in front of the Sheraton Centre, where the Ontario Psychiatric Association (OPA) was holding a conference.

The OPA has consistently refused to hold forums at which public criticisms of psychiatric "treatment" could be expressed. This conference featured a lecture entitled "Report on

Quantitative Research into Attitudes of Ontario Residents Towards Psychiatry, or, What folks think of shrinks." Interestingly, the lecture was closed to the public.

Six RAP members wearing "Psychiatry Kills" t-shirts – and one (Kali Grower) wearing a white lab coat with a "Dr. Ewen Cantaloupe, ASSHL" name badge on the front pocket and the word "Psychobutcher" printed on the back – invaded the lobby of the Sheraton, chanting



"Shrinks stink! Psychiatry kills! Drugs kill the will to live! Electroshock kills the memory! Labels destroy dignity!"

It wasn't long before the noise and activity attracted the attention of hotel patrons, psychiatrists – and, of course, the hotel manager. The protesters ignored his repeated requests to stop chanting and get out, and refused to give their names when asked. He then provoked loud laughter from the group by copying down the name on Grower's badge. Shortly after that, the police arrived, and the protesters went outside to join another 25 people – including AIDS activists, lesbian and gay liberationists, members of the Alliance for Non Violent Action (ANVA), and prisoners' rights supporters – in a spirited picket line.

The protest, which was reported on CBC television, was a triumphant first action for RAP.

To contact RAP, call (416) 538-7103, or write to Bonnie Burstow, 441 Clinton Street, Toronto, Ontario M6G 2Z1.

Photos by Konnie Reich

**Are you disabled and receiving benefits?
Have you applied for benefits and been turned down?
Do you know someone facing these problems?**

SPEAK UP!

Join our campaign to convince the Ontario government to improve social assistance for people with disabilities.

The Ontario government realized that its social assistance program was not working. In July, 1986 it appointed a special committee to review social assistance programs. The Social Assistance Review Committee (SARC) found many problems:

* Family benefits and Welfare rates are so low that most people cannot make ends meet.

* People in need are being refused assistance because of unfair and complicated rules.

* The present system makes it easier to stay on assistance than to work or get an education.

Last September, the committee issued a report containing 274 recommendations.

The government is looking at the SARC report and deciding what it will do. Now is your chance to tell them to act on these

recommendations.

Some of the proposed changes include:

1. A major increase in Family Benefits and Welfare rates and an increase in shelter subsidies for people who must spend most of their income on rent.
2. Expansion of drug benefits to more people with disabilities.
3. Improvement in work incentives to allow people to keep more of their earned income.

Here's what to do:

1. Fill out the card below and send it to us.
2. Call your M.P.P.
3. Write your local newspaper.
4. Tell your friends to call or write.

Dear Premier Peterson,

Please act on the recommendations of the Social Assistance Review Committee without delay. We want the opportunity to live with dignity in our province.

Yours truly,

Name:

Address:

Send to: The Income Maintenance for the Handicapped Co-ordinating Group, 1376 Bayview Avenue, Toronto, ON M4G 3A3

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